
**Abstracts for conference
presentations on
Wednesday 3rd September 2003**

Session: S03 Keynote - David Castle**3/09/2003 From: 1000 To: 1100 Venue: Royal Theatre****Keynote Speech: From Rhetoric to Reality in meeting psychosocial needs in people with psychosis: An overview of Collaborative Therapy****David Castle**

The psychosocial needs of people with psychotic disorders are not being addressed adequately. The recent Australian Study on Low Prevalence (Psychotic) Disorders found that, whilst most Australians with a psychotic illness (91%) were taking medication, few were receiving adequate psychosocial support from mental health services; fully 47% of these saw the need for a particular type of service which was not able to be accessed by them, either because of it simply not being available or not being affordable. This talk outlines a framework that will help to meet some of this deficit and deliver psychosocial treatments for these individuals, as part of routine clinical practice. The framework consists of comprehensive modular treatment packages addressing the psychosocial needs of people with psychotic disorders. Each module consists of a group-based or 1:1 intervention over 8 to 12 weeks, to teach the participant pertinent skills; and a longitudinal process of relapse prevention, using a consumer-held 'Collaborative Treatment Journal'. All 'collaborative partners' (case managers, GPs, PDSS workers, family members) are also taught about the Collaborative Framework. The framework is novel in terms of the extent of inter-sectoral and multidisciplinary involvement in mapping needs, developing the interventions, and dissemination, as well as the rigour of the evaluation (using a controlled experimental design).

Session: S04 Canberra Bushfires**3/09/2003 From: 1130 To: 1300 Venue: Royal Theatre****Invited Symposium: Disaster Response to Canberra's Bushfires****Chris Healy Marie Bennet Mary Pekin Patrick Fleming Kandi Allen-Kelly**

On 18 January 2003 a firestorm swept through the western suburbs of Canberra, destroying 503 homes and resulting in the deaths of 4 people. Shops, a high school, a church, a health centre, a water treatment plant and the Mount Stromlo Observatory were among the facilities destroyed by the fire. In the time immediately after the fire, almost a third of the city was left without electricity, telephone, gas, water and sewerage services. Canberra's suburbs were described by the press as resembling a war zone as the bushfires swept through residential streets. The city was enveloped by thick black smoke, houses and vegetation exploded as a result of the intensity of the fire and birds in flight, fell dead from the sky. Canberra residents who were evacuated to safety returned the following day to look through the burnt-out remains, for anything that may have survived the ravage of the fire. This symposium will explore the Canberra community's human response to the disaster. Presenters are: Marie Bennett, Executive Director, Lifeline Canberra (The role of tele-counselling in the emergency recovery process), Mary Perkin, Director, Relationships Australia, Canberra and Region (The counselling needs of people affected by the disaster), Stephen Druitt, Community Education Officer, Mental Health ACT (The importance of a community development response to the needs of rural people affected by the fires), Patrick Fleming, Team Leader, Child and Adolescent Services, Mental Health ACT (Personal and professional reflections on the Canberra bushfire experience), Kandie Allen-Kelly, Head of School, School of Social Work, Australian Catholic University, Canberra (Recovery and transformation projects following the bushfire disaster), Chris Healy, Director, Community Support Group, ACT Bushfire Recovery Taskforce (General overview, followed by an interactive discussion).

Session: S05 Therapy and Treatment**3/09/2003 From: 1130 To: 1300 Venue: Ballroom****Invited Symposium: Therapies and Treatments: What's the Latest?****Chris Wilcox Mike Bird**

Chris Willcox will speak on Dialectic Behaviour Therapy. The Hunter Dialectical Behaviour Therapy (DBT) Project was established in November 1998 as a collaboration between The Suicide Prevention Unit from the Centre for Mental Health Studies, the Department of Psychology at the University of Newcastle and the Centre for Psychotherapy from Hunter

Mental Health. DBT was developed by Marsha Linehan for working with women who had a borderline personality disorder and who deliberately self-harmed. The aim of the project was to develop and evaluate a treatment program similar to the one used in Linehan's original research. The rationale for choosing DBT and a very brief description of DBT will be presented. The 'average patient' will be described and compared to the experience of an early graduate of the program. Episodes of self-harm and service utilisation were measured at initial assessment, 3 months, 6 months and 12 months post assessment. Initial data will be presented. Mike Bird will speak on Cognitive Behaviour Therapy with older people. Cognitive behaviour therapy (CBT) is the predominant treatment modality taught to clinical psychologists in Australia and the UK, and it is also used by other health professionals. It is increasingly seen in the psychiatric literature as the treatment of choice for anxiety disorders and, with or without anti-depressants, for mild or moderate depression. CBT is less available to older people but the situation is changing slowly. Very slowly. Examples of avenues to access are the increasing number of aged care or psychogeriatric teams with clinicians who have the skills required, and through projects aimed at specific target groups, for example carers of people with dementia in the UK. The literature reflects this trend, with an increasing number of case studies and trials showing that it can be used very successfully with older adults. This paper uses clinical cases to illustrate: (a) practical use of CBT with this population; (b) similarities and differences from its application with younger people, and (c) some features of late-life depression.

Session: S06 Pathways to Care

3/09/2003 From: 1130 To: 1300 Venue: Bradman Theatre

Paper 20 Minutes: Evaluating a Rural Early Psychosis Programme: Doing things right and doing the right thing.

Mark Welch Graham Garland

The paper will present the findings of an initial evaluation study of the SAFE (Southern Area First Episode) programme. The identification and treatment of people experiencing a first psychotic episode is one of the most pressing and exciting areas for mental health services (Edwards & McGorry 2002). The evidence suggests that when applied in accordance with the strict principles of best practice they can be effective, efficient and efficacious (Hermann-Doig, Maudie, Edwards 2002). However, many of the most developed programmes are within highly urbanised areas with substantial resources and specialised multi-disciplinary teams. The SAFE programme has been designed and implemented within a rural mental health service in NSW and, encouragingly, the initial evaluation suggests that in many primary respects the mainstreamed approach to service delivery compares favourably with specialist services, and in terms of outcomes has significant client gains compared with no early intervention strategies or no registration with the programme. Clinical indicators were compared, and the training and confidence levels of the staff were examined for measurable effects on the knowledge base and treatment planning of staff. In conclusion, the evaluation contributes in an initial but meaningful way to the consideration of best practice in services for early psychosis. Learning Objectives: 1. The audience will learn the results of the evaluation of the SAFE programme in terms of outcomes, outputs and process. It will gain an understanding of the parameters of the evaluation, the chosen methodology, its strengths and weaknesses, and the way in which these results have guided the programme development since. Further it will be able to consider the value of university and service collaboration in service development and evaluation. 2. The development of early psychosis programmes have been at the forefront of mental health service initiatives for some years, and although many are well established they have tended to be concentrated in the main urban centres and worked in specialist roles. The SAFE programme is an innovative alternative with particular relevance to rural services and as such the first thorough and systematic review may be of great interest to delegates and help to advance best practice in the area.

Session: S06 Pathways to Care**3/09/2003 From: 1130 To: 1300 Venue: Bradman Theatre****Paper 20 Minutes: Family Connections: Results of the follow-up of participants.****Duane Pennebaker Lindy Hall**

Family members and carers have been increasingly acknowledged as playing a key role in the consumer recovery process. However, it has been recognized that families dealing with a relative's first admission for mental illness would like more support and involvement in this recovery process. The aim of the Family Connections Program is to work in partnership with families to provide specific knowledge, information skills training, and support to meet the key family challenges that accompany a first admission. The Program was developed as a systematic psycho-educational intervention consisting of three individual family sessions and a group educational workshop. The intervention consists of block randomisation of participants into an intervention or control group. The control group receives normal services from the hospital. Some 40 Family members in both groups were assessed at baseline, and then at three, six and twelve months using measures of burden, satisfaction with services, satisfaction with family functioning, daily hassles and major life events, resilience and coping styles, and the family environment. Family members also reported on their relative's symptoms and general levels of psychosocial functioning. The paper will report on the key findings from the study on the effect of the family intervention program for participating families. Learning Objectives: 1. The audience will gain an understanding of the effect of offering a family intervention to families who experience with a relative a first time admission to a psychiatric in-patient service. 2. The audience will also acquire information about the challenges and opportunities that working with families can make in the outcomes for their relatives. The importance of including families as partners in the recovery process for their relative is an important and essential consideration for mental health services.

Session: S06 Pathways to Care**3/09/2003 From: 1130 To: 1300 Venue: Bradman Theatre****Paper 20 Minutes: A series of qualitative interviews with dual diagnosis clients provides a perspective for viewing a development path into the tangled Dual Diagnosis delta.****David Whealing**

This paper presents the findings from a series of qualitative interviews carried out with people who were aged between 18 and 30 years, and who have themselves been dealing with a mental disorder and a concurrent substance use disorder within the last 3 years. Using case managers from mental health and drug and alcohol services 13 individuals were recruited into the interview procedure. Each individual completed 3 interviews covering (a) their background, (b) their perspective on mental illness and substance use, and (c) their contact with community agencies. The interviews were recorded on an audiocassette and later transcribed as a basic computer text file. While replaying the audiocassettes computer software was used to assist with tabulating the analysis of the transcripts. The intent of such a method of analysis was to develop an account of the major constructs, and their relationships to the context operating for each individual. Thus providing a theory of the phenomenon that is much more than a descriptive account (Becker, 1993). The resulting issues and perspectives were surprising. There is indeed a common set of features and issues that form and pattern their worldview. For example 'father' was significantly and consistently important, and domains of concern that were felt to be important to them, were significantly different and of higher priority than mental illness and substance use issues. In a fashion this is consistent with London who notes that in dual diagnosis, issues for substance prevention alone are unlikely to be effective. (London, p5.2001). Dual Diagnosis does not just happen; rather it is a process that is allowed to develop. The qualitative issues raised in this paper will assist in a more scientific basis to disrupting such development. The aim of this paper is to promote the awareness of antecedent features to dual diagnosis. The paper emphasises the need for a greater awareness that in these peoples' lives, the antecedent factors are not just incidental but are likely to be strongly causal, and continue to exert long lasting affects. Bibliography:

Albee, G.W., 'Preventing psychopathology and promoting human potential'. *American Psychologist* 37, 1043 -1050. 1982; Becker, P. H. (1993). Common pitfalls in published grounded theory research. *Qualitative Health Research*, 3, 254-260.; London, M. 'Prevention of substance misuse.', *Current Opinion in Psychiatry*. Vol, 14(3), May 2001, pp 207 - 211. Lippincott Williams & Wilkins. Inc. 2001.

Session: S07 Consumer & Carer Participation in Education

3/09/2003 From: 1130 To: 1300 Venue: Menzies Theatre

Paper 20 Minutes: Building Partnerships through Carer Education.

Kevan Myers Jeanette Murphy

Over the past four years St Vincent's Mental Health Service has engaged in a number of activities with the aim of improving the knowledge and participation of carers. This comes from a clear perspective that informed and involved carers result in improving outcomes, for clients, carers and mental health clinicians. Furthermore that carers have a right to have their needs met rather than being seen purely as an adjunct to mental health service provision. This presentation will explore the common themes that have arisen within the carer education sessions, in particular concentrating on the emotional content. The design and planning of the sessions has developed through feedback and evaluation forms over the four years. The reality is that carer education sessions are an emotional journey rather than formal education. The Key to the paper is how to design Carer education sessions in such a way the emotions expressed are seen as integral to the learning process rather than as a distraction to formal education on mental illness. Learning Objectives: 1. Participants will gain an appreciation of the emotional content of Carer education sessions and the role of facilitation in maintaining positive outcomes. 2. By considering the experiences of Carer education sessions within St Vincent's Mental Health Service participants will be able to implement similar programs. This will assist in building collaborative family sensitive practice, which in turn will benefit consumers, carers and clinicians. References: Alexander K. (1995) *Schizophrenia: Teaching relatives the 14 Principles of Coping*, Schizophrenia Fellowship of Victoria Inc Melbourne.; Hatfield, A & Lefley, H (1987) *Families of the Mentally Ill: Coping and Adaption*, The Guildford Press, New York.

Session: S07 Consumer & Carer Participation in Education

3/09/2003 From: 1130 To: 1300 Venue: Menzies Theatre

Paper 20 Minutes: Consumers as Tutors- Legitimate teachers.

Cathy Owen Joan Alfreds Rebecca Reay

Over the past three years, consumers from Mental Health ACT have participated in an innovative attempt to improve the conventional training curriculum for medical students. Traditionally, students receive feedback about their interview and assessment performance from Consultant Psychiatrists and little or no feedback from the consumer. In light of this, the partners in this project set out to include the perspective's of mental health consumers and provide direct feedback to students about their interview styles. It was based on the belief that consumers have a legitimate experience to share and a rich skill base on which to draw on. This paper will provide an overview of the design, implementation and evaluation of the medical training program. Qualitative and quantitative measures were used to demonstrate that mental health consumers can be trained to deliver the program with good outcomes. Learning Objectives: 1. An understanding of the development and design of the training program. 2. An increased awareness of the unique contribution that consumers can bring to medical training programs. 3. An understanding of the acceptability and feasibility of the program.

Session: S07 Consumer & Carer Participation in Education

3/09/2003 From: 1130 To: 1300 Venue: Menzies Theatre

Paper 20 Minutes: Transforming Perceptions of the Lived Experience of Mental Illness through Consumer/carers and University Staff Partnerships in Occupational Therapy Education

Moy Dibden Catherine Ryan

For the last five years the School of Occupation and Leisure Sciences at the University of Sydney and NSW CAG have enjoyed participating in partnerships in occupational therapy mental health education with the overall purpose of better preparing students to work effectively with mental health consumers and carers when they graduate as therapists regardless whether they choose to work in mental health services or not. It is a requirement of the BAppSc (OccTher) that all students complete 1000 hours of their total fieldwork education in a mental health context, hospital or community. Many students embrace these opportunities with enthusiasm and great interest whereas a proportion of students are fearful and don't know what to expect or what their particular roles may be. Much preparation is done academically but the role and willingness that the partnerships with which mental health consumers plays in influencing students positively to enter the mental health workforce is significant. Carer participants have more recently joined the program so much is to be learnt from the consumer initiatives to further strengthen occupational therapists working with carers. The purpose of this paper is to synthesize the information drawn from students evaluation of their mental health education and offer explanations how the partnership we maintain with NSW CAG influences their entry into the mental health workforce and transforms their attitudes to working in mental health services. The stories of occupational therapy students insights will illustrate key turning points in perspective transformation and the contribution made by this partnership and fieldwork experiences. Learning objectives: 1. To build knowledge and understanding of what else, apart from education is necessary in order for many students to address diverse attitudes of students to engage in mental health education and fieldwork experience. 2. To learn about the relationship of the consumer/carer partnership to the framework used in the School of Occupation and Leisure Sciences to prepare students for real contact and meaningful programs for mental health consumers and carers.

Session: S08 Consumer-Led Organisations

3/09/2003 From: 1130 To: 1300 Venue: Nicholls Theatre

Paper 20 Minutes: Positive risk taking within partnerships: Key factors promoting mental health and wellbeing in Grow mutual help groups.

Lizzie Finn Brian Bishop

Taking positive risks, which entails stepping beyond comfort zone to develop skills as a group leader, is a key mechanism promoting wellbeing and mental health in the mutual help groups organised by GROW, the Australia-wide community mental health organisation. GROW's leadership structure offers avenues for graded development of life management/ social skills requiring ever greater risk-taking by a GROW member (Finn, 2001). These risks are taken in the supportive context of partnerships where GROW group leaders help to run/facilitate groups operating within the GROW organisation. Skills development takes place alongside a sense of identity transformation, where a GROW member comes to feel useful, valuable and a sense of belonging as a group facilitator and ' stakeholder' in GROW. These findings are among outcomes of research employing qualitative and quantitative methodology which investigated the impact of GROW on psychological wellbeing. The quantitative study surveying 900 GROW members employed Ryff's (1989) six-factor scale of psychological wellbeing. The results pointed to extent of involvement in GROW activities as being related to improvement in coping skills and reductions in the use of medication/hospitalisation. Significant differences on wellbeing factors were found according to level of responsibility/skill involved in the different GROW leadership roles. Learning Objectives: 1. Audience members will gain from exposure to ideas concerning ways in which mental health service users can be actively engaged in collaboration and partnerships to become 'stakeholders' in the running/facilitation of a service organisation. Motivation and capacity building, together with increased self-esteem and sense of relatedness are presented as the potential outcomes of such engagement. 2. This topic is relevant to mental health services and issues in that it focuses on concrete ideas concerning direct pathways for user-involvement in the actual running of services in organisations promoting mental health. While

user involvement is canvassed as an ongoing policy in mental health service provision, avenues for the realisation of this goal are currently limited in mainstream mental health services. The subject matter of this presentation highlights the potential for capacity building which arises from community participation, where community provides a context for meaningful roles and interpersonal development. References: Finn, L (2001). Mutual help: An important gateway to wellbeing and mental health. New Paradigm: Australian Journal on Psychosocial Rehabilitation. June edition. Melbourne, Vic: Vicserv Inc.; Ryff, C. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. Journal of Personality and Social Psychology, 57, 1069-1081.

Session: S08 Consumer - Led Organisations

3/09/2003 From: 1130 To: 1300 Venue: Nicholls Theatre

Paper 20 Minutes: Consumer led NGOs in mental health: Is it failure to say 'this isn't working'?

Elizabeth Morgan Linette Bone

The rhetoric of consumer participation in mental health has been a major theme through the National Mental Health Strategy and Australia is a leader in encouraging consumer participation in mental health service development. It has also seen the growth of a strong consumer movement and the emergence of consumer led non-government organisations (NGOs). The growth of the consumer movement has been a powerful political project for many people dealing with mental health issues, challenging stereotypes and stigma, and creating forums for engagement in policy debate and shaping public opinion. However the reality is that many consumer led NGOs are struggling to survive, and another reality is that there is a contest of ideas regarding their purpose, sustainability and importance within the sector. Old organisational forms have been the dominant institutional model for consumer led NGOs. This paper will discuss and describe the recent process used by a struggling, funded consumer network which took the courageous step of searching for an innovative and sustainable model which protected the important principle of consumer control and engagement in the political process of empowering consumers and building consumer participation. The paper will include an honest appraisal of the internal tensions and challenges members dealt with and outline the process which has led to a new and different model. Learning objectives: 1.How a struggling, consumer led NGO managed and confronted the difficult task of acknowledging that the existing organisational arrangements were actually hindering real consumer participation, potentially damaging for committee members, and what has emerged from a member supported strategy to find an innovative and sustainable model. 2.Many assumptions underpin the rhetoric regarding consumer participation within mental health policy and service development, including: § That all such participation is positive for everyone. § That consumer led NGOs are the ultimate expression of consumer participation and don't require much by way of funding. § That not a lot of funding is required to establish and support participation - (it should be core to any policy or service delivery). § That governments don't really support genuine participation. § That there is a shared understanding on what we mean when we talk about consumer participation. This paper will question some of these assumptions and describe the reality, it will further suggest an alternative approach which is empowering and builds participation.

Session: S08 Consumer - Led Organisations

3/09/2003 From: 1130 To: 1300 Venue: Nicholls Theatre

Paper 20 Minutes: Rhetoric to Reality, Requires the Right Collaboration & Right Timing.

Renee Torrington Margaret Donald

Rhetoric has turned to reality in Wellington New Zealand where hidden resources have drawn together around an idea to develop a consumer run Warmline. The service will draw upon recovery experiences of people who have used mental health services to support, inspire, and strengthen the natural abilities of others on their recovery journey. The idea of a Warmline was sown in Wellington by Laurie Curtis about 5 years ago. A number of things have come

together to make this happen now. We believe two fundamental concepts are 'Right Collaboration' and 'Right Timing'. Right collaboration means becoming aware of and utilizing the strengths, knowledge and abilities of consumers and staff within an NGO provider. Right timing means developing services in a wider culture that is open to alternative, flexible and innovative approaches. Maybe you have a right collaboration, right timing, and right solution project just waiting to happen within your organization too? Learning objectives: 1. Inspire the audience to search and utilize hidden resources within the organization. 2. Demonstrate consumer and service provider collaboration to achieve mutual benefits.

Session: S09 Service Development & Change

3/09/2003 From: 1130 To: 1300 Venue: Sutherland Theatre

Paper 20 Minutes: Integration between adult acute inpatient services and community care teams

Jacqueline Horn Peter Abrams Lynley Coburn Robert Green

Co-ordination among mental health services is critical to ensuring that consumers/patients get the best possible care to help them reduce their disability so they can get on with their lives (e.g. Allen and Jones, 2002). The aim of this presentation is to describe how the acute inpatient service and the community care teams of the Mental Health Service of the Canterbury District Health Board in Christchurch, New Zealand, were reconfigured from functioning separately to becoming more integrated with each other, and how this led to improvements in patient care. The paper describes the process of planning, consultation, implementation, assessment and development of this change that was first mooted in 1999, implemented in 2001, and continues to be reviewed to the present day. The results of repeated surveys of staff and patients are presented, as well as those of ongoing audits of clinical processes. The extent of the results are discussed, along with the implications of this for compliance with the National Mental Health Sector Standard (NZS 8143:2001). This paper describes a way in which a large, complex service reconfigured itself, and continues to monitor its functioning, in order to provide a better match between level of care and consumers' needs. Learning Objectives: 1. The audience will hear about the complexities of instituting a major change in a large mental health service, how these were undertaken and followed through, and how the changes were evaluated, maintained and supported. They will learn about both the good bits and the bits that were harder to implement, and how the services concerned are addressing these. 2. Mental health services should be constantly looking at their practice to see how well this meets the needs of the consumers they serve. Sometimes this requires a major revision in how services are delivered. This paper provides an example of this, and notes that at the same time, this process has moved these services closer to achieving accreditation for compliance with the National Mental Health Standard. References: Allen, C. and Jones, J. (2002) Acute wards: problems and solutions. *Psychiatric Bulletin*, 26, 458-459 National Mental Health Sector Standard (2001) New Zealand Standard NZS 8243:2001.

Session: S09 Service Development & Change

3/09/2003 From: 1130 To: 1300 Venue: Sutherland Theatre

Paper 20 Minutes: A Collaborative Approach to Creating Sustainable Change in Mental Health Services.

Wendy Fromhold

The aim of this presentation is to provide an overview of an innovative, action research approach that has been used to determine the ways in which a specialist adult mental health service needs to change at all levels of the organisation. The presentation also aims to describe the approach used to manage the change process in a way that promotes collaboration with staff, consumers, carers and other service providers in the local community. The Service Development Project is a 12 month project carried out within the Werribee Mercy Mental Health Program in Melbourne. The project was initiated after the organisation continued to find itself struggling to meet service demands and to follow through with various initiatives. The project has focused on two linked areas. Firstly, the project

worked to clarify and make recommendations about how the delivery of mental health service to the local community needed to change. This work aimed to determine how the organisation could better meet the priority needs of stakeholders in a sustainable way. And secondly, the project concurrently undertook significant organisational development activities to build its capacity to follow through with recommended changes. The organisational development work included review and development of the organisation's leadership, culture and infrastructure. This project has attempted to find an innovative and collaborative way of improving service delivery that goes beyond strategic planning and creates real change in the delivery of mental health services to the local community, in line with Victoria's vision for mental health service delivery. Learning objectives: 1. From this presentation, the audience will learn about an innovative approach to determining and managing change within mental health services, which may be taken up in their own organisations. 2. This presentation focuses on the topic of mental health service development. This topic is of high importance in the mental health field because effective leadership, clarity about task, and the ability to follow through in achieving goals are all essential characteristics that mental health organisations require if they are to deliver quality services in a complex and changing health care environment. References: Victorian Government Department of Human Services, September 2002. *New Directions for Victoria's Mental Health Services: The Next Five Years*; Bridges, W. & Mitchell, S. 2000. *Leading Transition: A New Model for Change in Leader to Leader*, No. 16, Spring 2000.

Session: S09 Service Development & Change

3/09/2003 From: 1130 To: 1300 Venue: Sutherland Theatre

Paper 20 Minutes: Developing Adult Acute Mental Health Services for the Future.

Michelle Reet Peter McGeorge Tony Littlejohns

This paper describes a recent project undertaken by Capital and Coast Mental Health Services, (New Zealand), to improve Adult Acute Mental Health Services, as part longer term strategy to improve access, choice and quality of care. In addition to describing the factors and processes involved in the design and implementation of the project, quantitative data and experiences related to impact of the changes, will be shared. The project was centred upon the underlying philosophy that consumers/tangata whaiora have the right to be treated in the least restrictive manner in an environment that is conducive to their healing. Specifically the project has involved: . Consolidation of general adult mental health in patient beds on one site. . Development of alternatives to hospital admission, Day Service. Crisis Respite, and extension of the Crisis Team capability to provide Home Based Treatment (HBT) for Acute Mental Illness. The particular initiative of introducing HBT as an alternative to admission, is a totally new service to Wellington, arising from a desire to offer greater consumer choice in treatment but also on evidence detailing the success of such an approach elsewhere . The realigned services became operational in July 2002, and early indications are that such changes are having a positive impact in a range of areas. Learning Objectives: 1. Participants will gain an understanding of the theoretical and evidence base for improvements to acute mental health services, including the expansion and development of alternatives to in patient admission. 2. The benefits and the potential of the development of alternative approaches to in patient care for consumers who are acutely unwell will be realised, and is of relevance to all those involved in mental health, either as consumers or providers of services. References: Mental Health Commission. *Blueprint for Mental Health Services in new Zealand, How things need to be.* November 1998; Smyth M, Hoult J. *The Home Treatment Enigma*, BMJ 2000;320:305-309.

Session: S10 Family Wellbeing Symposium

3/09/2003 From: 1130 To: 1300 Venue: Derwent Gallery

Paper 20 Minutes: Indigenous Men taking their rightful place in Society? A preliminary analysis of a participatory action research process with Yarrabah Health Men's Health Group.

Leslie Baird Komla Tsey David Patterson Mary Whiteside Bradley Baird

Men's groups are increasingly being accepted as an important strategy in addressing preventable illness and premature death, especially in indigenous communities. It is hard to find systematic documentation and evaluation of such initiatives in the literature. This presentation analyses the formative stages of a participatory action research (PAR) process which aimed to engage and support members of the Yarrabah men's health group plan, implement and evaluate their activities. Data for the paper is based on a combination of a review of relevant literature, analysis of project documentation, participant observation and discussion and reflection with participants of the men's group. The presentation highlights the importance of a) using a reflective approach, such as PAR, to engage men's support groups to clearly define the principles and values which both define them and to which they aspire and b) personal development, education and employment, as a prerequisite for Indigenous men taking greater control and responsibility for their lives. These types of micro-level studies have important implications for the way community development is perceived and approached in indigenous settings. There are also implications for the roles that academic researchers can play in supporting and adding value to community driven initiatives to the mutual benefits of both parties. The main learning outcome of this presentation is to understand the community development processes used to assist the development of the Yarrabah Men's Health Group. This will be a joint presentation by Leslie Baird & David Patterson.

Session: S10 Family Wellbeing Symposium

3/09/2003 From: 1130 To: 1300 Venue: Derwent Gallery

Paper 20 Minutes: Family Well Being Program

Senimelia Kingsburra

Family wellbeing participatory action research project is a tool to explore the issue of control and responsibility and its relevance to health practice. It has long been accepted that individual control and responsibility are fundamental to health and wellbeing and analysts and commentators are increasingly emphasising the issue of control and responsibility as essential first steps in improving Indigenous health and wellbeing. Unfortunately, there is very little information in the health and mental health literature about how individuals and families can be supported to take greater control and responsibility for the factors influencing their life. The University of Queensland and Gurriny Yealamucka Health Service have been exploring the role the Family wellbeing participatory action research program has to play in addressing the socio-emotional & spiritual wellbeing of Aboriginal people, especially in providing the tools needed for personal healing and community development. The aim of this presentation is to improve understanding about a) the roles, if any, that health professionals can play in supporting individuals and families, especially Indigenous families to take greater control and responsibility for their situation; b) determine the medium-long term viability of empowerment-style initiatives in Indigenous settings.

Session: S10 Family Wellbeing Symposium

3/09/2003 From: 1130 To: 1300 Venue: Derwent Gallery

20 Minutes: "Women Look After Your Children Indigenous Program"

Nina Lewis

The Dampier Peninsula Women's Group known by the aboriginal name of Oorang Arr Arral Jugarrda Bowa (Women Look After Your Children) will co-present a program which addresses child sexual abuse within their own community. They have developed various resources and will present the program that is also an example of collaborative partnership with KAMHS. Learning Objectives. 1. The audience will gain an understanding of the issues related to indigenous child sexual abuse
2. The audience will be given the opportunity to see the resources which have been developed by the community to address child sexual abuse.

Session: S11 The Challenge of Researching Mental Health Services

3/09/2003 From: 1130 To: 1300 Venue: Fitzroy Gallery

Paper 20 Minutes: Reaching Our Young Minds.

Heidi Mirtl

Within our society mental illness is rampant among our young people for various documented reasons; yet their knowledge, understanding and perception of mental illness is vague at best. The question is how do we reach our young minds? We have fought in the consumer movement for years to give people dignity, respect and ultimately a voice. Young consumers (from childhood through to adolescence) do not have a voice. Consumer participation does not exist for young people. This is what we (and myself, as a young consumer) need to challenge. The 'buzz' words like 'consumer participation' are thrown around regularly, yet in the same sentence, when it comes to child and youth it is considered impossible. If we are to truly seek out the participation of young people, it must begin before they become unwell. To involve young consumers in a meaningful dialogue we must be given the tools, words and understanding of mental illness as a whole. This is early intervention at its very core. Through this then we may discover that child and youth participation, so often dismissed, can be achieved. Not tomorrow, next week or in a year; but in the long term. For the generations to come. Learning Objectives: 1. Essentially, my greatest hope is that people will leave this presentation and begin to think about consumer participation with young people in a new light. Throughout this paper I hope to encourage dynamic and innovative dialogue about how consumer participation can be achieved within child and youth mental health. By coming from my own recent child and youth consumer perspective, my aim is to express to others why this issue is not only important, but critical. Until we begin a dialogue and publicise this issue, no steps will be taken. This is something that can be challenged, it isn't an impossible situation but we must start to think about solutions now. My hope is that people will then begin to see that this is a critical issue within mental health services throughout Australia today. I hope that they will go back to their individual communities and be aware that the fight for consumer participation is not finished yet. We still have a long way to go. 2. This topic is relevant to both mental health services and mental health issues. The first, regarding mental health services is particularly important as services now require consumer participation and most child and youth services are finding it more difficult than ever to getting young people to consult and collaborate with. The experience of mental illness on a 14 year old boy is completely different to the experience of a 41 year old man, therefore it is logical to conclude that their issues are extremely different. These experiences could not be more diverse, which is why approaching child and youth consumer participation is so difficult. Specifically, the mental health issues between adults-children are so different that these issues need to be defined and identified if we are to begin a dialogue of participation

Session: S11 The Challenge of Researching Mental Health Services

3/09/2003 From: 1130 To: 1300 Venue: Fitzroy Gallery

Paper 20 Minutes: The Family Sensitive Practice Demonstration Projects: Improving the Family Responsiveness of an Acute Inpatient Unit.

Brendan O'Hanlon

The value of including families in the provision of services is recognised in Commonwealth and State mental health policy. Yet the translation of this value to core practice in service delivery remains a challenge. This paper describes the first in a series of Family Sensitive Practice Demonstration Projects, designed to evaluate the effectiveness of a range of training, consultation and service development activities for improving the family sensitivity of a mental health program. This project involved a partnership between Eastern Health, Mental Health Program and The Bouverie Centre, A statewide publicly funded family therapy service and aimed to improve families and patients experience of acute in-patient care. The needs of families, patients and staff and the priority areas for intervention that were identified during the project are outlined. The strategies for improving the family sensitivity of the in-patient unit are described along with a consideration of their relative effectiveness. The results of the formal evaluation of the project are discussed with a view to identifying what has been learned from the experience. The presentation concludes with an examination of the more and less effective components of the strategy and the role of organisational constraints in promoting Family Sensitive Practice in an in-patient unit. Learning Objectives 1. Participants

will learn about The Family Sensitive Practice Demonstration Project a Partnership between Eastern Health, Mental Health Program and The Bouverie Centre that aimed to improve the family responsiveness of an acute in-patient unit. 2. Participants will gain an appreciation of the lessons learned from the Family Sensitive Practice Demonstration Project including the more and less successful components of the intervention strategy and the perceived constraints to promoting family sensitive practice in mental health services. References: Farhall, J., Webster, B., Hocking, B., Leggatt, M., Riess, C., and Young, J., (1998) Training to Enhance Partnerships Between Mental Health Professionals and Family Caregivers: A Comparative Study, *Psychiatric Services* 49: 1488-1490.2.; Fadden, G. (1998) Research Update: Psychoeducational Family Interventions, *Journal of Family Therapy*, Vol. 20.

Session: S11 The Challenge of Researching Mental Health Services

3/09/2003 From: 1130 To: 1300 Venue: Fitzroy Gallery

Paper 20 Minutes: Science or Art? Mental health research and development in New Zealand.

Virginia Macewan

Much of the important work undertaken in mental health is not formally published, evaluated or even documented. Undertaking research and development work is needed to provide a foundation upon which the sector can progress. However this task is not without its challenges. In New Zealand we have a nationally funded Mental Health Research and Development Strategy. The Government sets priorities. These are: Epidemiology, Casemix, Outcomes and Quality and Best Practice. The projects under these four areas will be briefly described. Some of the challenges of undertaking research activities will be outlined. There are tensions within the mental health and alcohol and other drug sector that often surface in the research arena. There is 'science' versus consumer experience 'art'. There is the 'medical model' versus 'the recovery approach'. There is the challenge of ensuring appropriate Maori and Pacific participation. Research may be seen as an unwelcome burden by busy clinical or support staff and consumers and/or family members. It will be argued that the process of undertaking research activities is as important as the outcome. It will be suggested that such tensions are in fact fertile ground for finding a common ground among all stakeholders. Learning Objectives: 1. Participants will learn about the research projects being conducted in NZ. 2. They will gain an understanding of the challenges, solutions and benefits of undertaking research and development activity in the mental health sector.

Session: S12 Rehabilitation in a sex drug & R&R world

3/09/2003 From: 1130 To: 1300 Venue: Murray Gallery

Workshop 1.5 Hrs: Rehabilitation to what? - What is Normal and what is Ethical in a Sex, Drugs & Rock'n' Roll World.

Mark Salter Michael Cole

The aim of the workshop is to collaboratively explore the myriad of ethical tensions that arise in the rehabilitation of a young adult population experiencing mental illness, and the guiding principles that inform therapeutic choices. Mental health workers, consumers and carers will be encouraged to consider the ethical dimensions of the daily decisions of treatment. The dilemmas posed by the diverse population of the Footbridge CCU will be used as initial points for discussion. Issues of autonomy, paternalism (by services & carers), Duty of Care, the law, rights to access treatment and non-malevolence will be explored in the contexts of sexual behaviour, legal and illicit drug use and age-related normative behaviours. For example: How does one practice harm minimisation with a client who is prostituting herself? How does one balance the rights of one drug-using client against the duty to protect other vulnerable CCU residents? If mum wants him to be in bed by 9.30 and heavy alcohol use affects his psychotropic medication, do we discourage a 20 year old from partying till dawn every Friday night? Dilemmas such as these will be used to explore both the ethical principles within and the views of the participants. Concluding statement. The changing nature of the Footbridge clients has forced the CCU program to shift from a position whereby

blanket rules and policies directed treatment and care decisions, to one where consideration of ethical responsibilities guides consumer-management options. Basing decisions upon ethical considerations is unending, more difficult and frequently disquieting for the clinicians involved. However, it is more responsive to the individuals that we treat and more respectful of their rights. Learning Objectives: 1. Participants will grapple with core principles of bioethics and explore the ethical logic that underpins some of their daily decision-making. As a result, some may even question some of the 'givens' in their current work practices. 2. An understanding of bioethics principles and a considered ethical position should underlie every treatment decision and every therapeutic interaction. Only by engaging in this process continually to inform each treatment and consumer-management decision, we protect the rights and dignity of our clients and ensure best-practice intent. References: DuVal, G. (2002) Integrating ethics into the mental health and addiction fields. *The Journal of Addiction and Mental Health*, Winter edition.; Fulford, B. (2002) *Healthcare Ethics and Human Values*, University of Warwick press.

Session: S13 Medication Alliance Symposium

3/09/2003 From: 1130 To: 1300 Venue: Swan Gallery

Symposium 1.5 Hrs: Building an Enduring Alliance: Applying Medication Alliance to Every Day Clinical Practice.

Gordon Lambert Mitch Byrne Tim Coombs

At the 2002 TheMHS conference we presented the case for a more systematic approach to medication management that involved clinicians working in partnership with both mental health consumers and their families and carers to promote optimum medication-taking behaviour. In this symposium we present the development of this work including the content of a Medication Alliance training package, the outcome of a pilot training project in which the training program was delivered to a group of mental health clinicians, and the implications of this work for future clinical practice. Paper 1: Medication Alliance: moving from last year's rhetoric to this year's reality Presenter: Gordon Lambert. The first paper describes the development of the Medication Alliance training program. It will begin by outlining the consultation process with key stakeholders including consumers, families and carers, clinicians, and researchers. The components of the package will then be described together with some specific examples of the content. This will include background issues such as why people choose not to take medication; core activities in the development of an alliance between the consumer and clinician; skills that support the engagement process; core skills of medication alliance including motivational interviewing and problem solving; and skills that facilitate effective therapy including agenda setting and homework. Paper 2: Medication Alliance Training: outcomes of a Tasmanian pilot study Presenter: Mitch Byrne. Medication Alliance is primarily a training program designed to facilitate the development of those staff skills and attitudes that are hypothesized to influence consumer behaviour. The first task in testing that hypothesis is to ascertain whether or not the training program leads to any change in measures of these staff skills and attitudes. The Medication Alliance training program was delivered to two teams of mental health workers located in Tasmania. Each training workshop consisted of 3 days training and approximately one half-day of pre-training and one half-day post-training measurement. In this paper we will outline the methodology of the study, measures used and the results obtained. We will discuss these results in terms of the key hypotheses and outline recommendations for the refinement of training measures. Paper 3: Medication Alliance: implication for clinical practice. Presenter: Tim Coombs. The attitudes of staff and the skills they bring to the therapeutic endeavour are seen as central to the delivery of quality mental health care. One of the outcomes of the Medication Alliance pilot training program demonstrate that positive changes in attitudes, knowledge and skills of mental health workers in relationship to medication taking behaviour of consumers are possible with targeted education and training. This has significant implications for mental health services including the need for investment in education and training that have demonstrated efficacy and effectiveness rather than programs on 'important issues' where no evidence exists. However, this is only the beginning. Programs, such as Medication Alliance,

will only survive if clinicians are provided with ongoing clinical supervision and support. This paper discusses the implications for mental health service providers if Medication Alliance becomes part of routine clinical practice. Paper 4: Medication Alliance: it may help clinicians but how do we know it helps consumers? Presenter: Mitch Byrne. Having completed an evaluation of the effectiveness of training for mental health workers and determined what this might mean for clinical practice, the next stage of Medication Alliance research is the determination of the extent to which changes in therapist skills and behaviour influences consumer mental health outcomes. In this final section we outline the way in which we are researching changes in mental health outcomes for consumers, using a Randomized Control Design, and the progress made to date. The particular difficulties of conducting an empirical study in a clinical setting will be discussed, as will efforts undertaken to manage these difficulties. Learning Objectives: 1. Participants will be introduced to the key components of the Medication Alliance and to the impact of a Medication Alliance pilot training program on staff attitudes, knowledge and skills. 2. Participants will have an opportunity to discuss

Session: S14 A Cultural Journey

3/09/2003 From: 1400 To: 1500 Venue: Royal Theatre

Paper 20 Minutes: Te Wheiao - From the Darkness and before the Dawn.

Pam Armstrong Des Martin Candy Cassidy

Northland Health (NZ) a provider of secondary mental health services share the experience of developing a quality cultural plan within a mainstream hospital / community setting. What is a culturally responsive service? What does that mean for management, clinicians, families and tangata whaiora service users? Mental Health professionals share the stories of the cultural development journey. They chart the journey from the beginning - a position dominated by a western monocultural medical model: to the current - a bicultural model with a clinical focus. This is complimented by a kaupapa Maori community service (Maori health professionals working with Maori tangata whaiora (consumers) - and in the future working towards - an integrated bicultural model based on the principles of partnership participation and protection. This presentation will share a quality perspective on cultural change in a large organisation; discuss the impact of change from a clinical and cultural nursing perspective. Change is the one constant of Mental Health Services - . What is our level of readiness for change with regard to cultural responsiveness? . Are we open to embracing the holistic cultural paradigm? . Do our services reflect our rhetoric? The quality cultural development journey can be a difficult one for health professionals and others to negotiate without support and creative innovative effective management and support systems. The experiences of Northland Health are not unique, they maybe helpful in identifying the pitfalls and barriers of building supportive environments for the development of Mental Health staff who can work from frameworks of practice that are evidence based, well researched and congruent with cultural models of practise.

Session: S14 A Cultural Journey

3/09/2003 From: 1400 To: 1500 Venue: Royal Theatre

Paper 20 Minutes: Multicultural Mental Health Australia.

Meg Griffiths Ashleigh Lynch

This paper provides an overview of the new Multicultural Mental Health Australia (MMHA) program which has recently been undertaken by a Consortium lead by the Diversity Health Institute, Western Sydney Area Health Service. The program will further the work of the previous Australian Transcultural Mental Health Network (ATMHN) in improving the quality and accessibility of mental health services available to Australians from diverse cultural and linguistic backgrounds. Under the National Mental Health Strategy (NMHS) and the National Suicide Prevention Strategy (NSPS) MMHA is responsible for a range of national activities, which underpin and support the national focus on multicultural mental health and suicide prevention. Key activities include maintaining current national communication services including the MMHA website, newsletter Synergy, Clearing house and information

dissemination, advisory and training. The MMHA is also working under the guidance of the National Mental Health Working Group, Australian Health Ministers' Advisory Council, to develop future multicultural mental health policy under a national framework. This paper will demonstrate how Multicultural Mental Health Australia will use a model of collaboration and partnership and take a population health approach to developing the issues of transcultural mental health and suicide prevention through a strategy and program of strategic alliance and network building focusing on national mainstream programs, State and Territory Mental Health Services, specialist transcultural, refugee and torture and trauma services, consumers, carers and the community sector and the ethnic media. Learning Objectives: 1. Develop an understanding of current Commonwealth activities in multicultural mental health and suicide prevention and the future direction of work in this area guided by the national multicultural mental health policy; 2. The Commonwealth considers that it is important to maintain a focus on multicultural mental health at the national level while continuing to work towards the issues becoming part of the ongoing, mainstream mental health reform agenda.

Session: S15 Workforce Design

3/09/2003 From: 1400 To: 1500 Venue: Ballroom

Workshop 1 Hr: New Roles & New Ways of Working.

Barry Foley

This session will provide an opportunity to hear feedback from current work undertaken by the CWP and others on new roles and new ways of working, including extended and new roles in Psychology, Pharmacy, Nursing, Support Staff, and progress with new roles such as the STR (Support Time & Recovery) Worker, Associate Mental Health Worker, Housekeeper, and the Themes emerging from the shadowing of Consultant Psychiatrists. On the Agenda for Change - a new UK System of evaluating, rewarding and grouping roles - on the work on the Changing Roles of Consultant Psychiatrists. There will then be an opportunity to discuss the above and also developments in Australia and New Zealand. The Changing Workforce Programme is part of a National Initiative to develop, test and implement new ways of working for all staff in the NHS and related organisations. The Aim is to make things Better for Users, Carers and Staff. Learning objectives: 1. Those attending will learn about the work taking place in the UK on changing roles to respond to the needs of Mental Health Services user. 2. Those attending will be able to learn about the methods used to identify, develop, and test roles to create extended or new roles in Mental Health. 3. They will be able to relate these changes to the challenges faced in Mental Health Recruitment and

Session: S16 Starting a Consumer Run Organisation

3/09/2003 From: 1400 To: 1500 Venue: Bradman Theatre

Workshop 1 Hr: Starting a Consumer-Run Organisation.

Janness Delaney Carmen Edwards

The Mental Health Association of Southwestern Oregon, a non-profit organization, operates a consumer-run clubhouse called S.H.A.M.A. House (Self Help And Mutual Aid), which was founded in May 1999 for the purpose of offering help and support to adults suffering with the effects of mental illness and emotional distress. S.H.A.M.A. House is designed to create an environment where members can be assisted to achieve or regain the confidence and skills necessary to lead socially satisfying lives. The clubhouse is designed to promote recovery, by developing a safe nurturing place to gather where they will still be accepted, valued and believed to have something to contribute to the group and their community. Strong member input in the development, operation and governance is crucial to the success of S.H.A.M.A. S.H.A.M.A. was modeled after The Fountain House in New York, which started over 50 years ago. With the information that we received from Fountain House and with information and assistance we received from Office of Consumer Technical Assistance we have been able to create a valuable asset to our community. S.H.A.M.A. is an effective alternative to traditional mental health services and offers a place for people to go where they will have someone to talk to (without waiting for an appointment) about issues that are causing them overwhelming distress. At S.H.A.M.A. they are able to speak with others who may have

gone through similar circumstances and are able to offer guidance or support to help another in need in order to avoid crisis or a relapse. This method encourages consumers to develop a support, network which they may call on when a crisis occurs after normal business hours. We offer support groups and classes to help people overcome some of these issues, and to build or rebuild their confidence levels. We also offer advocacy for our members and teach them to advocate for themselves. We would like to share with you how we were able to start a consumer-run organization and why it is so effective. How to assess the needs in your area, fundraising techniques that work, how to gain participation from the community, networking with other resources in the community, and how responsibility and purpose result in consumers empowerment. Learning Objectives: 1. In this workshop, people will learn how to start a consumer-run organization in their area. They will learn methods to operate a consumer-run clubhouse, what gives it its driving force, and why this works. They will learn how to work with and gain support from their communities. They will also learn how to avoid unnecessary pitfalls, i.e., failure to use procedures, and what happens when procedures are not followed. They will learn the disastrous results of OVER STAFFING! 2. Mental Health Services in our area have been greatly strained with cut-backs which have caused a work overload to the case managers in our area, encouragement to have the consumers actively participate in their own healing and recovery process has been a problem for us in the past. We have discovered a method in our area that seems to work very well. S.H.A.M.A. (Self Help And Mutual Aid) is a consumer-run clubhouse developed and governed by the consumers in our area, with support and guidance from a variety of community professionals who are volunteer Board Members. Since it is the consumers who develop and facilitate the classes and support groups offered, they naturally become more involved in their own treatment plan. Owning responsibility for recovery manifests in the following ways: Decreases isolation, increases ability to be and work around other people, interest and accomplishment in cooperative projects. References: David Bertapelle L.C.S.W. Former co-director Coos County Mental Health, private practice, Board Member Women's Crisis Center, Peoples Store Inc., Administrator Mental Health Association of Southwestern Oregon. (541) 751-7905; Sandra Rice Q.M.H.A. Case Manager Coos County Mental Health, former Program Manager People's Store Inc. for supportive housing/living/employment/skill-trainer (541) 756-2020 x617.

Session: S17 A Working Alliance & Research

3/09/2003 From: 1400 To: 1500 Venue: Menzies Theatre

Paper 20 Minutes: Partnerships in Care: Whose Rhetoric and Whose Reality?

Irene Howgego Cathy Owen Lenore Meldrum Peter Yellowlees Frances Dark

The concept of the 'partnership or working alliance' between clinicians and consumers is inherent in the National Mental Health Plan and related documents. Although this alliance has documented benefits in general psychology, little research has been done in the field of mental health services. This paper outlines the attempt to measure this complex relationship between clients and case managers; the 'reality' of attempting such research within the everyday-working environment of a community mental health service is addressed. Issues from both the consumer and clinician perspective are highlighted and their different 'realities' on both the relationship and research discussed. Finally, an overview of the findings on the Working Alliance between clients and their case managers is addressed. Aims etc. - see over page. Aim: Stimulate debate and focus attention on: a) The concept of the 'Working Relationship' between consumers and clinicians/case managers in Community-based Mental Health Services (CMHS) and; b) The challenges, from both a consumer and clinician perspective, inherent in conducting scientific-based research in this complex and potentially sensitive area, in 'in the field' conditions of a working service. Learning Objectives: 1. Understand how the Working Alliance (WA) is measured and perceived by consumers and clinicians, including potential barriers to research in this area. 2. Create strategies to enhance a 'partnership' approach to the provision of clinical care and achievement of client outcomes at both the individual client/clinician and service level. References: Neale MS, Rosenheck RA. Therapeutic Alliance and Outcome in a VA Intensive Case Management Program.

Psychiatric Services 1995; 46: 719-721.;Howgego I, Yellowlees P. Owen C . The Therapeutic Alliance - the key to effective patient outcome? A descriptive review of the evidence in community mental health case management. In Press - Accepted 8/10/02. Australian and New Zealand Journal of Psychiatry 2003: 3.

Session: S17 A Working Alliance & Research

3/09/2003 From: 1400 To: 1500 Venue: Menzies Theatre

Paper 20 Minutes: A Positive Experience: Services and People Working Together.

Jeannette Cooper Thai Richard

The notion and practice of 'Working Together' is a critical factor in the client's recovery journey. As community support workers, we encourage our clients to conduct their own orchestra in terms of recovery toward wellness. To get everyone in the orchestra in tune, playing together harmoniously, with the client at the center as the conductor. Different musicians know their own instrument well, how it's played, when to play and when they all need to play together at the same time. Of critical importance, if the conductor is not allowed to lead, is unable to lead, or isn't leading well, then the orchestra will struggle. Currently in New Zealand, community-based care is delivered by a wide variety of mental health services (both Government and Non-government), that employ a multitude of health workers from many professional disciplines. Each worker may be responsible for different aspects of service provided to the client along their journey. As a consequence, a client may find themselves with up to five or even more health workers involved in their life, and this can prove overwhelming for the client. Though many community-based models of care are successful, poor coordination between service providers continues to undermine client recovery. We believe that establishing, strengthening and maintaining a functional, coordinated and cohesive relationship between service providers and the client is key to enhancing the journey to wellness. Therefore, we propose the concept of 'Working Together' as a vital instrument in client recovery. We will present the benefits of working together, barriers that may exist in achieving this goal, offer solutions to promote 'working together' and make recommendations that will improve people and services' ability to work together. Learning Objectives: 1. The audience will learn the importance of 'Working Together' as an essential tool for client recovery. They will discover the benefits and barriers in working together, how togetherness can be achieved and maintained. 2. This topic is relevant to mental health services because it illustrates a service co-ordination approach that allows people to work effectively together in the interests of promoting recovery. References: Curtis, L., and Jacobson, N. (2000). Recovery as Policy in Mental Health Services: Strategies Emerging From The States. *Psychiatric Rehabilitation Journal*. Spring 2000. Vol. 23, No. 4.; Deegan, P. (1996). Recovery as a Journey of the Heart. *Psychiatric Rehabilitation* .

Session: S18 Pshychiatric Disability Support

3/09/2003 From: 1400 To: 1500 Venue: Nicholls Theatre

Paper 20 Minutes: Developing a Psychiatric Disability Rehabilitation and Support Sector.

Kate Paterson David Clarke

This paper responds to the growing interest from Governments and services outside Victoria to learn from the Victorian experience of developing a psychiatric disability rehabilitation and support sector. In 1992, psychiatric disability support was comprised of a small number of services providing support to people with a mental illness. In 1994 the Victorian Framework for mental health service delivery recognised PDRSS as an integral part of mental health service delivery. Ten years on the PDRSS budget has grown from around \$8M to \$45M and is supporting over 9,000 people per annum. The paper will describe the service system (including its link with housing), analyse the elements which have contributed to the growth of the sector, explain how it works as part of an integrated area mental health service and explore the benefits of having a strong community based non clinical service system. It will also look at the challenges ahead, including the development of quality framework to guide

the introduction of quality improvement strategies. Learning objectives: 1. To understand the complexities involved in developing a PDRSS sector (how Victoria moved the rhetoric into reality). 2. Many other areas in Australia are interested in developing a non-clinical based/ psychiatric disability support services sector, but are currently in an early policy and program development stage. The Victorian mental health service sector with its investment in PDRSSs provides an example of an alternative way of delivering mental health services. The presentation will assist service providers, consumers, carers and policy makers to realise what can be achieved by PDRSS and to learn from the Victorian experience.

Session: S18 Pshychiatric Disability Support

3/09/2003 From: 1400 To: 1500 Venue: Nicholls Theatre

Paper 20 Minutes: Measuring personal care support need.

Duane Pennebaker

The quality of life issues for people with a psychiatric disability are well known. The aim of this paper is to report on the development of an instrument to measure personal care support need to be included in a purchasing model for purchasing personal care services for persons with a psychiatric disability. A personal care support (PCS) framework was developed and operationalised to provide a measure of the level of personal care support need in eight areas of daily living. These were derived from intensive interview and observational data gathered at 17 hostel sights. The Personal Care Support Assessment Questionnaire (PCSAQ) was piloted on a purposive sample of 60 psychiatric hostel residents representative of the spectrum of disability prevalent among psychiatric hostel residents. In addition, a multitrait-multimethod was used to test the validity of the PCSAQ. Data collection was designed to mimic clinical conditions for assessment. Subsequently, PCSAQ data was collected on all 513 psychiatric hostel residents to extend the pilot findings. The PSAQ was found to have a high degree of internal consistency (0.91) and validity as demonstrated by the multitrait-multimethod approach and level of psychiatric disability. Learning Objectives: The audience will gain an appreciation for how to develop meaningful, reliable, valid and credible measures of need as provided by the example of personal care support. The importance of mental health services meeting the needs of consumers can be assisted with the use of well-developed measures of need.

Session: S19 Re-Orienting Services

3/09/2003 From: 1400 To: 1500 Venue: Sutherland Theatre

Workshop 1 Hr: Building Capacity for Mental Health: Reorienting Services.

Anne O'Hanlon

This interactive workshop will describe some sustainable strategies for building capacity for mental health and explore how participants might reorient their own service to an early intervention approach to mental health. Background: Auseinet supported eight agencies in 1998 to 1999 to reorient their services for young people to an early intervention approach (O'Hanlon et al., 2000). The agencies included a service for Indigenous Australians, education services, family and community services and support groups. All of the agencies successfully built their capacity to address mental health issues. Strategies included professional development, policy development, fostering partnerships with other agencies and allocating resources so that strategies could be sustained. At two and a half year follow-up most of the agencies had sustained or expanded their early intervention activities (O'Hanlon et al., 2002). Auseinet has identified opportunities for and barriers to reorientation, compiled a list of predictors of sustainability, and demonstrated that the projects have achieved many of the activities, process indicators and outcome indicators proposed in the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000 (Commonwealth Department of Health and Aged Care, 2000). The workshop: The workshop will commence with a brief presentation describing the Auseinet reorientation of services projects and the outcomes of the follow-up evaluation. Then, participants will be invited to explore in more depth some of the strategies that underpin successful reorientation, particularly those that are relevant to their own situation. The content of the workshop will therefore largely be

determined by the interests and needs of the participants. As a guide, some of the issues explored may include: Ø Identifying goals and objectives for reorientation within your own service Ø Identifying potential barriers to and opportunities for reorientation. Ø Identifying potential partnerships with other services. Ø Implementing potentially sustainable strategies for building capacity for mental health. Learning objectives: 1. Participants will learn about sustainable strategies for building capacity for mental health and explore how their own service could reorient to an early intervention approach. 2. Promotion, prevention and early intervention approaches to mental health are key themes outlined in the Second National Mental Health Plan (Australian Health Ministers, 1998). The reorientation of services is one of the main strategies proposed in the Ottawa Charter for Health Promotion (World Health Organisation, 1986). References: Australian Health Ministers (1998). Second National Mental Health Plan. Canberra: Australian Government Publishing Service. Commonwealth Department of Health and Aged Care (2000). National action plan for promotion, prevention and early intervention for mental health. Canberra: Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care.; O'Hanlon, A., Kosky, R., Dundas, P., Martin, G. & Davis, C. (2000). Model projects for early intervention in the mental health of young people: Reorientation of services. Adelaide: Auseinet.; O'Hanlon, A., Ratnaik, D., Parham, J., Kosky, R. & Martin, G. (2002). Building capacity for mental health: A two and a half year follow-up of the Auseinet reorientation of services projects. Adelaide: The Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet.); World Health Organisation (1986). Ottawa Charter for Health Promotion. Ottawa: WHO and Canadian Public Health Association.

Session: S20 Positive Teamwork

3/09/2003 From: 1400 To: 1500 Venue: Derwent Gallery

Workshop 1 Hr: Positive Teamwork from a Consumer Perspective.

Lesley Nord

In the past few years the one phrase that has been heard over and over again is, 'Them and us', meaning the clinical staff as one group and consumers as the other group. For everyone concerned this means that there are two groups competing with one another. This causes all kinds of problems to everyone especially the consumer. Dealing with a mental health issue is hard enough without being caught in the middle. Instead of them and us it would be better to say We, as a group. The consumer needs to be able to trust all the staff and be part of the team, especially when it comes to making decisions about their on going care and treatment. The communication needs to be honest and respectful. Each person has a role to play; each is as important as the other. The consumer soon notices when if there is any tension and will react to it. Naturally there are boundaries for all parties: The consumers role; The clinical role; The consumer advocate role. There will be some overlap but that should only enhance the overall treatment and end result for the consumer. The aim for this session is to look at collaborative management. This workshop will be based on scenarios that we will use to look at positives and negatives, with outcomes to be discussed as a group. Learning objectives: 1. Participants will be actively involved in this session by working through quality care and collaborative teamwork approaches within the Mental Health inpatient settings. 2. Positive teamwork enhances the service provision. Positive teamwork decreases the number of staff related incidents as well as the number of complaints from consumers. Positive teamwork increases work time efficiencies on the overall environment.

Session: S21 Mental Health in the Outdoors

3/09/2003 From: 1400 To: 1500 Venue: Fitzroy Gallery

Paper 20 Minutes: Great things happen when people and mountains meet, Practical applications of Adventure.

Andrew Middleton

Adventure based therapy uses activities involving risk that enable participants to achieve outcomes that they did not think were possible. Adventure therapy is shown to improve a person's ability to deal with the world outside and within them. At our residential service we

have incorporated adventure therapy into the Psychiatric Rehabilitation model. We use Adventure therapy to improve a participant's readiness to set long-term goals. We have recognized that adventure therapy provides people with opportunities to experience what they are capable of. This knowledge is very helpful when they are attempting to set a goal that is life changing and challenging. Adventure therapy is gaining popularity in the mental health setting. The mixture of fun activities and outdoor setting attracts both staff and consumers. It is important to capture this enthusiasm and integrate it into the framework of existing services. As we have been able to do. In this presentation, an overview of one program, the theories behind the program and its success will be shown. It is hoped that the presentation will inspire other services to use adventure activities in their programs. By sharing the knowledge that we have gained it is hoped that more people can share the benefits of the 'great things that happen when people and mountains meet'. Learning Objectives: 1. How we have used adventure therapy. That adventure therapy has lots of potential to facilitate change. 2. We are using adventure therapy to advantage in our work with people who have mental illnesses. References: Gass, M. A. (1993). Adventure therapy: Therapeutic applications of adventure programming. Boulder, CO: Association for Experiential Learning; Various Psychiatric Rehabilitation Readings.

Session: S21 Mental Health in the Outdoors
3/09/2003 From: 1400 To: 1500 Venue: Fitzroy Gallery
Paper 20 Minutes: 'Thank God you're not therapists!'
Hans Van De Graaff

Some years ago a new participant in one of our outdoor adventure programs said to us: 'Thank God you're not therapists!' This comment is used as a starting point for this presentation, using it as an opportunity to reflect on what it is that we do and why we do it. It is certainly not intended to disparage adventure therapists or therapists in general! Adventure therapy is gaining greater popularity across Australia and New Zealand. Significant interest for this treatment modality is emerging from within the mental health services field. The organisation the presenter works for is called Out Doors Inc. (ODI) and is funded to provide a psychosocial rehabilitation program utilising the medium of outdoor adventure education to adults with a psychiatric disability. Conceptually, psychosocial rehabilitation would seem to infer the use of therapy modalities. At ODI we recognise the existence of a number of tensions around the issue of therapy. The intent of this paper is to explore these tensions and locate adventure therapy within a broader context. It recognises its inherent value as a treatment modality as well as acknowledging the importance and value of outdoor adventure education and outdoor recreation as a medium for promoting mental health. Learning objectives: 1. To provide the audience with a clearer philosophical and theoretical framework in which to place Adventure Therapy as a treatment modality; 2. The audience, in particular mental health practitioners, will gain an appreciation of the distinction between therapy and therapeutic outcomes thereby enhancing their capacity to conduct programs using the medium of outdoor adventure education. References: Gass, M.A. (1993) Adventure therapy: Therapeutic applications of adventure programming. Kendal/Hunt: Iowa.; Roberts, B., Cox, M., Marks, R. (2000) Challenging Approaches: A guide to planning outdoor adventure education programs for mental health promotion. Melbourne, Victoria: Out Doors Inc.; Trowbridge, R. (1988) The conceptual confusion of therapeutic recreation in therapy and recreation - some challenges for the future. Seminar proceedings. Centre for Continuing Education, Monash University. Melbourne.

Session: S22 A Quality Initiative
3/09/2003 From: 1400 To: 1500 Venue: Murray Gallery
Paper 20 Minutes: A Consumer, Carer and Clinician Quality Initiative
Beverley Schumacher Sue Venohr Robyn Jones Pam Ewert Sue Farnan

With the best intentions it is often difficult for us to comprehend the importance of the lived experience of others. We may think we understand and that we are successful without having insight into the gaps and barriers that exist. In Mental Health Services three very different

groups of people with their own unique needs, experiences and expectations, are brought together into a complex environment of stress resulting from mental illness and associated stigma. It is here that there is often an expectation communication will occur effectively without effort, training or assistance. Why were Consumer and Carer's saying that they were not being kept informed? Up-to-date written information was available and clinicians understood the need to communicate and keep Consumers and Carers informed. We hypothesised about the existence of other barriers to meeting these needs. Thus a project to identify and address communication issues was conceived, planned and implemented through a partnership between the GVAMHS and Mental Illness Fellowship Victoria. Throughout the planning and implementation of this project two elements were seen and proven to be essential. These were to ensure: 1. That all parties were supported with strong and persistent leadership. 2. The project was informed through expert contemporary thought and literature; for example Carol Rees in an article Families Need More Than Pamphlets 1, states that 'most nurses deal with patient and family teaching in a rather haphazard manner. Teaching remains at the bottom of the list of priorities'. The Mental Health Council of Australia, document 'Consumer and Carer Participation Policy Template' 2, recognizes that strong partnerships arise out of communications which value, respect and appreciate the input and contributions of all stakeholders. This recognition was instrumental to the development of objectives for the project working groups. These consisted of Consumers, Carers, clinicians and medical officers discussing and working together on specific issues of common concern. One such significant and underlying objective was to develop valued relationships through achieving understanding, building trust and bridging attitudinal barriers. The experience of the project has taught us that excellence in the provision of Consumer and Carer information can only be achieved through strong relationships between all parties. This is evident in the words of participants: Clinician, 'I believe most people - both carers and clinicians were very protective of their roles and this was practically present in the first half of the session, a little 'them and us' attitude came through. However as time went on these barriers were broken down and we all came to the understanding that we were all there for the same reason, to improve the delivery of service to those with mental illness and their carers'. Consumer, 'My husband as a carer also had no understanding of mental illness. He wanted it fixed as with a physical illness (diagnosed, treated and cured). Being stressed and anxious about me deepened my despair and guilt. I was worried about him coping with the care of the family; when these feeling were heightened to such a degree it did not help my recovery'. Carer, 'Having experienced the role of carer of a relative with mental illness, participating in the project with all stakeholders, led me to the role of Carer Consultant. By presenting myself quietly, consistently and persistently, I have been accepted as an active, participatory member of the mental health treatment team'. Group Facilitator, 'The Project Working groups enabled the creation of a dynamic process of discussion and engagement. The group format enabled issues to be discussed at a personal and professional experience level, and the building of respect for each party's experience was enhanced by the frank discussion'. References: Rees C. Families need more than pamphlets. [Journal Article] Journal of Nami California. 10(3): 25-7, 1999.; The Mental Health Council of Australia, (2002) Consumer and Carer Participation Policy Template.[www.mhca.com.au]. Learning Objectives: 1. A simple model for Consumer and Carer Participation in Mental Health Services. . How to enlist key participants for strong leadership. . How to introduce the services of a Carer Consultant into a Mental Health Service. . How to establish and maintain a Mental Health Consumer and Carer Advisory Council. 2. Current National and State policies, strategies, plans, health care agreements, mental health standards and legislation outline the importance of Consumer and Carer participation that is valid rather than tokenistic. The subject of our presentation relates directly to a model of valued and effective Consumer and Carer participation in mental health service delivery.

Session: S22 A Quality Initiative

3/09/2003 From: 1400 To: 1500 Venue: Murray Gallery

Paper 20 Minutes: Evidence Based Practice to Promote Employment and Career Building Among Users of Mental Health Services: Results of a Multi-Site Study Testing Eight Vocational Rehabilitation Models.

Judith Cook Dennis Grey

In the U.S., large-scale surveys indicate the desire of mental health service users for competitive employment, both to enhance their economic self-sufficiency and to promote their recovery through social integration. This presentation reports the results of a national multi-site study of eight different models of vocational rehabilitation, including an employer consortium, rapid job placement strategies, vocationally-focused social network enhancements, and services designed specifically for job maintenance and career building. All models tested will be fully described, along with the many implementation and funding issues faced by study sites. Results of the study will be presented, including the fact that over 3.8 million dollars were earned and over 850,000 hours were worked over a two-year period, using models that were successful regardless of participants' demographic, clinical, and work history characteristics. Also described will be the effects of employment on consumers' personal economies, including their access to public disability benefits and avoidance of poverty. The effects of different models on participants of diverse cultural and ethnic backgrounds will be explored, including the ways in which services can be adapted for transcultural acceptability and effectiveness, given that a majority of participants were of African American, Hispanic/Latino, Asian, and other non-Western ethnicities. Learning Objectives: 1. Participants will learn specific techniques and strategies whereby mental health staff and service users can work together to help users enter paid employment and embark upon meaningful careers. 2. This presentation will describe innovative programs with demonstrated success that enable mental health service users to fully participate in their communities' local labour market and enhance their economic self-sufficiency.

Session: S23 Changing Policy and Practice

3/09/2003 From: 1400 To: 1500 Venue: Swan Gallery

Paper 20 Minutes: Implementing the National Mental Health Strategy in Victoria.

Valerie Gerrand

From 1993 to 1998, Victoria went further and faster than any other Australian state or territory in meeting the objectives of the First National Mental Health Plan. For example, over this period in Victoria, all stand alone psychiatric institutions were closed or were being closed. Across the state, twenty-one adult area mental health services were put in place, managed by local general hospitals and funded for an integrated set of inpatient and community-based services. Funding increased to psychiatric disability support services, enabling their expansion in each mental health area. The question is how and why this happened. The paper summarises the changes then presents a preliminary analysis of how they came about, using data from interviews with key players and relevant documents. Influences discussed include prior efforts at service reform, the extent of government commitment, the role of senior bureaucrats, the nature of changes undertaken, strategic use of extra Commonwealth and state funding and the level of consumer and carer involvement. Problems of implementation are considered, including managing unintended consequences, responding to emerging service needs and maintaining the momentum for reform. The paper provides a snapshot of what one interviewee called 'a grand exercise in change'. (196 words) Learning objectives: 1. Those attending will gain a better understanding of how change to mental health policy and services can be achieved. 2. The topic is directly relevant to mental health services in that there has been uneven implementation of the National Mental Health Strategy across Australian states and territories. References: Whiteford, H., Buckingham, B. & Manderscheid, R. Australia's National Mental Health Strategy British Journal of Psychiatry (2002) 180, 210-215; Commonwealth Department of Health & Aged Care National Mental Health Report 2000: Sixth Annual Report. Changes in Australia's Mental Health Services Under the First National Mental Health Plan of the National Mental Health Strategy 1993-98 Canberra 2000.

Session: S23 Changing Policy and Practice**3/09/2003 From: 1400 To: 1500 Venue: Swan Gallery****Paper 20 Minutes: From Workshop to Community: a case study of client, family and staff responses to changes in mental health policy.****Sandra Kippen**

In 1996 an institution-based workshop accessed by a group of clients of psychiatric services in a large regional city was closed down. The clients were to receive services through a brokerage community-based model. The research discussed in this paper began prior to the closure of the workshop and is still in progress, with follow up research occurring at approximately two-year intervals since 1995. The latest data was collected in August 2001 and it is expected that the project will be completed with a last round of data collection and final publication of data in 2004. Each round of data collection consisted of focus groups and interviews involving a core client group, some family members and staff. This paper discusses particularly the outcomes for the clients and the strategies used by staff over the period of the eight years to ensure that the transition from workshop to community was as smooth as possible. It also examines the impact of changing policy on staff as they worked to maintain and improve the level of services whilst managing increasing demands on their time and resources. Learning Objectives: 1.To consider issues for clients relating to change in service provision. 2.To consider issues for staff in guiding clients through change in service provision. References: Newton, L., Rosen, A., Tennant, C., Hobbs, C., Lapsley, H, & Tribe K. (2000) 'Deinstitutionalisation for long-term mental illness: an ethnographic study'. Australian and New Zealand Journal of Psychiatry. 34(3):484-490; Pickens, J. (1998) 'Formal and informal care of people with psychiatric disorders'. Journal of Psychosocial Nursing 36 (1):37-42.

Session: S24 Poster Session**3/09/2003 From: 1400 To: 1500 Venue: Foyer****Poster: A Consumer, Carer and Clinician Quality Initiative.****Beverley Schumacher Sue Venohr Robyn Jones Pam Ewert Sue Farnan**

The Bridge: Mental health clinicians and the families and carers of persons with a mental illness have a common goal - the health and well being of the person for whom they are caring. However, despite having the same goals, the roles may differ resulting in a 'gap' in attitudes and understanding. The Consumers, Carers and Clinicians Quality Initiative Project seeks to bridge that gap and so enhance the process of collaboration in order to achieve a better outcome for all. The Star: The project will bring Consumers, Carers and clinicians together into five workgroups to examine specific elements or stages in the treatment process (entry and referral, treatment and support, confidentiality, transition and discharge and re-entry). This is depicted by a star which can vary in dimension depending on a persons needs and experiences. Involvement with mental health services can be brief or lifelong, episodic or continual. The People: Just as mental illness can occur across the lifespan, so too, the effects of caring for a person with a mental illness can impact on persons at any age, from the young child to the elderly spouse of a person with a mental illness. Learning Objectives: 1. A simple model for Consumer and Carer Participation in Mental Health Services. 2. Current National and State policies, strategies, plans, health care agreements, mental health standards and legislation outline the importance of Consumer and Carer participation that is valid rather than tokenistic. The subject of our presentation relates directly to a model of valued and effective Consumer and Carer participation in mental health service delivery.

Session: S24 Poster Session

3/09/2003 From: 1400 To: 1500 Venue: Foyer

Poster: Carer Retreat Model - A model of carer respite, education, information and support.

Kerry Meiers

In 1999 until 2001 the Commonwealth Carer Respite Centre (Southern Region - CRCRSR) developed and ran ten retreats for carers of people with mental illness. This poster will present the main themes of the retreat model, which include education, information and resource provision, peer support and respite for carers. The model has recently been published as a DIY manual for mental health and carer service providers. The retreats were developed in consultation with carers, who identified their needs as education, information and resources about the mental health system, support from workers and other carers and respite from their caring role. Thus the retreat model aimed to meet all these needs. Mental health workers facilitated the retreat and a carer consultant was employed to provide a peer support role. The retreat program included information on local mental health services, education on self-care and time to develop mutual support networks. Carers and mental health workers who attended the retreats endorsed the model as an important educative intervention for both carers and the workers. Learning Objectives: 1. The audience will learn a carer retreat model and a rationale for this type of intervention. 2. Carer Sensitive Practice is endorsed in State and Federal government mental health policy. This retreat model has been developed to put the policy into practice. References: Carers Speak Out - a consultation on Community Services with carers in the Southern Metropolitan and Grampians Regions; Carer Education and Training - Blue Print - SANE.

Session: S24 Poster Session

3/09/2003 From: 1400 To: 1500 Venue: Foyer

Poster: Psychiatric rehabilitation services in Western Australia: Findings from a service audit.

Duane Pennebaker

This paper details the results of an audit of public mental health psychiatric rehabilitation conducted to develop details about the diversity of rehabilitation care being provided including quality improvement activities. The information was used to inform the development of a policy that sought to improve psychiatric rehabilitation services in WA. Respondents were staff delivering psychiatric rehabilitation activities in WA. Respondents had a median of 5 years experience with a ratio of metro to rural respondents being 3:1. Living Skills (16.4%), Case Management (14.8%), Assertive Community Treatment (11%), and In-Patient (11%) programs provided the majority of rehabilitation activities with most of these consisting of Psycho-Education & Training. The frequencies of activities over the 10 programs examined showed a great deal of overlap between individual activities and programs. This reflected the lack of clear distinction between specific programs and activities from the perspective of providers. Clients in middle adulthood, aged between 25 and 44, were the most frequent users of rehabilitation services. Rehabilitation service providers attended to a high number of people who had been unemployed for more than a year. In general, rehabilitation typically lasted between 3 and 12 months. Respondents reported that care management plans were involved with nearly all rehabilitation activities across programs. The majority of all rehabilitation service activities were provided on-site by a service except for Advocacy. Over all ten programs, the two major approaches to quality improvement and/or evaluation reported by 50% of respondents were the use of client focus groups, questionnaires, or surveys and accreditation. Learning Objectives: The audience will acquire an understanding of the broad nature of psychiatric rehabilitation services and their current state of development. For mental health services, the implications are the challenge of providing clearly articulated, contemporary and outcome oriented psychiatric rehabilitation services.

Session: S24 Poster Session

3/09/2003 From: 1400 To: 1500 Venue: Foyer

Poster: A collaboration between mental health services, Public Housing, an NGO support agency, community housing, consumer advisory groups and carers.

Trevor Parry Kate Daniel

The Southern Mental Health and Housing Alliance - Adelaide, South Australia. This paper will define the processes and procedures used to enable multiple agencies from the government and non-government sectors, plus consumers and carers to work together in true partnership. The alliance has its origins in 1999 when a decision was made to bring together a number of agencies to collectively discuss the issues that surround the housing and support of mental health consumers in the community. Initially there was a lot of information and knowledge sharing between the agencies. There appeared to be little knowledge of how the mental health service and other agencies operated or how consumers were judged eligible to receive a service. The face-to-face networking that occurred at these early meetings enabled a closer liaison between agencies and that has benefited local consumers. The results of this alliance have been outstanding with an increased awareness of mental health consumer housing and support issues, plus an actual increase in accommodation with support provided in the home for local consumers, as a direct result of this alliance. This has all been achieved without any funding for the alliance to operate apart from the goodwill of the agencies involved. Learning Objectives: 1. How a successful informal partnership was formed between Government agencies, Consumers, Carers and Non-Government Organisations. The advantages of naturally forming partnerships. The gains achieved for consumers and workers involved in the partnership. Implications for policy and planning. 2. Much emphasis is placed on community support, appropriate housing and collaborative partnerships in the mental health sector. This topic will serve to outline how a group of workers from various agencies were able to increase housing and support options plus attract funding for homeless consumers of Mental Health Services in Adelaide.

Session: S24 Poster Session

3/09/2003 From: 1400 To: 1500 Venue: Foyer

Poster: Growing Together.

Nicole Teijken Gillian Hartnell

The poster reflects the clinical supervision's impact on the organisation and the individual, it explains the process to access, proclaims the benefits to the individual and organisation. The tree is a fitting analogy of clinical supervision, the dark thorny demands made of the Mental Health Nurse, the intertwining of ideas and reflective practice achieved through clinical supervision and the positive future are all expressed in a manner which invites the eye and the mind. The Latrobe Regional Hospital Mental Health Service, services the people of Gippsland, a region of 44,000km², with service centres (branches) scattered throughout. Clinical supervision is a means to enable the growth of all nursing staff, allowing them to (blossom) maximise their professional development. Like a tree the clinical supervision project required a stable foundation (root) and a dedicated core (trunk) of staff to reach (branch out). Marketing of clinical supervision first targeted upper management of the organisation. This resulted in funding for training, encouraged staff to actively participate in clinical supervision, funded university training and travelling. Secondly clinical supervision was marketed to the nurses their desire to develop individual skills, receive support and supervision has to be nurtured and encouraged (fertilised) to grow. References: Teijken, C. (2002) Moonlight Lake, Local Artist.; Latrobe Regional Hospital (2002) Clinical Supervision Policy.

Session: S24 Poster Session

3/09/2003 From: 1400 To: 1500 Venue: Foyer

Poster: Poster presentation: Staywell Enterprises Ltd.

Arana Pearson

Poster Plan. 1.Detailing the vision and mission of Staywell 2.Organisational structure including strategic alliances in Australia and the United Kingdom. 3.Outline of achievements of the consumer directed recovery tools including four recovery publications distributed

throughout Australia and New Zealand, workshop facilitation and skilling of the mental health workforce tour of 'Mad Pride' concerts and media work in Australia and New Zealand, and production of music recordings.

Session: S24 Poster Session

3/09/2003 From: 1400 To: 1500 Venue: Foyer

Poster: 'Depression Spot Seek Solve' - piloting a mental health promotion model based on a community development approach to addressing depression.

Amanda Shaw

The Second National Mental Health Plan (1998-2003) identifies promotion and prevention in mental health as one of three key themes for mental health reform, and highlights the need for a focus on depression. Under this Plan, Commonwealth funding was released to New England Area Health Service to develop and pilot a mental health promotion model to address depression in non-metropolitan communities. A community development approach was piloted in Barraba, NSW (1999-2001) with the aim of building a sustainable infrastructure to promote mental health literacy* and enhance resilience to depression. A range of interventions (eg. social support initiatives, education, printed resources) were implemented by the community of Barraba as part of this pilot project, which became known as Depression Spot Seek Solve. A combination of process and impact evaluation was undertaken to evaluate the pilot project, including a pre and post project telephone survey to assess community knowledge and attitudes about depression. Results revealed improvements in mental health literacy and strengthening of protective factors for depression (eg. social connectedness) in the Barraba community. From the experiences and recommendations of the pilot project, a 'Depression Spot Seek Solve CD-ROM Resource Package' has been developed. This comprehensive package provides the information and resource materials to enable other communities to address depression using this innovative mental health promotion model.

*Mental health literacy refers to the ability to recognise specific disorders; knowing how to seek mental health information; knowledge of risk factors and causes, of self-treatment and of professional help available, and attitudes that promote recognition and appropriate help-seeking (Jorm, Korten, Jacomb, Christensen, Rogers & Pollitt, 1997). Learning Objectives: 1. The audience will gain an understanding of the practical application and evidence-base for a mental health promotion model that uses a community development approach to address depression. The audience will also learn about resources available to support them to apply this model in their local area (the Depression Spot Seek Solve CD-ROM Package). 2. It contributes to the emerging body of knowledge of evidence-based mental health promotion, prevention and early intervention initiatives. Further, the Second National Mental Health Plan (1998-2003) identifies mental health promotion and illness prevention as one of three priority areas and also highlights the need for a focus on depression. References: Australian Health Ministers, Second National Mental Health Plan, Mental Health Branch, Commonwealth Department of Health & Family Services, July 1998.; Milson, P., Bowman, K., Cook, T. and Shaw, A. (2002) Depression Spot Seek Solve CD-ROM Resource Package, New England Area Health Service, NSW.

Session: S24 Poster Session

3/09/2003 From: 1400 To: 1500 Venue: Foyer

Poster: The Inpatient Koori Program at St Vincents Mental Health Service Melbourne.

Ann Benson

This poster depicts the koori program at the acute inpatient unit. It includes photographs of the both the inpatient setting and the Victorian Aboriginal Health Service with emphasis on the cultural motifs, murals, etc, at both centres. There are also pictures of staff from both settings accompanied by a brief explanation of the program. Learning Objectives: 1. By fostering further awareness of culturally appropriate mental health services for Koori people. 2. By providing an overview of an acute inpatient service that is delivered in partnership by

Koori health and mainstream psychiatry in order to provide better outcomes for the clients.
Aim of presentation: To inform, by visual presentation, of this unique partnership.

Session: S24 Poster Session

3/09/2003 From: 1400 To: 1500 Venue: Foyer

Poster: WestClub: an innovative Club promoting community participation and integration, with a flow-on affect of prevention of relapse.

Josephine Enoch Maree Twomey

1. History: Mental Health provision and services have seen many changes over the years with many Living Skills centres being closed and rehab staff moving into community health centres. To their credit, Wentworth Area Mental Health Service (WAMHS) recognised that a percentage of the population require some form of social and recreational activities. 2. Westworks Inc, a non-government organisation, well known for its philosophy and practices of employing people living with mental illness on full award wages, tendered for the sponsorship. WestClub was created in March 2002 and has three branches at Penrith, Windsor and Katoomba. People join as Members [not a 'clients', 'patients' or 'consumers'] and actively have a voice in the activities and the general shape of the future of the Club. Hope and fun are promoted! 3. Feedback has been received from Members and at the time of writing, a report is being compiled on feedback from staff of WAMHS. A staff Member at Pialla [psych ward] commented that WestClub provides the experience of 'the extended family' that generally has broken down in Western societies. 4. An Initial Report has been compiled for WAMHS and includes types of activities, number of people attending the branches, etc. The Report also includes some testimonials - a Member has consented to speak of her experiences and growth since being involved with Westworks. 5. WestClub is unique. Members have become volunteers, joined Committees and some have become paid sessional workers providing excellent role models. It also is adaptable to differing cultures: a) Katoomba [which entrenched Living Skills attitudes] b) Penrith [Living Skills attitudes to a lesser degree] c) Windsor [which did not have a Living Skills approach] 6. Learning objectives: 1. WestClub is a true empowerment model and promotes Club ownership and a sense of belonging. 2. WestClub is a new way for people who have been socially isolated for many years to safely take one step at a time, to grow and become part of the community at WestClub, which then allows the next step into the wider community activities/participation.

Session: S24 Poster Session

3/09/2003 From: 1400 To: 1500 Venue: Foyer

Poster: 'The Station' Community Mental Health Centre Inc.

Peta O'Reilly Linda Griffiths

'The Station' Community Mental Health Centre Inc. is a non-government organisation developed out of the need of consumers, carers and the Community Mental Health Nurse to provide better care for people with a mental illness in the broader community. It has been established for five (5) years and is situated in a small coastal town, Wallaroo, on the Yorke Peninsula of South Australia. Historically Yorke Peninsula has not been well provided with generic mental health services. The first permanent service of ONE mental health worker was established in 1995. When funding to establish the service didn't become available, the onus was on consumers, carers and the mental health nurse to negotiate with the District Council of the Copper Coast to provide the building and electricity free of charge, plus plumbing and stove installation. The Mood Disorders Association of SA (Inc.) offered to auspice the project, the local health service provided in-kind support (the services of the Mental Health Nurse, photocopying, advertising, etc.). The local community donated the furnishings, fridge, stove, tables, chairs, computers, etc. The aim was, and still is, to provide a balance of lifestyle programmes in a safe and supportive environment, where members can improve the quality of their lives through information, education and recreation, with the focus being on mental

health rather than mental illness. Consumers and carers, with the support of the Mental Health Nurse, have been the driving force in developing 'The Station', establishing a management committee (consisting of an equal number of consumers and carers) which decides the programmes and activities to be undertaken -- from providing healthy well balanced meals two days per week to exercise classes, from art exhibition to several skills workshops, illness management, education workshops, illness management, education workshops, building self esteem, assertiveness. Members volunteer and facilitate programmes, gaining training and maintaining 'The Station'. Twenty to thirty (20-30) members attend 'The Station' each day it is open (currently two days per week). 'The Station' is now an incorporated body, employing two people - a co-ordinator and a finance officer. It is a model for other groups to duplicate and has been approached by many health services in the State wishing to do so. An evaluation undertaken three (3) years after being open indicated members had 56% less doctors visits and 46% less hospital stays. In the past 12 months no Station member has needed to be hospitalised for a psychiatric illness. Out of the rhetoric, 'The Station' is a reality.

Session: S24 Poster Session

3/09/2003 From: 1400 To: 1500 Venue: Foyer

**Poster: BRC (Buchanan Rehabilitation Centre) - Family/Whanau Support Forum
Mark Schrader**

BRC provides a comprehensive integrated inpatient and rehabilitation service in Auckland, New Zealand. This relatively new (1999) sub-regional specialist recovery oriented mental health service provides for 40 inpatients. BRC has two distinct and complementary components, each supporting 20 clients (Attaarangi - youth rehabilitation {16-25 years} & Awheronui - adult rehabilitation {25-65 years}). There are 12 units on site, made up of studios and 2-4 bedroom houses. In addition, the main building provides two 5-bed assessment units and other therapeutic and administrative areas. There is 24 hour staffing by mental health workers from a range of different disciplines. BRC has implemented a more structured approach to the support of client family/whanau. One such initiative is the Family/whanau Support Forum (FWSF). This is five-session forum that runs twice each year. Each session has a speaker, from either BRC staff or someone associated with BRC (Consumer consultants, parents of discharged clients). After each module (5 sessions) participants are invited to complete an evaluation. To date, the feedback has been very encouraging and has allowed family-focused changes to be incorporated into subsequent forums. The Poster Display will summarise the content and processes of the FWSF and the feedback that families have offered.

Session: S24 Poster Session

3/09/2003 From: 1400 To: 1500 Venue: Foyer

Poster: Consumer Participation in Service Provision and Evaluation.

Lisa Woolcock John Blunden

Consumer participation is the process of involving health consumers in decision-making about their own health care and in health service planning, policy development, priority setting and addressing quality issues in the delivery of health services¹. There is increasing evidence that the process of participation itself improves health outcomes for participants². Objective: The aim of the project was to develop a consumer-driven consumer satisfaction survey at the Pine Rivers Community Care Unit (PRCCU). Method: The survey developed at PRCCU involved a number of steps. Firstly, discussions regarding the project took place between members of the PRCCU Club. Secondly, an education session was conducted on the relevant literature findings regarding satisfaction surveys. Then, over a 6-month period, the consumers developed a 20-item questionnaire that reflected areas of service delivery at PRCCU. Service areas measured included knowledge of their illness and medications, perceptions of their coping abilities, level of participation in decision-making, and staff/resident communication. Thirdly, each resident was invited to complete the survey and was offered assistance from a consumer committee member if required. Two drafts of the survey were trialed before the survey was finalised. Results: The survey involved a high

degree of consumer participation at all stages of its development. The survey is now an ongoing assessment tool at PRCCU. Conclusion: The development of the survey demonstrates that consumers can be empowered to participate in service provision and evaluation. Learning Objectives: 1. The poster shows the audience an example of how consumers can be involved in service provision and evaluation. This project illustrates a successful outcome in positioning consumer involvement centrally to the delivery of quality health services. The audience will also gain an appreciation of what consumer involvement in service delivery has meant to a consumer. 2. Improvement in the quality of mental health service delivery occurs when consumers are enabled and empowered to contribute to decision-making and service delivery. Over the past twenty years there has been a gradual shift towards creating more consumer focussed health care services, where the recipients are more involved in their treatment decisions, and their views on issues that affect them are sought after and acknowledged. This has resulted in services in being more responsive to the needs of consumers. The development of the survey demonstrates how consumers can participate in service provision and evaluation, resulting in improved outcomes for consumers.

Session: S25 Writing History of Reform

3/09/2003 From: 1530 To: 1700 Venue: Royal Theatre

Invited Symposium: Writing the History of Mental Health Reform in Australia

Robert King Harvey Whiteford Grace Groom Graham Martin David Dunstan

Major reforms have taken place in mental health service delivery in Australia and these reforms have had a major impact on a wide variety of stakeholders. It is timely while those most implicated are alive and able to tell their stories to begin the process of historical review and analysis and place these reforms in the context of international developments, other social and economic reforms in Australia and the lives of the people most intimately affected by the reform process. In this symposium, social historian, Dr David Dunstan and a panel of people (Harvey Whiteford, Grace Groom, Graham Martin, Merinda Epstein) who have helped to shape or monitor the reform process introduce key issues for the development of a reform history and will offer preliminary perspectives on the development of a meaningful and useful history of mental health reform in Australia. It is anticipated that this will be a starting point for the systematic development of an oral and written history and that participants in the audience will actively contribute to the shaping of an approach to this history. While this symposium is Australian focussed, it will serve as a model for other countries as well. The Symposium is convened and chaired by Robert King, University of Queensland.

Session: S26 Lifeline MH Initiatives

3/09/2003 From: 1530 To: 1700 Venue: Ballroom

Symposium 1.5 Hrs: Lifeline South Coast (NSW) mental health initiatives.

Andrew Phipps Marc Baur Frank Deane Marcella Barisic

There has been debate about the extent to which Lifeline services address mental health needs in the community and whether there are roles for Lifeline outside of the traditional suicide prevention telephone counseling services. This symposium presents just three of the many mental health initiatives where Lifeline South Coast (NSW) has taken the lead. While Lifeline suicide prevention services invariably address some of the mental health needs in the community, these three projects highlight other areas where Lifeline have the potential to meet mental health care needs for the community. Paper 1: Authors: Andrew Phipps & Mitchell Byrne. Presenter: Andrew Phipps. Title: The 'Orienting' Approach to Trauma Counselling: A Brief and Early Intervention for Victims of Secondary Trauma. Presentation aims: The aim of this paper is to report on the use of the 'orienting approach' by volunteer counsellors. Presentation Abstract: The temporal nature of traumatic events provides the opportunity prevent enduring pathology. Community organisations often show an overwhelming desire to help in the wake of a traumatic event. However, efficacious interventions require expertise and infrastructure that is beyond the capacities of these organizations. Consequently, volunteers have tended to offer models that have the potential to

exacerbate the trauma reaction (Deahl, 2000). We propose an 'orienting' framework to intervention that emphasises the reduction of arousal and the provision of follow-up assessment and referral. The model incorporates aspects of Critical Incident Stress Management (CISM: Mitchell & Everly, 1997) with the exclusion of the exposure elements of psychological debriefing. Clients are taught some simple elements of Stress Inoculation Training (SIT). With a focus on psychoeducation, the technique enables the individual to recognise signs of pathology, and to access appropriate referral agencies in cases of acute trauma. Volunteer counsellors were trained to administer this treatment during a 1-day workshop. The ability of counsellors to deliver this intervention was assessed via measures of skill, knowledge and attitudes. Results are discussed along with suggestions for integrating this service within the broader mental health system. Learning Objectives: 1. Attendees will better understand potential examples of secondary or vicarious traumatic events and prior research regarding the capacity of volunteer organisations to support people following these events. 2. Attendees will learn about a model for training volunteer counsellors in responding to secondary trauma and the immediate training outcomes of in a sample using this model. References: Deahl, M. (2000). Psychological debriefing: controversy and challenge. *Australian and New Zealand Journal of Psychiatry*, 34, 929-939.; Mitchell, J. T., & Everly, G. S. (1997). Scientific evidence for CISM. *Journal of Emergency Services*, 22, 87-93. Paper2: Authors: Marc Baur, Frank P. Deane, Denise Perkins. Presenter: Marc Baur. Title: Perceived mental health needs of callers to Lifeline 'Just Ask' national rural mental health information service. Institutional Affiliations: Illawarra Institute for Mental Health, University of Wollongong, Lifeline South Coast, NSW. Presentation aims: The aim of the paper is to describe the perceived needs of callers to a national mental health information telephone service and to compare these to the National Survey of Health and Well-being (Meadows, Burgess, Fossey & Harvey, 2000). Presentation Abstract: Lifeline South Coast has been delivering the 'Just Ask' national rural mental health information telephone service since March 2001. The service is funded by the Commonwealth Department of Health and Ageing as part of Australia's National Mental Health Strategy. The service provides a wide range of information to the general public and professionals throughout Australia, but with an emphasis on rural areas. Resources include tip sheets, tool kits, and referral information. The service is provided by trained volunteers and receives an average of 340 calls per month. It is unclear to what extent services such as these are addressing the mental health need of Australians. In order to assess this the Just Ask database integrated the Perceived Need for Care Questionnaire (PNCQ) Meadows, Harvey, Fossey & Burgess, 2000b) into its protocols. This interview was highly consistent with aims of the service since it helped determine the mental health needs of the caller and also allows for a description of categorised as, no need, unmet need, partially met need and fully met need. A description of the mental health care needs of callers will be provided and compared to the National Survey of Health and Well-being. The implications of these findings for Just Ask and similar services in addressing unmet and partially met mental health need in Australia are discussed. Learning Objectives: 1. Attendees will learn about the varying levels of perceived mental health need in Australia based on the National Survey of Mental Health and Well-being and the potential of the Just Ask rural mental health line to address this need. 2. Attendees will learn the different of perceived need experienced by callers to the Just Ask service and better understand the potential of this service to meet this need. References: Meadows, G., Harvey, C., Fossey, E., & Burgess, P. (2002b). Assessing perceived need for mental health care in a community survey: Development of the Perceived Need for Care Questionnaire. *Social Psychiatry and Psychiatric Epidemiology*, 9, 427-435.; Meadows, G., Burgess, P., Fossey, E., & Harvey, C. (2000). Perceived need for mental health care, findings from the Australian National Survey of Mental Health and Well-being. *Psychological Medicine*, 30, 645-656. Paper 3: Authors: Andrew Phipps, Marcella Barisic, Frank P. Deane, Grahame Gould. Presenter: Andrew Phipps. Title: Bibliotherapy self-help for mild to moderate depression: Development and potential for delivery though Lifeline Just Ask. Presentation aims: The aim of this paper is to discuss the development and evaluation of a bibliotherapy self help resource for mild to moderate depression. We also aim to describe its integration into the national Lifeline Just

Ask rural mental health information service. Presentation Abstract: While psychological problems such as depression are widespread many sufferers are not engaged in active treatment. It seems that many members of the community prefer to manage their problems on their own rather than seek professional help (Deane, Wilson, Ciarrochi, & Rickwood, 2002). Those that do attempt to seek help often experience difficulty in accessing services. Mental health services are in short supply (Meadows, Singh, Burgess, & Bobevski, 2002), with priority going to those with more severe problems. Consequently, we see high levels of unmet need with regard to the treatment of mental disorders, particularly depression. This is particularly true in rural and remote communities. Cognitive behavioural bibliotherapy has previously shown to be effective in reducing depressive symptoms in mild to moderate depression (Cuijpers, 1997). The paper reports the preliminary findings from a pilot study aimed to assess the effectiveness of a bibliotherapy self help package. The study compares changes in depressive symptoms in four groups: a control group (delayed intervention), independent self help, self help with brief telephone contact and self help with telephone assistance (up to 30 minutes per week). The potential of the self help packages such as this to be delivered and administered through Lifeline's 'Just Ask' national mental health information service is discussed. Learning Objectives: 1. Attendees will learn about evidence regarding effectiveness of bibliotherapy for depression. 2. Attendees will learn about the effectiveness of an Australian bibliotherapy resource and the potential to implement this on a national basis. References: Deane, F. P., Wilson, C. J., Ciarrochi, J., & Rickwood, D. (2002). Mental health help seeking in young people. (Report for the National Health and Medical Research Council of Australia, Grant YS60). Wollongong, NSW: University of Wollongong, Illawarra Institute for Mental Health. Cuijpers, P. (1997). Bibliotherapy in Unipolar Depression: A Meta-Analysis. *Journal of Behaviour Therapy and Experimental Psychiatry*, 28(2), 139-147.; Meadows, G., Singh, B., Burgess, P., & Bobevski, I. (2002). Psychiatry and the need for mental health care in Australia: Findings from the National Survey of Mental Health and Wellbeing. *Australian & New Zealand Journal of Psychiatry*, 36(2), 210-216.

Session: S27 Evaluating Practice

3/09/2003 From: 1530 To: 1700 Venue: Bradman Theatre

Paper 20 Minutes: Engaging Area Mental Health staff in utilising evidence based practice: The TRIP project.

John Farhall Robyn Humphries Allan Pinches Mary Macrae Noel Renouf Suzanne Vile

Availability of research support for new mental health treatments and services does not ensure that such innovations are translated into practice. Barriers include poor dissemination of information, difficulty in incorporating new approaches within existing models or service structures, and resource limitations (Grol & Grimshaw, 1999; NHMRC, 2000). The TRIP (Translating Research Into Practice) project aims to hasten the uptake of treatment innovations in a large public mental health system. It uses recent evidence-based Clinical Practice Guidelines for the treatment of schizophrenia to engage front-line clinical staff, consumers and carers in identifying possible gaps between current service delivery and recommended treatments. A committee representative of area services decides priorities for action, and the TRIP project assists working groups to collect facts about the current situation and to implement changes. Addressing needed change at any level of the organisation is encouraged, from clinician awareness of an easily incorporated practice, to local policy, to seeking major funding or service review. This presentation gives a progress report from the first area mental health service participating in the program, outlining the TRIP method, barriers identified in a survey of staff, priority gaps identified and progress in addressing change. Learning Objectives: 1. People will learn strategies and progress from our implementation of evidence based mental health practices via an innovative top-down/bottom-up strategy 2. How is this topic relevant to mental health services? This is currently very topical for mental health services given that Australian and New Zealand Clinical Practice Guidelines for a range of disorders are about to be released, and that governments, advocates and clinicians all have a stake in their use. References: Grol, R., &

Grimshaw, J. (1999). Evidence-based implementation of evidence-based medicine. *Journal of Quality Improvement*, 25(10), 503-513.; NHMRC. (2000). How to put the evidence into practice: implementation and dissemination strategies. Canberra: National Health and Medical Research Council.

Session: S27 Evaluating Practice

3/09/2003 From: 1530 To: 1700 Venue: Bradman Theatre

Paper 20 Minutes: Rationing of health care: clinician and consumer decisions about treatment for anxiety disorders.

Cathy Issakidis

Mental Health Services Policy and Research Unit, School of Psychiatry, UNSW & the WHO Collaborating Centre for Evidence and Health Policy in Mental Health, St Vincent's Hospital, Sydney. Most clinical settings have explicit criteria for deciding who should be offered treatment and the rhetoric of most is that these ensure the appropriate people gain access to care. However, the reality is that few clinical settings have information about how these criteria are operationalised, who is turned away from treatment, or whether the appropriate people are accessing care. Even fewer have information about those who either decline or fail to complete treatment. This paper will report on a series of studies in a hospital based outpatient clinic for anxiety disorders that aimed to determine the predictors of clinician decisions to offer, and consumer decisions to accept and complete treatment for 1154 referrals to the clinic over a two and half year period. Logistic regression was used to examine the influence of sociodemographic, clinical, clinician and system characteristics on the outcomes of interest. The paper will present the main findings from these studies and will discuss their broader implications for understanding and improving the way that limited mental health resources are allocated and delivered in clinical settings. Learning Objectives: 1. The audience will learn about an innovative approach to the evaluation of clinical services and will gain an understanding of the implicit factors that influence delivery of care in this clinical setting. 2. Evaluating clinician and consumer decisions about treatment can help us to improve the way in which mental health resources are used at the service delivery level.

Session: S27 Evaluating Practice

3/09/2003 From: 1530 To: 1700 Venue: Bradman Theatre

Paper 20 Minutes: Comparison between providers and consumers in important mental health service attributes: Implications for quality improvement.

Duane Pennebaker

Research has pointed to the different views that consumers and health professionals hold about important service delivery characteristics. However, it is unclear how these different views influence consumer outcomes and quality improvement. The data reported here compared consumer and provider views of important mental health service attributes based on a framework derived from consumer views (Pennebaker & Vogels, 2001). Respondents were asked to rate each of 101 statements in terms of importance and in addition for providers the degree of action possible to improve the quality of the attribute. Participants consisted of 42 consumers and 78 mental health service providers. All eight service attributes previously identified were present (Pennebaker & Vogels, 2001). Comparisons showed that providers rated informed decision making statements (45%) more often as important than consumers (35%) while therapeutic alliance factors were rated more often as important by consumers (23%) than providers (13%). The low correlation (0.397, $p < .001$) between the two groups' ratings pointed to the difference in views of providers and consumers in the importance of the set of attribute statements provided in this study. The study highlighted the comparable views that providers and consumers have about mental health service attributes. For consumers there was a greater emphasis on informed decision-making and staff competence followed by therapeutic alliance factors. Providers placed greater emphasis on informed decision-making followed by staff competence. Further study is required to support the validity of these findings as critical elements in measuring consumer satisfaction with mental health services

as part quality improvement. Learning Objectives: The audience will gain an interesting perspective about what consumers and providers believe is important in relation to mental health service attributes using a framework derived from mental health consumers. The importance of the study is in relation to obtaining the appropriate views of consumers and providers as relates to satisfaction measure with important service attributes that can be generalised and have credibility.

Session: S28 Interpersonal Therapy

3/09/2003 From: 1530 To: 1700 Venue: Menzies Theatre

Workshop 1.5 Hrs: Introduction to Interpersonal Psychotherapy for Depression

Rebecca Reay Yvonne Fisher

Overview of Workshop: Effective, evidence based treatments for depression are increasingly being required that can be provided by a range of mental health professionals. Interpersonal Psychotherapy (IPT) is a time-limited, interpersonally oriented therapy. It has been empirically demonstrated to be effective in the treatment of major depression (Elkin 1989), and there is a growing body of evidence for its effectiveness with a range of other mental health disorders (postnatal depression, bulimia nervosa, dysthymia and bipolar disorder) As IPT is a manually based treatment (Weissman et al 2000) it is readily available as a cost effective intervention that can be reliably delivered in a variety of clinical and research settings. IPT has two aims: to reduce depressive symptoms and to improve the social and interpersonal functioning associated with the onset of the symptoms. IPT makes no assumptions about the causes of depression but rather addresses episodes of illness in the context of an individual's contemporary relationships. By offering clients a specific framework to facilitate lasting and meaningful change in problematic relationships, symptom relief is obtained. This workshop aims to introduce participants to the background theory, structure and clinical techniques in IPT. Educational Objectives At the conclusion of this course the participant should be able to: 1. Demonstrate a knowledge of the research, strategies and techniques used in IPT. 2. Demonstrate an awareness of the acceptability and applicability of IPT to community mental health services. Participants will be provided with course handouts and reading material. Session Plan: Introduction to Interpersonal Psychotherapy for depression: 90 minute workshop: 10mins Introduction to IPT-Unique features of IPT:15mins Theoretical Origins-Overview of interpersonal and attachment theory -Evidence of efficacy:20 mins Structure of IPT-Three stages: 30 mins Strategies of IPT - 4 problem areas - video material: 15 mins Interactive discussion about applying IPT in a community mental health setting Questions.

Session: S29 Training Mental Health Workers

3/09/2003 From: 1530 To: 1700 Venue: Nicholls Theatre

Paper 20 Minutes: Training Community Health Workers in Common Mental Disorders: A Pilot.

Biliana Agin Carol Hulbert

A pilot education and training project was conducted by the Depression and Anxiety Research Team (DART) at the Centre for Rural Mental Health in Bendigo. The program targeted community health workers across the Loddon Campaspe Southern Mallee region and focused on mental health literacy, recognition, assessment, treatment planning, and evidence-based interventions for high-prevalence mental disorders. Results and experiences from the pilot project are discussed in view of development of a mental health education and training program suitable for community health workers in regional and remote areas. Methods from participatory action research, interpretive research, and empirico-analytical research are discussed in terms of their differential utility for program evaluation in regional and rural primary care settings. The concept of 'place' - traditionally used in micro-level research - is applied to individual agencies in order to elucidate processes and structures that may influence education and training outcomes at locations with different degree of 'rurality'. In addition to 'place' the project explores other agency attributes that may be related to education and training outcomes. In sum, this project describes the early stages of development, testing,

implementation, and evaluation of an ongoing education and training program for CH workers in regional and rural Victoria, with a specific focus on common mental disorders. References: Fossey, E., Harvey, C., McDermott, F., & Davidson. (2002). Understanding and evaluating qualitative research. *Australian and New Zealand Journal of Psychiatry*, 36, 717-732. Fraser, C. Judd, F., Jackson, H., Murray, G., Humphreys, J. & Hodgins, G. (2002). Does one size really fit all? Why the mental health of rural Australians requires further research. *Australian Journal of Rural Health*, 10, 288-295. Learning objectives: 1. The audience will learn about the processes involved in developing and evaluating a mental health training program for CH workers in regional and rural Victoria; 2. This project addresses the need for professional development, ongoing support, and inter-agency collaboration in primary care work with high-prevalence mental disorders.

Session: S29 Training Mental Health Workers

3/09/2003 From: 1530 To: 1700 Venue: Nicholls Theatre

Paper 20 Minutes: Sustaining and containing the learning The Network for mental health workers addressing sexual abuse issues.

Dianna Dureau

NorthWestern Mental Health is the largest mental health service provider in Victoria. The Mental Health Training and Development Unit (MHTDU) provides workplace training and continuing professional development education for the 1200 person strong workforce of NorthWestern Mental Health. One of the questions posed in the current training environment is how can clinicians sustain the learning and enthusiasm generated from a workshop long enough for it to be translated into effective practice? We believe the 'Network for mental health workers addressing sexual abuse issues' is one such initiative. The idea for this support network originated at the workshop 'Sexual abuse trauma experienced by mental health clients' presented by The Bouverie Centre in the 2001 MHTDU training calendar. This paper will briefly trace the origins of this initiative, the aims, structure and content of the meetings. Outcomes to date include the creation of a policy document on sexual assault disclosures of registered consumers for incidences of past child or adult sexual assault, presentations by guest speakers and the use of the clinical expertise of the Network members who present on relevant topics. Clinicians participant experience and consumer input will be presented. The use of this forum as a reflective space where staff can use the group as a 'container' for anxieties arising from the nature of this work will be discussed. Bion's concept of the 'container' is also relevant to the wider organisation that supports this network. Learning objectives: 1. Participants will gain an understanding of the value of using education as a vehicle to develop ongoing support networks for clinicians working with complex and sensitive areas of clinical practice. 2. Research evidence demonstrates both the high prevalence of child sexual abuse in the mental health client group and the relationship between childhood abuse and mental health problems. Many clinical staff report a lack of confidence in responding to disclosures of past sexual abuse. It follows that a sustainable training approach incorporating an ongoing support network will assist clinicians and ultimately benefit consumers. References: Herman, J.L. (1992) *Trauma and Recovery*. London, Pandora; Obholzer A. & Roberts V. Z. (Eds.) (1997) *The Unconscious at Work*. Individual and organisational stress in the human services. London, Routledge.

Session: S29 Training Mental Health Workers

3/09/2003 From: 1530 To: 1700 Venue: Nicholls Theatre

Paper 20 Minutes: Training Needs Survey of PDRS Staff.

John Dunton

This paper presents results on the self-expressed training needs of over 300 staff across the Psychiatric Disability Rehabilitation and Support sector (PDRS) in Victoria. It also highlights the demographic make-up of sector staff across Victoria. This bi-annual Survey is an integral component of the quality improvement process in health and community services delivery. The goal to be responsive to staff training needs is sensitively aligned with VICSERV's role as a peak body and the principles of Psychosocial Rehabilitation. This Survey seeks to extend

its training response and concentrates on the training needs of staff. Learning objectives:
 1.Exploring ways to establish formal professional standards for PDRS workers 2.Providing relevant and quality training to the PDRS sector. The Survey provides significant demographic data on the PDRS sector and contributes to defining the sector and responding to its changes. The demographic data collected draws out important information on issues like barriers to attending training, attitudes to accreditation and training experience(s). It correlates those issues and the expressed training needs across Victoria's Health and Community Services rural and metropolitan regions. The result provides a comprehensive Training Needs Survey, a profile of the PDRS sector and an interesting comparison with the 2000 Survey.

Session: S30 Promoting Mental Health

3/09/2003 From: 1530 To: 1700 Venue: Sutherland Theatre

Workshop 1.5 Hrs: Promoting Mental Health - Musical and Artistic Project.

Catherine Ross Mike Maire Lina Samu

The 'Unity Project': Unity is a group of people who experience mental ill health symptoms, who may or may not receive support from a mental health service, affiliate with spiritual and/or cultural ethical grounding and may have experience or not in the world of music and art. All members may wish to represent their organization or not within Unity. Members are encouraged to involve staff, their families and friends to support their attempts of promoting positive messages into the community. There are many possibilities for this project to create opportunity should a person discover they are drawn to certain aspects of the tasks involved in developing Unity. Presently Unity is facilitated, tutored, managed, marketed and service developed by Cathy Reti - Community Support Worker for Challenge Trust/Project Manager of Unity. Cathy receives support from Mike Maire - (Occupational Therapist / Musical Tutor) - Fale Ola P.I. Clinical Team, Lina Samu - Manager for Whariki Family/Whanau Service - Challenge Trust, Atitala Yek - Art Tutor for Framework Trust and Dawnraid - Recording and Distribution Company all based in South Auckland, New Zealand with the exception of Pale' Sauni - Mental Health Professional / Student Social Service Manager for Auckland College of Education/ Musical Producer and Director based in Central Auckland, New Zealand. All Unity activities are achieved at Whariki Service- Challenge Trust. To date they have sort financial support from Community based funding and have approached several organizations for their contribution in an endeavor to encourage organizations to integrate a portion of their yearly Prevocational/Rehabilitation funding into specialist areas of consumer initiative projects that are creating maximum effects for consumer and community. Already Unity have produced their first CD in 2001, are currently recording their 10 song compilation album all original songs and artwork from a variety of group and solo artists throughout the region. They are filming a documentary that features key members representing Unity's work and views of mental ill health issues. Unity's wish is to help educate the wider community by sharing and providing information for people seeking services of this nature. Unity has developed a 1-2 hour road show workshop that involves self - expression, discussion, contribution and collaboration. Unity uses this forum to network and invite others to join them. Unity are also supported by a multi - disciplinary clinical team that have embraced the Unity movement and are collectively providing them with evidence that support the Unity Project as a living, breathing model of care. 'Starfish' are mental health professionals available to provide individual support and group objectives. Consumer will voice their perspective of a business opportunity encouraged by the Project Manager for clients to train in areas of media and the music industry to someday lift the Unity Project to a fully operational consumer driven service. Witness an edification of such a movement and be magnified by the simplicity of Mental Health Work at its best! We encourage conference delegates to join our workshop so that we may explain in more depth some of the aspects that entice you. Feel free to participate in activities that may lead you to a natural experience, a product that you own, and the satisfaction of taking part in 'Promoting Mental Health'. In Conclusion: We have described the direction in which mental health providers of New Zealand are steering. We wish to present the Challenge Trust mission statement that portrays our commitment to

quality service delivery and promotes independent living. Learning Objectives: 1. Workshop delegates will learn to appreciate and value a creative artistic and musical venture regarding consumer representation and involvement from a range of organizations, their family's and friends, the community, the media and the music industry. Contribute your ideas to a poem that will captivate the memory of Themhs 2003. 2. Our goal is to provide mental health service providers and professionals with an alternative option for a recovery based intervention using music and art as the medium. We intend to provide evidence of a consumer initiative that derives from a Community Support Work Service in Challenge Trust, supporting an ongoing campaign to counteract stigma and discrimination that has received a great deal of attention and positive feedback all the forums mentioned in question one, during the last three years. The marketing component of this initiative has a long - term business opportunity attached for those people interested enough to engage in a stable, profitable activity that portrays an ongoing positive profile in the community. All service providers committed to supporting mental health clients dreams and aspirations will benefit from an intervention like this at different levels of rehabilitation and recovery.

Session: S31 Brief Papers

3/09/2003 From: 1530 To: 1700 Venue: Derwent Gallery

Brief Papers 10 minutes: Mothers Support Program: Development of a Mentor Program.

Robyn McVeigh Julie-Anne Leslie

'As women, mothers and peers, we endeavour to provide support and guidance by developing a trustworthy relationship in a friendly and confidential manner' Mentor Team Statement of Purpose. The Mentor program is an initiative of the Mothers Support program, Prahran Mission Uniting Care. The Mothers Support Program provides outreach support and community case management for women experiencing a mental illness and who have children in their care. The Mentor Program provides peer support by women who have previously been consumers of the Mothers Support Program. The purpose of the Mentor Program is to provide support through contact with someone who has had a similar experience with a focus on women receiving support which may be absent from their traditional support systems such as family, friends and professional support. Support is achieved by women sharing experiences, having common concerns, supporting one another emotionally, creating friendships and offering encouragement. The mentors have been trained using a self-development model. Training covered the experience of mental health systems, communication techniques, parenting and assertiveness. Mentors were matched with another mother with whom they meet regularly. The Mothers Support Program facilitates an ongoing group for the mentors focusing on further training and support. This paper will provide an overview of the Mentor Program and its development, underpinning principles and will include an overview of service delivery outcomes. Learning objectives: 1. Audience members will be able to identify the stages of developing the peer support model used for the Mentor Program of the Mothers Support Program, Prahran Mission. 2. Audience members will become aware of how to enhance service provision for people with mental health issues by using peer support. References: Finn, I. & Bishop, Dr. B. (2001) Mutual Help: an Important Gateway to Wellbeing and Mental Health. *newparadigm*, June 2001, 13-17.; Wilson, M. E., Flanagan, S. & Rynders, C. (1999) The FRIENDS Program: A Peer Support Group Model for Individuals with a Psychiatric Disability. *Psychiatric Rehabilitation Journal*, 22, 239-247.

Session: S31 Brief Papers

3/09/2003 From: 1530 To: 1700 Venue: Derwent Gallery

Brief Papers 10 minutes: The little red engine - I think I can't... I think I can... I know I can.

Robyn Marshall

This paper will explore the development and delivery of the 'Triple E' project an exciting and innovative project for women in the Hunter, who have a relative or friend with a mental

illness. It is well known that caring is usually a role performed by women and evidence suggest that 73% of primary carers are women who are mothers, daughter, sisters, wives and partners. Recent research has revealed that carers tend to have poorer health than non carers. The 'Triple E' project will offer self esteem workshops for these women to improve mental and emotional well being. Focus will also be on enrichment, education and equity to increase resilience and prevent depression. The 'Triple E' project will conduct workshops throughout the Hunter and will provide opportunities for self discovery which embrace the concepts of mental health and wellbeing. The project will also aim to reduce the isolation for women in rural areas and raise the awareness of health and community workers in those areas about the impact of the caring role on women who have a family member with a mental illness. The Triple E project will offer opportunities that will empower, strengthen and improve the quality of life for women who are carers. References: Fadden G, Bebbington P and Kuipers, (1987) The Burden of Care: the Impact of Functional Psychiatric Illness on the Patient's Family *British Journal of Psychiatry* 150, 285-292 Spaniol L, Zipple AM, Lockwood D, (1992) The Role of the Family in Psychiatric Rehabilitation Vol. 18, No 3.

Session: S31 Brief Papers

3/09/2003 From: 1530 To: 1700 Venue: Derwent Gallery

Brief Papers 10 minutes: Congratulations you got the job! The challenge of coping begins - reflections of a support group for people with a mental health issue who are employed.

Jane Nguyen Jacqueline Gordon

This paper will present findings gained through qualitative interviews with members of a Worker Support Group for people who are employed and experiencing a mental health issue. We will demonstrate how this group is an effective way of meeting the diverse support needs of people with a mental illness in maintaining their employment. Studies have shown work provides people with a sense of achievement, social networks, purpose, identity, status, self esteem, financial independence and a structure for the day (Winefield, Montgomery, Gault, Muller, O'Gorman, Reser & Roland, 2002; Evans, 2002) which collectively contributes to enhanced mental health. Conversely, the negative impact of unemployment to mental health is also widely documented (Winefield et al, 2002). Statistics recently gathered by DFACS [Commonwealth Department of Family and Community Services' Case Based Funding Review, 2002) showed that work retention rates for people who experience a psychiatric disability was low, and thus require high levels of support to maintain work. In late 2002, JobCo. recognized the growing trend identified in research of the effectiveness of mutual support groups (Chinman, Kloos, O'Connell & Larry, 2002; Solomon, Pistrang & Barker, 2001; Schiff & Bargal, 2000; Davidson, Chinman, Kloos, Weingarten, Stayner & Tebes, 1999; Hamer, 1997) and decided to apply these findings to our current practice. In evaluating the Worker Support Group the emergent general support trends were self esteem, workplace disclosure, coping with medication and work, empowerment, assertiveness in the workplace and managing interpersonal relationships with colleagues. JobCo. believes the Worker Support Group offers an innovative way of meeting the changing and unique needs of people with a mental illness in work, whilst demonstrating its commitment to providing effective and flexible work placement support. The value of work is encapsulated in the following consumer quote 'I sometimes feel that being unemployed is more of a disability than schizophrenia' (Chris, New Paradigm, 2002, p 8). Learning Objectives: 1. People attending this presentation will learn that group work is an effective method of service delivery for people with a mental health issue. It is cost effective, has multi-faceted benefits for participants, expands and improves the knowledge and skills of facilitators and is a particularly successful model to provide job maintenance support - a recognized unmet need for this population. The successful application of the group process for employed people with a mental health issue highlights both the value of work and the importance of job maintenance support. 2. Our paper focuses on the value of employment in enhancing mental health and demonstrates an effective approach to service delivery that aims at promoting job retention and preventing job loss. Mental health service providers in particular, would find this issue

relevant as the service model utilized reduces service cost and decreases pressure on government benefits, as clients are partially or completely removed from benefits and client contributions to income taxation increases. Secondary gains from this approach are lowered incidents of re-hospitalizations, visits to GP's, psychologists and psychiatrists. These gains are translated into decreased related costs to mental health services. Furthermore, the Department of Family and Community Services which fund specialist open employment services recently identified people with a psychiatric disability as having greater difficulty maintaining work in comparison to people with either physical or intellectual disability.

Session: S31 Brief Papers

3/09/2003 From: 1530 To: 1700 Venue: Derwent Gallery

Brief Papers 10 minutes: An Alternative Model for Autism Assessments.

Sian Hughes Ernest Luk Peter Birleson

The recognition of autism and related disorders has increased dramatically over the past five years. Assessment teams have been unable to cope with the deluge of requests for diagnosis. This paper proposes an alternative model for assessment. Traditionally in Victoria centre-based teams have been responsible for assessing children in defined catchment areas. We wanted a system that would still provide a high quality assessment but greatly reduce waiting times. We were restricted financially as no additional funding could be obtained. We set out to identify all local public and private professionals with an interest in autism. We produced and distributed a booklet with their contact details and set up a bi-monthly education program with detailed handouts. Community-based teams were established to conduct the initial assessment. If professionals or parents are uncertain about the diagnosis the local team refers the child to a tertiary team based at the Child and Adolescent Mental Health Services. Professionals were surveyed about their knowledge of autism and the quality of local services before setting up this program and after it had been running for two years. The results were generally positive and will be presented at the meeting.

Session: S31 Brief Papers

3/09/2003 From: 1530 To: 1700 Venue: Derwent Gallery

Brief Papers 10 minutes: 'Who Holds the Baby?'

Katy Curtis Anne Fahey

In 2000, an interagency working party was established to explore mental health issues of parents who have children on Statutory Orders. This working party arose from concerns that existing service delivery frameworks for both Psychiatric Services and Protective Services weren't always appropriately used in meeting these vulnerable families needs. The working party attracted funding for the research project 'Mental Health Issues of Parents of Children on Statutory Orders' and subsequent report 'Child Maltreatment and Parental Mental Health Problems'. The report identified inadvertent shortcomings and gaps that can arise when agencies adopt rhetoric of client-focused service, as well as unintended consequences of legislation and funding guidelines. Also explored are the many and varied perspectives at play - language and culture, differing priorities, conflicts of interest, organizational needs vs client needs, and loss of a holistic view. The report documents the effectiveness of co-located consultancy positions straddling agency boundaries, and suggests that these workers may be best positioned to address some of the issues. In Loddon Compaspe, Central Victoria, report recommendations being implemented include co-located consultancies from CAMHS to Adult Community Psychiatry and from Adult Psychiatry to Child Protection and Juvenile Justice. Learning Objectives: 1. People have the opportunity to understand more clearly the difficulties created when major services, such as Psychiatric Services and Child Protection focus on the needs of their client and less on the interrelated nature of the relationships impacting on clients and family members. How these 'gaps' might be addressed will also be explored. 2. By recognizing the correlation between parents' and childrens' well-being service delivery frameworks can be adjusted to plan for the mental health needs of both parents and

their dependent children, rather than those needs going unnoticed or being responded to in crisis.

Session: S31 Brief Papers

3/09/2003 From: 1530 To: 1700 Venue: Derwent Gallery

Brief Papers 10 minutes: Autism spectrum disorders: Clinical and systems issues for adult mental health services.

Stephen Edwards Chard Bennett

Autism was traditionally diagnosed during childhood when criteria for the developmental disorder were clearly satisfied. Since intellectual disability (ID) was usually present, assistance was provided by public disability services rather than mental health services. Children with fewer or less severe 'autistic' symptoms, were judged not to have autism. Some were later diagnosed with serious mental illness and given treatment in the adult mental health system. The current concept of an autism 'spectrum' referring to a group of like disorders with varying severity includes autism and Asperger's syndrome. International studies show significant numbers of adults with previously undiagnosed autism spectrum disorders (ASDs) using adult mental health services. The Victorian Dual Disability Service has made a high rate of first diagnosis in this spectrum among adults with ID or borderline intellectual functioning treated for mental illness in adult mental health services. For clinical staff in adult mental health services, diagnosing ASDs can be challenging as the presence of such a disorder can confuse the presentation of and be confused with symptoms of severe mental illness. This paper will explore a suitable assessment model for the late diagnosis of ASDs as well as discussing the impact of these disorders on adult mental health service systems. Learning Objectives: 1. The audience will learn about autism spectrum disorders and their diagnosis in adult mental health services. 2. The audience will learn about the implications of late diagnosis of ASDs for adult mental health services.

Session: S32 Medicines, Policy & Health

3/09/2003 From: 1530 To: 1700 Venue: Fitzroy Gallery

Paper 20 Minutes: Consumer participation in medicines policy development; The societal view

Janine Bevan Ken Nobbs

Australia lags behind other countries in bringing the best medicines to the market. Of the 400 new molecular entities launched on the world market between 1990 and 1999, about 30% have reached Australia. We rank behind the US, UK, Germany, Japan, France and Canada in this regard. Consumer activity in health has led to access to new and improved medicines. Examples of these activities and outcomes will be provided. The policy option of a co-payment increase for medicines will be explored along with the possible impact on mental health and well being within the community. Trends following these co-payment increases in the past will be reviewed in the context of Quality Use of Medicines. Proposed policy development with consumer participation in relation to the PBS will be discussed. Learning Objectives: 1. Participants will gain an understanding of where they may participate in the development of medicine policy. 2. Participants will gain an understanding where consumer activity may lead to access for new and innovative medicines.

Session: S32 Medicines, Policy & Health

3/09/2003 From: 1530 To: 1700 Venue: Fitzroy Gallery

Paper 20 Minutes: Medicines in Health

Janine Bevan Ken Nobbs

Australian people, together with their counterparts in the developed world, are living longer, healthier and enjoying more productive lives, extending well into their retirement years. Medicines, in conjunction with advanced health care, nutrition and hygiene, have contributed

to this 'golden' age of good health and prosperity. In Australia, medicines have been made available widely through the Pharmaceutical Benefits Scheme (PBS). Since its inception over five decades ago, the PBS has expanded significantly in its coverage, delivering 594 medicines, in 1,446 forms and strengths under 2,448 medicine brands. The pharmaceutical industry supports the PBS as a cornerstone of the National Medicines Policy. Against this background, there has been some sensational media about an impending crisis among decision-makers regarding the 'sustainability' of the PBS. It is true that some cracks have appeared in the system. If left unchecked the cracks will cause corrosion in the system and undermine the health outcomes. There are compelling reasons for a strategic review of the current system. Such a review must be based on a detailed analysis of the PBS in terms of meeting the objectives of the National Medicines Policy. The expenditure on medicines in Australia lags behind other OECD countries. A long term structural driver of the PBS growth is Australia's changing demographic. The ageing population will increase the incidence and prevalence of chronic and degenerative diseases and illnesses. Rapid scientific and technological advancement, including the growth of the biotechnology-based medicines, will increase the range of effective medicines available to treat these conditions. The convergence of these influences will create unprecedented demands for pharmaceutical products. Evidence will be presented on the value of medicines and the cost effectiveness of this expenditure in increasing life expectancy.

Session: S32 Medicines, Policy & Health

3/09/2003 From: 1530 To: 1700 Venue: Fitzroy Gallery

Paper 20 Minutes: Medication Adherence: Developing Pragmatic Clinical Strategies to Enhance Patient Compliance.

Reshin Maharaj Penny Plumble Jim Sheedy

Developing pragmatic clinical strategies in regard to medication adherence provides opportunities for creative innovations for those working at the forefront of health care. Mental health, like many other areas of healthcare, often involves the adherence to medication regimes for the duration of the patient's illness. Non-compliance with medications is one of the main barriers to effective care of patients with a chronic disease and a major preventable cause of psychiatric morbidity for the long term mentally ill. Nursing staff, in collaboration with other allied health staff from the Western Sydney Area Mental Health Services, have undertaken a number of endeavours in order to assist and include patients in enhancing their long-term care in regard to medication adherence. These activities have included providing interactive education groups using interventions based on cognitive-behavioural techniques, developing resource kits, refining clinical measurement tools and promoting longitudinal multidisciplinary research. This paper outlines the nature of the issues involved, the strategies used and envisaged as well as the outcomes thus far. By including patients at every stage of the development of such strategies, it is hoped a more reliable and enjoyable process can be developed for all concerned. Learning Objectives: 1. The audience will gain an appreciation of the complexity and diversity of approaches to medication adherence in regard to mental health issues. 2. One of the main barriers to effective care of the long term mentally ill is the poor compliance of many patients with their prescribed medication regimes.

Session: S33 Practical Public Speaking

3/09/2003 From: 1530 To: 1700 Venue: Murray Gallery

Workshop 1.5 Hrs: Whether You Laugh, Cry or Shake You Can Still Be a Wonderful Public Speaker.

Fay Jackson John Strang

This workshop is aimed specifically at Consumers but will also be useful to carers and any one else who finds themselves in the role of a public speaker. Chairperson: Jon Strang. Facilitator: Fay Jackson. Fay Jackson will facilitate a practical, motivating guide to public speaking which will be appropriate to use in situations ranging from delivering education to clinical staff, public forums, school presentations, corporate functions, media presentation etc. The Format of the Workshop: 15 minutes: Fay will lead off the presentation by giving

examples of public speaking and supplying ideas of useful tools which can be used in your presentations. 10 minutes: The audience will then be split into small groups to workshop ideas around the difficulties experienced in and after public speaking. 10 minutes: The groups will then be reformed for these problems to be discussed and solutions suggested. The small groups will then reform for 10 minutes where each member of the group will use the information gained from the workshop thus far, to practice speaking in front of their group. 30- 40 minutes: We will then reform, discuss problems and positive points and take it in turns (approximately 6-7 people and only those who wish to) to speak in front of the whole group. for approximately 5 minutes per person. 15 Minutes: For the final fifteen minutes we will discuss how the experiences of the workshop has made people feel and share pointers, practical tools and support. Fay will offer email/photocopies of resources she frequently uses, her email and phone contact details and her support, knowledge and encouragement. Total time 1 hour 30 minutes.

Session: S34 Recovery Through Education and Employment

3/09/2003 From: 1530 To: 1700 Venue: Swan Gallery

Paper 20 Minutes: The role of mental health services in vocational rehabilitation for people with a psychiatric disability.

Vanessa Rose Elizabeth Harris

Employment is a significant adult activity that promotes access to friendship and valued social and emotional resources, status in the community, and economic well-being; and additionally for people with a psychiatric disability, a reduction in symptoms and reduced hospitalisations (Tsang, Lam, Ng & Leung, 2000). Despite evidence that people with a psychiatric disability want to work, this group experiences ongoing difficulties securing and maintaining employment (Finch & Wheaton, 1999). Australian mental health policy promotes the separation of treatment and disability support services. What role do treatment-focused mental health services have in assisting people with a psychiatric disability to achieve employment goals? The aim of this study was to explore opportunities for vocational rehabilitation within two mental health services in South Western Sydney. A mixed-methodology was used, including: . analysis of archival community mental health service records; . critical review of models of vocational rehabilitation; and . semi-structured interviews conducted with case managers and clients of mental health services. A significant finding of this study was that mental health services lacked a structure for vocational rehabilitation and therefore may have presented a barrier to people with a psychiatric disability accessing employment. The role of mental health services in vocational rehabilitation may best be served by systemic recognition of the considerable benefits of employment for people with a psychiatric disability and the establishment of strong links with mainstream and specialised vocational service providers. Learning objectives: 1. Participants will gain an understanding of the value of employment for people with a psychiatric disability and a framework for organisational change. 2. Evidence suggests that employment has significant health benefits for people with a psychiatric disability; this needs to be recognised in facilitating access to vocational rehabilitation for this group. References: Tsang, H., Lam, P., Ng, B., & Leung, O. (2000). Predictors of employment outcome for people with psychiatric disabilities: a review of the literature since the mid '80s. *Journal of Rehabilitation*, 66(2), 19-31.; Finch, J., & Wheaton, J. (1999). Patterns of services to vocational rehabilitation consumers with serious mental illness. *Rehabilitation Counselling Bulletin*, 42(3), 214-227.

Session: S34 Recovery Through Education and Employment

3/09/2003 From: 1530 To: 1700 Venue: Swan Gallery

Paper 20 Minutes: Supported Education & Supported Employment, continuum of recovery for people with a psychiatric disability.

David Edwards

In the Western world, post secondary education is seen as the route the future; the process by which a career is chosen and launched, the pathway to upward mobility. Education is a major channel through which we can change and enhance our life goals. However, for people with a

psychiatric disability, this resource is largely unavailable. Students with a physical, sensory or learning disability have been recognised as needing additional services in order to access and succeed at tertiary education. Unfortunately, the support needs of students with psychiatric disabilities are not so well met. In the USA, the concept of serving students with a psychiatric disability, in an educational setting is called 'Supported Education'. Supported education is defined as 'Education integrated settings for students with a psychiatric disability for whom tertiary education has not traditionally occurred or for whom education has been interrupted or intermittent as a result of severe mental illness and who, because of their handicap, need ongoing support services to be successful in the education environment'. A research project, which examined models of good practice in education programs both in the USA and in Australia, was conducted during 2000. Based on this research, the characteristics of a Supported Education program, which optimises the opportunity for students to graduate and access, paid mainstream employment. The combination of effective campus based supports and a seamless access to specialist employment services, skilled in the vocational support needs of job seekers with a mental illness is seen as the key to success. Learning Objectives:

1. This session will provide insight to the methods that tertiary education institutes may use to assist students with a mental illness and attendant psychiatric disability to successfully complete their study programs.
2. One the aims of psychosocial rehabilitation programs are to assist people to improve their sense of self-worth and personal empowerment. It has been said the one measure of personal empowerment is a decent pay cheque at the end of the week.

Knowledge of Supported Education and Supported Employment services will assist families and mental health care workers to help people with a psychiatric disability to access education and employment. References: Cooper, B. et al (2000). Bridging the Gap between School and College: An analysis of K-16 Education in New York City, paper presented at American Education Research Association Conference, New Orleans.; O'Connor, B. et al (1998) Students with Disabilities: Code of Practice for Australian Tertiary Institutions, QUT Publications and Printing; Sullivan-Soydan, A. (1997). Frequently Asked Questions by Educators About Students With Psychiatric Disabilities, Centre for Psychiatric Rehabilitation, Boston University.; Unger, K. (1990). Supported Post Secondary Education for People with Mental Illness, American Rehabilitation, Fall Edition.

Session: S34 Recovery Through Education and Employment

3/09/2003 From: 1530 To: 1700 Venue: Swan Gallery

Paper 20 Minutes: An Ongoing Aboriginal Employment Strategy. The hazards and rewards.

Cathy Duncan

The Aboriginal Employment Strategy Limited has been running for 6-7 years. It arose from and has had to address indigenous unemployment with all its intrinsic difficulties. It has now found employment for over 600 indigenous people in the Moree district. The program has gone through many phases and Cathy will present the hazards, pitfalls and successes. Learning Participants will be presented with: 1. How to empower indigenous communities by building self esteem through mentor programs. 2. How building partnerships with other community organisations has led to the success of the program.

**Abstracts for conference
presentations on
Thursday 4th September 2003**

Session: S35 Keynote - Sandy Jeffs**4/09/2003 From: 900 To: 1000 Venue: Royal Theatre****Keynote Speech: The Language of Madness: A Meditation on Madness, Language and Poetry.****Sandy Jeffs**

The language of madness is a discourse with a vast and expansive vocabulary that displays society's unresolved and uncomfortable relationship with the mad. Indeed, madness has been a source of intrigue and fear ever since the beginning of our consciousness and self-awareness. The rhetoric and reality of madness is often locked in a tense struggle, where the lived experience and the language that surrounds it, play themselves out in a drama of epic proportions. Yet, there is another language, equally powerful, that empowers those of us who live with our madness. The language of poetry is a profound utterance. It connects the disparate threads of the human condition and allows some people to escape their islands of madness and forge identities in the face of catastrophe and annihilation.

Session: S36 Images of Mental Illness and Mental Health**4/09/2003 From: 1030 To: 1230 Venue: Royal Theatre****Paper 20 Minutes: They're mad I tell you: a social construction approach to media depictions of mental illnesses.****Ray Nairn**

People who suffer from mental illnesses are depicted in both fictional and factual genres of the mass media, as dangerously violent, unpredictable, acting bizarrely actions, and rather incompetent. In this presentation I discuss some results of analysing such media portrayals as if they were forms of madness as this lay (non-technical) notion has long been used to label actions and persons as undesirable. Persons stigmatised as mad have been, literally or metaphorically, cast out of the community and, as outsiders, have been assigned many fearsome, undesirable qualities. They are understood to be unpredictable, to have excessive strength that they use violently, to be contagious, and to lack personal self-control yet be shrewdly malevolent. Such associations are available to mass media staff when creating a story, factual or fictional, if they refer to 'mental illness' or 'mental health' as readers and viewers are already familiar with those associations. This analysis suggests that destigmatisation requires; 1. human portrayals of those with experience of a mental illness; 2. development and use of non-stigmatising ways of talking about mental illnesses and those who have experience of them; 3. quality services that minimise the number of 'failures' that confirm the stereotypical understandings. Aims of presentation: To explain what it means to say that media represent mental illnesses as forms of madness. To identify the important consequences of that reframing of the media issue for destigmatisation. Learning objectives: 1. There are significant advantages to treating all talk about mental illnesses as representations rather than more or less accurate reports. 2. Representations, and the language on which they are based, should be evaluated for their usefulness.

Session: S36 Images of Mental Illness and Mental Health**4/09/2003 From: 1030 To: 1230 Venue: Royal Theatre****Paper 20 Minutes: Stigma :Rhetoric or reality.****Liz Prowse**

This paper examines the understanding and reproduction of stigma in mental health from four angles. Firstly, the theory of stigma, largely based on the 1953 work of sociologist Irving Goffman forms the basis for most discussion within the field of mental health. Secondly, there is an understanding and use of stigma within the clinical context by mental health professionals. Federal and state governments play a role in understanding stigma through their many and varied publications. Lastly, and of course most importantly is the lived experience and understanding of stigma by consumers themselves. I will show that the meaning of stigma is different for each of the groups, and that this in itself may serve to reproduce and strengthen stigma. This work demonstrates that any approach to the reduction of stigma must be sophisticated in its approach otherwise we only reinforce. Learning

objectives: 1. The audience will gain an understanding of the term stigma and its different uses throughout the field of mental health. 2. The audience will be able to question the use of the term stigma, and begin to think of alternative ways of addressing it as a problem.

References: Fink, P.J. & Tasman, A. eds. (1992) *Stigma and Mental Illness*, American Psychiatric Press, Washington; Gallo, K. (1994) First person account: Self-stigmatization, *Schizophrenia Bulletin*, 20(2):407 - 410. Hannan, L (1990) *Stigma, felt identity and the chronically mentally ill: an ethnographic study of the chronically mentally ill in an Australian community*. PhD thesis submitted to the Department of Anthropology, University of Sydney, Sydney; National mental health strategy pamphlet, (1993) 'What is stigma?' Mental health branch, Commonwealth Department of Family and Community Services, Canberra.

Session: S36 Images of Mental Illness and Mental Health

4/09/2003 From: 1030 To: 1230 Venue: Royal Theatre

Paper 20 Minutes: Ten years on since the National Aboriginal Mental Health Conference? What has changed, what needs to be done?

Robyn Shields

Too often when caught up in the day to day work issues, we can lose sight of the progress which has occurred. There has been a great deal of work over the last ten years by people working in indigenous mental health to secure a good future for our people. Indigenous Mental Health has been amongst the first to develop specific programs to meet the specific needs of our people. We have been involved in collaborative partnerships with peak bodies and in more recent times have seen indigenous mental health training programs established. Robyn will present a positive review of the advances that have been made whilst at the same time acknowledging the gaps which still need to be addressed. Learning Objectives 1. An understanding of the process which has taken place in the last decade. 2. An insight into the benefits of collaborative partnerships and education and training of workers in the field.

Session: S37 Measuring Outcomes

4/09/2003 From: 1030 To: 1230 Venue: Ballroom

Paper 20 Minutes: MHOAT Implementation in a busy 7-day acute care team: challenges, strategies and successes.

Patrizia Fiorillo Anee Cullen

The implementation of the State-wide MHOAT initiative has been a prolonged and challenging process in our Division. High commitment not to see it fail without a fair trial led to a concerted effort from managers, clinicians and admin staff to get together and collaborate in formulating an effective implementation process for a complex piece of legislation. The Acute Community Care Team (ACCAT) was required to complete the required tools, adding pressure to a busy and frequently unpredictable workload. A clear understanding of the barriers for clinicians to complete the tools, commitment to integrate the process into existing documentation practices, and the development of a circular 'checking' process that differentiated between 'real' and 'perceived' completion rates assisted in achieving a 100% success rate for the team. This success has had the added benefit of boosting morale and providing a sense of achievement within the team, now being positively used to pilot the Domestic Violence Screening Tool to all assessments completed. This presentation will highlight the struggles and successes, and describe the processes used, to implement MHOAT while creating a collaborative, sensitive and team-building framework Learning Objectives: 1. The people in the audience will gain an understanding of the issues facing implementation of additional standardised tools in an already busy team with a high workload expectancy and the strategies used to achieve 100% completion rate. 2. This topic is relevant to managers, clinicians and administrative staff working in mental health as it is a mandatory State initiative with potential to create conflict and increased clinical and documentary workload at the ground level.

Session: S37 Measuring Outcomes**4/09/2003 From: 1030 To: 1230 Venue: Ballroom****Paper 20 Minutes: Measuring and Comparing Consumer Needs and Consumer Outcomes in a Community Rehabilitation and Support Service.****Glen Tobias Tom Trauer**

The assessment of consumer outcome was identified as a key aim in the National Mental Health Plan. Neami, a community rehabilitation and support service has been using the Behaviour and Symptom Identification Scale (BASIS-32), a consumer self-rated outcome instrument and the Camberwell Assessment of Need (CAN), a consumer and staff rated needs assessment instrument, for over two years. The two distinct purposes of the instruments are discussed and contrasted with how they have been perceived by consumers and used in practice as initiators of discussion between staff and consumers. We discuss the change over time for consumers as detected by the two tools and report the mean profile of consumers who completed their first BASIS-32 and CAN and compare this with those who completed a BASIS-32 and CAN at subsequent intervals. We compare the two instruments' sensitivity to change over time and comment on the potential of the CAN to be used as an outcome measure. We discuss the benefits consumers derive from recording the changes in their mental health status through self-rated outcome measures and the practical benefits of using a formal needs assessment to develop individual service plans (ISPs) with consumers. Learning objectives: 1. People will learn how standard assessments of mental health can contribute to the planning and monitoring of consumers' care. 2. Routine outcome measurement is being introduced into all mental health services in Australia. The various stakeholders need to understand what such measures are able to contribute. References: Crane-Ross, D., Roth, D. & Lauber, B. G. (2000). Consumers' and case managers' perceptions of mental health and community support needs. *Community Mental Health Journal* 36(2): 161-178; Eisen, S. V., Dickey, B. & Sederer, L. I. (2000). A self-report symptom and problem rating scale to increase inpatients' involvement in treatment. *Psychiatric Services* 51(3): 349-353.

Session: S37 Measuring Outcomes**4/09/2003 From: 1030 To: 1230 Venue: Ballroom****Paper 20 Minutes: From rhetoric to reality: Improving data quality in routine mental health outcome measurement.****Michelle Hudoba**

The introduction of routine outcome measurement (ROM) to mental health services is a significant change in mental health delivery. The aim of this paper is to demonstrate the opportunities for this information to be used for service development, continuity of care, collaboration between service providers, clinical reviews and consumer participation. However, issues of data quality present impediments to realising these opportunities. This paper will present data from 2400 collection occasions of routine outcome measures in the Illawarra as part of the Mental Health Outcomes and Assessment Tools (MH-OAT) initiative in NSW. Issues of data quality will be shown to be a considerable impediment to the ability of services to analyse data and use this information for consumer feedback, monitoring consumer change and service development activities. Reasons for poor data quality will be outlined including clinician training, appropriate infrastructure and the identification of service pathways and their relationship to the data collection protocol. In order to improve data quality, it is necessary to specify service pathways, information exchange and staff responsibilities. Practical strategies will be outlined for overcoming the challenges of implementation and improvements to data quality. Learning Objectives: 1. Attendees will learn to: Recognise the opportunities for service development and change that occur with the introduction of ROM Identify data quality issues that can occur with the introduction of ROM Use this data to support quality improvement activities. 2. The introduction of routine outcome measurement (ROM) to mental health services is a significant change in mental health service delivery, as it will be used to demonstrate the quality and effectiveness of service provision. Identifying and working through data quality issues are essential to achieving improvements in mental health service provision. References: Chipps, J. Raphael, B and

Coombs, T. (2002) The Mental Health Outcomes and Tools Training Project: Creating the foundation for improved quality of care. NSW Public Health; Bulletin. Vol 13. No 11-12 pp 237-238.; Marks, I. (1998) Overcoming obstacles to routine outcome measurement: The nuts and bolts of implementing. British Journal of Psychiatry, Vol 173 (10), pp 281- 286.

Session: S37 Measuring Outcomes

4/09/2003 From: 1030 To: 1230 Venue: Ballroom

Paper 20 Minutes: Factors affecting the completion of a self-rating measure in routine outcome measurement.

Thomas Trauer

In mid-2000, four Victorian public adult mental health agencies began using routine outcome measures. This involves clinicians assessing consumers' mental health status using standard scales, principally the HoNOS and LSP, and consumers having the opportunity to assess their own mental health status, using the Behavior and Symptom Identification Scale (BASIS). Clinicians are required to complete the HoNOS and LSP, and are expected to invite and encourage consumers to complete the BASIS, which is entirely voluntary. Data from the first 19 months of routine outcome measurement has been used to examine the factors affecting whether consumers complete a BASIS. In the period studied, there were 3,016 occasions (care plan reviews in the community) where a BASIS could have been completed. These involved 238 clinicians and 1,891 consumers across the four agencies. A BASIS was completed in just over 25% of these occasions. Factors affecting completion may operate at the level of the agency, the clinician (for whom gender and discipline are available), and the consumer (for whom age, gender, diagnosis, HoNOS and LSP scores are available). The relative influence of factors affecting completion of a self-rating instrument is presented and their implications discussed. Learning objectives: 1. People will learn about which factors affect whether or not a consumer completes a self-rating instrument in the context of routine outcome measurement. 2. Routine outcome measurement is being introduced into all mental health services in Australia. The measure completed by consumers represents an important opportunity for them to record their own views of their mental health. Completion rates, however, are very variable, and it is helpful to understand the factors involved, so that completion rates can be maximized. References: Eisen, S. V., Dickey, B. & Sederer, L. I. (2000) A self-report symptom and problem rating scale to increase inpatients' involvement in treatment. *Psychiatric Services* 51(3): 349-353.; Eisen, S. V., Leff, H. S. & Schaefer, E. (1999) Implementing outcome systems: lessons from a test of the BASIS-32 and the SF-36. *Journal of Behavioral Health Service & Research* 26(1): 18-26.

Session: S38 Back to Basics

4/09/2003 From: 1030 To: 1230 Venue: Bradman Theatre

Invited Symposium: Back to Basics - Are you right about consumer rights?

Linette Bone Margaret Cook Janet Meagher Peter Wise

Three mental health activists will give their viewpoints about the human rights of consumers of mental health services. They will tackle some hefty questions: Are the promises made by the Burdekin Report and the National Mental Health Strategies being implemented? As consumers are we aware both of our rights and how to achieve them? Do legislated rights (ie Mental Health legislation) enshrine the essential needs of consumers anyway? Should we be advocating, as Thomas Szasz recommends, for the right to choose or refuse treatment even when on Psychiatric Treatment Orders? Presenters: Janet Meagher, Psychiatric Research Association, Peter Wise, ACT Division of General Practitioners, Margaret Cook., and chaired by Linette Bone, Mental Health ACT

Session: S39 Awareness of Depression & Suicide**4/09/2003 From: 1030 To: 1230 Venue: Menzies Theatre****Paper 20 Minutes: The development, implementation and evaluation of the Depression Awareness Research Project: a community development approach to raising depression awareness.****Maggie McGuinness Kylee Bellingham Suresh Sundram**

The aim of the Depression Awareness Research Project (DARP) is to develop, implement and evaluate a community-based model to raise knowledge about major depression. Increasing public knowledge about major depression has an important role in decreasing its morbidity and mortality (Jorm, Korten, Jacomb, Christensen, Rodgers & Pollitt, 1997; Jorm, 2000). However mechanisms of increasing public knowledge have cost and/or dissemination limitations and have rarely been comprehensively evaluated. The DARP was conceived as a potentially cost-effective and sustainable model applicable across a diversity of socio-cultural settings. Initially, clinical information, community resources and education materials about major depression were reviewed. This informed the development of a training package incorporating depression information and public presentation skill modules. In partnership with four community agencies and one local government, DARP was implemented in five Victorian regions. This involved the recruitment of participants into weekend training programs. Subsequently, participants initiated presentations about major depression to their communities. To evaluate the effectiveness of the model pre and post questionnaires assessing basic knowledge about major depression were undertaken by participants and all consenting attendees at presentations. This paper will discuss the DARP training package and factors influencing the implementation of this model, including the prerequisites for effective project co-ordination and community participation. Learning Objectives: 1. This session will provide the audience with the opportunity to vicariously learn of the experiences of DARP, the first Australian project of its kind to evaluate the effectiveness of working with local communities to raise depression awareness and reduce stigma. The audience may consider the parameters and potential for diverse communities to participate in such a program. 2. Depression is currently the fourth highest disease burden in the world and is projected become the second highest after heart disease by 2020. Australian research has highlighted the need for basic knowledge to reach the broader community level for individuals to play a more effective role in their own mental health management (Jorm, Korten, Jacomb, Christensen, Rodgers & Pollitt, 1997; Jorm, 2000). Increasing the general public's mental health literacy is also a key objective set out in the Australian Commonwealth Government's National Action Plan for Depression (2002). The DARP is concurrently implementing and evaluating a community development approach to meet these objectives. References: Commonwealth Department of Health and Aged Care (2000). National Action Plan for Depression, Mental Health and Special Programs Branch, Canberra Jorm AF, Korten AE, Jacomb PA, Christensen H, Rodgers B, Pollitt P (1997). 'Mental health literacy': a survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. *Medical Journal of Australia*, 166:182-186.; Jorm AF (2000). Mental health literacy. *British Journal of Psychiatry*; 177, 396-401.

Session: S39 Awareness of Depression & Suicide**4/09/2003 From: 1030 To: 1230 Venue: Menzies Theatre****Paper 20 Minutes: 'Suicide & Other Ends' New Dimensions for Intervention & Recovery.****Tony Humphrey**

Modern times need modern attitudes and methods. This applies to the way in which we address the loss of life from definitive suicide together with its cohort; undefined self-destructive behaviour. In the last 100 years under the influence of rapid change in cultural co-existence, substance abuse, mental illness treatment, new notions of existential co-existence etc., perceptions of the act have changed but the services and the population still retain archaic views without vision. Conventional-traditional notions of suicide are no longer relevant in today's society where it is not only the cry of the individual but the cry of a society

in distress. Clinging to outmoded notions of definitive suicide exclude a significant population that is subject to the same trauma without the same recognition. If we are to address the loss of creative ability, future potential, age related knowledge, wisdom, and experience, we need to develop new and relative terminology and a service ethos designed to be encompassing, embracing and inclusive. This presentation looks at old and new thinking in the way 'suicide' is presented to the community and the demands of a modern society so that uniform measures and processes can be developed in the Australian context. Learning objectives: 1. The objective is for people to learn the important distinction between suicide as an isolated simple individual decision to self-destructive behaviour becoming a universal threat to national mental health cohesion. That present interpretations of suicide are outmoded and unrepresentative of the population at risk or associated in the aftermath. That the present interpretations are exclusive of a large proportion of the affected population who become intellectually and practically discarded from consideration in terms of awareness, treatment, and services. 2. The topic is extremely relevant to mental health services in so far as effective treatment begins with appropriate identification of the nature of the problem and an individual and collective understanding of inclusiveness so that attitudes to the subject will be uniform and methods and processes will be all encompassing.

Session: S39 Awareness of Depression & Suicide

4/09/2003 From: 1030 To: 1230 Venue: Menzies Theatre

Paper 20 Minutes: 'Multicultural Men & Depression Treatment in a non-clinical setting'.

Joe Chuong

OBJECTIVES:Multicultural Men and Family Relationship service is a pioneer program aims to (1) reduce relationship and family breakdowns; (2) reduce incidence of domestic violence and child abuse; (3) improve participants' mental health, family and relationship skills, problem solving and parenting skills. It is a multilateral partnership project between local government and non-government agencies in Fairfield LGA: Uniting Care (Burnside) which offers relationship counselling and group work for men, their partners and family from NESB; Mission Australia which provides Community/Personal Support Program for long-term unemployed persons and Fairfield Mental Health Service.**TARGET GROUP:** It is well recognised that long-term unemployment has negative impact on mental health, such as high risk of a wide range of psychosocial problems (low self-esteem, stress, domestic violence, relationship breakdown..) as well as psychiatric disorders (adjustment disorders, depressive disorders...).The program target Non English Speaking Background (NESB) men who are encountering both structural and cultural barriers to mainstream services. Generally in our welfare and health systems, there were not enough services / programs targeting men. Culturally, men are seen as reluctant to seek help or treatment. This is more so for NESB men who found it hard to seek help from mainstream health-welfare services due to their limited English skills. Participants are long-term unemployed men referred by local Centrelink Vocational Psychologist to Mission Employment for Community Support Program.**CONTENTS:** The program is designed to provide both weekly individual support counselling sessions and fortnightly group structured discussion. Participants are seen once per week at Mission Employment by a Vietnamese-speaking counsellor who assist them in sorting out practical issues related to their unemployment. Participants are invited and encouraged to attend a series of structured discussion group. The group is facilitated by a senior social worker from the local mental health service. Topics for discussion include Healthy Lifestyles & Stress Management; Problem Solving; Communication; Conflict Resolution; Positive Parenting. Each fortnightly session consists of a brief presentation on the topics followed by open discussion by all participants. Discussion is based on their real life experiences, sharing and supporting each other. Each session concludes with two homework tasks: reading of relevant materials in Vietnamese and a practical task in their own family home environment applying the principles learned during the group. Pre- and Post-Intervention Outcome Measures Hopkins Symptoms Checklist (Harvard 1982) is a 25-items self-rating bilingual (English & Vietnamese) validated scale to measure anxiety and depression. Participants are

asked to complete the scale at the first session (pre-intervention) and at the last session (post-intervention). The difference between baseline score and the final score gives an estimate of any changes in participants' mental health and well-being. Significant Improvement in Outcomes. Overall, significant improvement was recorded for the majority of participants as per change in outcome measures. Evaluation and feedback from participants indicate (1) a change of attitude from being reluctant to open up and seek help to being positive, open and receptive to both professional help and mutual support; (2) significant improvement in terms of reduced level of anxiety and depression; (3) better awareness/insight into personal, family, relationship and parenting issues; (4) improved knowledge of topics presented and (5) opportunities to get involved in a both formal and informal mutual support network. This program is seen a successful pioneer collaborative efforts to provide an effective alternative treatment for a disadvantaged target group with significant positive outcomes. Three groups have completed the program. Participants have decided to meet again in a self-help group with monthly meetings. Learning Objectives: 1. Audience will learn about an innovative approach to treat underlying depression amongst long-term unemployed men. 2. Depression among long-term unemployed people from non-english speaking communities is not a well recognised and treated mental health problem. The presented program aimed to assist long-term unemployed men to deal with their underlying depression., to teach clients to use their own resources to deal with their problems. The treatment program is brief, has clearly identified stages, and is very suitable for delivery by primary healthcare or welfare professionals.

Session: S39 Awareness of Depression & Suicide

4/09/2003 From: 1030 To: 1230 Venue: Menzies Theatre

Paper 20 Minutes: The experience of depression: Women's perspectives.

Helen Vidler

Background: According to epidemiological surveys, the prevalence rates for depression show that women are twice as likely as men to suffer from depression sometime over the lifecycle. Aim: This doctoral study, used predominantly qualitative research methods and some quantitative measures to seek information from a sample of women regarding their experience of being depressed, the contributory factors involved in both becoming depressed and recovering from depression, and information about any treatment methods tried. Seeking information from the consumer can provide important guidance regarding treatment strategies that health professionals can adopt. Method: The twenty two women for this project were drawn from the Longitudinal Investigation of Depression Outcomes (LIDO) study, after completion of that protocol. A central criteria for enrolment in the LIDO study was a diagnosis of untreated major depressive disorder. Semi-structured interviews were held and participants given the Centre for Epidemiological Studies Depression Inventory (CESD), followed by an audio-taped in-depth interview. Later they were given the Silencing the Self Scale (STSS) and the Contributory Factors to Depression Measures, Scales 1,2, &3. (CFDM). Using a cut-off point of 16 on the CESD (0-16, not depressed, 16 or more, depressed), allowed for a comparison of women who were no longer depressed with those who were still depressed. (depressed [n=11], not depressed [n=11]). Transcripts of interview were analysed initially using grounded theory to develop codes and categories. Further in-depth analysis was used to investigate the themes which emerged using the phenomenological method of Colaizzi (1978). Findings: Major themes located were concerned with; how depression was defined, awareness levels, negative judgements, self-sacrificing, social support and self-agency. For the women in this study, depression resulted from a combination of negative life events (including childhood adversity), as these interacted with the themes mentioned above and the level of focus on self or other. On the whole, the negative life events were concerned with betrayals of trust, losses of, or changes to, one or more significant interpersonal relationships, although chronic physical ill health and major relocations were also involved. The differences between the women who recovered from depression and those who had not, were self-sacrificing and self-agency behaviours, relationship status, dependent children, educational level, previous history of depression, and whether actively involved in choice of

treatment. A central finding was that depression for women, is associated with relationships. Learning Objectives: 1. The results of this study show that depression for women is associated with social and psychological factors as well as biological, and, that women wish to be consulted about what they believe would benefit them in recovering from depression. 2. Treatment interventions would serve women well if they took the social and psychological factors into account, rather than relying only on biological approaches.

Session: S40 Families, Siblings, Parents

4/09/2003 From: 1030 To: 1230 Venue: Nicholls Theatre

Paper 20 Minutes: Focus on carers - the impact of carer support and training programs.

Patricia Berrutti Erica Pitman

Carers of people with a mental disorder are affected not only by the nature of their relative's condition but by the mental health system. The Carers Mental Health Project funded by NSW Department of Health through the Centre for Mental Health is a 3 year project which aims to address some of the gaps in carer support and service delivery. The presentation will outline the key components and principles guiding the project and emerging partnerships that have assisted in its development. Focus will then turn to the carer support and training programs that have been implemented as one of the major interventions of the project. These include: 14 Principles of Coping Program; 8 Stages of Healing Program; Seasons for Growth program (loss and grief) and SMILES program (for children with a parent/ sibling with mental illness) Combining both a carer perspective (through direct comment and feedback from carers) as well as initial evaluation findings, the presentation will draw from these programs to describe the impact they have had on carer's lives and their capacity to adapt to ATSI and culturally and linguistically diverse communities. A tentative critique of the optimal timing of these programs in relation to the delivery of carer support will also be outlined. Learning Objectives: By the end of the presentation participants will be able to: .Describe the purpose of carer support and training programs; . Identify when carers are most likely to derive benefit from attendance at these programs; .Understand the impact on carers of these programs.

Session: S40 Families, Siblings, Parents

4/09/2003 From: 1030 To: 1230 Venue: Nicholls Theatre

Paper 20 Minutes: 'Family to Family Volunteer Project'

Kate Walker

The NSW Dept of Health two year funded ARAFMI Family to Family Volunteer Project which commenced in November 2002 is designed to provide support and information to families visiting their ill relative at James Fletcher Hospital, Newcastle, New South Wales. The project, which has full support of local health service administrators, utilises volunteers who have themselves had a history of being family members, partners or close friends of persons with mental illness. Its objectives are to: a) provide personal and emotional support to families/carers of people with a mental illness, b) provide information to families carers/carers of people with a mental illness and c) improve overall service responsiveness to the needs and circumstances of families. Volunteers have been recruited as a result of newspaper articles, radio interviews, newsletters and by word of mouth. Initial training is provided in a six day course, using expert presenters from the health service and a number of local agencies, with further training and supervision also offered. The service is currently operating three afternoons each of three hours per week, with the goal to eventually expanding to a seven day service. To date (early March 2003) difficulties have been experienced a) in attracting and retaining sufficient volunteers to provide a full service and b) in attracting sufficient demand from users. It is thought that these problems may be lessened as the project becomes more established and known. However the burden on carers of persons with mental illness can be considerable, with social stigma and often lack of sufficient information from service providers or others not assisting (Lefley.1996; Burdekin. 1993), and it may be that few carers, or former carers, will have sufficient time or inclination to be involved as volunteer workers helping others. Further, it is possible that carers' perceptions,

affected by the professional mystique surrounding medicine (Sozomenou, Mitchell, Malak and Silove, 2000), of volunteer workers, compared to paid clinical workers, mitigate against help seeking. This paper traces the history and evaluation of the Family to Family Volunteer Project and, by recourse to the literature, examines a number of issues which may be pertinent in the development of similar programmes in the future. Learning objectives: 1. Participants to learn about an innovative project using family caregivers to assist other family caregivers and of the potential problems facing such projects in the future. 2. The topic is relevant to mental health services and mental health issues in that it will examine a number of issues affecting service provision by carers. References: Burdekin. (1993) Chapter 15. 'Carers: The Experiences of Family Members' in Human Rights and Equal Opportunity Commission. Report of the National Inquiry into the Human Rights of People with Mental Illness. Australian Government Printing Service, Canberra. pp 455-484.; Lefley, H (1996). Chapter 6 'Caregiver Stress and Dimensions of Family Burden' in Family Care Giving in Mental Illness. Sage Publications, London. pp 65-80.; Sozomenou A, Mitchell P, Fitzgerald, M.H, Malak, A and Silove, D. (2000) Mental Health Consumer Participation in a Culturally Diverse Society. Australian Transcultural Mental Health Network, Sydney.

Session: S40 Families, Siblings, Parents

4/09/2003 From: 1030 To: 1230 Venue: Nicholls Theatre

Paper 20 Minutes: Learner's Permits for Parents: A parenting support program for parents with mental illness and parents of children with ADHD/ADD, ODD and Conduct Disorder.

Barbara Anderson

Two independent papers were presented at the Women's Health Summit in Townsville in 2001. These two papers exemplified the difficulties that service providers have in providing support and suitable interventions where parents had a mental illness and where parents had children with ADD/ADHD, ODD or Conduct Disorders. A dynamic partnership of interested professionals, parents with mental illness and parents with children with ADD/HD was formed which led to the development of an innovative, integrated, peer supported parenting program. This program incorporates a range of strategies and solutions that are theoretically based but practical, flexible, sensible and adaptable to the fluctuating needs of these families. Two concurrent pilot groups commenced the program in August 2002. The highly visual program ran over seven weeks and comprised orientation, education, relaxation, behaviour management, networking and personal support plans, whole of family needs and a celebration outing. The analogy of parenting being a bumpy ride, particularly for those with special needs, provides the theme for the course. Evaluations were positive with pre and post program testing revealing an overall reduction in stress, depression and anxiety for all group members. The program has been well received by Townsville and rural community services with five community agencies completing facilitation training. This response to an unmet need has generated widespread approval from both parents and professionals. Learning Objectives: 1. The desires of parents living with mental illness and parents whose children exhibit behavioural problems are no different from those of other parents. They desire to be the best parents possible but often face isolation and blame from the community as they try to manage very complex lives. Listening to these parents, providing education and support will engender learning and peer mentoring that may sustain them through the long haul that is parenting. Combining seemingly disparate groups provides opportunities for decreasing stigma and expansion of knowledge and understanding of each other's problems. 2. The special needs of parents with mental illness are receiving recognition. In 1995 it was estimated that 27,000 Australian children had a parent affected by maternal psychotic illness alone. (Cowling, McGorry & Hay, 1995) Current parenting programs available teach the 'stop; think; do; style strategies, for both child and parent, and work effectively for parents whose executive functioning and reasoning work moderately well under stress. They do not work well for people with mental illness. Nor do they work for parents whose children have any significant physical, emotional or behavioural problems. These parents require options and a range of simple strategies that incorporate arousal reduction as intrinsic part of

behaviour management. Less recognised are the mental health issues that present for parents who have children with ADD/HD, Oppositional Disorder and Conduct Disorder. High levels of depression and anxiety are experienced amongst women who had children diagnosed with ADD/HD (Rogers, 2001) This program has been designed to be strengths based, building upon the experiences and knowledge of the parents themselves. It provides education and a range of realistic strategies that can be utilised and built upon as needs change. Vital to the program is the identification and development of local support networks that increase capacity for emotional and physical stability and the mental well-being of all members of the participant's family.

Session: S40 Families, Siblings, Parents

4/09/2003 From: 1030 To: 1230 Venue: Nicholls Theatre

Paper 20 Minutes: Inspirations - (Mothers group/playgroup).

Lynne Harrold Sherry Gregory

A joint initiative between an adult mental health team and a children's mental health team has been established for women with a serious mental illness who are parenting young children. It is well recognised that this client group have special needs but are reticent to assess health services. Developing service partnerships has made services more accessible in a climate of scarce resources and has facilitated service delivery that is otherwise not available to this very needy client group. The aim of this program is to strengthen the parenting capacity of women struggling with mental illness whilst at the same time identify and develop strategies to counteract risk factors that may impair their child's emotional, and psychological development. The program is divided into three distinctive segments. i) The women's group: The focus of this group is addressing the impact that mental illness has had on their lives and in particular their relationships with others but primarily their children. ii) The children's group is facilitated by staff who are able to observe and assess the children's play and interaction with other children and with their parents. iii) Play time - where women are encouraged to actively play with their children. The presenters will demonstrate how the program operates and the outcomes of the program. Learning Objectives: 1. To demonstrate the effective interface between two mental health services for service delivery to identified at risk groups. 2. To present the practical application of a model that can be implemented in other mental health.

Session: S41 Mental Health & Inpatient settings

4/09/2003 From: 1030 To: 1230 Venue: Sutherland Theatre

Paper 20 Minutes: Development of an Admission Video for Acute Mental Health Unit

Michael Burge

Video was produced by the Toowoomba District Mental Health Service to help consumers, carers and family members understand the admission process. Admissions to Acute Mental Health Units can be an extremely stressful for consumers, carers and family members. The information provided on this video significantly helps demystify the admission process. It has been increasingly acknowledged that carers and family members play a key role in the consumer's recovery process. Understanding the admission process greatly enhances the ability for consumers, carers and family members to participate in the delivery of health services. The first step in the production of this video was to conduct extensive consultation with consumers, carers, and family members in order to identify the information needs. What makes this particular model unique is the close collaboration between the Consumer Consultant (Project Officer) and the consumers, carers, and the family members who have all assisted in writing the script and have been present throughout the filming of the video providing continual guidance and advice. Conference attendees will hear about the concerns of consumers, carers and family members during the admission process. Learning Objectives: 1. Audience will learn about the concerns of consumers, carers and family members during the admission process and about what happens during the admission process. 2. Inform participants that it is essential that consumers, carers and family members be accurately informed about all aspects of the admission process.

Session: S41 Mental Health & Inpatient settings**4/09/2003 From: 1030 To: 1230 Venue: Sutherland Theatre****Paper 20 Minutes: Post-seclusion counselling (PSC): Aims, implementation and evaluation of a therapeutic intervention.****Lillian Nejad Gerda Wesseling**

The use of seclusion is often associated with problems such as loss of therapeutic rapport between patients and nurses and potential negative psychological consequences for the patient (Bonner, Lowe, Rawcliffe, & Wellman, 2002 ; see review Fisher, 1994 , Meehan, Vermeer, & Windsor, 2000). In an attempt to address these and other issues, a pilot project was commenced in 2002 in two inpatient wards in a public hospital in Victoria, Australia. Mental health nurses were invited to attend half-day training workshops in 'post-seclusion counselling' (PSC). Thus far, fifteen nurses have been trained in three workshops. The training was created and conducted by two psychologists and comprised didactic and experiential methods. The format and aims of the workshop will be described as well as the research tools utilised in this study. The results of the evaluation of the workshop and of the data collected from inpatients will be presented. Implications of the results will be discussed including indicators that support the continuation of this project as well as the barriers to the effectiveness of this project. Learning Objectives: 1. People will learn about the aims and implementation of a new way of addressing the problematic consequences of seclusion for patients, staff and the ward environment and about what is necessary in order to implement such a program in a public psychiatric inpatient unit. 2. Seclusion continues to be a common practice in psychiatric inpatient units. However, there is a dearth of specific programs that assist patients and nurses after a seclusion experience. This project attempts to address this gap in mental health services.

Session: S41 Mental Health & Inpatient settings**4/09/2003 From: 1030 To: 1230 Venue: Sutherland Theatre****Paper 20 Minutes: The Two Bed Special Care Suite in the Rural Hospital Setting.****Stephen Brand**

This paper will describe the two bed Mental Health Special Care Suite (SCS) in Queanbeyan District Hospital and briefly explain the admission and patient management model. The SCS is dedicated for patients who have mental illness and who are registered clients of the community mental health team. The paper describes a study, which analyses admissions over four months. For a selection of the admissions, key stakeholders were interviewed to determine the purpose for the admissions and the reasons why the alternatives forms of intervention were not chosen. Key stakeholders included community case managers, GP VMOs, patients and carers. Alternatives to admission to the SCS included, intensive community care, admission to the acute psychiatric admission unit (100ks away) and admission to a public non-acute ward in nearby Canberra. The results are discussed and conclusions are drawn. Among the conclusions that are postulated is that the SCS admission is an intervention of clinical value not available to metropolitan clients of public mental health services. Another conclusion suggested is that where there is a bed, there will be a patient in it. There are only a few SCSs in rural towns, this paper aims to describe and analyse their usefulness. Learning Objectives: 1. Listeners will learn that a SCS exists and that it provides a niche intervention strategy not available in most rural areas. They will also learn the way the Suite works, the type of clients diagnostic groups that are admitted and what are the advantages and disadvantages suggested by the key stakeholders. 2. Admission to hospital is the ultimate intervention strategy available to clinicians, clients and carers. How is the SCS different to other forms of hospitalisation and how is it different from intensive community treatment? The paper poses the question, but does not answer it accurately 'are their better outcomes following admission to the SCS'? References: Yellowlees P. Muchamore J. A Special Care Suite for Severely Disturbed Psychiatric Patients in Rural Australia. Hospital and Community Psychiatry (1994) Vol. 45 No.2, 174 - 176; Baxter S. Chodorkoff B. Underhill R. Psychiatric Emergencies: Dispositional Determinants and the Validity of the Decision to Admit. American Journal of Psychiatry.(1968) 124: 1542 - 1548; Hendricyx M.

Bootzin R. Psychiatric Episodes in General Hospitals without Psychiatric Units. *Hospital and Community Psychiatry* (1986) Vol. 37, No. 10. 1025 - 1029.

Session: S41 Mental Health & Inpatient settings

4/09/2003 From: 1030 To: 1230 Venue: Sutherland Theatre

Paper 20 Minutes: Psychiatric Intensive Care: Fact or Fiction.

Margaret Jones

At the time of Mainstreaming of Mental Health Services in Victoria, new purpose designed Acute Inpatient Units were built, the majority included an area designated as High Dependency Unit (HDU), or Extra Care Unit (ECU). These areas, which are locked, took the place of the Psychiatric Intensive Care Wards of the larger institutions and were supposed to provide the same level of care as the former wards, however these areas have generally been badly designed, and the skills that nurses once had regarding the care of patients who require psychiatric intensive care have been lost. St. Vincent's Mental Health Service, which services an inner city population, has recently appointed a Coordinator for their Extra Care Unit (ECU). This paper will examine the development, implementation and effectiveness of the role of Coordinator of the Extra Care Unit of St. Vincent's Mental Health Service with regard to the treatment of patients requiring intensive care.. An Advisory Group was organized to support the role of Coordinator to ensure that the service provided for patients in ECU was in keeping with best practice and to ensure the provision of a safe environment for both patients and staff. This paper will outline the actions taken by the Coordinator and Advisory Group, these include doing base line audits of the use of the ECU and Seclusion rooms, surveys of staff, Carers and patients regarding their experience, perception and attitude to the ECU. A review of current practices and equipment was also implemented, and all policies pertaining to ECU were reviewed. The Advisory Group also developed of a Discussion Paper, which examined issues of the limitation of the structural environment, staff attitudes and patient experience. St. Vincent's Mental Health Service has endeavored to implement best practice for those patients requiring psychiatric intensive care. Learning Objectives: 1. Most staff finds caring for patients requiring psychiatric intensive care can be demanding, difficult and challenging. That it is necessary to review current practices, education, policies and procedures to ensure that best practice is achieved and maintained for the treatment of patients requiring this level of care. 2. All services face the difficulty of providing services with limited funds, that by reviewing current practices, procedures and policies, and by reviewing current literature, the implementation of improved care and treatment is possible.

Session: S42 Brief Papers

4/09/2003 From: 1030 To: 1230 Venue: Derwent Gallery

Brief Papers 10 minutes: Virtual Support for Carers in Isolated Circumstances.

Marj Bloor

This Paper will provide an overview of the new initiative introduced by ARAFMI Queensland to provide information and strategies for coping with issues relating to mental illness, for family and other voluntary carers, using current communication technologies. Families living in rural and remote areas, or in other isolated circumstances can sometimes be prevented from participating in ARAFMI face-to-face services, including carer support groups and skills development workshops. Using the 'Virtual Support' initiative, these people are now able to access information and develop or enhance their coping strategies through the ARAFMI Queensland CD ROM - 'Coping Skills for Carers'. Based on the popular ARAFMI Queensland workshop and handbook 'Coping Skills for Carers', the CD contains a 35-minute interactive video covering the key areas of the workshop. The CD also contains printable workshop handouts, worksheets and a power point presentation. Work has also commenced on the production of a second 'virtual workshop' on CD, aimed at assisting families to cope with the complex issues associated with dual diagnosis (mental health problem and substance use). The ARAFMI Queensland 'virtual support' initiative enhances access to information and coping strategies for families living in isolated circumstances. Learning Objectives: 1. Participants will gain information on the new initiative of ARAFMI Queensland - 'Virtual

Support for Carers in Isolated Circumstances' - and the effective use of this medium. 2. For many carers a diagnosis of mental illness for a family member causes confusion and bewilderment. Without previous experience, families can feel at a loss wondering how to cope with the turmoil that mental illness can bring to a family. The ARAFMI Queensland 'virtual support' initiative provides information and practical coping strategies for families who may be unable to access face-to-face support services.

Session: S42 Brief Papers

4/09/2003 From: 1030 To: 1230 Venue: Derwent Gallery

Brief Papers 10 minutes: Working Together.

Jenny Burger Brett Bridges

The aim of this presentation is to explain the Working Together Project- A short practical guide for consumers, family carers and mental health professionals to work together in collaboration and partnership. The booklet is the result of a project initiated by the Southern Mental Health Association and is developed collaboratively with the Southern Adult Mental Health Service - Middle South Area. Margaret Leggatt is the Project Consultant and writer whilst Jenny Burger is the Project Manager. Working Together is based on research findings where families and carers are included in treatment and care. It is written to assist clinicians, consumers and carers in finding ways of working together, and to increase their understanding and appreciation of each other's perspective. It divides caring into three stages; being Initial Contacts, Rehabilitation, Family and Consumer Quality of Life, and explains the differing roles of the clinician in each. Working Together outlines a set of principles for clinicians and discusses approaches to confidentiality. It emphasises the benefits and importance of adopting a collaborative approach to identifying and addressing the treatment and support needs of mental health consumers and their carers.

Session: S42 Brief Papers

4/09/2003 From: 1030 To: 1230 Venue: Derwent Gallery

Brief Papers 10 minutes: Raising the Profile of Older Persons Mental Health: A Partnership between Key Stakeholders and Funders and Planners.

Linzi Jones

The health of older people is an increasingly important issue, with the growing population of older people. In the Northern region of New Zealand there has been considerable work undertaken by a dedicated group comprising consumer, Maori, Pacific, clinical and managerial representatives with an interest in the mental health of older people. Translating this work into a reality can be difficult due to a number of factors including resource constraints. By continuing the work at a regional planning and funding level there is a clear way forward in terms of service development and this can create opportunities to progress the efforts of key stakeholders. Learning objectives: 1. Understand the development of a process to combine the work of key stakeholders with the regional planning and funding process. 2. Understand the service issues that arose as a result of the regional planning and analysis undertaken combined with the consultation and work of key stakeholders.

Session: S42 Brief Papers

4/09/2003 From: 1030 To: 1230 Venue: Derwent Gallery

Brief Papers 10 minutes: Living with an Implantable Cardioverter Defibrillator (ICD): Development of a cognitive behavioural therapy (CBT) booklet for ICD recipients and their families.

Alan Grochulski Ann Kirkness

The service provision of mental health services requires a dynamic and flexible model to meet its service need and to accommodate the challenges and demands that are placed upon them by the hospital, community and other health service providers. By developing partnerships with other specialist health service providers, mental health services are able to supply the diverse specialised services that are requested from them. This presentation highlights one such partnership that developed between Royal North Shore Hospital's Cardiac Rehabilitation

Service and Hospital and Community Mental Health Service. From this partnership an educational booklet was developed that specifically addressed the psychological and emotional needs of the ICD patient, their families and partners aiding recovery and facilitating return to a healthier adjusted lifestyle based on a CBT model. The ICD patient's psychological response to their illness is characterised by fear and a feeling of lack of control. Common areas of concern for these patients include fear of the ICD shocks, fear of death, device malfunction, embarrassment, physical changes, relationship concerns, lifestyle changes, (driving, employment/financial concerns etc) and loss of independence (Eckert and Jones 2002). Since 1980, more than 250,000 ICD's have been implanted worldwide and the psychological ramifications of living with a serious life-threatening arrhythmia and implantation of an ICD have been clearly documented. Other studies have also found that as many as 87.5% of ICD recipient's experience increased anxiety symptoms and depression is reported in up to 58% of ICD patients. (Shaffer, 2002). With these issues in mind, the booklet 'Living with an ICD' - 'an educational booklet dealing with some of the psychosocial issues, for patients, families and friends.' Was developed. The aim of the booklet is to identify potential stressors and challenges those ICD patients and their support persons might experience and suggest practical ways to address them. From this project mental health professionals are able to provide psychological support, education and treatment for the ICD patient and their families aiding recovery and facilitating return to a healthier well-adjusted lifestyle. The booklet was launched in November 2001 and evaluations to date have demonstrated a positive response. This presentation will give an overview of the booklet, looking at the psychosocial adjustments and coping skills that might be required post implantation of an ICD. Learning Objectives: 1.Participants will learn about the formulation of collaborative partnerships, service focus and boundaries in the provision of mental health services. 2.This program addresses the increasing need of health promotion in mental health and that mental health services require being adaptive and flexible in their practices of mental health service provision. References: Eckert, M and Jones, T. (2002) How does an implantable cardioverter defibrillator (ICD) affect the lives of patients and their families? International Journal of Nursing Practice. Vol 8. (3). p152-157.; Shaffer, R.S. (2002) ICD Therapy: The patients perspective: The device saves lives but creates new psychosocial concerns for recipients. American Journal of Nursing. Vol 102. (2). P46-49.

Session: S42 Brief Papers

4/09/2003 From: 1030 To: 1230 Venue: Derwent Gallery

Brief Papers 10 minutes: Peninsula Carer Council Model - A Best Practice in Carer Consultancy

Hanna Jewell Anne Forbes

The Peninsula Carer Council Model is an autonomous body that believes that carers must have opportunities to play an active role in the treatment and support of a person with a mental illness. In addition, the council recognises the importance of acknowledging the experience, needs and rights of carers themselves. The model was developed over three years from a community development framework. Carers and mental health services worked together to build a model where 'expert' carers are paid and linked into membership of mental health networks. These carers then meet together monthly as a council to work on improving mental health services for carers and consumers. A support committee made up of mental health and community services meets monthly to provide support to the Peninsula Carer Council. Mental Health and carer policies have over the last decade increasingly emphasised the importance of improving carer satisfaction and participation through involvement in decision making, advocacy, program development and collaboration in treatment processes. The Peninsula Carer Council is putting this rhetoric into practice. Learning Objectives: 1.The Peninsula Carer Council is a model that has been developed and initiated by carers and mental health workers using community development processes of collaboration. 2.The model developed ensures collaboration with mental health services on current issues for carers and family sensitive practice; including the central role carers play in consumer treatment, recovery and on-going support. References: National Mental Health Standards - Standard 3

Model for carer participation; Victorian Standards for Psychiatric Disability Services - Standard 3 Participant, Community and Carer Involvement.

Session: S42 Brief Papers

4/09/2003 From: 1030 To: 1230 Venue: Derwent Gallery

Brief Papers 10 minutes: Rehabilitation Programmes in Mental Health and their Importance for the recovery of the Consumer

Daniel Cochavy

Certainly the most important point in the recovery of the consumer, is to acknowledge his new position in life after being diagnosed as a consumer who suffers with mental health problems. There are two types of rehabilitation programs and more than two methods: 1. The consumer decides himself what he shall do with his life. The Clubhouse Model is now very familiar around the world and is spreading to Eastern Europe and the Far East. 2. The second option gives a lot of freedom, even more than the Clubhouse offers. It is now seems to be that the Trieste Model is being developed in Scotland, where the Consumers themselves run B&B or a Guest house. This option can be risky because you are not covered by any professional people. However sometimes this is better because it provides more scope for advocacy for mental health Consumers. The Clubhouse Model is more limited in its advocacy role as they are limited by the Clubhouse Standards which are not flexible enough to change. One of the worst options in my opinion is the day centre model where professionals dominate and tell people what to do. The jobs that are done in these workshops are so boring that it is no wonder that the consumers again and again become depressed. People only receive pocket money for the work they are doing. In Israel we have a strange custom that is recognised as "Supported Employment" - Mental Health Consumers do regular Jobs and do not even get the minimum wage. It is a serious situation when even the Israeli Ministry of Health does not adhere to Consumers rights according to the law. Perhaps they prefer to keep consumers in a very low position and control their involvement in Consumers Organization movements. The worst thing for the Consumer is to let the professional make the decisions, without reacting. In this way decisions are made for you, that are always wrong, and you can then blame other people for running your life and perhaps making mistakes. In Holland Clients' Organizations always suggest that Consumers should be aware of their new position in life and should use drop-in centres, but they should also know that the professional staff can not feel emotional feelings towards particular consumers because it is their job.

Session: S43 How to Work Better with the Media

4/09/2003 From: 1030 To: 1230

Workshop: The Media – Manipulator or Manipulated?

Paul Dillon

Learn about some of the problems faced by researchers, workers and consumers wishing to promote responsible reporting of mental health issues in the media, and learn some simple skills about how to work with the media in more positive ways. Paul Dillon works as TheMHS Publicity Officer, and is the Publicity Officer for the National Drug and Alcohol Research Centre. He also can be heard on Radio JJJ.

Session: S44 Partnerships & Networks

4/09/2003 From: 1030 To: 1230 Venue: Murray Gallery

Paper 20 Minutes: The Yellow Brick Road - Brick by Brick

Karen McCann Kerry Geraghty

An innovative Service Development in Consumer/Carer Participation has been the appointment of two Consumer Consultants for the Mater Child & Youth Mental Health Service. This paper, presented by Kerry and Karen, traces their personal journey from 1996, as volunteers, to their recent appointment in August 2002 as the first Consumer Consultants for Child and Youth Mental Health Services in Queensland. They will examine the process and impact that their position has had on the delivery and quality of service provided. The aim of the paper is to discuss the following questions and contrast processes with other

models in developing consumer partnerships. 1. Why did they get involved? 2. Why did they keep coming? 3. How were they involved? 4. How did the Management and staff treat them? 5. What have they achieved? 6. What are the future directions? This presentation will appeal to Service Providers involved in promoting Consumer/Carer Participation within their Organisation, members of other Consumer Advisory Groups, Mental Health Professionals. Kerry and Karen's journey will highlight the place of the personal and the professional in mental health care - 'There's no place like home'. Learning Objectives: 1. To learn about the lived experience of the transition from a volunteer consumer participant to a paid Consumer Consultant. 2. To inform mental health services about how Collaborative practices can transform rhetoric into reality. References: Spink, Janet. (1998) Helping the Service Listen to You. Consumer Participation Project. Evaluator's Report. Royal Children's Hospital Mental Health Service (MH-SKY Travancore) Victoria.; Wadsworth, Yoland. (2001) The Essential U & I. VicHealth. Victoria.

Session: S44 Partnerships & Networks

4/09/2003 From: 1030 To: 1230 Venue: Murray Gallery

Paper 20 Minutes: Carers 'reality test' mental health services: The Northern Sydney Carers Mental Health Promotion Project.

Frank Flannery Beverly Page Rhoda Immerman Cindy Dargaville

Mental Health Services are subject to a plethora of policies and procedures. Carers invariably question the effectiveness of these policies in meeting their needs. Northern Sydney Area Mental Health Services (NSAMHS), ARAFMI NSW and Northern Sydney Area Health Promotion worked with carers on a project to address this issue. The project objectives were to provide an avenue for active carer participation in the quality improvement of Mental Health Services and to assess the implementation of the NSAMHS Carers' Rights and Responsibilities Policy. Two carers were trained to consult with mental health service providers about the implementation of the NSAMH Carers' Policy. The consultation involved carers conducting 10 group interviews of mental health service staff utilising a checklist. The carers provided an audit report to the Area Mental Health Directorate in August 2003. The report included a series of recommendations about how to improve compliance with the Carers' policy and thereby improve the level of genuine carer participation in the provision of mental health services in Northern Sydney. In summary, this paper will describe a project involving carers auditing staff compliance with the NSAMH Carers' Policy, from both the carer and service provider perspective, and will outline the major findings. Learning Objectives: 1. Participants will gain an understanding of the experiences and challenges of being involved in the partnership and be presented with outcomes of this quality improvement initiative. 2. This project is relevant to all mental health services that are committed to providing meaningful opportunities for ongoing carer participation in the quality improvement of their services. References: Mental Health - Statement of Rights and Responsibilities. A Report of the Mental Health Consumer Outcomes Task Force adopted by Australian Health ministers 1991; Aging & Disability Department and NSW Health. NSW Government Carers Statement. October 1999.

Session: S44 Partnerships & Networks

4/09/2003 From: 1030 To: 1230 Venue: Murray Gallery

Paper 20 Minutes: Network for Carers of People with a Mental Illness - Supporting Carers in their Roles.

Carmen Hinkley Patrick Hardwick Gill Palmer Nives Marelic

The aim of this presentation is to provide a report on the outcome of a review of existing networks that carers of people with mental illness turn to, including network structure, resourcing, and network benefits, as well as a scoping of existing education and information resources available to carers. This review, entitled Network for Carers of People with a Mental Illness Project, is jointly undertaken by the Mental Health Council of Australia and Carers Australia. It builds on a previous project aimed at identifying priority actions to better support and recognise the roles of carers of people with mental illness across Australia. The

initial project found individual carers contribute an average 104 hours per week caring for a person with mental illness, in the absence of sufficient resources or formalised support. In response to these findings and to further examine how carers cope in the absence of sufficient services, the review aims to identify and understand the existing range of mental illness networks and other networks carers of people with mental illness utilise, and to identify the range of existing information and education materials, and gaps in such resources available to carers. Based on the findings, the project will support Commonwealth funding of specific carer projects for implementation throughout Australia. Learning Objectives: 1. The presentation will provide an opportunity for the audience to learn about: the range of established carer networks operating around Australia; the availability of education and information resources to carers of people with mental illness, and gaps in provision of such information; potential projects around Australia aimed at progressing the specific needs of carers of people with mental illness. 2. Research suggests that in the absence of sufficient services, carers provide the majority of continual, direct, day-to-day care and support to people with a mental illness. This presentation attempts to identify ways carers can be better supported in undertaking their important role as an integral component of mental health care, through provision of education and information resources, and through engaging other carers in support networks. References: Mental Health Council of Australia and Carers Association of Australia, (2000), Carers of People with a Mental Illness - Final Report.; Australian Health Ministers, (1998), National Mental Health Strategy.

Session: S44 Partnerships & Networks

4/09/2003 From: 1030 To: 1230 Venue: Murray Gallery

Paper 20 Minutes: On the Road to Mental Health: Same bus new passengers.

Janette Hannaford Barry Butler

This presentation, by the Consumer and Carer Workers involved, will outline a successful model for Consumer and Carer Support Workers developed at Liverpool Mental Health Unit, in Sydney. The paper will describe the role and experiences of the workers, and how they interact with consumers and their families in the Unit. It will address how the workers collaborate with mental health staff and the contribution that they make to service delivery. Some important other issues are training for these workers and clarifying the boundaries between the roles of clinical staff and support workers. The paper will present the progress in evaluating this model as part of the quality improvement processes of the Mental Health Service. This presentation is a must for those interested in partnership development and the role of Consumer and Carer Workers within Mental Health Services. Learning Objectives: 1. People will gain an understanding of the role of Consumers and Carer Support Workers and how they may contribute to improvements in the quality of service provision in mental health. 2. This topic is relevant to mental health services as an example of how partnerships can develop between key stakeholders, including consumers and carers, mental health staff and other organisations.

Session: S45 Evidence into Practice

4/09/2003 From: 1030 To: 1230 Venue: Swan Gallery

Paper 20 Minutes: The Assessment of Functional Monetary Skills: Are we doing the Right Thing?

Chris Lloyd Hazel Bassett

Handling money, paying bills, writing cheques, using credit card or making purchases are daily occurrences. They are activities of daily living that we take for granted. Many of the consumers seen by mental health services are on pension benefits and, therefore, have a limited income. They face many financial hardships which can be further compounded by episodes of illness and/or cognitive impairment. All too often, decisions are made by the treating services that the consumer is unable to handle their money competently and they lose this right to do so. It is a matter of concern that these decisions are often not based on an assessment that accurately determines an individual's functional monetary skills but on opinion. Given the implications of these types of decisions, we decided to develop a financial

assessment tool to enable us to conduct a comprehensive assessment and to be able to provide clinical judgements concerning a consumer's capacity to manage his or her finances. This presentation describes the development and piloting of the financial assessment tool. Learning objectives: 1. People in the audience will learn about current methods of determining financial ability and how recommendations that are made can be improved by utilising more accurate forms of assessment. 2. This topic is relevant to mental health services since it is an issue that is frequently addressed by mental health treating teams and there needs to be an improved decision making process concerning this very basic right that we all take for granted.

Session: S45 Evidence into Practice

4/09/2003 From: 1030 To: 1230 Venue: Swan Gallery

Paper 20 Minutes: Partnerships: Working together to put evidence into practice.

Chris Lloyd Robert King

Practitioners working in today's mental health services are faced by endless challenges to change their mode of service delivery and to improve the services they offer. Many of these challenges are difficult - how does an already overburdened clinician face one more challenge to change the way they do business? One of the challenges currently facing clinicians is the requirement to base their interventions on the best available evidence. Rehabilitation and recovery are important concepts that are gaining more attention. How do rehabilitation services define their role in terms of recovery that is consumer focussed while at the same time drawing on empirical evidence? To meet this challenge, the rehabilitation unit of the Gold Coast Mental Health Service formed a collaborative partnership with the University of Queensland. The purpose of the collaboration was to: 1) implement new forms of service delivery based on consumer need and evidence; 2) design research projects to evaluate components of the rehabilitation program; and 3) evaluate the effectiveness of the treatment interventions. This presentation will discuss the collaboration and give examples of how research projects have been used to inform practice and improve the effectiveness of service delivery. Learning objectives: 1. People in the audience will learn about practical ways of introducing evidence-based practice into rehabilitation settings and give examples of some of the projects that have been carried out. 2. This topic is relevant to mental health services since practitioners are being encouraged to focus on quality and effectiveness with improved consumer outcomes.

Session: S45 Evidence into Practice

4/09/2003 From: 1030 To: 1230 Venue: Swan Gallery

Paper 20 Minutes: Beyond Day Program.

Peggy Ronnau Richard Elmer

In Victoria, Psychiatric Disability Support Services are funded to provide psychosocial rehabilitation day programs with the two main components of these programs being Structured Day Programs and Informal Drop-In. These program types are a legacy from long stay psychiatric hospitals and there has been little recent critical analysis of their appropriateness or effectiveness in this new era of returning to the community. Neami, a Psychiatric Rehabilitation and Support Service have begun a process of redefining its Day Programs around concepts of 'Confidence, Competence and Connections'. In this paper we describe the process Neami has implemented to critically analyse the work that we do. We found that while we thought our programs were helping consumers develop links in the community there remained a significant gap in how this translated into outcomes for consumers. Management, staff and consumers were locked into a way of thinking about day programs that inhibited their capacity to contemplate change. There is a need for service providers to think outside the parameters created by funding bodies and the traditional ways of doing things. Learning Objectives: 1. People will learn how Neami developed a process to challenge our current thinking and look beyond accepted norms of service delivery. 2. The driving force in mental health services today is to provide evidence based and outcome oriented services. This will mean services need to critically analyse the programs they provide. References: Hilburger, J., Lam, C.S. (1999) Readiness for change among people with

severe and persistent mental illness in a rehabilitation program. Rehabilitation Counselling Bulletin 43 (1): 12-22; Corrigan, P.W. (2002) Empowerment and serious mental illness: treatment partnerships and community opportunities. Psychiatric Quarterly 73 (3) : 217-228.

Session: S45 Evidence into Practice

4/09/2003 From: 1030 To: 1230 Venue: Swan Gallery

Paper 20 Minutes: Best Practice at Amaroo.

Judy Hamann Karen Dod

Amaroo Day Program and Outreach Service is a program of the Richmond Fellowship of Victoria. From October 2002 to May 2003 Amaroo undertook a process to evaluate and change their programs. There is very little written about evidence based practice in the field of psychosocial rehabilitation. When Amaroo Day Program and Outreach Service undertook the evaluation of their program late in 2002, they used the principles of best practice, part of the evidence based practice paradigm, as their guide. This presentation provides an opportunity to add to the body of knowledge about evidence based practice in psychosocial rehabilitation. A model of best practice in psycho social rehabilitation will be discussed. This paper will describe and discuss the process of evaluation and change, using the best practice/evidence based practice paradigm as the theoretical framework. The process was driven by a small group of staff who undertook planning prior to undertaking the evaluation. A two day planning exercise considered all this information, participant surveys, statistical information and staff views, which resulted in significant structural program change. Program changes have been made as a result of this evaluation, and will continue to evolve. This paper will highlight the value of best practice for planning and review in a psychosocial rehabilitation service. Learning Objectives: 1.The audience will learn the principles of best practice. 2.The audience will gain a beginning understanding of how to evaluate their own service using best practice principles.

Session: S46 Marijuana & Psychosis

4/09/2003 From: 1330 To: 1500 Venue: Royal Theatre

Invited Symposium: Marijuana and Psychosis

Andy Campbell Tim Rolfe Wendy Swift

Dope, the highs and lows; and does it cause psychosis? The latest research on substance use and abuse, including original Australian research, will be presented. After the speakers' presentations, there will be an interactive dialogue aimed at providing a better understanding of the prevention of harm, and the care and treatment of substance use and related psychosis. Presenters: Dr Andy Campbell, consultant psychiatrist at large, NSW; Dr Tim Rolfe, psychiatrist and researcher, Dandenong Psychiatric Centre, VIC; Dr Wendy Swift, Lecturer, National Drug and Alcohol Research Centre, University of NSW.

Session: S47 Perspectives on Service Implementation & Evaluation

4/09/2003 From: 1330 To: 1500 Venue: Ballroom

Paper 20 Minutes: Intake, Allocation and Clinical Management Data Documentation to Improve Service and Implementation Service-wide as a Key Performance Indicator and Quality Improvement Tool.

Herbert Krueger

The Clinical Health Improvement Program (CHIP) in Mental Health ACT (MHACTION) identified the need to better comply with clinical management intake and allocation policies for community based adult services, to improve the consistency of clinical management documentation and to monitor and improve the allocation procedure of new clients. The ACT City Mental Health Service was the pilot site. A clinical management data sheet (two-page proforma) was developed and its use implemented. The data management sheet covered six areas of detail: client details; referral and risk assessment; clinical management assessment; clinical management allocation; clinical management; and implemented outcomes measures (recently required by the Commonwealth). These six areas directly related to existing key performance indicators. The implementation of this process allowed for a minimum monthly

audit report against the data and clinical management areas and a service view (rather than an individual clinician view) of compliance with related policies, which in turn allowed for critical feedback to the City Mental Health Team. Examples of significant improvement were a 70% increase in first contact within 48 hours, 20% increase in risk assessment with 48 hours, and 22% percent increase in the number of clients GPs being identified. The process is now being implemented across the other three Adult Regional Mental Health Teams in the ACT and the Crisis Assessment and Treatment Team. Overall the process has worked as a 'team feedback tool' and team approach to integrate quality improvement into every day clinical and systems processes. Learning objectives: 1.The importance of collecting, analysing, and feeding back key performance indicators to clinical teams as a base line measure of a quality continuum to firstly achieve compliance with national standards and local policies and then to use the indicators to improve service and system delivery for better quality outcomes. 2.This topic is relevant in terms of an increasing focus on integrating measure of service with outcomes and quality improvement. References: Department of Human Services (Aged, Community and Mental Health) (1999). Health status and outcomes in Victoria's mental health services. Victorian Government: Melbourne; Wing, J., Curtis, R. and Beevor, A. (1995). HoNOS-SMI. Health of the Nation Outcome Scales. (Version 4 - 1.03.96). College Research Unit, Royal College of Psychiatrists, London.

Session: S47 Perspectives on Service Implementation & Evaluation

4/09/2003 From: 1330 To: 1500 Venue: Ballroom

Paper 20 Minutes: Pathways to Care for Mental Disorders in Australia.

Cathy Issakidis

Mental Health Services Policy and Research Unit, School of Psychiatry, UNSW & the WHO Collaborating Centre for Evidence and Health Policy in Mental Health, St Vincent's Hospital, Sydney. There have been many attempts to understand the issues that affect access to health services. Goldberg and Huxley's Pathways to Care model (1980) was one of the first models in the mental health field to provide a coherent framework for understanding the way in which people move into and through the health care system. In its broadest sense the model aimed to describe the selection processes that determine which individuals will seek care, and in which sector of care they will receive treatment. The present paper steps off the framework provided by Goldberg & Huxley's model to address the question: who gets through the pathway to care in Australia and what does this tell us about the performance of the health care system? It draws on data from the Australian National Survey of Mental Health and Wellbeing to examine the factors associated with reaching the primary care sector, outpatient and inpatient care, as well as those associated with accessing private versus public mental health services. It examines sociodemographic, need and system related factors in an attempt to examine the way each sector of care performs within mental health care system as a whole. Learning Objectives: 1. The audience will gain an understanding of the pathways to mental health care in Australia, and the role of different sectors of care within the continuum of mental health service delivery. 2. Understanding the issues that affect access to mental health services can help us determine how to better meet the needs of people in the community living with mental illness.

Session: S47 Perspectives on Service Implementation & Evaluation

4/09/2003 From: 1330 To: 1500 Venue: Ballroom

Paper 20 Minutes: Discharge from a Consumers Perspective.

Lesley Nord

NSW has a program called MHOAT which is used though out the state, this is one tool that is used to involve consumers to some degree in their process though Mental Health. There is a form that the consumers fill in called K10. Our discharge package was developed though consumers not knowing what is in the community or what would happen once they had left hospital. Our package was adapted from a New Castle leaflet. We included information such as the dos and don'ts of medication, community organisations and phone numbers. We have group sessions every week. In these sessions we look at basic needs in which we use a

checklist. Early warning signs and what helps to keep us well are talked about. This is done to help consumers take responsibility for their own well being and to seek help before things get out of hand. Part of these sessions involves outside groups coming in such as Grow and the local Consumer run program. They come in on a regular basis to talk about their programs. This group program is run by a consumer for the impatient service and is a quality program. We regularly ask what the consumers needs are; we ask them to fill in questionnaires and surveys or suggestion forms. By doing this we can amend the booklet and group according to the needs. One thing we have managed to do is ensure that all our consumers are either followed up by a caseworker or by the acute care team. Learning objectives: 1. The audience will gain knowledge of what consumers need in terms of a discharge or transitional package. The audience will gain an understanding of the importance of the consumer being an active part of the team. 2. By involving the consumer in their transitional and discharge process we are enhancing the outcome for the service and the consumer. Less re admissions in the long term. For the consumers to have responsibility for their own well being though early warning signs and what helps to keep them well.

Session: S48 Realities of Recovery & Employment

4/09/2003 From: 1330 To: 1500 Venue: Bradman Theatre

Workshop 1.5 Hrs: Realities of Recovery, Rehabilitation, Readiness and Employment

Programs: The neglected end of the Mental Health Services Spectrum. An NGO

Perspective.

Janet Meagher Careena Cook Mohammed Alkhub Robert Hefferman

This workshop will inform and assist participants to understand the close relationship between recovery, rehabilitation and work readiness for consumers of Mental Health services and will relate this to the implications of early discharge and a lessening of commitment of health services to involve service users in meaningful psychosocial rehabilitation programmes and will endeavour to explain the impact of this on services that specialize in employment related programs. We will point out how we can improve relations and understanding between interest groups that are represented in the Psychiatric Disability and Mental Health Services sectors, in particular, around matters to do with communication about Recovery, Rehabilitation and Employment Preparation. The session will involve perspectives from a consumer, a consumer service provider, an employment worker and a business manager, showing how each contributes to the Employment program in an NGO. In this session we will describe the reform of our Employment Services and the difficulties and challenges we confronted in order to find ways through the maze of often conflicting internal and external imperatives. We hope that we will give hope to those struggling with similar difficulties and in the process offer improved and enhanced service to those who come to us for recovery support, rehabilitation and employment outcomes. Learning Objectives: 1.To inform and assist participants to understand the close relationship between recovery, rehabilitation and work readiness for consumers of Mental Health services and the implications of early discharge on services that specialize in employment related programs. 2.To contribute to the bettering of relations and understanding between interest groups by involving perspectives from a consumer, a consumer service provider, an employment worker and a business manager, showing how each contributes to the Employment program in an NGO. References: Anthony W, Cohen M, Farkas M, Gagne C., 2002, Psychiatric Rehabilitation Association, 2nd Ed. Centre Psychiatric Rehabilitation. Boston .; Meagher J., 2002, Partnership or Pretence, 3rd Ed. Buckprint. Strawberry Hills. Steinberg W., 2000, Making it Work-A resource guide to supporting consumer participation in the workforce. Canadian MH Assn. Toronto.

Session: S49 Mapping Housing Needs**4/09/2003 From: 1330 To: 1500 Venue: Menzies Theatre****Paper 20 Minutes: High Support Housing for People with Mental Illnesses: The Impact of Service Characteristics on Need and Satisfaction Among Users****Adele Freeman**

Aftercare, an accommodation and support service in Sydney, received funding from the Centre for Mental Health to research models of accommodation and support for consumers with high needs. This presentation will: Describe high support accommodation services currently operating across NSW in the context of academic research and government policy outlining accommodation and support models preferred by consumers and leading to improved outcomes. Present data on perceptions of met and unmet needs and satisfaction with services collected from over 150 consumers of these services. Identify characteristics of high support accommodation services that may reduce the number of consumers' unmet needs and level of disability and increase their satisfaction with services. The aims of the presentation are to provide a 'snapshot' of the accommodation currently available to consumers with high needs in NSW, to highlight the life domains that consumers in these services feel that they need assistance with and to summarise the characteristics of effective supported accommodation services. This is a comprehensive report on the accommodation and support options currently available to consumers thought to need a high level of support which provides a unique insight into consumer perspectives on the effectiveness of these supports in addressing their needs. Learning Objectives: 1. Audience members will learn more about the accommodation and support available to consumers with high needs and about which areas of their lives consumers want assistance with. 2. Stable, secure and safe housing is recognised as being the most important component of rehabilitation and recovery for people with mental illness - knowing which characteristics of high support accommodation services reduce unmet needs and increase satisfaction with services could lead to improved outcomes for consumers in many domains. Middleboe, T., Mackeprang, T., Thalsgaard, A., & Christiansen, P.B. (1998). A housing support programme for the mentally ill: need profile and satisfaction among users. *Acta Psychiatr Scand*: 98: 321-327. NSW Health, Framework for Housing and Accommodation Support for People with Mental Health Problems and Disorders, NSW Government Action Plan for Health, November 2002.

Session: S49 Mapping Housing Needs**4/09/2003 From: 1330 To: 1500 Venue: Menzies Theatre****Paper 20 Minutes: Marginal Housing and People with a Mental Illness in Regional and Rural Victoria.****Lisa Ryan Margaret Grigg**

Homelessness among mentally ill people is a serious problem for most Western industrialised communities. Studies have identified that up to 75% of homeless people have a mental illness. Research evidence indicates that effective treatment for people with psychotic disorders early in their illness can prevent homelessness. Services most likely to be used by homeless people with mental illness are those that have adapted service delivery and treatment approaches in view of the experiences and reports of their homeless clients. While there is substantial evidence highlighting the prevalence of mental illness among people who are homeless, and effective interventions for preventing homelessness among mentally ill people or in attaining housing stability for those people who become homeless, the majority of the research has been conducted in urban environments. A research project mapping housing services in the Loddon Mallee Region was conducted in 2003. This data was used to develop a survey instrument that explored three different definitions of marginal housing: housing type, housing characteristics and the impact of the person's housing on their mental illness. This survey was piloted with case managers and 81 were completed over a two week period. This presentation will describe the research project, present a summary of the results and explore the implications of the research for mental health services and rural communities. Learning Objectives: 1. Delegates will learn about the importance of using the concept of marginal housing when exploring the housing status of consumers of mental health services

and appreciate that homelessness among people with a mental illness is a problem in regional and rural communities. 2. Stable housing is an essential element of a person's mental health. This presentation will illustrate the importance of using the concept of marginal housing in developing policy and service responses to the problem of homelessness among people with a mental illness. References: Hodder, T, Teeson, M. & Burich. (1998) Down and out in Sydney: prevalence of mental disorders, disability and health use among homeless people in inner Sydney, Sydney City Mission, Sydney, NSW; Herrman, D.B., Susser, E.S., Jandorf, L., Lavelle, J. and Bromet, J. (1998). 'Homelessness among individuals with psychotic disorders hospitalized for the first time: findings from the Suffolk County mental health project', *American Journal of Psychiatry*, 55, pp.109-113.; Goldfinger, S.M. and Schutt, R.K. (1999). 'Housing placement and subsequent homelessness among formerly homeless adults with mental illness', *Psychiatric Services*, 50, pp.674-679.

Session: S49 Mapping Housing Needs

4/09/2003 From: 1330 To: 1500 Venue: Menzies Theatre

Paper 20 Minutes: The connection between mental health and housing for Aboriginal and Torres Strait People

Cliff Foley

The 1989 National Aboriginal Health Strategy, which was developed at the instigation of Commonwealth, State and Territory Ministers for Health and Aboriginal Affairs, recognised the importance of housing and infrastructure in achieving better health for Aboriginal and Torres Strait Islander peoples. It continues to be recognized in the Memorandum of Understanding between ATSIC and the Commonwealth Department of Health and Ageing, which establishes the basis for continuing cooperation between these two agencies on Indigenous health matters. Commissioner Foley will present a challenging perspective on housing and infrastructure issues and their implications for Indigenous mental health. Learning Objectives: Participants will be presented with: 1. An understanding of how housing difficulties contribute to problems in social and emotional well being for indigenous communities. 2. Mental health services will learn the significance of housing issues in the recovery from mental illness for indigenous people.

Session: S50 Healthy Adolescents

4/09/2003 From: 1330 To: 1500 Venue: Nicholls Theatre

Paper 20 Minutes: Kids at Risk: Prevention is Better than Cure.

Hazel Bassett Chris Lloyd

Welfare services and mental health services have struggled with the issues of child protection and family wellbeing. They have had difficulty in providing services that focus on prevention rather than dealing with the consequences. This is a concern in light of the fact that within the developed countries, the number of children at risk of abuse or psychopathology is increasing. Research has identified both risk factors (such as maternal mental illness) and protective factors (such as another supportive adult in the family home) for children. The task is now how to use this knowledge to bring about the best outcomes for these children and their families. This presentation will review the literature and then will suggest ways that these can be utilised in a prevention program. The strategies used in one such program will then be discussed. Learning Objectives: 1. People in the audience will learn about risk factors and protective factors for children who are considered at risk, and how strategies can be put in place by services to prevent abuse, neglect or psychopathology in children. 2. This topic is relevant to mental health services as these children are most likely to become consumers of such services. Therefore it is necessary to think about prevention strategies that can be put into place to lessen the social and financial cost.

Session: S50 Healthy Adolescents**4/09/2003 From: 1330 To: 1500 Venue: Nicholls Theatre****Paper 20 Minutes: Some Contexts Have Health Outcomes On Our Lives - the SCHOOL as a health promoting context.****Meg Richens**

In Canberra 37,352 children and young people spend roughly 1200 hours a year in the school context, which has impacts on their health and wellbeing. Those impacts affect their education outcomes and both health impacts and education outcomes have lifelong consequences. In addition, the public education system in Canberra employs a large number of staff members who are also affected by the place in which they work. Three major transition points - into, between primary and high, and out of school - occur in the years students spend at school. Each of those transitions is also associated with a crucial developmental stage - beginning of independence from home, puberty and legal adulthood. For those who work in schools two additional transitions (from education into work and either from one work to another or from work to retirement) also occur in association with the school setting. Being in transition has been linked to increased vulnerability, giving the potential for life events to have larger impacts on mental health and general wellbeing and making these times for which we should prepare and support members of our community. Healthpact has been helping to develop health-promoting schools since 1995. Initially the Board offered funding for single issue activities and policies at the school level. Later a more comprehensive approach to the use of the health promoting schools model was demonstrated through a pilot program that was underpinned by systemic efforts resulting in the establishment of a health promoting schools officer in the Department of Education and Community Services. Various schools and colleges are conducting a series of mental and other health programs and activities that bring services to the school. A long-term in-school resilience project has been expanded to cover all year 11 & 12 public colleges in the ACT, providing support for students as they face the transition out of school. Projects supported by community organisations such as the Heart Foundation, Kidsafe and Tuggeranong Community Arts have worked to improve nutrition, physical activity levels, school safety, and resilience for year 9 and 10 students who 'act in' rather than 'act out'. Our work to establish 'school' as a health-promoting context is long-term and collaborative across sectors. It uses numbers of strategies to achieve a range of outcomes at the individual, school and system levels. The intention is to create a context that promotes health and supports mental health for everyone in it particularly in the context of life transitions. The intervention is targeted to promoting and maintaining health (before dysfunctions are identified) to improve outcomes for the whole of the population affected by the school context. The outcomes that have been achieved have relied on commitment over time, changes occurring at a range of levels and moving beyond the rhetoric by using commitment, creativity and consistency.

Session: S50 Healthy Adolescents**4/09/2003 From: 1330 To: 1500 Venue: Nicholls Theatre****Paper 20 Minutes: Intensive outreach with adolescents - Five years of an Australian Experience.****Peter Brann Kate MacKey Tina Smith**

A review of the Mobile Adolescent Team (MAT) was commissioned by the Management Team of Eastern Health Child & Adolescent Mental Health Service (EH CAMHS) in late 2002. After 5 years of experience, it was timely to examine and reflect on the practice of this example of the Victorian IMYOS program. The review was supported by the MAT Review Steering Committee, comprising representatives from mental health, welfare, justice, child protection, accommodation and other key agencies. During the review, 119 people were interviewed, including staff of EH CAMHS, members of other metropolitan IMYOS teams, government and non-government organizations working with high risk adolescents in the Eastern Region, and past MAT clients and their families. In addition, quantitative data about the pattern of referrals and the outcomes achieved were examined. This presentation will focus on the outcomes for MAT and the learning's gained in the establishment of a new model

for working with difficult to engage and high-risk young people. It will also focus on the voices of those young people and their families and carers who worked with MAT. The 5 year period and the breadth of the consultation process is critical to understanding the long term impact of this model. Learning Objectives: 1. Those who attend will understand the nature of the MAT model: its implications, difficulties and strengths. They will understand the perspective of agencies, young people and families on this model. They will have a brief overview of its impact. 2. These young people are involved with many agencies external to mental health services and either have many resources directed towards them or receive little services. Their mental health issues often appear in systems other than mental health. The mental health needs and consequences for young people are broader than the typical, and important, focus on early psychosis and the MAT model provides a means for effective intervention and collaboration that creates real capacity in the community for young people.

Session: S51 Quality, Restraint, Proaction

4/09/2003 From: 1330 To: 1500 Venue: Sutherland Theatre

Paper 20 Minutes: Individual and Services: We Are More Than The Sum Total Of Our Parts.

Fay Jackson

This informative, passionate and sometimes humorous presentation will be valuable to all stakeholders of Mental Health Services including psychiatrists, consumers, nurses, carers, managers, non-government organisations, government organisations and representatives, policy planners (all of which are representatives of our community) etc. from and for all cultures. A Successful Mental Health Community includes quality service delivery, informed consumers, carers and families, a supportive and educated community and government and the positive portrayal of Mental Health by the media. We must gain an understanding of the importance of Proaction generated by and for the individual stakeholder, service and community to enable prevention and destigmatisation of mental illness. This will maintain the provision of high quality mental health care. Consumers, carers, governments and mental health services must accept the responsibility for delivering quality holistic care. This care must address the physical, mental and spiritual needs of all stakeholders, past, present and future. It is only through the ongoing provision of high quality care and education that we can expect to impact on mental illness prevention and remove the stigma surrounding mental illness. While we continue to deliver reactive services, and live reactive lives, years of quality life will be lost to disability, and the community will continue to lose quality citizens as a result of mental illness. Precious funds will continue to be wasted on delivering a stop-gap service unable to offer Continuous Quality of Care. The Republican We tend to react to symptoms rather than seeking out, at all levels, what the real issues are for all involved. Destigmatisation of Mental Illness is the solution to the majority of problems. If all stakeholders work together in respectful partnership, with the attitude that every individual and service provider is an integral part of a healthy community, we will both prevent mental illnesses from occurring and deliver quality services and lives to all people from all cultures. Learning Objectives: 1. To gain understanding of the importance of proaction, both from and for the individual stakeholder, service and community, in order to ensure prevention and destigmatisation of mental illness, and continual provision of high quality mental health care. The audience will learn how vital it is to seek out the issues of importance and act upon those issues. People will come to see how humour is a vital tool in Mental Health Promotion and destigmatisation via some tried and tested examples. Finding and responding proactively to the issues which are causing blockages to the delivery and receipt of good health care needs to be addressed and acted upon both for and by services and individuals rather than reacting to symptomatic difficulties. The Republican We: Nee The Royal We, refer to The Australian Dictionary of Politicly Correct Wishful Thinking, (as far as I know there is no such Dictionary but in the light of Current World and Australian events I think there is a definite niche' in the market), Fay Jackson, Psychologically Diverse Citizen, 3rd Edition, 2003.

Session: S51 Quality, Restrain, Proaction**4/09/2003 From: 1330 To: 1500 Venue: Sutherland Theatre****Paper 20 Minutes: A Toolkit for Reducing/Eliminating the Use of Seclusion and Restraint in Psychiatric Inpatient Settings.****Judith Cook Dennis Grey**

Increasingly, the field of mental health is experiencing a cultural shift whereby use of physical/mechanical restraint and seclusion is being significantly reduced or phased out altogether in psychiatric hospital settings. Here, we report on an innovative program to reduce seclusion and restraint, including training staff crisis in prevention strategies, teaching patients self-awareness and crisis de-escalation techniques, and creating organizational change in administrative policies and procedures that promote alternatives to coercive treatment. This new program was tested at a university hospital's three inpatient units: one serving adolescents, another conducting clinical drug trials, and a third serving the general psychiatry population. Results on all three units revealed a significant decrease in restraint rates, from 45%-85% in the first quarter, and from 75%-99% in the first two quarters following implementation of the program, with rates in all units remaining close to zero for the remainder of the year. Two of the three remaining units abandoned use of seclusion altogether, while the third showed reductions in seclusion similar to those achieved with restraint. This is an innovative program with demonstrated success that builds prevention of coercive treatment into mental health practice in settings where service users typically have limited opportunities for self-determination - the hospital. Learning Objectives: 1. Participants will learn specific techniques and strategies whereby inpatient staff and service users can reduce the use of physical/mechanical restraint and seclusion, as well as coercive treatment in general. 2. This is an innovative program with demonstrated success that builds prevention of coercive treatment into mental health practice in a setting where service users typically have limited opportunities for self-determination - the hospital.

Session: S51 Quality, Restraint, Proaction**4/09/2003 From: 1330 To: 1500 Venue: Sutherland Theatre****Paper 20 Minutes: Do quality indicators measure what consumers value****Natalie Cutler Grant Sara David Duerdon Kerrie Gill Christine Hauptstein Keith Chaffey**

Quality and safety are critical issues for mental health services. Quality indicators have been implemented to address these issues, including the development of technology to collect numerical measures to inform ongoing quality improvement and service planning. These indicators provide a measurable representation of service 'quality' as determined by service providers. But are these numerical indicators meaningful to consumers? Do the indicators translate into evidence of service quality for them? Is there a clear relationship between 'standards' and 'quality'? The aim of this paper is to describe the use of quality indicators in mental health in NSW, and to explore opportunities for greater consumer input into the development and interpretation of meaningful indicators of quality. Learning objectives: 1. The audience will gain an opportunity to reflect on how current quality indicators in use in NSW mental health services measure 'quality' according to service provider's criteria at the risk of missing what it is consumers experience as 'quality'. 2. This topic highlights the issue of how mental health services can enhance current systems by promoting consumer involvement in the development of consumer-determined measures of quality. References: Meagher, J. (2002). Partnership or pretence: a handbook of empowerment and self advocacy for consumers of psychiatric services and those who provide or plan those servi[c]es : a personal contribution to the development of the psychiatric consumer movement in Australia (3rd ed). Strawberry Hills, NSW: Psychiatric Rehabilitation Association. NSW Health (2001). Partners in health: Sharing information and making decisions together. Report of the Consumer and Community participation implementation Group. NSW Government Action Plan, Sydney.

Session: S52 Perspectives on Health**4/09/2003 From: 1330 To: 1500 Venue: Derwent Gallery****Paper 20 Minutes: Hidden Dis-ease and the Gifts of Flowers****Clarissa Diamond**

In light of the inherent restrictions in corresponding certain states (body, mind, psychological) to rigid diagnostic categories that are somewhat dependent on equally rigid frameworks, some of the more specific issues or traits manifesting as dis-ease remain unrecognised, are carelessly classified or are cast aside. Sometimes a specific emotional pattern or trait is not so easily defined, or is difficult to be quantified by scientific standards, or the sufferer is incapable of the expression or articulation to elicit understanding and viable treatment. This presentation explores some of the 'indefinables' and processes relevant to the person presenting for treatment, the health care professional or carer, as well as that of psychiatry itself. Meeting the standards of holistic models of care that consider symptoms in relation to the whole to unfold their proper significance, and addressing transcultural needs and diversity, the ancient art of healing through Flower Essences, which constantly undergoes refinement, is presented as a pathway to facilitate well-being and complement psychotherapies and medication practices. The Nyoongah people of South West Australia have used the properties of flowers to heal mind-body for 1,000 years. Flower Essences are currently used in hospitals in Brazil and Switzerland, plus, are prescribed by naturopaths, medical doctors and families on an international scale. References: 'Tibetan Buddhist Medicine And Psychiatry: The Diamond Healing' Terry Clifford 1984 Samuel Weiser, Inc 'Psychotherapy Of Schizophrenia' Bertram P. Karon & Gary R. Vanden Bos 1994 Jason Aronson, Inc.

Session: S52 Perspectives on Health**4/09/2003 From: 1330 To: 1500 Venue: Derwent Gallery****Paper 20 Minutes: Nutritional & Environmental Psychiatry.****Judith Gleeson**

Many forms of mental illness are caused by an imbalance in bio-chemistry. Through her own experience of depression over five years Judith Gleeson learned that whilst medications may be a help for some patients they did not help her. It was Orthomolecular Psychiatry, also known as Nutritional & Environmental Psychiatry, which released her from this debilitating illness. Evidenced based data showing that biochemical imbalances are better treated with biochemistry not drugs, will be presented. Food intolerances and the presence of toxins such as lead, mercury, organochlorines, fluoride, aspartame etc need to be recognised and countered. With the help of Dr Joachim Hallmayer, then deputy director of the Centre for Clinical Neuropsychiatry at Graylands, Dr Malcolm Roberts, psychiatrist, and three physicians, Ms Gleeson arranged for the visit to Perth from Seattle of Dr Bradford Weeks, psychiatrist and nutritional and environmental physician, to give a series of lectures and workshops in Perth in October, 2001. During his visit the Duty to Care Study was released at UWA - a highly relevant study of the health experience of 240,000 Western Australians who had used mental health services during 1980-98. The aim of this presentation is to provide evidence for the efficacy of this approach including a five minute clip from the video 'Masks of Madness' produced by the Canadian Schizophrenia Association featuring Dr Abram Hoffer and consumer, actress Margot Kidder. Learning Objectives: 1. People will learn of the nutritional and environmental approach to the prevention and treatment of mental illness. 2. To increase awareness of the potential for improved quality of life and resource implications for service providers. References: Nutritional Influences on Mental Illness. A sourcebook of clinical research by Melvyn R. Werbach, M.D. Third Line Press Inc., Tarzana (Calif), 1991. Phospholipid Spectrum Disorder in Psychiatry. Editors David Horrobin, Malcolm Peet, Iain Glen. Marius Press, Lancashire, UK, 1999.

Session: S53 A Collection of Issues**4/09/2003 From: 1330 To: 1500 Venue: Fitzroy Gallery****Paper 20 Minutes: National Consumer and Carer Forum - Promoting Partnerships Between Consumers and Carers****Steve Morris**

The aim of this presentation is to provide a report on the role of the National Consumer and Carer Forum (NCCF). The National Consumer and Carer Forum (NCCF) is a national initiative under the auspice of the Mental Health Council of Australia (MHCA) as directed by the Commonwealth of Australia. The NCCF aims to progress consumer and carer participation in the Australian mental health sector and create a forum for discussion of consumer and carer mental health issues at a national level. The forum is made up of one mental health consumer and one mental health carer representative from each of the Australian states/territories, and representatives from the peak national consumer and carer organisations. The goals of the NCCF include facilitating partnerships between consumers and carers, increasing the capacity of consumers and carers to participate in policy discussions at a national level, promoting consumer and carer profile and providing a mechanism for meaningful discussion with other key stakeholders represented on the MHCA Board.

Learning Objectives: 1. The presentation will provide an opportunity for the audience to learn about: · the role and responsibilities of the NCCF, including how it functions under the auspice of the MHCA; · the context which led to the establishment of the NCCF; · and the goals of the NCCF and achievements during the period 2002 and 2003. 2. The NCCF is the peak body committed to promoting partnerships between consumers and carers in Australia, providing a forum for consumers and carers to come together and provide joint input into mental health issues at a national level. The NCCF also provides opportunity to identify and address the key national issues of common importance to consumers and carers.

Session: S53 A Collection of Issues**4/09/2003 From: 1330 To: 1500 Venue: Fitzroy Gallery****Paper 20 Minutes: CommunityLIFE: Building Community Capacity for Suicide Prevention****Tony Ellit**

CommunityLIFE project is one of the key projects funded by the Commonwealth government of Australia and is based upon the national framework for suicide prevention in Australia LIFE (Living is for Everyone). Suicide Prevention Australia, Auseinet and Centre for Developmental Health work in partnership on this project. The objectives of the CommunityLIFE project are to: 1) help meet the need in the community for suicide prevention programs consistent with the principles of the National Suicide Prevention strategy LIFE; 2) build partnerships with key groups within the community which can influence the diffusion of suicide prevention activities that are grounded in good practice; 3) enhance community participation, capacity building and skills in planning, implementing and evaluating safe effective and sustainable community suicide prevention programs; and 4) support knowledge development to inform the Commonwealth and the nation, concerning effective community prevention strategies. This paper will present an overview of the project and will focus upon the some of the strategies adopted by CommunityLIFE to assist communities to develop or enhance community-centred approaches to suicide prevention and to implement effective suicide prevention programs or strategies

Session: S53 A Collection of Issues**4/09/2003 From: 1330 To: 1500 Venue: Fitzroy Gallery****Paper 20 Minutes: What are my Voices really Telling Me? Exploring the symbolism of psychotic experiences with mentally ill offenders through the use of story and metaphor.****Jim Poulter**

Since the 1960's there has been little advance in the use of existential therapies with the seriously mentally ill. The prime focus of modern psychiatry is on symptom suppression through pharmacological methods rather than an exploration of the way in which psychotic

experiences may symbolise unresolved inner conflicts. Over recent years at Thomas Embling Hospital however, there has been a continuing growth toward more existential therapies and an appreciation of the power of story and metaphor in helping patients to construct personal meaning from their experiences of illness and offence. This has led to a more integrated approach between group work and individual therapy, contributed to a more conscious recognition and understanding of risk behaviours, a keener patient insight into both the dynamic basis of their illness and the politics of their identity, and enabled a more detailed planning of community re-entry. The paper outlines the existential strategies and techniques developed in recent years and the anecdotal experiences with patients that continue to shape this process. Learning Objectives: 1. The audience will learn the techniques and processes of how group work has been linked with individual therapy and how these previously separate endeavours can provide cross fertilisation and support the skill enhancement in staff. 2. The audience will learn how story and metaphor have been constructed for this particular patient group and the possibility of transferring this approach to their own setting.

Session: S53 A Collection of Issues

4/09/2003 From: 1330 To: 1500 Venue: Fitzroy Gallery

Paper 20 Minutes: National Consumer and Carer Forum - Promoting Partnerships Between Consumers and Carers

Steve Morris Janet Meagher Tony Fowke

The aim of this presentation is to provide a report on the role of the National Consumer and Carer Forum (NCCF). The National Consumer and Carer Forum (NCCF) is a national initiative under the auspice of the Mental Health Council of Australia (MHCA) as directed by the Commonwealth of Australia. The NCCF aims to progress consumer and carer participation in the Australian mental health sector and create a forum for discussion of consumer and carer mental health issues at a national level. The forum is made up of one mental health consumer and one mental health carer representative from each of the Australian states/territories, and representatives from the peak national consumer and carer organisations. The goals of the NCCF include facilitating partnerships between consumers and carers, increasing the capacity of consumers and carers to participate in policy discussions at a national level, promoting consumer and carer profile and providing a mechanism for meaningful discussion with other key stakeholders represented on the MHCA Board. Learning Objectives: 1. The presentation will provide an opportunity for the audience to learn about: the role and responsibilities of the NCCF, including how it functions under the auspice of the MHCA; the context which led to the establishment of the NCCF; and the goals of the NCCF and achievements during the period 2002 and 2003. 2. The NCCF is the peak body committed to promoting partnerships between consumers and carers in Australia, providing a forum for consumers and carers to come together and provide joint input into mental health issues at a national level. The NCCF also provides opportunity to identify and address the key national issues of common importance to consumers and carers.

Session: S54 A Mental Health Commission?

4/09/2003 From: 1330 To: 1500 Venue: Murray Gallery

Symposium 1.5 Hrs: Does Australia Need a Mental Health Commission?

Alan Rosen Jonathan Phillips Anne Deveson Margaret Leggatt Patrick McGorry Keith Wilson Barbara Hocking Douglas Holmes Grace Groom Ian Hickie Jan Dowling Arana Pearson Wayne Miles

Although mental health reform in Australia has been heading broadly in an appropriate direction, there is wide agreement that: these reforms have been half-hearted in some states and are already losing momentum, and core local mental health services either are being eroded or have never been adequately developed. Australia now lags behind similar Western Countries in terms of its commitment to and funding of Mental Health Services (most notably New Zealand). The closing of institutions in Australia has been half-hearted and incomplete in many instances, and has not been accompanied by full transfer or increase in real investment in Mental Health Services. Through the advent and intervention of an

independent Mental Health Commission in New Zealand, working in synergy with government, providers, consumers and carers: mental health reform in New Zealand has regained focus and momentum, and the mental health workforce is being reskilled. communal discrimination against people with mental illness has been comprehensively challenged, and per capita mental health funding in New Zealand has rapidly grown to \$AUS 200, compared to Australian funding of \$80 public and \$135 public and private combined. We present the case that the Australian National Mental Health Plan 2003-2008, as an integral part of a range of strategies, should provide for a National Mental Health Commission (or similarly constituted body) with direct access to Australian Health Ministers, and all mental health service stakeholders, and which is also able to report independently from and to the government. Learning Objectives: Participants will learn a) How the Mental Health Commission in New Zealand works and has contributed to the substantial enhancement of mental health resources and services. b) Why mental health reform policies will never be implemented properly without an independent monitor with official, (e.g. legislative) clout. c) How variants on this model work in other Western countries, and how it can be adapted to the Federated system in Australia. How this model can be implemented as a very compact operation, without developing another burgeoning parallel bureaucracy.

Session: S55 Stress & Trauma

4/09/2003 From: 1330 To: 1500 Venue: Swan Gallery

Paper 20 Minutes: PTSD - The 'Silent Witness'

Irene Howgego Cathy Owen

PTSD may be the 'silent witness' to poorer health outcomes, comorbid psychiatric diagnoses and gaps in service provision. Clients don't talk about it unless asked, generally, health professionals don't ask! The Evidence: The issue of trauma and PTSD in clients with another primary psychiatric diagnosis is complex and largely unexamined; this is an international phenomenon. Studies to date showed trauma rates of 51% - 98% with interpersonal violence (physical and sexual abuse) as a major source of trauma; PTSD rates of 22.2% - 66%. A recent Australian study suggested that PTSD in the mentally ill client was a major public health issue, with findings showing that it was the incident disorder in 50% of a group of psychiatric in-patients and preceded major depression in 83% of these patients. General community based epidemiological studies within Australia and America, have identified rates of PTSD at 3.3% and 7.8% respectively. The findings described above for populations with mental illness greatly exceed these community norms. High rates of comorbidity of PTSD with at least one other psychiatric disorder are evident in both populations. The Consequences: Failure to diagnose and treat comorbid PTSD may lead to more severe symptomatology, for both diagnoses, and poorer overall client and service outcomes. Current Reality: These findings have received minimal attention in Australia, with conventional psychiatry slow to embrace concepts from the field of traumatic stress. In Australia, there is no systematic assessment or structured service provision in Public Mental Health Services for clients with potential PTSD symptomatology, whose presenting diagnosis is not PTSD. Consequently, PTSD is largely an undocumented and untreated problem in consumers of these services. This paper presents a 'snapshot' of a small study of Trauma/PTSD in clients of a community mental health service; high levels of trauma and undocumented PTSD were found. A proposal to develop a service response to this area of unidentified need using evidenced based practice principles is outlined. Aim: Raise clinicians/service providers' awareness of the significance of a) Trauma/PTSD in clients of mainstream psychiatric services and b) The potential impact of undiagnosed PTSD on client and service outcomes. Learning Objectives: 1. Enhanced knowledge and understanding of the importance of PTSD symptomatology/diagnosis to overall care and outcome in clients of Community Mental Health Services (CMHS). 2. Integrate a standardised approach to the assessment and treatment of PTSD in clients of CMHS. References: Mueser K, Trumbetta SL, Rosenberg S. Trauma and Posttraumatic Stress Disorder in Severe Mental Illness. *Journal of Consulting and Clinical Psychology* 66: 493-499, 2001.; McFarlane A, Bookless C, Air T. Posttraumatic

Stress Disorder in a General Psychiatric Inpatient Population. *Journal of Traumatic Stress Studies* 14: 633-645, 2001.

Session: S55 Stress & Trauma

4/09/2003 From: 1330 To: 1500 Venue: Swan Gallery

Paper 20 Minutes: Daring to Quake: Bearing the Tension of Divisive Forces.

Jan Giffin

When engaging with families of those who have borderline personality disorder (BPD) and a high and ongoing degree of self harm clinicians may quake in the face of the many divisive forces which constrain such engagement, some internal, others external. There is a dearth of literature in relation to the experience of these families or treatment approaches which consider family or carer needs. This paper presents qualitative research findings which give an insight into the experience of parents who are engaged in a caring role in relation to their adult daughter with BPD. The parents interviewed for this study experienced primary trauma associated with witnessing self harm and the near death of their daughter. This trauma is of long duration, with an unpredictable course and uncertain future. Secondary stress and the concept of secondary traumatic stress disorder provide a framework for understanding carers experiences and coping responses developed over time (Figley, C., 1995). Of particular note is the intense conflict and dilemmas experienced as carers struggle with the questions around care for themselves and their other family relationships and care of their daughter. In conclusion, approaches which parents experienced as helpful are presented along with their ideas about what may be helpful in future. Learning Objectives: 1. The audience will gain knowledge which is grounded in parents experience of their caring role in relation to their adult daughter with a diagnosis of borderline personality disorder, and with severe and ongoing self harm. 2. The audience will receive an introduction to a theoretical framework based on secondary traumatic stress which is inclusive of carers, and supports engagement and treatment planning.

Session: S55 Stress & Trauma

4/09/2003 From: 1330 To: 1500 Venue: Swan Gallery

Paper 20 Minutes: What can the children of Australia's Vietnam veterans teach us in 2003?

Ann O'Kane

This paper describes the experiences and beliefs of a group of young Australians who grew up under the shadow of a war that occurred before they were born. The children of Vietnam veterans are now in their twenties and early thirties. They came to the attention of the public when it was 'accidentally' discovered that they had an unexpectedly high suicide rate. Their veteran fathers have very high rates of psychiatric disability, which is associated with their involvement in the Vietnam War. The major mental health problems experienced by these veterans are PTSD, other forms of anxiety, depression and alcohol abuse. The children of these veterans have had their own mental well being and resilience significantly challenged, through the link between their parents ill health, family disruption and parenting difficulties. In response to the mental health issues experienced by these children, the Vietnam Veterans Counselling Service established a national suicide prevention program, the Vietnam Veterans Sons and Daughters Project. The children of Vietnam veterans are living with the legacy that families experience when one member is involved in war, particularly a war that is not supported by the general public. What can they teach us in the troubled and turbulent times of 2003? Learning objectives: 1. The children of veterans provide quality insights into the rippling effects of war related trauma on families. Their experiences provide valuable lessons for today's troubled times. 2. Growing up with a parent experiencing mental illness is a relatively neglected issue in mental health service provision and mental illness prevention.

Session: S56 Reducing Stigma**4/09/2003 From: 1530 To: 1700 Venue: Royal Theatre****Symposium 1.5 Hrs: Reducing Stigma - Mental Health Literacy and beyond'****Barbara Hocking Kathy Griffiths Chris Hansen Alan Rosen Natasha Mitchell**

Improving Mental Health Literacy has become an important task for mental health groups in recent years. Raising community knowledge and understanding about the signs, symptoms and treatment for mental illness is an important first step to getting early and appropriate help. What sorts of activities have been conducted to date, how successful have we been, does raising mental health literacy reduce stigma, and what have we learnt from these experiences? This symposium will answer some of these questions. We will hear from a range of speakers who will talk about some of the community-based activities in Australia and New Zealand and about work with specialist groups such as the mass media. We will also look at how we can sustain our efforts in order to make a real difference.

Session: S57 Government Strategies**4/09/2003 From: 1530 To: 1700 Venue: Ballroom****Invited Symposium: Government Mental Health Strategies - highlights and updates****Dermot Casey Janice Wilson**

TheMHS regularly invites government to present the latest mental health strategies, policies, and evaluations. We are pleased again this year, to have Mr Dermot Casey, Assistant Secretary, Mental Health and Suicide Prevention Branch, Commonwealth Department of Health and Ageing, and a representative of Dr Janice Wilson, NZ Ministry of Health. Each will give a talk, followed by time for audience questions and discussion. So here is your chance to ask the policy-makers about mental health from the past into the future.

Dr Janice Wilson: The current New Zealand mental health policy directions as embodied in *Looking Forward* (1994) and the later plan, *Moving Forward* (1997), have their 10 year anniversary in 2004. It is therefore timely for evaluation and review. Work has commenced on the evaluation of the past 10 years, and at the same time the development of a second national mental health plan, as there is generally strong support from Government for a continuation of the policy directions. "Deinstitutionalisation" was the major catalyst, albeit not the only one, for the development of *Looking Forward*. It is likely that "inclusion" will be a strong theme of the second plan, with the focus on developing an overall integrated system within the mental health sector, all of health and the whole community. Issues to be addressed will be: access to mental health service from primary health, in all aspects of health services and through to specialized services; alignment of policies with Housing, Social Welfare, Justice and other government and non government sectors; eliminating stigma and discrimination; promotion and prevention continued partnerships with Maori; responsiveness to all ethnic/cultural groups; continued participation from services users and their families; sustainability and continued service improvement; accountability throughout the system. We are aiming for this new plan to be launched by June 2004, and will be underpinned by continuing Government investment in mental health service development.

Session: S58 Promotion, Prevention and Early Intervention**4/09/2003 From: 1530 To: 1700 Venue: Bradman Theatre****Symposium 1.5 Hrs: PPEI (Promotion, Prevention and Early Intervention) and Mental Health Service.****Jennie Parham Debra Rickwood**

Paper 1. What is PPEI and why should mental health services invest in this area? Presenter: Dr Debra Rickwood. This paper will provide a conceptual framework for understanding PPEI for mental health across the lifespan, drawing on the growing evidence base to support the development and implementation of policy and practice in this area. It will outline the social determinants of health and mental health and highlight the importance of focusing on risk and protective factors. Moreover, it will provide a rationale for investing in PPEI initiatives that will lead to better outcomes in mental health in the future. Learning Objectives: 1. Participants will gain greater understanding of a population health approach and its

application to mental health. 2. Prevention of mental disorders, early intervention and promotion of mental health are key priorities in the delivery of mental health services in Australia. References: Commonwealth Department of Health and Aged Care 2000, Promotion, Prevention and Early Intervention for Mental Health - A Monograph, Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, Canberra.; Mrazek, PJ and Haggerty, RJ 1994, Reducing the Risks of Mental Disorders: Frontiers for Preventive Intervention Research, National Academy Press, Washington DC.; Murray, CJC and Lopez, AD 1996, The Global Burden of Disease: A Comprehensive Assessment of Mortality and Disability from Diseases, Injury and Risk Factors in 1990 and Project to 2020, World Bank, World Health Organisation & Harvard School of Public Health, Geneva.; Paper 2. The National Policy Framework for PPEI - Development and Implementation. Presenter: Ms Jennie Parham. The Commonwealth Department of Health and Aged Care released two significant documents in 2000 which provide the National Policy Framework for PPEI in Australia: The National Action Plan for PPEI in Mental Health and its companion document, Promotion, Prevention and Early Intervention for Mental Health: A Monograph. This paper will provide an overview of these documents. It will also provide an overview of the National Consultation coordinated by Auseinet during 2001/2002 on these documents. The consultation utilised a capacity building approach to enhance ownership at the local level to ensure effective implementation. Thirty five(35) forums were held across Australia. The key findings and outcomes of the consultation will be discussed and their implications for the future development of mental health policy in Australia. Learning Objectives: 1. Participants will increase their awareness of the National PPEI Policy framework and its links to the National Mental Health Plan. 2. Increase understanding of the implementation issues with respect to the National Policy framework and its implications for mental health services. References: Commonwealth Department of Health and Aged Care 2000, National Action Plan for Promotion, Prevention and Early Intervention for Mental Health, Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, Canberra.; Commonwealth Department of Health and Aged Care 2000, Promotion, Prevention and Early Intervention for Mental Health - A Monograph, Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, Canberra.; Parham, J and Rickwood, D, Promotion, Prevention and Early Intervention for Mental Health - A National Consultation, Auseinet, Adelaide. Paper 3. Putting the Plan into Action - From Rhetoric to Reality. Presenter: To be confirmed. This paper will provide practical examples of how PPEI is being progressed at the State and Territory level. It will highlight the importance of infrastructure to support PPEI activities as well as projects and initiatives being implemented. It will discuss some of the challenges with implementation such as: who is responsible, developing partnerships, engaging other sectors and the role of the mental health specialist workforce in PPEI. Strategies to address these will also be discussed. Learning Objectives: 1. Participants will increase their understanding of the key components to effective implementation of PPEI activities. 2. Increase awareness and understanding of how PPEI initiatives and projects are being implemented by mental health services. References: Commonwealth Department of Health and Aged Care 2000, National Action Plan for Promotion, Prevention and Early Intervention for Mental Health, Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, Canberra.

Session: S59 Eating Disorders Performance & Evaluation

4/09/2003 From: 1530 To: 1700 Venue: Menzies Theatre

Workshop 1.5 Hrs: Any Body's Cool.

Jenni Savigni Charmane Head Debra Rickwood Kerry Sargent-Cox

Any Body's Cool is a community theatre of people who have either had an experience of an eating disorder, or who have cared for someone with an eating disorder. In 2002 they developed a drama script through weekly drama workshops, workshops in ACT secondary schools, two public readings, and consultation with other people or groups working in this field. The project will be launched in June 2003 as a new health promotion resource of

Mental Illness Education ACT (MIEACT) as part of its School Education Program, aiming to expand options for young people in making healthy choices about their bodies, diet, exercise and self-representation. With funding from Healthpact, the program has been devised for the lower secondary school age group (years 7-9) and includes the play for two people, an interactive workshop, and supportive written materials. The workshop will be chaired by Jo Courtney and structured as follows: A: the play (about 50 minutes). Two members of Any Body's Cool will perform the play which explores issues such as body image, self-esteem, stress management, media literacy, and gender relations. The play is narrated by the central character, Kate, who explores key moments from her life in walking the eating disorder continuum - reading teenage magazines with her grade 7 friend, the 'body police', a dialogue with her mirror, and a visit to a diet consultant. Weaving its way through the play is a childhood treasure box given to Kate by her grandfather. 'The box' develops as a place where she can put what she splits off from her public persona. By middle adolescence Kate has acquired a box big enough for her to get in to, and then the dilemma is how to get out. The play reflects no one person's story, but has a universal quality. It is fictional, yet real, very funny, yet also very serious. B: the evaluation (about 15 minutes) An evaluation of Any Body's Cool has been undertaken by the Centre for Applied Psychology at the University of Canberra. At outline of the evaluation design and preliminary results will be presented by honours student, Kerry Sargent-Cox and Dr Debra Rickwood. C: discussion (about 25 minutes). The remainder of the workshop will be dedicated to questions and answers. Jo Courtney will facilitate an open discussion about the issues explored in Any Body's Cool, the community theatre process, the presenters' experiences, and general points of interest to the audience. As the project will have been recently launched in schools, the presenters will also be able to talk about how the project has been received by young people. More broadly, the audience may wish to explore the health promotion value of Any Body's Cool, and whether its processes are transferable to other health promotion projects. Summary: Any Body's Cool has been acclaimed for the fresh and innovative perspective that it offers on a continuing and widespread mental health problem. It is the authentic and brave voice of people who have experienced the silence, shame and solitariness of an eating disorder, and who want to speak out. They offer their stories through Any Body's Cool as a gesture of hope and inspiration to other young people who may tread the eating disorder continuum. References: NSW Department of School Education (1998). Report on the Eating Disorders Project 1993. Commonwealth of Australia.; Piran, N., Levine, M.P., and Steiner-Adair, C. (eds.) (1999). Preventing Eating Disorders: A Handbook of Interventions and Special Challenges, Bruner-Mazel, Philadelphia.

Session: S60 Planning and Development

4/09/2003 From: 1530 To: 1700 Venue: Nicholls Theatre

Paper 20 Minutes: Removing the barriers to cross-border mental health services

Bruce Paterson

The first National Mental Health Plan (1992) noted that differences between legislation in Australian jurisdictions created legal difficulties in delivering mental health services across borders. Ten years later, the first bilateral cross-border Ministerial Agreements relating to involuntary and forensic patients have commenced. This paper provides a summary of progress by jurisdictions regarding legislative amendments and agreements for cross-border services relating to involuntary and forensic patients, and outlines the work and issues remaining. Cross-border services range from admission and treatment of interstate involuntary patients to the apprehension and return of forensic patients who have absconded interstate. More specifically, the Paper explains how the Agreement between NSW and Victoria relating to involuntary patients was planned and implemented. The Agreement includes provision for (where the two States involved are NSW and Victoria): ·involuntary admission of persons distant from hospitals in their own State to a nearby hospital in the other State; ·the apprehension and return of involuntary patients who abscond from one State to the other State; and ·the transfer of involuntary patients to their home State when they have been admitted to a hospital in the other State. These developments have particularly benefited

regional communities in border regions that previously had difficulty accessing interstate (but nearby) inpatient mental health services. The paper demonstrates how legal barriers to cross-border mental health services are being resolved, resulting in concrete action and benefits to consumers, carers, and the community. Learning Objectives 1: People will learn the general progress of Australian States and Territories to implementing cross-border mental health legislation and protocols in relation to forensic patients; and more specifically about how barriers to inpatient treatment for interstate involuntary patients are being resolved between Victoria and NSW. 2: Australian Governments and mental health services face legislative and other barriers to cross-border services for involuntary patients (ie. admissions, transfers, Community Treatment Orders) and forensic patients (apprehensions, transfers). This paper provides information on how some jurisdictions are addressing this issue through legislative amendments and protocols.

Session: S60 Planning and Development

4/09/2003 From: 1530 To: 1700 Venue: Nicholls Theatre

Paper 20 Minutes: Evolving Issues in Aboriginal Mental Health: Trained Mentors as a Student Support Arrangement

Tom Brideson

This paper discusses some of the issues regarding formal student support arrangements for Aboriginal and Torres Strait Islander students. The Djirruwang Aboriginal and Torres Strait Islander Mental Health Program delivers a Bachelor of Health Science (Mental Health) at Charles Sturt University. NOTE: A separate presentation at this conference outlines the Bachelor of Health Science (Mental Health) course structure and content. The Program has identified student support as an essential area to assist Aboriginal and Torres Strait Islander people to work in the area of mental health. The students of the program are more often than not, mature aged students and often currently working in the mental health or related fields while studying. They often have not been involved in the educational processes for some time. A further consideration is that the area of mental health service delivery has recently progressed (in some instances) to include Aboriginal or Torres Strait Islander Mental Health Workers as part of their workforce. Both of these issues require some attention to ensure students currently being trained in the area of mental health are supported in terms of navigating their way through the various systems. We believe mentors could play an important function to assist students. The focus of this presentation is on the development of more structured support for the students of the program. Admittedly in this program the support arrangements through a formal mentor program are at the early stages of development. However the presenters view the opportunity to share the information so far as important and seek feedback from the experiences of the conference participants for consideration in the ongoing development of the program. Learning Objectives: 1. The audience will gain an understanding of evolving issues regarding in Aboriginal Mental Health. 2. The audience will have the opportunity to provide input into the development of the formal support arrangements of the mentor program.

Session: S60 Planning and Development

4/09/2003 From: 1530 To: 1700 Venue: Nicholls Theatre

Paper 20 Minutes: Mental Health Workforce Development, A Model of National Coordination and Collaboration

Robyn Shearer

Introduction: Mental Health Workforce Development in New Zealand has progressed rapidly over the last two years with developments such as the Maori mental health workforce development organisation, a Child and Youth Workforce Development Organisation, and other projects through DHBNZ. This programme will ensure coordination and direction of the mental health workforce initiatives currently and in future. The Ministry Of Health (MOH), District Health Board (DHB) CEOs and Health Research Council (HRC) have formed a partnership to enable the programme to launch in May 2003. A committee structure has been set in place to ensure involvement from the wider mental health sector. HRC have

also taken on a Project Team to ensure support is given to the committees and coordination of the programme is set in place. This team consists of a Project Manager, Analyst and Administrative Support. The team aim to clarify ways forward to enable workforce development to ultimately benefit treatment outcomes for consumers and to add value to what individual organisations are doing in the way of mental health workforce development.

Learning Objectives: 1. Celebrate a direction for Mental Health Workforce Development in a national approach and overview. 2. Discuss the model of the national programme and its use of assessment and evaluation methodology as part of ensuring the sector and consumers benefit any funded workforce development initiative. 3. Give a description of the type of projects funded, rationale and benefit. Overview of Work-Plan for Programme: The MHWDP uses the Ministry of Health Mental Health Workforce Development Framework as its direction. This includes five strategic areas: 1. Recruitment and Retention; 2. Organisational Development; 3. Training and Development; 4. Research and Evaluation; 5. Infrastructural Development.

1. Recruitment and Retention. The programme will aim to develop a national recruitment and retention plan, which will take into account local, regional and national approaches. The Project Manager and Analyst will identify any central role that may be required in recruitment and possible partnerships between organisations and regions. There will also be included a proposal for benchmarking retention best practice.

2. Organisational Development - This includes: Development of a national expert group who can provide assistance and expertise to the mental health sector in dealing with issues that may relate to change management, team development, retention of staff, service delivery models and other interventions. Development and implementation of a management and leadership programme for mental health managers. Development of a strategy document, which aids in the development in capability of HR Advisors who work with Mental Health Services. Assist development of a Nursing Framework for Mental Health.

3. National Training and Development : Develop a national training and development plan and identify and implement projects and the delivery of training and development in line with the plan. This would include projects such as Assessment and Outcomes training, Recovery training, cultural best practice programmes - and looking at the best possible training methodology to undertake this.

4. Research and Evaluation: Develop and implement research and evaluation methods for the programme - looking at current and new initiatives using assessment and evaluation methods established through the Health Research Council of New Zealand, especially modified for the programme. Develop an information-clearing house to ensure data collated through the programme is of most benefit to the sector via newsletters, conferences, regional forums and a web site.

5. Infrastructural Development: This has been part of the establishment of the Committee structure through the Health Research Council to ensure involvement from the Mental Health Sector in supporting the programme and its initiatives. The aim of this paper is to give an overview of the programme, discuss the content of the programme and present how this could benefit services nationally by having a coordinated approach.

Session: S61 Consumer Evaluation of MHS

4/09/2003 From: 1530 To: 1700 Venue: Sutherland Theatre

Symposium 1.5 Hrs: Consumer Evaluation of Mental Health Services: the experiences of consumers as researchers

John Strang Turner T Sperling J Foster D Malins G Oades L Viney L Huntriss D Williamson D Dowson T Aspden S Morland K

Included in this symposium are three presentations, all providing personal experiential accounts of consumer researchers who are employed on the Consumer Evaluation of Mental Health Services (CEO-MHS) project. The accounts will include reflections on the concepts of collaboration, empowerment and skill development in relation to the project. A brief overview of the project will also be presented. Symposium Plan: Presentation 1: A consumer perspective on collaboration during the CEO-MHS project. (20min); Questions and discussion (up to 10 min). Presentation 2: Experiences of mental health consumers as researchers conducting interviews with other mental health consumers. (20min); Questions and discussion (up to

10min). Presentation 3: Personal empowerment and involvement in the CEO-MHS project: reflections of consumer researchers (20min); Questions and discussion (up to 10 min).

Abstract 1: Title: A consumer perspective on collaboration during the CEO-MHS project. Authors: Strang, J., Turner, T., Sperling, J., Foster, D., Malins, G., Oades, L., & Viney, L. Presenters: Turner, T. & Sperling, J. Consumers in the role of researchers working as a team with academics and university staff, mental health workers and other consumers is a relatively new endeavour. This paper examines one such example. Collaboration can be defined as an association in literary, artistic or scientific labour and this analysis of the project examines many of those associations. The associations or relationships identified include employer to employee; teacher to student; companion to companion; counsellor to client; and (consumer) researcher to consumer. The power imbalances inherent in some of these relationships are identified and examined in detail and the influence on the achievement of the project's goals is investigated. The characteristics of authority figures, respect for each other, equal partners and having an equal say are looked at in a unique way. All of these relationships interacted with each other as the project went from information sessions, to training, to running focus groups, to analysis, to more training, to doing interviews, to analysis of transcripts, to writing skills workshops, and to analysis of evaluation models. The interactions of persons involved in the project are examined as we moved through each of these stages. Learning Objectives: 1. Participants will gain an insight into the collaborative aspects of the CEO-MHS project through the eyes of consumer researchers. 2. Consumers being employed as researchers is a relatively new aspect of consumer participation and this presentation shows consumers working successfully in this role.

Abstract 2: Title: Experiences of mental health consumers as researchers conducting interviews with other mental health consumers. Authors: Huntriss, D. & Williamson, D. Presenters: Huntriss, D., & Williamson, D. The aim of this presentation is to describe personal experiences of consumer researchers, interviewing other mental health consumers of public mental health services, as part of a team of consumer researchers employed in a consumer research project, - the 'Consumer Evaluation Of Mental Health Services' (CEO-MHS). These consumer interviews were recorded on cassette tape to gather experiences of consumers of public mental health services, (which included the Illawarra, Shoalhaven, Sydney Metropolitan and Mid-Western regions of New South Wales) for research purposes, in collaboration with a group of established researchers from the University of Wollongong. This paper will reflect on differing experiences of the process of conducting these interviews, as consumer researchers interviewing of other mental health consumers. Learning Objectives: 1. Participants will learn how interviewing peers has enhanced personal skills through practice. 2. Participants will explore how consumers interviewing consumers is likely to be one important way of improving the validity of mental health research.

Abstract 3: Title: Personal empowerment and involvement in the CEO-MHS project: reflections of consumer researchers. Authors: Dowson, T., Aspden, S. & Morland, K. Presenters: Dowson, T & Aspden, S. At a group level the CEO-MHS project has sought to empower persons with a serious mental illness, by giving them a voice in terms of what questions about services are asked. At an individual level, an equally important intention has been to personally empower the consumer researchers associated with the project through their participation in paid employment, skill development and the social and professional networks offered. These experiences however, may not always be positive. For instance participation may involve increased exposure to different fears, differing opinions and viewpoints and stigma. This paper aims to explore the personal impact of the project on consumer researchers through presenting their reflections on aspects of self-esteem, power/powerlessness, optimism/control over life and the effect of stigma in relation to the project. These aspects represent several of the underlying dimensions of the concept of personal empowerment as developed by consumer researchers in a previous study (Rogers et al 1997). Two consumer researchers give their accounts of their involvement in the project, and elaborate on its personal impact in relation to the aforementioned aspects of empowerment. Learning Objectives: 1. To provide insight into the actual experiences of consumer researchers in relation to empowerment and their involvement in the CEO-MHS

project. 2.To identify the useful and not so useful experiences for consumer researchers with the aim of developing strategies to maximise personal empowerment on future projects.

Session: S62 Brief Papers

4/09/2003 From: 1530 To: 1700 Venue: Derwent Gallery

Brief Papers 10 minutes: They don't have Family or a Carer?

Anna Love

Staff in an acute adult inpatient unit based in an inner city area with high rates of homelessness and social disadvantage wanted to have more contact with both family and carers of the patients who are admitted to the unit. The general assumption held by many clinicians was that very few patients admitted to St Vincent's Mental Health Service Inpatient Unit, would have an identified family member or carer. In addition there was an assumption that for those patients who did have carers that the majority would not want involvement of their carers in their treatment. A group of staff in the inpatient unit along with the Carer Consultant, employed by the service, decided to challenge these assumptions. We decided to put a process in place where we would speak with each patient admitted and ask them to identify their carers and ask if they were agreeable for the service to make contact with the carer/s. The service then contacted the identified family or carers within the first 24hrs of admission by phone or within 48hrs by letter. This project identified more patients had carers than was expected and that the majority were willing to have the service contact their identified carers. A distinction was made between giving general information to carers and giving clinical information. This was challenging at times for the staff involved in the process but it was important to make this distinction to enable patient agreement. Often after initial contact was made with carers regarding the general information patients were willing to have carers involved in clinical aspects. The feedback and data collected from the pilot proved so successful that it is now part of our routine practice in the inpatient unit and the feedback has been positive from both patients and carers. Concluding statement: Assumptions can too readily be made by clinicians regarding contact with a patient's family or carer/s. This pilot dispelled many assumptions commonly made by mental health professionals and highlighted the positives, including re-uniting family members and supporting carers to be involved with the care of someone with a mental illness. Learning Objectives: 1.The audience will find out the practical steps taken to enable routine involvement of carers in an inpatient service and some of the difficulties encountered and how they were resolved. 2. Involvement of carers and family in the management of patients within mental health services is high on the agenda of all Mental Health services and of carer lobby groups. Staff in this project worked closely with the service's Carer Consultant in the establishment of this process. She assisted in discussing and resolving issues that arose, showing that Carers and clinicians can work collaboratively together for the benefit of all. References: Hodgson O, King R & Leggatt M (2002) Carers of mentally ill people in Queensland: Their perceived relationships with professional mental health service providers: Report on a survey. Australian e-journal for the Advancement of Mental Health Vol 1 issue 3; Furlong M & Leggatt M (1996) Reconciling patients rights and responsibility with the family's need to know. Australian and New Zealand journal of psychiatry 30 pp614-622.

Session: S62 Brief Papers

4/09/2003 From: 1530 To: 1700 Venue: Derwent Gallery

Brief Papers 10 minutes: Enhanced Consumer and Carer Participation

Michael Burge

The aim of this paper is to outline the project that enhanced Consumer and Carer Participation (CCP) within the Toowoomba District Mental Health Service (TDMHS). CCP is important to ensure compliance with the National Standards for Mental Health Services, the Second National Mental Health Plan and the 10 Year Mental Health Strategy for Queensland. The first stage of the project required the TDMHS Consumer Consultant (CC) to conduct extensive consultation with staff, consumers, carers, and external organisations. This was followed up by the submission of a CCP Business Plan outlining the project, problems being

addressed, objectives, resources, benefits, risks/barriers, strategies/activities, proposed outcomes and people involved (reference group). The reference group was established and met every six weeks in order to brainstorm, identify, implement and provide feedback between the representative groups re strategies/activities that would improve CCP. These strategies were identified and prioritised. In order to gauge the level of CCP within the TDMHS it was necessary to establish a baseline of CCP activity. After brainstorming with the reference group a Baseline Action Plan (BAP) was created detailing how CCP would be measured. The CC, consumer representative and a staff member conducted an audit utilising the BAP. The strategies agreed upon by the reference group were implemented. The implementation of these strategies both inspired and encouraged the development of further processes that facilitated participation of consumers and carers. Learning Objectives: 1. Audience will learn about the strategies implemented and have the opportunity to discuss the benefits, risks, barriers and critical success factors. 2. Conference participants will hear about how important the role of Consumer Consultant is re voicing of consumer views and encouraging participation at every level in the organisation.

Session: S62 Brief Papers

4/09/2003 From: 1530 To: 1700 Venue: Derwent Gallery

Brief Papers 10 minutes: Forming a Partnership to Provide a Collaborative Approach for People Living in Community Hostels.

Catherine Harper Ruth Hayward Kathy Caveny

Prahran Mission is an Uniting Church Community Services agency that provides a range of rehabilitation and support services to over 2000 consumers with mental illness annually. Mental Health Auxiliaries of Victoria (MHAV) is an organization with a long-standing history of providing accommodation for people who are semi-independent and are living with a mental illness. This presentation delivered by a member of the outreach team from Prahran Mission and a Board member of MHAV will demonstrate how the partnership between the organizations was formed in 2002, details of the process, how hurdles were overcome and outcomes for consumers. It will show how the vision of the Board of Directors of MHAV was turned into a reality with outreach staff at Prahran Mission and the results of this partnership. Learning Objectives: 1. An insight into the ways in which two organizations providing different services can form a partnership and collaborate when they share a mutual goal of providing best outcomes for residents. More importantly it will provide an overview of this approach and an example of how to form a successful partnership. 2. A successful union between different services with the same consumer base is fundamental to good practice. The successful partnership of services provides consumers of mental health services with greater access to the wider community and mainstream activities as well as assisting people individually to regain control and direction in their lives. References: Memorandum of Understanding between Prahran Mission and Mental Health Auxiliaries of Victoria. May 2002; Anthony, W. Cohen, M. Farkas, M & Cagne, C. 2002, Psychiatric Rehabilitation, 2nd ed.' Centre for Psychiatric Rehabilitation, Boston.

Session: S62 Brief Papers

4/09/2003 From: 1530 To: 1700 Venue: Derwent Gallery

Brief Papers 10 minutes: Your true potential but from who's perspective.

Vicki Mills Craig Hutchison

As a mental health consumer or as a family member how many times have you been told this is what you need to be able to reach your true potential in life. The intention of this presentation is to provide an insight into of a proven tool that allows mental health service consumers to identify their needs from their perspective. Significant others such as family/whanau are involved at the consumer's request and as such often become consumers in regard to the outcome. This presentation will be delivered not only from a provider perspective but also from that of a family member. Details of a number of case studies will be used to allow a true insight as to the process for both the consumer and family/whanau members when identifying needs and the various options that meet these. Learning objectives:

1. An awareness that consumers are individuals and once the stigma of being a mental health consumer is removed are able to reach their true potential. 2. This topic is relevant to mental Health services because it actually raises issues within the Mental Health arena. The issues are that there has to be a better way of meeting the needs of individuals who are consumers of our Mental Health system. The consumer is often not a single person but rather part of their family/whanau or extended family/whanau. The topic has identified the appropriateness of having a community based system that will allow for empowerment of the individual thus giving them the service they need to best meet their individual needs.

Session: S62 Brief Papers

4/09/2003 From: 1530 To: 1700 Venue: Derwent Gallery

Brief Papers 10 minutes: Consumer Perspective of 'The Station'

Phillip Williams

In this abstract I will be concerned with a case study in regard to mental illness and a consumer perspective of 'The Station', a self help agency assisting consumers with mental health issues. My first encounter with mental illness was ten (10) years ago in suffering from depression. The illness lasting six (6) months was very debilitating. As a qualified Social Worker I did not know why and still don't know how I fell ill. A couple of years later I experienced the opposite die of the coin in terms of mania. This was a powerful and deeply enjoyable episode that unfortunately only lasted two (2) months. By now diagnosed with M.D.P. I was able to return to work with the Department of Social Security. Currently I again been in this situation for three years. My doctor and I are optimistic that I will recover such tat I can return to employment. The second part of this abstract is about 'The Station' at Wallaroo, approximately one and a half hours north of Adelaide. It targets consumers in the main towns of Ardrossan, Kadina, Moonta and Wallaroo. It has been operating for five (5) years this year. 'The Station' caters for 25 consumers each Tuesday and Thursday. Founded by Mental Health Nurse Sue Dassira, and Peta O'Reilly, 'The Station' is located in the former Police Station and is driven by consumers. It is incorporated and has a management committee of half consumers and half with an interest in mental health, of which I am a committee member. 'The Station' provides meals at \$2.50 for its clientele. Hospitality and friendship characterise the agency. Different programmes are available, such as crafts, painting, Tai Chi and creative writing. 'The Station' can offer other locations a wonderful model for education, support and direction for those experiencing mental health issues.

Session: S62 Brief Papers

4/09/2003 From: 1530 To: 1700 Venue: Derwent Gallery

Brief Papers 10 minutes: Rehabilitation & Recovery: Where are they? How will I know them when I find them?

Mark McMahon

This paper seeks to identify and articulate a major problem, development of the separate sectors of mental illness and mental health; a result of terminology confusion? First, rehabilitation and recovery are terms seen often in the literature and government documents. Yet how often are they experienced?? Do they match existing acute and long-term care to provide a non-bed continuity of care? National lists of MH conferences, seminars and activities reveal an absence contrary to the rhetoric. In the Constitution of the Mental Health Council of Australia, the words 'rehabilitation, recovery, vocational and employment' do not appear. Secondly, what do the terms 'rehabilitation' and 'recovery' mean? In the NSW Upper House Report 'Mental Health Services in NSW ' the words 'rehabilitation' and 'beds' appear in the same sentence. Expressions like 'clinical rehabilitation', 'secondary services', 'living skills' and 'disability support services' are also used in the same discussion without definition. Yet there has been no public outcry at this lack of precision! Third, 'Psychosocial Rehabilitation' (PSR) appears as a specific goal in the two Australian National MH Plans, yet only Victoria has a policy for it. If governments/ practitioners don't meet to agree definition and characteristics, confusion tends not to be noticed. Four, who delivers these activities?? It used to be a belief amongst MHS's that only clinicians were competent to deliver services for

the mentally ill. Now non-clinical services involving non-clinical staff have grown. Lack of co-ordinating clinical and non-clinical has given rise to the 'revolving door' syndrome of quick repeat business at the psychiatric ward. Learning Objectives: 1. Equip participants to arrive at working definitions of rehabilitation and recovery by focussing on the need for these broad, human value-based services. 2. Develop an awareness of the need for precision and agreement in the terminology used to discuss mental health issues.

Session: S63 Beyond Rehabilitation

4/09/2003 From: 1530 To: 1700 Venue: Fitzroy Gallery

Paper 20 Minutes: Matching Philosophy with Practice in Psychiatric Rehabilitation.

Arthur Papakotsias Peggy Ronnau

The translation of an organisation's philosophy of high quality, consumer focussed and evidence based practice into reality is the challenge that confronts mental health services today. Perhaps indicating a coming of age, there is now more than ever a focus not just on what we do but on how we do it. Neami, a psychiatric rehabilitation and support service has focussed on maximising quality outcomes for consumers by instituting a number of practices that are designed to translate the organisation's philosophy into practice. The articulation of Neami's philosophy is supported by a structure of five ingredients, multitasking, team approach, supervision, reflective practice and 360 degree performance appraisals and complements the routine use of formal needs assessments and outcome measures. We describe the process of the organisational change that led to the implementation of the new practices and the effect on staff and consumers. We discuss and analyse the practices and the resulting outcomes for both staff and consumers including how the practices have impacted on resources, continuity of care and staff burnout. We discuss the importance of support, challenge and reflection on our own practice as mental health professionals and the parallels for our work with consumers on their recovery process. Learning Objectives: 1. Those attending will be able to describe the process by which Neami has made major changes to its organisation and the way those changes impacted on stakeholders. 2. Those attending will be able to see the relevance of matching philosophy to practice as the demands of funding bodies changes to reflect new policies which are laced with evidence based goals and an organisational culture able to change to deliver more relevant and high quality services. References: Percy Di, (1998) 'Work, Uncertainty and Change: Living in Organisations', Health Education Australia Journal Autumn; Raab, Naomi, (1997) 'Becoming an Expert in Not Knowing - Reframing Teacher as Consultant,' in Management Learning, Sage Publications, London, Thousand Oaks, CA and New Delhi, Vol. 28(2) 161-175 (1350-5076: 1997.06); Bain, A. (1994), 'Five Hypotheses and organisational diagnosis', in Meltzer and F.R. Wickert (editors) Humanising Organisational Behavior, Springfield, Illinois.

Session: S63 Beyond Rehabilitation

4/09/2003 From: 1530 To: 1700 Venue: Fitzroy Gallery

Paper 20 Minutes: Empirically based program descriptors for improving psychiatric rehabilitation services in the public mental health services.

Duane Pennebaker

This paper reports on a set of program descriptors that were developed to provide details for each of the 10 programs identified within psychiatric rehabilitation in Western Australia collected during an audit of psychiatric rehabilitation services. The descriptors were meant to be meaningful, comparable and accurate descriptions of current service delivery activities based on clinician derived information. Content analysis of the 103 service activities identified 13 clusters with the most frequent being Personal Skills (16.1%), Employment/Vocational (13.1%), Health promotion (12.1%) and Client Goals (9.5). The service descriptors can provide a useful framework for beginning to articulate what is currently being provided within rehabilitation services. While the broad diversity of the programs was evident in the set of service descriptors, there was little variance between programs in the clusters of activities each provided. Most activities were related to the clusters on personal skills, care planning, health promotion, counselling and assessment. Client goals and family support

clusters reflected less than 5% of the activities reported for programs, while community integration and employment/vocational clusters represent between 5-10% of activities reported. A comparison in the rankings of the clusters across the ten programs, found that the six major rehabilitation programs, Assertive Case Management, Case Management, Intensive rehabilitation, Living Skills, Outpatient Day and Inpatient rehabilitation programs were undifferentiated. The service descriptors require further development in differentiating one from another, in developing further specifications for what is provided, for clearer delineation of the outcomes and strategies for integration of rehabilitation service activities around client needs. Learning Objectives: 1. The audience will acquire an understanding of the challenge to developing clear psychiatric service parameters that not guide providers but speak to consumers as well as policy makers. 2. The audience will acquire an understanding of the importance of developing credible and evidence-based based psychiatric rehabilitation services that not only provide an integrated and outcome focused program for consumers, but take into account consumer goals and preferences.

Session: S63 Beyond Rehabilitation

4/09/2003 From: 1530 To: 1700 Venue: Fitzroy Gallery

Paper 20 Minutes: Shifting Sands: Issues for NGOs working in the Mental Health Sector.

Jenna Beteman Marion Blake

The value of NGOs in the promotion of mental health is increasingly recognised. The ability of NGOs to bring a wide range of agencies, programs and services together to assist individuals with mental health problems to participate in the everyday life of the community is well recognised in the literature. 1 Less well recognised are the difficulties NGOs face in sustaining and developing their services and programs when they have multiple funding sources demanding multiple reporting requirements; must comply with new legislation largely designed without consideration for the impact on NGOs (such as OH&S and Privacy) and without additional resources to implement and train staff. In addition NGOs must negotiate the gap between the central policy makers and the funders whose aims and priorities frequently fail to coincide leaving NGOs out on a limb. Lack of an across government approach to the provision of mental health promotion and prevention and psychiatric disability support means the work of NGOs is fragmented and not well understood and consequently valued and appropriately funded. Learning objectives: 1.To articulate the shared experience of NGOs working in mental health in NZ and Australia particularly in relation to their place as part of the Third Sector and the resultant political and power implications. 2.To inform on some of the current developments designed to tackle some of the big issues confronting the sector such as streamlining of reporting requirements; addressing the need for an across government approach; involving NGOs in planning at the local level and breathing life into policy rhetoric. 3. To explore initiatives in community participation that not only achieve real consultation with the wide range of stakeholders including consumers, carers and NGOs around mental health service delivery but which afford opportunities for a range of service types including consumer run services to develop. References: Barton R. Psychiatric Services 1999 New Zealand Mental Health Commission. New Directions 2000.

Session: S64 Recovery and Hope

4/09/2003 From: 1530 To: 1700 Venue: Murray Gallery

Paper 20 Minutes: The voice of consumer experience.

Monica Cartner

The conference theme 'From rhetoric to reality' begs the questions 'whose rhetoric and whose reality?' This paper is based on the view that the service user's voice is still largely unheard or neglected in mainstream discussions of service improvement. Unless their voice is heard service users individually and collectively will find it difficult to move beyond protest to active participation. Unless practitioners hear service users' voices they will find it difficult to move from rhetoric to commitment in embracing participation and involvement. This writer is very troubled because she has found the trauma experienced by some current service users

in acute wards is comparable to that she experienced in the bad old days of large psychiatric institutions. Vignettes from the writer's experience on acute wards are presented and the audience is invited to reflect on their topical relevance. Learning objectives: 1. The audience will hear vignettes of life in acute wards from the first hand experience of a survivor. They will have an opportunity to view these experiences from a perspective far removed from that of most mental health practitioners. 2. The audience will be asked to reflect on the relevance of hearing the consumer voice and the implications of this for practice and participation.

Session: S64 Recovery and Hope

4/09/2003 From: 1530 To: 1700 Venue: Murray Gallery

Paper 20 Minutes: Genuine Partnerships in Care with Consumers in the Driver's Seat: The Rewards, Opportunities and Challenges of Chronic Disease Self-Management (CDSM) Principles applied to Mental Health Populations.

Sharon Lawn Trevor Parry

The CDSM project (2002-3) was the first to apply a generic, evidence based model of self-management intervention on mental health consumers with physical health conditions, throughout the southern region of Adelaide. The project applied a range of quantifiable assessment and motivational tools, developed by the Flinders University Coordinated Care Training Unit (CCTU), that assisted consumers to identify their self-management needs and goals, and match these with suitable interventions. GPs and mental health professionals were trained in the use of the model to then work individually with consumers. This was complemented by offering consumers peer-led, structured self-management groups based on the Lorig model. Thirty-eight consumers were involved in the trial with the majority participating in GP Enhanced Primary Care (EPC) or allied health care plans. Another first was recruitment and training of peer educators to support consumers with both one-to-one and group interventions. Twenty-one consumers participated in the groups. The findings were highly encouraging with most consumers showing significant improvements across the various tools measuring their self-management capabilities. These positive findings were supported by extensive qualitative evaluation involving consumers, peer educators, mental health professionals and GPs. The findings point to considerable gains for consumers and service providers despite the challenges and complexities associated with introducing a developmental, generic model within the mental health sector. The potential to improve overall quality of life and reduce the incidence and prevalence of concurrent physical health problems for consumers was realised. Learning Objectives: 1. Consumers will learn about the possibilities for greater involvement, partnership and leadership in the management of their mental illness and wellness goals. They will experience a hopeful message that encourages them in overcoming the negative aspects of their illness. Mental health workers and other service providers will be motivated to take up a more primary health approach that challenges and enhances existing clinical practice culture and is more consumer oriented. The project tools will be demonstrated as an effective, easily applied means of enhancing consumer/worker interactions. 2. This topic is an example of how mental health services could reorient the ways they work with consumers, clinically and politically as part of service reform. The effective incorporation of peer educators into the practice culture and meaningful partnerships with GPs is part of this notion. Recognition and action to address the high incidence of co-morbid physical health problems for many people with mental illness is also acknowledged here, with a demonstration project that effectively targets this problem.

Session: S64 Recovery and Hope

4/09/2003 From: 1530 To: 1700 Venue: Murray Gallery

Paper 20 Minutes: Hope Unpacked.

Linda Duffell

It has been eloquently stated that the major goal of recovery from mental illness is that of 'meeting the challenge of disability, renewing a valued sense of integrity and purpose; and aspiring to live, work, and love within a community in which one makes a significant contribution'. Within mental health services, hope is increasingly considered as perhaps the

most important prerequisite of the recovery journey. It is generally accepted that 'hopefulness' supports the complex recovery process and this remains true across cultures. But what exactly is hope and how can we as service providers' impact upon it? How does hope work, and how might we nurture its fragile beginnings? This paper will explore what is currently known about the psychological, neurological and immunological correlates of hope and how they relate to mental illness. It can assist us to make sense of the notion of hope in recovery. This paper aims to demystify the notion of hope, whilst also providing practical examples of 'hope work' , including an evidence-based mental health intervention. Finally the presenter will discuss her work in the field and share research results. Learning Objectives: 1. Participants will comprehend the physical and psychological impact of hope and hopelessness. 2. Participants will understand the concept of hope, its theoretical background , relevant research, and practical application in mental health.

Session: S65 Ingredients for Recovery

4/09/2003 From: 1530 To: 1700 Venue: Swan Gallery

Paper 20 Minutes: Housing - a missing ingredient in recovery, evidence based but what now? A case study in research and policy evolution.

Phyl Halpin Kate Paterson

This paper will outline the Victorian experience in providing a housing and support program from its formal inception in 1992 , through its various transformations to what we mean by housing and support today. This is a journey through foundations of a well designed but small program, based on sound principles and evidence that it has an important role to play in recovery from mental illness. It also explores the operational challenges of a cross sectorial partnership to stay alive. In an attempt to keep this program on the policy agenda the dynamics involved in nurturing and sustaining a harmonious cross sector partnership between mental health and housing will be described. The other issue in keeping the program alive has been the ever constant question of 'where's the evidence?' The paper will describe local qualitative research conducted through the housing sector which lends further support to the view that housing with support is a key ingredient in relapse prevention and recovery from mental illness. It will also look at the emerging evidence of the cost effectiveness of this approach. Learning objectives: 1. To understand how housing and support programs work. 2. Access to housing and support remains a significant issue for many people with a mental illness and lack of access create demands on the rest of the mental health services sector. The paper will assist in understanding how to maximise existing housing programs and provide direction as to policy and program development in this area.

Session: S65 Ingredients for Recovery

4/09/2003 From: 1530 To: 1700 Venue: Swan Gallery

Paper 20 Minutes: Beyond Clinical Care - Meeting the Human Needs of People Living with a Mental Illness.

Kelly Thompson Jonathan Millar

Over the last decade or two much has been written on providing people with holistic healing environments where medical treatments go hand in hand with therapy, training and the creation of caring and supportive environments. In practice, despite many positive changes, the delivery of mental health services is still fundamentally driven by medical models of care. Since deinstitutionalisation, meeting the human needs of people living with mental illness has been problematic. In the ACT many people live between the clinically based Psychiatric Services Unit (PSU) and a range of community based accommodation and support services. At the PSU the provision of services to support basic human needs appears to be secondary to medically stabilising patients in order to return them to the community. But is the community ready and able to meet the basic human needs that are universally recognised as fundamentals for sustaining our mental health - needs such as safety and respect, friendship, food and shelter, work and adequate financial resources? While anti-stigma campaigns may have had some positive impacts on the integration of mentally ill people into the mainstream community, people living with mental illness continue to be marginalised - facing such issues as social isolation, inadequate accommodation and financial hardship. As a result their mental

health may be seriously compromised. In November 2001, The Rainbow, a consumer facility based in Canberra, opened its doors for the first time. The Rainbow offers mental health consumers a range of self-directed activity options, some directed activities, cheap food, and referral services in a safe and respectful and homely environment. This paper will examine the Rainbow's successes and challenges and look at how its alternative model of care for people living with mental illness can be incorporated within other models such as psychiatric services units. Learning Objectives: 1. Participants will learn about the impacts of The Rainbow's unique environment on consumer well being, its management structure and the challenges that lie ahead in seeking to more fully meet the human needs of people living with a mental illness. 2. Participants will learn about how some aspects of The Rainbow's model of care may be incorporated into clinical care facilities to create more respectful and safer environments, in order to move beyond the medical stabilisation approach towards a more holistic treatment model. References: Dr K. Mikhailovich, The Rainbow Evaluation Report, University of Canberra, 2003; Promotion, Prevention and Early Intervention for Mental Health, A Monograph, Commonwealth of Australia, 2000.; Second National Mental Health Plan, Commonwealth of Australia, 1998. Management of Adults with Severe Behavioural Disturbance, NSW Department of Health, 2001.

Session: S65 Ingredients for Recovery

4/09/2003 From: 1530 To: 1700 Venue: Swan Gallery

Paper 20 Minutes: Homelessness & Mental Illness

Rachael McGuin Vince Champion

This paper will outline two concurrent mental health projects, delivered by the Top End Association for Mental Health (TEAM Health) in the Northern Territory. The projects are aimed at developing effective strategies for homeless people who have a mental illness, to access and maintain secure housing. Studies, both overseas and in Australia indicate that mental illness is a strong predictor of homelessness (Sussex E., Moore R., & Link B, 1993). In Australia, the evidence suggests that rates of mental illness among the homeless may be as high as 70% (Herrman, 1990; Sussex et al., 1993). The Northern Territory has consistently higher rates of homelessness than other states in Australia. (National Homelessness Strategy, 2001). In response to these issues, the NT projects have applied an Action Research methodology to involve stakeholders from the housing and mental health sectors, to improve support for this population. The paper will highlight the role of the mental health service (both Community and Inpatient teams), in supporting a person into appropriate housing, and the development of collaboration between the mental health and accommodation sectors. A case study approach will be utilised to highlight the barriers faced by this population, and to provide an overview of innovative project strategies that have been developed to prevent homelessness and improve client support. Learning objectives: 1. Insight into the barriers people with mental illness face, in obtaining secure and stable accommodation. An understanding of the barriers and issues for workers in the mental health and supported accommodation sectors, in supporting clients with mental health issues. Information regarding 'best practice' strategies, within the mental health and accommodation sectors, used to prevent homelessness, and improve support amongst this population. 2. The focus of the projects is congruent with the National Mental Health Strategy, which encourages mental health services to collaborate effectively with key stakeholder agencies in the community. This presentation will provide an overview of practical strategies for developing effective collaboration. The presentation highlights issues faced by workers within mental health services, in being able to effectively support clients who are homeless. It provides a range of strategies for services to consider in developing more effective support for clients.

References: Herrman, H (1990). A survey of homeless mentally ill people in Melbourne, Australia. *Hospital and Community Psychiatry* 41(12): 1291-1292.; Sussex E., Moore R., & Link B (1993). Risk factors for homelessness. *American Journal of Epidemiology* 15 (2): 546-556; Working Towards a National Homelessness Strategy (2001). Commonwealth Advisory Committee on Homelessness - Consultation Paper. Australian Government Publishing Service. Canberra.

**Abstracts for conference
presentations on
Friday 5th September 2003**

Session: S76 Keynote - Phil Barker**5/09/2003 From: 900 To: 1000 Venue: Royal Theatre****Keynote Speech: A Bridge over Troubled Waters: The Tidal of Recovery and Reclamation.****Phil Barker**

The experience of mental distress, and the appreciation of what recovery might mean for people, is unique. Mental health professionals, however, often feel duty bound to translate the richness of people's stories, into the anodyne language of mental health-speak. Most models of mental health practice appear to prevent professionals from getting close enough to people to gain insight into the complex meanings of their human distress. Little wonder that they are often seen to be lacking in sensitivity and understanding - qualities, which depend on emotional connections that bridge the professional-consumer divide. The Tidal Model is a person-centred approach to mental health recovery, which seeks to reveal the person's latent potential for finding personally meaningful solutions to emotional distress and its associated life problems. The role of the professional, and other interested parties is to enable people to explore their experiences, and the myriad ways of undertaking the journey of recovery. Currently the subject of a range of evaluative project in Europe, Japan, Canada and New Zealand, the Tidal Model seeks to return compassionate caring to the forefront of mental health care. Although research-based, the Tidal Model acknowledges the central role of creativity, especially in developing genuinely collaborative relationships between people in distress and those who seek to help them begin the recovery journey.

Session: S77 Mood Disorders**5/09/2003 From: 1030 To: 1230 Venue: Royal Theatre****Invited Symposium: Mood Disorders - What works?****Gordon Parker Kathleen Griffiths Helen Christensen A.F Jorm**

Paper 1: Gordon Parker will speak on "A Critique of Assessment and Treatment of Mood Disorders". There are a number of misconceptions about 'depression' and its management. Firstly, it is generally referred to as an 'it' rather than conceding multiple types. Secondly, 'it' is 'lumped' into severity-based groups such as 'major' or 'minor' depression, despite severity being an unhelpful model - as it says nothing about cause. Thirdly, when treatments are tested for such groupings, their advantage over placebo in control trials is slight at best. The last finding means that all therapists can claim that their treatment is effective while the minimal advantage over placebo encourages many critics to argue that many treatments act as placebos. Our Institute argues that there are important separate sub-types of depression, with each having quite differing gradients of response to differing treatments, and that treatments should address the primary cause. Currently, people with more 'biological' expressions of depression risk being under-treated while those with less 'biological' depressive conditions are often receiving too many medications. Learning objectives You will learn that the largest data base in Psychiatry (testing antidepressant medication) is relatively meaningless, and certainly unhelpful to the individual person with depression. You will learn the importance of recognising that there are differing types of depression and that each can respond quite differently to differing treatments. References: Parker, G. (2002) Dealing with Depression: A Commonsense Guide to Mood Disorders. Allen & Unwin, Sydney. Black Dog Website (blackdoginstitute.org.au). Paper 2: Kathleen Griffiths will speak on "The Effectiveness of Internet Interventions for Depression, a Large Randomised Controlled Trial of Blue Pages and MoodGYM". The internet has great potential for the large scale delivery of information and cognitive behavioural skills training to individuals in the community. But is it effective? This paper describes the results of a large randomised controlled trial of the efficacy of two internet interventions for depression. A total of 525 participants with elevated levels of depressive symptoms were recruited by survey and randomly allocated to receive a psychoeducational website (BluePages Depression Information), a cognitive behavioural therapy website (MoodGYM) or a credible control condition (weekly telephone calls & questions). Relative to the control group, both BluePages and MoodGYM resulted in a significant decrease in depressive symptoms. BluePages also improved participant depression

literacy (knowledge of effective evidence-based treatments for depression). MoodGYM resulted in improved knowledge of cognitive behaviour therapy and decreased dysfunctional thinking. The findings suggest that the internet offers a practical and powerful means of delivering effective public health interventions for depression. Learning objectives: To learn that: 1. the internet has great potential as a means of delivering information and skills training to people with depressive symptoms in the community 2. MoodGYM and BluePages Depression Information websites have been demonstrated effective in reducing symptoms of depression and anxiety, at least in the short term. References: 1. <http://moodgym.anu.edu.au> 2. <http://bluepages.anu.edu.au> .

Session: S78 For Young People

5/09/2003 From: 1030 To: 1230 Venue: Ballroom

Paper 20 Minutes: Seeing Through the Mist: An intervention for young people with dual disorders.

Gillian Holt Gabriella Holmes

Over the past few years there has been increased discussion about the need for effective treatment programs for young people with dual disorders (mental illness and substance use). This paper will provide a brief overview of Triple Care Farm, a non-government organisation in rural NSW operated by Mission Australia, and the model for service delivery to a population of young people, for whom there are few treatment options. The residential treatment program combines psychotherapeutic treatments and rehabilitation, including accredited vocational training. Mental health treatment is provided in partnership with local medical practitioners. This innovative program has successfully provided interventions to young people from throughout NSW and from other states for many years. Our client group are young people with major depression, schizophrenia and other psychotic disorders and post-traumatic stress disorders, all with significant associated substance use, and often with criminal offending issues as well. We will discuss the approach to engaging young people in the program, ways of working with the client's family, and the transition from the farm back to the client's community. A report on the current outcome research and preliminary findings to date will also be provided. Presentation Aim: Describe a treatment model for young people with dual disorders. Describe the research project that is being undertaken at Triple Care Farm to measure the effectiveness of the program. Learning Objectives: 1. Participants will gain an understanding of a model for treatment for young people with dual disorders and in particular, explore issues including engagement in treatment, working with families and transitions from the program. 2. Young people with mental disorders and substance use issues are a particularly difficult group to engage in treatment. This topic will look at approaches to treatment, particularly for those young people who have not successfully accessed treatment within their own community.

Session: S78 For Young People

5/09/2003 From: 1030 To: 1230 Venue: Ballroom

Paper 20 Minutes: Sex and the Young Mental Health Client.

Heather Shield Helmut Obmann Greg Fairbrother

The onset of mental illness is often in adolescence, meaning that there has been limited opportunity to acquire the social skills required to form relationships, navigate complex social transactions, including sexual intimacy; and the knowledge to negotiate safe sex practices and care for sexual health. Australian and international literature identifies the high risk behaviours and practices of mental health clients, and the reluctance of mental health professionals to address these issues. Therefore a need was identified to develop suitable programmes to address the particular learning needs of people with a mental illness, especially in the area of social skilling eg. sexual assertiveness, negotiation and engagement in safe sex behaviours and navigation of risky situations. Particularly in light of the significant increase in the incidence of sexually transmissible infections within South East Sydney Area Health service in the 15-29 age group (Sexual Health Strategy, 2001). This presentation will describe the experience of setting up a sexual health and harm minimisation

education programme for young people who have experienced a mental illness. We will also present the pre educational results of a longitudinal study examining the efficacy of such an education programme on the sexual health/harm minimisation knowledge base and risk taking behaviours of this client group . Preliminary results of the baseline survey (n=45) suggest both low knowledge, despite 82% of respondents identifying as knowledge confident, and an inverse relationship between knowledge and risk related behaviours. Learning Objectives: 1. That young mental health clients demonstrate high risk behaviours for HIV, Sexually Transmissible Infections and Hepatitis, compounded by their unsubstantiated knowledge confidence. Therefore educational programmes addressing these issues are warranted, allowing this group to make informed decisions about their sexual and reproductive health. 2. It is timely that mental health services address the sexual health and harm minimisation needs of their clients, in this era of HIV and escalating numbers of sexually transmitted infections and Hepatitis; and develop effective strategies to avoid the complex management issues of mental illness and eg HIV infection for both client and staff. References: Ramrakha S et al (2000) Psychiatric disorders and risky sexual behaviour in young adulthood: cross sectional study in birth cohort *BMJ* 321(7256): 263-66; Woolf L (1996) Coffee and condoms: the implementation of a sexual health programme in acute psychiatry in an inner city area *J Advanced Nursing* 23(2)299-304.

Session: S78 For Young People
5/09/2003 From: 1030 To: 1230 Venue: Ballroom
Paper 20 Minutes: Reality Check.

Jacqueline Joyce

In February 2003, Mental Illness Education ACT (MIEACT) launched the first ACT Youth Mental Health Web Site, 'Reality Check'. Taking over a year to complete 'Reality Check' was originally funded as a community capacity project. Contributors to the site include: Mental Health Consumers; Carers of people with a mental health issue; Parents and their children; Young people from a broad range of social backgrounds; MIEACT Staff and volunteers (with consumer and carer backgrounds). The end result of the blending of ideas, needs and recommendations from all the projects participants resulted in the unique site that Reality Check is today. The site includes alternate ways for young people to get help, facts, and direct advice from consumers about tips for living with a mental illness and unique personal stories. After evaluation of the project it became obvious to MIEACT that community opinions toward mental health seemed to be changing. The early work and challenges from early grass-root consumerism seemed, on both launch day and during development, to have made a real difference to community attitudes toward mental health. The paper covers the processes involved with making www.realitycheck.net.au and will literally cover its development from 'Rhetoric to Reality-Check'.

Session: S78 For Young People
5/09/2003 From: 1030 To: 1230 Venue: Ballroom
Paper 20 Minutes: WA Aboriginal Suicide Prevention Steering Committee, MCSP
"Building Healthy Lives: Partnerships to promote Aboriginal child and youth resilience
Adele Cox

This presentation aims to inform delegates on recommendations from the WA Aboriginal Suicide Prevention Steering Committee for across-government and inter-sectoral action to reduce the 'up stream' causes of suicide and other psychosocial problems affecting Aboriginal communities. BACKGROUND: The WA Aboriginal Suicide Prevention Steering Committee (ASPSC) was established in 1999 as a key recommendation from the Ministerial Council for Suicide Prevention' report "Across Government Policy and Programs for Preventing Suicide and Suicidal Behaviour Among Aboriginal Youth in WA" which was endorsed by State Cabinet as the State Policy Plan on suicide prevention for Aboriginal communities. The ASPSC's primary role was to implement the recommendations as part of the plan and ensure each of the relevant government and key non-government agencies had uptake of these recommendations. OVERVIEW: The presentation will cover the following: · Youth suicide and

self-harm in Aboriginal communities, WA; ·Solutions from the 'ground - up'; ·Developments in WA government, non-government and at the community level; and ·Building collaborative partnerships for prevention of suicide and other psychosocial problems.

Session: S79 Clinical Information & Measurement

5/09/2003 From: 1030 To: 1230 Venue: Bradman Theatre

Paper 20 Minutes: Preliminary work towards the development of a self-assessed measure of consumer outcome for New Zealand.

Sarah Gordon

At the beginning of 2002 the New Zealand Mental Health Research and Development Strategy extended its brief of outcome research projects to include preliminary work towards the development of a self-assessed measure of consumer outcome for New Zealand. A consumer organisation known as CASE (consumers as advisors, supervisors and educators) was contracted for this project. The lead researcher, Sarah Gordon, has the dual attributes of experience of mental illness and research expertise. She lead a research team of five people with a variety of skills and experience, which was assisted by a monitoring, advisory and communications consumer reference group, comprising eleven people with experience of mental illness. Rigorous processes were developed to ensure the project's responsiveness to Maori and Pacific Island persons. The three primary objectives of this project were: 1. To conduct a comprehensive review of existing self-assessed measures of consumer outcome and other elements relevant to the development of a self-assessed measure of consumer outcome; 2. To consult with consumers on self-assessed measures of consumer outcome and other elements of relevance; 3. To develop recommendations as to the most effective process for developing a self-assessed measure of consumer outcome for nation-wide use in New Zealand. This presentation will provide a summary of the overall methodology and key outcomes of the research. Preliminary results indicate that the common concepts and traditional understandings, within the field of mental health outcome measurement, have severe deficiencies when a project is equally committed to being consumer focused, culturally responsive and research sound.

Session: S79 Clinical Information & Measurement

5/09/2003 From: 1030 To: 1230 Venue: Bradman Theatre

Paper 20 Minutes: Findings of the National Review of Consumer Self-Rating Outcome Measures.

Lorna Payne

In mid-2002 the Victorian Department of Human Services appointed Siggins Miller Consultants to gauge how consumers of mental health services can participate in recently introduced outcome measurement processes by rating their own mental health. This nationwide review examined issues ranging from the suitability of currently available outcome measures to the utility and appropriateness of outcome measurement processes. A nationwide consultation process was held in October and November 2002. The consultation process involved focus groups with individual consumers and carers and consumer advocacy groups throughout Australia as well as consultation with a number of clinicians, service providers and academics. In the final phase of the project, the Consultants will evaluate measures that are currently in use or being considered by States and Territories. The Consultants' final Report will contain recommendations to the Commonwealth and is eagerly awaited by all jurisdictions as it may help foster a national approach in this important area. This presentation will focus on the findings and recommendations contained in the Consultants' Final Report. While this project was coordinated by Victoria, the funding was provided by the Commonwealth Government under the Information Development Plan, which supports a number of projects relating to the introduction of clinical outcome measurement and the development of service demand and quality indicators. Learning Objectives: 1. Participants will gain an overview of recent national developments in the area of outcome measurement and consumer self-rating in particular. 2. A better understanding of

policy developments and evolving practices in the area of self-rating of health status is of direct relevance to consumers of mental health services.

Session: S79 Clinical Information & Measurement

5/09/2003 From: 1030 To: 1230 Venue: Bradman Theatre

Paper 20 Minutes: Historical Development of Clinical Information Systems and Associated Quality Management Processes at a Victorian Mental Health Service.

John Reilly Rosemary Dowling

Links between quality improvement, evidence based practice and accountability for adherence have been described as central to the provision of mental health services. One of the many uses of clinical documentation is that of monitoring adherence to practice standards. We review the history of documentation at Peninsula Health Psychiatric Service (PHPS), tracing its development from Victorian Department of Mental Hygiene forms from the 1950s. We examine the impact on documentation of changes to service delivery principles and frameworks and the challenge of ensuring that paper based documentation connects to electronic information systems and that both facilitate clinical practice. We describe our quality management processes relating to documentation suites, including presentation of serial clinical file audit results. Although services are shifting focus to outcome measurement, we believe that clinical documentation remains a key complementary process in mental health service delivery. Learning objectives: 1. To learn about the historical basis for psychiatric service documentation including processes associated with their improvement in a Victorian area mental health service to enhance practice through future development of clinical information systems. 2. To learn about some of the challenges in implementing evidence based practice in area mental health services through clinical documentation quality improvement processes. References: Reiser Stanley J. The Clinical Record in Medicine, Part 2: Reforming Content and Purpose. Annals of Internal Medicine, 1991, 114, 980-985. Callaly T, Hollis G, Hantz P and Faulkner P. The imperative of the redevelopment of patient record systems for use in mental health services. Australasian Psychiatry, 1997, 5, 279-280.

Session: S80 Better Inpatient Services

5/09/2003 From: 1030 To: 1230 Venue: Menzies Theatre

Paper 20 Minutes: Stakeholder Involvement in Discharge Planning in an Acute Inpatient Mental Health Service - Rhetoric and Reality.

Vicki Biro Frank Deane Patrick Crookes

Discharge planning has been identified as an important component in the provision of continuity of care for people with mental illness (National Mental Health Standards, 1996; NSW Health, 1998). This paper will present findings from a study into perceptions of the discharge planning process by Mental Health Professionals in an acute Inpatient MHS in regional NSW. The aims of the study were to identify and compare mental health professionals' actual and ideal perception of their own and other stakeholders' involvement in the discharge process. For the purposes of the study, stakeholders involved in discharge planning included medical, nursing and allied health personnel, community mental health case managers, consumers, carers, general practitioners, drug and alcohol services and clerical personnel. Forty-five Mental Health Professionals participated in the survey. The study found a discrepancy between actual and ideal involvement in discharge planning and identified significant gaps in the provision of seamless mental health care between hospital and community services. This paper presents the results of the study and makes recommendations about measures to promote increased involvement of stakeholders in discharge planning to facilitate continuity of care for people with mental illness in the post-discharge period. Learning Objectives: 1. Participants will gain an understanding of issues relevant to stakeholder involvement in discharge planning in acute inpatient mental health services. 2. Participants will be provided with some potential strategies that may be used to improve stakeholder involvement in discharge planning.

Session: S80 Better Inpatient Services**5/09/2003 From: 1030 To: 1230 Venue: Menzies Theatre****Paper 20 Minutes: Historical Survey of Nurses perceptions on Aggression.****Wayne Rigby Lesley Burrows**

Patient aggression and violence is not a new phenomenon. The care and management of aggressive patients is seen as a common daily activity for nurses working in acute adult in-patients units. Past research has certainly recognised nurses and allied staff working within acute mental health units are in the high risk category for exposure to aggression and violence. Until recently, this was seldomly discussed, let alone written about, and not surprising, reflective to the tradition in nursing where the patient comes first, it was viewed that aggression and violence were an accepted occupational hazard by nurses and other staff. The emergent themes from reviewing studies on patient violence and aggression indicate the need to educate and train staff in the prevention and management of aggression as well as examine the environment in which this is occurring. There is little information about staff's perception of their experiences when faced with aggression, especially on a historical perspective. This descriptive survey emerged as a result of nurses discussing how aggression was perceived and managed 10, 20 and 30 years ago, compared to current management techniques. The qualitative research was conducted in a rural setting and describes and compares the experiences of nurses and medical officers, with various years of experiences working in open, semi - open and closed acute in-patient units. It is hoped that the thematic findings from this study will assist nurses and medical officers to identify ways of coping more effectively with aggression. Learning Objectives: 1. To identify different models of aggression management. 2. Aggression is an everyday occurrence for those clinicians working in mental health.

Session: S80 Better Inpatient Services**5/09/2003 From: 1030 To: 1230 Venue: Menzies Theatre****Paper 20 Minutes: Continuing Advocacy in Involuntary Treatment: an empirical study of efficacy.****Stephen Rosenman Ailsa Kortzen Leigh Newman**

This is a report of a study of an experimental model of personal advocacy based on continuing advocacy of best interests and needs. Current advocacy and rights protections cluster around admission and the commitment process hearing. Once the patient is committed, coercion and derogations of rights are licensed and few protections are maintained. We believe that this sets the patient against the caring institution and compromises care and continuing cooperation with follow-up treatment. In the model studied, a specialist advocate represented involuntarily treated patients, accompanying the patient not only through the commitment but also in interactions with the hospital and its staff throughout the period of involuntary treatment. Method: Fifty-three consecutive subjects who had been involuntarily hospitalised received experimental personal advocacy from soon after compelled hospitalisation through commitment to the time of discharge from involuntary care. They were compared with 52 consecutively involuntarily hospitalised control subjects who received routine rights advocacy from hospitalisation to commitment hearing. Results: The experimental and control subjects were similar in demographics, diagnosis and severity of illness. Satisfaction with hospital care was similar in both experimental and control subjects at the outset of care but improved significantly in the experimental subjects while it declined in the controls. Attendance aftercare was significantly better in the experimental group. The experimental subjects' risk of subsequent involuntary hospitalisation was less than half the risk of control subjects and community tenure was significantly increased. Clinical staff reported that the experimental advocacy improved their care of patients. Conclusions: Compared with routine rights advocacy, the experimental advocacy based on needs and best interests, which accompanied patients throughout involuntary hospitalisation, significantly improved patients' and staff experience of involuntary hospital care. The resulting better compliance with aftercare produced a statistically and economically significant reduction in rehospitalisation for involuntary treatment.

Session: S81 Workforce Training & Retention**5/09/2003 From: 1030 To: 1230 Venue: Nicholls Theatre****Paper 20 Minutes: Aboriginal Mental Health Workforce Issues: Moving Beyond the 'Seasonal Work Syndrome'****Tom Brideson**

This paper proposes that Aboriginal Mental Health Workers are seasonal workers in the mental health system. The definition below as described by the author and further detail will be discussed throughout the presentation. Seasonal Work Syndrome: 'People in the workplace who work in positions that are responsible for limited tasks and specific roles (often repetitive) that are: a) generally viewed upon by others as being much less important, and/or, b) made to feel that their role is much less important than other 'real professions'. The focus of the presentation will be on the continued responsibilities services have to Aboriginal and Torres Strait Islander populations. A major concern continues to be the poor health status on all health and social indicators. How can we ensure this trend does not become contagious in mental health? Mental health services and Aboriginal populations need to build stronger relationships that are both meaningful and responsive. The issue of equivalence requires substantially more effort at the front end of service development. Aboriginal mental health is relatively recent in the context of the mainstream mental health system. Like the entire mental health system, Aboriginal mental health gained an injection onto the national mental health agenda in the early 1990's through the Health Ministers Statement of Rights and Responsibilities. The final report of the Royal Commission into Aboriginal Deaths in Custody, 1991 also highlighted many issues relating to the mental health of people in custody. What has taken place since then in the area of Aboriginal mental health? Throughout this presentation some of this activity will be briefly highlighted. Activity from the first and second national mental health plans fell somewhat short of fully addressing the needs of Aboriginal and Torres Strait Islander populations. It is anticipated the third national mental health plan will address that shortfall and ensure service responsibilities are in place to fill the gaps. If mental health services are committed to the responsibilities including health for all, particular interest lies in the area of a sustainable workforce. Aboriginal Mental Health Workers are relatively newcomers to the mainstream mental health system. The Djirruwang Program is an initiative that is attempting to ensure Aboriginal and Torres Strait Islander people have opportunities to gain formal qualifications and to seek careers in the field of mental health that encourage movement beyond the seasonal work syndrome. Details of this program will be presented. Learning Objectives: 1.The audience will gain an understanding of the continued challenges in Aboriginal Mental Health including the issues of education and training. 2.The topic is critical to the principles of health for all. It appears the trunk of meaningful participation in mental health service arrangements remains on the 'Endeavour'.

Session: S81 Workforce Training & Retention**5/09/2003 From: 1030 To: 1230 Venue: Nicholls Theatre****Paper 20 Minutes: Working Together - Clinical Supervision for Nurses.****Linda Curtis Bruce Metcalfe**

It is recognised that within the mental health nursing profession (Ryan 1998) and confirmed by the Enterprise Bargaining Agreement, (Blair September 2000) that the absence of supervision, support and education has been detrimental to attracting and retaining nursing staff. In January 2002 Latrobe Regional Hospital Mental Health Services (LRHMHS) commenced a journey to investigate, implement and provide the opportunity for Mental Health Nurses to access clinical supervision. This paper will explore our journey through implementation to outcomes. The project has required a substantial allocation of resources and support by the organisation. The impact and benefits of clinical supervision is not easily measured. To enable evaluation of the project a satisfaction and perceived benefits study has been implemented. Data is collected from two sources; 1) Staff who receive clinical supervision complete pre clinical supervision questionnaires and repeat the same in six months. 2) Organisational participation rates in clinical supervision. 30% of nurses within LRHMHS have taken the opportunity to engage in clinical supervision, 17% of nurses are trained to be

clinical supervisors. The pre clinical supervision and follow-up surveys have indicated strong support for both the concept and delivery of clinical supervision. References: Commissioner Blair (Sept 2000) Enterprise Bargaining Agreement. Australian Industrial Relations Commission.; Ryan T. Clinical Supervision in Mental Health Nursing. WWW Sept 1998.

Session: S81 Workforce Training & Retention

5/09/2003 From: 1030 To: 1230 Venue: Nicholls Theatre

Paper 20 Minutes: Caring for Nurses' Mental Health.

Terry Ann Joyce Angela Garvey

The ongoing Caring for Nurses' Mental Health Project was initiated in response to research findings that endeavoured to identify the major factors that contributed to NSW nurses' decisions to leave the profession. It is clear that nurses working in NSW are faced with a number of psychosocial stressors related to the organisational context and the nature of nursing work. It has been established as a major contributor to poor mental health outcomes for this group. The Caring for Nurses' Mental Health Project aims to develop strategies to support nurses' mental health. This is a timely project as many NSW nurses are already coping with the stress of suffering a mental illness such as depression/anxiety or a bipolar disorder. This presentation will discuss some of the findings of my current study exploring experiences of nurses with mental illness working in Australian health services. A focus is on the strategies they use to cope at the workplace and issues associated with 'disclosure'. Also, various activities discussed by the Advisory Group - Caring For Nurses Mental Health that could be undertaken to alleviate stressors in the workplace will be discussed. This study and the Project will contribute greatly to understanding the support needs of NSW nurses as well as contributing to the knowledge of stigma. Learning Objectives: 1. The audience will learn some of the difficulties that nurses' with a mental illness face at the workplace. 2. The topic is relevant to mental health issues because nurses with a mental illness work in a stressful occupation as well as having to cope with the stigma of mental illness.

Session: S81 Workforce Training & Retention

5/09/2003 From: 1030 To: 1230 Venue: Nicholls Theatre

Paper 20 Minutes: Targeting clinical supervision in transcultural mental health.

Christine Senediak Tereza Petric

A key aim of clinical supervision is the development of a clinician's competent functioning. As a practice focused relationship it examines and reflects on skills and knowledge application while at the same time providing support for clinicians. Culturally sensitive clinical supervision examines the interactions which include gender, age, religion, socio-economic and cultural contexts which are important in the therapeutic and supervisory relationship. The Transcultural Mental Health Centre (TMHC) provides a state-wide clinical assessment and short-term intervention service for clients of non-English speaking background (NESB). It also provides nine supervision groups to support clinicians working with NESB mental health clients. Over 100 specialist consultants are employed by the TMHC to provide these clinical services. A survey was conducted in early 2003 to determine the clinical supervision needs of these workers. In addition, this survey examined the usefulness and applicability of the supervision currently received in how it supported their clinical work with NESB clients. This paper reports on the process of how this survey was conducted, its results and how its recommendations and the implications for future clinical supervision provision have and will be implemented. Learning Objectives: To provide an overview of the process of conducting a survey to investigate learning needs for clinical supervision.

Session: S82 Partnerships with General Practice**5/09/2003 From: 1030 To: 1230 Venue: Sutherland Theatre****Paper 20 Minutes: Medical Practice-based Counselling: Partnerships in Mental Health Care in regional South Australia.****Meme Lau Peta Papst**

The More Allied Health Services (MAHS) program, part of the 2000 Commonwealth budget for Regional Health Strategy, is introduced to increase access of rural communities to professional allied health services which would not otherwise be available. The aim of MAHS program is to provide an integrated approach to healthcare provision towards better health outcome through a Shared-Care Model in which allied health professionals work closely with doctors, and support them in their delivery of quality services to the rural communities. This program is implemented by the Riverland Division of General Practice in collaboration with the medical centres in five towns; Barmera, Berri, Loxton, Renmark and Waikerie, in which a mental health counsellor is based at each medical centre. The MAHS counsellor provides free counselling, crisis and trauma counselling to patients who are referred by their GPs to receive counselling support. Summary Statement: The purpose of this presentation is to share insights into the concept of Practice-Based Counselling introduced through the Riverland MAHS program. It will discuss development of the program and examine 1) issues and outcomes; 2) benefits for rural community in accessing mental health service, and 3) successes and lessons learned for future directions for medical practice-based Counselling. (198 words). Learning Objectives: 1. Participants will have an overview of the MAHS program, a new mental health service provided in a South Australian rural primary healthcare setting in which mental health counsellors - are placed in regional medical centres to provide free counselling service to a multicultural community with a wide range of mental health issues. 2. Participants will have an insight into issues, benefits for rural community, successes and lessons learned for future directions in similar GP and allied health professionals Shared Primary Mental Health Care Models. References: Guidelines for the More Allied Health Services Program (Divisions of General Practice Program (Updated May 2002) - Commonwealth Department of Health & Ageing, Regional Health Strategy.; A Manual of Mental Health Care in General Practice by John Davies, July 2000, National Mental Health Strategy, Commonwealth Department of Health and Aged Care.

Session: S82 Partnerships with General Practice**5/09/2003 From: 1030 To: 1230 Venue: Sutherland Theatre****Paper 20 Minutes: Is There a Role for Group Supervision in Primary Care Psychiatry?****Rachael Murrihy**

General Practitioners (GPs), for the first time in national mental health care policy, have been recognised as key players in the delivery of mental health care. 'Shared care' arrangements have been endorsed, wherein GPs treat clients with uncomplicated depression and/or anxiety-related disorders (time-limited, evidence-based therapy) and refer on to allied health professionals in complicated cases. Peak medical bodies have identified that for primary care psychiatry to be successful it is imperative that GPs receive training and support in the use of evidence-based therapies (Joint Consultative Committee, 1997). One initiative supporting successful 'shared care' reform is the Illawarra Mental Health Integration Project (MHIP), funded by the Commonwealth Department of Health and Aged Care. Following SPHERE (introductory CBT) training in the Illawarra, MHIP has funded an innovative training strategy, Cognitive Behavioural Therapy (CBT) group supervision, which aims to support GPs in consolidating CBT skills. It is envisaged that through participation in group supervision, GPs will be better placed to deliver effective mental health treatment, thus enhancing the health outcomes of the community. This pilot study will provide a unique insight into the effectiveness and utility of group supervision in primary care psychiatry, and to provide a discussion of issues relevant to supervision and the primary care setting. Learning Objectives: 1. Participants can expect to gain knowledge of an innovative strategy, CBT group supervision, currently employed in a pilot trial, to advance the skills of GPs delivering evidence-based psychological treatment. The audience will receive outcome data

on the effectiveness and utility of this form of training in primary care psychiatry. 2. Relevance to mental health services. The delivery of effective primary care mental health treatment is crucial to the success of the reformed mental health system in Australia. Policy-makers are currently faced with the issue of how best to deliver quality evidence-based training to GP's. This study will provide an insight into the viability of this form of intervention.

Session: S82 Partnerships with General Practice

5/09/2003 From: 1030 To: 1230 Venue: Sutherland Theatre

Paper 20 Minutes: Promotion, prevention and early intervention for mental health: The general practice setting.

Anne O'Hanlon Leanne Wells Jennie Parham

General Practice has been identified as one of many important settings for promotion, prevention and early intervention activities for mental health (Commonwealth Department of Health and Aged Care, 2000). General practitioners and other primary health care providers are well positioned to promote mental health and identify people at risk of developing or showing early signs and symptoms of mental health problems. The Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet) and the Australian Divisions of General Practice (ADGP) worked in partnership to conduct a scoping study of current practices in mental health PPEI in General Practice in Australia (both within the Divisions of General Practice and by general practitioners themselves). The methodology included a literature review, a survey of the Divisions of General Practice and focus groups with general practitioners and other key stakeholder groups. The presentation will: Ø describe current mental health PPEI activities in the General Practice setting in Australia. Ø identify gaps in, barriers to and opportunities for mental health PPEI in General Practice. Ø discuss priorities for action in progressing mental health PPEI in General Practice. Ø explore the relevance of the findings for mental health services (eg referral pathways, collaborative partnerships with primary health care). Learning objectives: 1. The audience will learn about PPEI activities that are occurring in the General Practice setting in Australia and the implications of such activities for mental health service delivery. More broadly, they will gain an appreciation of the benefits of collaborative partnerships. 2. The findings from the scoping study have important implications for mental health service delivery (eg referral pathways, collaborative partnerships). The engagement other sectors in collaborative partnerships is one of the key themes of the Second National Mental Health Plan (Australian Health Ministers, 1998). References: Australian Health Ministers (1998). Second National Mental Health Plan. Canberra: Australian Government Publishing Service.; Commonwealth Department of Health and Aged Care. (2000). National action plan for promotion, prevention and early intervention for mental health. Canberra: Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care.

Session: S82 Partnerships with General Practice

5/09/2003 From: 1030 To: 1230 Venue: Sutherland Theatre

Paper 20 Minutes: GP Shared Care on the Lower North Shore Sydney

Simon Richards

This paper presents initial experiences, findings and outcomes in applying a GP Shared Care model on the Lower North Shore of Sydney within the Royal North Shore Hospital and Community Mental Health Service. This model is based loosely on Professor Graham Meadows CLIPP model as applied in Victoria, and involves one senior manager clinician performing the role of a GPCLO (GP Client Liaison Officer) enabling collaboration between GPs, clients, carers, the mental health service, the local Division of GPs, the wider community and psychiatrists. The presenter argues that mental health service provision having moved through de-institutionalisation is now faced with the next challenge which involves moving from a primary care model to a mixed specialist model. Staff attitudes and the philosophies of mental health service provision are discussed. The initial operation of the scheme and preliminary results are discussed. Whilst the presenter would argue no clients

should be excluded from shared care, nevertheless within the limited staffing constraints of a single GPCLO a screening tool influenced by Professor Peter Yellowlees et al is proposed to identify clients most likely to succeed within these constraints. A data base tracking clients discharged to GP Primary Care has been developed. The application of this model is also discussed within the context of MHOAT. This abstract thus explores the journey of implementing a new model of care, the possible implications and challenges and short-term outcomes. Learning Objective: 1. The audience will learn about a new form of service provision. 2. GP Shared Care represents a move from primary mental health service provision towards a specialist collaborative model. This shift involves a greater integration of mental health services in their local communities, breaking down further barriers of segregation.

Session: S83 Brief Papers

5/09/2003 From: 1030 To: 1230 Venue: Derwent Gallery

Brief Papers 10 minutes: Consumers Shaping Mental Health Services

Tina Philip

It has been stated that in the planning and delivery of health services too much emphasis has been placed on the personal experience and opinions of managers and clinicians and too little on the opinions and experiences of those using services. The 1997 National Mental Health Strategy Evaluation - Final Report states that 'Research evidence indicates that there is a greater prospect for maximal recovery and less dependence on long term system support when consumers and carers are included as genuine and respected partners in the treatment process'. Therefore, in order to achieve improved outcomes and improved consumer satisfaction, consumers and carers need to be given more power in the entire process to determine the boundaries of what they consider to be relevant goals and must be able to influence the ways in which these goals are met. It is believed that by directly engaging consumers in the various forms of quality control and assurance by 'asking the customer' there is the potential to 'shape' and organise the transformation of Mental Health Services in a helpful and focused way. This presentation will describe an innovative action research study that genuinely aims to put in place practices which allow 'consumers to have a key role in planning and evaluating services and in influencing how their service needs are met' (Second National Mental Health Plan 1998). Learning Objectives: 1. Members of the audience will learn: How a set of Standards in Consumer and Carer collaboration can be researched, designed, implemented and evaluated. What formal and informal obstacles to change may be found in the culture, history and context of mental health service practices. What strategies and tactics may be employed to overcome these obstacles. 2. The relevance of this issue can be seen in: Its congruence with the central planks of the 2nd National Mental Health Plan, i.e. promotion, prevention and, most particularly, partnerships and consumer participation. Its presentation of a creative, honest and realistic approach to a common problem in the delivery of high quality mental health care.

Session: S83 Brief Papers

5/09/2003 From: 1030 To: 1230 Venue: Derwent Gallery

Brief Papers 10 minutes: Mental Health Respite - making it a preventative intervention for carers.

Kerry Meiers

In 1997 the Victorian Support for Carers Program funded planned mental health respite. These respite services have evolved into providing positive psychosocial rehabilitation experiences for consumers. However most of these services have been less successful in providing a respite intervention for the carer. With limited resources available mental health priorities for service provision are hotly contested. Carers and consumers are often portrayed as having opposing needs by mental health services. The reality is that respite service provision can be developed to support both carers' and consumers' needs. This paper aims to describe the Carer Respite Centre's (Southern Region-CRCSR) work with a number of mental health respite services to develop comprehensive assessment procedures, ensuring that carer needs are included into the respite intervention. This paper will also describe the CRCSR's

mental health program's work on a video to promote the use of mental health respite. The video provides a broad overview of how respite can and is being used to provide a holistic intervention for the carer and the consumer. Respite should be viewed as a preventative health initiative. Learning objectives: 1. Planned Respite can be used successfully as an intervention highlighting family sensitive practice. 2. Planned Respite is a new type of service within mental health. Workers, carers and consumers are yet to develop a comprehensive understanding of what the service type offers and how to maximise the potential benefits. References: Carers Speak Out - a consultation on Community Services with carers in the Southern Metropolitan and Grampians Regions of Victoria The Planned Respite Services provided by the Richmond Fellowship of Victoria - an evaluation.

Session: S83 Brief Papers

5/09/2003 From: 1030 To: 1230 Venue: Derwent Gallery

Brief Papers 10 minutes: An Integral Vision and an Integral Practice.

Hugh Norriss Gary Platz

'All those engaged in a serious calling - whether scientist or nurse, artist or contemplative- are strengthened in that calling by a sustainable philosophy that supports their work. Their practice is enhanced if they know why they must learn certain skills, why they must cultivate particular virtues, and how the elements of their practice must fit together.' (Leonard and Murphy, 1995). For many working in mental health, it is a serious calling. Behind that calling will be a philosophy or worldview that may often remain implicit and unarticulated, even though it will be a powerful motivator in the work that is done. The purpose of this presentation is to explore an integral framework that can sustain the wide range of genuine (life enhancing) theory and practice relevant to mental health recovery and find common links rather than exaggerating differences. Learning Objectives: The audience will be encouraged to consider how a mental health provider can organise to have a comprehensive vision of mental health recovery that involves the creativity and personal development of its service users and employees. The presentation will show the relevance and benefits of mental health services having a clear vision based on holistic philosophical principles, and a plan for putting these into practice.

Session: S83 Brief Papers

5/09/2003 From: 1030 To: 1230 Venue: Derwent Gallery

Brief Papers 10 minutes: How do we respond?

Sheila Nicolson

As new trends in mental health emerge throughout Australia, services must respond. Meeting the changing needs of consumers requires adaptation of traditional service structures and systems. Workers seek to meet the demand and improve services in a variety of ways. Meeting immediate clinical needs and implementing changes derived from service reviews and evaluations is challenging for service providers. However a core ingredient for effective service delivery within acute mental health services is the development of triage practices which prioritize consumer needs, promote equity in service access and support staff in their endeavours to provide a range of mental health services. For many mental health acute services, which may alternatively be referred to as crisis teams or extended hours teams, service provision may range from crisis assessment and management to short-term psychosocial support and/or to long-term maintenance support. The identification of consumer need and service requirement is a process, which commences at first point of contact with the service. Review of acute service response practices at Ryde Community Mental Health Service has taken the form of two evaluation processes aimed at identifying and establishing standards of response to contacts made by referring agents and/or consumers. Firstly, comparative audits in 2001, 2002 and 2003 examine length of time taken from when a consumer and/or referring agent makes contact with the acute service and consults directly with a triaging clinician. Results reflect a responsive service with timeframes which vary but mostly meet with service standards of within fifteen minutes. This reinforces that acute mental health services are not emergency services but have the capacity to respond to urgent

situations with the back up of effective and efficient supports, resources and systems. Examples of supports, resources and systems are to be highlighted. Secondly, comparative audits in 2001 and 2003 examine actual face-to-face assessment times and diagnostic outcomes against the time of initial referral of the consumer to the service. Results vary from one hour to up to five days but clearly show a priority given to consumers exhibiting risk factors for Suicide. Diagnostic groups and outcomes in service delivery will be explored. In times when early intervention and suicide prevention have become the face of mental health we need to examine our local operations and ensure that where possible service provision is appropriate and accessible and our consumers do not slip through potential systematic gaps in delivery of service.

Session: S83 Brief Papers

5/09/2003 From: 1030 To: 1230 Venue: Derwent Gallery

Brief Papers 10 minutes: Key Performance Indicators For Public Mental Health Services.

Simon Darlington

Significant advances have been made over the past decade in the development of indicators for the Australian health industry, focused mainly in the field of acute hospital care. The language and culture of performance measurement is now well established in the day-to-day life of public hospitals. Under the Second National Mental Health Plan, States and Territories have agreed to give priority to information development and to establish information infrastructure at the service delivery level designed to: support and encourage good practice; regularly inform about consumer outcome; inform judgements about value for money; and produce national and State/Territory data as a by-product. As part of this, States and Territories have committed to the development of a national framework to monitor performance of public mental health services, including the development of key performance indicators (KPIs). The agreed aim of the project is to develop a national performance measurement framework for mental health services that includes: identification of the key performance dimensions to be monitored, including the rationale for each dimension; proposed performance indicators for each dimension; and definition of the data elements required to build the indicators including identification of the source of each element. The 'product' of the project will be a report on all of the above, accompanied by a set of recommendations for consideration by the National Mental Health Working Group.

Session: S83 Brief Papers

5/09/2003 From: 1030 To: 1230 Venue: Derwent Gallery

Brief Papers 10 minutes: From Rhetoric to Reality - the Role of the Consumer Consultant in Creating Bridges.

Nicky Bisogni Ruth Hayward

Prahran Mission is a multi-service community organisation providing services to over 2000 consumers with a mental illness annually. Since 1996 Prahran Mission has employed a Consumer Consultant to ensure that the needs and views of our mental health service consumers are at the forefront of management's strategic thinking. Prahran Mission was the first community non-government organisation in Victoria to employ a Consumer Consultant. There are only 3 organisations in Victoria who have followed suit. The Consumer Consultants role works equally as closely with management as it does with consumers, and aims to create a bridge between management and consumers - a conduit for dialogue, feedback and input. Achieving this aim has not been without its challenges, hurdles and unexpected surprises. We, management and consumers, often stumbled on the rhetoric and felt aggrieved by the reality. This presentation, a dialogue between Prahran Missions Rehabilitation Day Programs Manager and the Consumer Consultant, will identify the lessons we have learnt about how best to create a bridge between management and consumers. It will show the steps taken, and the resources needed, that are integral to turning management rhetoric into a reality for consumers of mental health services. Quite simply, we will demonstrate the ways in which our organisation was able to turn vision into reality, rhetoric into pathways, ideas into results.

Learning Objectives: 1.The audience will gain an insight into the ways in which an organisation can successfully build a bridge between their management team and the collective of consumers who use their mental health services. 2.The topic is relevant to mental health services because successful partnerships between service providers and consumers are the cornerstone of good practice. We should be continually challenged by, and open to, new approaches to ways in which services and consumers can work together. References: Mental Health Consumer Participation in a Culturally Diverse Society, Andrew Sozomenou, Penny Mitchell, Maureen H Fitzgerald, Abd-Elmasih Malak and Derrick Silove, Australian Transcultural Mental Health Network 2000. Developing Effective Consumer Participation in Mental Health Services - The report of the Lemon Tree Learning Project, Victorian Mental Illness Awareness Council, 1997.

Session: S83 Brief Papers

5/09/2003 From: 1030 To: 1230 Venue: Derwent Gallery

Brief Papers 10 minutes: Consumer Involvement within a Mental Health Service.

Cavell Morrow

This paper will describe the progress that Challenge Trust has made towards improving Consumer Involvement in the organization. This paper builds on the workshop presented at Themhs last year identifying ideas, opportunities and methods for improving Consumer Involvement in a way that is successful and satisfying for all stakeholders. Challenge Trust has actively demonstrated a commitment to Consumer Involvement and this has prompted creative and innovative thinking and improved service delivery. In the process the organization has become stronger, more effective and has also grown rapidly. The paper will look at the ways we ensure Consumer Involvement in planning, vision and values, training, representation, cultural safety, management and governance, satisfaction surveys and consumers in the workforce. The paper will provide information about the structures, systems and people involved in promoting and maintaining Consumer Involvement. We will present the challenges and benefits of Consumer Involvement, describe some of the strategies used to improve Consumer Involvement and key issues for the future. This issue is highly relevant because the many benefits of consumer involvement are being recognized, and consumer participation in mental health services is required by government policy in many countries e.g. National Mental Health Standards in New Zealand and Australia. Learning Objectives: 1.Participants will understand many of the challenges and the complexities of facilitating Consumer Involvement within an organization. 2.Participants will identify specific ways in which they may improve Consumer Involvement in their organization. 3.Participants will identify the benefits of Consumer Involvement for all stakeholders, and for organizations as a whole.

Session: S83 Brief Papers

5/09/2003 From: 1030 To: 1230 Venue: Derwent Gallery

Brief Papers 10 minutes: Rural Mental Health for the Non-Mental Health Professional.

Daniel Hitchcock

There is a recognised shortage of Doctors and other Health Professionals working in Rural Australia (Rural Doctors Association of Australia, 2003). An organisation that is addressing this issue at its core is the National Rural Health Network (NRHN). The NRHN is a network, representing approximately 4000 undergraduate medical, nursing and allied health students from across Australia who share an interest and passion for Rural Health. The overall objective of the network is the promotion of rural careers to health science students, thus improving the recruitment and retention levels of qualified health workers into rural and remote Australia. In August 2003, approximately 250 students, academics and mentors will meet at Fairbridge Village in Western Australia for the Networks 7th National Undergraduate Rural Health Conference. This conference serves as a vital link in reinforcing goals and developing strategies to further enhance the prospects for provision of health services in rural and remote Australia. For the first time ever at one of the networks conferences, Mental Health has been included in the program. Discussions will focus around the topic of 'Mental

Health for the Non-Mental Health Professional', examining the role of rural health professionals from other disciplines in the detection and intervention of mental health issues, when a specialist mental health worker is absent from the team. The presentation will focus on both the role of the NRHN in promoting rural careers to undergraduate students, as well as discuss the recommendations from the 'Mental Health for the non-Mental Health Professional' theme at the 7th National Undergraduate Rural Health Conference. Delegates attending this presentation will learn of the positive steps being taken by undergraduate health science students to improve both the mental and physical health services available to rural and remote Australians. This presentation is of importance to mental health service provision, as it will demonstrate the views of the future rural health workforce on the way they perceive their role in the diagnosis, treatment and referral of people with a Mental Illness.

Session: S83 Brief Papers

5/09/2003 From: 1030 To: 1230 Venue: Derwent Gallery

Brief Papers 10 minutes: Giving voice to depression and anxiety', the beyondblue & bluevoices story.

Ingrid Ozols Nicole Highett Bernard McNair

For too long depression and anxiety related disorders have been left unaddressed, quietly devastating many lives. 1 in 5 Australians has depression and anxiety disorders, that means four others feel the consequences whether they are aware or not. Inturn these unsuspecting souls are vulnerable of becoming a direct target of depression themselves. The emotional and economic cost of these often complex illnesses is underestimated. These statistics will not disappear quickly. The lack of education and stigma that exists in the community exasperates recovery. Beyondblue, the national depression initiative has focussed, for the first time on those with the lived experience of depression and anxiety related disorders. The initiative has been bold and brave facing the issues head on by getting out into the community, conducting forums and workshops, and encouraging real-life experiences to be shared. These issues, and those with the lived experience have been embraced and encouraged to come forward and participate in driving change at a political level. The tears have been heard, beyondblue has established a new organisation, bluevoices: a consumer and carer group dedicated to the advocacy, education and support of persons and their families who live with depression and anxiety. This is the story of beyondblue and bluevoices, their activities and hopes. Ultimately this is everyone's story. Learning Objectives: 1.The audience will learn how beyondblue, the national depression initiative has responded to the communities concerns with respect to depression and anxiety related disorders. This presentation will discuss beyondblue and bluevoice's past, present and future activities, goals and aims. 2.The voices of those with the lived experience of depression and anxiety related disorders is a powerful reality and a fundamental evaluating stick that is the core to determining the quality of mental health services provided in the community. The voices echo what works and what doesn't. This allows service providers to learn, adapt and change practices that will benefit the wider group. By listening to what customers want and need, the appropriate customer service can be delivered. If poor customer service continues and a business ignores the warning signs it eventually fails. Beyondblue and bluevoices is about presenting these measuring sticks to drive mental health reform.

Session: S84 Physical Health is Important

5/09/2003 From: 1030 To: 1230 Venue: Fitzroy Gallery

Paper 20 Minutes: 'Shape Up' Addressing physical health issues for people experiencing mental illness throughout Victoria

Julie Rowse

People with a psychiatric illness have a higher morbidity and mortality rate than the general population. 'Shape Up' Healthy Lifestyle Program was designed by Grampians Psychiatric Services to promote healthy lifestyle choices to aid in reducing physical health issues. It is a ten-week group program providing dietary education, exercise, and support to make lifestyle changes. 'Shape Up' was piloted in 2000 and the results presented at TheMHS in Adelaide.

Results showed the program was effective in reducing weight, increasing exercise, and sustaining change over time. Much interest was expressed in the program and three years on 'Shape Up' is being implemented across Victoria. 'Shape Up' was developed into a one-day workshop with an accompanying manual to equip other services to address lifestyle issues amongst their clients and facilitate the 'Shape Up' program in their region. Information presented will demonstrate that feedback from clients and mental health staff from around Victoria has been positive. One participant who attended the training day stated the best thing about the 'Shape Up' workshop was 'the tool to take away and that I feel it can be achieved after seeing it for only one day'. Participants have successfully implemented the program in their own organisation. Learning Objectives: 1. People will learn about the 'Shape Up' program, how it has been successful in addressing physical health issues relating to diet and exercise in particular, and how it has been implemented in a variety of services across Victoria. 2. This paper is relevant to mental health services because people with a mental illness have a higher morbidity and mortality rate than the general population, and secondly weight gain as a side effect of medication is a significant problem; the 'Shape Up' program has been successful in addressing these issues.

Session: S84 Physical Health is Important

5/09/2003 From: 1030 To: 1230 Venue: Fitzroy Gallery

Paper 20 Minutes: 'All Woman!....What about Pap tests for women with mental illness?'

Sue Giffney

This paper will present an innovative service delivery model for health providers and support workers interested in improving the health outcomes of women using mental health services. This exciting new model was recently piloted at Women's Health in the North [WHIN] with funding through PapScreen Victoria. The model had its genesis in women's experiences within mainstream and mental health services. Consultations with women revealed that services tended to 'see' them predominantly in relation to their mental illness. 'It's as though I can't have an appendix attack,' as one woman put it. In response, the model supported women with mental illness as whole women by linking community based mental health services with 'Well Women's' services. This approach enabled women with mental illness to gain access to holistic health service provision, something that all women ought to be able to experience. In piloting the model, WHIN also acted as the catalyst for bringing the services together, and produced a resource to enable anyone wanting to be a catalyst to improve the health outcomes of women currently using mental health services. The paper will present WHIN's work, including the resource produced, as a best practice model that can be applied in a range of settings. All you need is a catalyst. Learning Objectives: Participants in the session will learn that: Women who use mental health services have health and well-being needs beyond their mental health issues; Service responsiveness means reorienting one's vision to see the 'whole woman'; It is possible for any worker to be a catalyst to maximise the health outcomes for women with mental health issues. References: Johnson, K, Strong, R, Hillier, L, and Pitts, M. (2002) Screened Out! Women with Disabilities and Cervical Screening. Melbourne: The Cancer Council.; Giffney, S. (2002) All Woman!...What about Pap tests for women with mental illness? Melbourne: Women's Health In the North.

Session: S84 Physical Health is Important

5/09/2003 From: 1030 To: 1230 Venue: Fitzroy Gallery

Paper 20 Minutes: 'No butts allowed' - Smoking reduction and cessation program for people with schizophrenia.

Kim Clark Kristen Moeller-Sazone

People with schizophrenia are rarely encouraged to stop smoking or given support in their efforts to quit, despite the rate of cigarette smoking for people with schizophrenia being up to three times that of the general population and causing much ill health and high mortality rates. In addition to the consequences for health, people with schizophrenia who smoke may spend up to a third of their income on tobacco products leaving little money to spend on food, rent, bills or entertainment. In light of the disastrous consequences smoking has on physical and

mental health, social and financial situations and overall quality of life, Neami Darebin (a regional psychiatric rehabilitation and support service), decided to implement an entirely smokefree workplace and complementary services and supports designed to address smoking reduction and/or cessation. This paper seeks to document the change process from 'smoky' to 'smokefree' and to examine the smokefree interventions implemented at the service. Interventions have included for example, smokefree courses, a smoke free support group, the incorporation of questions about smoking into assessment tools, and reduction/cessation goals into rehabilitation activities with individuals. Learning Objectives: 1. That smoking reduction and cessation services are imperative to improving the quality of life and longevity for the majority of people who smoke and who have a mental illness. And that these services are both worthwhile and effectively implemented in the psychiatric rehabilitation and support setting. 2. The far-reaching consequences smoking has on people with serious mental illness is deeply concerning and directly relevant for all mental health services in achieving successful outcomes for clients in terms of physical and mental health, their individual social and financial situations and overall quality of life. References: Addington, J. (1998) Group treatment for smoking cessation among persons with schizophrenia. *Psychiatric Services* 49:925-928; Glasman, A.H. (1993) Cigarette smoking: implications for psychiatric illness. *American Journal of Psychiatry*. 150:546-553.

Session: S85 Diverse Cultures

5/09/2003 From: 1030 To: 1230 Venue: Murray Gallery

Paper 20 Minutes: Transforming awareness into real service options for people of diverse cultural and linguistic backgrounds.

Barry Petrovski

The Prahran Mission Multicultural Access Program, established in 1987, provides community-based support to people from diverse cultural and linguistic backgrounds (CALD) recovering from a mental illness in the inner south metropolitan region of Melbourne. Since its inception the program has focused primarily on providing community education and support in service development. During early 2003 a review of the program was undertaken to examine unmet community needs and new directions for the program. Recommendations that arose out of the review identified the need and value of language specific psycho-social rehabilitation programs. This paper aims to highlight key findings from the review and the subsequent process of transforming our awareness of the issues into 'real' direct service options. The benefits of language specific mutual support self help groups will be discussed in developing culturally responsive psychosocial rehabilitation day programs. Learning objectives: 1. An opportunity to gain practical insights into developing culturally responsive psychosocial rehabilitation programs. 2. A constructive way in transforming our awareness of culturally responsive service provision into direct service options in the area of psychiatric disability support service (PDSS) context. References: Marks, R. (2000). Say my name right; promoting cultural responsiveness in psychiatric disability support services. VICSERV, Melbourne, Australia; Action on Disability within Ethnic Communities. (ADEC) (1999). Access & Equity Development project for Prahran Mission. Melbourne, Australia.

Session: S85 Diverse Cultures

5/09/2003 From: 1030 To: 1230 Venue: Murray Gallery

Paper 20 Minutes: Description of individuals treated for mental health problems and treatment approaches as described by general health workers in Papua New Guinea.

Betty Koka Frank Deane Gordon Lambert

The Papua New Guinea mental health workforce has one psychiatrist per million people and one registered psychiatric nurse for every 70,000 people. A large proportion of this workforce is located in Port Moresby and as a consequence, generic health workers are called upon to provide the vast majority of mental health care in provincial areas. Little is known about the types of mental health problems or approaches to treatment used by these health workers in routine practice. There is evidence from PNG and other developing countries that a majority of people prefer to use traditional approaches to treatment before consulting a professional

worker. In addition, the PNG Department of Health has called for the integration of cultural and Western approaches to care. This paper presents the results of a study that describes the presenting mental health problems and treatment approaches of 300 patients seen by a sample of 209 generalist health workers. Health workers came from four provincial areas in PNG to attend a training workshop. Prior to commencing training, they completed a questionnaire where they were asked to describe individuals with mental health problems that they had most recently treated. The frequency of Western (e.g. DSM-IV or ICD-10) and traditional culture specific diagnoses are reported. Comparisons are made between these variables across different workplace settings such as hospitals, health centres and aidposts. The findings are discussed in relation to the integration of traditional and Western treatment approaches and development of mental health workforce and service. Learning Objectives: 1. Participants will have a better understanding of both western and traditional approaches to the management of mental illnesses in regional and remote areas of Papua New Guinea. 2. The paper will discuss the implications of these finding in terms of the education and training needs of generalist health workers in Papua New Guinea.

Session: S85 Diverse Cultures

5/09/2003 From: 1030 To: 1230 Venue: Murray Gallery

Paper 20 Minutes: Papua New Guinea - Identifying strategies for improving mental health rehabilitation to assist the recovery process.

Wendy Weir Michael Lekara

Papua New Guinea has difficulty in providing basic health care for its population of approximately 5 million. It struggles with poor security, inadequate communication and transport systems, inadequate facilities and resources, extreme lack of funds and relies on families to provide their relatives with basic nursing care. Although mental health services are limited staff, who are attempting to provide services are committed to their work and they are extremely keen to learn from other countries. Two workshops on mental health rehabilitation and recovery were conducted in 2002 for 20 staff employed in mental health services The aim was to assist participants to identify feasible strategies for improving mental health rehabilitation services in Papua New Guinea and to identify resources to meet recovery and rehabilitation needs. Workshops were informal and promoted networking amongst those who attended. Content of each workshop varied according to participant's specific needs. This paper will provide a brief overview of the content and outcomes of the education and training workshops and identify how Australian and New Zealand services can support Papua New Guinea people in the development of a range of mental health services. (Words 191). Learning Objectives: 1. To inform participants of mental health services being provided in Papua New Guinea and of the difficult circumstances in which staff, consumers and carers work together. 2. To raise awareness of the need to assist in the education, training and support of people providing mental health services in Papua New Guinea.

Session: S85 Diverse Cultures

5/09/2003 From: 1030 To: 1230 Venue: Murray Gallery

Paper 20 Minutes: The lived experience of caring for a person with mental illness: a transcultural study.

Gihane Endrawes

In Australia, it is estimated that one in four families has or will have a mentally ill relative sometime in their lives. This means that many families have to assume the responsibility of being the primary caregivers. This is particularly true with the deinstitutionalisation movement, which started 1960, with a shift of patients out of hospitals towards integrating them into the community. Though the impact of caring for a relative with mental illness has been largely documented in the literature, there is a lack of studies examining the caregiving experience among families from diverse cultural and linguistic backgrounds. No studies of Egyptian families caring for a relative with mental illness in Australia were identified. This study aims at exploring the Egyptian caregiving experience to reveal how families survive and to identify carers' needs to help inform service provision, allocation of resources and

policy making related to immigrant carers' needs. The significance of this study lies in its potential to improve health care professionals' knowledge and understanding of Egyptian carers' needs, which may result in enhanced communication and increased clients' and carers' satisfaction. The hermeneutic phenomenology informed by the work of Martin Heidegger provided the philosophical framework for this study. In-depth interviews were conducted with 8 Egyptian participants. Findings of the study showed that carers lacked information about mental illness, how to manage the person with mental illness, the health care system and the services available in the community. Families' attitudes, beliefs and coping strategies towards mental illness were discussed. Implications and suggestions for future research were also presented. Learning Objectives: 1. Participants will gain a deeper understanding of the needs of families caring for a person with mental illness, especially the needs of Egyptian families in Australia. 2. Mental Health Services will gain insight into issues facing immigrant families caring for a person with mental illness and providing culturally sensitive care to them.

Session: S86 Distress, Triage & Service Delivery

5/09/2003 From: 1030 To: 1230 Venue: Swan Gallery

Paper 20 Minutes: Defining The Relationship Between Case Complexity And Caseload Allocation: 'The Caseload Allocation Tool (CAT)'.

Theresa Marshall Duane Pennebaker

Within a clinical case management model case managers are often required to provide a direct clinical service including, but not limited to (i) individual psychotherapy and or counselling (ii) assessment (iii) psycho-education (iv) crisis intervention (v) monitoring daily living skills (vi) monitoring medication (vii) support (viii) activities of daily living and (ix) liaison with other agencies (Meldrum & Yellowlees, 1999). In a study investigating factors contributing to burnout and job satisfaction Prosser et al (1997) found a positive relationship between clinician burnout and working in a community setting with mental health consumers. The diversity of cases and variability of demand can place unnecessary stress on case managers and lead to disillusionment, job dissatisfaction and emotional exhaustion (Oliver & Kupier, 1996; Powell, 1996). This paper reports on a project that investigated the factors that contribute to case complexity and the use of these factors in development of a caseload allocation tool for managers and clinicians. The benefits of such a tool for clinicians and managers relate to being able to plan the allocation of staff and resources with the potential for minimising case manager burnout and supporting effective provision of case management services to consumers. The tool is being developed based on a series of nine focus groups held with a diverse group of case managers and interviews with some 22 managers/directors. The tool will be trialed by 35 case managers with 105 consumers representing the diversity of need encountered by case managers. Learning Objectives: The audience will appreciate the importance of the case management allocation tool and the challenges that its development presented in particular reflecting consumer need. For mental health services, the tool is one approach to providing equity in workloads and assisting in consumer needs receive appropriate consideration in case manager workloads.

Session: S86 Distress, Triage & Service Delivery

5/09/2003 From: 1030 To: 1230 Venue: Swan Gallery

Paper 20 Minutes: Psychological distress in callers to the telephone counselling service 'Lifeline'.

Rob Naylor Amy Kercher Tim Slader

A pilot study was conducted on 210 callers to 'Lifeline' Sydney to measure the level of non-specific psychological distress among callers who were not suicidal or critically distressed. This was approximately a 10% sample of calls over a two-month period in late 2002. The measurement instrument used was the Kessler 6 point questionnaire of non-specific psychological distress (the K6), indicative of the likelihood of suffering from an anxiety or affective disorder (Andrews & Slade, 2001; Kessler et. al, 2002), the most common forms of mental disorder according to the DSM-IV-TR (APA, 2000). An additional two questions were

administered, one relating to the individual's functional impairment (the number of days where they were unable to function to full capacity), and the other relating to service utilisation (the number of consultations with health professionals over the previous month). These questions were based on those administered in the 'Australian National Survey of Mental Health and Well-Being' in 1997 (NSMHWB, 1997). The results of the pilot study confirm the proposition that callers to 'Lifeline' Sydney are highly distressed and thus more likely to suffer from anxiety and affective disorders than would be expected of the normal population based on previous estimates. It remains unknown whether callers to 'Lifeline' are less likely to use mental health services than the general population. The implications of the pilot results are of interest. It is possible that 'Lifeline' is the sole point of reference for mental health consultation for many individuals, although the usage of specific mental health services among these individuals remains to be assessed in the final study. Although the measure used here assessed non-specific psychological distress that indicates the likelihood of the individual meeting criteria for an anxiety or affective disorder, it may be inferred that a high proportion of callers to 'Lifeline' could suffer from an anxiety or affective disorder. If these results are replicated nationally, it is possible that 69.5% or over 347,000 of every 500,000 callers to 'Lifeline' currently suffer high levels of non-specific psychological distress indicating a possible anxiety or affective disorder. This may be seen as a public health issue. The authors of this pilot study recommend its replication on a national basis, and recommend that an investigation into potential intervention strategies be undertaken should the replication data confirm that a high percentage of callers contacting 'Lifeline' each year are likely to suffer from a mental disorder. REFERENCES. American Psychiatric Association (2000). Diagnostic and statistical manual of mental disorders, DSM-IV-TR (4th ed.). Washington, D.C.: American Psychiatric Association. Andrews, G., & Slade, T. (2001). Interpreting scores on the Kessler Psychological Distress Scale (K10). Australian and New Zealand Journal of Public Health, 25(6), 494-497.

Session: S86 Distress, Triage & Service Delivery

5/09/2003 From: 1030 To: 1230 Venue: Swan Gallery

Paper 20 Minutes: Mental Health Triage - Doing it Better.

David Etherington Carey Harris

To achieve satisfactory access, by consumers, to Community Mental Health services' this Service has implemented the use of a unique Mental Health Triage Tool. The aim of triage is to ensure that clients are treated in relation to clinical urgency and that their treatment is appropriately timely. Emergency Departments successfully utilise a process of triage for clients. Therefore it was felt that a similar process could be developed for Mental Health Triage Officers and Duty Officers to assist them in best meeting the needs of clients accessing this service. The Mental Health Triage Tool has been adapted from the National Triage Scale and is utilised by experienced Mental Health Practitioners to reflect the presence of psychiatric symptomatology and to define appropriate timescales for intervention. This paper demonstrates how the implementation of the Mental Health Triage Tool standardises the assessment process for all referred to this service.. A further benefit is the clear identification of client acuity and the potential impact on individual Case Managers and Care Team workloads. The Triage tool embraces the National Standards for Mental Health Services by providing an entry process specialised and complementary to the generic intake system utilised within other parts of the Health Service.

Session: S86 Distress, Triage & Service Delivery

5/09/2003 From: 1030 To: 1230 Venue: Swan Gallery

Paper 20 Minutes: A model of effective interface between telephone based mental health services and face to face service delivery.

Darya McCann Matthew Castle

Although it has long been accepted practice for a range of mental health services to be delivered via the telephone as part of the management of a client caseload, there has been a move to the delivery of mental health triage via a dedicated telephone based service in recent

years. Over the past five years McKesson Asia-Pacific, an outsource provider of call centre solutions in healthcare, has developed a number of innovative service models that have integrated the functions of triage and case management via the telephone with the face-to-face services in a given area. The seamless integration of telephone-based services with those on the ground is an essential element of an effective service delivery mechanism. This paper will examine the development of these services over time in response to policy changes and specific local issues including those encountered by rural and remote areas. We will examine case studies that demonstrate individual outcomes achieved, to illustrate that this service delivery methodology is an effective strategy. We will also examine the challenges faced along the way and describe the approaches adopted to address these issues to ensure positive consumer outcomes. In summary the presentation will inform attendees of the strategies adopted by McKesson in managing an integrated mental health triage and case management service in partnership with publicly funded mental health services. Learning objectives: 1.To examine an effective model of integrating telephone based mental health triage and case management services with face-to-face services. 2.To examine practical applications of these service delivery methodologies, and the challenges faced in their development.

Session: S87 Transcultural Mental Health

5/09/2003 From: 1330 To: 1500 Venue: Royal Theatre

Invited Symposium: Transcultural Mental Health

Stephen Druitt Greg Turner Nicholas Procter Conrad Gershevitch Meg Griffiths

Mental health services continue to be challenged by their engagement or lack of engagement with diverse cultural communities. Barriers of language and culture, can increase the stigma of mental illness. This symposium will feature a presentation by Greg Turner, Education and Development Co-ordinator, Queensland Transcultural Mental Health Centre, who will present on the model of service delivery being developed in Queensland, based around concepts of community and consumer participation, expert communities, and reciprocity in education. Also featured will be Nicholas Procter, Professor of Nursing, University of South Australia who is currently developing a mental health promotion and suicide prevention strategy for Afghani asylum-seekers living in Murray Bridge, for the Department of Human Services - Department of Country and Social Justice. This will be followed by a panel discussion exploring innovative and effective ways to deliver mental health services to transcultural communities. The panel will include consumer representation. Meg Griffiths, National Project Manager, Multicultural Mental Health Australia and Conrad Gershevitch, Director, Federation of Ethnic Communities' Council of Australia, will be part of the panel with Professor Procter and Greg Turner. The symposium is being supported by Multicultural Mental Health Australia (the new national transcultural mental health body). MMHA will be present at the conference and is mounting a display.

Session: S88 A Skilled Workforce

5/09/2003 From: 1330 To: 1500 Venue: Ballroom

Paper 20 Minutes: The Case for Recognition of the Specialist Profession of Clinical Psychology.

Bob Montgomery

Recent years have seen a trend for psychologists' positions to be converted to generic mental health workers. Psychologists with postgraduate clinical qualifications often do not receive recognition of their advanced training. Most recently the Commonwealth Government is promoting the notion that briefly trained medical practitioners can deliver cognitive-behavioural therapy for depression. This paper will make the case for recognition of the specialist profession of clinical psychology, as identified by eligibility for membership of the APS College of Clinical Psychologists. While there is understandable pressure on health services to be cost-effective and there are insufficient clinical psychologists to meet the established clinical psychological needs of the Australian community, it will be argued that these needs are not met by encouraging inadequately trained practitioners to attempt therapy beyond their skills nor by over-simplifying and abbreviating evidence-based therapies, such

as those for depression. This argument will be illustrated by reference to a number of cases presenting in clinical psychological practice, all initially with deceptively simple presentations, but all requiring complex cognitive therapy, beyond the skills of medical GPs, four year-trained psychologists or other counsellors. It will be argued that governments, mental health services, health insurers and others with a duty of care to health consumers should recognise the specialist profession of clinical psychology in order to best discharge that duty in a cost-effective way. Learning objectives: 1. An understanding of the complexity of many apparently simple mental health cases and the need for equally complex treatments that require specialist training to deliver. 2. The perpetual budgetary pressure on mental health services is not met in the best interests of consumers by offering diluted or simplified forms of empirically supported therapies.

Session: S88 A Skilled Workforce

5/09/2003 From: 1330 To: 1500 Venue: Ballroom

Paper 20 Minutes: The Challenge of Implementing a Sustainable Multi-disciplinary Education Program into Queensland Mental Health Services.

Amanda Smith Anne Bubbers

AIM: to provide an overview of the successful implementation of an innovative, standardised, evidence-based training program across mental health settings within Queensland. The release of key documents in the mid 1990's identified a growing issue of recruitment and retention of skilled mental health staff in Queensland. In response, Queensland Health developed the Professional Development Program for Mental Health Services through a consortium of consumers, academics and clinicians. The Program uses a problem-based learning approach. Three Training & Development Officers have successfully implemented the Program throughout Queensland. Issues covered in this paper include: Consumer involvement in the development of the program. The need for evidence based education programs for mental health to develop and maintain professional competencies. Strengths of the program including applicability to staff from different professional disciplines and with varying levels of experience. Program was adapted to suit local needs. Barriers in the implementation of a non-compulsory program into mental health services. Evaluation showing high level of participant satisfaction with the program across all settings within mental health. The presentation provides a guide for mental health services wanting to develop and implement a successful evidence-based training program to promote a highly skilled and efficient workforce. Learning objectives: 1. The presentation will discuss how a standardised program can meet the diverse needs of mental health staff in terms of the settings in which they work (eg Child and Youth services and Adult services, metropolitan, rural and remote services), their professional disciplines and levels of clinical experience. The importance of addressing the clinical diversity of mental health staff in education, was highlighted by Fielding, Walterfang & Dakis (2002) in their framework for developing on-going education programs for mental health services. 2. The Professional Development Program training material has been developed as part of a Queensland Health Strategy to meet the National Standards in mental health service provision. This strategy is consistent with the reform of Mental Health Services that is occurring Australia-wide in line with the National Mental Health Strategy. Both the Queensland Ministerial Nursing Taskforce and the Director-General's Allied Health Recruitment and Retention Taskforce identified a lack of appropriate undergraduate preparation, and poor access to and uptake of relevant post graduate education for the Mental Health workforce as key factors affecting performance, recruitment and retention. The provision of a coordinated and targeted competency based training program is an important element to address the issue of workforce capability. It also provides a framework for training and development programs within Mental Health. The deliverables of the Project provide incentives for both Health Service Districts and mental health professionals (by way of improved consumer outcomes, enhanced compliance with the National Standards for Mental Health Services, and improved staff morale). Mental health services and clinicians benefit from the Professional Development Program through: structured skills attainment; structured employment and career development; and increased workforce mobility and

flexibility. The benefits discussed above are consistent with those identified by Feilding et al. (2002) who outline the potential benefits of on-going clinical education, in terms of better health outcomes for consumers, improved professional standards, and development of best practice. Such outcomes have been demonstrated by a number of studies that have investigated the impact of service-based on-going education in mental health services (eg Parsons & Barker 2000). References: Feilding, J., Walterfang, M., & Dakis, J. (2002). The challenge of ongoing education in multidisciplinary mental health services. *Australasian Psychiatry*. Vol 10 (30), 225-227.; Parsons, S & Barker, P. (2000). The Phil Hearne course: an evaluation of a multidisciplinary mental health education program for clinical practitioners. *Journal of Psychiatric and Mental Health Nursing*, Vol 7, 101-108.

Session: S88 A Skilled Workforce

5/09/2003 From: 1330 To: 1500 Venue: Ballroom

Paper 20 Minutes: National Practice Standards for the Mental Health Workforce.

Beverley Raphael Doris Corcoran

This paper outlines proposed strategies for the implementation of the National Practice Standards in the Mental Health Workforce. The National Practice Standards for the Mental Health Workforce have been developed to better inform the education and training agenda; provide graduates with an awareness of the attitudes, knowledge and skills required of competent mental health practitioners; and to assist service managers in the development of supervision and support programs for the mental health workforce. Work is currently being undertaken by the National Practice Standards Implementation Group to develop strategies to encourage the adoption of the National Practice Standards across the five professions which form the majority of the mental health workforce (psychiatry, psychology, nursing, occupational therapy and social work), as well as the education sector, and mental health services. This paper briefly discusses the development of the National Practice Standards and its relationship to other relevant government initiatives before discussing the implementation plans. Learning objectives: 1. Learn about the aims and objectives of the National Practice Standards and proposed strategies at a national level to encourage dissemination and adoption of the National Practice Standards for the Mental Health Workforce.

Session: S89 Language & Spiritual Wellness

5/09/2003 From: 1330 To: 1500 Venue: Bradman Theatre

Paper 20 Minutes: Community participation in transcultural worker training: issues in the use of community and professional knowledge.

Mark Loughhead

The purpose of this paper is to report on current research into the area of community participation in transcultural training for mental health workers. In recent years, there have been significant calls for the increase of consumer led training and education for mental health workers. Various reports have detailed many strategies for including consumers as key partners and 'teachers' in developing knowledge, educational content, delivery methods other learning methods (Epstein and Shaw 1997; Mental Health Council of Australia 2000). Consumer led training has been characterised by the themes of inclusion and normalisation, valuing experiential- lived experience of illness and health as a basis of knowledge, consideration of the whole person, valuing personal identity and history, improving communication and, therapeutic relationships (Deakin Human Services Australia 1999). This research paper, discusses these themes in the transcultural training context and highlights how consumers from CALD (Culturally and linguistically diverse) backgrounds have a strong role to play in influencing training content and the worker education process. This discussion pays particular attention to the issue of community and professional knowledge, noting how education processes may be developed to include knowledge from community members and professionals in complimentary ways (see also, Aylward 2001). Learning Objectives. 1. Participants will learn about the area of consumer led training from a transcultural perspective, including learning on the areas of community/ professional knowledge development and the impact of multiculturalism on the mental health consumer movement. 2.

This paper reports on an emerging, yet very central topic in the both the mental health consumer and transcultural mental health movements. Stated as a question, this is: how can worker training (and practice) become more informed by, and responsive to, the perspectives of consumers and their backgrounds of experience, culture, language, health, illness and ability? References: Aylward, P. (2001). Evaluation of reciprocity in education: a piloted model of interactive learning between migrant communities and mainstream mental health services. Adelaide, South Australian Community Health Research Unit.; Deakin Human Services Australia (1999). Learning together: education and training partnerships in mental health. Canberra, Commonwealth Dept. of Health and Aged Care; Epstein, M. and Shaw, J. (1997). Developing effective consumer participation in mental health services. The report of the Lemon Tree Learning Project. Melbourne, Victorian Mental Illness Awareness Council.; Mental Health Council of Australia (2000). Enhancing Relationships between Health Professionals and Consumers and Carers - Final Report. Canberra, Commonwealth of Australia.

Session: S89 Language & Spiritual Wellness

5/09/2003 From: 1330 To: 1500 Venue: Bradman Theatre

Paper 20 Minutes: 'Soul Searching'.

David Lui Lee Schwenke

Spiritual Wellness is an important part of a person's wellbeing. To ensure that the person's health is in balance, a person must be physically, mentally and spiritually healthy. The current health system puts emphasis on the physical and mental health of a person, but is ill equipped to deal with the spiritual needs of a person. My experience over the past 8 years is that many of the people that suffer from psychological problems are as a result of spiritual imbalance or 'spiritual injury'. Generally I find that a person suffering from 'spiritual injury' take a lot longer to recover (heal) because there are no services within the mental health system to deal with such 'injury' or 'illness'. Learning outcomes: 1. The audience will learn about spirituality and its link to a person's general wellbeing and health. 2. The audience will learn of what spirit 'illness' or 'injury' means and some of the symptoms. 3. The audience will learn of some examples of spiritual imbalance and how it is manifested. This will be done through case studies and a personal story. 4. The audience will learn of some of the healing and treatment options that are available. 5. The audience will learn of some of the recommended suggestions of how the mental health system should deal with these problems in the future.

Session: S89 Language & Spiritual Wellness

5/09/2003 From: 1330 To: 1500 Venue: Bradman Theatre

Paper 20 Minutes: The language of relationships in contemporary mental health care.

Kevin Kellehear

The rhetoric of contemporary mental health care, with a focus on partnerships and collaboration, suggests equality in the therapeutic relationships between those providing and those receiving care. This represents a departure from the structure and operation of the traditional relationships between health care providers and the patients, clients, families and the communities they work with. These relationships have been predominantly based on the medical model and imply a 'top-down' approach. Client centred approaches and the more recent developments in mental health care have moved to a position of equality between providers and clients. The aim of this paper is to examine contemporary approaches to care beginning with an exploration of the historical origins of therapeutic relationships between those providing and those receiving mental health care. Often the rhetoric of collaboration in contemporary mental health care is not borne out in the structures and language of the relationships. There is a need to move towards the ideals of the new reality in mental health care where clients and families work collaboratively with mental health care workers to achieve their desired outcomes. This provides a challenge to those who work, teach and provide clinical supervision for those involved in mental health services. The paper concludes that an examination of the historical developments in the therapeutic relationships

reveals key differences in the way that therapists and clients approach mental health care. To provide safe and relevant contemporary mental health care necessitates a re-examination of the approaches used and their potential impact on both the processes and outcomes of care. Learning Objectives: 1. People in the audience will be able to reflect on and examine the way they form and conduct their therapeutic relationships, either as providers or consumers. 2. As the processes of collaboration and partnership become more entrenched in the language and reality of contemporary mental health service provision, there is a need to examine and re-appraise the ways that therapies and programs of care are conducted.

Session: S90 Evaluation and Evidence Based Practice

5/09/2003 From: 1330 To: 1500 Venue: Menzies Theatre

Paper 20 Minutes: An Approach to Evaluation in a Specialist Mental Health Service

David Watkins Felicity Lawrence

Evaluation of Mental Health Services and their constituent programs has evolved considerably in recent years. A number of models for evaluation have been presented with program logic modelling finding a place in its own right. This approach, which emphasises the articulation of the underlying theory of a program and how it is intended to work, allows evidence to be gathered across a number of domains: on the contingent steps of the program; the factors which affect both success and failure of the program; and activities and resources which are associated with the program. Analysis of this evidence then yields data from which evaluative interpretation may be made. The Victorian Dual Disability Service has adopted program logic theory as the framework for its summative evaluation strategy. Through the development of the theory, clear design for the various compositions of programs has been achieved. Building on this design has allowed continuous implementation of programs that are consistent with the objectives of the Service. References: Owen JM. 1999. Program Evaluation: Forms and Approaches. Allen & Unwin: St. Leonards (NSW). Hawthorne, G. 2000. Introduction to Health Program Evaluation. Program Evaluation Unit, Department of General Practice and Public Health: University of Melbourne. Learning Objectives: 1. Participants will learn how a statewide specialist psychiatric service has incorporated program logic models into its program structure to facilitate summative evaluation, and some of the lessons learned on the journey. 2. Participants will learn how evaluation techniques can improve the knowledge of health outcome benefit that a mental health service provides.

Session: S90 Evaluation and Evidence Based Practice

5/09/2003 From: 1330 To: 1500 Venue: Menzies Theatre

Paper 20 Minutes: Is the public mental health system providing carers with services they need? Identifying carers' standards for evaluation.

Cathy Bentley Linda Viney

The shift from institutional to community-based care has meant families are now primary caregivers of people with a mental illness. Carers work within a treatment system that does not respond to their needs (Biegel & Schultz, 1999) because the mental health system is based on the medical model, which is consumer rather than carer oriented. Services that address carers' needs would alleviate caregiver burden therefore helping families provide quality support to their ill relative. Carers are important stakeholders in the mental health system and their knowledge and expertise should be utilised. This study will investigate standards carers use to evaluate mental health services. Carers will participate in focus group discussions and interviews focusing on carers' expectations of services. Themes generated from discussions will be used to construct a model of a carers' mental health service. The model will be built within a personal constructivist framework, which emphasizes meanings and interpretations of carers' experiences and evaluations of services (Kelly, 1991). Themes specifying what carers believe constitutes a carers' mental health service are expected and their role in evaluation will be discussed. The importance of the carers' perspective in evaluation of services and how it can lead to improved mental health services will be addressed. Learning Objectives: 1. Attendees will learn what carers believe makes a mental health service useful. Knowledge will be gained about what issues arise for carers when the mental health service is

not carer oriented. Insight into how personal construct psychology can be used to formulate carers' knowledge into a working system/model. 2. Part of the second National Mental Health Plan was to increase carers' satisfaction with services and carers involvement with evaluation of services. This study is relevant to mental health services because it addresses areas of the reform. It involves carers as people who have much needed expertise in the evaluation of mental health services. References: Biegel, D. E., & Schultz, R. (1999). Caregiving and caregiver interventions in aging and mental illness. *Family Relations*, 48, 345-359; Kelly, G. A. (1991). *The psychology of personal constructs: Volume One - A theory of personality*. London: Routledge.

Session: S90 Evaluation and Evidence Based Practice

5/09/2003 From: 1330 To: 1500 Venue: Menzies Theatre

Paper 20 Minutes: The Assessing Cost-Effectiveness (ACE)-Mental Health study: helping policy makers choose evidence-based health services.

Michelle Haby Theo Vos Anne Magnus Cathy Mihalopoulos Louise Heuzenroeder Maturot Chalamat Marie Donnelly Rob Carter Gavin Andrews

A collaboration between Department of Human Services, Victoria, Centre for Health Program Evaluation, University of Melbourne and Monash University and CRUFAD, University of NSW. Aim: Mental disorders account for a significant proportion of the burden of disease in Australia (Mathers et al. 1999). There are efficacious interventions for the main mental disorders (Nathan and Gorman 1998) but there is little evidence of their cost-effectiveness under routine Australian health service conditions. The ACE-Mental Health study aims to assess the cost-effectiveness of interventions for major depression, psychotic disorders, anxiety disorders and ADHD. Methods: All analyses follow a common economic protocol to ensure comparability of results. Incremental cost-effectiveness ratios are calculated as cost per disability adjusted life year (DALY) saved compared to current practice in the year 2000. 'Second filter' criteria (equity, strength of evidence, feasibility and acceptability to stakeholders) are also applied before recommending options for change. Results: There are cost-effective treatment options for mental disorders that are currently under-utilised (e.g. cognitive behavioural therapy for depression and anxiety, bibliotherapy for depression, family interventions for schizophrenia). There are also less cost-effective treatments in current practice (e.g. use of atypicals as the treatment of choice for schizophrenia and, within atypicals, a preference for olanzapine over risperidone). Conclusion: Despite considerable uncertainty around key input variables, clear distinctions in cost-effectiveness between mental health interventions are apparent. Learning objectives: 1. People in the audience will learn about a systematic approach to estimating the costs and health benefits associated with different treatment options for mental disorders. 2. These results offer a means of introducing evidence on cost-effectiveness into policy making for mental health services. References: Mathers C, Vos T, Stevenson C. (1999). *The burden of disease and injury in Australia*. Canberra, Australian Institute of Health and Welfare. Nathan PE and Gorman JM, Eds. (1998). *A guide to treatments that work*. New York, Oxford University Press.

Session: S91 Young People and Families

5/09/2003 From: 1330 To: 1500 Venue: Nicholls Theatre

Paper 20 Minutes: A Journey of Self Discovery with Young People with a Dual Diagnosis.

Tracy Thompson Robert Crombie Mary Gianakis Sally Bramley

The Discoveries -Taking Control Program was conceived out of a desire to move away from the rhetoric surrounding attitudes about the difficulties in engaging young people who are diagnosed with mental illness and who have significant substance abuse problems. After securing funding of \$15,000 from Healthpact, the Belconnen Mental Health Team set about to select 12 young people who met the criteria of having a severe mental illness and significant substance abuse problems. A partnership was created with Outward Bound Australia and Archadia House Withdrawal Centre. A 10 week group program was developed that

incorporated a 7 day admission to Arcadia House for detox and nicotine reduction, followed by a 7 day Outward Bound Program which was held in the bushland outside Canberra. The Discoveries-Taking Control, Outward Bound Program was an amazing experience for both the 10 young people, and the Belconnen Mental Health staff members involved. The experience challenged the underlying power dynamics of the therapeutic relationship, and to the surprise of the clinicians, they found that boundaries became healthier, firmer and more respectful. Everyone involved had to put aside their preconceptions, and spend 7 days on equal footing, relating to each other in a 'real' sense, as fellow human beings who were all trying to surmount the challenges encountered. Learning Objectives: 1. People in the audience will gain an appreciation of the value of suspending preconceptions about how difficult it is to engage young people with dual diagnosis in treatment. They will learn that faced with physical and emotional challenges in a supportive environment, young people do have the abilities and strengths to overcome entrenched fears and anxieties that have kept them from realising their potential. 2. The project highlighted the need for mental health service delivery for young people with dual diagnosis to be flexible and responsive to individual need. It is possible to find constructive and successful ways to encourage healthy lifestyles, enhance mental health, address counter-productive behaviours and develop social networks for this client group. It is important to have a holistic approach and it is worth trying alternative approaches. References: Brown, Vivian, B. et.al. The Dual Crisis - Mental Illness and Substance Abuse *American Psychologist* Vol 44 No 3 March 1989.; Sciacca, Kathleen & Thompson, Christina Program Development and Integrated Treatment Across Systems for Dual Diagnosis: Mental Illness, Drug Addiction and Alcoholism *Journal of Mental Health Administration* Vol 23 No 3 Summer 1996.

Session: S91 Young People and Families

5/09/2003 From: 1330 To: 1500 Venue: Nicholls Theatre

Paper 20 Minutes: Double Trouble - a support and information programs for families of people with a dual diagnosis (mental illness and substance use): Evaluation results.

Sue Farnan Rebecca Shiels

When mental illness and drug abuse occur together in the same individual, the problem is referred to as dual diagnosis. Dual diagnosis poses many problems to the individual with the illness, to their families and to society as a whole. The families of individuals with a dual diagnosis are particularly important. They are usually the main 'carers' and can have a powerful impact on the course of the illness. However, families are rarely included in the treatment program and generally feel unskilled and lack an understanding of the problem. Swinburne University, Southern Dual Diagnosis Service and The Mental Illness Fellowship Victoria have joined forces to respond to this identified area of need in the community by developing, implementing and evaluating a group-based family/carer intervention for dual diagnosis. The family/carer intervention consists of a mix of strategies and techniques drawn from family intervention research in both the areas of schizophrenia and drug and alcohol. Essentially it combines information and education within a supportive framework, as well as other intervention techniques such as stress management, problem-solving and communication training. The intervention utilises a problem-based learning approach and aims to help families understand dual diagnosis better and teach them how to manage the problems they face more effectively. Evaluation results show that the program leads to significant improvements in certain aspects of caregiving such as tension and worry, as well as to a significant reduction in carers' psychological distress. These improvements continue for three months after participation in the family/carer intervention and are sustained at a six-month follow-up. This suggests that a brief, psychoeducational and skills-based family intervention for dual diagnosis, delivered within a problem-based learning framework, is effective in improving caregiver well-being. Learning Objectives: 1. An understanding of the issues facing families of people with dual diagnosis and the family support and information program that has been proven to be successful in increasing the confidence and wellbeing of these family members. 2. This is a unique program addressing the issues of dual diagnosis for families. Dual diagnosis poses many problems to the individual with the illness,

to their families and to society as a whole. The families of individuals with a dual diagnosis are particularly important. They are usually the main 'carers' and can have a powerful impact on the course of the illness. However, families are rarely included in the treatment program and generally feel unskilled and lack an understanding of the problem.

Session: S91 Young People and Families

5/09/2003 From: 1330 To: 1500 Venue: Nicholls Theatre

Paper 20 Minutes: Integrating mental health promotion, early intervention and prevention into the practice of a rural CAMHS service.

Jo Lawrence John Corcoran

This paper will present the initial outcomes of a project within the Child and Adolescent Mental Health Service in Queanbeyan and Cooma NSW, part of the Southern Area Health Service. The aim of the project was to integrate mental health promotion, early intervention and prevention into the day to day work of clinicians. Southern Area Health Service has employed project officers to implement the projects that are used to change practice within the mental health service. To ensure sustainability of these initiatives, the challenge was to make these projects part of the team's core business. In consultation with the clinical team, the project worker devised a number of strategies to support and measure an increase in the amount of time spent working on mental health promotion, early intervention and prevention projects. This paper will discuss which strategies worked, what was learned from those strategies that were less successful, and which outcomes were achieved. Phase 2 of the project will be described, based on what was learned in the initial phase. Learning Objectives: 1. People in the audience of this presentation will learn about a constructive approach to the difficulties involved in reorienting a busy clinical practice to include mental health promotion, early intervention and prevention, including specific strategies and methods for dealing with challenges. 2. This topic is relevant to the current strategic direction in Mental Health Services to use our mental health resources in early intervention and prevention.

Session: S92 Essential Skills for Treatment

5/09/2003 From: 1330 To: 1500 Venue: Sutherland Theatre

Paper 20 Minutes: Group Interpersonal Psychotherapy for Postnatal Depression: a pilot study

Rebecca Reay Yvone Fisher Emma Adams Cathy Owen

Postnatal depression is a significant public health problem with an increasing body of evidence documenting its negative effects on mothers, children and family units. Interpersonal psychotherapy (IPT) has been demonstrated to be an effective treatment for postnatal depression (O'Hara MW, Stuart S, Gorman L, Wenzel A, 2000). IPT is a structured, time-limited psychotherapy that focuses on the client's interpersonal relationships as the point of intervention. Since there are significant advantages of group treatment over individual therapy, IPT was adapted for use in a group setting to assess its effectiveness and acceptability. An open pilot trial was conducted by the Dept of Psychological Medicine, Mental Health ACT. 17 mothers who met the DSMIV criteria for major depression participated in an 8 week closed group based on interpersonal psychotherapy (IPT-G). Several measures of depressive symptoms and social functioning were administered at baseline, 4 weeks, 8 weeks and 3 months post treatment. These included the Edinburgh Postnatal Depression Scale, the Beck Depression Inventory and the Hamilton Depression Rating Scale. Changes in social adjustment and interpersonal functioning were measured using the Social Adjustment Scale. The results from this trial revealed a significant decrease in the depression scores of the subjects following treatment. This would suggest that IPT-G may be an efficacious treatment for postnatal depression, however further research is required involving larger samples and control groups. Learning Objectives: 1. An understanding of the content and processes of Group Interpersonal Psychotherapy for depressed mothers. 2. Increased awareness of the effectiveness of IPT-G for routine referrals to a community mental health service.

Session: S92 Essential Skills for Treatment**5/09/2003 From: 1330 To: 1500 Venue: Sutherland Theatre****Paper 20 Minutes: Battling Boredom Group: A cognitive behaviour therapy program for negative symptoms.****Rebecca Barnett Lisa Meehan**

Psychological treatment for the symptoms of schizophrenia has been shown to be successful, including cognitive behaviour therapy group programs (Gledhill, Lobban & Sellwood, 1998). The current study involves a 16 week group program targeting prominent negative symptoms in chronically ill people with schizophrenia. It was recently conducted for people receiving treatment from Community Care Units and Mobile Support and Treatment Services within the Northern Area Mental Health Service, Victoria. The program we used was originally developed in the UK, and showed promising findings (Johns, Sellwood, McGovern & Haddock, 2002). A baseline control design was used. Group leaders were two psychologists. The main outcome measures will be the Scale for the Assessment of Negative symptoms and the Subjective Experience of Negative Symptoms. We expect to find a reduction in avolition/apathy, reduced distress and improved satisfaction with life generally. Our initial impressions are positive and indicate that a CBT approach to treatment for negative symptoms is warranted. In our paper we will discuss pre-post outcome measures, the appropriateness of measures used and additional psychosocial benefits of such a program. Our experiences of running the group will be outlined and recommendations made for the use of this program in a mental health service. Learning objectives: 1. Attendance at this presentation will assist participants in examining current practice in working with people with prominent negative symptoms. It will provide a forum for discussion on this set of symptoms that is difficult to treat and leave participants with more hope regarding potential interventions in an area that can easily be neglected. Learning objective 2 . The psychological treatment of negative symptoms has not been widely researched, despite the prominent and persistent nature of these difficulties in schizophrenia. In this paper we describe a group program for the treatment of negative symptoms and explore its potential for more extensive use with people receiving treatment in Mental Health services. References: Johns, L.C., Sellwood, W., McGovern, J. & Haddock, G. (2002). Battling Boredom: Group cognitive behaviour therapy for negative symptoms of schizophrenia. *Behavioural and Cognitive Psychotherapy*, 20, 341-346.; Gledhill, A., Lobban, F., Sellwood, W. (1998). Group CBT for people with schizophrenia: A preliminary study. *Behavioural and Cognitive Psychotherapy*, 26, 63-75.

Session: S92 Essential Skills for Treatment**5/09/2003 From: 1330 To: 1500 Venue: Sutherland Theatre****Paper 20 Minutes: Improving Group Skills for Nurses within a Participatory Action Research Project.****Daniel Nicholls Mervyn Love**

The running of group activities, once an almost universal psychiatric nursing practice, has been on a steady decline within the mental health system over recent years. In Bunjil House, a secure extended regional service of Austin Health, Melbourne, this trend was also apparent. Increased workloads and increased acuity of consumers are some of the reasons that have been cited as contributing to this general decline. Nursing skills in this area subsequently suffered as a consequence, and nurses lacked confidence in taking responsibility for running groups. Group skills, however, are considered to be a core competency of psychiatric nursing, and an important means of promoting positive self-esteem in consumers. In an attempt to reinvigorate this activity, a participatory action research mentorship project was undertaken between September 02 and March 03 to enhance the nurses' group work skills and to increase the range of activities offered for consumers on the unit. The aim of this presentation is to both outline the project and to show how it significantly contributed to outcomes and a positive change in the broader culture of the Unit for both consumers and staff. Learning Objectives: 1.To gain insight into how participatory action research can enhance consumer outcomes and nurses' professional skills and identity. 2.To demonstrate a

shared focus for both consumers and nurses vis-à-vis self esteem. References: Carson, J., Fagin, L., Brown, D., Leary, J., Bartlett, H. 1997. Self-esteem in mental health nurses: its relationship to stress, coping and burnout, *Nursing Research*, 2 (5), 361-370.; McDermott, F. 2002. *Inside Group Work*, Sydney: Allen & Unwin.

Session: S93 Brief Papers

5/09/2003 From: 1330 To: 1500 Venue: Derwent Gallery

Brief Papers 10 minutes: The development of a Peer Critical Incident Stress Management Team in a large Psych Disability Support Service

Malcolm Morgan Julie Lengyel

The Richmond Fellowship of Victoria (RFV) provides a range of residential and other psycho-social rehabilitation services to clients, from the age of sixteen upwards, who have a psychiatric disability, dual diagnosis or dual disability, as well as to people with issues of homelessness and complex needs. RFV also has a volunteer program and respite services which are available to carers. From time to time, of course, critical incidents occur within the services and frequently these result in staff experiencing traumatic stress. In the past, when such incidents occurred, existing staff support structures, such as peer support groups and individual and team supervision, have proved inadequate for addressing the resultant traumatic stress. Experience has indicated that traumatic stress needs to be addressed as a separate issue. As a result of this experience, in 1997 the RFV engaged an internationally accredited consultant/trainer to assist in the formation of an RFV Critical Incident Stress Management (CISM) Team. Through this training process, RFV staff were first selected and then trained to respond to critical incidents that occurred in the work place. These staff formed the initial RFV CISM Team. The Mitchell Model of CISM deployed by the RFV CISM team is recognized worldwide to be effective within Emergency Services, hospitals, schools and with members of the general public who have been exposed to major, traumatising critical incidents. During the early months of the RFV CISM Team's operation, it became clear that a model developed for Emergency Services could not simply be transferred, without any adjustment, adaptation or additions, to provide for the needs of the Psychiatric Disability Support Sector (PDSS). From its emerging experience, the RFV CISM Team discovered that both the nature of the critical incidents and the ways that staff in the PDSS responded to critical incidents was in accordance with cultures very different from those existing in Emergency Services. For example, whereas in the Emergency Services, incidents most commonly related to unknown victims, in the RFV, critical incidents involved clients with whom staff had, because of the nature of their role, formed a close working relationship. This meant that there was an extra dimension to the staff members' emotional response to the incident which, together with other indicators, has led the CISM Team and its trainers, to creatively adjust and add to the model, to better meet the needs of the (local?) PDSS culture. This paper presents a brief outline of the RFV CISM Team's process of group learning and of training development through which, without losing its internationally accredited status, it creatively adapted the CISM model to allow for cultural differences between Emergency Service organizations and the PDSS. Case study examples are given which show how individual staff members, staff teams and the organization as a whole, have benefited from adopting, adjusting and amplifying the Mitchell Model of Critical Incident Stress Management. Learning Objectives: 1. People attending this presentation can expect to learn about the process that needs to be gone through in order to successfully customize a model of Critical Incident .Stress Management (CISM) from one context into another more suited to their own organizational needs. They will learn about the advantages and some of the pitfalls of the development of a peer operated CISM team in their organization. 2. . Burnout and the personal as well as potential financial costs associated with stress related absences from work are one of the most worrying issues facing managers and workers alike in the mental health field. A Peer operated CISM team offers a service to workers in an organization that can assist in the early intervention and resolution of these issues. .This workshop charts the journey from its inception, of a successful peer CISM team. Deploying peers, as opposed to contracting out is one way that organizations can afford to develop a highly skilled CISM

team, whose knowledge of the culture of the organization can ensure that CISM responses are tailored to the needs of the staff in the organization.

Session: S93 Brief Papers

5/09/2003 From: 1330 To: 1500 Venue: Derwent Gallery

Brief Papers 10 minutes: Depression among Nurses.

Steven McKay Tara Walker

Depression is a disorder that is characterised by changes in a person's emotional and physical state. Currently, 1 in 5 Australians suffer depression and World Health Organisation estimates that by 2020 depression will be epidemic. It was noted that there were a consistent number of nurses experiencing depression in the health service. It was decided to facilitate a support group run by nurses for nurses. The support group was based on seven concepts: .Therapy - the goal being personal growth for group members; .Support - the sharing of advice, experiences and information relating to treatment and services; . Information - external resources invited in when required; . Advocacy - members intercede on behalf of others less able to develop coping mechanisms; .Social action and lobbying - the aim is to bring social rather than individual change, ie. flexible working hours; .Developing alternative services and supports - to utilise a service philosophy and decide how the service is delivered; . Direct power - relating to decision making and service delivery. The support group was advertised by flyers and the project officer visited all sites in the health service. An 1800 number was developed and the project officer was the initial contact for all enquiries. The group meets monthly with evaluation ongoing. Concluding sentence: Depression is a significant nursing workforce issue with a support group being the starting point of facilitating support for nurses experiencing depression. Learning Objectives: 1.The audience will: .Develop insight in to the effects of depression on the nursing workforce; .Be able to implement support strategies for nurses experiencing depression; .Develop an awareness of the structure of support group facilitation. 2. This paper is service relevant because the support group represents an innovative service, developed as a result of qualitative evidence given by nurses experiencing depression. The Mental Health issues are: .Provision of support to nurses experiencing depression in the workforce; .The ability of a health service to respond to the mental health requirements of it's employees. References: Gelder, M., Gath, D., Mayou, R. & Cowen, P. (1996) *The Oxford Textbook of Psychiatry*, Oxford Medical Publications, Oxford.; Meadows, G. & Singh, B. (2001) *Mental Health in Australia: Collaborative Community Practice*, Oxford University Press, Sydney. www.mentalhealthsn/au/stagesofdevelopmentofsupportgroups.

Session: S93 Brief Papers

5/09/2003 From: 1330 To: 1500 Venue: Derwent Gallery

Brief Papers 10 minutes: Access Program - An Innovative Approach to Service.

Nicole Cavalieros Nick Hansen

Western Region Outreach Service is a psychiatric disability support service that has recently developed a new model (known as the Access Program) to address five key areas of practice: management of the referral, assessment and waiting list processes; responding to ex-consumers of the WROS service when they re-present to the service; addressing the needs of current long-term consumers of WROS with limited exit options; responding to new referrals who may have immediate needs that the Access team can endeavour to address; .local community development about the needs of people with psychiatric disability as a result of mental health issues. This paper will address the theory behind the development of the Access program as well as discussing the practical operation of the program over the past twelve months. Case studies will be used to demonstrate the program's effectiveness. We will discuss the systems established to facilitate contact with ex-consumers and how we provide immediate support to this group of people. We will also discuss the referral and assessment process which allows the Access program to provide limited support to new referrals with immediate needs whilst they are on the waiting list. The program is very integrated with the Home Based Outreach program and we will discuss how this partnership is managed. The presentation will clearly demonstrate a new initiative within a psychosocial rehabilitation

context and share with the audience the practical elements of developing and running such a program. Learning objectives: 1. Members in the audience will gain insight into a new program which attempts to provide a creative and practical support approach to a range of consumers (ex-consumers, new referrals and current consumers) in a PDSS setting. 2. Mental Health services often need to manage the key areas addressed by the Access program and this presentation will share the experiences of this approach as an attempt to address these needs.

Session: S93 Brief Papers

5/09/2003 From: 1330 To: 1500 Venue: Derwent Gallery

Brief Papers 10 minutes: Goal Setting Made Easy.

Nicky Bisogni Joan Clarke

This paper will explore, according to the Boston Approach to Psychiatric Rehabilitation, the collaborative process of helping consumers choose, get and keep their overall rehabilitation goals. Getting this process right is important because, as the research identifies, the more collaborative, individualised and thorough the process of goal setting is, the more likelihood there is that the outcomes will be positive and sustaining. The challenge of goal setting is steep. How often have you, as a worker heard consumers state their goal, 'I just want to feel better about myself', or alternatively 'I want to be a rocket scientist'. Both these goals are perfectly reasonable in their own ways but completely challenging to go about achieving. Where do you start? How do you know you are getting there? What happens if you don't? Goal setting is hard not just for the consumer but for the worker as well. In this presentation we will provide a description of the steps needed to help consumers set and achieve goals that fit them and sustain. We will provide a model for goal setting which has been proven to be effective, and is easy in its application. Goal setting is fundamental to our work as it provides consumers with pathways to move forward and reclaim some power in their lives. If we can help them with a process which will guarantee an outcome then we have played a small part in, what is for the consumer, a major life changing event. Learning Objectives: 1. People in the audience will learn about a model of goal setting which is practical, individual and has proven to be effective. 2. Helping consumers move forward in their lives is a goal which unites the mental health sector. Having practitioners skilled in setting goals is one way to ensure successful psychiatric rehabilitation outcomes. References: Psychiatric Rehabilitation, Second Edition. William Anthony, Mikal Cohen, Marianne Farkas and Cheryl Gagne. Centre for Psychiatric Rehabilitation, Sragant College of Health and Rehabilitation Sciences, Boston University 2002 An Introduction to Psychiatric Rehabilitation. Edited by The Publications Committee of International Association Psychosocial Rehabilitation Services. Colombia 1994.

Session: S93 Brief Papers

5/09/2003 From: 1330 To: 1500 Venue: Derwent Gallery

Brief Papers 10 minutes: Yes we closed the institutions but how do we make our services better.

Peter Boyle Daniel Eltringham

While the National Mental Health Plans have achieved significant structural reform, there have not been equivalent improvements in the quality of services (Whiteford et al 2002). In particular in rural areas large geographical distances and problems with the recruitment and retention of staff mitigate against the advantages of the structural reforms. This presentation will showcase how two relatively separate and directionless programs have evolved into an integrated, consumer focussed, innovative rehabilitation team. Bendigo Psychiatric services are located in central Victoria and provide mental health services for a region of 223,000 people over 35663 square kilometres. Following the closure of the stand alone psychiatric hospital in the mid 90's a mobile intensive community outreach program and a residential rehabilitation unit were established. While both these programs focussed on the delivery of rehabilitation services, there was minimal collaboration between the programs. In 2001 a service reform process was undertaken with a goal of providing an integrated psycho social support and rehabilitation program across the community and residential settings (Tobin,

Dakos, & Urbanc, 1997). The program was based on a partnership approach between consumers, clinicians and management and focussed on enhancing consumer involvement and developing innovative programs such as medication adherence and healthy living. This process has been a journey of discovery for all parties and reflects the importance of providing empowering and responsive assistance to consumers who are recovering from a mental illness. Learning Objectives: 1. Delegates will learn about the importance of ensuring that services are consumer focussed and responsive to local needs if the goals of the National Mental Health Plan are to be fully realised. 2. This presentation is relevant to mental health services as it highlights the importance of process reform in achieving quality outcomes. References: Tobin, M., Dakos, T., & Urbanc, A. (1997). Using action research to facilitate organisational change in mental health service delivery. *Australian and New Zealand Journal of Psychiatry*, 31, 739-743; Whiteford, H., Buckingham, B. & Manderscheid, R. (2002) Australia's National Mental Health Strategy *British Journal of Psychiatry* 180 pp 210 - 215.

Session: S93 Brief Papers

5/09/2003 From: 1330 To: 1500 Venue: Derwent Gallery

Brief Papers 10 minutes: To Infinity and Beyond: Promoting the Possible...Change in Action!

Kelly Johnstone

Maori mental health professionals are necessary in order to strengthen the mental health sector's capability and capacity to deliver effective and appropriate services to tangata whaiora (Maori consumers) and their whanau (family). Research demonstrates that Maori, in proportion to their population, are over represented as consumers of mental health services. In contrast, a number of studies have confirmed that a small number of Maori mental health workers currently exist in the sector and struggle to meet the growing demands and specific cultural needs of this population. Over the past decade attempts have been made to address these issues at a strategic and policy level, however, progress is slow. Various authors have highlighted their discontent at the inability of the mental health system to address the specific needs of Maori and have noted that Maori mental health workforce development requires acceleration and coordination. Maori continue to be disproportionately represented as high users of mental health services within a predominantly monocultural model of mental health service delivery and their unique cultural needs remain poorly served. Learning Objectives: 1. Participants will gain an understanding of some of the key issues that require careful consideration in the planning, development and delivery of mental health services to Maori (an indigenous population). 2. Approaches to planning, service delivery and workforce development for Maori (indigenous people) in the Northern Region of Aotearoa will be presented and discussed.

Session: S94 Recovery, Rights & Responsibilities

5/09/2003 From: 1330 To: 1500 Venue: Fitzroy Gallery

Paper 20 Minutes: Have Things Really Changed?

Janet Meagher Desley Casey

Has the Human Rights & Equal Opportunities Commission into Mental Illness Report become part of the rhetoric of governments and mental health services and/or now sits on the shelf? Will the NSW Legislative Council Inquiry into Mental Health Services Report and other similar reports receive the same fate? Do we need a follow-up national inquiry to address outstanding issues? What is our role as consumers, carers and service providers if - when this happens? This workshop will look at the comparison of themes, issues and recommendations made by the Human Rights & Equal Opportunities Commission Inquiry into Mental Illness (1993) and the NSW Legislative Council Inquiry into Mental Health Services (2002). The facilitators will lead a workshop discussion on some of the recommendations highlighted in both reports and whether, if after, 10 years the issues raised in the Human Rights & Equal Opportunities Commission Inquiry report have been addressed or still need to be addressed. Participants at the workshop hopefully will make

recommendations than can be implemented. The workshop will also look at the rhetoric of mental health bureaucracies and whether genuinely addressing the reports' recommendations. Does this rhetoric match the reality of mental health services, especially in your State which are provided at the grass roots level? Learning Objectives: To increase participants awareness and knowledge of the issues, suggestions and recommendations highlighted in the Human Rights & Equal Opportunities Commission Inquiry into Mental Illness (1993) and the NSW Legislative Council Inquiry into Mental Health Services Report (2002) and other similar reports and inquiries via comparing the recommendations. To increase participants knowledge of the recommendations which have been implemented by either Federal or State governments or still need to be addressed. To create awareness and provide encouragement for all participants to contribute enthusiastically and tenaciously towards the protection and upholding of human rights in the mental health sector.

Session: S95 Partnerships: Public/Private NGO

5/09/2003 From: 1330 To: 1500 Venue: Murray Gallery

Paper 20 Minutes: Partnerships in Mental Health - are they possible?

Lisa Gill

The National Demonstration Projects in Integrated Mental Health were funded under the Second National Mental Health Plan as the third national plan is rolled out what lessons did we learn from promoting partnerships between public mental health services, private psychiatry and general practice and what are the priorities for future collaborative activity. The Public and Private Partnerships in Mental Health (Partnership Project) was a Commonwealth funded joint project of St Vincent's Mental Health Service and The Melbourne Clinic. It completed its implementation phase in August 2002. The Partnership Project aimed to improve the effectiveness of mental health services by fostering cooperation and collaboration between all mental health service providers. This paper will discuss some of the results of the independent evaluation of this project and some of the lessons learnt about enhancing collaboration between the sectors. Learning Objectives: 1. The audience will learn about an example of successful collaboration between public and private psychiatry and general practice and some of the barriers experienced in achieving this. 2. Improving collaboration between GPs, public and private mental health sectors is important in the context of increasing demand for services and the scarce resources available to meet the mental health needs of the community. References: Pirkis J, Livingston J, Herrman H, Schweitzer I, Gill L, Morley B, et al. Improving collaboration between the public mental health sector and private psychiatrists (1): Evaluation of the Partnership Project's Linkage Unit. Australian and New Zealand Journal of Psychiatry Submitted.; Pirkis J, Livingston J, Herrman H, Schweitzer I, Gill L, Morley B, et al. Improving collaboration between the public mental health sector and private psychiatrists (2): Evaluation of the Partnership Project's expanded roles for private psychiatrists. Australian and New Zealand Journal of Psychiatry Submitted.

Session: S95 Partnerships: Public/Private NGO

5/09/2003 From: 1330 To: 1500 Venue: Murray Gallery

Paper 20 Minutes: The 'Consumer Collaborative' Project - South Australia A Mental Health Service and a Non Government Organisation, also a City Council plus a Consumer Advisory Group, all working in partnership.

Trevor Parry

The 'Consumer Collaborative' Project is a fine example of how agencies with differing backgrounds and priorities can all work together in partnership with mental health consumers to provide vital links to the community for those consumers suffering the adverse effects of social isolation. This trial project was designed to offer a greater focus of one-on one support to the mental health consumers being referred to the existing Community Links Programme. The five consumer Peer Support Workers who also had dual roles as Community Educators, provided this additional support. The agencies involved in this exciting project are the Division of Mental Health, Noarlunga Health Services, the Community Links Programme,

Baptist Community Services, SA, Onkaparinga City Council and the Noarlunga Mental Health Consumer Advisory Group. The Mental Health Service provided training for the five Consumer Peer Support Workers in mental health awareness, and this was augmented by the NGO that supplied training in non-clinical support. The City Councils' Community Development Department willingly gave training in the process of Community Education and assisted the five Consumer Educators to develop their own group presentation titled 'Dispelling The Myths About Mental Illness'. Learning Objectives: 1. Details will be obtained regarding the unique partnership that was developed between the participating agencies and the fact that closer links have been forged between those agencies because of this successful trial project. Any difficulties encountered by the project steering committee will be discussed plus the successes of the project. The audience will also be given the experiences of the Consumer Peer Support Workers/Community Educators. 2. The Commonwealth and State Governments have been advocating for some years for there to be closer partnerships between agencies as this will be beneficial for their consumers. Mental Health Services were originally developed to be stand-alone specialist services but now the isolation is over and there is an enforced integration within the mainstream health system. All mental health consumers and service providers in Australia must become proactive in advocating for this full integration to include close links to as many agencies as possible.

Session: S96 How Important is Employment?

5/09/2003 From: 1330 To: 1500 Venue: Swan Gallery

Paper 20 Minutes: Improving Employment Outcomes for Consumers.

Joan Clarke

This paper explores barriers to employment for people living with a psychiatric disability and suggests elements of programme design which can lead to improved employment outcomes for consumers. People living with a psychiatric disability are known to experience high and persistent levels of unemployment - as high as 70% according to one ABS survey. Yet, at the same time, research shows that people with a psychiatric disability want to be engaged in paid employment as much as any other group in society. It is well-known that consumers who are able to gain employment enjoy better physical health as well as reporting fewer psychiatric symptoms. Employment is also a key stepping stone to social participation and social inclusion. Why is there such a gap between expressed desires and actual experience? The evidence suggests that neither the fact of mental illness alone nor the particular traits of individuals can fully explain this gap. Prahran Mission has undertaken a research project which has evaluated the systemic and individual barriers to employment. Using longitudinal data from its specialist employment service JobSupply, evidence from its structured psychosocial rehabilitation programme Second Story and interviews with past and present consumers themselves, this paper will illuminate the barriers to employment outcomes for consumers. The paper will also delineate aspects of programme design and service delivery which will lead to improved outcomes for consumers. Learning Objectives: 1. Audience members will learn what elements of programme design are most effective in assisting consumers in gaining - and holding onto - employment. 2. This topic is relevant because it addresses the expressed desires of consumers themselves and attempts to respond to those desires. References: D. McAlpine & L. Warner, Barriers to employment among people with mental illness: a review of the literature. Rutgers State University, New Jersey 2001. S. Priebe et al, 'Employment, attitudes toward work and quality of life among people with schizophrenia in three countries'. Schizophrenia Bulletin Vol 24, No 3 1998.

Session: S96 How Important is Employment?

5/09/2003 From: 1330 To: 1500 Venue: Swan Gallery

Paper 20 Minutes: Applying Psychosocial Rehabilitation Principles To Improve Employment Outcomes For People With Psychiatric Disability.

Phil Nadin

This paper will look at the Commonwealth Government's Disability Employment Assistance Program in the context of its role in promoting recovery of people with mental illness. The

Commonwealth essentially sees this program as an employment program. But the reality of Australia's mental health policies, which give little priority to rehabilitation, is that for many people with psychiatric disability, the Employment Assistance program is one of few, if not the only opportunity they may have to access a reasonably resourced rehabilitation service. With the results of a recent Commonwealth trial, we will look at how well people with psychiatric disability are performing in this program, and draw some conclusions about how effective the program is in addressing their needs. By applying some long standing and well understood principles of psychosocial rehabilitation to this same program, we can suggest measures to improve outcomes, while still adhering to the program's policy objectives. PRA's own recent experience, in which a new service model has been adopted, will help to underline this proposition. Opportunities for people with psychiatric disability continue to be limited by a number of resource constraints, and we probably accept that these will always exist to at least some extent. However, when comparatively well resourced programs are available to support people's recovery, but they fail because they are not properly designed and administered, then there is no excuse for inaction. Learning Objectives: 1. To understand the relevance of psychosocial rehabilitation principles to achieving employment outcomes for people with psychiatric disability. 2. Work can be an important contributor to people's recovery, and funded employment programmes are significant in the limited range of rehabilitation supports available in Australia.

Session: S96 How Important is Employment?

5/09/2003 From: 1330 To: 1500 Venue: Swan Gallery

Paper 20 Minutes: Improving employment opportunities for people who experience schizophrenia: A successful innovation.

Christine Randall

This paper reports research findings about a job placement model that seeks to address some of the limitations of current methods, thereby improving employment opportunities for people who experience schizophrenia. To create demand for the skills of traditionally disadvantaged job seekers, there has been a call for an increased focus on the needs of employers (Buys & Rennie, 2001; Fabian, Luecking, & Tilson, 1994; Gilbride, Stensrud, & Johnston, 1994). Using an entrepreneurial job development approach (Bissonnette, 1994), this study identified the hiring needs of an employer and developed a new job in partnership with them. Subsequently, a job seeker, diagnosed with schizophrenia, willing and able to meet the needs of the employer was placed in the job. Using a case study approach, the job development, placement and maintenance process was explored from the perspectives of the employer and the employee. The successful outcome of this process will be explored through the reporting of data collected. The results and their implications for further research are discussed. Findings from this study demonstrate the potential of this approach to improve employment opportunities for job seekers who experience schizophrenia as well as for other vocationally disadvantaged groups. Learning objectives: 1. The audience will benefit from hearing about a successful method of improving employment opportunities for people who experience schizophrenia, which has not been previously addressed in the academic literature and responds to some of the limitations of traditional job placement methods for this disability group. The paper aims to stimulate debate about the more entrepreneurial approaches of job development, as well as about moving away from the charity of employers and more towards creating a win-win situation in employment relationships. 2. This topic is particularly relevant to employment support services supporting job seekers and workers who experience mental health issues. This presentation will promote an alternative method of increasing employment opportunities for people who experience schizophrenia, focusing on the hidden job market and addressing the needs of the job seeker/worker, as well as the employer, to create 'demand' for a client group of a high support employment agency. The job development approach discussed in this presentation promotes integration and access to employment, appropriate support and acknowledgement of abilities, mental health in the workplace and employer awareness of mental health issues. References: Bissonnette, D. (1994). Beyond traditional job development: The art of creating opportunity. Chatsworth: Milt Wright &

Associates. Buys, N., & Rennie, J. (2001). Developing relationships between vocational rehabilitation agencies and employers. *Rehabilitation counseling bulletin*, 44(2), 95 - 103.;

Fabian, E. S., Luecking, R. G., & Tilson, G. (1994). *A working relationship: The job development specialist's guide to successful partnerships with business*. Baltimore: P. H. Brookes Pub. Co.;

Gilbride, D. D., Stensrud, R., & Johnston, M. (1994). *Current models of job placement and employer development: Research, competencies and educational consideration*.