S003  Keynote  
1/09/2004  From: 1000 To: 1100  Venue: Arena 1B  
Keynote Speech:  Children of Parents with a Mental Illness: A Family Perspective for Professionals, Systems & Carers.  
Adrian Falkov  
The link between mental illness in parents and a range of adverse outcomes for their children is well established, including child fatalities. Less clear is the proportion of adults experiencing mental ill health who are parents and the nature and extent of (associated) emotional and behavioural problems in the children. Epidemiological and case register evidence suggests that this is a substantial public health issue with implications for all mental health, social, and primary care services. This paper will address the question: 'what is Copmi’ using a family, lifespan & generational perspective. Given the prevalence data on psychiatric morbidity in children & adults of childbearing age, a direct focus on families, with a longitudinal perspective, is likely to yield data indicating that there are very few families who remain entirely unaffected by mental ill health. The paper will highlight parenting as a mental health issue and demonstrate that ‘Copmi’ families are amongst the most vulnerable in society, facing multiple, cumulative adversities including poverty, stigma, the burden of both mental illness & childcare burden, as well as generational transmission of genetic & psychosocial risk. Harvesting hope - approaches to identifying, defining & meeting the needs of all family members - will be discussed using clinical examples, consumer feedback & evidence from state, national & international projects.

S004  Better Service Design  
1/09/2004  From: 1130 To: 1300  Venue: Arena 1A  
Paper 20 Minutes:  Confronting the paradox - Helping by being, or helping by doing.  
Robert Bland  
The Learning Together Report (Education and Training Partnerships in Mental Health: Deakin Human Services Project 1999) concludes with a radical and confronting basis for professional education in mental health: that professionals should value the lived experience of mental illness of consumers and carers, and that they should value the power of healing relationships between workers and consumers, and workers and family carers. The dominant discourse in professional education is that of knowledge and skills - of knowing and doing, but the Deakin Project asks us to look beyond that to an alternative discourse of relationship, in which the human qualities of the worker, their being, is valued. How can we honour the discourse of relationship within the current professional training programs? This paper will encourage a recognition of three important human qualities of the effective helper - compassion, hope and courage. It will suggest ways in which these qualities can be nurtured in students and staff colleagues. Teaching in partnership with consumers and family carers, mentorship, and supervision are seen as central strategies in promoting this nurturing process.  

Learning Objectives 1. Participants will learn about the tensions between a 'knowing and doing' approach to practice and an approach based on 'being’. They will be encouraged to explore how these tensions operate in the process of educating and training mental health professionals. 2. Valuing relationships, and the being of practice is central to both education and training for all the professional disciplines, and also in the way in which staff are supervised and services managed.  

S004 Better Service Design  
1/09/2004 From: 1130 To: 1300 Venue: Arena 1A  
Paper 20 Minutes: Recognising Innovation in Mental Health Service Design, Development and Delivery or When is a Duck a Duck?  
Duane Pennebaker  
Just what constitutes innovation in health care services raises a number of issues of particular importance in relation to mental health and the treatment of mental disorders. No doubt innovation promises to enhance our health and quality of life by implementing strategies that may be non-traditional or 'unprecedented'. However, it is not clear what constitutes innovation in health services, how can it is recognised and why it is important in mental health. Innovation is often confused with the notion of change. Some argue that innovation leads to change but not all change leads to innovation, thus emphasising that innovation is not a variation of something old. Further, it is important to understand how innovation does or does not occur within our complex health care system as well as why it may or may not be accepted by stakeholders and understanding innovation promoting factors within health services. For example in order to assume the necessary risks of innovation, innovators must have confidence that an organisation will reward success and tolerate failure. The purpose of this paper is to develop a framework for recognising innovation and its importance in service design, development and delivery in mental health. The paper will discuss a number of recognition factors for innovation and the supporting factors required for innovation in health care services to emerge. Lastly, the critical success factor of having a generative relationship with target communities in service design, implementation and delivery will be highlighted.  
Learning Objectives. The participants will: 1. Acquire an understanding of what constitutes mental health service innovation in service design, development and delivery; and 2. Appreciate the issues and challenges in designing, developing and delivering innovative services to meet diverse mental health needs.

S004 Better Service Design  
1/09/2004 From: 1130 To: 1300 Venue: Arena 1A  
Johnathon Phillips  
The context for mental health reform is twofold: community demand and three National Mental Health Plans which have been articulated since the early 1990s. Whilst there has been commendable gains in mental health services, development has been patchy with some states making relatively poor progress. The issue of service development in a complex political environment will be touched upon in this talk and the need for some overarching commission will be addressed. The talk will focus on challenges rather than answers, as must be the case.

S005 Parents with mental illness - law & child protection  
1/09/2004 From: 1130 To: 1300 Venue: Arena 1B  
Paper 20 Minutes: 'Harnessing resilience, healing the wounds, and harvesting hope: addressing the needs of adult children of parents with mental illness.'  
Kim Foster  
The presentation aims to raise awareness of the issues and risks that adult children of parents with mental illness can face, as well as illuminate the resilience and coping that can ameliorate or prevent them. In combining her own voice with those of other adult children of parents with mental illness (ACOPMI), the author also offers suggestions for service provision so that the needs of ACOPMI may be adequately addressed. Learning Objectives:1. The audience will become aware of issues and risks that adult children of parents with mental illness can face, combined with strategies to address these, through presentation of both personal and research-based information.2. The topic of adult children of parents with mental illness is pertinent to mental health as it lies within the issue of Children of Parents with Mental Illness - a priority area in the Mental Health Promotion and Prevention National Action Plan, and is further relevant as persons in this group may be consumers.
and/or carers within mental health services. **Abstract:** The recent Children of Parents with Mental Illness (COPMI) national initiative reflects a welcome awareness of issues facing children and families where parents have a mental illness. However, whilst immensely valuable in its emphasis on prevention and early intervention, it does not focus on adult children of parents with mental illness (ACOPMI), who remain a marginalised yet substantial group affected by parental mental illness. Empirical research has identified an increased risk of issues such as parentification, academic, behavioural and peer interaction problems, and mental health problems, for COPMI. Further, this childhood legacy may follow them throughout life, so the adult child may experience problems such as poor self-esteem and identity issues, a need for control and perfectionism, and difficulties with interpersonal relationships. Nevertheless, the risks for A/COPMI are by no means inevitable, and research has also illuminated protective factors that can strengthen resilience and coping and ameliorate or prevent problems occurring. In this paper, the author combines her voice and personal experience of being an ACOPMI with those of other ACOPMI, and illuminates the wounds that may occur, the resilience and coping that can be strengthened, and suggestions for service provision so that hope may be generated for this previously silenced group. **References:** Cowling V. (Ed.). (2004). Children of Parents with Mental Illness 2: Personal and Clinical Perspectives. Camberwell, Vic: ACER Press. Dunn, B. (1993). Growing up with a psychotic mother. American Journal of Orthopsychiatry, 63(2), 177-189.
families where a parent has a mental illness will be highlighted. **Learning Objectives.** 1. Delegates will learn about the role of the national COPMI project, its findings to date and current undertakings. 2. The promotion of better mental health outcomes for children of parents with a mental illness is the overall aim of the COPMI project, funded by the Australian Government. The needs of these children have now been well identified in a range of Australian publications including the Mental Health Promotion and Prevention National Action Plan of 1999. Reference: Commonwealth Department of Health and Aged Care (1999). Mental Health Promotion and Prevention National Action Plan. Canberra, Mental Health Branch.

**S006 Culture and Healing**

1/09/2004 From: 1130 To: 1300 Venue: Arena 2

**Paper 20 Minutes: A Comprehensive CALD Service Improvement Framework in a Clinical Mental Health Service.**

**Robyn Humphries Malina Stankovska Jorge Torrico**

This presentation describes a collaborative, innovative project between the Northern Area Mental Health Service (NAMHS) and the Victorian Transcultural Psychiatry Unit (VTPU). A system to create a dynamic and sustainable process for ongoing action on Cultural and Linguistic Diversity (CALD) issues in a public sector clinical mental health setting was developed. The project involved investigating the needs of the various stakeholders (consumers, carers, ethnic communities, mental health service staff and mental health service management) in order to facilitate effective work with CALD consumers and carers. The framework developed integrates National Mental Health (1) and Practice (2) standards, ACHS Equip requirements, organisational structures and local policy, as well as clinical best practice. It engages management, consumer, carer, clinician and ethnic community input and ensures that communication regarding CALD issues is open and ongoing. The framework informs the work of the NAMHS Ethnic Mental Health Consultant who is responsible for managing the projects and providing leadership in further identifying issues and developing appropriate responses. The aim of the presentation is to describe a CALD service development model that can be readily adapted to particular agencies and settings, and to inspire the audience to strive for innovative and sustainable improvements in the delivery of mental health services to consumers and carers from culturally and linguistically diverse backgrounds. **Learning Objectives.** 1. People in the audience will learn how to take a systemic approach to service improvement, incorporating relevant standards, organisational structures, clinical practice, community consultation, staff training and service evaluation. Can lead to significant and sustainable improvement in the delivery of responsive and appropriate mental health services to CALD communities. 2. This presentation is relevant to mental health services as it addresses the importance of CALD sensitivity across multiple domains of service planning, implementation, review and evaluation. **References:** National Standards For Mental Health, Commonwealth of Australia, 1997. National Practice Standards for the Mental Health Workforce, Commonwealth of Australia, 2002.

**S006 Culture and Healing**

1/09/2004 From: 1130 To: 1300 Venue: Arena 2

**Paper 20 Minutes: Kaupapa Maori Mental Health Services Review .A First Point to 'Harvesting Hope' for Indigenous Cultures.**

**Lorraine Eade Kaumatua (Maori Elder)**

Te Roopu Awhiowhio completed a Kaupapa Maori Mental Health Services Review on behalf of the South Island Regional Mental Health Network. The goal for the review was to: (a) Provide a comprehensive range of kaupapa and/or mainstream clinical, cultural and support services to a minimum of 3% of Maori with the greatest mental health need; and (b) Develop Kaupapa Maori services as the preferred means of delivering mental health services to Maori. Using a whakawhanaungatanga model, the six South Island District Health Boards undertook a stocktake and survey of all Kaupapa Maori Mental Health Providers, District Health Board Provider services, DHB Planner and Funders and tangata whaiora me whanau
The presentation will share Learning Objectives. 1. The importance of kotahitanga (unification), whanaungatanga (relationships), awhi and tautoko (help and support of one other) for indigenous cultures to 2. The recognition that western models of practice and contracting are often not suited to implementing indigenous models of health; Using western policy frameworks can support indigenous aspirations.

S006 Culture and Healing
1/09/2004 From: 1130 To: 1300 Venue: Arena 2
Andy Tjilari Rupert Peter

Anangu - aboriginal people - call our own healers 'ngangkari'. We have had ngangkari in our culture for untold ages, from when we were living in the bush, from before houses and white flour and sugar. Ngangkari come from the deep past. They are exactly like doctors. They are equal with doctors in their effectiveness for Anangu people. The Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation supports the work of ngangkari. At Women's Council we want to see the valuable skills of ngangkari remain of value into the future. We want to see ngangkari still working right into the next century. We don't want to lose our own healers or see their skills disappear. They are precious to us. Ngangkari are very effective because they carry strong powers within themselves to eradicate emotional and painful problems. We knew that it would be beneficial to employ ngangkari. But it was hard because so few non-Aboriginal people understand what ngangkari are and what they do. At last we were successful in 1997 and, as of 2000, we have our own two ngangkari on staff. Doctors and sisters might wonder why Anangu keep asking for ngangkari help when they can access good health clinics these days and they can easily get a quick needle or a tablet? It is because ngangkari get straight to the problem and give immediate healing. Tablets can't heal the spirit. Ngangkari can. Ngangkari can see right into the spirit and the mind. Ngangkari see right inside the kurunpa -the spirit-and get straight to the heart of the matter. What is kurunpa? There is kurunpa inside you and inside me. It lives inside our bodies giving us life.

S007 Outcome measurement - training and utilisation
1/09/2004 From: 1130 To: 1300 Venue: Central Foyer A
Paper 20 Minutes: Hope for the future - an innovative approach to sustainable outcomes training in mental health services: The South Australian model.
Helen Sproule Coombs Tim

Hope for the future - an innovative approach to sustainable outcomes training in mental health services: The South Australian model.Helen Sproule- Project Manager, National Outcomes & Casemix Collection (NOCC), Department Human Services.Tim Coombs- Australian Mental Health Outcomes and Classification Network (AMHOCN), New South Wales Institute of Psychiatry.All mental health services across Australia have begun or completed training staff in the implementation of routine outcome measurement to service delivery. This paper will outline South Australia's approach to supporting training in the National Outcomes and Casemix Collection (NOCC). Although it has been argued that training for instruments such as the HoNOS is not necessary ( Rock 2001), there is evidence that even after completion of their own training, mental health staff who need to train others believe that they should receive additional training,(Trauer et al 2002 and Chipps et al 2003). Given this, South Australia has invested in educating trainers not only in the content of NOCC, but also in those skills required to deliver training to others. In total, trainers were given over 10 days of training. As a result of this training, trainers demonstrated competence in the delivery of training to small and large groups and the ability to adapt training materials. Skilled trainers with such flexibility enable the development and delivery of targeted training to the various staff to be trained in the NOCC. Investment in training trainers who have content knowledge of NOCC and skills in the delivery of training is seen as an essential step in building South
Australia's capacity to deliver sustainable implementation of routine outcome measurement to mental health services. **Learning Objectives:** 1. Have an understanding of the approach adopted by South Australia to the implementation of outcomes and casemix measures to clinical practice. 2. Identify the challenge for services in ensuring sustainable implementation of outcomes and casemix measures to routine clinical practice.

**S007 Outcome measurement - training and utilisation**  
1/09/2004 From: 1130 To: 1300 Venue: Central Foyer A  
**Paper 20 Minutes: Optimising the use of Outcome Measures in the Community - Treatment of Mental Illness.**  
Joy Atkins  Kate Schlicht

While the collection of client information via Outcome Measures has become routine over the past year in Victoria, it is important for services to consider methods of most effective utilization and to examine those methods with appropriate research. The aim of this paper is to put forward one method of utilization and to highlight some of the research undertaken to examine its implementation. Southwest Healthcare have undertaken to integrate the OM into their standard clinical practice, with a focus on their uses in care planning, and while addressing concerns regarding validity and reliability of the measures themselves. Research is currently ongoing examining relationships between needs identified in HoNOS compared with needs identified in Community Treatment Plans, and how well actual clinical treatment is reflective of the needs indicated on the HoNOS. While the gathering of OM has become mandatory, it is up to services themselves to optimize their uses via implementation and evaluation. **References:** Measuring consumer outcomes in clinical mental health services: A training manual for services in Victoria. 2nd edn. 2003. Department of Human Services, Mental Health Branch. Gill Miller Press, Melbourne. Value of HoNOS in assessing patient change in NHS psychotherapy and psychological treatment services. Audin, K., Margison, F.R., Clark, J.M. & Barkham, M. The British Journal of Psychiatry (2001). 178: 561-566.

**S007 Outcome measurement - training and utilisation**  
1/09/2004 From: 1130 To: 1300 Venue: Central Foyer A  
**Paper 20 Minutes: Outcome Measures: What About Including The Carer?**  
Toni Louise Van Hamond

This presentation will focus on the implementation of outcome measurement from a carer perspective on the issues related to the clinical picture of the consumer. The 2000 service Implementation Committee included consumer and carer representatives who identified a gap in the outcome measure implementation process, that of inclusion of a carer tool. This gap is contrary to Departmental and National Mental Health Strategy direction, which promote greater inclusion of the carer as part of the treatment team. A working group of the implementation committee focussed on addressing this inconsistency in the 'treatment team'. Various carer burden tools were explored, but nothing really gave a satisfactory comparison to the already chosen suite of outcome measures. General consensus from the working group was the use of the BASIS 32 with modification would be the preferred tool. It remains unfathomable that if carers are to be an intricate part of the treatment team as part of the National Mental Health Strategy and the National Standards for Mental Health Services, then why have carers been left out of the loop, and is there value in their contribution utilising a measurable tool? **Learning Objectives:** 1. Members of the audience will learn a carer's perspective of the benefits in being offered opportunities to contribute to the outcome measurement process, as well as the process of inclusion that occurred in the Barwon Region to get a trial started. 2. New Directions in Victoria's Mental Health Services (DHS 2002) promote greater inclusion of the carer, yet with the role out of outcome measures in Victoria this has clearly not occurred. This presentation does not advocate that this tool is the answer, but does demonstrate that carers can and do want to be involved in the changing directions of mental health service delivery and outcome measurement data.
S008 Collaborative Partnerships with GPs
1/09/2004 From: 1130 To: 1300 Venue: Central Foyer B
Paper 20 Minutes: Mental Health Promotion and Early Intervention: collaboration for better outcomes.
Graham Martin
This presentation will address the importance of collaboration between community services and agencies to achieve optimal outcomes in mental health promotion and early intervention activities for infants, children and young people. Mental health affects every aspect of our lives and promotion/prevention activities need to take this into account. A developmental perspective with mental health services working in partnership with community child and youth services is vital.

S008 Collaborative Partnerships with GPs
1/09/2004 From: 1130 To: 1300 Venue: Central Foyer B
Paper 20 Minutes: Promotion, Prevention and Early Intervention in General Practice: Ways forward.
Anne O’Hanlon  Jennie Parham  Leanne Wells
There has been significant government investment in primary mental health care in the last five years, and general practice has been recognised as an important setting for mental health activities in general, and promotion, prevention and early intervention (PPEI) activities in particular. Auseinet and ADGP recently identified a base of mental health PPEI activity that is being carried out by the Divisions of General Practice and general practitioners. With a view to supporting Divisions and general practitioners to build upon their existing mental health PPEI activities, we are now implementing recommendations in three main areas by: commissioning evidence-based PPEI resources for general practitioners; preparing education and training programs for general practitioners and allied health professionals; and identifying referral pathways and partnerships with other service providers, particularly child and adolescent mental health services. In this presentation, we will describe how our work has practical benefits for general practitioners, mental health service providers and consumers. More broadly, we will show how our work fits into the frameworks of recent primary care (ADGP, 2003) and mental health (Australian Health Ministers, 1998, 2003; Commonwealth Department of Health and Aged Care, 2000) policy documents. We believe that a capacity building approach to mental health PPEI, with particular emphasis on sustainable workforce development and partnerships, can potentially influence future mental health and general practice policy directions. Learning Objectives. 1. The audience will learn where PPEI for mental health sits in the recent merging of the mental health and general practice agendas and how our capacity building approach fits with recent mental health and primary care policy documents. More broadly, they will gain an appreciation of the benefits of collaborative partnerships between the mental health and general practice sectors. 2. The engagement other sectors in collaborative partnerships is one of the key themes of the National Mental Health Plans (Australian Health Ministers, 1998; 2003). The recommendations arising from the study have important implications for mental health service delivery, particularly referral pathways and collaborative partnerships with adult as well as child and adolescent mental health services. References: Australian Divisions of General Practice (2003). Primary Mental Health Care in Australia: The Next Ten Years. http://www.adgp.com.au/client_images/6456.doc; Australian Health Ministers (1998). Second National Mental Health Plan. Canberra: Australian Government Publishing Service; Australian Health Ministers (2003). National Mental Health Plan 2003-2008. Canberra: Australian Government; 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.
Schools are considered to be key settings for the delivery of mental health promotion and early intervention strategies. Furthermore, it has been estimated that 20-30% of young people will require additional support by way of a range of promotion, prevention and intervention strategies. MindMatters Plus is a national initiative that aims to develop the capacity of 17 demonstration secondary schools to support students who have high needs in the area of mental health and wellbeing. MindMatters Plus uses a collaborative approach, working across governments, education, health and mental health sectors and systems. Bringing schools and the primary health care sector together is an important focus for MindMatters Plus. The Australian Divisions of General Practice is working with the Australian Principals Associations Professional Development Council and the Australian Guidance and Counselling Association to implement the general practice component of MindMatters Plus. MindMatters Plus GP aims to develop better referral pathways and networks of care for secondary students with high support needs in the area of mental health. This paper will overview the Initiative and present preliminary findings and referral pathway models emerging from the demonstration. Learning Objectives. 1. To gain an understanding of the initiative's aims and approach. 2. To gain an understanding of how the models and learnings from this initiative can be used to develop partnerships between schools and services in their communities more generally. References: National Health and Medical Research Council (1996), Effective School Health Promotion: Towards Health Promoting Schools. Canberra: Australian Government Printing Service. Commonwealth Department of Health and Aged Care (2000), Promotion, Prevention and Early Intervention for Mental Health - A Monograph. Canberra: Australian Government Printing Service.

The aim of this paper is to outline the journey our Consumer Advisory Group has been on. It has not been all plain sailing. Sometimes the journey has been a bit rough but never a dull moment! Working WITH our MH service Buddy System* Mentoring System* In Kind help from the Service Getting $$$ from our Mental Health Service Being auspiced so we are more independent. $$$ sitting fees for meetings Selection panel participation Tokenism vs. real input Liaison MH service person Consumer Consultant Executive Meetings - how we try to motivate people Training who needs it? what sort of training Getting the message out Community Forums Information sessions Code of Conduct* Operating Procedures* Confidentiality* When an executive member becomes mentally unwell Leave of absence ' Everyone needs a Buddy sometimes' Damage control! Learning from mistakes. De-stressing - taking care of individuals Where to from here - what could we achieve? Denotes CAG-TD has supporting documents. Learning Objectives. 1. Audience will learn about the strategies implemented, benefits, risks, barriers and critical success factors. 2. Conference participants will hear about how important the role of a Consumer Advisory Group is re representing the views and issues of consumers and carers. 3. During question time we would appreciate feedback from other organizations re strategies they have found successful or otherwise.
Nou te rourou, Naku te rourou, Ka ora ai te Iwi With your bit and my bit, together we can make a difference This Maori proverb speaks about people working together and if we all share our gifts, resources (what ever) then we can make a difference, the people become well. People with experience of mental illness are increasingly playing key leadership roles in the Like Minds, Like Mine project to counter stigma and discrimination associated with mental illness. The paper will present some of the research evidence for the need for leadership in this work coming from people with experience of mental illness at both local and national levels. This paper will outline how our involvement in mass media, education and training, as researchers and advisors and many other roles is making a difference in the attitudes of ordinary New Zealanders towards people with experience of mental illness, and will present research evidence for the progress that is being made through the project. The paper will also show examples of the types of work that is being done particularly in the areas of education and training, research and policy development, mass media and working with media, and how this aligns with the strategic direction of the project over the next two years.

**Learning Objectives.** 1. A deeper understanding of how the Like Minds, Like Mine project is approaching the work of reducing stigma and discrimination by ensuring leadership by people with experience of mental illness, and a strategic plan aligned with principles of social change. 2. Inclusion and respect in our communities for people with experience of mental illness is our goal, yet discrimination is still a major issue faced by people with experience of mental illness at all levels and in all areas of their lives. People who work in all roles in mental health services and the wider community have a significant role to play in ensuring the solution to reducing discrimination.

**S009 Consumer Involvement**

**1/09/2004 From: 1130 To: 1300 Venue: Central Foyer C**

**Paper 20 Minutes: Mapping The Network: Evaluating A Capacity Building Model For The Development Of Mental Health Promotion Practice Within A Rural Setting.**

Elisabeth Wakeford Lisa Wright

Mental Health Promotion and Prevention has been recognized in successive National Mental Health Plans as a key strategy in the enhancement of mental health across a wide spectrum of interventions, from preventative programs within the general community to specifically targeted responses for individuals already affected by mental health problems. This priority has been addressed within the New England Health Service (NEAHS) through the development of an innovative model for mental health promotion and prevention. The Area Mental Health Promotion and Prevention Service (AMHP&PS) facilitates promotion and prevention initiatives in the NEAHS through a Network infrastructure that builds the capacity of local mental health workers to implement quality programs within their communities. The ‘Mapping the Network’ Project was designed to assess the ability of the Network infrastructure to meet the needs of these workers. It combines both qualitative and quantitative methods across three separate stages. All mental health workers in the NEAHS have been included in the project. Participants come from a range of settings including adult, child and adolescent clinical services, Aboriginal mental health services, project positions and management. By discussing data from ‘Mapping the Network’ this paper aims to highlight the important role promotion and prevention plays within mental health and detail how the Network infrastructure established by the AMHP&PS can further develop mental health workers’ understanding of mental health promotion and their ability to practice it as an integral part of their roles. **Learning Objectives.** 1. A greater understanding of mental health promotion and prevention. An understanding of the needs of New England Area Health Service mental health workers in terms of the development of their mental health promotion practice. An understanding of the Network infrastructure that is used to meet these needs. An indication of the future direction of this Network model for service delivery. 2. Mental Health Promotion and Prevention plays a key role in mental health services and has a
significant impact on mental health issues within the community. It has been recognized in a range of Local, State and Federal documents as a priority area for mental health services. For example, the National Mental Health Plan 2003 - 2008, NEAHS Mental Health Services Strategic Plan 2000 - 2005. The Mapping the Network project contributes to a growing focus within health services on capacity building. It examines a model designed to support the incorporation of promotion and prevention practice into mental health services and further develop the skills and knowledge of mental health workers within the NEAHS. References: Australian Health Ministers. (2003). National Mental Health Plan 2003 - 2008. Canberra: Australian Government.; O'Hanlon, A., Ratnaike, 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).

S010 Ways with Depression
1/09/2004 From: 1130 To: 1300 Venue: Meeting Room 9
Paper 20 Minutes: The National beyondblue Depression in the Workplace Program. Nicole Hightet
Half a million full work days are lost every month and workers cut down their activity on another one million days in one month due to depression. Depression will touch everyone - including employers - either directly or indirectly in today's world. Depression currently represents a major social and economic challenge, particularly in today's workplace. Many employers realise the importance of staff retention and motivation in creating a harmonious work environment, but in today's climate it is also important to monitor the mental health and well being of staff. Lack of awareness and understanding about depression and anxiety in the workplace leads can potentially result in difficult situations which may arise from prolonged absence or excessive sick-leave. In response to this important issue, beyondblue: the national depression initiative has developed training resources for the delivery of a brief workplace-based depression awareness program. This presentation will highlight the key features of this program, and demonstrate its impact on changing attitudes and teaching managers and colleagues how to manage depression in a workplace environment more effectively. The widespread incidence and impact of depression deems all individuals as having a social responsibility to respond appropriately to a person experiencing depression, and beyondblue's workplace program demonstrates how this is achieved within a workplace setting. Learning Objectives: 1. The audience will learn how the current lack of awareness surrounding depression and anxiety are likely to result in misattribution of symptoms (e.g. Workplace stress) and poor management practices. The presentation will give insight into the rationale and development of the beyondblue workplace program, and it's implications for organisations. 2. This presentation is highly relevant to mental health issues. It describes how the program was developed and demonstrates it's effectiveness in increasing awareness and knowledge about depression and anxiety in the workplace as well as reducing the stigma associated with these illnesses. Further the presentation will reveal how educating employers and employees about specific and appropriate strategies increases employees' willingness and confidence to actively engage and address the issue of depression in the workplace.

Depression carries the fourth highest disease burden in the world. The Depression Awareness Research Project (DARP) has trialled a flexible, sustainable, community-based model which aims to educate and inform the community about major depression. The DARP developed a training package which incorporated depression information and public presentation skill modules. This package was developed from clinical information, community resources and education materials about major depression. Suitable people were selected for two days of training using the package and these participants were then supported to give presentations about major depression to their communities. To evaluate the effectiveness of the model pre and postquestionnaires assessing basic knowledge about major depression were undertaken by all participants and consenting attendees at presentations. 260 people were trained by the DARP and these participants gave presentations to approximately 7000 people during the course of the project. This paper aims to describe the development, implementation and evaluation processes of the project using the results of the qualitative data. Quantitative results will also be presented. The DARP is a unique Australian project which educates people about major depression and gives them the skills to pass this information on to their communities. Learning Objectives: 1. This session will provide the audience with the opportunity to learn from the experiences of DARP, the first Australian project to evaluate the effectiveness of working with local communities to raise depression awareness and reduce stigma. The positive results for the participants in the project underscore the importance of mental health education for everyone. Members of the audience may consider the potential for offering a similar project in their own communities. 2. Depression is currently the fourth highest disease burden in the world and is projected to 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 be able to play a more effective role in their own mental health management. Workers, consumers, carers and the general public can all benefit from learning about the incidence, seriousness and treatability of major depression. 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.
Learning Objectives:
1. Depression and anxiety which effects at least 1 in 4: disrupting and debilitating a person's life can be overcome using the simple techniques of the Self Restoration Process™. 2. These techniques can be used in large groups making them cost effective for overstrained services.


S011 Mental Health & Primary Care
1/09/2004 From: 1130 To: 1300 Venue: Meeting Room 8
Paper 20 Minutes: Primary Mental Health and Early Intervention Initiative - Capacity building and service delivery across the life span for people experiencing high prevalence disorders.
Michael Deans   Brad Shrimpton
The Primary Mental Health and Early Intervention Initiative (PMHEII) was developed in response to Victorian Government priorities in Mental Health. These include: supporting the Second National Mental Health Plan improving access to mental health services, and developing a more inclusive mental health service system. Following the implementation of the PMHEII in 2001, Primary Mental Health Teams were established in twenty-one catchment areas across Victoria to enhance the capacity of primary care providers to recognize and treat high prevalence disorders. To ensure local input, the teams were developed and are guided by steering committees comprising local stakeholders including Divisions of General Practice, Community Health Services, Area Mental Health Services, Psychiatric Disability Rehabilitation Support Services, carers and consumers. This paper reports on the direct clinical services and capacity building activities that teams are providing to Primary Care Providers and local communities in Victoria. The paper also discusses some preliminary evaluation findings from case studies, document analysis and survey material that identify patterns of service provision, factors that have enhanced or impeded the work of the teams, and the response of Primary Care Providers to this significant initiative. Learning Objectives 1. By attending this presentation participants will learn how Primary Mental Health teams can be used to: Establish partnership approaches between a range of key stakeholders to identify local community mental health needs, gaps and service priorities Enhance the capacity and confidence of primary care providers to recognize and treat high prevalence disorders through the provision of secondary consultation, education and training, and streamlined referral pathways and protocols. 2. This presentation has relevance to mental health services through providing details of: A service delivery program involving the public mental health service system and primary care providers (General Practitioners and Community Health Services) addressing the significant issue of the increasing demand for service from people experiencing high prevalence disorders such as Depression and Anxiety.

S011 Mental Health & Primary Care
1/09/2004 From: 1130 To: 1300 Venue: Meeting Room 8
Paper 20 Minutes: Partnerships in Mental Health Care: People, Primary Care and the Primary - Secondary Interface.
Maureen Hooper   Helen Rodenberg   Sarah Porter
This presentation will present information about the Primary and Secondary Mental Health Liaison Programme which was set up in 1998 to address interface issues between general practice and Capital and Coast Mental Health Services. The partners in the programme are Capital and Coast Mental Health Services, Wellington Mental Health Consumers Union and Wellington IPA. The initial aim of the programme was to address the barriers that prevented people from moving from secondary mental health services to general practice for their ongoing clinical care. It was important that people were able to receive care from the most appropriate provider. The programme has expanded to include: a pilot of GPs providing acute assessment in association with the Crisis Team, community Coordinator to address non-clinical needs, shared care, community based patients accessing the programme and is
planning to support General practice with a trial of practice based psychological services. There are currently 384 clients on the programme and outcome monitoring indicates their health is stable, or improving. Learning Objectives: 1. Learn that Active consumer participation is important in the development, delivery and maintenance of a mental health programme. Innovations to improve patient care are possible, especially when there are good relationships between primary and secondary care. Primary care can provide effective care for those with Severe Mental Illness. 2. By promoting integrated care a number of service developments are possible. Learn how integrated care allows clients to access appropriate components of care from both the primary and secondary services.


S011 Mental Health & Primary Care
1/09/2004 From: 1130 To: 1300 Venue: Meeting Room 8
Paper 20 Minutes: Promoting Quality in Primary Mental Health Care Service Delivery: Australia's National Primary Mental Health Care Developments.
Leanne Wells  Chris McAuliffe
In Australia, around 75% of people who seek help for a mental health problem do so first from their GP. Primary mental health care development has subsequently received considerable Australian Government investment through the National Primary Mental Health and Better Outcomes in Mental Health Care Initiatives. Implemented through the Australian Divisions of General Practice, these respond to the needs of GPs for better support in the delivery of mental health care, including improvements in collaborative care between general practice and specialist allied health services in both private and public systems. This paper will overview these Initiatives, analyse their policy underpinning, and assess the factors that have impeded and promoted change in primary mental health care delivery in general practice over the last 5 years. It will discuss the change management role played by the Australian Divisions of General Practice Network and the National Primary Mental Health Care Initiative in supporting Better Outcomes in Mental Health Care. It will conclude with some observations about what can be learnt from the Australian primary mental health care experience to date, and the implications for future policy and practice priorities.

Learning Objectives: 1. To gain an understanding of contemporary developments in primary mental health care service delivery. 2. To gain an understanding of the role the primary care setting has in the delivery of mental health services and the potential areas for future development of shared care models.


S012 Research into Practice
1/09/2004 From: 1130 To: 1300 Venue: Meeting Room 7
Paper 20 Minutes: Working with Families in Adult Mental Health Services: Building Staff Confidence.
Angela Obradovic  Noel Renouf
As part of a wider project of Translating Research Into Practice, the Northern Area Mental Health Service in Melbourne and representatives of its consumers and family/carers have identified gaps between our current family work practices and known effective evidence-based interventions. As a result, the Service has given priority to a change process aimed at bridging the gap. This paper reports on an aspect of our strategy for improving the amount and quality of evidence-based family work. We identified a range of specific elements of family work interventions (under the headings of engagement, assessment, information
exchange and education provision, problem solving, strategies for managing crises, support, specialist counseling and family therapy, documentation, and sustained contact) and consulted with staff to gauge their level of confidence in each of these elements, exploring constraining factors, and identifying factors that support family work along with personal and organisational challenges. In this paper, we present key results of staff focus group discussions of these issues, and report on subsequent changes to service delivery. On the basis of this experience, we deconstruct the notion of staff 'confidence', and reflect on what we have found to be effective ways to improve our capacity to work with family/carers. **Learning Objectives.** 1. We will encourage the audience to reflect upon our experiences of addressing cultural and organisational issues, and hope to stimulate informed and creative thinking about achieving change, especially related to work with families. 2. This presentation focuses on one of the key challenges of contemporary mental health service systems: how to improve and sustain the delivery of effective evidence-based family work in routine practice. **References:** Farhall, J., Humphries, R., Macrae, M., Pinches, A., Renouf, N., & Vile, S. (2003) TRIP - Translating Research Into Practice: A collaborative project engaging Area Mental Health Staff in use of evidence based practices. Paper presented at TheMHS 13th Annual Mental Health Conference, Canberra, 3-5 September.; McFarlane, W. R., Dixon, L., Lukens, E., & Lucksted, A. (2003). Family psychoeducation and schizophrenia: a review of the literature. Journal of Marital and Family Therapy, 29(2), 223-245.

**S012 Research into Practice**

**1/09/2004 From: 1130 To: 1300 Venue: Meeting Room 7**

**Paper 20 Minutes: Mental Health First Aid Training in a Workplace Setting: A randomized Controlled Trial.**

**Betty Kitchener  Tony Jorm**

The Mental Health First Aid training course was favorably evaluated in an uncontrolled trial in 2002 showing improvements in participants' mental health literacy, including knowledge, stigmatizing attitudes, confidence and help provided to others. This article reports the first randomized controlled trial of this course. **Methods** Data are reported on 301 participants randomized to either participate immediately in a course or to be wait-listed for 5 months before undertaking the training. The participants were employees in two large government departments in Canberra, Australia, where the courses were conducted during participants' work time. Data were analyzed according to an intention-to-treat approach. **Results**. The trial found a number of benefits from this training course, including greater confidence in providing help to others, greater likelihood of advising people to seek professional help, improved concordance with health professionals about treatments, and decreased stigmatizing attitudes. An additional unexpected but exciting finding was an improvement in the mental health of the participants themselves. **Conclusion**. The Mental Health First Aid training has shown itself to be not only an effective way to improve participants' mental health literacy but also to improve their own mental health. It is a course that has high applicability across the community. **Learning Objectives.** 1. To learn about an evidenced based mental health education program in the workplace that helps course participants to gain a reduction in stigmatising attitudes, an increase in mental health literacy and an improvement in their own mental health. 2. To learn how to contribute to this program. **References:** Betty A Kitchener and Anthony F Jorm Mental health first aid training for the public: evaluation of effects on knowledge, attitudes and helping behavior BMC Psychiatry 2002. 2:10.. Anthony F Jorm, Ailsa E Korten, Patricia A Jacomb, Helen Christensen, Bryan Rodgers and Penelope Pollitt.Mental health literacy': a survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment  MJA 1997; 166: 182-1.
The experience of patients and referrers using a Consultation-Liaison Psychiatry Service in a general hospital: a qualitative research study of mental illness stigma using grounded theory methodology.

Jackie Liggins

I interviewed 5 patients referred to Liaison Psychiatry and, separately, the health professionals (5) who wrote the referrals. Two of the patients had no past psychiatric history, three had a pre-existing diagnosis. The interviews were analysed using grounded theory methodology. There were 6 main categories identified with a central category of 'Relating Mind to Matter'. Four categories ('It's a scary business', 'It's all hopeless', 'She's one of them' and 'Expressions of relatedness') have clear links to previously identified beliefs underpinning mental illness stigma in the community- dangerousness, poor prognosis and social difficulties. The two categories 'You are not genuinely ill (or I don't believe you)' and 'Playing by the roles' describe experiences particular to the setting of the hospital and the health professional-patient relationship. Strategies of silence, ignoring and disbelief seemed to be fundamental acts of stigmatisation. The central category 'Relating Mind to Matter' describes the tendency of patients and professionals to view illness dichotomously as either physical or psychological, resulting in the potential invalidation of a patient's experience and the message that those with a mental illness 'do not belong' in the general hospital. Learning Objectives: 1. To encourage further discussion about mental illness stigma in the context of the health professional-consumer relationship, and ways of understanding this. 2. The importance of an understanding of the experience of mental illness stigma in general hospitals is emphasised by two statistics- firstly that people with severe mental illness have higher rates of mortality from medical illnesses in particular cancer, respiratory and cardiovascular disease. Secondly 27% of acutely ill medical patients admitted to hospital have a DSM IV diagnosis. References: Antoniou J, et al. Mental Illness: stigmatisation and discrimination within the medical profession. London: Royal College of Psychiatrists, Royal College of Physicians of London, British Medical Association, 2001:1-38. Hayward P, Bright JA. Stigma and mental illness: A review and critique. Journal of Mental Health 1997;6(4):345-354.

More than a matter of hope: Supporting medication adherence through skills development.

Tim Coombs

More than a matter of hope: Supporting medication adherence through skills development. Tim Coombs. New South Wales Institute of Psychiatry, Illawarra Institute for Mental Health. Nurses have a significant role to play in delivering and monitoring the effectiveness of prescribed medications. Corrigan et al., (1990) suggest 80% of mental health consumers will stop using medication effectively. However, many nurses have had little training in the skills necessary to support consumer medication taking behaviour (Coombs et al 2003). A program designed in conjunction with the Australian and New Zealand College of Mental Health Nurses aims to train nurses so that they develop knowledge around medication adherence issues, develop skills in supporting consumer medication adherence and positive attitudes towards working with consumers on medication adherence issues. The current paper will outline this program that includes strategies that support engagement with consumers, the assessment of consumer medication taking behaviour and specific techniques to support consumer medication adherence. The paper will highlight the effectiveness of this program with an evaluation of the training currently being delivered across Australia. Learning Objectives: At the completion of this paper attendees will: Identify the need for workforce skills development and the necessary components of programs designed to develop those skills. Identify the effects of sub optimal medication adherence in mental health.
The struggle for a valued and effective professional Aboriginal mental health workforce continues. The Djirruwang Program at Charles Sturt University is attempting to build meaningful and responsive collaborations with the mental health industry. In 2003, the Program developed a Clinical Handbook and Course Competencies document to assist Aboriginal Degree students and industry alike during compulsory student placements. The document and course materials are underpinned by the mental health industry’s blueprint for practice, the National Practice Standards for the Mental Health Workforce, 2002. The Program was the first in Australia to use the blueprint for this purpose. The Program also reflects the specialist role of Aboriginal mental health professionals and has responded to more recent policy developments in Aboriginal health and mental health within the document. There remain many challenges ahead for the industry to fully embrace and to allow Aboriginal mental health professionals to become ‘adults’ alongside the regimented disciplines of mental health. Those involved in the development of the document believe by using the industries own standards this should work towards confidence in training, practice and ultimately better outcomes for Aboriginal professionals, industry and communities. Details regarding the process and the Djirruwang Programs clinical requirements including the development of the document will be discussed in depth.

Learning Objectives. 1. Participants will gain a detailed understanding of service requirements regarding the Program and in relation to the 20 weeks of clinical placements for our 47 students who are currently enrolled. 2. To continue building meaningful and responsive collaborations between the mental health industry and the Djirruwang Program to contribute to the development of the industries Aboriginal mental health workforce.

also found, with the more modules completed the greater the confidence in dealing with aggressive incidents. The program may contribute to helping the health service attain a safer workplace. Learning Objectives: 1. Participants attending this paper will understand how a new NSW State-Wide aggression and violence minimisation program was developed, evaluated and disseminated. 2. Participants attending this paper will gain insight into how new strategies and techniques for dealing with aggression and violence were developed for mental health services. References: Barlow K, Grenyer B, Ilkiw-Lavalle O. Prevalence and precipitants of aggression in psychiatric inpatients units. Australian and New Zealand Journal of Psychiatry 2000; 34: 967-974. Gournay, K. The recognition, prevention and therapeutic management of violence in mental health care: A consultation document. United Kingdom Central Council for Nursing, Midwifery and Health Visiting. Institute of Psychiatry and South London and Maudsley, 2002.

S014 After Hours Services for young people  
1/09/2004 From: 1130 To: 1300 Venue: Meeting Room 5 
Paper 20 Minutes: The jewel in the crown: One stop multidisciplinary assessment for clients in a child and adolescent mental health service. 
Shaun Dempsey  Sarah Haskell 
A comprehensive assessment of the child or adolescent client can be seen as a necessary precursor to a working hypothesis which can then be used as the basis for a plan of action (Herbert, 1998). In the traditional approach to assessment, the individual mental health worker of a particular discipline interviews the child/family and reports the findings back to a multidisciplinary team (MDT) who construct a treatment plan (Angold, 1994). One disadvantage with this approach is the time taken between initial assessment and commencement of the treatment plan which can sometimes be 1-2 weeks. A further disadvantage is the potential bias of the practitioner who is simultaneously informed and limited by the assessment nuances of their particular discipline. The 'Jewel in the Crown' approach to assessment aims to eradicate these problems by using a multidisciplinary approach throughout the total process beginning at assessment and flowing onto treatment planning, reviews and discharge. Generalised psychometrics chosen on the basis of referral information can be administered in the waiting room and then scored before the appointment. The client can then move from sub-team to sub team each consisting of 2 team members from different disciplines. At the completion of the assessment, the team members meet to develop a jointly constructed treatment plan. It is envisaged that this approach which involves the MDT right from the beginning of the assessment will significantly improve the psychological formulation and thus enhance and enrich the resultant treatment plan. Learning Objectives: 1. Participants will learn the shortcomings of the individually oriented assessment process and the importance of multidisciplinary input right from the beginning of the assessment phase throughout the treatment phase. 2. This issue is relevant because of the potential advantages in speed, efficiency and accuracy which may be gained in the assessment process as a result of multidisciplinary input being present from the beginning. References: Herbert, M. (1998). Clinical child psychology: Social learning, development and behaviour (2nd edn.) Brisbane: Wiley. Angold, A. (1994). Clinical interviewing with children and adolescents. In: M. Rutter, E. Taylor, and L. Hersov (eds) Child and adolescent psychiatry: Modern approaches (3rd edn). Oxford: Blackwell Scientific Applications.

S014 After Hours Services for young people  
1/09/2004 From: 1130 To: 1300 Venue: Meeting Room 5 
Paper 20 Minutes: Getting Connected: The Experience of the Royal Childrens Hospital Mental Health Intake Service 
Vivienne Waysman 
The Royal Childrens Hospital Mental Health Services is the largest provider of Child and Adolescent (CAMHS) covering the Western Metropolitan Region of Victoria. The underlying ethos of the organization is to provide a responsive, respectful and accountable service to the community. Accessing the CAMHS system is a major challenge. Therefore the development
of a centralized Intake system has been pivotal in the Service’s endeavours to promote a best practice approach in the engagement of potential clients and service providers. The success of this system is that the Intake Service integrated within the organization. This paper outlines some key features of the Intake Service including the: development of a data base as a tool in identifying areas of unmet needs and referral trends range of services offered by the Intake Service in responding to the community’s needs mechanism in responding to crises strategies in promoting access of isolated communities promotion of collaborative links to the wider community including protocol development with the Education sector. This presentation provides an overview of the Centralized Intake System of the Service. As the first point of contact, the Intake System works at the interface between the community and the organization in ensuring that the Service is responsive to the needs of its consumers.

**Learning Objectives.** 1. People in the audience will learn about the: philosophy and rationale underlying the development of a Centralized Intake System key features of the Intake model that is replicable to other CAMHS Services. services ability to respond to a range of consumer needs such as CALD, Koorie and statutory clients. 2. The topic is relevant to mental health services because it addresses the fundamental issue of how the community accesses CAMHS. The model highlights a systemic and collaborative approach that is relevant for other CAMHS. **References:** National Standards for Mental Health Services. AHMAC National Mental Health Working Group December 1996; Royal Children’s Hospital Mental Health Service and Department of Education and Training Western Metropolitan Region; Victoria’s Mental Health Service ‘The Framework for Service Delivery - Child and Adolescent Services. Human Services.

**S014 After Hours Services for young people**

1/09/2004 From: 1130 To: 1300 Venue: Meeting Room 5

**Paper 20 Minutes:** Gotcha! How to Hook and Reel in Difficult Children : A Group Work Approach.

**Peta Millard   Naomi Audette**

In many ways fishing can be a lot easier than managing difficult children, as the only variables you need to contend with are the bait and tides. Children who are described as difficult often have many layers or ‘scales’ unique to their life experiences. Unravelling, understanding and respecting these ‘scales’ is often the key to managing these difficult children. The Community Group Program has ‘hooked and caught’ many young people through casting our group net widely, both geographically and philosophically. These students living within the Western metro region of Melbourne have participated in various programs utilising CBT methods through to process experiential frameworks. However, it has been the subtle use and awareness of self and the attunement to process that has assisted in the creation of ‘safety’ and a ‘holding environment’ in which many children have formed connections and altered their swimming styles. Creating this ‘growthful environment’ has underpinned the philosophy adopted by the team of dedicated group workers from within the Royal Children’s Hospital Mental Health Service/Travancore School who have developed the Community Group Program. With over 2000 children having participated in our various programs, the CGP has identified a number of important principles in engaging and dealing with difficult children. The aim of this presentation will be to explore the principles associated with engaging these difficult children while understanding their ‘scales of protection’ and discuss their applications using practical examples. **Learning Objectives.** 1. Attendees will learn how to better swim with and alter the tides of children’s’ behaviours and emotions through understanding the ‘scales’ they have developed in order to protect themselves and make sense of their worlds. It will involve discussion and practical applications of a variety of creative interventions including: play, movement therapy, adventure based counselling, art therapy and the theory underlying creating ‘growthful experiences’ for young people in our services. 2. In many cases challenging behaviours are often the reason that children and young people come into contact with mental health services. The challenge for mental health professionals, however, is in developing confidence to cast their nets far enough off shore to catch the variety of creative, child-focussed
therapeutic interventions available to meet these young people 'where they are at' and begin to understand the 'scales' they have.

S015 Access & Assessment
1/09/2004 From: 1130 To: 1300 Venue: Meeting Room 4
Symposium 1.5 Hrs: 'CAMHS SA: A Multisystemic Model Promoting Continuity of Care'.
Tim Crowley Gigetta Salomone Darryl Van Vugt Michelle Hilton John Gates

Up to 20% of young people have some form of mental health problem (Institute for Child Health Research, University of W.A., 1995) and in recognition of this, the Division of Mental Health, Women's and Children's Hospital has developed a broad range of programs. These programs include hospital services, specialist services (such as day programs) and other intensive interventions which provide for individual therapy sessions and when appropriate, group programs. The Division of Mental Health has responded to the challenge presented by the 2nd National Mental Health Plan and state based mental health reform agenda by redesigning its service delivery to provide a coordinated continuum of care to children and young people with mental health problems. This symposium will discuss a range of functions performed by the Division of Mental Health including Emergency, Inpatient, Rehabilitation and Community services.

Mr Darryl van Vugt, Clinical Nurse, After Hours Mental Health Service, Women's and Children's Hospital.
Second Author: Gigetta Salamone-Violi, Clinical Psychologist, Boylan Inpatient Services, Women's and Children's Hospital.

Abstract 1: After Hours Mental Health - A Child and Adolescent Hospital based Emergency Service. The After Hours Mental Health Service (AHMH Service) is a permanent, specialist mental health presence in the emergency department (ED) of the Women's and Children's Hospital (WCH) and was established in August 2000 in response to an identified lack of emergency mental health resources for young people, their families and the agencies that provide services to this group of people. The Service which offers appropriate streamlined and specialised mental health assessment, care planning and discharge arrangements to mental health clients who make after hours contact with the WCH has to date, undertaken 2,195 occasions of service, averaging 52.26 per month with 1,231 of these being face to face interventions, 915 being telephone interventions and the remaining 49 being for inpatient issues. Reduced waiting times, timely and specialist assessments, improved referral pathways to community agencies (both CAMHS and non-CAMHS) and continuity of care between community therapists and the ED has been reported since the service inception. Additionally, there has been a reduction in admissions to the inpatient facility with ED staff reporting increased support in managing mental health clients. The provision of resident specialist mental health services to the ED has noticeably improved client and organisational outcomes at the WCH.

Learning Objectives.
1. Audience members will learn how both the clients presenting to the emergency department of a general metropolitan hospital as well as the hospital as a whole benefit from the presence in the emergency department of specialised, skilled mental health clinicians.
2: This brief paper is relevant to mental health services and issues as it serves to explain how one metropolitan general hospital has sought to address the key issues of access and entry into the mental health service. Current issues such as emergency department waiting times and timeliness to a mental health assessment are both quite topical at present and are addressed by the operation of this service.

References:

Abstract 2: Boylan Inpatient Services - A Child and Adolescent Psychiatric Mental Health Unit based in South Australia.
Co-Authors: Gigetta Salamone-Violi, Clinical Psychologist, Boylan Inpatient Services, Women's and Children's Hospital.
Tim Crowley, Clinical Therapist, Boylan Inpatient Services, Women's and Children's Hospital.
The paper addresses the key issues of access and entry into the mental health service, the nature of brief intense and focussed intervention and the liaison with and utilisation of community based treatment teams in order to ensure continuity of care for patients who are admitted to the Boylan Ward, Women's and Children's Hospital in South Australia.

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Australia. The Boylan Inpatient Service is state-wide and therefore services both the Adelaide metropolitan and country areas. The ward admits the most seriously mentally ill children and young people and is a gazetted hospital therefore taking detained patients under the Mental Health Act. Approximately 25% of all admitted patients to Boylan Ward since July 2003 were admitted under a detention order. As a result of the complexity of illness young people present with, the ward views its role as being an adjunct to community care and multi-systemic working in collaboration not only the patient but with a vast range of family and carer participants, community based treatment teams, other health and welfare providers, schools and police (where applicable). Intervention and follow-up strategies and detailed discharge planning occurs at admission in order to ensure and maintain a high level of and continuity of care for patients. The average length of stay for patients admitted to the ward ranges from 2.53-8.36 days and less than 9% of all patients admitted have a readmission to the ward within 28 days of discharge. Inspite of the increasing number of detained patients admitted to the ward, length of stay, critical incident reports and the use of seclusion remain relatively low.

Learning Objectives
1. Audience members will learn how the Boylan Inpatient services manages the clients presenting to the hospital.
2. This brief paper is relevant to mental health services and issues as it serves to explain how the child and adolescent psychiatric inpatient unit in South Australia provides a continuum of care in multi-diagnostic groups from external referral sources to community follow-up.

References

Abstract 3: Hospital to Home Transition Team - A Community Treatment and Group Program, by Ms Sue Townend. Acting Coordinator ASEC. Women's and Children's Hospital. The Hospital to Home Transition Team is a state wide service for young people 12 - 18 years old who have serious mental health issues. The service provides an intensive 4 day a week group program in a community setting, which is complemented by individual assertive case management. The program is divided into two streams called the Stepping Stones and Break Free. The Stepping Stones is a group program for young people who have experienced a psychosis. Incorporated within this is the Positive Health group which runs weekly and has a psych-education focus and aims to provide young people with the opportunity to understand and share their experiences of a psychosis with peers, to restore and develop skills and to assist with the recovery and the development of coping strategies and relapse prevention. Break Free is a group program for young people who have had difficulty coping with life stressors and who may have developed maladaptive coping strategies in response to these. The program encourages a partnership model and involves young people with the development, implementation and evaluation of groups. Young people are engaged and begin attending the group program whilst still an inpatient in the Boylan Ward Inpatient Services thus ensuring a continuum of care for adolescents with severe mental health issues.

Learning Objectives
1. Audience members will learn how the Hospital to Home Transition Team provides a continuum of care in a group community treatment program.
2. This brief paper is relevant to mental health services and issues as it serves to explain how a group treatment program aims to optimise mental health and reintegration into the wider community.

References
Women's and Children's Hospital in Adelaide, South Australia. The Division has in recent years developed a range of responses to children and young people with serious mental health issues and have restructured approaches and service strategies within the community to more effectively meet the needs of the children and young people. This paper will describe the changes made within the community teams and the structure of current service delivery. It will also discuss the dilemmas and issues that faced the organisation in moving towards a new service model. Learning Objectives. 1. The audience to this paper will develop an understanding of the organisational structures and strategies designed by a Child and Adolescent Mental Health Service to prevent or minimise hospitalisations of children and young people with mental health issues. 2. This paper is relevant to mental health services as it details an organisation's redesign of its service delivery to confront the challenges presented by the Second National Mental Health Plan and State based Mental Health reform agenda to provide services in the community to children and young people with significant and serious mental health issues. References. Australian Health Ministers, 1998, July. Second National Mental Health Plan, Canberra, Mental Health Branch, Commonwealth Department of Health and Family Services. Brennan, P., 2000, A New Millennium: A New Beginning, MA International Pty Ltd, South Perth.

S016 Early Childhood - Building Stronger Families
1/09/2004 From: 1130 To: 1300 Venue: Meeting Room 3
Symposium 1.5 Hrs: Future Families Program - Building Stronger Families Together: A Collaborative Infant and Early Childhood Mental Health Program.
Elizabeth Hoehn Libby Morton Christine Poole Rita Petersen Andrea Murray Sue Arnold Diana Giles Jenna Craig

Aim: To present a prevention and early intervention program which works in partnership with families that have infants or young children from conception to 3 years, and are experiencing disrupted attachment relationships and severe and complex needs. A model that couples a multiagency collaborative service delivery framework with a series of integrated treatment modalities to improve the capability and connectedness of these families, is explored.

Chairperson: Elisabeth Hoehn. Paper 1: Breaking the Cycle - Building a Stronger Future for my Family: A Consumer's Reflection (10 minutes), by Jenna Craig and Tahlia. A reflection by a mother on the support and interventions that have assisted her to meet her baby's needs.

Paper 2: Building Capacity - Becoming Safe and Secure (20 minutes), by Christine Poole and Rita Petersen. The Future Families Program aims to build the capacity of families to create a safe and secure environment that promotes the development of secure attachments to their infants and young children. Families referred to the Future Families Program have severe and complex needs, which generate significant stress in the family system and increase the likelihood of disrupted attachment between the caregiver and child. The Future Families Program works in partnership with families, referring agents and other service providers to build the capacity of the family to manage this stress and appropriately access resources, supports and services to meet their complex needs in a timely and effective fashion. This is achieved through service coordination at regular Collaborative Care Meetings which families are welcome to attend or participate in. The outcome of these meetings is the development of individualised Collaborative Care Plans for each family, linking them into appropriate services and resources as required by their individual situation. This process of Building Capacity is coordinated by Future Families Program Facilitators.

Paper 3: Building Connectedness (25 minutes) by Elisabeth Hoehn, Andrea Murray and Sue Arnold. The Future Families Program aims to build the connectedness of families with a series of integrated intervention modalities. Intervention initially focuses on home-visiting and progressively becomes clinic-based and then develops a community-based focus. The Feeling Secure Program is a home-based intervention to facilitate the development of secure attachments. TwoCan is a clinic-based, individual, parent-child interaction program which aims to facilitate secure attachment and optimise speech and language development. PAIRS (Parent and Infant Relationship Support) is a ten week community-based group program for families at risk of or experiencing disrupted attachment. The program uses a conjoint and parallel
These programs aim to facilitate the development of secure attachments between parents and their infants and young children, enhance parenting skills, support parents to manage their guilt about parenting and to provide parents with the hope that they can change the future, while encouraging families to develop a wider range of relationships within their community. **Paper 4: Building Community - Working Together Collaboratively** (15 minutes) by Libby Morton and Diana Giles The Future Families Program works with community service providers to facilitate the involvement of parents and children in general community activities, such as playgroups and parenting groups, thereby decreasing isolation and building the connectedness of families with others in their own communities. The Future Families program aims to build community amongst service providers supporting families with severe and complex needs by providing training and information, advocating for services and families, and developing service provider networks to increase the awareness, of and responsiveness to, the needs of these high risk families. Conclusion:The Future Families Program recognises the impact of secure attachment relationships on life-long mental health, and aims to enhance identification of at-risk families, prevent future mental health problems and promote nurturing environments to promote secure attachments. The Future Families Program is a collaborative infant and early childhood mental health program with a multiagency focus to service delivery. By building capacity, building connectedness and building community, the Future Families Program aims to improve access to services, provide integrated treatment modalities and better co-ordinate the support that is available to infants and young children and their families. **Learning Objectives.** 1. Participants will gain an understanding of the Future Families Program framework and the integrated treatment modalities that operate within a collaborative care model. 2. Participants will understand the early intervention program addressing the emotional needs of babies and young children. **References:** Wolkow, K.E., Ferguson, H.B. (2001) Community Factors in the Development of Resiliency: Considerations and Future Directions Community Mental Health Journal, 37(6), 489-4982. Hay, I.(2003) Bouncing Babies - Bowlby and the Brain Balance Journal Spring/Summer 7-13.

**S017  Finding Ways of Helping**
1/09/2004 From: 1130 To: 1300 Venue: Meeting Room 2
**Paper 20 Minutes: Fixed in Stone! - (Defining relapse as a therapeutic process).**
**Monica Gilbert   David Castle**
Relapse for people with mental illness is a significant issue; it often carries with it many losses, both personal and financial. (Herz et al, 2000,Gilbert et al 2003). As part of developing a comprehensive relapse prevention package for people with a mental illness, case managers were invited to participate in a study undertaken at the Collaborative Therapy Unit, under the direction of Professor David Castle, in Melbourne, to develop a more integrated approach to relapse prevention. The initial study aims at understanding and defining relapse for the case manager. The findings from this study have been used to adapt a group based intervention to a one to one relapse prevention package for people with a mental illness, as well as design a relapse interview that assists the consumer to define relapse from a more personal and unique perspective. This information will be the groundwork for working with consumers to further develop this material into a working model of relapse. The longer term aim of this project is to develop relapse prevention into a therapeutic process that moves towards recovery versus a more 'fixed in stone' view of relapse as a negative part of a person's illness. This presentation will present an overview of 'Phase one' of this project. Learning Objectives: The audience will learn to challenge current views relapse and to understand the term in a more flexible working model. This will offer the opportunity to learn how to review and define relapse from a more personal perspective as part of working with case managers/clinicians. The project is relevant to mental health services as it aims to improve the collaboration between the consumer and the health service in the prevention of relapse. Relapse is thus defined by the consumer in conjunction with their clinician and supported by the health service, thereby developing a more effective therapeutic intervention. **References:** Gilbert, M., Miller, K., Berk, L., Ho, V., & Castle, D. (2003) Scope for psychosocial treatments in psychosis; an

**S017 Finding Ways of Helping**  
1/09/2004 From: 1130 To: 1300 Venue: Meeting Room 2  
Paper 20 Minutes: Desert Snowballls  
Robyn Sinclair Eric Stokes Jeff Benham Tanya Mulder Larry Piscioneri  
Peer Group Support does work!!! For consumers with schizophrenia who participate in the Clozaril Program at the Mental Health Service Mildura Base Hospital there is life. In 1998 a peer support group for consumers who were taking Clozaril, in the remote desert area of North Western Victoria, was developed and implemented. The platform for this idea came about as it was apparent that these consumers were facing difficulties with new feelings created by the therapeutic effect of clozapine. Invitations were sent out to these consumers to attend a specialized group. The Clozzie Kids was born!! Consumers started to talk, barriers diminished, insight gained, compliance improved, illness accepted. The Peer Group concept SNOWBALLED! Then, came Clozzies in Chlorine, an aquatic program. Corn Chips, a healthy eating program and Clozzie Circuit a gym program. We would like to invite you to listen to our panel of 5 'clozzie kids' and to share with you our experiences of the peer group support programs so that you may assist us in taking over the world! **Learning Objectives.** 1. For others to gain an understanding of the development and implementation of a successful peer support group. 2. Demonstration of how a peer support group can assist in breaking down barriers and enhancing quality of life for consumers and carers.

**S018 Human Rights**

TheMHS & AICAFMHA Conference - Book of Abstracts, Gold Coast 2004
In New Zealand the Human Rights Commission and the 'Like Minds, Like Mine' campaign have joined forces to inform service users about their human rights in relation to mental health under the Human Rights Act 1993. A training workshop was developed based on an existing Human Rights Commission's training package. With input from service users, tangata whaiora and others associated with the Like Minds project a significant re write of the training package was undertaken which placed the emphasis of the one-day workshop on issues specific for people with experience of mental illness. The goal of the workshop is to enable people who experience mental illness to better understand and exercise their rights under the Human Rights Act 1993 to improve access to employment, education, goods and services, accommodation, and public places and facilities. A train the trainers program has been undertaken for service users to become facilitators of the workshops. Part of the workshop includes assisting participants to identify and follow up on human rights issues and areas that are of concern within their communities. The process and results of this initiative, along with case studies, will be presented along with some of the learning that has taken place when implementing a project like this. Learning Objectives. Participants will be given a basic introduction to Human Rights and how they can be used to advocate for change. Human Rights are a powerful tool to address discrimination and intolerance within mental health services and general communities. An ability to use these rights to their fullest extent gives service users an ability to bring about change in a way that is legally sanctioned, respectful and powerful.

S018 Human Rights
1/09/2004 From: 1400 To: 1500 Venue: Arena 1A
Paper 20 Minutes: Getting it Right - The Development of a charter of rights for children and their families within a CAMHS context.
Bella Burns Rosemary Lawton
Why a charter of rights? A charter of rights describes what clients can and should expect from services. A charter provides an important and innovative framework that promotes client participation and empowerment as well as service accountability. As such, it is an important tool in enhancing consumer satisfaction thereby contributing to quality improvement outcomes for CAMHS services. The Royal Children's Hospital Mental Health Service has worked collaboratively with Child & Adolescent Mental Health Services (CAMHS) clients, children, families, clinicians and management to develop a charter of rights and responsibilities. The collaborative process involved a state-wide consumer forum, focus groups, working group meetings, staff feedback sessions, feedback from both outpatient and inpatient clients, and workshops in both a school setting and CAHMS group program. This resulted in the development of a charter for parents/carers and another for children. The charter reflects the requirements of the National Standards for Mental Health services on the rights of clients. The implementation of the charter is being integrated with a professional development program that will facilitate the acceptance and integration of the charter within CAHMS services state-wide. In summary a collaborative process was adopted in order to develop a user-friendly rights charter with the aim of ensuring that children, parents and carers are informed of their rights and responsibilities. These charters will add an important dimension to the enhancement of positive consumer outcomes for CAMHS. Learning Objectives. 1. The rationale behind the development and implementation of a charter for children, parents and carers. Awareness of the processes involved when engaging key stakeholders in the development of a rights charter for children and their families. An understanding of the implementation process. The benefits to the service system. 2. Reflects the requirements of the National Standards for Mental Health Services. The Charter provides an important contribution to CAMHS as it underpins commitment to accountability, partnership with clients and enhanced quality outcomes. References. National Standards for
S019 Children of Parents with Mental Illness
1/09/2004 From: 1400 To: 1500 Venue: Arena 1B
Paper 20 Minutes: The Intersection of Child Protection and Mental Health Services: Cases of Inter-Agency Collaboration.
Yvonne Darlington Judith Feeney Kylie Rixon
This paper provides an analysis of data from child protection workers, adult mental health workers, and child mental health workers in cases where there are adult mental health problems and child protection concerns. Data was collected as part of a Queensland-wide survey of child protection and mental health workers. The survey focused on various aspects of inter-agency and inter-professional collaboration, including agency practices, training needs, attitudes to other workers, attitudes to parents with mental illness, barriers to collaboration, and details of cases that had involved contact with both child protection and mental health agencies. The case-related information requested included the reason the agency became involved with the family, the nature of protection concerns and/or the stage of intervention, the nature of the parental mental health problems, the extent of collaboration, and the inter-agency issues that arose. Descriptions of 300 cases were provided by 122 respondents. Analyses revealed that the most pressing issues arising from attempts to collaborate included families’ multiple problems being seen in isolation, a greater need for co-ordination between agencies, conflict around confidentiality and information sharing, and different goals and conflicting aims of the various agencies. The paper also includes discussion of the relationships between these issues and the status of child protection intervention, the agencies involved in the collaboration, and the mental health problems of the parent. The circumstances that aggravate or alleviate these tensions are then explored. The paper concludes with policy and practice recommendations that focus on improving the service provided to clients.

S019 Children of Parents with Mental Illness
1/09/2004 From: 1400 To: 1500 Venue: Arena 1B
Paper 20 Minutes: Mental Health Promotion in Schools: An Example of Service Partnerships to support Schools and Families through Education about Disruptive Behaviours.
Vicki Cowling Jan Costin Rosie Davidson-tucl Jill Esler Anne chapman Judith Niessen
This presentation describes a pilot project which aimed to increase understanding, and enhance effective responses in school settings to young people with disruptive behaviours (DB). Development of the project was informed by the finding of the national survey, that 3% of children had a diagnosis of Conduct Disorder (Sawyer et al., 2000), the prevalence of children with DB referred to this CAMHS (30%), the demand experienced by teachers, and the belief that information would assist parents’ understanding of their children (Patterson, et al., 1992). The project was a partnership between a child and adolescent mental health service, local government youth service, and the education sector, and provided educational material for teachers and families concerning causative factors, and positive management of disruptive behaviours. This presentation aims to demonstrate the progress and outcomes of a positive partnership between the agencies, and the effective use of existing resources and expertise. Steps in the project: formation of a working group, a survey of several schools to gauge the response to children with DB, provision of a seminar for primary and secondary schools respectively, which included distribution of a resource book for participants. Written material was prepared and distributed to families via their schools. Pre and post seminar evaluations showed an improvement in knowledge and understanding following the seminars. The DB project exemplifies the effective outcomes of strategic partnerships for children and
their communities. **Learning Objectives.** 1. People will learn: how direct service providers from CAMHS, youth services and the education sector created an opportunity to work together to combine expertise and knowledge to develop and implement this pilot project. The project has since been moved on to another local government area, demonstrating the sustainability of the model. 2. Disruptive behaviours are prevalent in children and young people, with known risks for long term negative outcomes. Education and information for those closest to them are seen as community capacity building and workforce development measures. **References:** Patterson, G.R., Reid, J.B. & Dishion, T.J. (1992). Antisocial Boys. Oregon: Castalia. Sawyer, M.G., Arney, F.M., Baghurst, P.A. et al., (2000). The Mental Health of Young People in Australia. Canberra: Commonwealth Department of Health and Aged Care.

**S020 Personal Perspective & Treatment of Borderline Personality Disorder**

1/09/2004 From: 1400 To: 1500 Venue: Arena 2

Paper 20 Minutes: **Keeping up appearances - a recovery story from BPD**

**Paula Jessop**

The paper I wish to present is my personal story of recovery from BPD. The AIM of the paper is to give hope to consumers and clinicians. It is based on my own personal journey of recovery and it also encapsulates some of the underlying beliefs that are common to people with a diagnosis of BPD. In my presentation I acknowledge that no two stories are the same. In my current role I have spoken to staff from both mental health services and the main hospital about my experience. I have been challenged about 'OUTING' myself as a borderline, I am not ashamed of what I was diagnosed with and share my story to try and help break down the stigma and discrimination associated with 'this difficult client group'. My paper also discusses the power of the spoken word. Someone once said to me: 'Sometimes when you walk into the room I am conscious that anything I say could be taken the wrong way and misconstrued so I think it's best to say nothing which of course results in you feeling that I don't want to talk to you, at times it's a lose lose battle for me supporting you, but I won't give up'. **References.** Linehan, M.M., Heard, H.L. & Armstrong, H.E. (in press) Dialectical behaviour therapy, with and without behavioural skills training, for chronically parasuicidal borderline patients. Barry Kiehn, Consultant Child and Adolescent Psychiatrist, Gwynfa Adolescent Service, Peny-Bryn Road, Upper Colwyn Bay, Clwyd, North Wales, LL29 6AL. **Learning Objectives:** 1. Participants will hear the first-hand experience of someone who's been diagnosed with BPD, completed DBT therapy and is now well on the road to recovery. The audience will gain hope for people with this diagnosis. 2. There has been a debate going on for a number of years about what is best practice for 'this difficult client group' and this personal story gives an example of what has worked and what didn't help for a service user with BPD.

**S020 Personal Perspective & Treatment of Borderline Personality Disorder**

1/09/2004 From: 1400 To: 1500 Venue: Arena 2

Paper 20 Minutes: **Structural Systems Necessary for the Treatment of Borderline Personality Disordered Consumers in a Community Care Unit (CCU) Setting.**

**Mark Salter**

The Footbridge CCU has engaged a number of consumers who suffer from severe Borderline Personality Disorder (BPD) in long-term rehabilitation, with each residing at the CCU for a number of years. With reflection upon these years of experiences, each containing a myriad of successes and a number of relative 'failures', the CCU has developed processes and practice principles specifically for treating consumers with Axis II disorders. The role of the police and the judicial system will be discussed, as will the importance of multiple layers of supervision and debriefing for staff. The crucial role of external therapists and the various mechanisms trialed in order to honour the integrity of those relationships whilst keeping all involved safe, will also be explored. Concluding statement. The treatment of consumers with BPD is often complex and difficult. In a CCU setting, it may become more complex, requiring novel solutions. Appropriate treatment is often costly. Inappropriate treatment is often much more expensive. **Learning Objectives.** 1. The audience may gain a better

S021 Promoting Hope, Reducing Stigma
1/09/2004 From: 1400 To: 1500 Venue: Central Foyer A

Symposium 1 Hr: Promoting Hope, while representing People with Mental Illness in a Real and Respectful Way.

Barbara Hocking  Alan Rosen  Simon Champ

Reducing the stigma associated with mental illness is a top priority if we are to improve mental health services and supports. This symposium will look at some of the current messages and images associated with mental illness and discuss strategies to ensure that there are no unintended outcomes. Simon Champ: Promoting Hope; representing people with mental illness in a real and respectful way. Somewhere between an advertising agency image of wellness, perhaps overly optimistic and the grimmer and sensational images in the media are the real life experiences of people who experience a mental illness. This paper talks about the need for a more realistic portrayal of people who experience mental illness, which talks about hope and dignity in achievable ways. It considers the politics of people who experience mental illness determining for ourselves how we are represented. Barbara Hocking: A balancing act: working with media to represent real people and get improved services and supports. The media is an important ally in SANE Australia's campaigning work for improved services and attitudes. The media influence decision makers and foster an informed, supportive community. However, media images of mental illness are not always hopeful or respectful, and on occasion can be downright stigmatising. Using examples of media portrayal from the SANE. StigmaWatch program, this session will look at progress of SANE's work with media, decision makers and the mental health sector to promote hopeful, yet realistic, credible and non-stigmatising images of mental illness - an important step in getting the good services and supports people are entitled to. Alan Rosen: Restoring Hope and Faith in Mental Health Reform: Is Communal Backlash against Community Mental Health Services more than just a media beat-up? We begin with common historical misunderstandings of Mental Health Reforms, eg the false assumption that the advent of community mental health services caused deinstitutionalization, whereas the latter was happening long before eg the myth that warehousing patients for many years in hospital is 'safer' than more humane, less stigmatizing, much more evidence based integrated community and hospital based care. We examine scare-mongering by the Re-institutionalization Brigade, who insert themselves on the media often to protect habitual institutional practices by whipping up communal fear of individuals with mental illness. This fosters media prejudice and discrimination, as the media thrives on scandals and communal fears based on ignorance, and feeds into the politically popular 'lock-em-up' 'law and order' mentality. We must prevent governments panicking and retreating into re-institutionalization strategies. We consider the logical solutions including media kits and journalist training, sustained community and political awareness raising, and leverage to gain adequate funding to develop and sustain core services, with a National Mental Health Commission to monitor and promote full implementation of the reform agenda.

S022 The Message is Early Intervention
1/09/2004 From: 1400 To: 1500 Venue: Central Foyer B
Paper 20 Minutes: Check it Out!: The development and evaluation of an early intervention program for depression in preadolescents.

Vicky Kasunic  Melissa Davis

Young people are experiencing depression at higher rates and lower ages than ever before. Depression in young people is associated with a range of adverse psychosocial, health and educational outcomes, and tends to be a chronic, recurring problem, making early intervention initiatives a high priority for mental health services. The Check it Out! program is an 8-week, school-based indicated prevention program for upper primary school students, developed in the south west region of Sydney. It is based on cognitive behavioural principles and teaches children a range of skills for coping with life challenges. Key elements of the program include learning to identify and challenge unhelpful thoughts, relaxation exercises and engaging in fun activities as a way of promoting positive mood. Follow-up assessments of 40 students who have completed the program support its effectiveness in reducing symptoms of anxiety and depression. Lessons learned about early intervention initiatives in schools, and the future directions for the Check it Out! program are discussed.

Learning Objectives:
1. From attending this presentation, delegates will learn about an innovative and successful cognitive behavioural early intervention program for preadolescents at risk for depression.
2. Early intervention for depression in young people has been identified as a key priority in local, state and national level mental health policies. School-based programs for teaching children strategies for dealing with life challenges are an efficient and effective way to tackle the problem of depression amongst young people in Australia.

References:

S022 The Message is Early Intervention

1/09/2004 From: 1400 To: 1500 Venue: Central Foyer B

Paper 20 Minutes: Getting the Message Across: Developing Mental Health Information for Young People.

Danielle Elisha

Research suggests that early detection of and intervention for mental illness during adolescence or young adulthood can prevent or lessen the degree to which people experience mental illness in later life. It also shows that providing young people with information on mental illness can play a critical role in increasing the likelihood of getting help early. Despite the benefits of this information, providing easily accessible, relevant and accurate mental health related information to young people is a challenge. The paper will examine techniques utilised by SANE Australia in the development of key resources for young people including You are Not Alone, a comic book for children 6-12 years old who have a parent with a mental illness, Joe's Diary, a story book for teenagers who have a parent with a mental illness and most recently itsallright.org, a website for teenagers affected by mental illness. Learning Objectives: 1. The audience will gain an insight into narrative, visual and multimedia approaches to developing mental health related resources for young people. 2. This will provide people working in mental health services with a blueprint for the development of further mental health related information for young people.

S023 Aboriginal Infant Mental Health

1/09/2004 From: 1400 To: 1500 Venue: Central Foyer C

Symposium 1 Hr: The Impact Of Physical Health Factors On Aboriginal Children's Early Development And Mental Health

Adele Cox   Heather D'antoine

This presentation aims to inform delegates on recent findings from the WA Aboriginal Child Health Survey. Volume One, The Health of Aboriginal Children and Young People, is the first publication in a series of five volumes of findings from the WA Aboriginal Child Health Survey. BACKGROUND. The WAACHS is the first comprehensive, representative statewide
survey of Indigenous child health and wellbeing conducted in Australia. The WAACHS was developed as a result of continued community and government concern about a lack of information to describe the nature and extent of health and well being in Western Australian Indigenous children and adolescents. The availability of such information is critical for the funding, development, delivery and evaluation of prevention and treatment services for Indigenous children and their families. The WAACHS was conducted by the Telethon Institute for Child Health Research in collaboration with the regional ABS, and with the support and direction of the WA Aboriginal Community Health Organizations (WAACCHO), the WA Council of ATSIC Commissioners, and the WA Council of Aboriginal Elders. It was undertaken in response to a request from Aboriginal elders and leaders to replicate the process used in the mainstream WA Child Health Survey which has been so effective in informing policy and practice towards better health and wellbeing of non-indigenous populations since its inception in 1993. The WAACHS was conducted throughout rural, urban and remote areas of WA. The aim of the survey has been to gather information on the health and well being and the educational attainment of a representative community sample of Indigenous children and young people aged 0-17 years in Western Australia. Data have been collected through a household and school based survey of 5,309 children (0-17yrs), 1,069 youths (12-17yrs) and 3,155 primary and secondary carers, and include educational information on over 2,000 children attending school. This was a huge undertaking. Western Australia covers one-third of the nation's land mass, and includes some of the world's most remote and inaccessible areas. The WAACHS surveyed all regions, encompassing their urban, rural and remote zones to achieve a true representation of the population for all WA regions. The WAACHS provides access to information on the prevalence, scope and causal trajectories of developmental health problems in Aboriginal populations and communities. It was designed to provide the State and Commonwealth Governments, the ATSIC Regional Councils and Aboriginal Community Controlled Health Organisations with quality data to inform planning of services to support and promote wellbeing of Aboriginal children. It will also serve to answer questions such as - what works for Aboriginal young people and their families, why do some Indigenous children and young people do better than others, and how is it that some Indigenous children overcome significant adversity? OVERVIEW. The presentation will cover the following and its impact on mental health: Characteristics of the WA Aboriginal Population, e.g. Level of relative Isolation and population numbers of children and young people in WA; Family structure and circumstances, e.g. carer arrangement, effects of forced separation and removal of carers in households, carer employment status, financial circumstance and educational levels of carers; Cultural participation and continuity factors, e.g. participation with Aboriginal organisations and attendance of cultural festivals, etc; Determinants of health of Aboriginal children and young people, e.g. exposure to substance use and misuse; and Preview of Volume Two of the WAACHS, The Social and Emotional well being of Aboriginal Children and Young people.

**S024 A Decade of Participation**
1/09/2004 From: 1400 To: 1500 Venue: Meeting Room 9
Workshop 1 Hr: Consumer Participation and Partnership, an example of the 'hope' within a decade of mental health evolution.

**Paula Hanlon  Richard Brown  Michael Appleton**
The Northern Sydney Area Mental Health Service funds both a Consumer Network (NSMHCN) formed in February 1994, and consumer workers in four out of the five sub-areas. The NSMHCN celebrated a decade of participation and partnership with Northern Sydney Mental Health Services in 2004. This unique Network is one example of how consumers can participate in the 'harvesting of hope' for consumers, through systemic, individual and peer advocacy and support processes. The aims of the NSMHCN are to: 1. Empower consumers to participate in the planning, management, evaluation and decision making processes at all levels of the NSH and at State and National levels where applicable. 2. Skill consumers and empower them to meet and discuss with health workers and management on an equal basis to be able to put forward the consumer viewpoint and advise on service delivery. The Network is directed by Guidelines and Code of Conduct first developed in
1994, reviewed and amended in 1997, 2000 and 2004. The documents are developed and reviewed by the consumers from a Steering Committee (monthly meeting of representatives from the local sub-area consumer networks), with endorsement by the members and the Area Mental Health Executive as the funding body. The NSMHCN has undertaken numerous externally facilitated planning days and an Area Mental Health funded external review in 2003. International literature supports the development of consumer participation and partnership mechanisms in a range of models. Examples: 1. Janet Meagher (first published 1995, 3rd Ed. 2002) Partnership or Pretence. ‘Partnership with consumers in mental health services is enshrined in policy. This can be interpreted broadly to effectively gain input on consumer views, issues, ideas and concerns which can be translated into policy and decision-making processes at all levels. It is important to note that the development of consumer partnerships needs to be controlled and driven by consumers and also that consumers decide how they can effectively participate.’ (p 84) 2. Third National Mental Health Plan (2003 - 2008): Outcome 25 ‘Consumer and carer participation and partnership at all levels in policy, planning and treatment is a hallmark of a quality mental health system.’ (P.24) This workshop will present the background and the development of the NSMHCN, outlining the quality (evaluation, review and service development) processes the Network has undertaken. The presenters will direct audience participation on a range of issues. These include: 1. Budget and policy development for consumer participation. 2. Conflict of interest issues (advocacy and funding body relationship) 3. Value of role modeling recovery processes. 4. Participation across the ‘lifespans’. 5. Merit of the Network approach. Workshop participants will receive a resource package that will assist in the promotion of consumer participation and partnership, through a network and consumer employees’ model. The presenters aim to promote by outlining an example and audience participation, the value, possible barriers, recovery and quality implications of consumer participation. Learning Objectives: 1. Participants will gain an understanding of the processes in developing and supporting a network model of consumer participation within a mental health service. 2. Participants will be able to identify the policy and service development implications in establishing consumer participation and partnership within a mental health service, as guided by: a. National Mental Health Policy; b. Standards and Accreditation criteria; c. Third National Mental Health Plan.

S025 Working with Primary Care Liaison  
1/09/2004 From: 1400 To: 1500 Venue: Meeting Room 8  
Fran Gibb Steve Fenwick  
The role of Primary Care Liaison Worker was a new position created in 1998 as a part of the innovative Primary and Secondary Mental Health Liaison Programme. This programme is a joint initiative between Capital Coast District Health Board, Wellington Independent Practitioners Association and The Wellington Consumers Union to assist in with the transfer of people from the community mental health teams to General Practice. This programme enables the client to consult the GP on both their mental and physical health concerns without cost. Since the programme’s inception the role of primary care liaison worker have evolved in response to the needs of the stakeholders to include: Transfer of clients to primary care. Planning of discharge from community health teams. Provide education about mental health illness and management to primary practice staff, district and public health nurses, NGO’s and community organisations. This presentation draws on the experience of the two liaison workers whose area covers the greater Wellington region. Outcomes Learn about the work of the primary care liaison worker, a new role for the mental health nurse. Learn of the advantages to the client and of the nurse working directly with General Practice in providing care to people with on going mental health needs.

S025 Working with Primary Care Liaison  
1/09/2004 From: 1400 To: 1500 Venue: Meeting Room 8
Paper 20 Minutes: Development of a Primary Mental Health Team: Development, Utilisation and Future Directions.
Christine Hodge  Georgina Georgiou  Peter Cheung  Sal Hosking  Veronique Browne  Christine Denny
The Northern Primary Mental Health Team is entering its third year of service in the Northern Metropolitan suburbs of Melbourne, and is part of the Victorian Statewide Primary Mental Health And Early Intervention Initiative. This exciting initiative is aimed at engaging primary care providers such as general practitioners, and community health counsellors in collaborative and shared care practices. The service is aimed at people of all ages presenting with high prevalence disorders (depression and anxiety related problems) and young people aged 15-25 with features of first episode psychosis, and at risk of serious mental illness. This paper will endeavour to explore the development, utilisation and future directions of the team. Development of the team is reflected on by examining the process of a mental health team developing networks and effective pathways within the primary care sector with the aim of mental health capacity building. Interim PMHT data are looked at to provide an overview of utilisation rates by primary care providers, demographic information of those referred, length of involvement by PMHT and outcomes. Finally future directions of the team are considered within the National Mental Health Strategy Framework of Promotion, Prevention and Early Intervention for Mental Health. Learning Objectives. 1. People in the audience will learn about the Primary Mental Health and Early Intervention initiative in Victoria. They will gain a greater understanding and appreciation of the potential success and challenges of bridging the gap between mental health services and the primary care sector. They will hopefully gain an appreciation of the possibilities for promotion, prevention and early intervention utilising models of this kind. 2.This topic is relevant to mental health services /issues in that it describes a bridging of the gap between mental health services and the primary care sector. It also captures the intent of mental health services Victoria to broaden its scope to include high prevalence disorders in its service provision.

S026 Training for Effective Partnerships: Carers & Services
1/09/2004 From: 1400 To: 1500 Venue: Meeting Room 7
Workshop 1 Hr: Ideas for Project Implementation across Regions.
Erica Pitman
Sharing knowledge, skills and good practice is an integral part of developing effective relationships and managing effective projects. This workshop will be interactive and aims to cover the following topics: Broad overview of the Carers Mental Health Project; Building effective relationships and partnerships. Differences between metropolitan, rural & remote regions. Considerations for project implementation in participant's regions. The NSW Department of Health through the Centre for Mental Health funds the Carers Mental Health Project. The project commenced in 2002 and is being piloted in three areas; South Western Sydney Area Health Region (metropolitan) and Mid Western Area Health Region (rural and remote). This particular project has been designed to address significant gaps and inadequate practice in formal mental health service delivery, in relation to carers of people with a mental illness. The three broad aims of the project are to improve carers' coping, knowledge and management skills; enhance carers' emotional wellbeing; improve professional and service responsiveness to the needs and circumstances of carers. The project is meeting it's aims through direct provision of training, support and counselling to carers themselves; development and delivery of training to mental health professionals, general counselling agencies and telephone support agencies. Considerable time is being spent developing strategies for the long-term sustainability of these initiatives by working in partnership with existing services. Many of the experiences and lessons learnt from the implementation of this project are transferable for mental health services and non-government organisations. If you wish to understand and learn more about project implementation, cross regional issues and effective partnerships, this workshop is for you. Learning Objectives. 1. Participants will be able to identify the necessary components for consideration when implementing a project. 2. Participants will gain an understanding of the complexities involved when a project spans

S027 Self Stigma & Employment
1/09/2004 From: 1400 To: 1500 Venue: Meeting Room 6
Workshop 1 Hr: Centre 401 Trust - Self stigma and its impact on individual perceptions of self in a worker role.
Kevin Macken Linda Penny
This aim of this presentation: To raise awareness of self stigma and its impact on individual perceptions of self in a worker role. Learning Objectives. 1.To raise awareness of the generalised perceptions related to mental illness that individuals take on themselves as a result of coming into contact with the mental health system. 2.To explore the impact of this internalise stigma on self-image, personal choices and actions. 3.To share with participants the process of delivering self stigma education workshops for consumers and providers. Centre 401 has provided a Supported Employment service since 1997. The service assists and supports individuals who experience mental illness to gain and keep paid employment in the open workforce. Over time Centre 401 has identified the reluctance of individuals who experience mental illness to pursue paid employment due to the effect of self stigma as a barrier to service delivery. Self stigma or internalised stigma comes about when the images, thoughts, or prejudices that a person has formed about mental illness and about people who experience mental illness suddenly become that person's reality upon diagnosis. Suddenly, what was outside that person is now his understanding of himself. Stigma is the label that connects people to stereotypes. The stigma of mental illness usually occurs from using mental health services. (Hamish Cameron Mackenzie, University of Waikato 2002). For individuals who for the first time come into contact with mental health services as a consumer a painful process begins; not just of managing illness but of coming to realise you have now become one of 'them'. This means taking on board stereotypes the individual once believed also as member of society. In response to the issue of self stigma Centre 401 has delivered a range of education workshops for consumers to enable individuals to recognise and reduce the barrier that is created by self stigma. The workshops have also been made available to providers to ensure that the limiting effect of internalised stigma is understood by personnel offering services in regards to supporting individuals towards and in employment. While the concept of stigma experienced by mental health consumers has often been discussed much of this has been focused on stigma that comes from sources outside the affected person. (i.e. the media, public attitudes). This presentation focuses on how people who experience mental illness stigmatize themselves, looking at the shame felt by individuals after receiving the negative responses and reactions of others. As people with mental illnesses encounter negative attitudes -- whether in the speech and behaviour of others or in the media images of mental illness that characteristically ridicule or vilify them -- they begin to doubt and devalue themselves.

S028 Access to crisis & inpatient care for young people
1/09/2004 From: 1400 To: 1500 Venue: Meeting Room 5
Paper 20 Minutes: The Eagle Child Unit: A Milieu Therapy approach for children admitted to an acute psychiatric inpatient setting.
Christine Denton
The positive effects of Milieu therapy for both the child and family cannot be underestimated in the treatment of acutely disturbed children requiring inpatient treatment. This presentation will explain how nursing staff on The Eagle Child Unit, a specialist Statewide service of Austin Health in Victoria, provides an environment based on milieu therapy. Milieu Therapy is a form of therapy that is directly associated with one's environment or placement, thus the environment is carefully constructed to ensure ideal therapeutic interactions. These interactions operate within a variety of settings, e.g., in group activities, individual and family
discussions and in group therapy. In the Eagle Child Unit, children with a range of psychiatric illnesses and of varying ages are admitted for up to 6 - 8 weeks for assessment and treatment. Key elements of the Milieu Therapy practised in the Eagle Child Unit, in relation to the nurse's role, will be discussed, including: Providing a safe and containing environment; providing physical and emotional support; Facilitating a highly structured program; Collaborative involvement of child, family and staff continuously validating the child and family's progress. **Learning Objectives.** 1. People will learn about milieu therapy and how it is implemented and innovative approaches to working with a diverse group of children aged 4 to 13 years of age. People will gain insight into the Eagle Child Unit, a statewide inpatient facility for the assessment and treatment for children aged up to 13 who are experiencing emotional, behavioural and psychiatric disturbances. The unit is based in Melbourne Victoria at the Austin Hospital. 2. The Eagle Child Unit is the only Child in patient facility in Victoria. There are very few other child inpatient units around Australia who provide a milieu therapy approach to inpatient treatment. There is an opportunity for other services to make links and or network form this presentation. Many of the consumers have had a long involvement in outpatient services. The unit provides early intervention in childhood psychiatric disturbances and family dysfunction in an effort to lessen relapse or reoccurrence of mental health problems in adolescence or adulthood. An increase in the number of children presenting to accident and emergency departments with an acute emotional or behavioural disturbance who require crisis admission to an acute psychiatric unit. Increase in the number of children who experience depression and/or anxiety and how this can affect all aspects of their lives often leaving them socially isolated. **References:** Crouch, W. (1998) Therapeutic Milieu and Treatment of Emotionally Disturbed Children: Clinical Application. Clinical Child Psychology and Psychiatry Vol. 3 (1): 115 - 129. Delaney, K. (1992) Nursing in Child Psychiatric Milieus: Part 1 What Nurses Do? Journal of Child Psychiatric Nursing Volume 5 Number 1.

**S028 Access to crisis & inpatient care for young people**
1/09/2004 From: 1400 To: 1500 Venue: Meeting Room 5

**Paper 20 Minutes:** An after hours Child and Youth Mental Health Service

**Robyn Flemming  Rachel Barnett  Kristin Henderson**

After three successful years establishing and enhancing the Extended Hours Service for Child and Youth Mental Health (CYMHS Royal Children's Hospital and Health Service District), this service now provides enhanced accessibility to early intervention as well as after hours crisis assessment and telephone support. The service is uniquely co-located with the Acute Assessment Unit and the Mobile Extended Hours Service at the Royal Brisbane Hospital and enjoys collaboration and support with these adult services. The CYMHS Extended Hours Service also links closely with the CYMHS clinics providing after hours follow up support and reciprocal referral when appropriate. Additionally the CYMHS Extended Hours Service collaborates closely with the youth sector, offering after hours assessment as well as providing a consultation liaison service for youth services working with young people experiencing mental health issues. The strategic links the CYMHS Extended Hours Service has forged with crisis services for adults, young people, children and the youth sector ensures a best practice model of continuity of care is provided. The CYMHS Extended Hours Service provides an outreach component to youth services and facilitates workshops for young people in relation to exploring and managing mental health issues in themselves and their friends. The service also offers training to Youth Sector workers in working with young people who have mental health issues and linking with mental health service providers. The service continues to expand and is currently developing an acute response protocol to assist community clinics in managing psychiatric crisis presentations. **Learning Objectives:**

1. Conference attendees will have an understanding of the complexities in co-ordinating an after hours child and youth mental health crisis assessment and support service. 2. Conference attendees will have an increased awareness of the processes of collaboration with all agencies relevant to children and young people in psychiatric crisis. 3. Conference attendees will have
an appreciation of the potential for shifting youth assessment and crisis response from hospital to community. References: Crisis Response, Collaborative Care.

**S029 Early Intervention**  
*1/09/2004 From: 1400 To: 1500 Venue: Meeting Room 4*  
**Paper 20 Minutes: Early Intervention.**  
*Cathy Fowler  Justine Staib  Nick Kowalenko  C. McMahon*  
Project Funded by Commonwealth FACS Early Intervention Parenting Grant (Stronger Families, Stronger Communities Strategy). This presentation focuses on the work of a collaborative partnership with Tresillian Family Care Services (a generalist tertiary level health service for families with young children aged 0-3) to implement an early intervention home-visiting program targeting persistent depression. In the ten (10) structured home visits, cognitive behaviour counselling and strategies to better link with general practitioners and community resources are provided, as is an intervention called Seeing is Believing: videotaping parent-infant interaction to improve parental responsiveness and enhance parenting strengths. This presentation will describe staff development, program implementation and delivery, staff's qualitative evaluation and clients' preliminary outcome data, including common comorbidities. The presenters will highlight the role of health services working in partnership to promote perinatal mental health and features of the service delivery context that impact on program implementation.  
1. Tresillian Family Care Centres,  
2. NSW Institute of Psychiatry,  
3. Department of Child & Adolescent Psychiatry, RNSH, NSW,  
4. Macquarie University, NSW.

**S029 Early Intervention**  
*1/09/2004 From: 1400 To: 1500 Venue: Meeting Room 4*  
**Paper 20 Minutes: Successful Cognitive-Behaviour Therapy for a Six-year-old Girl with Selective Mutism: An integrated Approach.**  
*Thomas Nehmy  Susan McNichol*  
This presentation will detail a case study of the use of cognitive-behaviour therapy (CBT) in the treatment of a six-year-old girl with pervasive selective mutism. Selective mutism was conceptualized as an uncommon manifestation of social anxiety (Kryanski, 2003). Treatment consisted of behavioural strategies including shaping, reinforcement schedules, exposure and cognitive intervention. A behaviour modification program was implemented concurrently for behaviour problems. At termination of therapy the subject was speaking in many contexts in which there had been no speech at referral. The integration of the child's home and school systems as resources for therapy will be discussed (Dow et al., 1995). Audience members will gain a clear understanding of the main theoretical and practical considerations of CBT for the treatment of selective mutism. **Learning Objectives:**  
1. The audience will gain an insight into the components of an innovative non-drug treatment for a rare and pervasive childhood anxiety disorder. They will learn about the importance of utilizing the family and school environments as an essential part of the therapeutic process, and have the benefit of a detailed case study providing a clear 'take-home' impression of what cognitive-behavioural therapy might look like in the treatment of selective mutism. 2. This topic is at the forefront of one of the most passionate ongoing debates between mental health service providers today: drug versus non-drug therapy. This case study presents the mechanisms by which non-drug treatments can be successful in light of recent warnings against the use of psychotropic drugs on children. Selective mutism is a disorder that presently has no well-defined treatment of choice due to the lack of research on this rare disorder. This presentation will provide mental health service providers with an awareness of alternatives to drug treatment. References:  

**S030 The Recovery Jigsaw Dramatised**
The presentation of Te Whare Tapa Wha comprises a team of four Maori whanau members who present in drama form using musical instruments indigenous to New Zealand. Through song and dance they portray the four cornerstones of health. Te taha wairua (the spirit), te taha hinengaro (the mind), te taha tinana (the body), te taha whanau (the family); the result is the putting together of a jigsaw representing the completion of a whare unique to New Zealand. The drama is accompanied by musical instruments indigenous to New Zealand, the hue (gourd), ko auau (flute), purehurehu (wind instrument) and putara (conch shell). The focus of Te Whare Tapa Wha is recovery and wellness. They journey into the life shattering experience of mental illness and how they made it through the recovery process and onwards to a place where mental health problems no longer dominate their lives. Each member of the team portrays a part of the jigsaw (wairua, hinengaro, tinana, whanau) and each part is put together through a journey to wellness resulting in the completion of the puzzle, the whare, which represents the whole person.

Wairua: (the spirit) Sustenance is required for the spiritual development of the individual and the family, and is of the utmost importance as the beginning and the ending of all things. Io (God) has planted a language and given a unique identity to Maori which Maori have given an earthly form. The ancestors transmitted many incantations and beliefs to help give life to this spiritual existence. The view of Maori is that people are the most important of all living things in the physical world because the belief is that Maori is the image of Io. Hinengaro: (the mind) The hinengaro is the mind which we use to uplift and stimulate and is very important to our health. Our Tupuna (ancestors) believed in the aristocracy of the mind. The mind, if nurtured well, knows no boundaries and can help one to traverse the universe.

Tinana: (the body) The family must receive sustenance for its material and bodily needs. The general requirements are food, clothing, shelter and medication, everything that pertains to physical survival. The body is regarded as sacred and requires a set of disciplines. The head is the most important part of the body and has its own set of restrictions (tapu) placed on it. If one does not take care if his/her head, worrying about anything else pertaining to the body is pointless. As a mother cherishes and nurtures her child in the womb so the knowledge is handed down from papatuanuku (earth mother). Whanau: (the family) Whanaungatanga is based on the principle of both sexes and all generations supporting and working alongside each other. Whanau are expected to interact on a positive basis with the hapu (wider family) to help strengthen the whole. Whanau receive sustenance for this dimension when they feel they have an important contribution to make to the hapu. The basic belief of Maori is to expose a child to his/her whanau as soon as possible and then throughout the child's lifetime. In conclusion, Hauora is the Maori philosophy of health, unique to indigenous New Zealanders. It is a cultural model that has four simple parts and is clarification of working from a Maori perspective. Understanding the depth of healing from a Maori perspective through language, dance and drama is powerful and empowering. You will learn about the:

- Physical body, its growth, development, ability to move and ways of caring for it.
- Spiritual wellbeing, the values and beliefs that determine the way people live, the search for meaning and purpose in life, personal identity and self awareness.
- Mental and emotional wellbeing, coherent thinking processes, expression of thought, feelings and constructive responses.
- Social wellbeing, family relationships, friendships and other interpersonal relationships.
- Feelings of belonging, compassion, caring and social support.

**Learning Objectives**

1. The importance of treating the whole person and involving the entire family to ensure a positive health outcome. The positive effect native language, music and dance can have on the mental health of indigenous people.
2. This visual presentation challenges the general way of thinking around treatment of mental health. It shows how mainstream and Maori models of treatment work in partnership.
The paper reports on the findings of the largest qualitative study undertaken to date in Australia to understand consumers’ experience of their recovery. The methodology consisted of a four-part primarily qualitative interview process. The interviews from the fifty-seven people who identified themselves as in recovery were recorded, transcribed and analysed using thematic analysis to identify the common themes used by the participants. The most frequently reported categories related to an active sense of self, with the person's determination to get better, manage their illness and realising their need to help themselves the most common categories. However over 111 themes were identified indicating the complex nature of recovery and warning against simplifying the process. The findings are discussed, as are their implications for service provision.

Learning Objectives
1. Participants will gain a deeper appreciation of the lived experience of mental distress.
2. The paper is highly relevant because consumer input and facilitating recovery underpin all mental health service provision.

References

This paper reports on the preliminary findings of a follow-up study to the research presented in Paper 1. In the previous research consumers were critical of mental health service provision. However the services these consumers received could be neither described as comprehensive nor ‘state of the art’. Therefore it was decided to interview people who had received state of the art comprehensive services and who considered themselves to be in recovery. The methodology was consistent with that described in Paper 1 but additional questions were asked about the role of the services they received and how these impacted on their journey of recovery. The research reported here was conducted in Madison Wisconsin and Boulder Colorado where services have been considered both comprehensive and state of the art. The findings will be discussed in terms of the similarity and differences with the study conducted in Australia and the implications for current mental health service provision. Future directions in this research will also be addressed.

Learning Objectives
1. Participants will gain a deeper appreciation of the lived experience of mental distress and the role of mental health services in the process of recovery.
2. The paper is highly relevant because consumer input and facilitating recovery underpin all mental health service provision.

References

During this presentation we will take a journey through the development of a strengths based self assessment tool that is being used in a regional PDRSS service in Victoria. 'Growing Well' is a unique self-assessment tool that people struggling with issues of mental health can use to measure and evaluate their growth and change. The tool is being used at St Lukes in regional Victoria to assist workers and clients to think about possibilities, hopes and dreams that are not constrained by the language of pathology, disorder and disease. In August 2001, St Lukes PDRSS (Psychiatric Disability, Rehabilitation and Support) service engaged the Social Work department of Latrobe University in Bendigo with the aim of developing a self-assessment tool to measure and demonstrate client change to consumers themselves and to any health and welfare professionals and caregivers who may be working with them. The project involved active consultation and input from consumers, carers and mental health professionals and their families.

References
workers from clinical, pdrss and community health services. The current product has five domains: Satisfaction and Well being, Being Organised, Being Connected with other people, Being Active Managing the Illness, Satisfaction and well being. The aim of this presentation is to challenge our thinking about how our language, beliefs and assessment protocols can influence outcomes for people who experience mental illness. Reference: 'St Luke's Mental Health Recovery Project 2001-2002' Unpublished report by F. Gardner et al., LaTrobe University & StLuke's Anglicare Victoria, 2002. Includes a comprehensive literature review. Learning Objectives. 1. Awareness of whole of life psychosocial rehabilitation assessment options and how self-assessment using a strengths-based solution focussed approach can be used in a range of service areas. 2. Psychosocial rehabilitation is provided in many service settings throughout Australia and New Zealand and this approach allows workers to practice the principles of psr and ‘walk the talk’ with the clients they work with.

S032 Empowerment: Legal & Assessment Challenges
1/09/2004 From: 1530 To: 1700 Venue: Arena 1A
Paper 20 Minutes: Magistrate Hearings from the Consumers point of view.
Lesley Nord
The aim of this presentation is to look at the needs of consumers/patients who have are about to be scheduled. We will briefly go over the Mental Health act and the roles everyone involved. Magistrate hearings happen on a weekly basis in most units. In some cases outpatients come in to the unit to see the magistrate. It is quite easy when dealing with the magistrate hearings to forget the human side of the hearings. The fears of some people when told they will be seeing the magistrate can be extreme. We will be looking at a scenario that covers the aspects of being scheduled. Then by breaking down the events to cover issues such as; The rights of scheduled patients; Consumer's needs with this issue; The responsibility workers have; The carer's role; The role of the magistrate and the solicitor. The main focus will be on the consumer's needs. However it must also be remembered that the Mental Health Act is changing to allow the carers to have more of say in what happens with consumers and their care. This can also have its own issues some of which we will be talking about.
Objectives. 1. Participants will be reminded of the importance of letting consumers know what their rights are. 2. Participants will examine in some detail the issues facing acutely ill people when being scheduled. 3. Participants will reflect on their own practises through the presentation and discussion.

S032 Empowerment: Legal & Assessment Challenges
1/09/2004 From: 1530 To: 1700 Venue: Arena 1A
Paper 20 Minutes: The Power of a Community Treatment Order.
Sheila Nicolson Lesley Miller
In NSW the application of a community treatment order emphasizes the competency of staff to override the views of consumers for periods of up to six months at a time. This has many implications when there are significant inpatient bed shortages. There is a strong pressure to discharge consumers at the earliest opportunity so an application for a community treatment order is made in the context of early discharge. This often overrides the clinical needs of the consumer and places pressure on recovery. Ryde Community Mental Health Service has undertaken a clinical practice improvement program to address an ever increasing number of consumers on community treatment orders. In the period 1999-2004, Ryde Community Mental Health Service has seen an increased use of community treatment orders by fifty percent. Comparisons made with other services in Sydney reveal similar trends. Whilst it is acknowledged that community treatment orders are required in some situations, effective engagement in recovery services with optimal consumer focused outcomes rely on a therapeutic consumer/worker relationship. Such a rise in community treatment orders appears to be in conflict with principles of consumer empowerment and partnership in a climate which promotes consumer rights and responsibilities. As supported by the literature, the aim of the presentation and the clinical practice improvement program is to identify consumer, family,
community, resource, staff and legal issues associated with the rise in community treatment orders. It highlights key interventions to address contributing factors and ensure that the use of community treatment orders are consistent with the true spirit of the Mental Health Act, 1990 (NSW) and concur with the principles of civil liberty in accordance with the United Nations. **Learning Objectives.** 1. The audience will gain an understanding and insight into the complexity of working therapeutically with consumers in a climate which on the one hand promotes empowerment but at the same time imposes restraint which coerces the consumer into a submissive role of accepting the mental health service as 'experts'. 2. In a statewide climate of reduced mental health funding, an increased use of community treatment orders may indicate an attempt by clinicians to band aid a fundamental lack of support in a system which is under significant pressure. Community treatment orders can not replace a consumer’s right to a hospital bed and timely recovery in order to facilitate effective treatment at home. **References.** Power, P. Community Treatment Orders: The Australian Experience; The Journal of Forensic Psychiatry Vol 10 1 April 1999 9-15; Routledge 1999; Preston, Kisely and Xiao, Assessing the Outcome of Compulsory psychiatric treatment in the community: epidemiological study in Western Australia; BMJ Vol 324, May 2002.
in a baby's life, has the potential of being a protective factor for a baby's healthy development. This presentation aims to provide information on: Rationale for considering acute community care as a treatment option. Identifying the goals of this intervention. Risk factors to consider. Developing an acute community care management plan. Through coaching, providing emotional support in the home and assisting the woman to gain understanding of the needs of the baby, the mother-baby bonding/attachment process is facilitated. **Learning Objectives.** 1. To become familiar with benefits for families affected by postnatal depression of providing intensive home-based support as part of a community maternal mental health service. 2. To appreciate potential long-term benefits for maternal and infant mental health. Reference: Burke, L. 'The Impact of Maternal Depression on Familial Relationships'. International Review of Psychiatry (August 2003), 15, 243-255.

**S033 Pregnant Mums; Family-Friendly Services**
1/09/2004 From: 1530 To: 1700 Venue: Arena 1B

**Paper 40 Minutes: Family Friendly Mental Health Services.**

Elizabeth Fudge Francheska Dark Paola Mason Rose Cuff

The Australian 'Principles and Actions For Services and People Working With Children Of Parents With A Mental Illness' (2004) document calls for a range of actions to be undertaken by services in the mental health sector to support families and children affected by parental mental illness. These include provision of 'family friendly' visitor facilities within adult mental health treatment and rehabilitation services, and the support of family-oriented and family-sensitive practice. During consultations for the COPMI project (with young people, carers, consumers and mental health service providers) participants were asked to reflect upon what makes mental health services 'family friendly'. Participants in the panel will discuss the responses received and how they may be able to be achieved. **Learning Objectives.** 1. Delegates will hear about aspects of mental health services and facilities that can enhance their 'family-friendliness'. 2. The issue of provision of 'family friendly' mental health services has been raised within the actions of the 'Principles and Actions For Services and People Working With Children Of Parents With A Mental Illness' (2004) document. **References:** AICAFMHA (2004). Principles and Actions for Services and People Working With Children of Parents With a Mental Illness. Stepney, SA, Australian Infant Child Adolescent and Family Mental Health Association Ltd.

**S034 Mental Health Promotion Journeys**
1/09/2004 From: 1530 To: 1700 Venue: Arena 2

**Paper 20 Minutes: Considering Partnerships, Prevention, Promotion ... in Mental Health - is Women's Health on your list?**

Celia Karpfen Caroline Haynes

Mental health has always been a significant women's health issue. The campaigns developed by women on the effects of different medication, especially minor tranquillisers; the links between sexual assault and experiences of mental illness; and the developing of additional options for women experiencing emotional crisis are just a few examples of this. At the same time, how much has the work of women's health been informed by the experiences of women who experience mental illness. This paper aims to highlight. 1. work undertaken by Southern Women's Community Health Centre in the area of women and mental health. This work has been undertaken in partnership with consumers, local agencies and mental health services to raise awareness on women's experiences of mental illness and middle initiation collaborative responses for women who experience bpd/complex trauma. 2. Development of appropriate responses for women survivors of domestic violence who experience mental illness. 3. Five insights gained through this work. 4. Encourage further dialogue on the role that women's health centres and their approaches play in mental health promotion, prevention and early intervention. **References:** Maxine Harris (ed) Sexual Abuse in the Lives of Women Diagnosed With Serious Mental Illness, Harbinger, 1997. Fran Noack, Mazes and Minefields: An alternative approach to considering the needs of mothers who experience the effects of mental illness, Women's Health Statewide, 2002. **Learning Objectives:** 1. to promote reflection and debate
about feminist contributions to the work of mental health. To show case collaborative approaches to addressing the intersections of mental illness, social context and trauma.

S034 Mental Health Promotion Journeys
1/09/2004 From: 1530 To: 1700 Venue: Arena 2
Paper 20 Minutes: Mental Health Promotion In Australia: Towards An Understanding Of Its Emergence And The Development Of Praxis.
Cathy Davis
Mental health promotion is at an embryonic stage of development...The field of mental health promotion in general, and those engaged in mental health promotion activities specifically, need to be more reflexive...We need to reflect on the historical emergence of mental health promotion at this moment in time, and reflect on the historical genesis of mental health promotion as a movement...(Mauthner, Killoran-Ross and Brown 1999, pp.37-38). The promotion of mental health, in Australia, as elsewhere, has lagged behind the promotion of physical health (Galbally 1994; Sainsbury 2000, p.82). Nevertheless, mental health promotion is increasingly being given prominence in the health and mental health policies of both it and many other Western countries. It is now clearly a significant focus of the agenda and is emerging as a new field of theory, policy and practice (Tudor 1996, p.4). The importance of mental health and of its active promotion are acknowledged and broadly accepted. What is of interest, however, is why interest in mental health promotion emerged and how its underlying values and ideologies have been translated into practice. This presentation reflects on the historical emergence of mental health promotion in Australia and identifies some of its underlying values and ideologies. It explores how these are reflected in mental health promotion programs identified in a national survey. Learning Objectives. 1. People attending this presentation will learn about some of the policy drivers for the emergence of mental health promotion in Australia and about how ideas about the promotion of mental health are being translated into practice. 2. This topic is relevant to mental health issues given the growing interest in promoting mental health and the debates about how it is conceptualised and implemented.

S034 Mental Health Promotion Journeys
1/09/2004 From: 1530 To: 1700 Venue: Arena 2
Paper 20 Minutes: Journeys to Wellness.
Lisa Ainsworth Linda Thompson
To describe the progress to date and future directions for the development, implementation and evaluation of the 'Journeys to Wellness' publication, which aims to improve mental health literacy and reduce stigma surrounding mental health issues in a rural community. Mental health consumers and carers in Tenterfield, NSW are currently in mid-production of a book titled 'Journeys to Wellness', containing narratives, poetry and artworks focused on their experiences of mental illness, complemented by information on 'the facts' about mental health issues. With one in five people having a mental illness at some time during their life, the local community has experienced the effect of mental illness as family and friends. Suicide has also greatly impacted on the community, like other rural communities. Local consumers and carers have taken responsibility for contributions, fundraising, production and layout of the book, making great gains to their confidence and mental health through their participation in this project. Partnerships have been formed between local consumers and carers, the Tenterfield community and New England Area Health Service to support the project. Future directions include the launch of the 'Journeys to Wellness' book during the 'Oracles of the Bush' poetry festival in Tenterfield in April 2005, local circulation of the book and evaluation. One of the key aims of the 'Journeys to Wellness' project is to improve mental health literacy and reduce stigma about mental health issues in the Tenterfield community. Learning Objectives. 1. The audience will learn about the process being undertaken to develop, implement and evaluate an initiative which aims to improve mental health literacy and reduce stigma surrounding mental health issues in a rural community, and the positive outcomes to date from this initiative eg. A partnership between consumers, carers, the health service and community groups; personal...
benefits for consumers and carers contributing to this project. The audience could utilise the information gained from this paper to apply a similar initiative in their local area. 2. The National Action Plan for Promotion, Prevention and Early Intervention for Mental Health (2000) and National Mental Health Plan (2003 - 2008) identify improving mental health literacy, addressing stigma, partnerships (‘mental health promotion is everybody's business’) and consumer and carer participation in service planning, delivery and evaluation as priorities. Locally, the need to address stigma is consistently raised by Mental Health Consumer Carer Consultative Committees across the New England Health Area. References: Commonwealth Department of Health & Aged Care (2000) National Action Plan for Promotion, Prevention & Early Intervention for Mental Health Canberra: Mental Health & Special Programs Branch, Commonwealth Department of Health & Aged Care.; Alliston, C. (Ed.) (2002) Challenges and Triumphs: A Mosaic of Meanings. Adelaide: Australian Network for Promotion, Prevention & Early Intervention for Mental Health.

S035 Employment & Recovery
1/09/2004 From: 1530 To: 1700 Venue: Central Foyer A
Paper 20 Minutes: Centre 401 Trust - Mental Health Consumer Resource Centre
Kevin Macken  Linda Penny
The aim of this presentation. To raise awareness that consumer owned and operated services are vital and necessary. The Learning Objectives of the presentation are: 1. To demonstrate a health promotion approach to service development. 2. To outline the barriers and facilitators of service development experienced by a consumer owned and operated service. 3. To outline the range of services provided by Centre 401 in response to the needs experienced by mental health consumers throughout the stages of change involved in a recovery process. Centre 401 is a self-help initiative run by Centre members, members all being past or present users of the Mental Health Services. Currently Centre 401 has 9 FTE staff positions. All staff employed must be past or present users of the mental health system. The fundamental philosophy and aims is one of self-help and self-determination for individual consumers both past and present of the mental health system. Centre 401 trust deed) The service began in October 1991 as a drop in and peer support service for psych survivors but has developed since then to offer a broader spectrum of services including: Advocacy Peer Support Recovery and self stigma education and training Supported Employment Mobile Peer Facilitation Service + Other projects. Centre 401 has progressed towards this broader focus by using a health promotion approach to service development (Ottawa Charter 1986). Service development has involved a struggle for recognition, to be seen as a legitimate provider of mental health services. Constant relationship building and a clear focus has been needed to encourage funders to resource Centre 401 to develop beyond the preconceived limits set for consumer owned and operated services (i.e. drop in centres). Centre 401 now provides a range of services in response to the needs experienced by mental health consumers throughout the stages of change involved in a recovery process.

S035 Employment & Recovery
1/09/2004 From: 1530 To: 1700 Venue: Central Foyer A
Joan Clarke  Leveratt Mandy
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 psycho-social 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.

**S035 Employment & Recovery**

1/09/2004 From: 1530 To: 1700 Venue: Central Foyer A


**Cathy Duncan**

The Aboriginal Employment Strategy Limited has been addressing the issue of Aboriginal employment, with all its intrinsic difficulties, for 7-8 years. It has now found employment for over 750 people in the Moree, Tamworth and Dubbo district. The success of the Aboriginal Employment Strategy involves seeking a commitment of co-operation from employers to work with the AES; it does not just seek a job. Staff work with employers to anticipate problems and difficulties, and act as mentors to help manage issues that arise. The staff at the AES are all Aboriginal. They promote and maintain the service by visiting businesses to build partnerships and mentor any difficulties that come up along the way. This can involve quite challenging exchanges with the mainstream business community. The Jobs Program incorporates strategies that help to raise the self-esteem of the community. It focuses on building pride in being Aboriginal. Cathy will use statistics gathered by the local mental health service to discuss the effect that employment is having on the mental health of Aboriginal people in Moree. **Learning Objectives.** 1. Participants will gain insight into the unique methodology of the Aboriginal Employment Strategy and its success in bringing self-empowerment to the community. 2. The audience will gain an appreciation of the way in which employment impacts on the mental health of Indigenous communities.

**S036 Early Intervention: Services, Research, Feedback**

1/09/2004 From: 1530 To: 1700 Venue: Central Foyer B

Paper 20 Minutes: Early Intervention for Young Adults (A Personal Account)

**Emma de Tassanyi**

I am a young adult with a history as a mental health consumer. I will inform delegates of my personal experience with depression and anxiety; events leading up to diagnosis, my intervention and recovery. From diagnosis to recovery, I have had contact with numerous mental health professionals including psychiatrists, GPs, psychologists, emergency department staff and members of mental health teams. I found many services and individuals to be unhelpful and unable to meet my needs while the support of friends was invaluable in encouraging me until I was able to access the support I needed to begin the recovery process. My experience with mental health services and professionals has prompted me to explore available youth specific mental health services. Through this presentation, I hope to encourage further discussion about early intervention services available to 18 to 25 year olds. I believe that to successfully address the social, economic and health burden of mental illness, there must be effective government funded interventions available as early as possible and developed through partnerships between consumers, professionals and other stakeholders. This paper provides an opportunity for mental health and other professionals to gather valuable
feedback about the services available to young adults and to communicate and encourage strategies for intervention/support in partnership with peers and young people. **Learning Objectives.** 1. The audience will learn that young people can recover from mental illness and take positive action to support others. 2. The experiential stories of young people who experience mental illness are important in the development of more age appropriate mental health service delivery.

**S036 Early Intervention: Services, Research, Feedback**

1/09/2004 From: 1530 To: 1700 Venue: Central Foyer B

**Paper 20 Minutes: Minding Young Minds: Early Intervention in the Mental Health of Young People.**

**Kristie Mammen**

Research, anecdotal evidence and government policy increasingly support the need for early intervention to ensure optimal health outcomes across the population (Davis, Martin, Kosky & O'Hanlon, 2000). With this in mind, the Child and Youth Mental Health Service of the Royal Children's Hospital and Health Service District (Queensland) in 2002 piloted a project to deliver early intervention initiatives to support the mental health needs of local 12-18 year olds. Despite relatively limited resources, the project has achieved a number of key objectives in its 2.5 year history, resulting in funding being made permanently available. This presentation is intended to provide attendees with a rationale for early intervention for the mental health of young people, and an overview of project achievements thus far. These include mental health training for stakeholders, facilitating consumer and carer input, collaboration with other services, workforce development to better support young people with comorbid mental health and substance problems and offering support groups for those bereaved by suicide, young people with a parent with a mental health problem and parents concerned about the substance use of their young person. While acknowledging the challenges of implementing early intervention initiatives, this presentation will also highlight what can be achieved in engaging committed consumers, carers and service providers in advocating for the mental health needs of young people. **Learning Objectives.** 1. Attendees will acquire knowledge of a local response to the early intervention needs of young people, including the factors (both from a top-down and a bottom-up perspective) that have contributed to its successful delivery of creative, flexible and responsive mental health initiatives. 2. This presentation will highlight the vital role of early intervention in the continuum of care for mental health problems, and demonstrate how the investment of even limited resources early in the trajectory of such problems can have a powerful impact on the mental health outcomes of young people, their families and communities.

**S036 Early Intervention: Services, Research, Feedback**

1/09/2004 From: 1530 To: 1700 Venue: Central Foyer B

**Paper 20 Minutes: Yearning for Growth.**

**Jo-Anne Carmody Anusha Govender**

Yearning for growth gives a professional and personal account of service development of Blacktown Early access Team (BEAT), a service whose primary focus is to provide effective and intensive early intervention services to the youth of Blacktown Local Government Area. A young service that began in 1996 with two workers as a subset of intake and assessment team, branched off in 2000 to be a community early intervention team and has now evolved into a team of ten service coordinators and Team Manager. BEAT has grown to provide early intervention, early detection, prevention and recovery services with a Culturally and Linguistically Diverse Backgrounds. The harvesting of hope is viewed across the span of those involved in service delivery, the organisation, the team, the consumer and carers, the community and the individual clinician. Together with best practice interventions and personal influences the drive has been to create youth friendly services. Looking through the eyes of youth, hope is harvested by all invested in service development, a multi systemic approach. Breaking through barriers gives a chance for vision, inspiration and motivation for quality improvement and innovative change. We endeavour to inspire others in health.
Learning Objectives. A personal account of the professional journey, how inspiration and motivation can be fostered. How working together brings new life, energy and creates vision. The value of integrated services and community networking—united in developing the future of youth. Seeing life through the eyes of youth, instilling hope and a yearning for growth.

S037 Outcome research: Use in Services
1/09/2004 From: 1530 To: 1700 Venue: Central Foyer C
Paper 20 Minutes: Attitudes to outcome measurement: the importance of feedback.
Thomas Trauer Helen Herman Tom Callaly
Routine outcome assessment, a key objective of the National Mental Health Plan, has now been introduced into most Australian mental health services, but early experience has shown that collection rates are very variable. A number of commentators have observed that a critical factor in staff collection of outcome measures is the degree to which they find them useful in their everyday work, and that outcome measures are not useful at the clinical level unless suitable feedback is received. We report preliminary findings of a NH&MRC-funded study which examined, in part, the effect of prompt, easily understandable feedback on attitudes to outcome measurement, and collection behaviour. In two area adult mental health services over a twelve month period, clinical staff were provided with graphical reports of the outcome measures they had completed. At the beginning, middle, and end of this study period staff surveys on outcome measurement were conducted. The study allows for tracking of attitudes and collection behaviour over time, and the relation of these to feedback in the form of graphical reports. This study represents an objective and systematic inquiry into the importance of feedback on the attitudes and practices of mental health staff in relation to outcome measurement. Learning Objectives. 1. The results of this large-scale, systematic and naturalistic study in two area mental health services should provide the audience with an enhanced understanding of the factors influencing attitudes and practice in outcome measurement. 2. National mental health policy now requires all mainstream services to routinely collect outcome measures, but this is a relatively new development for most services, which are still in the process of implementation. Identifying obstacles to collection will promote successful implementation. References. Callaly, T. & Hallebone, E. L. (2001) Introducing the routine use of outcomes measurement to mental health services. Australian Health Review 24(1): 43-50. Trauer, T. Outcome measurement in mental health care: summary of findings from initial implementation agencies in Victoria. In: Issikidis, C., et al. (Eds.) There's No Health Without Mental Health: Contemporary TheMHS in Mental Health Services, Sydney Conference Proceedings. Sydney: TheMHS Conference.

S037 Outcome research: Use in Services
1/09/2004 From: 1530 To: 1700 Venue: Central Foyer C
Paper 20 Minutes: Trialling CBT for psychosis in ordinary mental health services: Dilemmas in studying real world effectiveness.
John Farhall Jane Gierlicz Nerelie Freeman Tom Trauer Frances Shawyer
In the past, development of new treatments and services within an evidence-based (scientific) paradigm relied mainly on results of efficacy studies, which ask, 'Does the treatment work?' Recently, the importance of following efficacy studies with effectiveness studies has been highlighted (e.g. Foxhall, 2000). Effectiveness studies ask 'Does the treatment work in an ordinary service environment?' For psychological therapies in mental health settings, there are many reasons why researched efficacy doesn't always translate into real-world effectiveness, including therapist expertise, variability in consumer needs and practical impediments to delivery of the treatment. The Recovery Therapy project is studying the effectiveness of a CBT for psychosis treatment (Farhall et al, 2003) in a community mental health setting via a randomised controlled trial. From an intake of 670 new consumers, 94 agreed to take part in the trial. This paper considers dilemmas about recruitment, participation and withdrawal, and presents data on the representativeness of those participating and the reasons for declining
involvement in the Recovery Therapy study. Issues and ethical dilemmas in studying the practical effectiveness of new mental health treatments in ordinary service settings will be discussed. Learning Objectives. 1. People attending the session will learn about some practical limitations in studying the application of new treatments in ordinary mental health settings via the scientific method of a randomised controlled trial. 2. This is particularly relevant to mental health services at this time, given the growing interest of professions, governments and the public in evidence-based mental health treatments and services.

References
through six years of adversity, to where I am today - SPEAKING - seemed at times impossible, but belief, desire, attitude, courage and persistence are extremely powerful tools. I never [totally] gave up hope - it just lost its way! 'Believe in yourself and never lose sight of your dreams!' Learning Objectives. 1.To be provided with an example of the detrimental effects of trauma on the mind and body and to learn, that in many instances, the decision to get better lies within the sufferer - time, patience and hope. 2.Relevance: Mental illness caused through trauma: Conversion Disorders, Eating Disorders, Depression and Suicide.

S038 Consumer Participation & Recovery  
1/09/2004 From: 1530 To: 1700 Venue: Meeting Room 9  
Michael Burge  Christine Child
The aim of this paper is to outline the strategies that are utilized to enhance Consumer and Carer Participation (CCP) within the Toowoomba District Mental Health Service (TDMHS). CCP is important to ensure compliance with the National Standards for Mental Health Services, the Second National Mental Health Plan and the 10 Year Mental Health Strategy for Queensland. The strategies used require the TDMHS Consumer Consultant (CC) to conduct ongoing consultation with staff, consumers, carers, and external organisations. The Consumer Consultant will discuss the strategies identified, activities, benefits, risks/barriers, outcomes and people involved. The implementation of these strategies continue to both inspire and encourage the development of further processes that facilitate participation of consumers and carers within Toowoomba and surrounding districts. Learning Objectives. 1. Audience will learn about the strategies implemented within the Toowoomba District Mental Health Service and have the opportunity to discuss the benefits, risks, barriers and critical success factors. 2. Conference participants will hear about how important the role of Consumer Representatives is re voicing of consumer views and encouraging participation at every level in the organisation.

S038 Consumer Participation & Recovery  
1/09/2004 From: 1530 To: 1700 Venue: Meeting Room 9  
Paper 20 Minutes: To Hell and Back again…a journey of mental illness across the lifespan.  
Sonja Goldsack
Described by many as a journey 'to hell and back' the experience of mental illness across the lifespan brings varying use of life experiences, self-strategies and diverse tools to make this journey survivable. A recent consumer-led study, funded by the New Zealand Health Research Council and supported by Otago University undertook to gain an in-depth understanding of what service-users find both helpful and unhelpful in their recovery journey. Using a qualitative methodology, a diverse group of service users from several ethnicities were involved in the study. A comparison of specific differences and similarities sought to cater for a large gap in the recovery literature which is dominated by white, middle-class experiences, with little reference or investigation of the role of various cultures or other variables. The results of this service-user driven research will be portrayed giving emphasis to the changing dynamics of experience over the lifespan. This service-user led research has gained insight and perspectives not often captured with in-depth stories and narratives that bring to light the courage and resolve of those whose journey to hell and back means they can share with others the skills and strategies that may prevent them from having to journey the same roads. Learning Objectives: Participants will gain a clearer understanding of the experiences of service users on the recovery journey with particular emphasis on their experience both throughout the lifespan and cross culturally - two areas largely missing from recovery literature to date. A full and thorough understanding of ALL experiences of recovery is necessary if services are to be truly responsive to the needs of ALL service users. A lack of research and literature pertaining to these areas has meant that current practice fails to account for these differences, leading to reduced service adaptation and awareness of the many factors which dominate the recovery journey for all.
S039 General Practice & Mental Health
1/09/2004 From: 1530 To: 1700 Venue: Meeting Room 8
Paper 20 Minutes: Developing General Practitioner Psychiatric Nurse relationships.

Bill Kuluris
This paper is based on the paper presented at the TheMHS conference 2002, Clozaril and the General Practitioner (overview of a support program). It will describe the relationships established and the challenges for the Psychiatric nurse and the General Practitioner, such as: Relationships not normally developed outside the therapeutic level; One that is not characteristically used within Barwon Health; Challenging the idea that Psychiatric nurses can develop relationships outside their typical environment such as the Psychiatrist, Registrars and of course the consumer. Multidisciplinary approach is another major characteristic of the Psychiatric nurse and one that was required to be used in another form. This paper will challenge the model of Psychiatric nursing that has been developed over the years; look at the similarities and the differences as developed by this Psychiatric nurse and needed to support a General Practitioner program. It will describe the development over recent years in relation to its service participants, consumers and carers. The more relationships with General Practitioner's the more focus on the co-operative provision of a comprehensive system of clinical support (Shared Care) between Barwon Mental Health Services, local GP's, that can be tailored to the individual consumer and carers needs. In order to provide such a program for General Practitioners, a number of objectives need to be developed, they are: Learning Objectives. 1. The audience will learn what qualities Psychiatric nurses need to have in order to provide support to General Practitioners who will be responsible for the care of clients who have a severe mental illness. What this means is that the role for Psychiatric nurses to develop relationships with General Practitioners needs to be implemented in order to provide another choice for consumers and carers in relation to their mental health care. 2. This topic is relevant to the current developments in Shared Care models of mental health services with General Practitioners in their role as primary care providers for all their consumers. Overall all this paper will display a very interesting concept in the changing roles of a Psychiatric nurse and gaze in depth at what these challenges are. Psychiatric nursing career paths over the years have been flexible and ever challenging.

S039 General Practice & Mental Health
1/09/2004 From: 1530 To: 1700 Venue: Meeting Room 8
Paper 20 Minutes: Beyond Talk: General Practitioners And Private Consultant Psychiatrists Deliver Shared Care.

Roberta Morris A Sved Williams P Frost
General Practitioners (GPs) manage a wide range of mental health conditions and frequently request access to psychiatrist advice and support. Twenty-nine percent of people with mental health problems see their GP most frequently for mental health care. This project developed and implemented a model of shared care, engaging private psychiatrists to work in partnership with GPs. The 12-month project aims to: i) enhance GP management ii) increase GP knowledge and skills in mental health iii) increase GP confidence in managing mental health problems; iv) promote prevention through early assessment and intervention; v) improve the private sector’s response to primary mental health care; vi) strengthen networks between GPs and private psychiatrists. A centrally coordinated urgent advice service provides GPs with: i) a consultant opinion by telephone within 24 hours of a request for advice; ii) a one-off face-to-face consultation-liaison assessment if appropriate and agreed to by all parties and iii) verbal and written feedback regarding a management plan. During the 3-month development phase 24 psychiatrists were recruited and inducted, communication protocols established and agreed to, on-call rosters produced, operational barriers predicted and addressed and an extensive GP promotion and awareness campaign undertaken. The advice service began on 27 April 2004 and has been received positively by participating GPs and psychiatrists. Data are being collected on users and usage, nature of requests, usefulness of advice, satisfaction with the service and implementation difficulties. Clinical impact on participating GPs and
psychiatrists and the project's impact on their networks and relationships will be externally evaluated at the completion of the trial. The paper will report on the development of the model, implementation issues and patterns of usage.

**S039  General Practice & Mental Health**  
1/09/2004  From: 1530 To: 1700  Venue: Meeting Room 8  
Paper 20 Minutes: Raising the Profile. The Value and Outcomes of Co-located Psychiatric Nurses in General Practices.  
Gary Bourke  Jennifer Ahrens  
Raising the profile of anxiety and depression. The value and outcomes of co-located psychiatric nurses in general practices. Key findings of the Sphere National Depression Project demonstrate that 63% of people attending a General Practitioner (GP) have some evidence of a mental disorder, with many not being identified and receiving appropriate assistance. (Beyondblue, 1998). The Integrated Primary Mental Health Service NE Vic represents a significant initiative in high prevalence mental health disorder service reform. Combining Commonwealth and State Funding, this service has co-located psychiatric nurses in 25 general practices across Northeast Victorian and Border Divisions of General practice since June 2003, with the aim of increasing identification and effective early intervention in high prevalence disorders such as depression and anxiety. Services provided include - On-site 'on the spot' GP education, psychiatrist consultation and case review. Comprehensive psychiatric assessment, review, resources and clinical recommendations. Provision of accessible direct counselling services. Referral advice and assistance Early outcomes indicate that this service is effective in providing improved access to early treatment and care in a non-stigmatising setting, improved GP consultation and a reduction in referrals to traditional adult mental health services. With a view to inspiring replication in other areas, this presentation discusses the triumphs, difficulties and client health outcomes resulting from the operation of the Integrated Primary Mental Health Service. **Learning Objectives.** 1. The honest exploration of this innovative service will provide the audience with increased awareness and understanding of the benefits of co-located mental health nurses in general practice, and will clarify and define a working model that provides cost-effective, efficient and high quality mental health care. 2. High prevalence mental health problems such as anxiety and depression are among the most important causes of morbidity and disability in primary care settings. The provision of cost effective, accessible mental health care is extremely relevant in a health care climate of reducing resources, especially in settings which have traditionally had difficulty identifying and effectively managing people experiencing anxiety and depression. **References:** Beyondblue (1998) The Sphere Project : key findings www.beyondblue.org.au Cutts, B. (1999) Autonomy and the developing role of the clinical nurse specialist. British Journal of Nursing 8 (22).

**S040  Perspectives on Mental Health from Asia, Somalia, South Pacific**  
1/09/2004  From: 1530 To: 1700  Venue: Meeting Room 7  
Beven Yee  Hilary Lapsley  
In May 2003, the Mental Health Commission launched its first Asian-focused publication entitled 'Mental Health Issues for Asians in New Zealand: A Literature Review' (the report). This paper is a follow-up to that report that will: a) revisit some of the findings from the report b) develop an Asian conceptualisation of 'recovery' using sociological and anthropological theories on Asian cultural perspectives c) using the emergent recovery perspective, analyse government initiatives that relate to Asian peoples and their mental health concerns. In this session the presenter will use life stories, and visual display, to show how Asian people have adjusted to Western society and explain how recovery from mental ill-health can be conceived from an 'Asian' perspective. The presentation will be useful for people interested in cultural diversity issues, particularly those involved in research and policy development. **Learning Objectives.** 1. People attending will be introduced to 'Asian' concepts of society and

S040 Perspectives on Mental Health from Asia, Somalia, South Pacific
1/09/2004 From: 1530 To: 1700 Venue: Meeting Room 7
Maureen O'Brien
Treatment of severe childhood mental illness such as psychosis and anorexia, can be complex and problematic and the complexity is further exacerbated when the parents are very uncertain about the treatment paradigm and how it fits with their religious and cultural beliefs. This paper will outline the challenges in working with parents and their wider community including the elders and the Imam from the local mosque, and Arabic healers. It will explore how a therapeutic alliance could be established and maintained sufficiently, to enable the children and their families to be treated in a way that does not create a sense of alienation and dislocation. This paper will describe experiences of working with Somali children who have been treated for severe mental illness in the Child Inpatient Unit at Austin Hospital Child and Adolescent Mental Health Service (CAMHS), Melbourne and whose parents are devout Muslims. The focus will be on Muslim families who are recent refugees from Somalia. This paper will outline challenges and dilemmas faced by the staff of the Unit and is offered in order to share our knowledge of a very new area of child psychiatry about which there is a paucity of information and understanding. Learning Objectives. 1. The expectation that people who listen to the presentation will be challenged to think about these complex issues and also they will come to some understanding through the clinical experiences that will be outlined. It is also expected that their will be a sharing of information from other therapists who work with a similar population of children. 2. The topic is relevant to mental health services as increasingly, particularly as more refugees come to Australia from Muslim countries, their children will need to access mental health services. It is therefore necessary that we are able to provide a mental health service that is sensitive to the complex cultural and religious context.

S040 Perspectives on Mental Health from Asia, Somalia, South Pacific
1/09/2004 From: 1530 To: 1700 Venue: Meeting Room 7
Kevin Kellehear
The mental health of the peoples of the South Pacific is often questioned, suggesting that the idyllic lifestyle enjoyed by visitors and tourists echoes an obviously stress-free situation for the local peoples. The evidence clearly shows that individuals and families experience often serious levels of distress, yet are often not provided for. The need for extended mental health has been one the agenda for over a decade. Indeed, the need for specialist education and training in mental health for health care workers is often seen as not a priority. This paper examines the need for and provision of specialist education and training for senior nurses and students of nursing in Samoa. The Kellehear Mental Health/Illness, Stress and Coping Model was used as the framework. The course participants identified the factors specific to their cultural and practice contexts. Strategies were identified and developed to promote more inclusive systems of care and increased hope for vulnerable populations. The process and impact of the work will be discussed, with a critique of the use of such models and approaches for Samoa and other nations of the South Pacific. Learning Objectives. 1. People in the audience will gain an appreciation of the range of mental health and psychosocial problems encountered by the peoples of the South Pacific generally, and Samoan people particularly, and the application of a model to address the issues. 2. The topic is highly
relevant for health care workers, who encounter clients and families across the lifespan and for the planning of services which address the needs of South Pacific populations.

**S041 Personal Experiences**  
1/09/2004 From: 1530 To: 1700  Venue: Meeting Room 6  
**Paper 20 Minutes:** The Impact of Living with Bipolar Disorder  
Nicole Highet  Bernard McNair  
The current research explores the lived experience of bipolar disorder, in order to gain insight into how a number of factors contribute to the burden of the illness. A series of focus groups were conducted with persons diagnosed with bipolar disorder. By exploring the process of bipolar illness the study reveals how a lack of awareness about the disorder in the wider community and amongst health professionals contributes to the lack of detection, misdiagnosis and mistreatment of the disorder. This enables progression of the disorder at significant personal cost to the individual and their family. Personal humiliation, financial strain, marital and family breakdown, erosion of support networks together with stigma surrounding the illness, serve to deconstruct vital elements of a person's life, leaving the person with depleted personal, social and financial resources, further contributing to the indirect burden of illness. The research highlights the urgent need to increase current awareness and understanding about the disorder, and improve community attitudes, treatment and management practices. Given the profound personal, social and financial costs of bipolar disorder, these future directions are both urgent and critical for the reduction of illness burden that exists for the consumer, their family, and the wider community. Learning Objectives.  
1. The audience will gain insight into the lived experience of persons with bipolar disorder. In particular, participants will discover how lack of community and professional awareness contributes significantly to the burden imposed by this disorder.  
2. This research is relevant to mental health issues in that it offers strategic direction and important implications for policy, treatment and reform. References: Depressive and Manic-Depressive Association (DMDA) National. Living with bipolar disorder How far have we really come? 2001 Constituency Survey, Chicago, USA Highet, NJ and McNair. Experience with Treatment Services for Persons with Bipolar Disorder. Medical Journal of Australia (Supp) In press.

**S041 Personal Experiences**  
1/09/2004 From: 1530 To: 1700  Venue: Meeting Room 6  
**Paper 20 Minutes:** CBT and Me.  
Christine Stammers  
The aim of this paper is to outline the journey CBT has taken me on, in not only overcoming child sexual abuse, serious illness and an abusive first marriage, it has also led me to discover who I am, how I think, and the ability to better control my mental illness. This paper will hopefully show consumers and clinicians what CBT has done for one real life person. Because, no matter what a person has been through, if they are determined enough, and have the right help, they will be able to succeed at life. CBT is something nearly every clinician has heard of yet not all consumers have had the opportunity to learn more about it. Which is a shame as nearly all consumers should be given this opportunity. As it would help them to better manage their illness, as it offers strategic direction and important implications for policy, treatment and reform. Learning Objectives.  
1. Hopefully the attending audience will be inspired by my life story, and be able to find the strength and courage to face difficult situations in their own lives. Realizing that just because something awful has happened does not mean we have to give up on life. I hope also that the audience will realize that all consumers can benefit from CBT. Those who are clinicians will hopefully endeavor to practice CBT amongst all consumers, and the consumers hopefully if they are not already doing CBT, will make enquires and begin it. 2. This paper is relevant to mental health issues, as a lot of people who have a mental illness have also been sexually abused and then gone on to a bad marriage. This paper is typical of a lot of people's background. It is relevant to mental health services as it outlines how CBT can help overcome problems faced in the past, and how I as a consumer have kept myself out of hospital using
CBT. This is a positive thing as it helps clinicians to guide consumers to better mental health, and for consumers to take more control over their own mental health issues.

**S041 Personal Experiences**

1/09/2004 From: 1530 To: 1700 Venue: Meeting Room 6

Paper 20 Minutes: Reflections of an Ageing Manic-Depressive.

Graeme Wilson

Deals with the adult life of a civil engineer, diagnosed with manic-depression in 1968 at the age of 34. The talk covers the effect on his career, the breakdown of his marriage and hospitalisation as an involuntary patient, which marked a very low point in his life, but by no means the end. Now aged 69 and still on medication, he has moved into calmer waters and is enjoying a full and happy life in new and unexpected ways. **Learning Objectives.** 1. That psychological issues are often neglected, but are of equal importance to medication in ensuring a successful outcome for treatment of major psychoses. 2. Medication is essential in dealing with major psychoses and, perhaps because of cost considerations, tends to predominate. However environmental and psychological factors can have an enormous impact on the progress of the illness. Carers and patients themselves can contribute, as well as health professionals. **References:** Jamison, K R (1995) An Unquiet Mind: Schuller, R H (1982) Self Esteem: The New Reformation.

**S042 Young People Participating**

1/09/2004 From: 1530 To: 1700 Venue: Meeting Room 5

Paper 20 Minutes: The concept of Partnership, our journey from small beginnings to now - YouTHink where youth really are doing the thinking.

Michelle Hilton  Dyanna Smith-McCue  Alecia Barnes

This paper will describe the journey that Adolescent Services - Enfield Campus (ASEC) has taken with young people in moving from a structured partnership model to one, which is interactive where young people's skills have been developed so they can be active participants in the development of group program activities, consumer feedback, evaluation and projects at a unit and broader organisational level. The potential benefits of consumer participation for both the young person and the organisation will be explored as well as the skill development and achievements of young people. Examples will be used to highlight the development of these skills and outcomes at each part of the partnership continuum by 2 members of YouTHink, a group run for and by young people to assist in influencing change and improving services for young people with mental health issues, sharing their experience. The next step is encouraging young people to participate and ensuring structures are further developed to allow it to be sustainable and progressive as their skills grow and develop. **Learning Objectives.** 1. Participants will learn about the partnership continuum and framework used by ASEC through: a. An explanation of the continuum's steps b. Specific skills development of young people and staff so they can move through the continuum together. Practical examples as to how this process can be implemented with young people at a variety of levels, (day to day case management to divisional review). 2. Understand the partnerships we develop and use throughout our clinical practice and how working with young people accessing a mental health service is essential to ensure a holistic approach to service delivery is achieved. **References:** Linhorst, D.M., Eckert, A., (2002) Involving people with severe Mental Illness in Evaluation and Performance Improvement; Evaluation and the Health Professions, Vol. 25. No. 3, 284-301. Achieving praxis in youth partnership accountability, (2000) Journal of Youth Studies, Kathleen Stacey and Associates.
The aim of this presentation is to describe a capacity building project targeting youth mental health with boarder youth orientated services. A number of activities were planned and implemented with young people's involvement commencing with a youth forum to identify gaps in services for young people in Inverell in north-west NSW. This identified that young people had limited knowledge of mental health issues and where to access services. Young people proposed an awareness raising day that included bands, food, fun activities interspersed with sessions were young people themselves talked about their mental health needs. The final stage of the project is the development of a interagency youth resource centre that is accessible for all young people in Inverell. The resource centre aims to provide a non-stigmatising environment supported by a youth-worker that offers young people a safe recreational space and where relevant youth services roster their staff to attend. Another initiative devised by young people are young peer educators to assist the linkage to key support agencies. The critical factor in the success of this project is the active engagement and valued participation of young people. This project provides a model of capacity building with young people for their mental health and wellbeing.

Learning Objectives
1. The value and process of engaging young people as part of their community in their own health outcomes.
2. Promoting services and accessibility for young people with mental health needs and related issues in a rural setting.

References:

S042 Young People Participating
1/09/2004 From: 1530 To: 1700 Venue: Meeting Room 5
Paper 20 Minutes: Open Your Eye: Mental Health Promotion and Prevention in Young People.
Sarah Chunys
With an underlying mental disorder, too often, all that meets the eye is merely dismissed as 'a bad day', 'a bad attitude' or 'growing pains. While some people may say that there are no warning signs displayed in a person who is suffering, we often have to look deeper into the behaviour and the causes, or lack of causes. I am the National Youth Ambassador for BeyondBlue's Ybblue Program, an awareness and warning signs campaign launched in April 2003. Ybblue is targeted at young people aged 17-25 years. It is Ybblue's belief that what is often ruled out as so called 'normal' teenage behaviour is often in fact one of the warning signs of an underlying mental illness/disorder. These warning signs are stated on campaign material...Know Y: Someone's out of control, not sleeping properly, feeling down, dropped out of the crowd, and a little worse for wear. These are exactly the things that I went through throughout late primary school. During highschool, the problem became progressively worse, yet still no one picked up on it. Although, awareness campaigns such as this may ultimately save a life, the key here is prevention and early detection. Ybblue is more than just another youth suicide prevention program. It's more than that. It teaches us to be aware of the signs, before they escalate into something worse. I believe that what I went through could have been prevented, had someone picked up on it a lot earlier. Now, two years on, the only proof I have of what I've been through are my diaries that I wrote whilst hospitalized. I'd like to share them with you, so that I might open your eyes to the terrifying world of mental illness. We'll only be able to prevent this from happening, if we understand what the young person is going through.

S043 Programs & Policies for Young People
S043  Programs & Policies for Young People
1/09/2004 From: 1530 To: 1700  Venue: Meeting Room 4
Paper 20 Minutes: Creating New Forms Of Service Delivery For Multi-Service Adolescent Clients.
Deborah Absler
In the past decade a considerable focus of attention has been given at the policy, program development and service delivery levels to the importance of developing effective and sustainable collaborative cross-sectoral practice as the preferred mode of intervention for at-risk young people who are multi-service users struggling with mental health alongside other areas of difficulties in their lives. In this presentation Deborah Absler will present an overview of the theoretical models and policy frameworks that underpin the concepts of partnerships and collaboration. She will present the themes that have emerged to date in her PhD research exploring the implementation of an innovative service initiative developed in Melbourne, Australia which uses a multi-agency care team working with adolescents within a residential care setting. This case study highlights the need for increased understanding of the dynamics, processes and organizational structures that both support and interfere with collaborative practice at the practitioner, team, agency, regional and statewide level. The case study also demonstrates the creative, challenging and exhilarating experiences that emerge when practitioners across systems struggle to develop a respectful and creative new working space which provides a new practice experience for themselves and the young people they are working with. Learning Objectives. 1. They will gain an understanding of the importance of policy directions that are developed and translated into directives for program development being informed by a theoretical framework and practice understanding that reflects the complexity of factors that impact on effective service development. They will gain the opportunity to learn from the feedback received from a number of stakeholder groups what factors need to be present to develop and implement new forms of service delivery. 2. This topic is highly relevant to mental health services that have become increasingly aware that within their client group is a marginalized client group, struggling with complex needs in their lives and requiring more innovative and creative forms of service delivery in order to effectively engage them. References: Morton, J., Clark, R., & Pead, J. (1999) When care is not enough. Department of Human Services, Victoria.; Scott, D. (1993) 'Inter-Agency Collaboration: Why is it so difficult? Can we do it better? ' Children Australia. Volume 18. No. 4, pp 4-9.

S044  The Clubhouse Model
The Clubhouse Model is a community-based psychosocial rehabilitation program designed to serve adults with mental illness. This model provides a broad spectrum of services that meets individual needs in a group process that is inextricably woven into the local communities within which the clubhouse operates. This non-institutional setting provides adults with a mental illness support as they work to rebuild their confidence, stamina, self-esteem, social and vocational skills. Recovery occurs while being part of the community. The clubhouse opens up paths in the community for members to link into including employment, education, social recreational activities and housing. Participating in regular activities within the community, while receiving support from clubhouse staff and peers, allows recovery to occur in a natural setting. The clubhouse as an organisation is also connected to the wider community. Whether participating in mental health policy development, providing education to the wider community on mental illness, or partnering with civic organisations on projects to benefit the overall community, the clubhouse provides opportunities for people with a mental illness to assist in breaking down existing barriers for people with a mental illness and in making the community a better place for all to reside. Chair: Jack Yatsko, Director of Training for the International Centre for Clubhouse Development (ICCD). Jack will provide an overview of the principles of the clubhouse model and the importance of building a sense of community within the larger community in which the clubhouse is located. Melanie Sennett, Director of Stepping Stone Clubhouse. Melanie will provide examples of how Stepping Stone Clubhouse operates as a community at micro, mezzo and macro levels in providing supports for adults with mental illness who are members of the program; in becoming an integral part of the Brisbane community; and in operating within the larger worldwide clubhouse community as an international training base. Teresa Fawcett - Member and committee member of Stepping Stone Clubhouse, will discuss how the clubhouse assisted her to obtain her masters degree in psychology and obtain work as a consumer liaison representative at Logan Hospital. Pat Nolan - President of Stepping Stone Clubhouse will discuss how a clubhouse links within the wider community from a management committee's perspective. Shane Hicks, member of Stepping Stone Clubhouse - From Tombstone to Stepping Stone - Shane's presentation is about his journey from the brink of death and the journey of his life through to ending up at Stepping Stone Clubhouse. Geoff Waghorn, The Queensland Centre for Mental Health Research The Park, Centre for Mental Health Treatment, Research and Education, will discuss a collaborative research project with QCSR, University of Queensland, International Centre for Clubhouse Development and Stepping Stone Clubhouse Inc on social reintegration.

**Learning Objectives:**
1. The audience will learn how the clubhouse model and ultimately individuals with a mental illness integrate into their communities.
2. One of the most important elements of recovery is for people with a mental illness to be valued citizens in the community. The presenters will provide information from a member/consumer, staff and management committee perspective of how community integration occurs.

**References:**
Paper 20 Minutes: Supporting Carers of People with Mental Illness
Natanya Mandel
In the first half of 2002, The Schizophrenia Fellowship successfully submitted for funding under the NSW Caring for Carers Mental Health program to establish an exciting new program to provide information, education, advocacy and support to carers. This is achieved by working one-on-one with carers, ensuring that carers needs are met by the NGO, mental health and Area Health Service sectors. The program was initially established as a 12 month pilot program for two days per week in four Area Health Service regions. The pilot was so successful, that in August 2003 we received a further 12 months funding, including additional funds to expand the program to three days per week and to include four more Area Health Services - covering half of NSW.The Carers Support Unit has formed a strong partnership with the University of Sydney to conduct evaluations of the Unit and to ensure that it is responsive to carers needs. To date there have been two evaluations, both conducted by Masters students during 2003. The evaluations have shown that the work of the Unit makes a significant difference to carers, arming them with the tools that they require to speak with service providers and medical staff, enabling them to improve their abilities in their caregiving roles. Learning Objectives: 1. Increase knowledge about the needs of families and friends of people with mental illness 2. Increase knowledge about successful programs and methodologies for working with families and friends of people with mental illness.

S045 Wellbeing of families
1/09/2004 From: 1530 To: 1700 Venue: Meeting Room 2
Paper 20 Minutes: Helping Carers to Harvest Hope.
Tina Cotis   Marj Bloor
Mental illness can impact on the entire family; at times resulting in barriers to communication and loss of relationships - often when emotional support and coping skills may have made a difference. This paper will discuss the issues confronting families and carers, including the significant issue of substance use and provide insight into the key elements that can offer carers a sense of hope through providing emotional support and exploring coping strategies that can help to sustain the caring situation. Since ARAFMI Queensland's support services first commenced 27 years ago, substantial changes in mental health services and service delivery have occurred. Within this changing environment, ARAFMI has developed and delivered carer support, with many resources and programs built on the 'practice wisdom' of carers. Through devising innovative ways of responding to the changing support needs of carers, ARAFMI Queensland, has met the challenges of change and assisted families to accept that a diagnosis of mental illness is no reason to feel helpless or hopeless. Learning Objectives 1. Participants will gain information on ARAFMI Queensland's support services for families and carers. 2. For many families mental illness can cause confusion and bewilderment. Without previous experience, families can feel at a loss, wondering how to cope with the turmoil that mental illness can bring. The ARAFMI Queensland carer support initiative provides information and practical strategies that can assist families to develop effective coping strategies.

S045 Wellbeing of families
1/09/2004 From: 1530 To: 1700 Venue: Meeting Room 2
Sue Farnan   Elizabeth Crowther   Margaret Springgay
Wellways: a traveller's guide to wellbeing for families of people with mental illness addresses the information and emotional support needs of this group of people. The eight session, peer education model is designed to assist people to deal emotionally and practically with the challenges of caring with someone with a mental illness. The Mental Illness Fellowship of Australia utilised its networks to transfer this course from the Mental Illness Fellowship
Victoria to other member organisations throughout the country. A train the trainer course was developed to support trainee facilitators from NT, WA, SA, Queensland, NSW and rural Victoria to implement Well Ways in each of these jurisdictions. The methodology of this transfer will be discussed including principles and structure of the train the trainer program, telephone mentoring and site visits. Process and impact evaluation was used to measure the effectiveness of this transfer of information and these positive results will be highlighted. The learnings of this transfer will be discussed, with comparisons made between the effectiveness of the program in the originating state and other test sites that have participated in the training program. Summary statements will comment on quality control mechanisms for education and peer education programs for carers of people with mental illness. Learning Objectives.

1. That participants develop an understanding of the Wellways course, the principles underlying it, the model used to implement this course across all states in Australia, and the results of the process and impact evaluation. 2. That participants develop an appreciation of some of the learnings of the project in relation to family/carer education, including peer education, maintenance of a quality control mechanism and ongoing evaluation.

S046 Poster Session
1/09/2004 From: 1700 To: 1800 Venue: Foyer
Poster: Housing and Support for Consumers with High Needs.
John Malone
Aftercare is one of the longest serving, non-government organisations in NSW offering support and accommodation to people with a mental illness and/or intellectual disability - the majority of consumers accessing our service have a diagnosis of schizophrenia. We have been granted funding by the Centre for Mental Health, to research 'high support' models of accommodation for people with severe mental illness. The project aims to provide a more detailed picture of services providing high levels of residential support to people living with mental illness. Research in Australia and overseas has isolated a number of features which contribute to greater levels of met need and consumer satisfaction amongst users of mental health accommodation services. By discovering which of these features are currently incorporated into services and speaking to stakeholders about their implementation and impact, we can continue to improve the quality and acceptability of accommodation services. Specifically, the project aims to:

1. Map 'high support' residential services (including their key characteristics) currently available across NSW.
2. Collect data on the need profile of consumers in a sample of these high support services and ascertain their satisfaction with these services.
3. Produce practical guidelines and standards under the NSW Disability Services Act for 'high support' residential services.

The aims of the current Aftercare project are to share the following information: Why research into this area is so critical Issues to consider when examining the constructs 'need' and 'high support' A summary of current understandings of consumer accommodation preferences and 'best practice' in accommodation and support. An overview of current housing and support options both here and overseas.

S046 Poster Session
1/09/2004 From: 1700 To: 1800 Venue: Foyer
Poster: Identification of Risk for Schizophrenia during Adolescence.
Kelly Louise Arnott  Richard Linscott  Bronwyn Clarke
AIM: An increasing number of high-risk studies are appearing in schizophrenia literature (Cornblatt & Obuchowski, International Review of Psychiatry, 1997, 9, 437). Traditional identification of at-risk individuals, through their relationship with affected parents and relatives, has been extended by psychometric methods of identification (Lenzenweger, Schizophrenia Bulletin, 1994, 20, 121). The aim of this poster presentation is to share research that used a taxometric procedure to investigate risk for schizophrenia in the general population.

METHOD: 387 high school students were screened for risk using a multifaceted assessment procedure that measured self-reported schizotypy, neuromotor control, and disturbed prenatal development. RESULTS: The screening procedure yielded 7 indicator
variables that were likely to identify a taxon, or at-risk group. These included 1) disorganised thinking, 2) magical beliefs, 3) self reference ideation/beliefs, two categories of perceptual illusions 4) changing appearances and 5) disconnection, 6) fluctuating asymmetry of finger ridge counts, and 7) grip strength consistency. Maximum covariance (MAXCOV) analysis of these indicators identified a discrete taxon with a membership base rate of 9.05%.

CONCLUSION: The research presented suggests that risk for schizophrenia in the general population is discontinuous and demonstrates that markers can be used to identify people thought to be at-risk of developing schizophrenia. Learning Objectives. 1. You will discover how psychometric methods are used to identify people thought to be at risk of developing schizophrenia. 2. Research of this type helps others to more clearly understand the causal mechanisms involved in the development of schizophrenia and has the potential to aid early intervention by identifying effective markers of the disorder.

S046 Poster Session
1/09/2004 From: 1700 To: 1800 Venue: Foyer
Simone Hughes
A recent trend in the literature on the family experience of chronic mental illness reflects the increasing rejection of burden because of its exclusive negative connotations in favour of understanding appraisal of both the positive and negative consequences of caring (e.g., Folkman & Moskowitz, 2000; Marsh et al., 1996). To date, few studies have investigated the potential positive aspects of the family experience of chronic mental illness. Furthermore, few studies have investigated the family experience of chronic mental illness using a broad-based conceptualisation of the family. That is, one that employs family-related data derived from more than one individual in the family. The proposed phenomenological study applies a wider definition of the 'family' than previously and aims to explore the meaning of chronic mental illness using data derived from three generations. The study uses a collective case study design. The current poster reports on the primary themes and experiences of one family of 7 members, including the identified patient with schizophrenia, two of her adult daughters, three children from one of the daughters, and a cousin. Gaining a better understanding of family meanings involving burden and resilience processes and understanding the long term challenges from living with chronic mental illness in the family over three generations can inform efforts to support these families and encourage key family resilience processes. Learning Objectives: 1. The audience will learn the benefit of conducting intergenerational research in the area of children of parents with mental illness and the resultant themes this kind of research has revealed. Conducting intergenerational research offers the opportunity to represent unique vantage points on the experience of chronic mental illness, offering significant insight into the experiences and diverse stories of participant’s lives. 2. This research is relevant to mental health services and mental health issues because it focuses on aspects of resilience in living with mental illness in the family as well as burden. Gaining a better understanding of family meanings involving burden and resilience processes and understanding the intergenerational challenges from living with chronic mental illness in the family can inform efforts to support these families and encourage key family resilience processes (Walsh, 1996b). This is an area of considerable significance to clinicians and other service providers, policy makers and advocates for improved services and resources for families who live with chronic mental illness. Folkman, S., & Moskowitz, J. T. (2000). Positive affect and the other side of coping. American Psychologist, 55(6), 647-654. Marsh, D. T., Lefley, H. P., Evans-Rhodes, D., Ansell, V. I., Doerzbacher, B. M., LaBarbera, L., & Paluzzi, J. E. (1996). The family experience of mental illness. Psychiatric Rehabilitation Journal, 20(2), 3-12.

S046 Poster Session
The imparting of information and knowledge with clients can be enabling and give hope in a situation that can seem overwhelming and impossible, especially with young clients. This poster presentation demonstrates how a project through which fact sheets were developed between consumers and caregivers, has contributed to confidence building and trust development in children who need to undergo various procedures in the mental health care setting (blood collection, nasogastric feeding, vital signs, CT scans, EEG’s, ECG’s for example). The poster outlines strategies that were used to develop the fact sheets and contextual factors that were considered in their development. Samples of each of the fact sheets developed to date, will be displayed. **Learning Objectives:** The audience will have an appreciation of how fact sheets designed specifically for young people can enhance confidence and trust through the promotion of knowledge and understanding.

**S046 Poster Session**

**Poster:** Kids in Mind Research: Child and adolescent mental health service research and evaluation.

**Peter Gibbon  Brett McDermott  Erica Lee**

The move towards evidence based best practice in mental health settings increasingly necessitates that meaningful research and evaluation is an integral part of any clinical service. Good clinical service delivery increasingly incorporates research and evaluation components. The rationale for this is demonstrated by this poster which outlines the range of research and evaluation procedures relevant to contemporary child and adolescent mental health services. These range from clinical data bases to case note studies, independent service evaluations and the clinical utilisation of data collected in response to mandatory government reporting requirements. Drawing on the experiences of the Mater Child and Youth Mental Health Service in establishing Kids in Mind Research: The Mater Centre for Service Research in Mental Health, the poster provides practical information for organisations wishing to implement research and evaluation programs in clinical settings. The poster illustrates that, rather than draw scarce resources from core clinical business, well conducted research and evaluation properly reported and exploited can help consolidate funding and increase resources available to clinical services. **Learning Objectives:** 1. To gain an understanding of the need for research and evaluation in clinical settings. 2. To gain an understanding of the symbiotic relationship between evidence based best practice in mental health settings and properly conducted clinical research and evaluation. **References:** Epstein, I. (2001). Using available clinical information in practice-based research: Mining for silver while dreaming of gold. In I. Epstein & S. Blumenfield (Eds.), Clinical data-mining in practice-based research. Binghamton, NY: The Haworth Social Work Practice Press. Kane, R., Wellings, K., Free, C., & Goodrich, J. (2000). Use of routine data sets in the evaluation of health promotion interventions: Opportunities and limitations. Health Education, 100(1), 33-41.

**S046 Poster Session**

**Poster:** An assertive outreach mental health service to an island community: the North Stradbroke Island experience.

**Paul Pun**

The objective is to describe an innovative community mental health service developed in an attempt to meet the mental health needs of an isolated rural island community. The setting is North Stradbroke Island in Moreton Bay, within south-east Queensland, Australia. The method involved describing the evolution of the service delivery model. This comprised a team of travelling psychiatrists and community mental health staff which succeeded in providing a combined inpatient and outpatient service which was integrated with general
practitioners. The results were that reduced reliance on inpatient beds and increased consumer satisfaction were achieved. **Learning Objectives:** 1. The positive qualitative and quantitative results that can be achieved by providing extra resources to assertive outreach services in remote areas. 2. It is relevant to mental health service planning, in terms of describing a model of care to a remote area that works, and in quantifying the extra resources that allow such a model of care. **References:** Hoult, John (1986) Community care of the acutely mentally ill. British Journal of Psychiatry, 149:137-144.; Tobin, Margaret (1996) Rural psychiatric services. Australian and New Zealand Journal of Psychiatry, 30:114-123.

**S046 Poster Session**  
1/09/2004 From: 1700 To: 1800 Venue: Foyer  
**Poster:** GPs Care.  
Irene Matthews Debra Mordha Andree Poppleton Reima Wall  
To show how three Divisions of General Practice in Tasmania developed processes and established networks essential for building partnerships and promote collaboration with Mental Health Services and other stakeholders to improve mental health care for the community. What will people in the audience gain or learn from attending this presentation?  
What was done by the Divisions of General Practice, in each region, to enable active GP interest and participation in mental health training, shared care and project-based activities.  
The pivotal roles that Divisions play in initiating, facilitating and resourcing change management in primary care settings. How is this topic/issue relevant to Mental Health Services and mental health issues?  
Projects and outcomes will be highlighted which demonstrates the value of partnerships in developing quality care. How outcomes achieved by the Divisions’ mental health programs is helping to drive positive reform in Mental Health Services.  
How general practice can act as key advocates or drivers to achieve positive outcomes for clients as well as system reform for their service partners.  
Summary of abstract. Three Divisions demonstrate how General Practice leadership can promote inter-sectoral partnerships and collaboration in mental health care in Tasmania.

**S046 Poster Session**  
1/09/2004 From: 1700 To: 1800 Venue: Foyer  
**Poster:** Staff Training and Smoking Cessation in Mental Health.  
Kristen Moeller-Saxone Kim Helyer Glen Tobias  
Efforts to promote smoking cessation in mental health are almost always mediated by the attitudes and practices of mental health staff. Rarely do promotions, referrals, individual interventions or group programs get through to people who have a mental illness without first passing through the medical and allied professionals who support them. Therefore, for smoking cessation interventions to work, these health professionals must first of all be open to them and then seek to intervene in a skilful and timely way. Neami Darebin, as part of its smokefree policy, has sought to not only offer smokefree groups to clients of the service, but also to offer training to staff. This training has involved assisting people who feel unable to quit or gain control of their addiction. Intervening with these clients has raised some real concerns for staff, such as violating the rights and choices of clients, as well as the feeling that there are many higher priorities to address first. These perceptions were challenged in the training using theories and techniques from the Stages of Change model as well as those developed by psychiatrist, Dr Jacob Moreno using role theory. **Learning Objectives:** 1. This poster will invite participants to reflect on their own context and how they view behaviour change, particularly when clients may be unaware of the need to change. Participants will learn of the processes encountered in the training, as well as some of the techniques and theories used with staff. 2. The smoking cessation issue is one highly informative way in which we can work with people’s strengths rather than continually falling prey to the illness model and treating symptoms.

**S046 Poster Session**
Poster: Chinese Culture and Recovery from Mental Illness. 
Jennifer Martin  Lew Hess

This poster presentation explores issues perceptions of mental health and mental illness in accordance with Chinese culture. Issues for policy development, organisational structure and program planning and delivery are presented as well as visual representation of photographs representing changes within one Chinese family across four generations, spanning three countries - China, Malaysia and Australia. Learning Objectives: 1. People will learn about perceptions of mental health and well-being from a Chinese cultural perspective. They will learn about issues for the design and delivery of mental health services that are inclusive, and respectful, of Chinese cultural beliefs practices. 2. This topic is extremely relevant to mental health service providers to assist in the design and delivery of culturally sensitive mental health practices.

S046 Poster Session 
1/09/2004 From: 1700 To: 1800 Venue: Foyer

Libby Morton  Elizabeth Hoehn

Aim: To present a prevention and early intervention program which works in partnership with families that have infants or young children conception to 3 years, and are experiencing disrupted attachment relationships and severe and complex needs. A model that couples a multi-agency collaborative service delivery framework with a series of integrated treatment modalities to improve the capability and connectedness of these families, is presented. Abstract: The Future Families Program is a collaborative infant and early childhood mental health program with a multiagency focus to service delivery. It is a prevention and early intervention program which works in partnership with families that have infants or young children conception to 3 years, and are experiencing disrupted attachment relationships and severe and complex needs. The Future Families Program aims to: Build the capacity of families to create a safe and secure environment. Build the connectedness of families with a series of integrated intervention modalities aimed at facilitating the development of secure attachment relationships. Intervention initially focuses on home-visiting and progressively becomes clinic-based and then develops a community-based focus. Build community amongst service providers supporting families with severe and complex needs by providing training and information, advocating for services and families, and developing service provider networks. By building capacity, building connectedness and building community, the Future Families Program aims to facilitate the development of secure attachments between parents and their infants and young children, enhance parenting skills, encourage families to develop a wider range of relationships within their community and provide parents with the hope that they can change the future. Conclusion: The Future Families Program is a collaborative infant and early childhood mental health program with a multiagency focus to service delivery. By building capacity, building connectedness and building community, the Future Families Program aims to improve access to services, provide integrated treatment modalities and better co-ordinate the support that is available to infants and young children and their families. Learning Objectives: 1. Participants will gain an understanding of a program that uses a series of interventions and a collaborative multiagency focus, to meet the emotional needs of babies and young children. 2. Participants will have an understanding of the development and implementation of a collaborative, multi-agency early intervention mental health program for babies and young children. References: Hay, I.(2003) Bouncing Babies - Bowlby and the Brain Balance Journal Spring/Summer 7-13., Zeanah, C.H. ed. (2000) Handbook of Infant Mental Health The Guildford Press, New York, London.
Poster: The Strengthening Ties Family Program: Does Research Efficacy Translate to Program Effectiveness in a Clinical Environment?
Julie O'Sullivan, Aaron Frost, James Cox

The need for education and support for carers of people with mental illness is recognised in both policy & service delivery. A vast number of different family education research programs have been shown to be an effective modality in the treatment of psychotic illness (1) (2) (3). However, very few family interventions: Focus on families of recent onset psychosis; Focus specifically on enhancing pre existing family coping skills; Have been evaluated within a clinical, not just research setting. This poster outlines the 'Strengthening Ties Family Program', which specifically targets parents of individuals with recent onset psychosis. Originally based on an efficacious research program (4) it has been disseminated clinically for over two years through the Inner North Brisbane Mental Health Service. Evaluation of the program replicating that of the research team is currently being conducted. While findings are still preliminary, improvements & trends can be seen in areas of functioning of participating families, most notably in concern over negative symptoms (p < 0.05). The poster concludes with commentary about the need for continued clinical research in the area of family interventions for psychosis, to illustrate that positive research findings can translate into 'real world' clinical settings, & support their integral place in service delivery.

Learning Objectives
1. People will learn about: an education program designed specifically to meet the needs of families of people with recent onset psychosis. results of clinical research conducted to date. 2. Addressing needs & improving outcomes for clients with recent onset psychosis is an issue for all mental health services. So too is the necessity to utilise evidence based practice. While many family programs have shown to be efficacious in a research environment, effectiveness in a clinical environment has not been analysed.


S046 Poster Session
1/09/2004 From: 1700 To: 1800 Venue: Foyer
Janette Hannaford, Barry Butler

This poster will describe the development, design and implementation of an innovative and highly successful collaborative consumer and carer support project in the Division of Mental Health, Liverpool and Fairfield Health Services. It is clear that carers experience powerlessness, alienation and frustration when attempting to navigate the mental health system (McKeague 2003). A carer support project was developed to help address this. The project fulfils an essential role in providing carers with education on their rights, a link to services, individualised support, an empathetic understanding of their experiences and fostering and supporting hope. This project has been running successfully for three years. Considerable informal positive feedback has been received from carers who have received support. The project team feels they have achieved meaningful participation within the health service. The issue of project sustainability is currently being addressed. This collaborative project between consumer and carer support workers has enhanced the quality and level of support available to carers, and increased carer participation in the mental health service.

Learning Objectives.
1. This poster will describe the development and implementation of a

S046 Poster Session
1/09/2004 From: 1700 To: 1800 Venue: Foyer
Poster: Food for Thought Women's Mosaic.
Amanda Goschnick Karleen Gwinner
The Women’s Mosaic is an expression of women’s mental health and wellbeing with a focus on eating issues such as anorexia, bulimia and compulsive eating. ISIS - Centre for Women's Action on Eating Issues received funding from the Queensland Government, Gambling Community Benefit Fund for the development of an art work expressing women's thoughts and concerns about eating issues to the wider community. The project partnered with other services in Brisbane to create an opportunity for women with an eating issue to collectively produce a tile mosaic art work. Women participated in all stages of the project from the design phase, through to the development and construction of the art work. The design process engaged women to draw on their own personal experiences, knowledge and expertise in creating images representative of their lives and to challenge the often negative perceptions of women with eating issues in the wider community. Workshops were held throughout the project with the dual purpose of creativity as well as group participation enabling women to share, raise issues and gain support as part of their healing journey. The use of creative arts processes offered women an alternative medium through which to express their thoughts and concerns, rather than through their relationship with food and their bodies. The Mosaic is on permanent display in the Royal Brisbane and Women's Hospital. Learning Objectives. 1. The 'Food for Thought' Women's Mosaic Project outlines a creative model of supporting and empowering women living with an eating disorder to share their experiences with the broader community. 2. Eating issues are clearly serious mental health and social issues that affect an increasing number of young women and women.

S046 Poster Session
1/09/2004 From: 1700 To: 1800 Venue: Foyer
Poster: Connections you can count on: Programs to Support Children of Parents with Mental Health Issues in the New England Area
Denise Merrit
Aims of Presentation: This poster aims to provide an example of a successful and positive intervention for young people in rural areas whose parents have mental health issues. In 1999 the Mental Health Promotion & Prevention National Action Plan identified the needs of children whose parents have mental health issues (COPMI) as a priority area requiring attention. Some of the recommendations included researching and establishing effective community based interventions and developing positive outcomes for children, including improved support, improved mental health, better knowledge and understanding of parental illness. In 2003, following community consultation and research, the New England Area Health Service implemented COPMI programs in this area, meeting the challenges of a diverse population and geographical area. The programs are structured around a series of Fun Days and Camps, bringing together young people from across the area. The activities aim to enhance resilience in young people through increasing social connectedness, supporting each other and developing healthy coping skills in a supportive and fun filled environment. Since implementation there have been many positive outcomes of the programs, including increased referrals to the service, increased community collaboration and increased involvement of the young people in the direction of the program, including the development of a quarterly newsletter. Future directions are to increase the scope of the program and to offer peer
leadership training, therefore increasing involvement of the young people, enhancing sustainability and allowing the young people to make a positive contribution to the community. **Learning Objectives.** 1. The audience will gain an overview of the development, implementation and evaluation of programs to support and promote the mental health and wellbeing of young people across the New England Area whose parents have mental health issues. The audience will see how these programs can be replicated in other areas.

**References:**

Australian Infant, Child, Adolescent and Family Mental Health Association, Children of Parents Affected by a Mental Illness Scoping Project Report, Mental Health and Special Programs Branch, Department of Health and Aged Care, 2001. 4. Commonwealth Department of Health & Aged Care 2000, Promotion, Prevention and Early Intervention for Mental Health -National Action Plan, Mental Health & Special Programs Branch, Commonwealth Department of Health & Aged Care, Canberra.

**S046 Poster Session**  
1/09/2004 From: 1700 To: 1800 Venue: Foyer  
**Poster:** Dealing With Sticky Situations: suggestions made from consumers for consumers.  
**Pamela Rogers**

Many people who live with mental health difficulties report feeling 'stuck' in conversations when others ask about issues to do with mental health. There are some people consumers like to talk with about their mental health difficulties (close family and friends) and there are others that they would prefer not to talk with about mental health difficulties (stranger, older brother's friends, acquaintance at work, neighbour). Sometimes, people consumers are not close to ask about their mental health and it makes them feel uncomfortable as they don't want to talk about it with that person. They don't want to be rude, but they don't want to discuss their personal business with them. This is what we are calling a 'sticky situation'. The kinds of questions people might be asked include: 'where have you been?', 'why were you in hospital?', 'what are you laughing at?', 'what is rehab?', 'why do you keep looking around?', and 'why are you tired all the time?'. The Prevention, Early Intervention & Recovery Service (PEIRS) in WSAHS conducted a consumer group of young people with mental health problems to suggest answers to these 'sticky situations'. The 'Sticky Situations' Consumer Group would like others to know that they have the choice about what information they give to different people, and hope that in the suggestions provided, others can find some things that can help them feel more comfortable next time they are in a 'sticky situation'.

**S047 Keynote**
Paper 20 Minutes: Community Mental Health in rural setting - The Monaghan Model
Margaret Fleming

This presentation aims to demonstrate the shift from a traditional medical model to a bio-psychosocial model of care based on a whole systems approach within a rural community.

Method: Following research conducted by Cavan Monaghan Mental Health Service, results identified inadequacies in service provision, evident in high admission, readmission and certification rates. A fundamental reorganisation of service structure and delivery spanning the range of mental health services was required. The service that has evolved has become nationally and internationally known as the Monaghan Model. Since the introduction of the new service model there has been a dramatic decline in the use of inpatient beds, which is evident in a marked reduction of admissions, readmissions and occupied bed days.

Certification rates have dropped to one third of the national rate. A satisfaction survey has been conducted the results of which have clearly indicated a high level of satisfaction.

Conclusion: This system can be applied anywhere in an urban or rural setting because it is based on an open systems approach with a single point of access which is easily accessible, available and responsive, a service, which works in collaboration with all stakeholders. Key Words: Bio psychosocial model, whole systems approach. Learning Objectives: 1. The audience will gain an understanding of the strategic shift that occurred in Cavan Monaghan i.e. where we were (traditional model), where did we want to go (change management), how did we get there (strategic shift), what we have now (bio-psychosocial model of care). These developments will show that novel services can be established given vision, commitment and managerial expertise. Financial constraints are not of central importance. 2. Mental health issues are not exclusive to mental health services. Mental health is a community issue, and requires inter-sectoral collaboration, partnerships, alliances and team working to build networks of knowledge, people and agencies both statutory and voluntary in order to provide an all inclusive united mental health system that meets the needs of the people. The whole systems approach recognises that no one individual delivers healthcare, a team delivers healthcare.

S048 Keynote
2/09/2004 From: 900 To: 1000 Venue: Arena 1B
Eric Vernberg

Describes treatment principles, service delivery model, and changes in adaptive functioning for children enrolled in the Intensive Mental Health Program (IMHP), an innovative model for serving children with the most severe forms of SED. The IMHP offers a full range of evidence-based mental health interventions while maintaining the child's attendance half-day in the referring school. Much direct treatment is provided in half-day therapeutic classrooms housed in standard elementary school buildings, although substantial intervention is also carried out in home, community, and regular education settings. The child's performance at home and school determines treatment duration, which averages about 12 months. Most children show marked improvements in multiple indicators of role performance and symptomatology. Although a high risk, high need group, about 75% attend school regularly and live with a stable caregiver at discharge. Advantages of this approach relative to common 'treatment as usual' practices include affordability, superior coordination of interventions, low stigmatization, and continuity in the child's relationships with peers and adults. This promising approach requires administrative leadership, flexibility and cooperation on the part of school personnel, mental health providers and social services, but potentially can be adopted more widely.

S049 Keynote
The word 'recovery' has started to be used freely within mental health services and as such has created many misconceptions and much confusion as to what is fully understood by the term. Many services claim they offer a 'recovery focus' service without fundamentally changing the service they offer people. It is becoming more widely accepted that people have the capacity to recover from mental health difficulties but what the mental health service’s role in facilitating this process is less clear. This presentation aims to critically address the elements within a recovery oriented service delivery framework, the resistances and barriers to adopting such an approach and the support needs for a system of care to fundamentally adopt different ways of supporting recovery processes. Recovery practice is not simply tacking on or renaming a service to what we currently provide but to provide everything we currently do in a fundamental different manner. Recovery knowledge stems from the struggles and triumphs of those who identify with recovery from mental illness. It is paramount that programs and services draw on this knowledge in addition to a professional knowledge base if they are to facilitate a recovery oriented environment. Helen will draw on her personal experience of recovery as well as her experience of working in a peer run crisis recovery program in the United Kingdom within this presentation.

Learning Objectives
1. The audience will have opportunities to reflect on and learn about some of the elements required within recovery oriented service delivery framework.
2. Current mental health service policy is advocating working from a recovery orientation. This presentation aims to support and encourage professionals, consumers and carers to work towards creating environments that promote individual recovery.

References

Keynote Speech: A model for management of behavioural and psychological symptoms of dementia.
Henry Brodaty
People with dementia usually experience behavioural and psychological symptoms of dementia (BPSD) during the course of their illness. Currently, in Australia, there is a lack of comprehensive planning for managing and preventing BPSD, and the resources required for optimal care are inadequate and unevenly distributed. We propose a seven-tiered model of service delivery based on severity and prevalence of BPSD, ranging from no dementia to extreme violence in a small number of individuals. Each tier is associated with a different model of intervention. People with dementia may move up or down between tiers depending on their condition, their care and the intervention provided. Lower-level interventions may prevent the need for the more intensive interventions needed when disturbance becomes more severe. The evidence base for the model would be strengthened by further research. This innovative model provides a template for the organisation of services behavioural and psychological symptoms of dementia nationally and a framework for service evaluation.

Paper 20 Minutes: Dirt Tracks and Roundabouts: Educating Indigenous Mental Health Professionals.
Jane Havelka  Tom Brideson
The Bachelor of Health Science (Mental Health) is a culturally appropriate three-year undergraduate course at Charles Sturt University. It is designed to meet the requirements of Indigenous Mental Health students. The course is conducted over a three-year period with two
semesters each year. This involves a mixture of compulsory block release residential teaching, supplemented by teaching/topic materials and compulsory workplace experience. Each semester students undertake four subjects. All four subjects are taught across two residential teaching blocks in each semester to ensure students are gaining foundation mental health information. This presentation aims to inform the conference of the course, its struggles and the achievements that have been accomplished. The expectations of this course is to foster within students the desire to practice and remain in their own urban, rural and remote communities. A number of strategies promoting social and emotional wellbeing and prevention of mental health issues are being addressed through this course. This course provides urban, rural and remote communities with employable, qualified, and experienced Indigenous Mental Health Professionals who are known, respected and trusted to deal with Indigenous Mental Health issues in their own communities. Therefore create a sustainable Indigenous Mental Health professional workforce. **Learning Objectives:**

1. Participants will gain a detailed understanding of the requirements of the Bachelor of Health Science (Mental Health) tertiary course, including course structure and the value of a professional Indigenous Mental Health workforce.
2. To build industry collaborations to contribute to the ongoing development of the Indigenous mental health workforce across all areas of Australia.

**References**


**S061 Workforce Development & Training**

2/09/2004 From: 1030 To: 1230 Venue: Arena 1A

**Paper 20 Minutes: Are you game to take the plunge? How to attract new clinicians to the mental health waters.**

**Julie Rowse  Jackie Warner**

Mental health is a field with a history of difficulty attracting new clinicians from all professions, including medical staff, nursing, and allied health. New health professionals need to feel optimistic about a career in mental health and feel there is hope for consumers to get well and have a fulfilling life. It has been shown that one of the most successful ways of developing this hope in new clinicians is by providing them with a positive image and experience of mental health services. Research shows that a positive clinical fieldwork experience, in particular a supportive and encouraging supervisor, is a key element in creating hope in mental health systems and attracting new clinicians to mental health as a career choice. At Ballarat Health Services Psychiatric Services, there has been a strong focus on providing a student friendly workplace. This paper aims to describe strategies that have been adopted to create a positive student experience and how this has increased recruitment of new clinicians following graduation. It is the responsibility of all mental health professionals to develop hope for the people they work with but also to create a positive experience and optimism in new clinicians, our next generation of mental health professionals. **Learning Objectives:**

1. The audience will gain an understanding of the issues which prevent graduates from choosing the mental health field.
2. The audience will gain an understanding of proven strategies for encouraging new health professionals to the mental health field.

**References:**

Background: American sociologist, George Rosen, reporting the history of public health in mental health in 1968, noted a convergence between psychiatry and police for the development of professional social work in the early 20th Century (1). An insufficiency of medical and law-enforcement approaches to severe mental disorders had been recognised. Critiques of the medical model of mental illness are no longer entirely sustainable since the Decade of the Brain and yet, do neuropsychiatric advances justify departing from a social view of mental health? Does not biological contribution to some mental disorders belie the reality that the experiences and/or handicaps arising from them remain profoundly social?

Aim and Method: This paper (from a PhD study on workforce mix and reform) takes a sociology of knowledge approach. Given the conference theme, Harvesting Hope, the paper also considers the possibility of a sociology of hope, not as religious and political sociology (2) nor as a psychological construct, but as underpinning psychiatric social work practice.


S061 Workforce Development & Training
2/09/2004 From: 1030 To: 1230 Venue: Arena 1A
Paper 20 Minutes: Why Implement Competency-Based Qualifications For Mental Health?
Anne Bubbers Amanda Smith Sally-Ann Lauder
AIM: to provide an overview of why mental health staff should have the opportunity to undertake competency-based qualifications. Recently, the Certificate IV in Mental Health Care has been developed and implemented in Queensland. It is the only clinical, non-tertiary, competency-based mental health qualification in Australia. The course was developed in response to a need identified by a number of key policy documents released in the mid-late 1990's. These documents identified a growing issue of recruitment and retention of skilled mental health staff in Queensland. Problems with recruitment and retention were found to be related to a lack of appropriate undergraduate preparation, and poor access to and uptake of relevant tertiary education for the Mental Health workforce. Issues covered in this paper include: The need for a non-tertiary based qualification due to: Some staff being unable to afford current tertiary-based qualifications Some mental health workers unable to allocate enough time to undertake a tertiary-based course Feedback from staff within the mental health workforce that suggest that tertiary-based qualifications are not meeting their needs (eg staff who are unable to meet entry requirements of tertiary-based courses) The changing
profile of the mental health workforce (eg increasing numbers of the indigenous mental health workers, and staff working across both mental health and drug and alcohol services)

Strengths of this qualification include: Involvement of consumers in the development of this course Trial evaluation results which show a high level of student satisfaction It is fully online, making it a highly flexible form of learning The upskilling of staff in basic assessment and treatment skills (eg learning how to identify when there is a need to refer a client)

**Learning Objectives.** 1. The presentation will discuss why it is essential for mental workers to have the opportunity to get competency-based mental health qualifications. It will also articulate how this newly developed competency-based mental health education program can meet the diverse needs of the mental health workforce (eg staff in metropolitan vs rural settings, different professional disciplines and staff with varying levels of clinical experience).

The importance of addressing the diversity of mental health staff in education, was highlighted by Fielding, Walterfang & Dakis (2002) in their framework for developing ongoing education programs for mental health services. 2. As mentioned earlier there is a strong link between on-going educational opportunities and staff performance, recruitment and retention. **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.; Queensland Health, Director-General's Allied Health Recruitment & Retention Taskforce 1999-2000; Queensland Health, Ministerial Taskforce - Nursing Recruitment & Retention 1999.

S062 Going to Camp: Children; Parents with Mental Illness
2/09/2004 From: 1030 To: 1230 Venue: Arena 1B

**Paper 20 Minutes: Champs on Camps: An inspiring and exhilarating eight-year journey to develop camps for children who have a parent with a mental illness.**

**Rose Cuff Becca Allchin Becca Wadsworth Tavis Alley Jessica**

The first camp of this kind in Victoria was run in 1996 for twelve as a pilot program as part of the C.H.A.M.P. Project (Children and mentally Ill Parents). This early success has motivated many to persist in providing these camps; Champs Camps are based in the eastern region of Melbourne and the program is being adapted in other parts of Victoria. The camps involve peer leaders, consumers, carers, adult offspring, mental health professionals, health and welfare services, community and charitable organizations and students. The camp's aims include:- To provide opportunities for respite. - To reduce isolation and facilitate discussion through the peer support model. - To provide opportunities for positive role modelling through the adult and peer leaders- To promote healthy coping strategies and age appropriate information. This presentation will describe the camps funding, planning, training of volunteers, program, debriefing and follow up, and evaluation. It will be co-presented by a peer leader. **Learning Objectives:** 1. Participants will gain an understanding of the overall structure of the program and be given practical information to assist in implementing similar camps. They will also hear from a young person who has participated in camps both as a participant and as a peer leader who will describe the benefits of attending camps from their perspective. 2. Providing children who have a parent with a mental illness with opportunities to have respite, peer support and recreation is critical in promoting healthy coping strategies and in facilitating resilience.

S062 Going to Camp: Children; Parents with Mental Illness
2/09/2004 From: 1030 To: 1230 Venue: Arena 1B

**Paper 20 Minutes: Up front and personal: perspectives from a young adult, young people and children of parents with a mental illness, who have participated in a range of peer support programs.**

**Rose Cuff Forer Danielle Green Kirsteen**

In this presentation participants will hear from children from CHAMPS and Supporting Kids programs, via audio tape, video, and personal reflection. Sharing their perspectives and stories young people from PATS will give a creative presentation featuring drama, rap, poetry and spoken word. Peer support programs for children and young people who have a parent with a
mental illness have been evolving in Victoria since 1995. There are now a number of such programs which take the form of after-school activities, holiday programs and camps. Young people from PATS (Paying Attention to Self) also participate as peer leaders. The opportunity to hear directly from the participants of these programs facilitates a much better understanding of the issues confronting them and, importantly, how such programs may impact on them. Their views may also greatly inform the continuing development of peer support initiatives. **Learning Objectives:** 1. Participants will hear first hand the experience of children and young people who have taken part in camps, holiday programs, peer leadership training, and a range of after school activities. It is anticipated that this will give greater insight for those people either currently working with these families, or for those wishing to develop such programs. 2. Programs and services which are designed to support these children and young people are frequently placed in a mental health setting in partnership with other community based services, consumers, carers and family members. An understanding of the lived experience of children and young people for the providers of these programs is essential.

**S062 Going to Camp: Children; Parents with Mental Illness**  
2/09/2004 From: 1030 To: 1230 Venue: Arena 1B  
**Paper 20 Minutes:** Camping Out on the Golden Path to Prevention and Early Intervention: Creatively Working with youngpeople@risk.  
Andrew Sozomenou  Vicky Kasunic  Kellie Tune  Alison Sneddon  
Camps are often utilised as a way of engaging young people at risk. This presentation will outline the collaborative approach utilised by the Gaining Ground Program to develop a series of innovative Getaway Camps for children and young people living with a parent with a mental health problem. The camp program developed in partnership with School-Link SWSAHS, Park House and the Transcultural Mental Health Centre is set apart from other camps by the incorporation of a therapeutic program integrated throughout all aspects of the camp program. The integration of the therapeutic program (based on the cognitive behavioural program Check it Out!) and the weaving of the principles of this program throughout all other camp activities, including drama therapy, team building and recreational activities has resulted in an integrated prevention and early intervention program. The camp is also set apart by the way it engages young people from CALD and ATSI backgrounds. The presentation will briefly outline: How collaborative partnerships have supported the camp; The process of recruiting and training camp leaders; The camp programs inclusion of both NESB and ATSI young campers; and The details of the three-day camp program. The presentation will focus on the innovative camp program and will detail the extensive evaluation conducted at pre, post and 6 and 12 month follow up, which assessed the specific impacts of the camp. The presentation will conclude with an outline of the benefits of delivering a prevention/early intervention program through an integrated sports and recreation program. **Learning Objectives:** 1. Participants will gain an insight into the needs of young people from families affected by parental mental illness and innovative ways of delivering early intervention/prevention programs as part of a recreational camp. 2. This presentation is relevant to mental health as it provides an innovative model for engaging young people at high risk, who are often hidden to mental health services.

**S062 Going to Camp: Children; Parents with Mental Illness**  
2/09/2004 From: 1030 To: 1230 Venue: Arena 1B  
**Paper 20 Minutes:** Leadership, Buddies and Peer Mentors, Innovations in Young Carer and Young Consumer Participation.  
Kellie Tune  Andrew Sozomenou  
The mental health system is being influenced by a consumer and carer partnership vision and a philosophy that is distinctly impacting the way mental health services are planned, developed, managed and evaluated. The National Inquiry into Human Rights of People with a Mental Illness (Human Rights and Equal Opportunity Commission, 1993) and the National Standards for Mental Health Services (Commonwealth Department on Health and Human
The gains for young consumers and young carers, however, are often frequently overlooked in this partnership equation. The Gaining Ground Program has developed a leadership, and peer-mentoring 'Buddy' program designed to empower and foster resilience, that engages young people who have a parent with a mental health problem in the development, implementation and evaluation of the Getaway Camp. Young carers are first engaged as ‘buddies’, where young carers have an opportunity to develop peer support skills, whilst contributing to the development of resources for children of parents with a mental illness. Young carers can then progress to becoming a 'leader-in-training', where young people are given the opportunity to develop the knowledge and skills required to participate in Gaining Ground Camps as a leader. This paper will provide an overview of the 'Buddy' program, and the 'Leader in Training' program, and its underlying philosophies.

Learning Objectives. 1. Participants will gain an insight into the needs of young people from families affected by parental mental illness and innovative ways of progressively engaging these young people in the development and implementation of the Getaway Camp and in further developing their leadership skills and resilience. 2. This presentation is relevant to mental health as it provides a creative model that empowers young people to participate in service delivery and advocate for their own needs.

S063 Campaign to Reduce Stigma
2/09/2004 From: 1030 To: 1230 Venue: Arena 2
Paper 20 Minutes: Is Education an Effective Strategy to Counter Stigma and Discrimination Associated with Mental Illness?
Sarah Gordon

Many of the projects tasked with addressing the issue of stigma and discrimination associated with mental illness utilise education as a strategy to challenge attitudes and behaviour. Yet, how effective is this approach? The purpose of a 'Like Minds, Like Mine' initiative known as Speakers Bureau is to train and support people with experience of mental illness to deliver information and education based on their experiential perspectives. The New Zealand Wellington Speakers Bureau has developed significantly since its inception in 1998, moving from a model of delivering 10-15 minute 'interest' talks for community groups to the delivery of half to full day workshops for tertiary establishments and government agencies such as the Police, with an increasing focus on policy and practice issues. We have received a lot of anecdotal feedback to support this initiative as being a powerful approach to countering stigma and discrimination associated with mental illness. However, we do need to also collect research based 'evidence' to corroborate this. During 2004 we undertook a full meta-analysis of the relevant research and literature in relation to education and training initiatives in this area. We have also developed a software programme, specific to the type of training that Speakers Bureau deliver, which will enable the development of a more robust evidence base. This paper will provide an overview of the Wellington Speakers Bureau as well as the progress in respect of these two most recent developments. Learning Objectives. 1. People who attend this paper will gain an overview of the main findings from a full meta-analysis of research and literature relevant to this area and an overview of the evaluative system that we have developed and implemented. 2. This topic is relevant to all education and training that is currently being delivered in relation to mental health issues.

S063 Campaign to Reduce Stigma
2/09/2004 From: 1030 To: 1230 Venue: Arena 2
Catherine Ross Fa'aolatoto Lui Wallace Stevenson

People with experience of mental illness are at the forefront of the national Like Minds like Mine Campaign in News Zealand/Aotearoa. Like Minds, Framework Trust consults with groups and individuals, with experience of mental illness, to effectively design, deliver and evaluate workshop and campaign initiatives which appropriately reflect the perspectives of Consumers/tangata whaiora and their family/whanau. As a result of this consultative process a menu of relevant and topical workshops has evolved, all of which are designed, facilitated and
evaluated by people with experience of mental illness. Workshops include The Fundamentals of Recovery, An Introduction to Like Minds, Like Mine, Human Rights, Mental Health and Wellbeing Mental Illness and the Family Dynamic. His presentation will provide an overview of the workshops. It will discuss workshop development, content analysis and the evaluative processes used by the Framework, Like Minds Like Mine team, to measure learning which occurs within a workshop environment. Learning Objectives. What people with experience of mental illness can gain from providing educational workshops to the community. What do mental health services, tertiary institutions and communities want to know about those with experience of mental illness? How do we know we're getting the message across? What's happening in the Like Minds, Like Mine New Plan 2003 - 2005?

S063 Campaign to Reduce Stigma
2/09/2004 From: 1030 To: 1230 Venue: Arena 2
Symposium 1 Hr: Discrimination and Mental Illness: The Like Minds, Like campaign.
Gerard Vaughan
Gerard Vaughan and others involved in the project will explain and illustrate the development of the highly successful New Zealand campaign to address stigma and discrimination. They will show how mass media advertising, communications and research have been used to support the work and give examples of some of the innovative approaches that have been used around education and training, policy development, working with the news media and grassroots community action. Involvement of people with experience of mental illness at all levels of the project has been critical to its success. The processes in developing the project, the projects products and the evaluation of its impact are all essential knowledge for anyone with a serious interest in addressing stigma and discrimination associated with mental illness.

S064 Building Better Services
2/09/2004 From: 1030 To: 1230 Venue: Central Foyer A
Paper 20 Minutes: Setting up new services in another state - One organisations journey.
Michele Maitland Papakotsias Arthur
In late 2002 Neami was informed that it had been successful in applying to set up 3 new services in NSW to provide high needs housing and support to people with a severe and enduring psychiatric disability. In January 2003, 3 staff; 2 managers and the CEO moved to NSW to commence the setting up of the services. Within 6 months service sites were located and set up, managers and staff employed, the beginnings of partnerships developed and consumers were participating in the services. This is a discussion of the process and learning of the organisation. Developing and maintaining services in a new and different service system while maintaining quality, integrity, philosophy and vision. Learning objectives. 1. How an organisation is able to transport a service model into another state and service system while maintaining the integrity and philosophy of the organisation. 2. With a number of states looking at which mental health services should be run by NGO's as well as new funding opportunities emerging across the country. It is timely for individuals and organisations to reflect on how a service model and philosophy can be successfully transferred while being mindful of being a new player in a different system with a different prevailing culture.

S064 Building Better Services
2/09/2004 From: 1030 To: 1230 Venue: Central Foyer A
Paper 20 Minutes: Plans are nothing. Planning is everything. : Strategic Planning in Mental Health
Margaret Goding
Planning is vital in the complex environment of public mental health service provision. The general principles and theoretical background of strategic planning will be briefly discussed, and applied to the strategic planning process for a Victorian inner city area mental health service, which incorporates St.Vincent's Mental Health Service and St.George's Aged Psychiatry Service. Examples of the current planning process and strategic plan will be
described with particular attention to the do's and don'ts learnt along the way. Aims of presentation. To provide an introduction to the theoretical approaches to strategic planning. To translate theory into practice by describing a practical and interesting approach to strategic planning within mental health. Concluding statement. It is hoped this paper will assist other area mental health services with their strategic planning.

Learning Objectives.
1. Basic understanding of what is meant by strategic planning.
2. An understanding of general strategic planning issues will assist in planning for local mental health services, and hopefully improve service delivery and development: the paper explains how to apply strategic planning principles in public mental health, and gives practical examples.

References.

S064 Building Better Services
2/09/2004 From: 1030 To: 1230 Venue: Central Foyer A
Paper 20 Minutes: How to Manage Demand in a MHS Community Program.
Sybil Gibson Sophie Ploog Colin Paasanna Maureen Flannery
North West Area Mental Health Service (a programme of North Western Mental Health Program, Melbourne Health, Victoria) provides comprehensive mental health services including Community Continuing Care and Consultancy (CCT). In 2002 North West Area MHS recognised the need to improve the quality and consistency of service delivery by developing a clearly defined continuum of care applicable to the CCT environment and consistent with relevant standards. The Continuum of Care Project was initiated and used a project management approach to address multiple service stressors by developing the Continuum of Care. The Continuum of Care defines CCT core business, streamlines clinical and support processes, and translates standards into everyday operational practice. The Continuum of Care was implemented during 2003 and early evaluation demonstrates improved demand management, consistency of service delivery, reduced caseloads, streamlined processes, and improved satisfaction. The Continuum of Care Project presentation will provide an overview of the project approach, (both the design and implementation phases), and will demonstrate the changes resulting from implementation of this initiative. The project team are keen to share this innovative project with other community mental health teams who may find the approach beneficial in streamlining the core business processes and implementing standards in their own environments.

Learning Objectives.
1. The audience will learn how to apply a project management approach to develop and implement strategies to improve the quality and consistency of service provided by a community mental health programme.
2. This topic is relevant to mental health services as it demonstrates how a service has implemented strategies to address issues common to community mental health teams in the current environment, for example demand management, service provision frameworks, caseload management, and work stressors.

References:

S064 Building Better Services
2/09/2004 From: 1030 To: 1230 Venue: Central Foyer A
Paper 20 Minutes: Clinical Pathways in Mental Health: Improving Services for Consumers.
Elizabeth Shaw Irene Henley
This presentation will inform participants on the innovative work that is being undertaken by TDMHS Clinical Pathway Project, to develop a Referral, Admission and Discharge pathway in mental health for Acute Mental Health Services and Extended Inpatient Services. Clinical Pathways by their very nature are not easily translated into local practices and have generally been designed for DRGs and Procedures. This paper will highlight how the project used
research to guide decisions for the Clinical Pathway in mental health to be based on the processes of continuum of care rather than DRGs and Procedure. The paper will discuss the key developmental factors that TDMHS considered and used throughout the developmental phases of pathway development with particular reference to challenges that services face when pathway development commences. Some of the key achievements / outcomes will be highlighted and examples of pathway development in acute crisis teams, acute mental health settings, extended care settings and specialist field of dual disability. A brief outline of the educational program that was used to educate staff throughout each phase of pathway development will be included. Note, the Clinical Pathways Project was devised and commenced in TDMHS more than a year before the Australian Health Ministers National Mental Health Plan 2003 - 2008 was published and TDMHS was the first service to appoint a full time project officer to achieving optimal care delivery. Learning Objectives.

1. Participants will learn about the challenges presented by the introduction of clinical pathways to mental health, the process of Pathway development and the key issues that influenced the success of pathway development. 2. Participants will learn how a Clinical Pathway in Mental Health defines the essential steps in the continuum of care and improves services to consumers, the quality steps in the Pathway that ensure care is complete and conforms to National Standards and local Model of Service.

S065 Young People Participating in Services
2/09/2004 From: 1030 To: 1230 Venue: Central Foyer B
Paper 20 Minutes: Headroom - Partnerships in Practice.
Christine Lock
Promoting and protecting the mental health of young people is crucial to the long-term well being of the community. A major challenge for mental health promotion is designing population based initiatives that engage the broad community of young people and extends to people and organisations who work with and care for them. Headroom is a South Australian mental health promotion project auspiced by the Division of Mental Health at the Women's and Children's Hospital and funded by Health Promotion SA through the Department of Human Services. The central focus of the Headroom Project is to promote the concept of positive mental health and to engage young people in thinking about and developing an understanding of their mental health. To achieve this the Project has made a commitment to establishing partnerships and working with young people to ensure that the directions and strategies of the project fit with this primary target group. The aim of the presentation is to describe the evolving nature of the partnership framework and key components that have contributed to vitality of the project. The presentation will feature the thoughts and experiences of young people currently involved in the Headroom Project. Learning Objectives: 1. Participants will gain an overview of the Headroom Project and an understanding of principles and processes that assist in establishing productive partnerships with young people. 2. The importance of mental health promotion initiatives such as Headroom is gaining increasing prominence as effective approaches to addressing the issue of mental health in the community. In particular this project aims to increase the mental health literacy of the community and to engage young people in thinking about their own mental health. 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. World Health Organization 2001, The World Health Report 2001: Mental Health: new understanding, new hope, World Health Organisation, Geneva.
Participation of consumers and carers in their own health care and the services they access has many benefits on an individual level and a service level with increased empowerment, more accurate and relevant clinical decision making leading to higher quality of decision making within the organisation. The Division of Mental Health at the Women's and Children's Hospital in Adelaide South Australia has a strong history of facilitating consumer participation within its services. Divisional services include inpatient, metropolitan and country community teams and statewide services. Consumer/carer participation has occurred at a range of levels within the organisation including individual teams and on broader organisational committees. Consumer/carers within the organisation have participated at a local level in providing feedback and in planning priorities in direction for the teams. On an organisational level participation has included involvement in Management structures, planning forums and representation in Accreditation Review Teams. Consumer/carer participation within Child and Adolescent Mental Health has particular challenges associated with the demographics of the population that it services including the age and developmental ability of consumers and the appropriate short term nature of the majority of consumers of our service. This paper will discuss the conceptualisation of consumer participation within a Child and Adolescent Mental Health Service, including a discussion of the challenges and success stories illustrated with examples from the experience of the staff and consumer/carers of the Division of Mental Health Women's and Children's Hospital, Adelaide.

**Learning Objectives.**
1. The Audience to this paper will develop an understanding of the challenges and rewards in facilitating consumer/carer involvement in child and adolescent mental health services.
2. This paper is relevant to mental health services as it tracks the history of consumer/carer participation within a CAMHS service in South Australia and explores the different levels of consumer participation within the service.

**References:**

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An innovative Service Development in Consumer/Carer Participation has been the implementation of a Consumer/Carer Survey developed by the two Consumer Consultants for the Mater Child & Youth Mental Health Service. The survey was written and delivered independently of clinicians, but with the assistance of research professionals. This paper traces the development from an idea, through the process of creating the survey, to the collation of results and finally to the dissemination of recommendations. The pilot study reported in this paper has been able to review the systems already in place for evaluating Consumer Satisfaction within the service and thereby develop a more comprehensive approach to consumer needs. The paper will highlight the new way of consulting with families and discuss consumer perceptions of: 1. How was the survey developed? 2. What was wrong with the old system? 3. What is important to families? 4. What was learnt about the survey process? 5. What recommendations were made? The aim of this presentation is to demonstrate how the Consumer Consultants have challenged the thinking behind the traditional satisfaction survey. This presentation will appeal to families using CYMHS, managers of services promoting Consumer/Carer Participation, members of Consumer Advisory Groups, Mental Health Clinicians and Researchers.

**Learning Objectives.**
1. To
recognise the importance of consulting with the families who use the service in order to consider changes in service delivery. 2. To learn more about the developing role of the Consumer Consultant in a Child and Youth Mental Health Service and to understand the collaborative process involved in undertaking the survey. References: National Resource Centre for Consumer Participation in Health (2002), Primary Care Self Assessment Tool for Community and Consumer Participation, V1.0 (May 2002), National Resource Centre for Consumer Participation in Health.; Consumer Focus Collaboration (2000) Improving health services through consumer participation: A resource guide for organisations, Produced by the Department of Public Health, Flinders University and the South Australian Community Health Research Unit, Commonwealth Department of Health and Aged Care.

S065 Young People Participating in Services
2/09/2004 From: 1030 To: 1230 Venue: Central Foyer B
Paper 20 Minutes: The Education Group of the Mental Illness Fellowship of South Australia (MIFSA).
Sarah Sutton  Patricia Sutton
The Education Group is a voluntary group of consumers, carers and professionals that are involved with the non-government organisation, MIFSA. The group began in the late 1980s, with the aim of educating the community about mental health, signs and symptoms of mental illness, treatment of mental illness, stigma faced by consumers and carers, how to deal with people with a mental illness, and of most value and innovation, provide personal experience of what it is like living with a mental illness. Although not specifically a support group, members of the Education Group also support each other to develop and sustain hope about mental illness and its management. Innovative projects of the Group include the development of Peer Worker roles within the South Australian Mental Health Services, the production of many booklets and pamphlets (‘Living Well with Schizophrenia’ was even shown on ‘Home and Away’), and professionals, consumers and carers working in partnership when delivering talks and providing education programs to ‘new’ members of the group. In addition, participants at the end of each talk complete evaluation forms. The group also holds a monthly meeting in order to arrange upcoming community education, and keep a watchful eye on the media. Learning Objectives: 1. People in the audience will learn about the innovative Education Group of the Mental Illness Fellowship of South Australia, including learning what and how group members educate a variety of groups about the signs and symptoms of mental illness, treatment of mental illness, stigma faced by consumers and carers and how to deal with people with a mental illness. 2. This topic is relevant to mental health services, as it provides a description of a partnership approach between carers, consumers and professionals in educating about mental illness, and which could be adapted to other settings and consumer and carer groups. References: Carr, V. Understanding Schizophrenia. Schizophrenia Fellowship of South Australia, Inc. Graphic Services, South Australia.; Miller, S., Culture, W., Cruickshank, M., and Ashton, M (1999). Living Well with Schizophrenia (Third edition). The Wednesday Press, South Australia.; SANE Australia (1997). Mental Illness Guidebook: A Resource for People Living with a Mental Illness. Victoria.

S066 Comorbidity with Drug & Alcohol Abuse
2/09/2004 From: 1030 To: 1230 Venue: Central Foyer C
Paper 20 Minutes: From Research to Practice: The Victorian Statewide DD Initiative
Alysha Batty  Pat O'Leary  Robin Fisher  Peter Roberts  Bridget Roberts
The increasing prevalence of co-morbid mental health and substance use problems in the Victorian community is recognised as a critical service development issue for statewide mental health and drug and alcohol treatment service systems. Indeed, anecdotal reports from the field estimate between 40% and 60% of both client populations possess a co-morbid condition. In response to this, the Victorian Government has developed a statewide initiative aimed at building the capacity of existing Mental Health and Alcohol and Other Drug Services to respond efficiently and effectively to these issues. The key activities of the
initiative are the development of local networks; training, consultation and modelling of good practice through direct clinical intervention, and shared care arrangements. The DD teams have established a strong foundation in the Victorian community and have had a significant impact on both sectors. This paper reports on the clinical services and capacity building activities undertaken by the teams. It also discusses some preliminary evaluation findings based on key informant interviews, data review and document analysis that identify patterns and diversity of service provision, factors that have enhanced or impeded the work of the teams and response of the Mental Health and A&D sectors to this initiative. **Learning Objectives.** 1. Ostensibly, much of the existing research and discussion into co-morbid mental health and alcohol and drug use issues has been focused on the prevalence and complexity of the disorder within the community, and the limited capacity of the mental health and A&D systems to respond appropriately. The Victorian statewide dual diagnosis initiative has moved beyond this, and reflecting on the experiences and insight from both sectors and the target group has devised a model, which has enhanced capacity and responsiveness to this issue. Conference delegates will learn about the rigorous establishment, implementation and the ongoing evaluation of this initiative, and how each team has moulded the core objectives of the program to fit regional population needs. 2. Evidence indicates that approximately 50% of clients attending a mental health service also have an A&D issue. This paper will encourage these services to think creatively about the manner in which they respond to these clients.

**S066 Comorbidity with Drug & Alcohol Abuse**

**2/09/2004 From: 1030 To: 1230 Venue: Central Foyer C**

**Paper 20 Minutes:** Managing Mental Health and Substance Use: Therapeutic experiences for clients participating in a dual diagnosis research project and the collaborative therapy process.

**Bernadette Jenner • Katie Wyman • Brendan Pawsey**

For everyone, substance use is associated with a variety of consequences. For people with psychosis, substance use can worsen their prognosis on a range of outcomes, psychiatric, legal, social functioning and physical health (Mueser, Noordsy, Drake & Fox, 2003). The serial and parallel models for treating mental health and substance use have a number of disadvantages, are costly and have poor outcomes for clients (Mueser, Noordsy, Drake & Fox, 2003). Given that the prevalence of this comorbidity is high, between 40-60 percent (Castle, 2003), many people could be assisted by a treatment intervention that effectively addresses both disorders. In June 2003, the Collaborative Therapy Unit, part of the Mental Health Research Institute, commenced a ‘Randomised Control Trial (RCT) of a Group Based Intervention and Relapse Prevention Package for Substance Misuse and Psychosis’. The purpose of the research project is to develop and evaluate a program that assists people with dual diagnosis to manage their mental health and drug and alcohol use. Systemic collaboration with consumers and clinicians is integral to designing and evaluating this intervention. This is to ensure that it is not only clinically effective, but the treatment model is applicable within current mental health organizational structures. The aim of this presentation is to explain the techniques and philosophy that underpins this integrated model of treatment. We will do this by using the example of an individual who has participated in the RCT. 5. **Learning Objectives.** 1. The audience will learn about a model of treatment for people with psychosis and substance use. Most significantly they will learn, through a case presentation, the impact that this treatment intervention has had on an individual currently involved in the randomised control trial of this intervention. 2. This presentation details a treatment intervention that is currently being tested within the mental health services and is designed to fit within the current services organizational framework. It is relevant to mental health issues as it presents and intervention that aims to build the skills of people with psychosis and substance use. Specifically with the goal to promote self-efficacy in the management of illness and prevent relapse. **References:** Castle, D. (2003) Collaborative Therapy and Dual Diagnosis: A collaborative treatment intervention manual for people with psychosis and comorbid drug use (unpublished manuscript). Mueser, K.T., Noordsy, D.L.,
S066 Comorbidity with Drug & Alcohol Abuse
2/09/2004 From: 1030 To: 1230 Venue: Central Foyer C
Paper 20 Minutes: What about me!. 
Ivan Thorne Rodney Soar Steven Walker
The presentation describes a group of young people with a psychiatric disability that also have a comorbid alcohol and drug problem (dual diagnosis) living in a psychiatric residential rehabilitation support service located in a large rural centre in Victoria. In an endeavour to treat both disorders a group operating on more of a social aspect was developed with the regional dual diagnosis clinician. This group commenced in April 2002 and operates on a fortnightly basis with urine screens taken to monitor drug-using behavior in the psychiatric residential community. This monitoring has unearthed and identified the need for greater dual diagnosis access in rural areas. In 2003 metropolitan psychiatric rehabilitation support services for young psychiatric clientele were provided with a dual diagnosis worker but unfortunately rural services did not receive the same courtesy. This program was developed on a needs led basis and the presentation describes in the members' own words what the group is to them and future directions. The presentation describes the group function, review process and members evaluation of the club to meet their social and supportive development.

Learning Objectives
1. The audience will gain knowledge around the needs of young people with a comorbid psychiatric disorder and substance misuse problem living in rural communities and the explanation and evaluation of strategies used to assist the individual on the road to recovery.
2. The topic is relevant to mental health services as much research has surrounded this disorder but little resourcing has been allocated to rural areas.

S066 Comorbidity with Drug & Alcohol Abuse
2/09/2004 From: 1030 To: 1230 Venue: Central Foyer C
Cathy Davis Graham Vimpani
Since the early 1980s, there has been a growing awareness of the many children and families struggling with the effects of parental substance abuse. Children born to parents with substance abuse or dependence are at increased risk for a number of undesirable physical and psychological problems including increased mortality (NSW 1999), cognitive, emotional and behavioural problems (Zeitlin 1994), peer relation difficulties throughout life (Cicchetti and Toth 1998), and the development of substance abuse in adulthood (Johnson and Leff 1999).

Further, a large proportion of maltreated children identified by protective services come from homes involving parental substance abuse (Hogan 1997; 1998; Guteman 2001, p. 114; Kroll and Taylor 2003, pp.41-51). Importantly, the link between parental substance abuse and child maltreatment and other negative outcomes for children is not axiomatic and there is evidence to support the contention that substance-misusing parents can parent effectively (Kroll and Taylor 2003, p.51). Research suggests that appropriate and non-judgemental interventions focused on safer substance use can support mothers to parent successfully and well (ibid). It has also been suggested that home visitation services may have a significant role in assisting families contending with what Guteman (2001, p.114) refers to as 'the dual risk of child and substance abuse'. This presentation outlines the literature on the cumulative environmental risks for children of substance abusing parents and describes a proposed Australian multicentre RCT of an early intervention program, a sustained home visiting program for opiate dependent mothers and their babies. Learning Objectives
1. The audience will gain an understanding of the impact of parental substance abuse on the developmental outcomes of children and the rationale and design of a multicentre RCT of an early intervention program.
2. This issues is relevant to mental health services given the increasing awareness of the impact of comorbidity and interest in the development and evaluation of early intervention programs.
S067 The Experience of Women with Mental Illness  
2/09/2004 From: 1030 To: 1230 Venue: Meeting Room 9  
Paper 20 Minutes: Constructions of the care relationship for women with a mental illness.  
Margaret Brooks  
This presentation aims to explore the interpersonal relationship of care between women and their psychiatric rehabilitation workers. The basis of the presentation was developed from research conducted into the experiences of women with a mental illness in rural Victoria. The research found that overall the relationship is multidimensional and productive in the rehabilitation and recovery process for women although it can also have negative aspects (Brooks 2003). A number of studies involving consumer perspectives on care have consistently found the caring relationship to be critical (Sullivan 1994, McGrew et al 1996), however few have explored in depth the multidimensional nature of this relationship. There will be an exploration of the positive concepts of mutuality, productiveness, identity construction and genuineness of connection alongside the negative aspects of silencing that mirrored the caring relationship. The research provides many useful clues for psychiatric rehabilitation workers in connecting with women with a mental illness especially when there is a context of rural isolation and limited services. Learning Objectives. 1. Participants will gain an understanding of the experiences of women with a mental illness in rural areas. This learning will include development of an understanding of the concepts overlaying the interpersonal interaction and useful strategies for developing meaningful and productive rehabilitation connections with women. 2. This topic is relevant as a guide to engaging women with a mental illness who are geographically isolated and often socially disconnected due to their mental illness.

S067 The Experience of Women with Mental Illness  
2/09/2004 From: 1030 To: 1230 Venue: Meeting Room 9  
Paper 20 Minutes: Long Way from anywhere: the experience of rural women with a mental illness  
Margaret Brooks  
This presentation will explore the dimensions of women’s experiences of psychiatric rehabilitation in rural Victoria with the aim of building the knowledge of the rural context and considerations when working with women with a mental illness. The concept of ‘rural’ is difficult to define and significant variations both within and across geographic areas exist which makes it more meaningful to consider the environmental context including patterns of social connections rather than a sole reliance on geographical constructs (Judd, Murray, Fraser, Humphreys, Hodgins & Jackson 2002). This presentation will focus on aspects of social connectivity for rural women with a mental illness and the role of workers in assisting this development. Social connectedness is a positive and protective factor in mental health (Vichealth 2002) and this is often portrayed as one of the beneficial aspects of rural living (Baum 1999). In this research the women’s stories substantiated the importance of social connections whilst raising cautions of these within smaller communities. The context of acceptance was often complex and problematic and is an area of difficulty for workers. The presentation will explore opportunities for workers to assist this development. Learning Objectives. 1. Participants will learn of the importance of social connectedness in the recovery process, particularly in the rural context, and the role of psychiatric rehabilitation workers in facilitating this. This will include learning and understanding more about ‘rural’ as a concept when working with women with a mental illness. 2. Australia is one of the most urbanised populations in the world with 70% of the population living in capital cities or major metropolitan areas (Vichealth 2000). However services developed or modelled in metropolitan areas do not necessarily meet the needs of rural Australians. Therefore it is important to consider the rural context in relation to service delivery and models to meet the needs of those with a mental illness.
S067  The Experience of Women with Mental Illness
2/09/2004  From: 1030 To: 1230  Venue: Meeting Room 9
Paper 20 Minutes: Strength Building Program for Women with Anxiety and Depression.
Lurlene Salmon  Sylvia Grant
The aim of this presentation is to introduce the Strength Building Program for Women with Anxiety and Depression. This program was developed in rural Victoria in response to the high incidence of depression and anxiety disorders. The 1997 Survey of Mental Health and Wellbeing found that 18% of all adults had experienced a mental disorder during the last 12 months. Women are more likely than men to have experienced anxiety disorders and affective disorders (ABS 1999). Depending on the severity, affective and anxiety disorders can be severely disabling and impact on the person's role functioning, social relationships and day to day coping skills. This presentation will present the approach that complements medical treatment and uses a holistic approach to support women to build and strengthen their resilience. Participation in the 10-week program provides an opportunity for women to overcome isolation and build strategies for management of the illness and recovery in a supportive peer group. Social support, participation in social networks and feelings of inclusion promote mental health and resiliency (Deveson 2003). This presentation will discuss the content of the program and equip participants to consider exploring this approach further. **Learning Objectives:**
1. Participants will learn of a program that uses a social health model to successfully assist women to develop their capacity for dealing with anxiety and depression.
2. There is a high incidence of depression and anxiety disorders in women in our community. This presentation will demonstrate how - in a resource and funding strapped environment - group programs can provide real social and personal outcomes for women who experience anxiety and depression.

S067  The Experience of Women with Mental Illness
2/09/2004  From: 1030 To: 1230  Venue: Meeting Room 9
Paper 20 Minutes: Factors Affecting Adolescents' Transition to Parenthood
Sandra Lancaster  Kathryn Gilson  Rachele Aiello
This paper focuses on results from a longitudinal study The Next Generation: A Longitudinal Study of Young Mothers and their Babies, and reports on issues relating to adolescents in pregnancy and post-partum. Research has described the many risk factors associated with adolescent pregnancy and how they affect the child's development, the parent-child relationship, and subsequent child adjustment and maladjustment. However research involving prospective studies of Australian adolescents becoming mothers is extremely limited. For The Next Generation project primiparous pregnant adolescents (n=80) aged 13 to 20 years attending the Young Mothers Clinic at Monash Medical Centre were recruited during the first trimester of pregnancy, with further data collection in the third trimester, and at 6 weeks, 6 months and 12 months post-partum. Pregnant adolescents are described as a high risk group with studies reporting negative affects in terms of poorer outcomes for their infants, including abuse and delayed development (Cassidy, Zoccolillo, Hughes, 1996; Stevens-Simon & Reichert (1994). Adolescent mothers have been shown to have less effective communication and involvement with their infants. However it is also apparent that there are many adverse external circumstances associated with becoming pregnant in adolescence and these are likely to affect the young mother's capacity to provide adequate parenting. Most studies on this group however have been conducted in America. There has been limited research examining Australian pregnant adolescents and their transition to parenthood. This paper describes a longitudinal study of pregnant adolescents (n=80) recruited from a tertiary hospital in Victoria and the characteristics of the sample. Results are reported in regard to the influence of attitudes, available support, and own past history on adolescent's adjustment and their attachment to their unborn child. The paper proposes that in order to engage in effective preventative work with young mothers and their infants, there needs to be a greater understanding of how prenatal characteristics can affect parenting, child-parent relationships and child adjustment in a potentially high-risk population. This paper

1. Knowledge of the particular characteristics of a sample of Australian pregnant adolescents
2. Understanding of the development of adolescent's antenatal attachment to the foetus
3. Knowledge of risk and protective factors that are related to the adolescent's adjustment to the pregnancy
4. Adolescents who become pregnant have frequently had a past history of involvement in child and adolescent mental health services and often have future involvement via their children
5. Greater understanding of the issues for pregnant adolescents and young mothers and their infants can inform programs that deal with mental health issues in this population.

**S068 Symposium - A: Outcome Measurement; B: Recovery**

2/09/2004 From: 1030 To: 1230 Venue: Meeting Room 8

Workshop 1 Hr: The Implementation of Outcome Measurement in Victoria.

Ruth Vine  Tom Trauer  Paul Bolt

The introduction of routine outcome measurement into clinical practice is a significant industry development for mental health and can be expected to embed in clinical practice a focus on consumers. After years of trials, pilot implementation and delays caused by seemingly insurmountable IT issues, routine outcome measurement had finally been introduced across clinical public mental health services in Victoria by March 2004. The purpose of this workshop is to give participants an overview of the range of tasks that had to be addressed in order to make this happen. Seeing through this massive change management process meant engaging consumers and carers at local and statewide level, reviewing local business processes and IT infrastructure, as well as designing and commissioning informative reports. In addition, outcome measurement training had to be and developed and delivered to more than 700 clinicians, who in turn trained their colleagues in the suites of measures. This workshop is an opportunity to report back on this process from the perspective of a statewide policy maker, a clinician who took part in the training process and a service manager who coordinated local implementation in one of Victoria's largest mental health services.

**Learning Objectives:**

1. Workshop participants will gain an understanding of the extent to which the introduction of routine outcome measurement has required the collaboration of a broad range of stakeholders.
2. The outcome measurement initiative has been a key aspect of successive National Mental Health Plans. As outcome measurement data will inform quality improvement processes nationally, this topic is of direct relevance to consumers of mental health services.

**S068 Symposium - A: Outcome Measurement; B: Recovery**

2/09/2004 From: 1030 To: 1230 Venue: Meeting Room 8

Symposium 1 Hr: AIMhi: Converting Recovery Principles into Practice.

Trevor Crowe  Lindsay Oades  Kim Morland  Alex Couley  Mike Verner

Chair: Professor Frank Deane  **Paper 1** Lindsay Oades - Collaborative Recovery: An integrative model for working with individuals who experience chronic and recurring mental illness. **Paper 2** Trevor Crowe - Progressive evaluation of a Collaborative Recovery Training programme. **Paper 3** Kim Morland - Are mental health providers hopeful for their clients? **Paper 4** Alex Couley - Use of a collaborative recovery model to develop a working alliance with consumers. This symposium will be presented in the order listed above with each presentation lasting 15 minutes, thus leaving 15 minutes discussion time at the end. The unifying theme of this symposium is exploring and evaluating the issues related to transposing Collaborative Recovery principles into clinical practice via a training and research programme. **Abstract 1:** Collaborative Recovery: An integrative model for working with individuals who experience chronic and recurring mental illness. This paper summarises evidence in mental health case management and psychosocial rehabilitation before discussing
the challenge of the recent recovery movement in mental health. The Collaborative Recovery Model (CRM) is presented as an integrative psychosocial model to assist clinicians and consumers, particularly those in case management and psychosocial rehabilitation contexts. CRM recognises that psychological recovery is a personal experience, yet can be assisted by a strong working alliance with mental health staff. It is argued that the model provides an integrative and portable framework combining (a) practice from a generic evidence base (b) a modularised skills set relevant to case management and psychosocial rehabilitation contexts and (c) recognition of the centrality of the subjective experience of mental health consumers.

**Learning Objectives:**
1. An understanding of the Collaborative Recovery Model (CRM)
2. Implications for the development of recovery-oriented service delivery.

**Abstract 2:**
Progressive evaluation of a Collaborative Recovery Training programme. Abstract: The Collaborative Recovery (CR) project aims to improve outcomes for consumers by supporting ongoing consumer self-management of their physical and mental health issues where possible with systematized interventions. The CR intervention and training programme is guided by the principles of collaborative relationships, autonomy support and viewing recovery as an individual process. The skills training components include: (c) motivation enhancement and readiness to change, (d) identifying consumer needs, (e) collaborative goal setting including goals to prevent physical illness and promote health, and (f) collaborative task-setting, monitoring and homework. The modularised training package incorporates competency and treatment fidelity measurement to ensure satisfactory levels of skill mastery. Participating clinicians and consumers have been randomly allocated (by organisation) to immediate or delayed training conditions. Protocol implementation themes emerging after six months of using the CR model are reported and discussed. **Learning Objectives:** By attending this presentation you will learn about:
1. How this study evaluates the effectiveness of Collaborative Recovery based interventions in a variety of community based mental health settings with consumers who have chronic or recurring mental disorders with high support needs.
2. Themes emanating from implementation challenges, barriers and solutions.

**Abstract 3:**
Are mental health providers hopeful for their clients? Abstract: Recent research has indicated that some mental health service providers may underestimate consumers' interest in participating in the goal setting process (Chinman et al, 1999). Furthermore, the issues of paternalism, and the differences in value systems between the provider and the consumer have been noted as potential barriers to collaborative goal setting with successful outcomes (Hendrickson-Gracie et al, 1996). It is posited that such issues may be implicated in the overall view of hopefulness providers possess for their clients. Pre-post Collaborative Recovery (CR) Training Workshop trainee ratings are reported regarding attitudes towards recovery (Staff Attitudes Towards Recovery Scale - STARS). The STARS scale is a modification of the two-factor (agency and pathways) measure of hope referred to as the Adult Dispositional Hope Scale (Snyder et al 1991). In addition further items reflecting the concepts of respect for autonomy, client competence, respect for value differences, positive regard, usefulness of goal setting and monitoring and collaboration have been included. Results of other pre-post CR training measures including: the Recovery Assessment Scale (RAQ-7), knowledge about CR issues (CR knowledge questionnaire), and homework use knowledge (HKQ) are reported (n=140 trainees). **Learning Objectives:**
3. To gain an understanding of the development and pilot of the STARS (Staff Attitudes Towards Recovery Scale) scale, devised to measure providers' attitudes towards goal setting and monitoring with mental health consumers.
4. Implications for practice: The use of an instrument to gauge providers' attitudes toward goal setting and monitoring (1) has the potential to raise awareness of a potential inhibitor to the recovery process for clients (2) may be of use in staff development programs and (3) highlight how staff factors have the potential to impact on clients.

**Abstract 4:**
Use of a collaborative recovery model to develop a working alliance with consumers. Abstract: A primary tenet of working in the mental health field is the development and maintenance of professional boundaries, and the development of what is perceived to be therapeutic relationships. This is also a key component of the Collaborative Recovery Model (CRM) (Oades, Lambert, Deane, and Crowe 2003). The consumer recovery movement suggests that true collaboration begins with recognising the consumer as the expert on their
illness and recovery experience (e.g. Deegan, 1997). In rural Victoria, we have been using the CRM in establishing the Stepping Stones Outreach Program, which recognises and embraces this expertise. The CRM has allowed our team to build working relationships with our consumers and their families giving them the opportunity to set the pace and direction of the clinical work. Early evidence, utilizing CRM rating tools, consumer driven surveys and outcome measurement tools shows that actively developing professional relationships with our consumers is having a positive effect on their individual recovery processes. A case study will be presented that illustrates significant gains in terms this recovery processes including increased hopefulness in both our consumers and their families. Learning Objectives 1. How relationships dynamics that perpetuate the notion that staff are perceived as the experts and the consumer a passive service recipients, creates a boundary that prevents a truly collaborative approach to service delivery. 2. Services will be presented with challenges to common practices within professional relationships.

S069 Workshops x 2 - Recovery & Culture Change
2/09/2004 From: 1030 To: 1230 Venue: Meeting Room 7

Workshop 1 Hr: Understanding and working towards recovery.
Vaidyanathan Kalyanasundaram Barbara Tooth Helen Glover

Our interest in presenting this workshop is to promote knowledge of the lived experience of mental distress so mental health workers may be better able to work with people in a way that is healing. The workshop draws on phenomenological perspectives as well as on research (Davidson, 2003; Tooth, Kalyanansundaram, Glover & Momenzedah, 2003). The latter research provides a beginning understanding of people's journey of recovery, and what is helpful and what is not. It also provides insights into the meaning of the term recovery for consumers. The term recovery raises many complex issues that are currently not well understood. However we do know that recovery is a uniquely personal experience, emerges from within the person and is something the person does. It is not something workers can 'do to' a person rather workers need to 'be with' the person to facilitate the process of recovery. To enable this to happen requires valuing the primacy and centrality of the 'lived experience'. Hence phenomenology that is concerned with language, meaning, and the central and active role of the individual provides a way of conceptualising recovery-orientated work. These phenomenological ideas are also compatible with narrative and other therapeutic approaches and we believe these ideas are essential for people who wish to understand and promote recovery. The workshop will provide a forum for dialogue on different ways of thinking about what we do when we work with people. Specifically how we put these phenomenological ideas that underpin recovery-orientated work into practice. This is necessary because within systems of care, how we interact with people demonstrates our beliefs, values and attitudes. This in turn impacts on the type of relationships we develop. It is essential within these systems to focus on language, expectations and partnerships, but above all it is hope that promotes recovery. Learning Objectives: Participants will gain a deeper appreciation of the need to understand the lived experience of mental distress if recovery is to be helped rather than hindered. Participants will have a greater understanding of phenomenologically consistent practices that can be used to facilitate the process of recovery. The workshop is highly relevant because facilitating recovery underpins all mental health service provision. Workshop Plan: Overview of relevant research. Discuss research findings and the implications for practice. Presentation and dialogue on ways of working that promote rather than hinder recovery. Demonstration of helpful interactions throughout the workshop. References Davidson, L (2003). Living Outside Mental Illness: Qualitative Studies of Recovery in Schizophrenia. Tooth, B., Kalyanansudaram, V., Glover, H & Momenzedah, S. (2003) Australasian Psychiatry, 11(1), 70-77.
S069 Workshops x 2 - Recovery & Culture Change
2/09/2004 From: 1030 To: 1230 Venue: Meeting Room 7
Workshop 1 Hr: 'The practice of recovery- a journey of culture change in an organisation'

Liz Newton  Mark McMahon  Karen Barfoot  Jenny Kemp  Linda Duffell
This workshop will focus on the journey of Northern Sydney Mental Health in their development of a recovery-based service. Leaders will share the processes, challenges and learning, around what promotes or constrains the development of a recovery philosophy. Without organisational will, flexible practice frameworks, adequate resources and shared vision, initiatives are doomed to failure. The adoption of recovery principles in Mental Health Services requires the creation of empowering environments for consumers, carers and mental health staff. However the operationalisation of empowerment on the ground frequently challenges the very fabric of organisational culture in health. An emphasis on strengths and autonomy requires services to reconceptualise their work shifting from a helping orientation to a healing one. Skilled partnership rather than 'expert helping' may allow perceived meaning to emerge and be shared. Meaning attributed to events and perception is an individual method of processing experience and reconciling pain. Resilience is a product of this process if allowed to take its natural course. Skilled partnering which is open to and respectful of 'service users lived experience' and their unique interpretation better describes the activities of staff and organisations embracing a recovery philosophy. The promotion and maintenance of hope with consumers and their support networks requires that staff be truly hopeful themselves. However hope cannot be instilled or learned, it must emerge from the individual. Hopes emergence is dependent upon a myriad of internal and external influences, including spiritual orientation, perceived support, and environments that nurture and maintain it. Revisioning recovery as successful adaptation to a 'challenging illness experience', valuing the development of resilience and the emergence of hope, may go some way to fanning the flame of hope in us all. Unpacking these complex constructs, exploring their application to practice, together with group problem solving around service solutions, is the aim of this workshop. Utilising our experiences both positive and negative, workshop activities will explore core issues around organisational change and the critical elements of recovery oriented practice. Creative thinking techniques will be employed to assist participants in identifying those elements of our journey pertinent to their own practice setting.

Learning Objectives
1. Participants will further understand the core elements of recovery-oriented services and practice.
2. Participants will recognise the complexity of workplace culture change and relevance to their own practice environment.

Workshop Plan:
30 mins Introduction: Northern Sydney experience.
30 mins. Issues for Discussion: Workplace change Practitioner attitudes Healing environments.
30 mins. Conclusion: Group ideas Core issues Applicability across settings.

S070 Brief Papers
2/09/2004 From: 1030 To: 1230 Venue: Meeting Room 6
Brief Papers 10 minutes: Moving Ahead.
Laura McIntyre
A return to the workforce for a person who experiences mental illness is an outcome of rehabilitation. It is a form of psycho-social rehabilitation. There are three types of recovery: clinical recovery, functional recovery and work habit and skill acquired recovery, which improve prospects of finding employment. We need to foster three significant factors which aid consumers to return to the workforce. The consumer needs individual strength, hope and self-determination. Stigma is still a large problem for those who experience mental illness. In my opinion, the approach should be towards career development and not just a menial, poorly paid job. To encourage recovery and the work ethic, we need to fully utilise the talents, skills, qualifications and experiences of consumers and to point out the 'feel good' factor of being employed. We need to demonstrate to the community and the business sectors, 'the good business factor'. When support and opportunities are presented to consumers, they are faithful, loyal and hard-working employees. Consequently, performance is increases and morale and
production is good. This contributes to a feeling of goodwill, integrity, and the consumers are seen as an important and valued part of the community. Returning to the workforce is a challenge, and I have experienced workforce development, succession planning, supportive mental health providers, and good intersectorial relationships, within my own community to achieve personal goals whilst experiencing mental illness.

S070 Brief Papers
2/09/2004 From: 1030 To: 1230 Venue: Meeting Room 6
Brief Papers 10 minutes: 'Toughin' it Out' - Survival skills for dealing with suicidal thoughts.
Simon Bridge
A service provider sees someone who is having suicidal thoughts. The provider assesses that the person does not need to be hospitalised and may be managed from home. But what strategies do they offer the person to help handle these suicidal thoughts whilst support is organised or medication takes effect. There is nothing that I can discover in Australia or overseas, that helps the person understand the way the thoughts work or that gives them simple strategies to make it unlikely that the suicidal thoughts will take over. There is nothing that is simple, cheap, in pamphlet form and readily accessible. This is why this pamphlet was produced. The pamphlet has been used for 10 years now. The pamphlet condenses knowledge gained from numerous clients plus my own knowledge of suicidal thoughts because of my own Bipolar Disorder. It has been used in the context of a counselling practice, general practice and Indigenous health. It has been very well received. Apart from its use in case work, it has also been used in health education by being placed in the waiting area. It consistently walks out the door, taken by unknown consumers. For it to be used in this way it has to be cheap. There is no way a booklet can take this educative role. The paper outlines the thinking behind the pamphlet and describes how it may be applied. Given the emphasis on suicide prevention in this country, this pamphlet represents a very worthwhile addition for the service provider and an excellent educative tool for consumers. Learning Objectives: 1. To gain a better understanding of the nature of suicidal thoughts. 2. To understand the strategies that someone with these thoughts might use to stay in control of these thoughts. The relevancy of this paper and the pamphlet it introduces: Given the current concern about the rate of suicide, this pamphlet offers practical suggestions for consumers, service providers and carers working in this difficult area. References: The Sane Guide to Staying Alive, SANE Australia, 2003. American Bipolar Disease and Suicide Prevention, USA

S070 Brief Papers
2/09/2004 From: 1030 To: 1230 Venue: Meeting Room 6
Brief Papers 10 minutes: 'Rural Youth Counselling - Addressing the need'
Nicole Kruger  Carley Northcott
To create an awareness of service options available when working mental health issues of young rural Australians. Abstract: By prioritising actual needs rather than perceived needs services provided are more comprehensive and efficient resulting in increased usage of the services. Youth Services in rural areas can face many dilemmas in ensuring that young people have their needs met. The nature of rural practice often means that youth services are limited and commonly stretched beyond their means. Western District Health Service - Youth Services consisted of a Youth Centre for young people to access health and welfare counselling, information, entertainment and youth activities. This was coordinated and facilitated by a sole worker. Completion of a needs analysis and staffing changes saw two separate positions developed, Youth Worker and Youth Counsellor, each with individual priorities however with a similar theme and a collaborative approach. The priorities were as follows: Increase access to confidential counselling Improve social connectedness. Increase access to facilities at the youth centre. Changes in service provision resulted in increased access for young people to social opportunities, support, counselling and information. Anecdotal evidence shows that there was also an increased feeling amongst young people that
they could access free and confidential mental health services without any stigma. Numbers of contacts for both the youth centre and counselling service doubled within the first year. Addressing actual needs results in a service being fully utilised and service users being satisfied. **Learning Objectives:**

1. An understanding of importance of addressing young people's actual needs rather than perceived needs. An understanding of the complex issues and barriers of working within a rural Youth Service.
2. Rural youth counselling services work with young people aged 10 - 25 to assist them in addressing their mental health issues and promote positive mental health for the community.

**References:**


**S070 Brief Papers**

2/09/2004 From: 1030 To: 1230 Venue: Meeting Room 6

**Brief Papers 10 minutes: Inviting Visions of Hope.**

**Faye Wilson**

Addressing the conference theme of 'Harvesting Hope' this presentation will provide an overview of how a community based mental health service generates and maintains hope in the lives of those coping with multiple problems. The psychosocial rehabilitation program is innovative, offering a unique opportunity to provide intensive and long-term case-management. This in turn enables interventions to be collaboratively tailored to meet the needs of individual clients, facilitating independent living and community participation. This presentation will demonstrate that working within collaborative and flexible partnerships mitigates organisational cultures of low expectations, whilst promoting work practices that generate innovative outcomes. Initially, this will be achieved via drawing upon current theoretical conceptualisations of 'hope'. This will be located within the experience of an individual in whose life hope had almost been extinguished. A young woman living with a dual diagnosed 'bouncing' around the service system for many years whilst gradually gaining a reputation for being 'impossible'. This case scenario encapsulates the experience of many who are rendered feeling powerless and stigmatised. Employing a multi-lens approach underpinned by notions of hope the audience will learn how hope plays a pivotal role in producing creative pathways for change and recovery.

**S070 Brief Papers**

2/09/2004 From: 1030 To: 1230 Venue: Meeting Room 6

**Brief Papers 10 minutes: The Recreation Project and Salvation Jane Newsletter.**

**Kaye Semmens  Mark Hosken  Trish James**

The Recreation Project is a powerful and empowering project that is for consumers by consumers. It enriches the lives of all involved with it. Our presentation intends to highlight the achievements and progress of this project to date. It will enable participants to gain an overview of how this program is empowering those involved with it. Time will be given for participants to give feedback about how this program can continue to enrich consumers’ lives. The main aim of this paper and case study is to present an overview of how the Project is empowering consumers by being a positive and encouraging way for them to express their creativity. The presentation will show how the program enables consumers to have a better quality of life, through participating in recreational activities and contributing to the newsletter. The main aim of the presentation is to reflect the ever-changing needs of consumers across the lifespan. The focus of the presentation will be on how the Recreation Project harvests hope for all involved with it and how to best meet the needs of all consumers across the lifespan. **Learning Objectives:**

1. The people in the audience will learn about how personally empowering and fulfilling the program can be. They will see how the program encourages people with mental health issues to be creative, have potential and be active through participation in different aspects of the Project. They will gain an understanding of
what it means to contribute to society even in some small way. Consumers contribute through participation in activities, recreation, and leads to a greater involvement in society by consumers. The audience will learn that the Project provides a voice for and by consumers. It will show the audience that the Project is enlightening, harvesting hope, and enables consumers to put potential into action. It will show how the project gives consumers direction and a purpose. It will hopefully increase membership and participation in the Project. 2. The topic is relevant to mental health services as it increases the motivation of consumers of mental health services to be involved in a project that is empowering, creative and fulfilling. It opens avenues to learning experiences. It allows consumers to have links to others with similar issues. It gives consumers hope and something to look forward to. The Project gives people positive examples and role models of people with mental health issues. It helps consumers relate to those who have encountered similar experiences to them. The Project opens people involved to the idea that mental health consumers can do more with their lives than the stigmatised outcast of society. The Project engenders that all involved with it can gain an understanding of, and relate to others who contribute to the Project.

S070 Brief Papers
2/09/2004 From: 1030 To: 1230 Venue: Meeting Room 6
Brief Papers 10 minutes: Young Dad's Day.
Maureen Speedy
Adolescent parents and their children represent populations at increased risk for medical, psychological, developmental and social problems. The aim of educational efforts are to devise and explicitly address the challenges teen parents face in working through their own developmental needs while raising children at the same time (Abell & Ludwig, 1997). This led to a programme initiative for 'Young Dads'. Presentation and discussion of this initiative will serve to remind health professionals that efforts to engage adolescent fathers contributes to decreased distress and depression in adolescent mothers, and increased self esteem. (Unger and Wandersman, 1988). Adolescent mothers who have more social support exhibit less anger and use less punitive methods of parenting than adolescent mothers with fewer social supports (Crockenburg, 1987). The Committee on Adolescence and the Committee on Early Childhood, Adoption and Dependent Care, 2000-2001, recommended that multidisciplinary programmes involve adolescent fathers, utilise community resources, provide contraceptive counselling, assess for the risk of domestic violence and encourage completion of high school education (Kaplan et al, 2001). These recommendations formed the basis for a programme delivered by a multidisciplinary community health and social service team in February 2002. Learning Objectives. 1. To understand what the current needs are for teenage parents (in the Waikato) and how brief and innovative programmes such as this one can assist in empowering positive parenting in teenage parents. 2. The Waikato Family Centre is one of the early identification/intervention services in the community for all mothers who present with both infant and perinatal mental health problems. References: Abell, E., & Ludwig, K. (1997) Developmental considerations in designing parenting education for adolescent parents. Journal of Family and Consumer Sciences. Alexandra: Summer Vol 89, Iss. 2; pg. 41. Crockenburg, S. (1987) Predictors and correlates of anger toward and punitive control of toddlers by adolescent mothers. Child Development; 58: 964-975.

S070 Brief Papers
2/09/2004 From: 1030 To: 1230 Venue: Meeting Room 6
Brief Papers 10 minutes: How Crossroads Clubhouse Gives Hope.
Christopher Rushworth Teresa Dee
Crossroads Clubhouse follows the international Fountain House model. The core of the programme is the Work Ordered Day. Members work in units if they choose to and develop skills and relationships with others, i.e. cooking in the Kitchen Unit. We opened in February 1996, have a complete membership of about 250 members including 49 active members. The aim of our presentation is to educate attendees of the benefits of membership and the success of the international model. Delegates will learn about the Work Ordered Day, the value of
work and how it keeps members well. Also, the nature and importance of relationships within our Club. Part of the presentation will deal with starting a Clubhouse and who to contact for information. The Work Ordered Day benefits members in so many ways. It helps to rehabilitate members and give them confidence. Relationships at Clubhouse are supportive and help maintain wellness of members. **Learning Objectives.** Relationships at Clubhouse Why meetings at our Clubhouse are open to both staff and members Staff and members roles Explain that staffing levels are sufficient to get members involved in the programme Bottom-line responsibility Discuss responsibility for the operations of the Clubhouse. The Work Ordered Day How it works and how it benefits members Outline how work in the Clubhouse is meaningful Discuss motivation issues within the context of the Work Ordered Day Explain how work is rehabilitative. **References:** Perspectives on Standards explained in TEACH, an In-house Training Manual for Clubhouse Colleagues, Grand Avenue Club Education Unit, Milwaukee, USA, especially International Standards for Clubhouse Programs standards seven to ten discussed in various articles regarding relationships. TEACH is an acronym for Together Everyone Achieves Club - House.; Motivation In The Work Ordered Day, by Martin Kant.

**S071 Symposium: Post-Disaster Intervention**
2/09/2004 From: 1030 To: 1230 Venue: Meeting Room 5

**Symposium 1.5 Hrs: Disasters, school age children and psychosocial interventions.**
Brett McDermott Erica Lee Peter Gibbon Marianne Judd Eric Vernberg

Three integrated papers will discuss key issues in child and youth post-disaster screening and mental health service provision. They will each draw on the results of the Sutherland Bushfire Trauma Project (McDermott& Palmer 2001) and more recent experience following the 2003 Canberra bushfire disaster. The papers will be followed by discussion of current post-disaster psychosocial interventions from an international perspective and questions from the audience.1. Why attempt school-based proactive screening for post-disaster PTSD and emotional distress? (McDermott & Lee).Evidence will be presented that emotionally distressed children in the post-disaster environment are not readily identified by parents and teachers. Further, children do not wish to burden parents with their feelings of distress. However, large scale self-report screening programs have consistently reported rates of PTSD/emotional distress rates of 12-18% among school age children.2. Identifying PTSD, depression and emotional trauma in children and adolescents: Results from two screening programs. (Gibbon) Incident rates of post-disaster emotional distress and PTSD in children will be reported, as will relationships between disaster related experiences, gender and school grade, and depressive and PTSD symptoms. More recent research investigating post-disaster general mental health symptoms will also be presented.3. School-based post-disaster interventions including a guided trauma workbook. (Judd & McDermott) A guided trauma therapy workbook for use with children will be described and consumer satisfaction with this form of service delivery reported. A review of the range of creative therapeutic interventions used following the Canberra fires will also be presented.4. Discussion and questions. (Vernberg) A brief discussion of current best-practice post-disaster interventions for school age children will be followed by questions from the audience answered by panel members. **Learning Objectives:** 1. To understand child and youth mental health symptoms and functional impairment typical of the post-disaster period. 2. To consider the post-disaster continuum of care: Identification, targeted interventions and current best practice. **References:**

**S072 Parenting & young children**
2/09/2004 From: 1030 To: 1230 Venue: Meeting Room 4

**Paper 20 Minutes: Sowing Seeds in Early Life - How can we improve Harvest Yields?**
Sowing Seeds in Early Life - How Can We Improve Harvest Yields?

To review and reflect on the recent growth of early intervention initiatives in Australia designed to improve child health, development and wellbeing and highlight what has been learned and what steps are needed to ensure enhanced program effectiveness and yields. The Australian and most state and territory governments now offer a mix of universal and targeted early intervention initiatives since NSW introduced Families First in 1999. These have arisen because of concerns about increasing rates of child morbidity - particularly child abuse, behaviour problems and growing gaps in academic performance across the socioeconomic spectrum - and the need for better support for families and communities to nurture young children. They have also emerged because of increasing understanding of the impacts of environments and experience on early brain development: early childhood has been recognised as a sensitive period for life-course development. These initiatives have also been driven by concern that universal services, in failing to reach those children who are most at risk of poorer outcomes would benefit from reshaping to increase their accessibility and acceptability. Much of what has emerged in Australia has been based on short-term implementation of strategies and programs found successful in other social systems, particularly North American, and strong research evidence for their efficacy and effectiveness in the Australian social context - particularly when funding is unsustained - has been wanting. It is critically important that these research gaps are addressed - this was one main reason why the Australian Research Alliance for Children and Youth was established in 2001. What will the audience learn from attending this presentation? An overview of the strengths and weaknesses of recently introduced early intervention initiatives in Australia and the problems with the adequacy of the funding and research base needed to sustain them. How is the topic relevant to mental health services and issues? Many of these initiatives are directly designed to improve mental health outcomes, such as disruptive behaviour disorders and child trauma.

The Rise and Fall of Child Guidance

Jo Grimwade  Tom O'Brien  Tony Colhoun

Child guidance was the result of the late nineteenth century interest amongst psychologists in the study of the child, early twentieth century American interest in delinquency, the consumer led US Mental Hygiene Movement, and the availability of oil based philanthropy. A multi-disciplinary shape emerged very quickly in the child guidance clinics that fuelled the development of three new professions: child psychiatry, child psychology, and social work. Reasons for the demise of such services will be presented.

Learning Objectives
1. Establish the contemporary value of historical research.
2. Outline the factors that led to the Child Guidance movement in the USA.
4. Describe historical factors that eroded the multi-disciplinary model.

The Contribution of John Bostock to Child Psychiatry in Queensland

Tom O'Brien

John Bostock was Research Professor of Medical Psychology at The University of Queensland from 1940 to 1962. He initiated child psychiatry in Queensland, running a clinic at the Children's Hospital from 1940-1962. He established a clinic at the Brisbane Children's Hospital assessing and treating children with a variety of emotional and physical conditions. He was an early pioneer of research in child mental health and with a small team of researchers published 15 papers on this work between 1951 and 1962. He took a public role as an advocate of mental health especially, but not exclusively, focusing on the needs of children. He took central roles in a variety of public organisations including the Creche and
Kindergarten Association, the Lady Gowrie Pre-school Centre as well as the Australian Association of Psychiatrists. His active professional life as a psychiatrist, historian and public advocate stretched from the 1920's to the 1970's and was an early and valuable contribution to the mental health of children and their families in Australia. This paper will offer an assessment of Bostock's contribution based on original research into his life and work.

**Learning Objectives:**
1. The people in the audience will gain an understanding of John Bostock and his life and work as a psychiatrist, historian and public advocate for the mental health of children, young people and their families.
2. An assessment of the contribution of the pioneering research of Bostock, and his team, with young people with asthma, enuresis and sleeping difficulties will be offered. He also published approx 70 papers (at least 20 about a wide range of matters to do with infant, children and adolescent mental health) in Australian and international journals. The paper will present his life and his work.

**S073 Options for Employment**

2/09/2004 From: 1030 To: 1230 Venue: Meeting Room 3

**Paper 20 Minutes:** Sustainable Voluntarism: A mental health solution.

**Gemma Ferraretto**  **Suzzanne Porcaro**  **Margaret Potter**

The Club 84 Volunteer Project is an award winning consumer driven initiative of the Lyell McEwin Health Services-Mental Health Division. Club 84 is a community based service in the Northern Suburbs of South Australia that provides a range of group programs for people with a mental illness. In Australia, one in five people will experience a mental illness, this impacts on the health of the whole community. The volunteer project is a positive solution that has drawn on the skills and abilities of people with a mental illness in partnership with the local community and the Lyell McEwin Health Services Regional Volunteers Association Inc. The Club 84 volunteers co-facilitate activity group programs and assist with administrative tasks which has enabled the provision of a more extensive and relevant service at Club 84. Within the programs, the volunteers share their experience and strategies gained in the process of recovery from mental illness, providing a unique and empathic perspective, fostering hope and sharing ways of overcoming the disabling effects of mental illness. The project has been recognized as the State Winner for Health of the National Bank Volunteer Awards 2001 for its unique contribution in raising mental health awareness, reducing stigma and social isolation, providing opportunities for the valuable contribution of volunteers who experience a mental illness, working together with the local community. This paper will outline the 'ground up' processes used to develop the project, the underlying principles, what it takes to make the project sustainable, the challenges and inspirations.

**Learning Objectives.**
1. The audience will gain an understanding of the principles and processes involved in developing sustainable voluntarism within mental health service provision. The audience will gain an understanding of what makes the volunteer project sustainable from the perspective of volunteers who have also been consumers within this setting.
2. Quality consumer drop-in centers have greater consumer control, (Mowbray et al 2002). This paper demonstrates how the volunteer services evolved from consumers identifying roles they wanted to develop within this setting to be able to participate in relevant service delivery. It is internationally recognized that people who have experienced a mental illness and work alongside people in the process of recovery assist with fostering hope, providing a unique and empathic perspective as demonstrated in international literature. (Davidson et al 1999).

**References:**
S073 Options for Employment
2/09/2004 From: 1030 To: 1230 Venue: Meeting Room 3
Paper 20 Minutes: The Mahi Boys.
David Vaaulu Paul Mason
Richmond Fellowship Tauranga NZ provide a number of varied services ranging from Home Based Support through to Level 4 Residential Supported Accommodation. We also run a Vocational Training Program, which has been nicknamed 'The Mahi Boys' by its participants. This paper will explore on a very 'grass roots' level the effect that a recovery focussed, strengths based approach, can have in an individual's life, within the context of a vocational training program. It will demonstrate positive outcomes, in a narrative form, not captured in traditional measurement outcome scales e.g. HONOS. Camaraderie, friendship, teamwork and peer support are such integral & key components to the sustained wellness of our clients. Our work program is simply a vehicle, which facilitates the natural evolution of these most common occurrences. Self-esteem, direction, purpose, self-worth, & hope… sometimes qualities taken for granted. Our work program has seen these qualities become the by-products of wellness, which our clients are achieving through a sense of achievement. We believe that we have a truly innovative, recovery focussed, back to basics, vocational program, astoundingly dynamic by being astoundingly simple. We in the Mental Health Sector need to realise that recovery is, at its core a simple and basic concept, that when applied, the effects can be so profound that they are imperceptible to all, except to those that care to see.

Learning Objectives
1. Strategies and techniques of how we have implemented a recovery focus and strengths based approach in a very simple and naturally holistic way. 2. People will gain an appreciation of the importance of the recovery journey, and the simplicity of it. People will hear how this simple approach has made a significant change to the way that many of our clients see the community surrounding them and the role that they have in it.

S073 Options for Employment
2/09/2004 From: 1030 To: 1230 Venue: Meeting Room 3
Workshop 1 Hr: Harvesting Hope Through Employment.
Rob Warriner Kevin Macken Jackie Hart
Since the early 1990s people who experience mental illness have regularly and vociferously challenged mental health service providers with demands for support services which lead to 'real jobs for real pay'. During the 1990s, in New Zealand and Australia, a number of supported employment services have developed to deliver just this. These innovative services - nurturing seeds of people's dreams - have proven that many people who experience mental illness are able to gain and maintain, open, competitive employment - in fact real jobs for real pay. Employment represents both the realisation of the hopes and aspirations of many as well offering still more opportunities to realise dreams and potential. Despite these and many other important accomplishments and initiatives, the fact remains that competitive employment is not the first choice for the vast majority of individuals with significant disabilities. In general, the providers response has been centred around the provision of pre-vocational / work preparation options and segregated / sheltered work. Another issue that has arisen in the development of these services is the language, mind set and measurement dilemmas that come into play when 'business models' meets a 'human service model'. This workshop / symposium will be presented by three pioneers of supported employment for people who experience mental illness in New Zealand. Kevin Macken is the manager of a consumer-driven supported employment service based in Hamilton which has been operating for 5 years. Jackie Hart is the Manager of EDGE Employment. Based on Auckland's North Shore, EDGE has a national reputation as a leading provider of such services. Rob Warriner has been involved in the development of supported employment services in the mental health sector since 1992. He is currently employed as Director of WALSH Trust in West Auckland. Three themes willinform the workshop: Firstly, defining and describing what is supported employment - and what it looks like in practice. Exploring what this means to the service provider, the job seeker and the employer. Secondly, we will explore the underlying values that need to guide all competitive employment programs designed to support people with
experience of mental illness to gain work. More specifically, based upon the experiences of these agencies, we will raise for discussion the barriers that appear to exist which inhibit people's ability to gain employment. These include staff development and retention, service development, and the 'place' of specialist employment services within an evolving community mental health service delivery paradigm. Finally, we will discuss benchmark indicators through which the quality of supported employment programs should be measured - what are the roles of these indicators in promoting recovery. The workshop will conclude with an summary of issues raised, and discussion of whether the need exists for a paradigm shift to move 'centre-based' [pre] vocational support services, to focus upon the employment aspirations of service users, and the provision of workplace supports in competitive, community-based employment. The workshop and conclusions presented will question: 1. Is it not now time to deliver on the rhetoric of policy, and the promises of theory and best practice and to listen and deliver what clients actually want i.e. real jobs for real pay. 2. Is it not now time to support people in achieving economic independence, and a social identity forged by pride, self esteem, confidence? 3. Is it not now time to stop standing in people's way and help a little? Learning Objectives. 1. People will have the opportunity to identify, explore and discuss some of the barriers which exist within mental health services which inhibit people's ability to access and maintain employment. People will also gain some insight about the values, philosophies and specific practices which can enhance access to employment. These practices will be based upon the experiences of the presenters in developing three discrete services in New Zealand. 2. The relevance of this presentation to mental health services/issues rests on the basic facts that people with mental illness experience high levels of unemployment (in spite of the role of employment in promoting recovery), and the mental health system struggles to prioritise / deliver such services.

S074 Focus on Men 2/09/2004 From: 1030 To: 1230 Venue: Meeting Room 2 Paper 20 Minutes: 'Understanding the informational needs of men/fathers in the perinatal period.'
Jacqui Coates-Harris

Whilst there has been widespread interest in identifying the needs of women who suffer from maternal mental health problems during the perinatal period, there has been little interest or research undertaken to identify the needs of men/fathers. More specifically, understanding what men/fathers want to know about: maternal mental health problems, personal coping strategies and strategies to support their partners. The aim of this small exploratory study was to identify what these informational needs were, by using both focus group and survey questionnaire methodologies. It was envisaged and hoped that the information gained from this study would then be used to develop a series of educational videos 'for fathers by fathers' with the view that these videos would increase men/fathers understanding and their ability to look after themselves and their partners more effectively. Thereby lessening the effects of maternal mental health problems on both women and men during the perinatal period. This paper seeks to enlighten the audience not only about what the informational needs of men/fathers were in this study, but also reveals what the specific effects and experiences these men encountered during this time. Learning Objectives. 1. To understand what the informational needs, effects and personal experiences of men/fathers whose partners become mentally unwell were in this study. 2. This presentation is focused on understanding how maternal mental health problems affect partners of women who have or have had a maternal mental health problem.
S074 Focus on Men
2/09/2004 From: 1030 To: 1230 Venue: Meeting Room 2
Caitlin Fraser

In recent years there has been a growing, and well needed, investigation into the issues and challenges faced by carers of people with a mental illness. Whilst this research has made an important contribution to understanding the experiences of carers there is an assumption that care giving is largely a female endeavour and limited attention has been paid to male carers (Miller and Cafasso 1992). Yet, there are already significant numbers of men involved in the care of family members with a mental illness and as families and society continue to change, more men will become involved (Mays et al 1999). This paper will describe the initial findings of a research project investigating the experiences of male carers of people with a mental illness. This qualitative research project aims to understand how men negotiate the societal expectations of males and their role as carers, the challenges in providing care and the factors important to maintaining their own mental wellbeing. A key focus of the presentation will be to generate discussion about carers own experiences and use this data to further inform the research project. Learning Objectives 1. In Australia there has been limited investigation into the issues experienced by male carers. Little is known about how men's experiences of caring is different from women's experiences. Through attending this presentation it is hoped that people will gain a deeper insight into the distinct set of challenges experienced by men who are providing care for a person with a mental illness as they juggle their often multiple roles- carer, husband, son, father, employee. How is this topic/issue relevant to mental health services and mental health issues? Caring for people with a mental illness is implicitly understood as female role. By contrast society expects men to be 'strong', 'tough', and self-reliant. This may lead to a range of barriers for men in accessing the necessary supports to assist them in their caring role such as attending predominantly female support groups, asking for help and admitting to others when they are not coping. Acknowledging these issues may assist mental health services in tailoring carer support services to assist both women and men.


S074 Focus on Men
2/09/2004 From: 1030 To: 1230 Venue: Meeting Room 2
Paper 20 Minutes: Kick'N'On - Helping Young Males kick Back into Life.
Chris Lloyd Philip Williams Dan Sullivan

Community participation is accepted as an important part of obtaining and maintaining a healthy lifestyle. Overcoming such effects of mental illness, as, decreased motivation and the resulting decreased social skills is often difficult for people recovering from a mental illness. It has been shown that young men with psychotic disorders have persistently poorer outcomes of mental illness where no intervention aimed at arresting social isolation is implemented (Jablensky, 2000). Re-integrating into the community offers group participants the opportunity to achieve significant life goals. Young males with mental illness in the Gold Coast District have identified that these goals often include meeting and forming relationships with young women. Kick'N'On - A young males group was established to meet this need. Program design was based on information obtained from consulting possible participants, focus groups and relevant literature searches. Three main themes relating to achieving close relationships with women were highlighted. These being, importance of role models, lack of socialisation and an undeveloped concept of what is a man. Kick'N'On is an innovative program for young males which aims to increase participants ability to interact in, and with the community.

Psychosocial rehabilitation requires to be successful that consumers be involved in the design of their own rehabilitation plan (Bachrach, 2000) and this program used regular focus groups in order to relate the groups direction to the needs expressed by its members. Preliminary analysis of the data indicates that participants social skills have improved through the course...
of the program. **Learning Objectives**

1. By attending this presentation persons in the audience will understand the particular difficulties faced by younger men with mental illness. This fits with the theme of the conference by looking at a particular part of the journey through life.

2. This topic is relevant to mental health for a number of reasons. More importantly it is relevant to the community as a whole because the program aims to increase integration of an often marginalised group and therefore strengthen social fabric. With respect particularly to mental illness this particular phase of the life span is when all individuals seek to establish an identity. It is an especially important point of human development at which to intervene to maximise an individuals potential for the rest of his [sic] life.


**S074 Focus on Men**

2/09/2004 From: 1030 To: 1230 Venue: Meeting Room 2

Paper 20 Minutes: TCAG-'Come Fly a Kite' A unique union.

**Rod Salvage**

This paper will outline a successful and unique union of a Consumer Advisory Group and a Men's Support Group. The union has close links to Child Support Services, Mental Health Services, Relationships Australia, Salvation Army and numerous other organizations within the Townsville region. The formation of a men's group in Townsville was the first for many years and was an initiative of TCAG members whom were concerned with an upsurge of violence and suicides in Townsville that appeared to be relationship related. TCAG recognized that men appeared to be more affected then first thought. (We have numerous theories for this that will be discussed during the paper.) We have based the service on equality and as a result has a small but significant numbers of women and couples attending the center as well. Depression often accompanies marital difficulties and TCAG often advocates and assists people in the area of mental health. Many people who have attended our drop in center have stated that without such assistance they would of not survived. We assist up to 10 people a week as well as our normal activities. **Learning Objectives**

1. The main objective that people will learn from this paper is 'Do not be afraid to branch out into other areas and listen to your consumers and participants' 2. This topic demonstrates in a very real sense that: Consumers can actively participate in services outside of the Mental Health Area; There is a direct connection between unforeseen events in our lives and Mental Health.; There is a very strong need for expanded mental health services in the field of prevention.

**S075 Mental Health of Older People**

2/09/2004 From: 1330 To: 1500 Venue: Arena 1A

Paper 20 Minutes: 'Give it a Go' A Respite Program for People with Early Onset and Early Stage Dementia.

**Anne Carnell  Jayne Tsinanis**

The Southern Psychogeriatric Activity Service (SPAS) is currently operating a program for people with early onset and early stage dementia. Workers from SPAS and the Carer Respite Centre identified a gap in providing activities, socialisation and respite for this client group. We believe that these clients require early intervention that is age appropriate and provides purposeful and meaningful activities. The agency's involved have completed a full evaluation of the program and wish to present it as a model of best practice. A Community Psychiatric Nurse and an Occupational Therapist have developed this program to meet the needs of this very sensitive client group. By meeting their social and respite needs in the early stages of the disease we have been able to provide a positive introduction to the aged care service system. The program is responsive to the needs of newly diagnosed clients and their carers who may be at a stage of coming to terms with many issues. It is a transitional group and each client will be engaged with other services when their involvement with the group is complete. The
group has been aptly named 'Give it a Go' and the participants have delighted in the many and varied social opportunities. This client group is aghast at the idea of attending a 'centre' or 'day hospital', so the program is designed to integrate clients into the community to participate in a wide range of recreational and leisure pursuits. Movie outings, restaurant lunches, winery tours, etc. The presentation will include a very entertaining documentary style video as well as an overview of the program and the results of the evaluation; we hope to inspire others to think of creative ways to cater for the needs of younger people with dementia. **Learning Objectives**

1. People attending this presentation will learn about fresh and innovative ways to develop programs that specifically cater to the needs of a particular client group, in this case, people with early onset dementia. They will gain knowledge that could inspire them to think more creatively about the social and recreational needs of their clients.

2. This presentation addresses important mental health issues around community participation and integration as well as looking at ways to provide a preventative approach to people who are in the early stage of their illness. It focuses on a client group who traditionally fall between the 'gap' in adult and aged mental health services.

**S075 Mental Health of Older People**

**2/09/2004 From: 1330 To: 1500 Venue: Arena 1A**

**Paper 20 Minutes: Depression in Old Age.**

**Henry Brodaty**

Depression in old age differs from that in younger adults in its prevalence, aetiology, phenomenology and treatment. Recognition of depression in the elderly is generally even poorer than in younger adults and treatments inadequate. Aetiological differences include changes in brain chemistry, cerebrovascular pathology leading to vascular depression, and secondary depressions. Phenomenologically, older age is associated with more psychosis, psychomotor disturbance - agitation and retardation, guilt, appetite disturbance and weight loss. Suicide risk increases with old age especially men and atypical presentations are well described in old age. Management of depression requires a comprehensive biopsychosocial approach and knowledge of the alteration of pharmacokinetics with age. There is good empirical evidence of the effectiveness of ECT, medications and cognitive behaviour therapy in older persons; attention to environmental issues is particularly important. Assiduous follow-up is required for older persons with recurrent episodes of depression. The prognosis is variable and depends on the aetiology.

**S075 Mental Health of Older People**

**2/09/2004 From: 1330 To: 1500 Venue: Arena 1A**

**Paper 20 Minutes: Beating Around the Bush.**

**Joy Boyd**

A rural approach to Consultancy Liaison Psychiatry: Consultancy Liaison (CL) Psychiatry has traditionally provided a variety of teaching and consultative roles in acute hospital settings. The Bendigo Health Care Group's - Psychiatric Services has expanded the role of the Aged Persons Mental Health Service to provide a unique approach to Consultant Liaison psychiatry that encompasses all age groups in non-acute inpatient settings. The pilot project operates with a nominal EFT of 0.5 RPN and 0.1 Consultant Psychiatrist to utilise the expertise of the generic multidisciplinary treatment team in providing CL to 78 sub acute beds and 116 nursing home beds located in the following inpatient services: Rehabilitation, (60 beds) Hospice, (10 beds) Geriatric Evaluation & Management Unit (8 beds) Nursing Homes Stella Anderson (60 beds); Joan Pinder (56). The presentation will discuss: the increased awareness of mental health issues by the Generic treating team as demonstrated by the reduction of inappropriate referrals and the resulting increase in the number of appropriate referrals since the CL program began. The consultation process. Liaison with the treating team and families. The provision of a regional CL service for all Hostels and Nursing homes. **Learning Objectives**

1. The involvement of Consultant Liaison Psychiatry through assessment and early intervention together with staff education enhances communication and diagnoses. The greater awareness of the patients reaction to major medical illness and loss,
results in a positive impact on staff tolerance and responsiveness to the mental health needs of patients and their families. 2. A lack of awareness of mental health issues, individual and social prejudice, and a greater concern with acute medical problems, are some of the possible reasons why under utilization of psychiatric consultation in inpatient settings is common. The belief that the symptoms are related to a medical illness rather than a psychological adjustment may also contribute to a failure to identify mental health issues in the medically ill. Studies demonstrate that elderly people in hospitals have a longer length of stay and experience more complex psychiatric medical, ethical & behavioural issues than younger people. Despite these facts, elderly people are often not referred for psychiatric assessment due to a belief that cognitive impairment is related to the degenerative brain process or part of normal aging. Current literature regarding CL services for people requiring rehabilitation, for those who are dying or for the elderly inpatient are limited. This presentation will demonstrate the value of Consultant Liaison Psychiatry in non acute settings.

S076 Young Children of Parents with Mental Illness
2/09/2004 From: 1330 To: 1500 Venue: Arena 1B
Paper 20 Minutes: The importance of the role of the lived experience in educating primary school communities about mental health and illness.
Becca Allchin   George Guorgi   Sandy Jeffs
This presentation will provide participants with a clear understanding of the critical, and sometimes unanticipated, role the lived experience has in mental health/illness promotion to teachers and students in primary schools. The presentation will describe an innovative project Supporting Kids in Primary Schools, or SKIPS, which has two key objectives: to discuss the role of primary schools and teachers in supporting children and families affected by the mental illness of a parent; to reduce prejudice about mental illness through classroom education about mental health and illness with grades 5 and 6 students. Critical parts of the project involve people relating their lived experience with mental illness. In the classroom a person with a mental illness relates their life experiences to the students. In the staffroom, an adult who as a child lived with a parent with a mental illness presents to the teachers. These sessions have a profound impact and are the catalyst for attitude change both in the staff room and the classroom, leading to breaking the silence about mental illness. This presentation will show that the successful nature of SKIPS has at its core sharing the lived experience. Through attending this presentation the participants will be able to: 1. Describe the role of the lived experience in mental health promotion as demonstrated in SKIPS. 2. Describe the impact mental health promotion in primary schools can have in reducing prejudice about mental illness in the community.

S076 Young Children of Parents with Mental Illness
2/09/2004 From: 1330 To: 1500 Venue: Arena 1B
Paper 20 Minutes: Parentships 'Parenting and Concurrent Children's Group'.
Carmen Darmanin   Angela Gassell
This pilot project is the most recent Northern Area Mental Health Service (NAMHS) initiative attempting to address the needs of parent consumers & their children. It involved custodial & non-custodial parents and children aged between 6-12 years. The need for these groups was confirmed by a 2002 survey conducted at Darebin Community Mental Health Centre and further supported by 'The Parents in Parentship Project Report' Ed. Cuff.R. & Mildred.H (1998) and 'Children of Parents Experiencing Major Mental Illness' Ed. Cowling.V (1999). The concurrent group format was chosen to extend our practice knowledge of differing models of support for parents and children. The groups were conducted in partnership with the Primary Mental Health Team Early Intervention & Prevention Worker, NEAMI (Psychiatric Disability Rehabilitation Service), Anglicare Family Services (Preston), and a staff, consumer and carer Reference Committee. This diversity added a wealth of knowledge to the facilitation of the groups, with one of the main features in the children's group being art therapy strategies. This presentation aims to share the evaluation findings of this exciting initiative and how parenting skills, confidence and well-being were
enhanced, whilst increasing the children's understanding of mental illness, their resilience and impacting positively on family relationships. **Learning Objectives:** 1. To identify and deepen awareness of the opportunities and challenges in running a concurrent parent/child, inter-agency group initiative within an adult mental health service context. 2. To develop a broader perspective of the benefits of this model through the reflections of one parent consumer who participated in the group and was also a member of the reference committee.

**S076 Young Children of Parents with Mental Illness**  
2/09/2004  From: 1330 To: 1500  Venue: Arena 1B  
**Paper 20 Minutes:** Connections you can count on: Programs to Support Children of Parents with Mental Health Issues in the New England Area.  
Denise Merrit  

**Aims of Presentation:** This paper aims to provide an example of a successful and positive intervention for young people in rural areas whose parents have mental health issues. In 1999 the Mental Health Promotion & Prevention National Action Plan identified the needs of children whose parents have mental health issues (COPMI) as a priority area requiring attention. Some of the recommendations included researching and establishing effective community based interventions and developing positive outcomes for children, including improved support, improved mental health, better knowledge and understanding of parental illness. In 2003, following community consultation and research, the New England Area Health Service implemented COPMI programs in this area, meeting the challenges of a diverse population and geographical area. The programs are structured around a series of Fun Days and Camps, bringing together young people from across the area. The activities aim to enhance resilience in young people through increasing social connectedness, supporting each other and developing healthy coping skills in a supportive and fun filled environment. Since implementation there have been many positive outcomes of the programs, including increased referrals to the service, increased community collaboration and increased involvement of the young people in the direction of the program, including the development of a quarterly newsletter. The paper will discuss further results from the program evaluation. Future directions are to increase the scope of the program and to offer peer leadership training, therefore increasing involvement of the young people, enhancing sustainability and allowing the young people to make a positive contribution to the community. **Learning Objectives:** 1. The audience will gain an overview of the development, implementation and evaluation of programs to support and promote the mental health and wellbeing of young people across the New England Area whose parents have mental health issues. The audience will see how these programs can be replicated in other areas. 2. Australian statistics report that there are 29,000 children who live with a mother who has a mental illness. These statistics only tell part of the story, as they do not include fathers or parents who do not attend mental health services. Having a mental illness can at times make it difficult to meet the needs of children and can increase the risk of the children developing poor mental health. Some of the types of difficulties encountered by these children may include: major depression; substance abuse; psychiatric problems; poor academic performance and learning disabilities; persistent emotional or behavioural disturbance; poor social competence and functioning; involvement with the law; personality disorders; sibling and peer rivalry; feelings of social isolation, inattentiveness and withdrawal; being marginalised and ostracised; suicide and post-traumatic stress. Research suggests that parents with mental health issues can be supported to adequately parent their children and successful interventions for children are those that target risk factors experienced by the children and develop their ability to cope with adversity.  

**References:** Australian Infant, Child, Adolescent & Family Mental Health Association, 2001  

TheMHS & AICAFMHA Conference - Book of Abstracts, Gold Coast 2004
S077 Creativity & Recovery  
2/09/2004 From: 1330 To: 1500 Venue: Arena 2  
Jeanette Isaacs-Young Kaeleen Hunter Jennifer Pickering  
This presentation briefly describes the four year history of the Community Initiatives music group - its processes, and some outcomes. In 2003 a series of workshops received Regional Arts Development Funding, to extend existing skills, and to develop the concept of a web site. Through a web site, stories could be shared and the collective could expand its exposure in a non-performance mode. From these workshops the 'Beauty Full Minds Collective' grew. The Collective has been exploring the use of creative, visual, vocal, and story telling mediums to attract attention to positive outcomes for people recovering from mental illness. The concept of a web site reduces the pressure often experienced in live performance, as individual and group delivery can be captured in an environment where the Collective are in control, and well within their comfort zone. The web site outcome gives everyone and anyone in cyberspace the opportunity to access the music group and the collective as an inspirational resource, which can be interactive, and updated in the future. This paper will use an audio-visual format to convey some aspects of this client focussed project, the healing power of the medium, and the relationships which enfold the music makers. Learning Objectives 1. People in the audience will gain information about an initiative that has a four year history of music making participation in the community. The story, including musical outcomes of the process so far, will outline the developing concept of a web site about the Beauty Full Minds Collective. 2. Recent documentation towards developing a web site about the beauty full Minds Collective aims to share this experience with others in the field, and to promote dialogue with others in similar partnerships (of a creative, strengths based, and non-clinical nature).

S077 Creativity & Recovery  
2/09/2004 From: 1330 To: 1500 Venue: Arena 2  
Paper 20 Minutes: The Backyard Writers Club: A Creative Writing Program.  
Pam Samra Felicity Fay  
Creative writing has been used as a therapeutic tool in a variety of settings. Creative writing invites a sense of freedom, fresh insights, spontaneity, originality, creativity and authenticity. This workshop will aim to present the benefits of creative writing as a therapeutic tool. Workshop participants will be led through the steps involved in establishing a writing-based rehabilitation group program, using the Backyard Writers' Club as a model. The Backyard Writers' Club is a writing-based group for adults with mental illness who are not acutely ill. The club has aimed to provide a safe environment for individuals to explore mental illness in new and creative ways. The group setting provides a sense of belonging through interaction with people with a shared interest in creative writing. Members create themselves through the group and in relation to it. The workshop will present and explore the following: the benefits of creative writing as discussed in current literature; the group outline and program objectives; useful group exercises and media; and tools used in program evaluation. Group exercises will be used in the workshop to highlight practical ideas to draw upon. It is envisaged that participants will be able to apply the strategies discussed to establish creative writing programs in a variety of settings. Creative writing programs have a lot to offer in assisting the recovery process in gaining greater self understanding. This creative program has harvested much hope for many. Learning Objectives 1. To gain a deeper understanding personal insights of the therapeutic benefits of creative writing using an experiential process through the participants 'eyes' 2. To present the benefits of an established creative writing program in mental health rehabilitation services which focus on the strengths model. References: Jensen, C.M. & Blair, S.E.E. (1997). Rhyme and reason : the relationship between creative writing and mental wellbeing. British Journal of Occupational Therapy, 60 (12),525- 530; Schnekenburger, E. (1995). Waking the heart up: a writing group's story. Social Work with Groups, 18(4), 19-39.
**S077  Creativity & Recovery**  
2/09/2004 From: 1330 To: 1500 Venue: Arena 2  
Paper 20 Minutes: Mental Illness Fellowship North Queensland  
Philippa Harris  Donna Emery  Kari Meehan  

It is common for people with mental illness and psychiatric disability to become isolated, lack confidence and self-esteem, occupational pursuits and social interactions. MIFNQ, through Regional Arts Development Funding, embarked on a musical journey with this target population to engage in making music which would link them with young music students from James Cook University and local music groups, which eventually lead to making a CD, with some original pieces, and two live public performances. Music is one of the most social art forms in that it creates communication between people in many different ways, whilst providing non-threatening interaction. During the 12 week program, a number of psychosocial goals were achieved by members of the group, community awareness of mental illness was raised, community inclusion for this population increased, positive and valued roles developed and an action research project completed to enable others to successfully provide integrated and innovative community musical activities for others living with mental illness and psychiatric disability.  

**Learning Objectives**  
1. The audience will learn the process involved in running similar community based arts programs where local musicians/artists co-facilitate the program. The audience will gain knowledge regarding effective and non-effective strategies used in the implementation of this program.  
2. The Music Mayhem program is relevant to mental health services as it promotes the recovery process through decreasing isolation, using music in a therapeutic way and creating the opportunity to develop real contacts within the community in a non-threatening environment.  


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**S078  Carers' participation**  
2/09/2004 From: 1330 To: 1500 Venue: Central Foyer A  
Paper 20 Minutes: Translating Research into Carer Responsive Services.  
Sue Taylor  

'Since our daughter's birth 21 years ago, physically, mentally and emotionally I have been encompassed with providing a quality of life for her, sometimes neglecting my family and husband.' In recent research conducted by Carers WA and the Mental Health Carers Issues Network, carers identified a range of issues impacting their lives as carers, including how they could be supported in their role and what changes were required to mental health services (McKeague, 2003). Understanding the needs of carers is essential due to the vital role they play in the care and support of their family members/friends with mental illness. If carers are to continue to perform this important role, the mental health system needs to become more carer responsive. This will require systemic and cultural change to recognise the role of carers, provide a range of support strategies and involve carers at all levels of mental health care through carer participation initiatives. The need for mental health care to be more responsive to the needs of carers and families is a key principle underpinning mental health reform (Australian Health Ministers, 2003). This presentation will outline the key results of the research and how this translates to a mental health system responsive to the needs of carers and families.  

**Learning Objectives**  
1. People will gain an insight into the lives of 144 carers who shared their thoughts and experiences of caring for someone with a mental illness. They will learn the main findings from the research regarding carers' needs and issues and the components of a carer responsive service.  
2. This topic is relevant to mental health services and mental health issues as it contributes the carer perspective on the systemic and cultural changes that are required to ensure mental health care is responsive to carers and families. This is a principle underpinning mental health reform as outlined in the National Mental Health Plan 2003-2008.  

Dealing with the complexity of different agencies has not always been easy, in fact there have been and are many barriers. The primary matter is one of open communication. Carers have unique expertise in the mental health system due to their direct experience of caring for their family member/friend with mental illness. Through their experiences, they know where the system is failing, where the gaps are and where improvements need to be made. Carer participation is a key element of mental health service reform and development at national, state and regional levels. The draft WA State Mental Health Strategic Plan 2003-2008 and Consumer and Carer Participation in Planning, Implementation and Evaluation of Mental Health Services policy document, identify the need for meaningful carer participation at all levels of mental health care including policy, planning, service delivery and evaluation. Carers WA and the Mental Health Carers Issues Network have developed a model of carer participation through the Mental Health Carer Participation & Representation Program. The Program recruits, trains and supports carers to become carer representatives and provide the carer perspective through participation on committees, in research, focus groups, commenting on policy matters and through forums and consultations. This presentation will outline one carer's journey from experiencing the barriers of mental health services to becoming a carer representative. Learning Objectives. 1. People will gain an insight into the difficulties faced by a carer as he engages with mental health services. People will learn a model of carer participation and representation that has been developed by Carers WA and the Mental Health Carers Issues Network. Information covered will include carer advocacy training workshops, carer participation payments, types of participation, and support strategies. 2. This topic is relevant as the National Mental Health Plan 2003-2008 and other key mental health policy documents have identified the need to develop structures and strategies for involving carers in policy, planning, service delivery and evaluation of mental health services. This presentation outlines a model of carer participation and representation that could be used to assist health professionals and service providers looking to implement or enhance carer participation within their own mental health service or organisation. References: Mental Health Division. (1999). Consumer and Carer Participation in Planning, Implementation and Evaluation of Mental Health Services. Perth: Health Department of Western Australia.; Office Of Mental Health. (2003). Draft Western Australia's State Mental Health Strategic Plan 2003-2008. Perth: Department of Health WA.

This study investigates how informal carers of people diagnosed with a mental illness are affected by their role. Participants were obtained from carer support agencies, hospitals and through advertisement in a community newspaper. Quantitative information was gathered using the SF-36, which is a measure of physical and mental health. Additional demographic data was also gathered, as well as qualitative information regarding how participants felt about their role and the impact they felt it had upon them. An in-depth group interview with a small number of participants enabled further exploration of surrounding issues and themes. It was found that carers scored significantly lower than the general population on all of the following health concepts: Physical Functioning Role Limitations due to Health Problems Bodily Pain General Health Vitality Social Functioning Role Limitations due to Emotional Problems Mental Health Participants reported dissatisfaction with current carer services, mental health services and levels of funding. While a majority maintained that they had a good relationship with the person they cared for, they felt that being a carer drained them emotionally, made it hard for them to secure employment and negatively affected their social
lives. The study concludes with suggestions as to how carer needs might be better addressed in order that they may carry our their vital role more effectively, whilst caring for their own physical and mental well-being. **Learning Objectives.** 1. Participants can expect to gain a deeper insight into the experiences of carers of people with a mental illness. 2. Suggestions will be made as to how mental health services might be better attuned to carers’ needs and might better support them in their vital role. **References:** Tsang, H.W.H., Tam, P.K.C., Chan, F., & Chang, W.M. (2003). Sources of burdens on families of individuals with mental illness. International Journal of Rehabilitation Research, 26. Mental Health Council of Australia. (2000). Carers of people with Mental Illness Project - Final Report. Mental Health Strategy.

**S079 Workshop: Meaningful Participation for Children & Adolescents**  
2/09/2004 From: 1330 To: 1500 Venue: Central Foyer B  
**Workshop 1.5 Hrs:** Taking Participation seriously: involving children and young people in decision-making.  
*Vanessa Ford  Emma Baldrey*  
This interactive workshop will look at practical ways to involve children and young people in decision-making about issues that affect them. Participants will look at: different ways to get children and young people involved - the benefits of effective participation - for young people and organisations. supporting children and young people to participate making participation meaningful for children and young people, and. appreciating children and young people's participation. The content of the workshop will be based on the NSW Commission for Children and Young People's resource kit TAKING PARTICIPATION seriously. The kit comprises several modules and includes lots of useful examples, activities, case studies and practical advice on how organisations can support children and young people's participation in conferences, events, decision-making processes, committees and case-planning. One of the presenters is a young person who will provide advice based on her own experiences of participation. Participants will leave the workshop with lots of practical ideas and strategies they can take back to their organisations to get children and young people involved in a fun and meaningful way. **Learning Objectives.** 1. Participants will gain practical ideas and strategies for children and young people's participation that they can use in their work. 2. Children and young people who are users of mental health services need to be heard, so that services can meet their needs.

**S080 Symposium: Indigenous Consumers in Remote Communities**  
2/09/2004 From: 1330 To: 1500 Venue: Central Foyer C  
**Symposium 1.5 Hrs:** Aiming High for Better Outcomes for Indigenous Consumers in Remote Communities of North Queensland and Northern Territory.  
*Melissa Haswell-Elkins  Ernest Hunter Tricia Nagel Roy West Rachael Wargent Brenda Hall*  
Unifying Theme : Multifaceted approaches towards empowering consumers, families, carers and service providers towards improvement of mental health outcomes for Indigenous people with serious mental illness. This Symposium will present work in progress and results so far on a range of activities under the umbrella of the Indigenous Stream of the Australian Integrated Mental Health Initiative (AIMHI). This Stream's research is being implemented in Far North Queensland through the North Queensland Health Equalities Promotion Unit in Cairns and through the Top End Mental Health Service in the Northern Territory. The Symposium will open with an overview of the AIMHI Indigenous Stream with a brief history and the structure of its governance and main areas of activity by the two Chief Investigators, Professor Ernest Hunter and Dr. Tricia Nagel. This will be followed by a description of the approaches being used in the two locations for the improvement of clinical services. These approaches include the addition of appropriate clinical protocols for mental illness into existing Chronic Disease Strategies, enhanced mental health information management practices, early intervention approaches and recommendations for change at the Health Centre level. Baseline data captured from service providers and clinical audits will also be presented.
The third component of the Symposium will focus on AIMHI's work aimed at Strengthening Families, Carers and Communities. A project focusing first on developing trusting partnerships with communities and enhancing service provider coordination will be described and initial findings presented. Models for thinking about the development of more holistic and culturally appropriate approaches to increasing two-way understandings of mental health and illness, self-care promotion, relapse prevention and early intervention will be described. The last set of formal presentations will focus on a framework for the measurement of process, impact and outcomes for monitoring and evaluation of the overall project. The enhancement and evaluation of the reliability and valid data collection on mental health outcomes and the consideration and management of other indicators will be described. Five to ten minutes of discussion and questions will be invited between each of the four components and a final summary will be provided to close the session.

**S081 Accommodation Programs**  
**2/09/2004 From: 1330 To: 1500 Venue: Meeting Room 9**  
**Paper 20 Minutes: Strengths Based Recovery through Supported Accommodation.**  
**Wayne Palmer**

The Mental Illness Fellowship of North Queensland operates the only lifestyle and transitional supported accommodation service in North Queensland, providing individuals with serious and chronic mental illness with opportunities for recovery and life satisfaction. The program is based on non-clinical counselling, family support, linking to services, education, art and employment programs in the community. The program provides an exit point for hospital and rehabilitation services and supports transition into the community through our holistic strengths based approach. The support occurs alongside the tenants, identifying goals and strategies in a partnership which may include community mental health case manager, support services, family members and friends. Support and contact is continued into independent living accommodation before tapering off. With limited vacancies and resources available, selection is based on whose needs are best met. The program has demonstrated since 1989, through regular evaluation, reduction of hospitalization, relapse, trauma and great improvement in achievement of personal, clinical, non-clinical goals and quality of life for individuals. Key factors in the program's success are the shared visions of recovery, focus on people's strengths rather than deficits, staff attitudes and a commitment to successful outcomes over extended timeframes. **Learning Objectives.** 1. To confirm that research and program evaluations show that strength based, non-clinical, transitional supported accommodation focused on psycho-social needs improves recovery from mental illness and quality of life by lowering incidence of relapse, re-hospitalization and emotional trauma. The program shows how effective a holistic approach can be. 2. Research and program evaluations indicate cost effectiveness in terms of decreased hospitalization and increase in people's contributions to the diversity of the community and the economy through employment, productivity and creativity. **References:** Saleebey, D. (1996). The strengths perspective in social work practice: Extensions and cautions. Social Work, 41(3), 296-305; Rapp, C. (1998). The Strengths Model. Oxford University Press.

**S081 Accommodation Programs**  
**2/09/2004 From: 1330 To: 1500 Venue: Meeting Room 9**  
**Paper 20 Minutes: So you want to go back home - no problem - Hope in rural NSW.**  
**Julie Millard**

The Housing Accommodation Support Initiative (HASI) is an exciting tri-partisan program funded by the Centre for Mental Health between Non-Government organisations, Office of Community Housing and area mental health services to establish permanent supported accommodation services for people with a mental illness who have high support needs in rural areas. Richmond Fellowship of NSW has long been aware of the unmet need in rural areas but like other organizations the tyranny of distance proved to be a stumbling block. The HASI program has now provided the opportunity to establish and maintain high support accommodation services in the Greater Murray, New England and Far West areas. Each region
has its own unique characteristics yet has similarities to metropolitan areas. Interest and participation in establishing these services has been well received and positive not only by local mental health services but also by local communities. The main focus is on bringing people home and the economic benefits for local communities. This paper will further explore these dimensions as well as provide an opportunity for discussion on the development of services from a rural perspective. Learning Objectives. 1. An understanding of how Richmond Fellowship has harnessed the local community’s knowledge and enthusiasm to ensure that community members who live with a mental illness are supported. 2. Information will be provided about the establishment of infrastructure and sophisticated communication networks to provide mental health service provision in rural areas and address the issues of isolation and service access.

S081 Accommodation Programs
2/09/2004 From: 1330 To: 1500 Venue: Meeting Room 9
Paper 20 Minutes: Extended Rehabilitation and Community Care Units- Harvesting Hope for Consumers and Carers in Queensland?
Anneliese Russell  Penny Taylor
The aim of this paper is to present information about Extended Treatment, Rehabilitation and Community Care Units in Queensland. These longer term residential facilities now available in Queensland are still relatively unknown by many consumers, carers, mental health service providers and local government and non-government community organizations. It is hoped that this presentation will help demystify myths and increase awareness among mental health service providers, carers and consumers, as well as contribute towards benchmarking for long term residential rehabilitation services both interstate and internationally. Consumer and carer perceptions of living in Extended Treatment, Rehabilitation and Community Care Units will also be presented through personal narratives, in particular focusing on whether participation in the rehabilitation program is really meeting their needs. The historical background to Extended Treatment, Rehabilitation and Community Care Units in Queensland will be provided with models of service delivery, philosophy and principles of care being included. Clinical staffing as well as assessments, types of interventions and outcome measures used will also be addressed. Issues and challenges facing service provision will also be highlighted, especially looking at client population, housing availability and community partnerships. The future for extended treatment, rehabilitation and community care units lies in harvesting hope, maintaining mental health and facilitating recovery for consumers and their carers. After many years of hospitalization, living in institutions and unsuccessful community tenure, the impact of Extended Treatment, Rehabilitation and Community Care Units on reducing acute hospital bed days and carer burnout will be discovered. Learning Objectives. 1. The audience will gain a better understanding of the relatively new Extended Treatment and Rehabilitation and Community Care Units throughout Queensland, by looking at different aspects of service delivery, challenges faced by staff, consumer and carer participation in the rehabilitation program and partnerships with community organizations. 2. These long term residential facilities now available in Queensland are still relatively unknown by many consumers, carers, mental health staff working in different service areas and local government and non-government community agencies. It is hoped that this presentation will help demystify myths and increase awareness among mental health service providers, consumers and carers as well as contribute towards interstate and international benchmarking comparisons for long term residential rehabilitation facilities. References: A Model of service Delivery for ‘Extended Treatment and Rehabilitation’ and ‘Dual Diagnosis’ Clinical Programmes in Queensland - June 2003. Extended Treatment and Rehabilitation and Dual diagnosis Service development Reference Group; Hobbs, C; Tennant, C; Rosen, A; Newton, L; Lapsely, H.M.; Tribe, K; & Brown, J.E.; (2000). Deinstitutionalisation for long-term mental illness: a 2-year clinical evaluation. Australian and New Zealand Journal of Psychiatry, 34: 476 - 483.

S082 Symposium: Eating Disorders Services
Symposium 1.5 Hrs: Eating disorders; models of service delivery for rural and regional Victoria.

Tom Callaly  Fiona Judd  Marion Cornett  Rosie Cummins  Ruth Endacott  Graeme Doidge

In Victoria, two services outside Melbourne were funded three years ago to develop eating disorder services: Bendigo and Barwon, Geelong. Each service has a distinctly different design and Latrobe University (Prof. Ruth Endacott) has been engaged to evaluate both services. Fiona Judd will describe the Loddon Campaspe/Southern Mallee (LCSM) Eating Disorders Service, which has been established as a specialty program of the Area Mental Health Service (AMHS). The AMHS catchment area is approximately 36,000 sq. kms, with a population of approximately 240,000, and very few private psychiatrists or clinical psychologists in the region, thus presenting special challenges in service provision. The Eating Disorders Service (EDS) is based with the AMHS, has been grouped with the Primary Mental Health Team and the Depression and Anxiety Program, and all three function within a stepped collaborative care model (VonKorff M & Tiemens B 2000). This model has a strong emphasis on education and support to general practitioners (GPs) and other primary care providers to provide treatment to individuals with mild-moderate severity eating disorders.

The Disordered Eating Service (DES) - Barwon Region is a unique model for the delivery of eating disorders services in Victoria, which is based at the Division of GPs building and is managed by that organization and the local AMHS together. Through strong linkages, the DES has enhanced the capacity of primary care (including the Primary Mental Health Team), specialist services and other health/welfare professionals to respond to the early intervention, treatment and rehabilitation needs of people with eating disorders by providing high quality assessments and advice, supporting shared care and providing education. This service will be described by Marion Cornett, service coordinator.

In the past in Geelong, management of Anorexia Nervosa was hampered by lack of knowledge, and time. A small number of GP's, psychologists and dieticians had the interest and experience to provide on-going care. Treatment was fragmented particularly in the public health sector. In her talk, Rosie Cummins will discuss the difficulties GPs experience in managing these disorders and the support they require if they are to be engaged in supporting this population. Ruth Endacott will describe the fourth generation evaluation processes adopted for the two eating disorders projects. Stakeholder evaluation methods (Guba & Lincoln 1989) were used with regular progress reports to enable the program teams to incorporate stakeholder perspectives into the developing program. The value of the stakeholder evaluation approach is highlighted through presentation of initial evaluation findings. The findings highlight the different contexts in which the two services have developed, in particular the differing challenges and opportunities faced by locating the eating disorders programs in a GP Division (the Geelong program) and a Mental Health service (the Bendigo program). Graeme Doidge will describe the policy context of eating disorder service development in Victoria. Chelimsky E, Shadish WR (1997) (eds.) Evaluation for the 21st Century Sage Publications, Thousand Oaks Ca. Guba & Lincoln 1989 Fourth Generation Evaluation California: Sage Publications. VonKorff M, Tiemens B. Individualised stepped care of chronic illness. Western Journal of Medicine 2000; 172, 133-137. Learning Objectives

1. People attending will learn approaches to designing service models for eating disorder services in different settings.
2. This topic is an important issue in a climate where there is a paucity of services for those with eating disorders and where it is essential to consider creative approaches to service model design in order to get the most benefit from limited funding.

S083 Symposium: Multicultural Services

2/09/2004  From: 1330 To: 1500  Venue: Meeting Room 7

Symposium 1.5 Hrs: Responsive, competent, safe: Delivering services to culturally and linguistically diverse consumers. How will we fare?
The National Mental Health Plan 2003-2008 in multicultural Australia, the provision of culturally responsive mental health services that show positive, measurable outcomes, is an obligation for all mental health service providers. This symposium, coordinated by Multicultural Mental Health Australia, will present papers on two key issues for the provision of culturally competent and responsive services: The availability of cross-culturally validated assessment instruments, and The transcultural application of mental health outcome measures. Two brief papers will be presented by representatives of Queensland and WA Transcultural Mental Health Centres, followed by a short panel discussion with the presenters, representatives of other transcultural mental health services and consumer representatives, including representatives of the Culturally and Linguistically Diverse Subcommittee of the Australian Mental Health Consumer Network. This will be followed by at least 45 minutes of open discussion with conference delegates.

Paper 1 Abstract: Development of a Clinician's Compendium of Cross-Culturally Validated Assessment Instruments. David Ryder1, Jonathon Little1, Bernadette Wright2, April Pearman3, Bruce Willett2. 1 Edith Cowan University, 2 WA Transcultural Mental Health Centre, 3 ASeTTS (Association for Services to Torture & Trauma Survivors) The development of suitable culturally sensitive clinical assessment inventories for use by clinicians in the transcultural mental health setting is becoming a priority. The urgency to address the lack of availability of adequate multicultural clinical inventories is emphasized by the real risk of misdiagnosis when assessing mental health clients without regard to cultural validity. Continued use of assessment tools or inventories not cross-culturally validated or restandardized, brings into question the reliability of its measures when used on a client from a culturally and linguistically diverse background. The project undertook an expansive review of the availability of tests that have already been translated, restandardized and validated. It uncovered sources from which copies of numerous translated instruments may be obtained. Benchmark criteria were developed against which these tests and inventories were evaluated and recommendations were derived on appropriate translated and restandardized assessment tools/inventories for use by mental health clinicians. A Compendium containing available translated clinical assessment tools and inventories, by language and by the culture for which these have been validated; and reference to where such instruments can be located were developed. Paper 2 Abstract: Transcultural Application Of Mental Health Outcome Measures. Dr Sirous Momenzadeh, Project Coordinator, Mental Health Outcome Measures, Qld Transcultural Mental Health Centre. In line with a national approach to mental health outcome measures and in response to National documents (2nd National Mental Health Plan, and Mental Health Information Development Plan) Queensland Health has mandated clinicians to collect routine data by completing the selected mental health outcome measures including the Health of the Nation Outcome Scales (HoNOS) as part of their practice across health districts and services. This is a challenge given the multicultural nature of Queensland population and the available information from the literature on the problematic nature of the application of standardised outcome measures with people from culturally and linguistically diverse background (CALD). The Queensland Transcultural Mental Health Centre (QTMHC) is currently investigating the transcultural issues involved in implementing the HoNOS with consumers from CALD. In this project mainstream clinicians and bilingual mental health consultants who are registered with Qld and NSW Transcultural Mental Health Centres will conduct 200 paired ratings with the same consumer from CALD. Using a mixed methodology, the ratings will be compared and analysed to assess the degree to which different raters give consistent scoring of the items of HoNOS and to explore the experience of the raters while completing the HoNOS with consumers from CALD. Symposium Learning Objectives: Participants in this symposium will develop an understanding of current research and development in two key areas of culturally responsive service provision. The National Mental Health Plan 2003-2008 identifies the provision of accessible and responsive services for diverse communities as a key outcome. Speakers: Dr Bernadette Wright, WA Transcultural Mental Health Centre. Dr Sirous Momenzadeh, Qld Transcultural
The aim of this presentation paper is to clearly show how shared care between mental health staff and GPs was and is beneficial for clients with a mental illness and their carers. An initial 6-month pilot project was set up to design, implement and evaluate an innovative-shared care model of care. This project was consistent with strategies noted in the mental health Promotion and Prevention (1999) The general aim was to improve the quality of physical and mental health care provided to mental health clients of the Central Coast Mental Health Services (CCMHS). The pilot was able to establish that all GPs and clients involved thought that the provision of shared care was effective in their treatment and were satisfied or very satisfied with the support, access and communication between all parties. The project was completed in April 2003 and as consequence a team of eight GP shared care nurses was established. The emphasis and success of this model is based on forming a face-to-face collaborative patient focused care plan with ongoing support and communication between all relevant parties. Learning Objectives. The audience will gain information on how and why this project has worked and is continuing to work. The audience will gain an understanding of the practicalities of shared care for all parties. The topic is relevant to mental health services as evidenced based literature {McCann & Baker 2003} suggest that 'shared care' models are more consistent with best practice. References: McCann, T.V. & Baker, H. (2003) Journal of Advanced Nursing 41 (5), 471-479. Commonwealth Department of Health and Aged Care (1999) Mental Health Promotion and Prevention National Action Plan under the Second National Mental Health Plan: 1998-2003, Canberra.

The Rehabilitation Outreach pilot, is a new initiative being undertaken at Mahi Tahi, a community day programme, provided by Waikato DHB in Hamilton NZ. It was developed in response to the service re-alignment being implemented in our Mental Health service. We are piloting the provision of rehabilitation services in peoples homes, using a Functional Rehabilitation Education and Development process, and aligning with the integrated model for service delivery that is practised in Hamilton. The intention of this service initiative is to promote mental health, wellbeing and recovery and to assist individuals to achieve their maximum potential. The service is designed to provide: Assertive goal identification and planning to meet individual need, ongoing assessment of goal achievement, support to gain goals, direct skills training, community linkage and integration, maintenance of family/whanau links, maintenance of cultural links, recovery planning, linkage and brokerage between clinical support services and community agencies. The aim of this presentation is to share new work in progress, and to share our learning as we undertook this new initiative. Service development has allowed for creative new opportunities in the provision of rehabilitation services to clients of our service. Learning Objectives: 1. The audience will hear about new work in progress for improving services to rehabilitation clients. People will gain in the area of their own service developments by knowing some of the achievements and some of the stumbling blocks we have had in planning and implementing this initiative. You will also view the results of clinical audit of this pilot after 6 months running. 2. Services specifically targeted towards meeting the rehabilitation needs of the individual within their...
own home environment, provides for more effective use of rehabilitation time. Skills
developed in services away from their own home environment are not necessarily
transferable, to the routines of daily life. Utilising Recovery principles in service practise has
provided for opportunity for better rehabilitation outcomes, for the clients we provide this
service to.

S084 Brief papers
2/09/2004 From: 1330 To: 1500 Venue: Meeting Room 6
Brief Papers 10 minutes: Bridging the gap in skills development; bringing hope to
mental health recovery.
Vivian Jarrett Ally Clark
Consumer empowerment, skill competence and recovery are promoted as futuristic in
development of psychiatric rehabilitation services (Hurdle & Stromwall, 2003). Exploration
of the pedagogy for mental health consumers with high support needs is essential to the
development of competency based skills training (Barton, 1999; Freire, 1973). The aim of the
presentation is to provide insight into the diversity of learning experiences for individuals
within facilitated workshop environments. The presentation involves consumer's personal
experiences, benefits of teamwork, use of stimulating visual learning aids and a holistic
approach to skills based training on modules such as communication. Learning
Objectives: 1. To develop insight into the learning preferences for consumers with high
support needs. 2. To explore possible recovery outcomes from application of specific workshop
activities.

S084 Brief papers
2/09/2004 From: 1330 To: 1500 Venue: Meeting Room 6
Brief Papers 10 minutes: Promoting the conditions for collaborative skills development:
Nurses working together toward better communicative strategies via Clinical
Supervision.
Daniel Nicholls
This paper describes the processes engaged in establishing a culture of Clinical Supervision
toward communication skills development for psychiatric nurses at Austin Health in Victoria.
One of the features of mental health/psychiatric nursing practice is the maintenance and
promotion of a strong and positive sense of self and a clear sense of personal boundaries. This
positive sense of self cannot be encouraged if nurses do not consistently review their own
personal boundaries through reflective Clinical Supervision: nurses begin to acknowledge
their own attitudes and actions toward themselves and toward consumers of mental health
services. Practical examples will be given of the way that a climate of reflective clinical
supervision in a collaborative context was introduced and fostered. In order to establish a
climate of Clinical Supervision there is a need for a cultural shift in terms of recent structural
and societal changes in relation to mental health. Nurses needed to recognize future
challenges and changing frameworks in order to appreciate the benefits of Clinical
Supervision for both consumers and themselves. The collaborative processes described
represent a response to current moves to collaboration at all levels. The paper thus will also
engage with philosophical theory on reciprocal acknowledgement and respect for issues such
as local and professional identity. Learning Objectives: 1. Delegates attending this session
will learn how to establish a peer clinical supervision group with a focus on consumer needs.
2. To demonstrate a collaborative approach toward communications skills development.

S084 Brief papers
2/09/2004 From: 1330 To: 1500 Venue: Meeting Room 6
Brief Papers 10 minutes: Mental Health in the Workplace.
Carolyn Marklew
This paper discusses the project 'Managing Diversity - Mental Health in the Workplace' which has established a referral/support service for employers/managers in the Far North Qld region and delivers free workshops about mental health in the workplace. The workshops emphasise the obligation of employers to consider the mental health of their staff in the same way that they would consider their physical safety under W.H& S legislation. The workshop takes the focus away from the individual staff member who may be experiencing stress and instead looks at the organisation. The participants/managers learn to audit their workplaces for stressors and begin to develop control measures for these. The one day workshop introduces managers to the most common mental health conditions that they may encounter in their staff in the hope that they may recognise the early warning signs of mental health conditions developing and react appropriately. It takes a preventative approach to mental health and is well received by management who are anxious to reduce stress claims. All workplaces including those of the mental health professionals should consider the mental health of their staff and undertake a serious obligation to provide a mentally healthy work environment.

Learning Objectives. 1. When considering mental health in the workplace to take the focus off the individual with 'the problem' and look at the organisation and how it contributes to the mental health of its staff. 2. Organisations that provide mental health services also have a responsibility to provide a mentally healthy work environment to their staff who often work under stressful conditions. References: Robert Williams - Senior Psychologist- The Royal Flying Doctors Service, Cairns. Ph.(07) 40531952; Dorothy Dunne -Manager, Worklink Employment Support Group, Cairns; Mark Millard - Service Development Coordinator, Integrated Mental Health Service, Cairns. Ph. (07) 40503100.

S084 Brief papers
2/09/2004 From: 1330 To: 1500 Venue: Meeting Room 6
Brief Papers 10 minutes: Consumers of Public Mental Health Services Do Get Jobs: An Evaluation of A Joint Initiative Between NEPS and The NE CMHS.
Vicki Martinez  Boyce Felstead
This paper presents results of an initiative to enhance employment assistance to consumers with mental health issues. NEPS Centre (Specialist Disability Employment Service) and The North East Community Mental Health Service conducted a fortnightly 'outpost' at the mental health service. The program intended to: ensure continuum of service to consumers seeking employment assistance in a familiar and accessible venue; provide case managers with opportunities to participate in referrals and assessments and to discuss appropriateness of referrals and finally to jointly access the expertise of case managers in each service. Outcome data over a 19 month period is promising. 66% of consumers referred to NEPS began an employment program; 32% gained an employment outcome within award wage open employment and 16% began recognized study. Improvements were also noted by consumers in a range of related social and economic areas. Service improvements are presented and discussed and recommendations are made to assist case managers to maintain positive expectations of employment for a group of consumers with high levels of disability. The 'Outpost Model' is also discussed as a useful strategy for clinical and Specialist Disability Employment Services to improve employment and associated lifestyle outcomes for consumers of mental health services. Learning Objectives. 1. To provide evidence that positive employment outcomes are achievable for consumers of Public Mental Health Services and recommend service structures to facilitate this. 2. To foster the development of positive employment outcome expectancies in workers and consumers of Mental Health Services.

S084 Brief papers
2/09/2004 From: 1330 To: 1500 Venue: Meeting Room 6
Brief Papers 10 minutes: Attracting Psychiatrists to a Rural Area - 10 years On.
Catherine Wilks  Brian Jenner  Mark Oakley Browne
A core group of experienced Australian and overseas trained psychiatrists - not just a dream, but the result of planned, supportive recruitment processes and ongoing strategies to support them within both the workplace and the rural community. In 10 years Latrobe Regional Hospital Mental Health Services moved from a skeletal base of 2 psychiatrists to a staff of 9 psychiatrists, including specialists in Child & Adolescence and Aged, and an Academic Chair in Rural Psychiatry. This paper outlines strategies in the recruitment of these psychiatrists including advertising, informative and salary packages. It explores the success of the service in meeting the needs of Australian trained psychiatrists and some of the challenges along the way. The needs of overseas trained psychiatrists involves smoothing the way for registration and with the Department of Immigration and Multicultural and Indigenous Affairs. The transition of over-seas recruited psychiatrists and their families to a new country and culture was also important (Lau, Kumar and Thomas 2002). Retention of staff is as important as staff recruitment (Storer 2002). Strategies outlined include an academic program and support for psychiatrists in their exams. The result - a recruitment and retention strategy that enables consistent input from psychiatrists in all aspects of service delivery. Learning Objectives.

1. The development of an understanding of the complexities of recruiting and retaining psychiatrists will assist in the further development of strategies aimed at improving both the recruitment and retention rate of psychiatrists. 2. The recruitment and retention of psychiatrists to rural mental health services remains an ongoing issue for many rural services and one that has the potential to significantly impact on the services clinical performance.

S084 Brief papers
2/09/2004  From: 1330 To: 1500  Venue: Meeting Room 6
Brief Papers 10 minutes: Back to the Future- Contemporary Mental Health Nursing Skills for Acute Inpatient Unit Staff.
Matthew Johnson  Wendy Hoey
Increasingly consumers admitted to acute mental health inpatient units do so for short periods of time. Mental health services need to provide a safe and secure environment while assessment is undertaken, the crisis passes, medication commenced or referral to other services made. One result has been a deskilling of the mental health nurse and reduction of the therapeutic role in favour of a more custodial relationship to the consumer. This paper will present an evaluation of an attempt by a regional mental health service to refocus inpatient staff to providing a therapeutic milieu and the therapeutic use of self. The results have been significant and will motivate others to return to these long established psychiatric nursing skills and emphasises the importance for the 'dinosaurs' to hang in there. Attendees will be motivated to revisit some of the work of early psychiatric nursing pioneers and find relevance for nursing practice today. The benefits from fostering a therapeutic milieu in a unit are significant in reducing aggression, increasing staff morale and enhancing consumers in their recovery process. References: Pepalu. H.E. 1952, Interpersonal Relations in Nursing, H.P. Putman's Sons, New York  Gunderson, J.G. 1983, An overview of modern milieu therapy. Jason Aronson, New York.

S085
2/09/2004  From: 1330 To: 1500  Venue: Meeting Room 5
TBA
Check Program changes on notice board at Conference

S086 Infants, Children & Family Challenges
2/09/2004  From: 1330 To: 1500  Venue: Meeting Room 4
Paper 20 Minutes: Childrens' reactions to perinatal death of a sibling: A ten year follow-up.
Judith Murray
While bereavement grief has been recognized as significant in the development of children (Worden, 1996; Oltjenbruns, 2001), there have been few studies that have actually provided longitudinal data concerning these possible effects. Between 1991 and 1993, 63 families who had experienced the death of a baby through stillbirth, neonatal death of SIDS participated in a study of the effects of a program of selective intervention on the distress of families. Within these families there were 65 siblings. These children are now young adults. This paper will report on the current perceptions of these young people concerning the death and their mental health. Responses of the young people will be viewed with referral to the longitudinal nature of the reactions of their parents. References: Worden, J. W. (1996) Children and grief: When a parent dies. New York: Guilford. Oltjenbruns, K.A. (2001) Developmental context of childhood: Grief and regrief phenomena. In M.S. Stroebe, R.O. Hansson, W. Stroebe & H. Schut. Handbook of bereavement research. Washington DC: American Psychological Association. pp. 169-197.

S086 Infants, Children & Family Challenges
2/09/2004 From: 1330 To: 1500 Venue: Meeting Room 4
Paper 20 Minutes: Hope and Vicarious Futurity.
Sandra Heriot   David Dossetor   Kenneth Nunn
The concept of 'vicarious futurity' describes a parent's attitude towards their child's future and is derived from Nunn's (1996) concept of personal futurity and Snyder's (1991) examination of hope. Qualitative studies have described hope as a motivating factor and source of coping for parents of children with chronic illness and disability. e.g., while a child with a disability may pose challenges for their family, some parents have high hopes for their child's future and appear better equipped to adjust to the challenges of parenting. Despite the relevance of vicarious futurity to psychology, there are no studies of the reliability or validity of the expectations that parents have for the future of their children and how this might give an insight into parent-child relationships. This presentation aims to describe a study that examined the psychometric properties of an instrument designed to measure vicarious futurity. Normative data were gathered from a sample of parents with children aged 5-12 years. The vicarious futurity of parents of children with autism and cystic fibrosis was also examined. Findings were discussed in terms of how they help to clarify the origins and meaning of vicarious futurity. Learning Objectives: 1. The audience will gain an understanding of 'vicarious futurity' and how it reflects parents' coping when their children suffer from chronic illness or disability. 2. Vicarious futurity is a parent's attitude towards their child's future and is comprised of helpfulness and despair. In clinical psychology, parents play an increasingly important role in their children's therapy, influencing therapeutic efficacy. Vicarious futurity can provide an insight into expectancies that a parent has for the future of their child with a chronic illness or disability and how this relates to parent-child relationships and mental health. References: Nunn, K.P. (1996). Personal hopefulness: A conceptual review of the relevance of the perceived future to psychiatry. British Journal of Medical Psychology, 69, 227-245.; Snyder, C.R., Harris, C., Anderson, J., Holleran, S., Irving, L., Sigmon, S., Yoshinobu, L., Gibb, J., Langelle, C., & Harney, P. (1991). The wills and the ways: Development and validation of an individual difference measure of hope. Journal of Personality and Social Psychology, 60, 570-585.
Kate Williams

It is well established in the literature that infant mental health and positive developmental outcomes relate directly to the attachment status of the child and their parent (Allen, 2001), and that this status is affected by the parent's ability to engage their child in positive interactions (Svanberg, 1998). Sing & Grow is an early intervention music therapy programme funded by the Commonwealth Government under the Child Abuse Prevention Program. The aim of the project is to provide short-term early intervention to marginalized families with children aged 3 years and under. The project focuses on providing opportunities for parents to gain skills in interacting with their children, providing developmental stimulation for children, and enhancing the parent-child bond through musical play. The programme also assists parents to build wider support networks, often assisting them to access community networks such as Playgroups. This paper will discuss the 60 Sing & Grow programs conducted to date. Outcomes of participation including evaluative feedback from the families will be presented and discussed, with video footage used to demonstrate outcomes. Clinical examples and relevant literature will be presented to demonstrate how the central provision of music therapy has been used to promote positive infant and family mental health through enhancing parent-child relationships.

Learning Objectives

1. Attendees at this paper will learn of the benefits of using music therapy to engage families in early intervention services, focusing on enhanced parent-child interactions and positive child development, reducing the risk for later psychopathology in the child. 
2. This topic is particularly relevant at this time due to the Commonwealth Government's and the mental health community's increasing focus on the significance of early childhood experiences. True prevention of mental health difficulties later in life lies in developing skills in parents and resilience in Australia's children.


S087 Community & Service Partnerships
2/09/2004 From: 1330 To: 1500 Venue: Meeting Room 3
Paper 20 Minutes: ‘Let’s talk partnership’
Josephine Brown

Metro Community Living (North) is the service provider of housing brokerage and non-clinical support to people in the Northern area of Adelaide with severe and enduring mental health related disabilities. The program began in December 2000 and was developed via a model of interagency and community partnership. The partnership includes Government Community Mental Health services, the South Australian Housing Trust, Community Housing agencies and Carer and Consumer Group representatives. This paper aims to explore the meaning of 'partnership' and share the experiences so far of the intricacies and evolving nature of partnership and, along the way, raise questions about the ideology and reality of partnership. Partnerships provide the opportunity and capacity for more creative, comprehensive, integrated and client centred service provision - so what is it we need to know about forming partnerships and what are some of the preconceptions around the meaning of terms such as collaboration and consultation? How are language, knowledge and power implicit and interpreted in the formation of partnerships between government, non-government, carers, consumers and communities. This paper will explore the above issues, present the learnings so far about partnership and a strategy for the way forward. Learning Objectives

1. Participants will think about the complex and evolving nature of partnership and develop a clear understanding of the issues to be considered and emerging out of this particular partnership. 
2. This presentation will acknowledge the dilemmas involved in partnerships and discuss contemporary practical and ideological issues related to collaborative partnerships.

S087 Community & Service Partnerships
2/09/2004 From: 1330 To: 1500 Venue: Meeting Room 3
The Southern Mental Health and Housing Alliance - Adelaide, South Australia.

Trevor Parry  Kate Daniel

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 discuss issues that surround the housing and support of mental health consumers in the community. Initially there was much information and knowledge sharing between these agencies, there appeared to be little understanding of how consumers were judged eligible to receive these services. The face-to-face networking achieved at these early meetings enabled a closer liaison between agencies and that has benefited local consumers. Since the formation of the Alliance there has been 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. Two supportive housing models were developed, the second attracting government funding. As a result, 18 consumers are living independently in quality housing with support tailored to suit individual needs. The models developed have several features that make them stand apart from other supportive housing models in this state and have addressed in part the shortage of public housing options for people in urgent need. This has all been achieved with minimal funding and maximum goodwill between the agencies involved. **Learning Objectives.** 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. A housing model with a difference. 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.

**S088 Workshop: Family & Carer Support**
2/09/2004 From: 1330 To: 1500 Venue: Meeting Room 2
**Workshop 1.5 Hrs: Strategies for sustainable support for families and carers of people experiencing mental illness in rural and remote areas with diverse and scattered communities.**

Leanne Craze    Stephen Brand    Glenn Jarvis    Sue Javis
Since June 2002, Southern Area Health Services Mental Health Services have been establishing a program of support for people experiencing mental illness, their families and other carers and local service networks in rural and remote communities throughout south-eastern NSW. The workshop will outline components of the key strategies of the SAHS Family and Carers Support Program - direct emotional, social and practical support, effective working relationships with clinicians and other key health professionals, community development, psycho-education and promotion of mental health literacy and collaboration between consumer advocates and family and carer support workers. Relationships with local media will also be explored. The workshop will outline and draw on the experience of participants to discuss lessons learned, what has worked well and what hasn't worked. The workshop will discuss how advocacy can be a vexed and difficult issue in a program dependent on an effective collaboration with local mental health services and how the challenge of sustainability can be addressed in the context of a large geographical area, diverse and scattered communities and at times, limited service infrastructure. **Learning Objectives:** 1. Participants will increase their understanding of how mental health services can provide sustainable support for families and carers for families and carers of people experiencing mental illness in rural and remote areas with diverse and scattered communities. 2. Participants will increase their understanding of strategies for building effective working relationships between mental health services, clinical teams and mental health service-based family and carer support teams or community agencies providing support to families and carers of people experiencing mental illness. 3. Participants will increase their understanding of how consumer advocates and carer support workers can collaborate to jointly provide support to people experiencing mental illness as well as to their families and carers and to key agencies and community leaders in rural and remote areas. 4. Participants will increase their understanding of how mental health service-based support programs can employ community development strategies to improve the wellbeing of people experiencing mental illness as well as to their families and carers in rural and remote areas.

**S089 Strategies Towards Better Services**
2/09/2004 From: 1530 To: 1700 Venue: Arena 1A
**Paper 20 Minutes: Tolkien and beyond: a new mental health service model**
Rachel Thompson  Maria Haros  Gavin Andrews
From the Tolkien Report (Andrews 1991), we can see how various parts of the mental health service could go together to produce a more coherent and effective service. From the Australian National Mental Health Survey 1997, we have data regarding how many people have which mental health disorders and what services are used. And now, following the publication of the Best Buys in Mental Health cost-effectiveness papers (Andrews et al 2004), we have the cost of both current and optimal (evidence-based) treatment for each of ten major mental health disorders. Along with Clinical Practice Guidelines for the most prevalent mental health disorders, we now have sufficient and good quality information required to apply this data at a health service level. This presentation will detail, with worked examples, how mental health prevalence and service-use data and operationalised clinical practice guidelines can be combined and costed to present a model for a new, improved and evidence-based national mental health system. Aims: On presenting this paper we hope to air this recently conceived research within a mental health forum with a view to stimulating debate, interest and feedback. Learning Objectives: 1. Decisions are constantly made about how to allocate funds to mental health services. This presentation will provide a model of how these decisions can be based, for the first time, on evidence-based medicine. 2. Resource allocation is relevant to every mental health practitioner and mental health service. References: Gavin Andrews. 1991. The Tolkien Report. A Description of a Model Mental Health Service. CRUfAD: UNSW / St Vincent's Hospital, June 13 1991. ISBN: 0 646 16530 5.Gavin Andrews, Cathy Issakidis, Kristy Sanderson, Justine Corry and Helen Lapsley. 2004. Utilising survey data to inform public policy: comparison of the cost effectiveness of treatment of ten mental disorders. The British Journal of Psychiatry, 184(6), 526-533.

S089 Strategies Towards Better Services
2/09/2004 From: 1530 To: 1700 Venue: Arena 1A
Paper 20 mins: Sowing the seeds for change
Basia Arnold
The past few years have been an exciting time for mental health in New Zealand. Following the launch of the Primary Care Strategy in 2001, there has been considerable work done on the restructuring of our primary sector and with that, major discussions about the role of primary treatment providers in mental health. In 2002, the release of the Youth Offending Strategy acknowledged for the first time, the key role that Health, and Education, play in the prevention of offending and re-offending. In 2003, Parliament passed the Gambling Act, which identified a role for the Ministry of Health in policy, programme development and funding of services to prevent and minimise gambling harm. This year we have concentrated on writing and consulting on the second National Mental Health Plan. It is time for clarifying future directions and moving towards them. One of the key change directions is in the area of child and youth mental health where the focus is on building an evidence-based system that will provide appropriate care for children and young people with mental health issues within an intersectoral context. This presentation will outline the contextual changes for mental health in NZ, and then move to focus on the new directions in the provision of mental health care with a focus on children and young people. Learning Objectives: 1. An up to date knowledge of the state of mental health policy development in New Zealand. 2. An idea of where child and youth mental health, in particular is heading.

S090 Children & Mental Health Problems
2/09/2004 From: 1530 To: 1700 Venue: Arena 1B

TheMHS & AICAFMHA Conference - Book of Abstracts, Gold Coast 2004
Paper 20 Minutes: How can 'Principles and Actions' and 'National Standards' assist Children of Parents with a Mental Illness?
Elizabeth Fudge  Adrian Falkov  Philip Robinson
The panel discussion aims to explore how the 'Principles and Actions For Services and People Working With Children Of Parents With A Mental Illness' (2004) document and 'National Practice Standards for the Mental Health Workforce' (2002) can support better mental health outcomes for children of parents with a mental illness. Some of the barriers to improved practice will also be examined. **Learning Objectives.** 1.Delegates will gain an understanding of key shared themes in two major Australian documents which have the potential to impact on Australian children of parents with a mental illness. 2. The promotion of better mental health outcomes for children of parents with a mental illness is the overall aim of the COPMI project, funded by the Australian Government. The needs of these children have now been well identified in a range of Australian publications including the Mental Health Promotion and Prevention National Action Plan of 1999. **References:** Commonwealth Department of Health and Aged Care (1999). Mental Health Promotion and Prevention National Action Plan. Canberra, Mental Health Branch. AICAFMHA (2004). Principles and Actions for Services and People Working With Children of Parents With a Mental Illness. Stepney, SA, Australian Infant Child Adolescent and Family Mental Health Association Ltd. Commonwealth Department of Health and Ageing (2002). National Practice Standards for the Mental Health Workforce. Canberra, National Mental Health Education and Training Advisory Group, Commonwealth Department of Health and Ageing.

S090  Children & Mental Health Problems
2/09/2004  From: 1530 To: 1700  Venue: Arena 1B
Paper 20 Minutes: Koping Kids Kall Out.
Shirley Anastasi
The KOPING Adolescent Group Program (KAP) is a peer support program developed to support young people aged 12 to 18 years who have a parent with a mental health problem. To date, the Child and Youth Mental Health Service, Royal Children's Hospital and Health Service District, have delivered eight Koping Adolescent Group Programs, involving approximately 42 young people. The music CD “KOPING Kids Kall Out” is the end product of a project involving graduates of the KAP groups participating in a further peer support program aimed at capturing their experiences in a creative way through music. The CD contains three original songs, performed by a core group of seven young people (two males, five females) ranging in age from 12-16 years. One of the key objectives of the project was to continue to support the young people in overcoming the effect of the social isolation and alienation which is often experienced in many cases of parental mental illness. Using young adult role models and the services of local youth organisations, the project was aimed at promoting the young people's connectedness with services in their local community and increasing their confidence to access these services in the future. Ultimately, the key driving force behind this project was the young people's willingness to share their experiences with the aim helping others who may be in similar situations. Throughout the 3 month project period, the young people's enthusiasm and genuine enjoyment, plus measures of self-esteem and resilience and written feedback provided evidence of the developing sense of self-worth that these young people achieved as part of the peer group activity. The launch of this CD at the TheMHS and AICAFMHA Conference is a celebration of youth creativity and the experience of living in a family affected by parental mental illness. Audience members will have the chance to listen to a sample of the music, purchase copies for their own service, and hear from one of the young people involved in the project.

S091  Family Focus
2/09/2004  From: 1530 To: 1700  Venue: Arena 2
Paper 20 Minutes: The Effect of Family Resilience on Coping with the Experience of First Time Admissions to Psychiatric In-patient Services.

**Duane Pennebaker**

Every family has its own unique balance of risk and protective factors such as resilience that can influence the ability of individual family members to cope with crises. Resiliency, the ability to bounce back from adversity varies within individual family members, over time, and as a function of the impact of the wider social environment. Resilience within families is an important protective factor when dealing with stressful situations such as the first time admission of a family member to a psychiatric in-patient unit. Reported here are the findings of the effect of family resilience on coping with the stress and burden of first time psychiatric hospital admission for some 39 families. Data was collected by interview with 24 hours of admission using instruments measuring family resilience, family burden and family environment factors as well as demographic information. Multiple regression analysis found that resilience was significantly associated with burden and accounted for 10.9% of variance \( F(3,37) = 2.835, p = .05 \). Thus a significant proportion of variance in burden can be attributed to the family's level of resilience with higher resilience levels predicting decreased levels of burden for families. The effects of effects of resilience on burden were not mediated by demographic or socioeconomic characteristics. The implications from the findings for including an understanding of family resilience and strategies for promoting family resilience are discussed. **Learning Objectives:** 1. Gain an understanding of the protective effect of family resilience on coping and burden in relation to the experience of a relative a first time admission to a psychiatric in-patient service; 2. Appreciate the implications of the findings for use in working with family resilience and the importance of including families as partners in the recovery process for their relative.

**S091 Family Focus**

2/09/2004 From: 1530 To: 1700 Venue: Arena 2

Paper 20 Minutes: Against the odds. Incorporating a family project on an acute mental health team.

**Lynne Harrold  Sherry Gregory**

In the current climate of ever decreasing resources, consumer needs for service and the health professionals inability to meet those needs can create a lethal systemic dynamic of frustration and hopelessness. Introducing change within this climate can be difficult as workers can perceive change as just meaning more work for them in an already overstretched working environment. This paper will explore how a family project (a parents group/playgroup) developed within the constraints of an acute mental health team has impacted positively on both consumer and health professional. It will describe how family focused practice has been increasingly incorporated into service delivery since the successful implementation of this family project. It will also show by the use of qualitative and quantitative measures how both consumer and worker have gained in the process. **Learning Objectives:** 1. To present the practical application of a model that can be implemented in other mental health services. 2. To describe outcomes of the this project in respect to the consumer, health professional and acute service.

**S091 Family Focus**

2/09/2004 From: 1530 To: 1700 Venue: Arena 2


**Epenesa Olo-Wahaanga  Mu'autofa Tuiipi Clark**

Pasifika Parents' Support Group was an initiative to support the parents of Pasifika young people who were engaged therapeutically at the Kari Centre (Child, Adolescent Mental Health Service). There continue to be barriers to accessing and engaging in services for this population so it was anticipated that this group would improve and provide support. Pasifika Parents' Support Group (PIPS) was an 8-week long group using Polotu-Endemann's Fonofale model as a framework to understand the integration of Pasifika culture and values (1995). Our aims were to use this model to discuss the connections of Pasifika culture and values...
(including the past, present and future) with western-based understandings and knowledge about mental health including psychoeducation to raise/increase awareness about psychotropic medications and psychiatric disorders and destigmatising parenting difficulties. We sought to provide a forum where parents were comfortable and supported to share their strengths as parents and as people. Self-report questionnaires were used to assess the match and effectiveness of group content and presentation of material. These were also used to guide and modify subsequent groups. Feedback was also elicited from key workers. Issues arising from setting up and running this group were encountered and will be discussed by presenters.

**Learning Objectives.** 1. The audience will learn about the usefulness of this type of support group with Pacific Island parents. In addition there will reflection on some of the more difficult aspects of running such a group and ideas for future direction and further development. 2. The audience will learn about the considerations necessary for engaging and working with Pacific Island parents in a child and adolescent community mental health setting through the delivery of these groups. This is especially necessary in this group that have many barriers to accessing mental health services. **References:** Ministry of Health (1995). Strategic Directions for Mental Health Services for Pacific Island People.

**S092 Changing Paths to Recovery**

**2/09/2004 From: 1530 To: 1700 Venue: Central Foyer A**

**Paper 20 Minutes:** PARC on Maude: A Model of Innovative Service Delivery emphasising the Benefits of Clinical and Psychosocial Partnerships, Brief Psychosocial Rehabilitation facilitating respectful Consumer Participation.

Lisa Pearson Rob Wilford Michelle Robins Sue Venohr

Aspects of PARC on Maude will be presented to illustrate an innovative service model on the systemic and individual levels; Brief description of the service model of PARC on Maude;

The benefits of partnership; Psychosocial rehabilitation guided by the Boston Model;

Consumer participation. Part 1 of presentation PARC on Maude - the pioneering project of 'Prevention and Recovery Care'. A model of innovative service delivery emphasizing the benefits of partnerships. What does a recovery focused service look like and an example of high quality innovative practice through partnership. This paper will demonstrate the pioneering efforts of GVAMHS and MIFellowship commitment to develop a partnership to promote client recovery. It will also explore the implementation of a high quality and innovative new model of service delivery that utilizes partnerships between clinical and psychosocial rehabilitation services to provide Prevention and Recovery Care. It will compare and contrast the similarities and differences in service delivery and highlight how a clinical and non-clinical partnership can work together to provide comprehensive health services to persons in the sub acute phase of mental illness. Through the provision of clinical care and psychosocial rehabilitation PARC on Maude delivers a RECOVERY model, focusing on the PREVENTION of relapse. Part 2 of presentation. PARC on Maude - The Future Direction of Innovative Models of Prevention and Recovery Focused Service Delivery. Rationale: What does a recovery focused service look like? P.A.R.C on Maude: a new model of service delivery illustrating high quality innovative practice. Proposal outline P.A.R.C. on Maude is an innovative model of service delivery provided to individuals in the sub-acute phase of mental illness for a period of seven to 28 days. The focus on both prevention and recovery makes it innovative. The program operates as a partnership between MIFellowship & GVAMH, therefore providing clinical management within a psychosocial rehabilitation environment. This presentation will explore the psychosocial component. The Boston Model guides MIFellowship's approach to psychosocial rehabilitation and the program aims to promote participant enrichment. Participants are encouraged to explore four key life areas of living, learning, socializing, and working. The Basis 32 and the Camberwell Assessment of Need assist the participant and staff team to identify goals and develop the Individual Participant Plan. Data obtained via the Basis 32 will be presented to illustrate the progress of participants in the areas of living and socializing. The structure of the staff team at P.A.R.C. on Maude is vital to the programs success. Workers were chosen from a diverse background of professional training, experience and skills and this is proving successful in delivering
innovative and flexible psychosocial rehabilitation. Adherence by both the staff and the program generally to MIFellowship's values of honesty, acceptance, equity, flexibility, commitment and participation is providing strong foundations for practice. P.A.R.C. on Maude is committed to evidence based practice. Staff reflection, client feedback forms, statistical analyses, reviews by VMIAC and community visitors provides continuous opportunities for program development and evaluation. P.A.R.C. on Maude is a working model of the future direction of psychosocial rehabilitation. Part 3 P.A.R.C. on Maude - Facilitating respectful consumer participation in Prevention and Recovery. Rationale: What does a recovery focused service look like? P.A.R.C. on Maude: A new model of service delivery promoting genuine consumer participation. Proposal outline: P.A.R.C. on Maude, previously known as The Step Up Step Down proposal, eventuated from dissatisfaction of consumers and carers with the mental health service system. MIFellowship in partnership with Goulburn Valley Area Mental Health Services are working together in a groundbreaking approach from conformity to choice. The service is available to people in the sub-acute phase of mental illness, stays are for a period of seven to 28 days. P.A.R.C. on Maude is not just another mental health service. This is the paradigm of care consumers identified and sought as an addition to the medical model. Offering a satisfying and hopeful alternative, the foundation being on the inner strengths, the symptoms of mental illness no longer being the primary focus. The staff members give support to the consumer in regaining the belief and hope for recovery and help them develop understanding of the total consequences and impact of mental illness. Honesty, acceptance, equity, flexibility, commitment and participation are MIFellowships philosophies. Hiring a full-time key worker that has had experience of being a consumer of Mental Health Services adds another dimension to the staff dynamics. Reflection of practice being vital to remain mindful of consumers capacities, vulnerabilities, needs and rights. P.A.R.C. on Maude: An operational vision of how a service meets the needs and wants of consumers. A vision begets not false promises but a passion for what we are doing (Anthony, Cohen & Farkas, 1990). Learning Objectives: 1. The change management techniques of education, communication and participation are a key consideration when developing partnerships between clinical and psychosocial rehabilitation services, to promote opportunities and overcome barriers. Audience will gain knowledge about fostering a partnership between clinical and psychosocial rehabilitation services, the delivery of a service in partnership, and consumer opinion about the model of service delivery. Consideration will be given to the barriers of co-ordinated service delivery. 2. To enhance the future direction of mental health services and the management of mental health issues it is vital that clinical and psychosocial rehabilitation services create forums for discussion and debate about issues of change management when developing partnerships, and provide ongoing opportunities to evaluate the various aspects of service delivery.

S092 Changing Paths to Recovery
2/09/2004 From: 1530 To: 1700 Venue: Central Foyer A
Paper 20 Minutes: Milestones on the Road from 'Care' to 'Rehab'.
Mark Salter
This paper will explore the critical moments, the barriers and the strategies in the journey of change of a Community Care Unit (CCU); from 'care unit' for de-institutionalised consumers to progressive rehabilitation unit. Part collage of reflections of de-institutionalisation as a parallel process for both 'patients' and staff, it is hoped that this paper will partly explain why rehabilitation and change are difficult for staff too, and offer some strategies for the management of change. The rewards of change will be highlighted; by presenting the progressive rehabilitation unit that the Footbridge has become, and articulating a vision of the near future. Concluding statement. Constructive change doesn't just happen. Learning Objectives: 1. The audience may gain a better understanding of the impediments to change. 2. The audience may walk away with new ideas and strategies that may facilitate desired change. References: Anthony, W. A. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990s. Psychosocial Rehabilitation Journal, 16(4), 11-23. Anthony, W. A., Cohen, M., & Farkas, M. (1982). A psychiatric rehabilitation
treatment program: Can I recognise one if I see one? Community Mental Health Journal, 18(2), 83-96.

S092 Changing Paths to Recovery
2/09/2004 From: 1530 To: 1700 Venue: Central Foyer A
Paper 20 Minutes: Sowing The Seeds Of Hope - Completing the Circle of Recovery. A Peer Support and Motivation Program in a Psychiatric Acute Unit.
Paul Grima William Moon
This presentation describes an innovative consumer peer support initiative within the Sunshine Adult Acute Psychiatric Unit in Victoria, and initial anecdotal staff and consumer responses to this program. Since May 2003 SAAPU has had a Consumer Consultant on the clinical staff team who is responsible for providing peer and motivational support to consumers, working mainly with individuals and to a lesser extent with groups. In addition, this person presents the 'consumer perspective' in clinical meetings. Literature on Recovery (Russinova, 1999), and Consumer Perspective (Deegan, 1993) stresses the critical importance of hope, autonomy and role modelling in the recovery process, and SAAPU’s experience has supported this. Responses from staff (allied health, nursing and medical), consumers and carers have been invariably positive. The individual peer support has been identified as uniquely helpful to recovery and formulation of a positive personal identity, acceptance, self image - and Hope. To paraphrase a consumer's comment: medication, other treatment and psychosocial interventions are all part of the solution for many people but the 'circle is not complete' until hope is reborn. Learning Objectives 1. Participants will learn about the importance of 'hope' to the recovery process, alternative uses for the 'Consumer Perspective' within clinical services, and the very positive responses of consumers and staff to peer support and motivation program. 2. Anecdotal and phenomenological evidence will be presented to support the belief that peer support of this precise type can be a vital component in any clinical service and especially in recovery oriented services, to encourage the recovery process and improve services. References: Providers' Hope-Inspiring Competence as a Factor Optimizing Psychiatric Rehabilitation Outcomes, Russinova, Zlatka (1999). Journal of Psychiatric Rehabilitation, 16(4), 50-57. Recovering Our Sense of Value After Being Labelled', Deegan, Patricia E. (1993), Journal of Psychosocial Nursing 31 (4), 7 - 11.

S093 Young People's Groups & Programs
2/09/2004 From: 1530 To: 1700 Venue: Central Foyer B
Kirsten Thickpenny-Davis  Epenesa Olo-Whaanga
As much of childhood and adolescent development occurs in peer groups, there have been numerous studies that have found group therapeutic interventions, particularly cognitive behavioural therapy (CBT) groups, to be effective in treating a variety of conditions in adolescents (e.g., Kessler et al., 2000; Clarke et al., 2000). Our research evaluated the effectiveness of the Smashing Mountains Group, in a child and adolescent mental health service. This group was an 8-session stress management group for adolescent women aged 13-18 years presenting with depression and anxiety who had difficulty recognising and managing stress in their lives. The group incorporated CBT principles and psychoeducation around understanding and managing stress. Pre and post questionnaires were administered assessing symptoms of depression, anxiety, and management of stress. The aim was to evaluate whether participation in the group contributed to a reduction in mental health symptoms and better management of stress. Preliminary evaluation indicates that participation in the group had a positive effect on clients' understanding of and identifying stressors, and increased use of positive strategies to manage stress and anxiety. Clients reported the normalisation of sharing experiences with the other group members. Further findings, limitations and future directions will be presented. Learning Objectives 1. The audience will learn about the efficacy of this type of skills based group with adolescent women with mental health difficulties. In addition there will reflection on some of the more difficult aspects of
running such a group and ideas for future direction in further development. 2. The audience will learn about the benefits of streamlining service in child and adolescent community mental health setting through the delivery of these groups. These groups are a useful alternative or adjunct to individual therapeutic approaches.

**S093 Young People's Groups & Programs**

2/09/2004 From: 1530 To: 1700 Venue: Central Foyer B

Paper 20 Minutes: *The Social Anxiety Program at Adolescent Services Enfield Campus (ASEC)*.

**Sarah Sutton  Michelle Hilton**

The Anxiety Program at ASEC is a Group Program that effectively treats social anxiety disorders in adolescents. The program began as a pilot program in 2001, with the aim of educating parents (through a 6-week group) and young people (13 week group) about social anxiety and its treatment. In 2003, a 'Moving On' group was also developed to assist young people practice and generalise skills learnt in the educative group to other settings. Young people involved in the program are engaged in group, individual and family work, and various meetings with their case manager. Innovative practices of the Program include significant 'work-up' with each young person and their family prior to the group beginning, home visits and transporting clients to groups if necessary. In addition, staff, consumers and carers work in partnership to decide on the content and format of sessions, young people support each other to develop and sustain hope, and young people have designed a web page and a pamphlet on the group and anxiety issues. The innovative ASEC Anxiety Group Program utilises a partnership and cognitive behavioural framework, and has been demonstrated through evaluation, to effectively treat adolescents with social anxiety disorders. **Learning Objectives.**

1. People will learn about the ASEC (SA Government) Anxiety Program, including learning how to engage adolescents into group programs, how to work in partnership with consumers, and how to effectively treat social anxiety disorders. 2. This topic is relevant to mental health services, as it provides a description of a Cognitive-Behavioural Group Program that effectively treats social anxiety in adolescents, and which could be adapted to other settings and consumer groups. **References:**


Mission Australia (2002). *Growing Mental Health Illness among young people must be the focus of Mental Health Week.*

**S093 Young People's Groups & Programs**

2/09/2004 From: 1530 To: 1700 Venue: Central Foyer B

Paper 20 Minutes: *Engagement of Families of Conduct Problems in Mental Health Services.*

**Bruce Watt  Mark Dadds  Denisse Best  Elisabeth Hoehn**

Children with disturbances of conduct, such as persistent aggression, cruelty, firesetting and stealing are among the most frequent referrals to mental health services. An ongoing concern for service providers is the difficulty engaging families of children with conduct problems effectively in treatment (Kazdin 2001; Sanders, Gooley, & Nicholson, 2000). The Enhancing Effective Treatment Project, supported by an RCH Foundation Grant, has been developed to investigate the effectiveness of structural and therapy approaches to enhancing mental health services for children with conduct problems and their families. Child and Youth Mental Health Service (CYMHS) practitioners in South-East Queensland reported on a range of strategies used to facilitate treatment engagement with this target population. Families of children attending mental health services were assessed regarding their perception of barriers to attend treatment and their experience of strategies utilised by clinicians to facilitate

**S094 Innovative Aged Care Services**

2/09/2004 From: 1530 To: 1700 Venue: Central Foyer C

**Symposium 1.5 Hrs: Provision of Comprehensive Services in Aged Persons Mental Health - The Victorian Experience.**

Christine McDougall  
Anne Hassett  
Francisco Bagulho  
Ravi Baht  
Margaret Morrissey  
Alissa Westphal  
Robyn Attoe

Victoria is unique in the organisation and provision of Aged Persons Mental Health Services in Australia, if not the world. Since the late 1980's the state government has developed and continued to build on clear policy directions for APMHS. This symposium will describe and inform the audience of the network of highly effective and comprehensive services that are provided in Victoria. APMHS is a small but extremely effective programme within the governments' mental health programmes in Victoria and has lead the way for many other services in the country and the rest of the world. It is comprised of Aged Psychiatry Assessment and Treatment Teams (APATT), in patient units, Psychogeriatric nursing homes and hostels, continuing and extended care programmes, consultation and liaison services and various other specialized and targeted programmes within individual services across the state. Each programme has the core elements of the service (APATT, in patient beds and residential beds) and develops other aspects according to local need and available resources. Associate Professor Anne Hassett has been involved in APMHS since the inception and has been integral in informing on policy and clinical development. She will commence this symposium with an overview of the public APMHS services provided in the state. She will review the development of the services since the 1980's highlighting the expansions and comment on future needs and directions for the state. The challenges that are facing us, particularly those of the rapidly aging population, most importantly the baby boomers. She will be followed by Dr Francisco Bagulho who will talk about the provision of APMHS at the largest private psychiatric hospital in Melbourne and the links that have been established through Private/Public partnership with St Vincents Health Service. Psychogeriatric services in private hospitals are a major public health need as the public system struggles to cope with the changing ageing demographics of our population. In this presentation a description of the Psychogeriatric services in existence at The Melbourne Clinic will be made, the current model of service delivery will be delineated and the interaction between public (St Georges Aged Person Mental Health) and private (The Melbourne Clinic will be explored. Dr Ravi Baht from Shepparton will share with you the specific challenges that face our rural colleagues and the future directions for these services. Many of the country services operate in isolation and without the support of their peers and also with considerably fewer resources than their city cousins. These are all circumstances that call for innovative approaches to service delivery. After this overview of larger services Margaret Morrissey a senior clinician with an Aged Psychiatry Assessment and Treatment Team (APATT) will talk about the role of the APATT in these services. APATT's are very much the lynch pin for the whole service, being the gatekeepers and also the discharging agents. Margaret will address the triage process, response times, assessment process, case management and the referrals to other specialities.
within the APMHSS. St Georges APMHSS Residential Support Program (RSP) programme commenced in November of 2003 and Robyn Attoe and Alicia Westphal shall describe the work that they undertake. The primary task of the RSP is to work with residential care facilities to prevent the breakdown of accommodation arrangements for clients of the aged psychiatry programme. Engagement of staff in developing and implementing a management plan can result in a reduction in carer stress and challenging behaviours and increases understanding of the client by care staff. Learning Objectives. 1. It is anticipated that the people in the audience for this symposium will leave with a greatly enhanced understanding of the types of services that can be offered to the ageing mentally ill in Australia and New Zealand. They will hear that it is possible to provide comprehensive integrated services for these people that are effective and client focussed. 2. The populations rapidly ageing and it is a topic of major concern for politicians, health service providers and the general community. The baby boomer generation is now reaching an age where they are about to move into the cohort of those being considered 'aged'. This symposium will advise and inform people planning and expanding mental health services of options available to them when considering this area for development. References. Aging and Mental Health - Positive psychosocial and biomedical approaches. Utler RN; Lewis MI and Sunderland T 1998 Allen and Bacon (publishers). Functional Psychiatric Disorders of the Elderly. Hiu E and Ames D. 1994 Cambridge University Press. Provision of Comprehensive Aged Persons Mental Health Services in Victoria.

**S095 Getting a Job**
2/09/2004 From: 1530 To: 1700 Venue: Meeting Room 9

**Paper 20 Minutes:** Recovery from Mental Illness: Lifestyle and Employment options.

Jennifer Martin Elspeth McKay Trang Thomas

Recovery from mental illness is often hindered by boredom, isolation and loneliness due to the stigma of mental illness. In this paper a prototype of an interactive web design is presented, intended especially for those recently recovered from mental illness. The aim of the prototype is to assist in the often daunting task of seeking, obtaining and maintaining employment. Employment is looked at broadly with recognition that paid employment is but one employment option. Lifestyle choices and options are explored for those who may wish a change in direction, voluntary work or low cost leisure options. The website is designed to link the employer databases well as other relevant mental health, government and community service providers to assist with recovery from mental illness. Learning Objectives. 1. People in the audience will gain a broad understanding of issues of discrimination and stigma that affect people's opportunities and impact upon recovery from mental illness, particularly in relation to employment. They will be presented with an interactive web-design to assist with this process. 2. This issue is extremely relevant to mental health services as discrimination, boredom and social isolation and lack of worthwhile employment can severely impact upon recovery from mental illness.

**S095 Getting a Job**
2/09/2004 From: 1530 To: 1700 Venue: Meeting Room 9

**Paper 20 Minutes:** Harvesting Hope - Developing the Link between Mental Wellbeing, Employment and Training.

Carol Birrell Bronwen Mullett

The aim of the presentation is to demonstrate that meaningful employment and training has been shown to be a critical factor in clinical improvement, improved social functioning and reduction in symptoms for people living with a mental illness. Unemployment is associated with increased levels of anxiety, depression, decreased self-esteem, inability to concentrate and general nervousness. People living with a mental illness who are living in the community are more likely to stay out of hospital if they are working. Employment and training can lead to improved self-esteem, self confidence and self respect, acquisition of dignity and status, the chance to end disability benefits and earn more money. Therefore it is not surprising that people with a mental illness want to work and learn. Unemployment rates among Australians...
with schizophrenia are over 80 per cent, however evidence is accumulating that employment is both feasible and beneficial for many people seeking vocational recovery from the consequences of mental illness. The return to work for someone with a mental illness can be terrifying and confusing. An employment, training and education program can be the first step in the process which assists them in developing personal and professional skills and provides them with the pathway to making the transition to full time employment easier. The transition can then be determined at the individual's own pace. A fundamental principle of the program is the empowerment of the participants, which enables them to believe in themselves, and encourages them to discover their unique strengths, talents and abilities and harvests hope for their future. **Learning Objectives.**

1. To gain an understanding of the ‘hope’ that partnership’s in employment and training can bring to people who are living with a mental illness.
2. To demonstrate the significant successes achieved by people living with a mental illness who undertake employment and training programs which promote and maintain mental wellness in the recovery of individuals. **References:**


Durie, S. (1999) From Here to Employment Presented at Aberdeen Conference & Exhibition Centre for Development Centre for Mental Health Services, Scotland.

**S095 Getting a Job**

*2/09/2004 From: 1530 To: 1700 Venue: Meeting Room 9*

**Paper 20 Minutes: Supported Employment Services Consumer Initiated and run Employment Seeking Groups.**

Heather Menzies  Fleur Crarer  Gary Sutcliffe

The intense desire of consumers to access a service that specializes in employment needs corresponds with a lack of National funding to meet the demand, as a result long waiting lists have developed for these services. Recognising the impact that this can have on people waiting prolonged periods for access, Framework Trusts Employment Division Workfocus has created an employment Search and support group that has been designed and run by Fleur Crarer in her role as Workfocus Consumer Representative. Framework Trust has enabled this innovative approach to progress by supporting the development of this group, which is compiled of persons moving directly from the waiting list into Job seeking activities. Utilising employment Internet web sites, sharing their own contacts and discussing employment strategies with their peers has led to success for many participants not only in employment but also with others moving into training. The presentation will discuss the process, the outcomes and possibilities for future expansion of this exciting and innovative Programme, with its emphasis on peer support, co-operation, and an understanding that this is a process designed and implemented by a person who has a shared experience with those who use the service. **Learning Objectives:**

How people with experience of mental illness want to achieve employment outcomes. Why the one approach for all is not necessarily the best option for all. Specialist Knowledge gained through shared experience can result in unique outcomes.

**S096 Homelessness: Keeping in Contact**

*2/09/2004 From: 1530 To: 1700 Venue: Meeting Room 8*

**Paper 20 Minutes: Suicidality and self-harming behaviours of homeless young men and women.**

Helen Mildred   Diana Harte

This paper describes the findings of a study which investigated self-harming and suicidal behaviours (suicidality) and in 200 homeless young people (aged 18-25 years) in Eastern Melbourne, Australia. The aim of the research was to investigate what historical, personality and/or mental state variables are associated with self-harm and suicidality in this high risk population. Specifically, standardised measures were used to assess child abuse, personality dimensions, coping styles, psychopathology, and drug abuse. Results from these questionnaires will be presented. Further, multivariate analyses suggested that for homeless young women, the severity of self-harm was related to sexual, emotional, and physical abuse,
and cognitive coping difficulties. Suicidality however, was more related to sexual and emotional abuse and psychopathology in homeless young women. In contrast, homeless young men reported that severity of self-harm was related predominantly to drug abuse, personality and coping variables, whereas suicidality was related to psychopathology, emotional abuse and the length of time that they had been homeless. The differences found indicate that self-harm and suicidality differ in part, potentially in what drives these desperate acts. That the factors associated with these behaviours also differ across genders has important implications for the development of appropriate clinical approaches that could reduce self-harm and suicidality. **Learning Objectives.** 1. The audience will learn about the abuse, personality, substance use and mental health profiles of a vulnerable group of Australian homeless young people. 2. This topic is relevant to mental health services as homeless young people have high levels of suicidal and self-harming behaviours and are poorly assisted by mainstream health services. Gender differences in the factors associated with these behaviours is also worthy of debate in terms of developing appropriate interventions. **References:** Craig, T.K., & Hodson, S. (1998). Homeless youth in London: 1. Childhood antecedents and psychiatric disorder. Psychological Medicine, 28(6), 1379-1388. Milnes, D., Owens, D., & Blenkiron, P. (2002). Problems reported by self-harm patients: Perception, hopelessness and suicidal intent. Journal of Psychosomatic Research, 53(3), 819-822.

**S096 Homelessness: Keeping in Contact**

2/09/2004 From: 1530 To: 1700 Venue: Meeting Room 8

**Paper 20 Minutes: Family Linking: Providing Hope.**

**Gavin Cane**  
**Gavin Cane**

The Family Linking Project at Newtown Neighbourhood Centre was developed to provide people with a disability who reside in licensed boarding houses with the opportunity to seek out family members or friends with whom they had lost contact. The service operated in the following ways by: Providing assistance to residents to conduct their own searches. Conducting searches at the service level. Providing assistance to residents with meeting pre-requisites of other linking services, such as getting a birth certificate, filling out forms and making an application. Complementing existing services by providing options to search for friends as well as family members. Providing support when families did reconnect. The service was met with an enthusiastic response from eighteen residents. This paper will outline the processes used, outcomes and difficulties experienced by all involved in providing an oft forgotten aspect of life. **Learning Objectives:** 1. An understanding of how running a family linking program can enrich an individual's life and assist with decreasing feelings of isolation from family members. 2. Many people with a mental illness have lost contact with family members or friends.

**S097 Symposium: Measuring Recovery Together**

2/09/2004 From: 1530 To: 1700 Venue: Meeting Room 7

Symposium 1.5 Hrs: AlMhi: Measuring Recovery Together.

**Trevor Crowe**  
**Retta Andresen**  
**Samantha Clarke**  
**Peter Kelly**  
**Sarah Marshall**

Chair: Mr Gordon Lambert. **Paper 1** by: Retta Andresen - Psychometric Testing of a Measure of Stages of Recovery. **Paper 2** by Samantha Clarke - Subjective Goal Ownership: Can enhancing ownership over goals selected within case-management lead to improved working alliance, enhanced goal progress and better overall treatment outcomes? **Paper 3** by Peter Kelly - Case Managers Use of Between Session Homework Activities. **Paper 4** by Sarah Marshall - A Consumer Evaluation of an Intervention Model for Case Management-Improving Mental Health Services. This symposium will be presented in the order listed above with each presentation lasting approximately 15 minutes, thus leaving at least 20 minutes discussion time at the end. The unifying theme of this symposium is outlining and exploring measurement methodologies for recovery based phenomena and strategies designed to support recovery progression and self-management. **Abstract 1** Psychometric Testing of a Measure of Stages of Recovery. Abstract: This paper presents the preliminary findings of...
research testing the psychometric properties of a new measure of recovery - the Stages of Recovery Instrument (STORI). The measure is based on a model of recovery developed by the author and colleagues (Andresen et al, 2003). The Stage Model of Recovery was based on a review of a large body of consumer literature, as well as a review of published consumer-oriented qualitative research. The model posits five stages of recovery: The Moratorium Stage; an Awareness Stage; a Preparation Stage; a Rebuilding Stage and the Growth Stage. The model also describes 4 processes important to recovery: finding and maintaining hope, reconstruction of identity, finding meaning and taking responsibility. The STORI was developed by generating items to tap into each of the four processes at each stage. Content of the items was informed by the reviewed qualitative research. The measure was piloted with a group of consumer-researchers. A survey was conducted with the refined measure using volunteers from the NISAD Schizophrenia Research Register. Participants completed a booklet of measures including measures of Hope, Psychological Well-Being, Mental Health, Recovery and Resilience. The preliminary results of this survey are presented. **Learning Objectives:**
1. An understanding of a model of recovery based on the experiences of consumers.
2. The model may provide a framework for training and research into recovery from mental illness.

**Abstract 2** Subjective Goal Ownership: Can enhancing ownership over goals selected within case-management lead to improved working alliance, enhanced goal progress and better overall treatment outcomes. **Abstract:** In the last two decades the consumer focused recovery movement has advocated a redefinition of recovery from mental illness away from the medical model towards a model that emphasises an experiential-psychological recovery process that is shaped by the individual her/himself. The concept of Psychological recovery incorporates principles from Self Determination Theory (Sheldon, Williams & Joiner, 2003) such as autonomy support and directly elicits and incorporates the views and ambitions of the consumers into their recovery plan (Emmons, 1992). Although recovery movement has been active for over two decades, minimal research has been conducted to explore how collaboration between case-managers and consumers to support the consumer's autonomy has impacted on goal progress, the working alliance and treatment outcomes. Three studies are described that have been developed to investigate the relationship between goal/self concordance, working alliance and treatment outcomes within a variety of case-management settings. A new methodology has been developed to gauge whether goals selected in case-management are chosen for autonomous or controlled reasons. Preliminary results from focus groups conducted with consumers and the pilot study will be presented. **Learning Objectives** 1. To develop an understanding about the differences between autonomous or controlled goals and how to incorporate this into clinical goal setting processes with consumers, ensuring goal selection is meaningful for the consumer. 2. This is relevant to mental health professionals as goal ownership has been found to not only enhance goal progress but also lead to general improvements in well-being. This is likely to reduce relapse rates but more importantly enable case-managers to facilitate consumers in progressing towards their longer-term recovery vision. **Abstract 3** Case Managers Use of Between Session Homework Activities **Abstract:** Homework refers to assignments completed by the patient outside of the therapy session that are targeted towards therapeutic goals (Shelton & Ackerman, 1974; Kazantzis & Lampropoulos, 2002). Whilst the development and refinement of homework is considered to be one of the major growth areas in psychotherapy (Norcross, Alford & DeMichele, 1992), and is used by most psychologists (Kazantzis & Deane, 1999), there was previously no evidence available to describe or support the use of homework within the broader mental health care system. This has implications for the treatment of Chronic or Recurring Mental Disorders (CRMD), such as schizophrenia, where clients are typically case managed within multi-disciplinary Community Treatment Teams (CTT). To describe the use of homework in the case management of CRMD, a survey was conducted to mental health case managers. The survey was based on previous work by Kazantzis & Deane (1999) and assessed the range and type of homework tasks utilised by case managers. Results indicate that most case managers utilise between session activities within their clinical work, however they do not appear to use homework regularly or systematically implement it within their clinical work. **Learning Objectives:** 1. To develop an
understanding of the range and type of homework activities currently utilised by case managers. 2. Clinicians will develop an understanding of the skills needed to systematically administer homework. **Abstract 4** A Consumer Evaluation of an Intervention Model for Case Management—Improving Mental Health Services. The Third National Mental Health Plan in Australia highlights the need for extending consumer involvement within services. This presentation will describe a study that aims to achieve this, by involving consumers in the evaluation and improvement of an intervention model used in their treatment (Linhorst & Eckert, 2002). The aim of this presentation is to describe a study that seeks to involve people with chronic and recurring mental disorders in the evaluation of a Collaborative Recovery intervention designed to assist them with their recovery processes. The CR approach is an integrative model drawing on aspects of rehabilitative and strengths-based case management, designed to be consistent with the recovery movement (Oades, Lambert, Deane, & Crowe, 2003). The rationale for this study is that by consulting consumers receiving CR-based assistance it will be possible to more firmly establish its validity, or determine whether it is assisting consumers on the road to recovery. Secondly, it is proposed that by developing an understanding of perspectives of individuals with severe mental illness, it will then be possible to work collaboratively with consumers and clinicians to improve and further develop the model to meet consumer needs. **Learning Objectives:** 1. Attendees to this presentation will learn about the expanding area of consumers working as researchers, and how their involvement can improve the quality of research directions within this context. 2. At present consumer involvement in Australia has been largely limited to the evaluation and planning of Mental Health Services. This presentation will alert attendees to benefits and issues to consider when consumer involvement is extended beyond this, to the evaluation of an intervention model used in their treatment.

**S098 Symposium: Rehabilitation & Clinical Services**


**Symposium 1.5 Hrs: Reintegrating Rehabilitation and Clinical Services.**

Glen Tobias  Margaret Brooks  Paul Napper  Lisa Pearson

Chair: Tom Trauer. Mental Health services in Victoria have for many years existed with a separation of clinical and rehabilitation services. While clinical services are funded through the public hospital networks, rehabilitation services are managed by non-government organisations. It has not always been an easy marriage and in recent years we have seen clinical and rehabilitation services develop more integrated approaches to providing services for consumers. The four presentations in this symposium provide examples of how effective collaborations have been developed between clinical services and five different types of rehabilitation programs in metropolitan, regional and rural settings. This symposium seeks to highlight examples of services working together as a mental health service system and to explore the different perspectives that each brings - seen now as a strength rather than as a weakness of the Abstract 1. Key Worker/Case Manager/Consumer perception of need - Enhancing Dialogue to Improve Outcomes. Glen Tobias, Diana Cornish, John Farhall, Tom Trauer, Mike Slade; Presenters: Glen Tobias & Diana Cornish. A crucial factor for mental health services moving towards more evidence-based practice and delivering outcomes for consumers is the identification of their needs and the subsequent development of individual service plans (ISPs). Of the 11,000 consumers engaged in Psychiatric Disability Rehabilitation and Support Services (PDRS) in Victoria approximately 70% also have a Case Manager from Area Mental Health Services. This presents a challenge for services to collaborate effectively given that they have different roles and responsibilities and bring different perspectives to their work with consumers. In the northern suburbs of Melbourne a close collaboration has developed between Neami, a PDRS and the Northern Area Mental Health Service who provide clinical care for consumers. In this study we have used the Camberwell Assessment of Need to examine Consumers’, Case Managers’ and PDRS workers’ perceptions of need and report on the areas of agreement and disagreement between the three perspectives. Discussion focuses on how the information is used to develop ISPs with consumers and on the importance of increasing consensus between consumers and...
mental health professionals regarding needs. Improved dialogue and understanding between consumers and mental health professionals is a key component for improving outcomes and further empowering consumers in their own rehabilitation and recovery. **Learning Objectives.** 1. People will learn how assessing different perceptions of need can lead to better profiling of consumers' problems and needs and can contribute to the planning and monitoring of consumers' care. 2. This is a systematic approach for assessing needs and developing ISPs based on both consumer and staff perspectives. **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. Trauer, T., & Callaly, T. (2002). Concordance between patients and their case managers using the Health of the Nation Outcome Scales (HoNOS). Australasian Psychiatry, 10(1), 24-28. **Abstract 2.** Creating pathways to prevent homelessness for people with a mental illness Margaret Brooks & Sylvia Grant This presentation aims to provide an overview of an innovative and successful multi-agency and multisectoral approach to reducing the risk of homelessness for people who are being discharged from an acute mental health unit. Homelessness among mentally ill people is a serious problem for most Western industrialised communities. The extent of mental illness within homeless communities has been documented identifying that 75% of people interviewed in emergency accommodation had at least one mental disorder (Hodder, Teesson & Buhrich 1998). Research has shown that specialist services for homeless people, including outreach services, can encourage helpful service contact (Buhrich & Teesson 1996). Homeless mentally ill people with psychotic disorders typically have poor current contact with services and this multisectoral model takes an assertive service system approach to address issues of homelessness and mental illness. A partnership model between clinical services, rehabilitation and housing services provides a seamless approach to ensure housing and adequate supports are provided for people at risk. This presentation will explore the pathways of collaborative care and discuss the housing outcomes for people who have participated in the program in the Loddon Southern Mallee Region of rural Victoria. **Learning Objectives.** 1. Participants will gain an understanding of the multisectoral partnership approach used and the pathways of care that were developed in response to the needs of people with a mental illness who are homeless. 2. Homelessness is a significant issue for people with a mental illness and high proportions of the homelessness population experience a mental illness. The topic of this presentation is a model of a successful approach to addressing this issue. **References:** Hodder, T., Teesson, M., & Buhrich, N. (1998) Down and out in Sydney: Prevalence of mental disorders, disability and health service among homeless people in inner-Sydney. Sydney City Mission, Wild and Wooley, ISBN 0 646 35286 5. Buhrich, N., & Teesson, M. (1996). Impact of a psychiatric outreach service for homeless persons with schizophrenia. Psychiatric Services. 47(6), 644-646. **Abstract 3.** Collaborative Care Planning in the Barwon Mental Health System Paul Napper, Tom Callaly & Roger Hastrich While there is a growing evidence base that suggests that collaborative care planning enhances health outcomes for service users, the Victorian mental health service system (clinical and rehabilitation services) has lacked a comprehensive coordinated approach to the delivery of these services or to their interface with primary care services including General Practice. The Barwon Mental Health coordinated care initiative came about as a result of extensive reviews of mental health services in the Barwon sub region which indicated that: 1. the current service system lacked a coordinated client centred care management approach between specialist agencies. 2. the service system lacked a clear coordinated interface to other primary care providers eg GP's who have critical, there was a lack of clarity as to primary case management status in a number of client service scenarios. 3. the service system lacked a coordinated approach to the sharing of assessment and outcomes measurement tools. This presentation will provide an overview of the range of responses and processes initiated by the partners in the Barwon coordinated care Plan, they include: design of a common care plan, a system education process, refashioning of policies and procedures, engagement of consumers and carers in enhancing awareness of the process, education of GP's as to best use of EPC items, alignment of client outcomes measurement systems. The partners have also engaged the AIPC (La Trobe University), to conduct a process...
The audience will learn about a system engineering project which seeks to address systemic failure to implement coordinated care planning in and between specialist and generalist mental health service provision. The presentation is relevant to mental health service provision and development in that it describes an initiative that is central to the Second National Mental Health Strategy in service coordination and partnerships, and the development of collaborative approaches to outcomes measurement. **References:** Buckingham, Burgess, Solomon, Pirkis & Eagar (1998). 'Developing a casemix classification for Mental Health Services' Weed, R. 'Life Care plans as a Managed Care tool' Medical Interface Feb 1995. Purdon Associates (1997). Evaluation of the National Mental Health Strategy: Barwon Case Study. Canberra, ACT. **Abstract 4.** Partnerships evolving: utilizing the Basis-32 as a tool to structure and co-ordinate service delivery. Lisa Pearson. The future direction of mental health is moving towards an integrated service system. Perceived threats to expertise and power relationships need to be expressed and explored in order to work towards the future vision of partnerships and definition of roles. Mental Illness Fellowship (Prevention and Recovery Care and Specialist Residential Rehabilitation Program) and Goulburn Valley Area Mental Health (GVAMH) work together in partnership to provide psychosocial rehabilitation and clinical services. The Basis-32, a self-rated health measure, has been used by Mental Illness Fellowship since January 2003. In March 2004 GVAMH initiated the use of the Basis-32 for all service users. Most consumers are adept at working with their case manager/case co-ordinator or support worker to develop their Individual Service Plan (ISP). In contrast, clinical and psychosocial rehabilitation services have had limited experience performing this task in a partnership. The use of the Basis 32 provides opportunities for both services to structure and develop co-ordinated service delivery by developing a shared ISP. A co-ordinated partnership approach will facilitate positive consumer outcomes of health and recovery. To manage the structural and attitudinal change required for the seamless delivery of the Basis-32 and the co-ordinated development of the ISP, management can empower employees in both services by providing shared opportunities for education, communication and participation. **Learning Objectives:** 1. The change management techniques of education, communication and participation are a key consideration when developing partnerships between clinical and psychosocial rehabilitation services, to promote opportunities and overcome barriers. Audience will gain knowledge on fostering a partnership approach to the administration and implementation Basis-32. Consideration will be given to the barriers of co-ordinated service delivery. 2. To enhance the future direction of mental health services and the management of mental health issues it is vital that clinical and psychosocial rehabilitation services create forums for discussion and debate about issues of change management when developing partnerships. **References:** Epstein, M. & Olsen, A. (2001). 'Mental Illness: Responses from the Community', in Meadows, G & Singh, B. Mental Health in Australia: Collaborative Community Practice. Oxford University Press, Melbourne, pp 11-18. Victoria. Department of Human Services 2002, New Directions for Victoria's Mental Health Services: The Next Five Years. Department of Human Services. Melbourne.
participated with classes allocated to either the Intervention Group (survey, debriefing and FRIENDS program) or the Control Group (survey and debriefing only). Training and resources were provided to support the program implementation. Debriefing was provided for all participants at both time one and time two data collection. Cross sectional data collected as baseline at the commencement of the intervention and analysis of time two data measuring the impact of the intervention will be presented. Results: This paper will describe the demographic and suicidal behavioural characteristics of the cohort and interaction factors associated with it at baseline. The impact of the intervention on suicidal and resiliency behaviours will be presented. Conclusions: The project findings will be used to enhance existing evidence deficits in youth mental health; assist schools to more appropriately support young people, drive local implementation of the National Mind Matters program and provide invaluable data for local intersectoral strategic planning.

Learning Objectives
1. The Resiliency Project revealed some significant and specific findings regarding the suicidal (risk), protective behaviours and resiliency of Gold Coast students. The presentation audience will gain an understanding of how these findings demonstrate the importance of further enhancing and sustaining the implementation of mental health promotion initiatives within Gold Coast schools.
2. Adolescence is an age where a focus on building resilience and enhancing protective factors can make a difference. Young people can develop skills to improve communication, build relationships and build a repertoire of coping strategies that can be carried throughout life. The Resiliency Project is a good example of a mental health promotion initiative that is proven to maximise these life skills in students.

S099 Mental Health Information for Young People
Paper 20 Minutes: Mental Health Flipper Card.
Chris Scanlon
A fresh approach in providing mental health information to young people in the Barwon region of Victoria has been the introduction of a 'Flipper Card'. The aim of the card is to improve young people's mental health literacy, and knowledge of available services. Secondary goals are the fostering of early help seeking behaviours and improved access to services. Information on the card includes positive mental health messages, facts about adolescent mental health and a listing of services that young people can access for help. Sources of assistance listed include local agencies, websites, online counselling, and telephone help-lines. The unique design enables the card to 'flip' between a sequence of panels provides a new format for presenting information to young people. The presentation of the card is bright, colourful and attractive - combining photographs and graphics to immediately engage young people. The card fits into a wallet, pocket, pencil case, school diary, locker or bag. The project was funded through Rotary and overseen by a management team, which included representatives from clinical services, psychiatric disability services, youth health services and mental health consumer organisations. The design and artistic components were undertaken by students at the local TAFE college. 10,000 copies of the card have been distributed to students in year 9 and 10 across Geelong in conjunction with a mental health education program. Preliminary analysis of data and feedback from teachers and students indicate very positive outcomes. The aim of presenting this project at THEM is to showcase an exciting and innovative mental health promotion strategy. The 'Flipper Card' is very popular with young people and is proving to be a novel and effective means of improving mental health literacy. Learning Objectives: 1. The audience will learn about varying aspects of an exciting and innovative mental health promotion strategy. This project provides mental health information to young people through a new a novel format and aims to improve mental health literacy. The paper will be presented by two member organisations of the project management team - Barwon Mental Health, and the Torquay Rotary Club. 2. Relevant mental health issues include: Adolescent mental health, mental health promotion, mental health information, mental health literacy, help seeking behaviour, partnerships, and collaboration.


S099 Mental Health Information for Young People
Paper 20 Minutes: And They Said We'd Never Make It.. The Community Group Program 5 Years On!
Wendy Bunston Stephanie Shanahan
Over the past five years, a team of dedicated mental health and teaching professionals have been part of an innovative team taking therapeutic group work programs deep within wilds of the Western Metropolitan Region of Melbourne. Over 2000 children experiencing behavioural, emotional and social problems have been involved in the program developed by the Royal Children Hospital Mental Health Service and the Travancore School. This program was rewarded for its effort in 2002 with a Gold TheMHS Award recognising our innovative and creative range of group experiences, offered through schools and the community to promote positive mental health. The Community Group Program (CGP) has grown from offering only a handful of programs in 1999 to currently offering a very diverse range of programs, in total 21 run in 305 different venues to suit various age and client groups. Professional development and 'train the trainer' opportunities are offered to encourage schools to be assertive, yet pro-active and preventative in their approaches to managing difficult children. Our five-year study into the outcomes of this program has provided some startling outcomes. Participants exhibited fewer behavioural problems, less hyperactivity, fewer emotional difficulties and improvements in psychological adjustments. Feedback from parents, referrers and principals revealed enhanced confidence, self esteem and adaptability while participants have also experienced better connections with peer, family and school groups. Long-term follow up has identified that over 80% of participants have integrated the skills they learnt in the group into the classroom. This presentation will explain the CGP model and review its operation over the last five years. Learning Objectives. 1. A review of the Community Group Program to demonstrate the effectiveness of group work when applied to young people in both primary and secondary schools. Also demonstrating the power of collaboration and linkages that are formed by working with many schools. 2. With the stigma attached with mental health and ever growing waiting lists the CGP provides an effective pathway for treatment outside mainstream mental health and a path to referral within the RCH MHS.

S100 Access & Engagement Issues for Young People
2/09/2004 From: 1530 To: 1700 Venue: Meeting Room 4
Matt Cartwright Brett McDermott Peter Gibbon William Bor
Recent Australian epidemiological studies have reported that only 7% of young people who could benefit from a mental health intervention actually access a service. Reasons include lack of knowledge, fear and uncertainty. The Internet and email are potentially powerful new ways of reaching young people and decreasing barriers to access. This paper investigates client and staff attitudes to the use of the internet and email in mental health service provision. Method. Staff and clients were surveyed via questionnaires which included forced choice, multiple response and free field items. Results. Most consumers have home internet access, use it to find mental health information and want to access staff via email. Staff felt the Internet could improve clinical practice, client outcomes and therapeutic alliance and 70% thought that a mental health service website could decrease access barriers. However, staff expressed concerns regarding the legal, ethical and practical aspects of staff-client email contact. Discussion. Considerable work is required to progress e-mental health, in areas such as equity of access to resources, funding, privacy, regulation of information quality and the development of legal and ethical practice standards for online therapy. Nevertheless,

**Learning Objectives.**
1. To gain an overview of client and staff knowledge of, and attitudes towards, the use of the internet and email in mental health services.
2. To gain an understanding of the range of practical, ethical and legal issues involved in the use of new technologies in mental health services.

**S100 Access & Engagement Issues for Young People**
2/09/2004 From: 1530 To: 1700 Venue: Meeting Room 4

**Paper 20 Minutes: Non-attendance in child and youth mental health community clinics: A randomised controlled trial of the effectiveness of telephone reminders.**
Margaret Hoyland

Non-attendance can result in a significant proportion of young people and their families who may have benefited from treatment never receiving any treatment, premature termination of treatment and an increase in subsequent service episodes and the use of emergency care. For providers, non-attendance can cause clinical inefficiency through disrupted clinical services, clinicians lose valuable time that is exacerbated if non-attendance occurs early in service episodes as substantial time is dedicated to formulation and treatment plans. Furthermore, clerical staff lose time as they must reschedule appointments, which can in turn effect clinic waiting lists. Preliminary research conducted at CYMHS community clinics revealed that 27% of appointments were not attended. 34% failed to attend initial appointments, resulting in 1 in 5 potential clients failing to receive any treatment. Furthermore, 1 in 4 clients attended only the initial and/or second appointment before dropping out. The presenter will provide an overview of these initial findings and will briefly review strategies aimed to prompt and enhance treatment attendance in community clinics. Specifically, the presentation will focus on the findings of the randomised control trial conducted at CYMHS. The extent of improvement in clinic attendance from the implementation of telephone appointment reminders will be explicated, as will factors associated with poor clinic attendance.

**Learning Objectives:**
1. The audience will gain knowledge of strategies aimed to promote attendance within child and youth mental health community clinics and the effectiveness of a telephone reminder system.

**S101 Workshop: Barking Mad**
2/09/2004 From: 1530 To: 1700 Venue: Meeting Room 3

**Workshop 1.5 Hrs: Barking Mad- Sunshine Coast Initiative.**
Jeanette Isaacs-Young Maree Robertson Jane Carpenter Anne Bermingham Lonnie Martin

This workshop aims to share both outcome and process of the Sunshine Coast Barking Mad initiative, with delegates of the TheMHS Conference. The Sunshine Coast has for many years featured artistic and creative pursuits as part of Mental Health Week and the 'Mad Mardi Gras.' Workshops have developed skills and given extensive opportunities for participation in the lead up to MHW performances and displays. Following a Barking Mad performance during Mental Health Week, (MHW) 2003, consumers, carers, and service providers expressed interest and enthusiasm for 'more'. A follow-up project was planned with the
Barking Mad troupe to involve particularly the staff, carers, and consumers of the Extended Care Team. Together they imagined co-creating some funny and poignant stories portrayed through songs and skits around themes of mental illness and health. Subsequent planning has created a six month project of song-writing to generate material which would be the basis of performance ideas to raise awareness of Mental Illness for October 2004, Mental Health Week. The Barking Mad Project is based on a show conceived and devised by Maree Robertson, a folk musician and community worker who, since 1999, has found herself crossing and re-crossing the 'line' that divides mental illness from mental health. Maree has said, 'The performances encourage audiences to re-assess their personal beliefs about mental illness-to see madness as a spectrum rather than as a black-and-white state of mind.' The musical the group performs publicly is a courageous experiment in contemporary theatre. Powerful stories of alienation and despair, chaos and struggle, sanctuary and survival are woven together through song and spoken vignette into a surprisingly warm-hearted theatre experience. Sunshine Coast Audiences wanted to share in this exhilarating journey. This workshop will share some of the 'product', describe elements of the 'process' as experienced by the group and by individuals, and invite the audience to enter into our vision, of continuing to 'harvest hope' through creative collective pursuits. **Learning Objectives:** 1. Attendance at this workshop will give both experience of and information about the Barking Mad project as it unfolded on the Sunshine Coast, April-August, 2004. The audience will gain some insight into our experience, and learn how we proceeded in this project. 2. 'Barking Mad -The Musical' - has been an exploration of the experiences of living on and near the 'line' that divides mental illness from mental health. The show is the culmination of a three year research project investigating how mental illness is viewed in our society, and was developed in consultation with consumers of mental health services, as well as workers in the mental health 'industry' The Sunshine Coast initiative was a response to demand following last year's Mental Health Week show. This workshop presents the Sunshine Coast extension project,(- the process, the content,) and provides an opportunity to discuss the application of similar ideas and principles in other locations. 'Harvesting Hope' is very much at the heart of the show, the group, and the Sunshine Coast initiative with Barking Mad.

**S102 Physical Health**  
2/09/2004  From: 1530 To: 1700  Venue: Meeting Room 2  
**Paper 20 Minutes:** Dental As Anything. Dental Outreach to People with a Mental Illness.  
**Robert Lewis  Andrew Neil**  
Addressing the conference theme of 'Harvesting Hope', this presentation will demonstrate how a community health service has responded in a unique and innovative way to the complex needs of people with a mental illness. People with a psychiatric disability are in a high-risk group with respect to dental disease, due to mental illness and the side-effects of psychotropic medication. Problems in regard to oral health impact negatively on nutrition, health, appearance, self-esteem, social interactions and life opportunities. The 'Dental as Anything' Program is a collaborative initiative, locally conceived and developed between the Dental and Mental Health Programs of the Inner South Community Health Service. It is based upon expertise and partnership, and utilizes a community development framework. Services are delivered through an assertive outreach model. This presentation will show how Mental Health Outreach Workers and a Dental team collaboratively provide accessible and active dental outreach and follow up clinical treatment. This is achieved through weekly dental screenings in settings such as parks, rooming houses, drop-in centres and other community locations. **Learning Objectives.** 1. The audience will learn how the dental health needs of people with a mental illness can be innovatively met through an outreach model within a community health setting. 2. The oral health of people with a psychiatric disability is typically overlooked despite the incidence of dental disease being higher amongst people with a psychiatric illness than in the general community. This paper will raise awareness of these issues and the challenges we faced in establishing this program.
S102 Physical Health
2/09/2004 From: 1530 To: 1700 Venue: Meeting Room 2
Paper 20 Minutes: The Fade Program (Facilitating Active Dietary Education) A Successful Pilot in Weight Management for Consumers of a Mental Health Service. Josephine Tan Boyce Felstead Merrill Bohn
Fifteen consumers of The North East Community Mental Health Service (NEMCMHS) have commenced the 'FADE PROGRAM'. FADE is a group-based pilot program designed to address issues of weight gain, poor diet, de-motivation, lack of exercise, poor self-esteem and body image in consumers who are prescribed anti-psychotic medication. The program acts both as an education forum and as a support group. It encompasses many aspects of physical and mental health and aims to empower consumers to take more control over their health. The four month pilot program is a collaboration between the consumers GP, NECMHS Case Managers and the Nutrition and Dietetic Department at Austin Health. Evaluation with both objective measures (weight, blood pressure, blood chemistry measurements) and subjectively (Quality of Life issues, group attendances, patient evaluation of the program) will be undertaken at the end of this time. The functioning of the group and all evaluation results will be presented at the conference. Initial results are promising and do suggest that this program is associated with weight and health improvements of consumers. Learning Objectives.
1. Delegates attending this session will learn how to establish a group program addressing lifestyle issues. Sharing our experience of the benefits and challenges of such a program with this consumer group.
2. Consumers with mental illness tend to be physically less active and often have lifestyle deficits which requires support and psychoeducation in treatment and maintenance for their mental well-being.

S102 Physical Health
2/09/2004 From: 1530 To: 1700 Venue: Meeting Room 2
Paper 20 Minutes: Macquarie Hospital, Weighing in on Healthy Lifestyles.
Lindy Russell Natalia Knezevic Michael Herman
The objectives were to; a) determine the distribution of body mass index of patients with Schizophrenia treated at Macquarie Hospital, North Ryde. b) compare the Body Mass Index results (n=126) with those of the National health survey 2001, NSW division, 16 355 people. Anthropometric data was collected several times throughout the year of 2003. Body mass Index (BMI) was calculated by dividing weight over height in metres squared and expressed as Kg/m2. Our study sample included 126 patients, 78 males and 48 females. No significant differences in mean BMI values existed across the bimonthly time periods indicating that with the use of psychotropic medications. BMI remained stable over the year of 2003. When comparing the mean BMI values, Macquarie Hospital with the NHS 2001, no significant differences were detected for the normal BMI range (22.55 vs 22.73) or the obese category (33.61 vs 33.80). Significant differences at p<0.05 were found for the underweight category (11.69 vs 8.87) with Macquarie having lighter patients. In the overweight category Macquarie patients were found to be heavier compared with NHS 2001 (27.40 vs 27.19). To reduce the number of patient's in the overweight and obese category, Macquarie Hospital has implemented several strategies such as menu changes, like low fat meat pies and portion control items. Nutrition education by the Hospital Dietitian, lifestyle intervention and physical activity over the past two years has helped to arrest further increases. This is encouraging for whilst recent community levels of obesity has risen, Macquarie has not fluctuated over the past year. Learning Objectives. 1. The audience will learn how an Australian mental health population compares with an Australian National data set in an area of growing concern, overweight and obesity. 2. The audience will learn how the issue of weight gain when taking psychotropic medications can be arrested by practical strategies put in place on a hospital wide basis.

S116 keynote
3/09/2004 From: 900 To: 1000 Venue: Arena 1A
Keynote Speech: Reclaiming the Transformative Spiritual Horizon: Beyond the Biopsychosocial Paradigm in Mental Health.
Anthony Ang

At the dawn of this new millennium, we witness a curious split with regards to spirituality. On one hand, there is increasing popular interest amidst claims that on the whole people are becoming less religious. On the other hand, mental health professionals often view spirituality with suspicion, skepticism and even hostility. In this address, arguments for putting the soul or spirit back into the mental health arena will be presented on three fronts. Firstly, historical developments support the move to re-integrate spirituality back into the field of mental health. Secondly, there is growing empirical evidence for the contribution of spirituality to physical and psychological well-being. Thirdly, there are critical limitations in current mainstream diagnostic and therapeutic approaches despite significant advances to integrate biological and psychosocial interventions. Participants will learn to give reasons in support of attempts to re-integrate mental health with spirituality. In addition, they will learn how key psychoanalytic and group analytic ideas may be used to harness the healing potential of a spiritually centred approach to mental health care. The speaker will draw from professional and personal experiences during his sojourn in Britain to illustrate an approach informed by hermeneutics. (192 words)


S117 keynote
3/09/2004 From: 900 To: 1000 Venue: Arena 1B
Paper 20 Minutes: The Value Of Unique Service Provision For Aboriginal People – The Benefits Of Starting From Scratch
Tracy Westerman

Indigenous Psychological Services (IPS) is a private company that was established in 1999 for the purpose of providing tertiary mental health services for Aboriginal people. As the founding Managing Director, Dr Westerman will describe the ideology behind the development of IPS. The approach being that cultural factors have a strong role to play in determining mental health outcome for Aboriginal Australians. This includes engagement, assessment as well as intervention strategies. Unfortunately research indicates that whilst the majority of clinicians would like to provide the most appropriate services to Aboriginal clients, they are often frustrated by the absence of empirically based therapeutic frameworks that have determined their efficacy across populations of Aboriginal people. The presentation will describe a number of approaches that have been researched across populations of Aboriginal people. The paper will explore issues relating to culturally appropriate clinical intervention and assessment as primary barriers for equity in access to mental health services for Aboriginal people. 1. Discuss deterrents which exist to the provision of effective therapy with Aboriginal mental health problems. 2. Problems with identification and treatment of mental health problems amongst Aboriginal people. 3. Examine the indigenous perspective on mental health in terms of causality and it’s manifestation, and examine this within the perspective of how to approach working with Aboriginal people. 4. Provide suggestions for prevention efforts that address the risk factors that have been associated with Aboriginal mental health. The presentation will also demonstrate the value of a unique approach to service provision to Aboriginal clients through a number of empirically validated models of intervention that have been tested at the population level across a number of Aboriginal groups.

S118 keynote
Keynote Speech: Reclamation: relationship, resilience and resistance. Living evidently well in the fullness of life.
Anne Helm
Wellness is dependent upon relationship, with self and with others. Who and what we are constantly presents challenges to all of us, both to the professions of the caring, and to those in their care. If we are open to the possibility of real relationship with an honesty about our human frailties and commonalities, communication is empathetic and respectful. Anne Helm is a supporter of paradigms like the Tidal Model of care where the essential simplicity of human interaction can so easily be the change agent towards better living. Life challenges us all. People recovering and living with mental illness have much to contribute as fellow wayfarers who can facilitate the progress of each other and teach the professions of the caring. Recovery, the buzzword of mental health, is a task for all of us. Anne will cover questions around ever redefining the self, autonomy, responsibility, and respectful inclusion in the wider community. She will present from her own experiential perspective of mental illness from addled adolescence to the celebration of the crone. Reclaiming our selves and our journey means understanding something of our unique essence. Our voice and our song will be heard.

Learning Objectives:
1. People will gain a knowledge that: Respectful relationships are at the heart of all healing. The essence of living well lies in a community of relationships with others, and with the relationship with self.
2. Relevance to the mental health services and issues: Research into recovery-oriented services and sustainable outcomes states that relationship is a primary determinant for maintaining wellness.

S119 keynote
3/09/2004 From: 900 To: 1000 Venue: Central Foyer A
Jack Yatsko Andrew Strachan
People with mental illness continue to be among the most severely stigmatized and misunderstood groups in the world. These people are still marginalized, ignored and disregarded by both individuals and entire societies. The mission of the International Center for Clubhouse Development (ICCD) is simple: to create and nurture communities of opportunity and hope, and to provide access to the basic building blocks of normal human life. The ICCD is an organization whose work is to help people with mental illness access and participate in the worlds of employment, education, family and friends by providing a place to belong; meaningful work; a decent place to live; access to needed services; and a place where they can always return. Our organization is a network of such communities, called clubhouses. Although clubhouses are intentionally organized communities to support individuals living with the effects of mental illness, they are also organized to provide members opportunities to rejoin the communities in which they live through social reintegration, employment, education, and housing. Clubhouses are pathways to participation in the open community ultimately harvesting hope, courage and positive recovery for individuals with mental illness to lead full and satisfying lives. This address will be delivered by Jack Yatsko of the ICCD and Andrew Strachan, a clubhouse member from Stepping Stone Clubhouse. Learning Objectives
1. They will learn how ICCD clubhouses provide recovery through participation in a restorative environment and how this translates into recovery through societal inclusion in the worlds of work, education, housing and social opportunity.
2. According to the World Health Organization, 450 million people worldwide are affected by mental, behavioral or neurological problems. Most middle and low-income countries devote less than 1% of their health expenditures to mental health. This topic is relevant because it will illuminate a cost-effective method that health policy makers should give serious consideration to in supporting overall reintegration efforts in Australia and worldwide for people with mental illness.

S120 Keynote
3/09/2004 From: 900 To: 1000 Venue: Central Foyer B
Keynote Speech: Hope at the clinical coalface: Is intersectoral collaboration enough or do we need new child and youth service provision models?

Brett McDermott

Complexity of presentation, whether constructed as multiple co-morbid diagnoses, breadth of challenging behaviours or impairments across multiple functional domains, has always been a feature of child and adolescent mental health therapy and service provision. Increasingly mental health services have been asked to respond to another group of clients: children in the care of the state, who have experienced serial breakdown of foster-care, multiple short term care arrangements and at the extreme, children temporarily accommodated in hotels supported by 24 hour care regimes. Recently published work reporting on this client group found they were predominantly boys (average age 12 years), more likely to be indigenous or intellectually disabled, on average had experienced 5 schools, 11 or more residential placements and 6 agencies were currently involved. Disruptive behaviour symptoms, suicidal thoughts or actions, physical or sexual abuse histories and drug use were common. This paper will review the usual presentations, morbidities, impairments and life experiences of this group. A developmental model focusing on severe disruption of attachment and a subsequent complex PTSD trajectory will be explored as a useful understanding framework. The utility of a clinic based outpatient or child and adolescent mental health inpatient model of care will be discussed and contrasted with therapy developments in the field, specifically Functional family therapy, Multi-systemic therapy and Multi-dimensional intervention foster-care. These services are innovative in terms of site of service delivery, intensity of therapeutic intervention and evidence of effectiveness.

S130 Psychotherapeutic Interventions
3/09/2004 From: 1030 To: 1230 Venue: Arena 1A

Paper 20 Minutes: The Preconditions of an Early Rapid Response to Psychotherapy for Chronic Depression.

Brin Grenyer

Aim: Chronic depression is a serious problem in the community. Research suggests that some people improve more rapidly from psychotherapy than others. This study aimed to determine what accounts for an early rapid response. Method: 62 adults with chronic depression receiving psychotherapy were studied for 16 months. An early rapid response (ERR) was defined as a reduction of at least 50% of a clients intake Beck Depression Inventory score by the sixth week of therapy. ERRs occurred at a rate consistent with previous research and predicted superior end-of-treatment and 12-month follow-up outcomes. Non-ERR clients were characterised by a more chronic diagnosis, lower levels of mastery, greater social isolation, a greater fear of intimacy, and a more domineering interpersonal style. Further research is required to determine the content and duration of treatment necessary for both groups of patients. Conclusion: Interpersonal relationship factors in part determine the duration of psychotherapy required to effectively treat chronic depression. Learning Objectives: 1. Participants attending this paper will gain an understanding of the concept of sudden gains in psychotherapy treatment for chronic depression. 2. Participants attending this paper will gain insight into how resources can be allocated to clients requiring psychotherapy treatment for chronic depression based on certain prognostic factors. References: Tang, T. Z., Luborsky, L., & Andrusyna, T. (2002). Sudden gains in recovering from depression: Are they also found in psychotherapies other than cognitive-behavioural therapy? Journal of Consulting and Clinical Psychology, 70(2), 444-447. Grenyer, B. F. S. (2002). Mastering relationship conflicts: Discoveries in theory, research and practice. Washington, DC.: American Psychological Association.

S130 Psychotherapeutic Interventions
3/09/2004 From: 1030 To: 1230 Venue: Arena 1A
Theatre of life: Psychodrama in the Acute Inpatient Unit
Anna Love   Lorraine Micihael
From end of August '03 to date, there has been an ongoing, weekly Psychodrama group that has been established on the Acute Inpatient Unit. The group 'The Stage is Mine', is facilitated by the presenters. We will describe how the group provides an opportunity for participants to enact scenarios from their own lives and thus experience various aspects of their issues as well as a range of human emotions, spontaneously and creatively, in a larger than life dimension. We will comment on how group members are helped to develop an awareness of themselves and others as well as the roles and relationships they assume in life. Sessions are debriefed and evaluated by the facilitators after the group. Through our presentation, we will describe the evaluation process and criteria using psychodramatic elements. Concluding statement. 'Within every patient, and within every clinical situation, lies the chrysalis of a rich human drama. The art of psychotherapy lies in activating that drama' (Yalom, 1999, p.75). The 'here and now' focus of psychodrama lies in activating that drama. The specialized clinical setting such as the acute inpatient unit which involves average lengths of stay of 14 days or less, provides an energetic and ever-evolving therapeutic space which makes the use of psychodrama in this milieu, both effective and rewarding for participants and facilitators alike. Psychodrama is a shared group therapy experience. This paper will demonstrate through the discussion of case vignettes, how this works in practice. Learning Objectives. 1. The audience will learn that in an acute inpatient unit, you can provide a creative space which provides room for spontaneity and creativity and by the end of the session, the audience will be more 'warmed-up' to their own spontaneity and creativity. Moreno calls this the creative genius or life-force which is in everyone. 2. J. L. Moreno, founder of psychodrama, sociometry and group psychotherapy, has documented the use of this method with patients with psychiatric illness in asylums - grounded in theory and practice. As psychodrama is a group psychotherapy approach based in action, it provides a unique opportunity for externalizing the internal world onto a theatrical stage of life where the reality construct of an individual with mental health issues, can be discovered and explored; and with that comes an understanding of their mental disorganization and a learning of the grammar of their logic. References: Greenberg, I.A. (Ed.). (1974). Psychodrama - theory and therapy. USA: Souvenir Press Ltd. 2. Moreno, J.L. (1972). Psychodrama and group psychotherapy, Vol.I. USA: Beacon House Inc.

Why do we need Psychotherapy?
Horst Kaechele
Psychotherapy is not everywhere available, not even in the Western societies. In Europe one finds a gradient of availability from the North to the South somewhat patterned to the distribution of protestant to catholic fractions. In the USA psychotherapy had its zenith in the sixties slowly disappearing when the decade of the brain opened a new biological perspective. In East-European countries one encounters an upsurge of interest especially in psychoanalysis whereas the islamic worlds seem to be free from typical westernized forms of psychotherapy. Asian countries provide their own versions like Morita therapy in Japan. However in Germany we have a well established service provision of psychodynamic and behavioral psychotherapies as in - and out patient forms of treatment. Given these facts are we in a position to make a good case for providing psychotherapy as a specialized intervention within the Mental Health Service system - I shall try to argue this providing a German perspective on the issue.

Indigenous Peoples' Mental Health
S131  Indigenous Peoples' Mental Health
3/09/2004 From: 1030 To: 1230 Venue: Arena 1B
Karen Darling   Katrina Power

In order to achieve an impact on positive health outcomes for Aboriginal people, the importance of, and need for more effective intersectorial, interagency, and interprofessional collaboration, at local, state and national levels, as well as the need for the development of the Indigenous mental health workforce. This has been well described in many historical and recent state and national reports from the 1990's reports Bringing them Home and The Royal Commission into Aboriginal Deaths In Custody, to the South Australian Layton Report on Child Protection and the Generational Health Review in 2003. Multiple models and structures of partnership are essential in order to respond to the complexity of health disadvantage in a social justice context, as well as responding to the diversity of Indigenous Culture and experience, and to provide an appropriate and accessible range of service options. The Aboriginal Youth Mental Health Partnership Project (AYMHPP) began in 2000, as a partnership between the Northern Child and Adolescent Mental Health Service (CAMHS) Western Region Team, with the Metropolitan Aboriginal Youth Team (MAYT) and other local services. The project was initially funded for 3 years by Aboriginal Services Division, and in 2003, received a further 3 years of funding from the Mental Health Unit, along with funding for 3 additional positions for Aboriginal Child and Adolescent Mental Health Consultants. The AYMHPP is a collaborative project to increase access for Aboriginal young people and their families, as well as capacity building of the workforce. The presentation this year will identify the outcomes and the key learnings achieved during the initial three year funded period of the project, as well as their implementation across the service, and the ongoing strategies for continuous community participation and service development. An emphasis will be made on the employment of Aboriginal staff into the project, and the collaborative model of service delivery being developed for cultural accountability and interagency collaboration. The aims of the presentation are to explore the key learnings and outcomes which inform the future directions, as well as to inspire healing and Reconciliation.

**Learning Objectives:**
1. Understanding of the key learnings from the project to date regarding barriers and facilitators to collaboration and access. Inspiration through the positive outcomes achieved and future directions undertaken. 2. There is a strong evidence base of the need for change within health services.

**References:**

S131 Indigenous Peoples' Mental Health
3/09/2004 From: 1030 To: 1230 Venue: Arena 1B

Paper 20 Minutes: Just As It Is - Telling Our Stories Our Way.
Ginibi Robinson

The social emotional wellbeing programs at Winnunga Nimmityjah Aboriginal Health Service are community driven and provide a whole of life focus that acknowledges the importance of history, family and community for the individual. The programs all aim at reducing social and cultural isolation, which is a specific issue within the ACT and regions, by building a sense of extended community, connectedness and identity. One of the programs being developed is 'Dreamtime Buurraays', a group for young people (aged 7 - 12 years) dealing with grief and loss issues. The group was named by a 10 year old girl in memory of her Grandmother and means 'dreamtime children'. A concurrent yarning circle for older community members is also being developed to address grief and loss issues that impact on the community. These programs do not stand alone; they are continually developing and influenced by what is happening in the community and reflect community initiatives to
address the gaps which have previously existed in service delivery. **Learning Objectives.**
1. Whole of life focus; individual, family and community - placing the individual within the context of their family, community and life experiences/history. 2. The importance of recognizing, acknowledging and listening with the heart to the impact of generational trauma, specifically grief and loss on the individual, their family and community.

**S131 Indigenous Peoples’ Mental Health**  
3/09/2004 From: 1030 To: 1230 Venue: Arena 1B  
Paper 20 Minutes: Promoting Safety and Mental Health in a NSW South Coast Aboriginal Community.  
Iris McLeod Marilyn Pitman Victoria Westley-Wise  
In 2000 a partnership of mainstream and community-controlled organisations concerned with Aboriginal Health and Safety in the Shoalhaven region of NSW commenced a project seeking to redress the widespread disparity between the injury experience of Aboriginal and non-Aboriginal people. The first phase involved describing injury patterns and risk factors among Shoalhaven Aboriginal people, and identifying opportunities for injury prevention. Several priority areas were identified, including self-harm and interpersonal violence, and drug and alcohol-related injury; individual, community and cultural identity and esteem; and access to services. A major recommendation was to develop a Shoalhaven Aboriginal Safe Community, which draws upon Safe Communities' principles promoted by the World Health Organisation (WHO), in particular principles concerned with community involvement, ownership and control. Having moved along from the initial aim of preventing injuries, to promoting community safety and well-being, the Shoalhaven Aboriginal Safe Community Partnership has now registered with WHO as preparing for accreditation as a 'Safe Community' (the 1st Australian Indigenous 'Safe Community'). The presenters will summarise information obtained from the first phase of the project, as well as strategies planned and implemented in the next phase, particularly as they relate to mental health issues in Aboriginal communities.

**S132 Physical Wellbeing**  
Paper 20 Minutes: Body image: Listening to the voices of young males.  
Murray Drummond  
Body image has been identified as a serious mental health issue for adolescents in contemporary Western culture. Whilst focus has predominantly centred on girls' plight with body image and eating disorders, research (O'Dea et al., 1996, Mishkind et al., 1986) indicates that young males are increasingly concerned with bodily attractiveness with the incidence of body image disturbance and body dissatisfaction rising amongst this group (Drewnowski, et al, 1995, O'Dea et al., 1996, Drummond, 1999; 2002). However, despite the growth of literature on men's bodies, there is arguably a research gap where gay men's bodies is concerned. This is despite anecdotal evidence that has become almost folklore in contemporary Western culture suggesting that gay men are more susceptible to eating disorders and body image concerns compared to heterosexual males. This presentation is based on individual in-depth interviews with gay and heterosexual males aged between 13-24 years. Using current perceptions as well as life historical accounts the participants provide rich descriptive data to explore the meaning of their bodies, body image and masculine identity during adolescence. Emergent themes contextualised within a framework of masculinities will provide invaluable insight to health promoters and individuals working with young males on issues of body image, sexuality and masculine identity. **Learning Objectives:** 1. Body image and eating disorders are not only female-oriented concerns. Many young males have concerns over weight, appearance and masculine identity associated with bodily/physical aesthetics. Contemporary culture is having an impact on the way young males view themselves, their bodies and masculine identity. Advertising, television and the media are implicated by young males as a cause of bodily concern. Young gay men face additional body image issues compared with that of heterosexual males. Young gay men must adopt a variety of body identities to positively engage in contemporary society. How is this topic/issue
Body image is a significant mental health issue for adolescents in contemporary Western culture. Body image concerns can develop into eating disordered behaviour amongst adolescents. Increasingly health promoters and mental health practitioners are seeing more young males affected with body image issues and eating disorders. Young gay men have been reported to develop body image concerns and/or adopt disordered eating behaviours as consequence of their sexual identity and possibly the aesthetically-oriented gay culture. Whilst mental health promoters and practitioners have developed strategies to deal with girl's body image concerns and eating disorders there is a need to identify strategies on how to work with both young gay and heterosexual men presenting with body image and eating disordered concerns.

References:

S132 Physical Wellbeing
Janette Corbishley Tina Yiannakis Michael Plump
Let's Get Physical - is a health promotion and Illness prevention initiative that incorporates Women's and Men's Health Workshops. This program was established as a partnership between consumers, the CRT and CREATE teams of Ryde Community Mental Health. Gender specific health workshops are a new initiative to address the physical health issues of consumers. People with a mental illness are at greater nutritional risk than the general population. Nutrition and dietary habits, as well as stamina and fitness play a major role in determining physical and mental health status and vulnerability to disease in later life. We have jointly initiated a holistic program incorporating exercise, nutrition, weight loss and gender specific health education groups. This program is the subject of a quality evaluation and CPI program from which initial results will be available including measurements of weight, waist, BMI and BIA. Qualitative measures will include questionnaires and focus groups. The areas concentrated on are: Nutrition, Weight loss, Fitness, Smoking cessation and physical health (such as diabetes prevention, cancer and sexual health). Issues being addressed include amotivation, obesity related to medication and illness, transport, gender specific cancers and diabetes. There is no health without mental health or physical fitness and good nutrition.

Learning Objectives
1. The audience will learn that healthy lifestyle and health education programs specifically tailored to the needs of mental health clients enhance and promote health recovery. 2. A holistic approach to mental health recovery enhances mental health, quality of life and prevents long term physical degenerative disease eg diabetes.

S132 Physical Wellbeing
Nicole Highte Marie Thompson
Literature suggests that the impact of living with a person with a mental illness impacts significantly on the family, and recent years have seen an increase in the literature surrounding living with a person high prevalence disorders specifically. Much of the work in this area stems from clinical experience and lacks an empirical base. His research provides a detailed exploration of the experience of living with a person with an eating disorder and an
evidence-based insight into the impact that this experience can have on others throughout the course of the illness. This presentation aims to demonstrate how this role impacts upon many aspects of life, including the carers' health and well-being, relationships, family life and dynamics, work and finances. This presentation will also illustrate how this impact is further compounded by the experience of accessing services, where carers encounter numerous barriers in obtaining effective intervention for their family member. This research makes a unique contribution to the literature by exploring the process of the illness and its overwhelming impact upon the carer and family, and ultimately provides strategic direction for healthcare policy, treatment and reform. **Learning Objectives.** 1. People in the audience will learn how the impact of caring for a person with an eating disorder is overwhelming and all-encompassing, affecting many areas of life. The audience will discover how the burden of caring for a person with an eating disorder is exacerbated by the experience of accessing effective treatment for their family member and how such carers are largely unsupported in their demanding role. 2. This topic is particularly pertinent to mental health services and issues in that the numerous barriers encountered when accessing effective intervention for a family member, and the ways in which these compound the burden experienced by the carer, provide strategic direction for healthcare policy, treatment and reform. **References:** Fadden, G., Bebbington, P., & Kuipers, L. (1987) The burden of care: The impact of functional psychiatric illness on the patient's family. British Journal of Psychiatry. 150, 285-292. Santonastaso, P., Saccoon, D., & Favaro, A. (1997). Burden and psychiatric symptoms on key relatives of patients with eating disorders: A preliminary study. Eating and Weight Disorders, 1, 44-48.

**S132 Physical Wellbeing**
**Paper 20 Minutes:** Physical health - is it the business of mental health services?
Lisa Gill   Ben Thomas
This presentation will challenge the audience to consider what role a mental health service should have in assessing and treating the physical health issues of consumers? There is substantial evidence that people with mental illness also have a high rate of physical health problems. There is also evidence that people with mental health problems do not always receive the same level of health intervention to manage and address these physical health problems as the general population. In recognition of this important issue the World Mental Health Day Project this year is 'The Relationship between Physical and Mental Health: Co-occurring mental and physical disorders'. At St Vincent's Mental Health Service, Melbourne (SVMHS) we are trying to improve our identification of physical health problems in consumers of the mental health service and support them in accessing appropriate medical intervention to manage these problems. Whilst our primary focus is clearly on treating mental health issues, we have a duty as health professionals to ensure physical health problems are identified and our consumers can access appropriate treatment for these. This paper will discuss a number of strategies that SVMHS is using to improve the physical health of consumers. **References:** Lawrence D, Holman CDJ, Jablensky AV (2001) Preventable Physical Illness in People with Mental Illness. Perth: The University of Western Australia. Beecroft N, Becker T, Griffiths G & Leese M, et al, (2001) Physical health care for people with severe mental illness: The role of the general practitioner (GP). Journal of Mental Health, 10;1, 53 -61.

**S133 Aspects of Early Intervention**
3/09/2004 From: 1030 To: 1230 Venue: Central Foyer A
**Paper 20 Minutes:** Early Intervention:- Maternal Mental Health. Making a difference for families.
Leone Joyce
An Early Intervention Maternal Mental Health Service was implemented in May 2002 for the people of the Waikato District, (N.Z.) providing services to a multicultural, urban and rural population. Many would be parents have different motives and drives that may fuel their
desire for a baby. They also have an internalized ideal about what they perceive parenting will be for them. It is this intricacy of issues, which often leads a family into turmoil, conflict and dismay. The nine months of a women's pregnancy offers parents-to-be the opportunity for psychological preparation, both conscious and unconscious and this can surface as anxiety or depression. The birth can be another stage of major psychological upheaval and adjustment. Strong fears and anxiety may arise, creating tension and alarm, if the birth does not proceed according to the anticipated plan. Because the symptoms of psychological distress following birth trauma are often obscure and present as PND, this is now recognized as specialized field in Mental Health. After the birth adjustment to parenting, and unresolved 'blues' may lead to further distress, and therefore 'Early Intervention' can make a difference for those who seek assistance.During this presentation I will:- Define the term 'Early Intervention'. Identify some therapeutic treatment modalities that promote recovery. Demonstrate the effectiveness of Early Intervention in Maternal Mental Health. Learning Objectives: The audience to gain an understanding of the principles of early intervention and learn about effectiveness of Early Intervention in the Perinatal period which may /can preempt further mental health problems from developing for the mother, baby and extended family. They will learn some therapeutic strategies that they may wish to include into their practice.

S133 Aspects of Early Intervention
3/09/2004 From: 1030 To: 1230 Venue: Central Foyer A
Paper 20 Minutes: Early Intervention in Psychosis: It's All in the Timing.
Christine McCrory Joanne Sherring
Early intervention for first episode psychosis is a widely accepted notion (Edwards & McGorry, 2002). Starting pharmacological treatment early is essential, however the timing of psychosocial interventions may be just as integral in the maintenance of hope and prevention of disability in the first episode consumer. The Support Through Early Psychosis Service (STEPS) is a recovery program for early psychosis consumers in the Hunter Region (NSW). It is the experience of STEPS staff that consumers referred early for psychosocial intervention have better outcomes than those who are referred later in the recovery process. Consumers social and vocational functioning often reflects this observation, but perhaps more significantly their sense of self and hope for the future appears to be strongly impacted. The aim of 'Early Intervention in Psychosis: It's All in the Timing' is to highlight the importance and long term effect of early psychosocial intervention through the presentation of two in depth case studies, comparing and contrasting immediate versus delayed psychosocial intervention. Psychosocial interventions for first episode psychosis consumers need to be initiated early in the recovery process in order to minimise the disruption to the consumers' lives and maximise the potential to achieve optimal recovery (Addington et al, 2003).

S133 Aspects of Early Intervention
3/09/2004 From: 1030 To: 1230 Venue: Central Foyer A
Paper 20 Minutes: Re-creating Through Recreation: 'People' not 'Patients' Playing an Active Role in their own Recovery.
Peter Smith John Riordan Kevin Glover
The notion that exposure to recreational activities can be a source of fun and pleasure and also revitalizing to both the body and spirit is not new. Despite this, recreation is rarely utilized as a means of facilitating recovery when a person's mental health is challenged, nor are the associated benefits of recreation understood. It is commonly accepted that the 'bush' or similar outdoor natural environments provides an opportunity for people to gain a fresh perspective and renewed appreciation of life. It is a context in which we are humbled by its magnificence, grateful for its calming effects and yet paradoxically, also confronted by its harshness. Additionally, as the presentation will outline, recreation provides the opportunity to enable people to overcome deeply planted seeds of helplessness. The presentation will illustrate how recreation can provide a context replete with pragmatic experiences of control and where a sense of mastery is promoted through graded exposure to increasingly more difficult tasks. This milieu also fosters and sometimes forces people to become more self-responsible. People can be quickly encouraged by their successes and rather than remain passive recipients of 'treatment' they become aware of their own potential to take and active role in their recovery and in the future course of their lives (Deegan, 1992). This presentation will outline how the re-creation of the person is only nurtured in an atmosphere of hope, where people feel safe to move at their own pace, where psychopathology is rarely discussed in the usual treater/treatee manner and the 'designated patient' is no longer a patient, but rather related to as a fellow human being (Strauss, 1994).

S134  Young People & the Justice System
3/09/2004  From: 1030 To: 1230  Venue: Central Foyer B
Basia Arnold
Despite acknowledged high needs for health and in particular mental health and alcohol and other drug treatment, young offenders have been badly served by the New Zealand health system in years past. This presentation will outline how this is changing and the challenges and barriers that have been overcome. The New Zealand Youth Offending Strategy, launched in April 2002, breaks new ground by including the Health and Education sectors as full partners with Youth Justice and Police in working with young offenders. The strategy takes a whole of life perspective and acknowledges that consideration of the wider health and social determinants are essential in a holistic approach to the management of youth offending. As a result of the implementation of the strategy, there is now a clear system of governance that allows people on the ground to communicate their concerns and successes to directly to central government. The paper will outline the role of the key players in this system, it will then move on to highlight the key areas of Health involvement - membership of the youth offending teams, holistic health assessments as part of the youth justice process, and first steps in a youth forensic strategy. The focus of the paper will be on the challenges faced by the mental health system, in becoming a real and active player in the New Zealand youth justice system. Learning Objectives: 1. After attending this presentation, participants will have be aware of the key facets of the Youth Offending Strategy, and will understand the challenges that have been addressed in the New Zealand context. In particular, they will be clear about how health services can become key players in a truly intersectoral strategy around youth offending. 2. Youth offenders have substantially higher rates of mental health (including alcohol and other drug) problems than the general population. Their offending behaviour compounds the clinical presentation. They are also among our most difficult clients and often relegated to the 'too hard' basket. Attendees at this session will be introduced to a model of care which provides a clear role for mental health within a strong intersectoral response to the prevention of offending and re-offending in young people. References: Ministry of Justice and Ministry of Social Development. 2002. Youth Offending Strategy. Preventing and reducing offending and re-offending by children and young people. Te Haonga. Wellington: Ministry of Justice/Ministry of Social Development. Carruthers. D. 2002. Report of the Ministerial Taskforce on Youth Offending. Wellington: Ministry of Social Development.
**S134 Young People & the Justice System**

**3/09/2004 From: 1030 To: 1230 Venue: Central Foyer B**

**Paper 20 Minutes: Validation of a Mental Health Screening Instrument for Young Offenders entering Detention**

**James McKenna  Susan Boyce**

This presentation aims to inform and educate delegates about a research project currently being conducted in the Brisbane Youth Detention Centre. It is a joint initiative of the Queensland Health Mental Health, Alcohol, Tobacco, and other Drugs Service (MHATODS) and Griffith University - School of Applied Psychology. The project aims to gather information from young offenders entering the Brisbane Youth Detention Centre to validate the use of an initial mental health screening instrument that has been developed in the United States. The Massachusetts Youth Screening Instrument - Second Version (MAYSI-2) was devised as an initial screening tool for young people entering custody to determine their need for immediate intervention. Further studies utilizing the MAYSI-2 on young offenders are required to assess the reliability and validity of this tool as a routine screening measure for those entering the juvenile justice system. Information gathered is for purposes of identifying young offender's potential risk factors and needs. Previous research has found that young offenders are more likely than their counterparts in the community to suffer from mental health disorders and/or substance use disorders, and the existence of these disorders presents special challenges to detention centre staff in properly exercising their duty of care. This research is an exciting and innovative project which, it is hoped, will eventually inform and guide future practice in identifying and treating mental health problems in a challenging and very needy population. **Learning Objectives**

1. Delegates will learn of the somewhat unique and innovative Mental Health, Tobacco, and other Drugs Outreach Service to the young people in Brisbane Youth Detention Centre and the special needs of this population. They will also learn of the process involved in validating a screening instrument to ensure its psychometric properties provide for a valid and reliable measure of mental health risk. The implementation of such a screening will allow for timely identification of young offenders who have mental health problems at the point of admission to the detention centre, and thus expedite a fuller mental health assessment and possible treatment of this group whom we know are at high risk. **References.** Bickel, R. & Campbell, A. (2002). Mental health of adolescents in custody: the use of the ‘Adolescent Psychopathology Scale’ in a Tasmanian context. Australian and New Zealand Journal of Psychiatry, 6, 603-609. Grisso, Barnum, R., Fletcher, K., Cauffman, E., & Peuschold, D. (2001). Massachusetts Youth Screening Instrument for mental health needs of juvenile justice youths. Journal of American Academy of Child and Adolescent Psychiatry, 40, 541-548.

**S134 Young People & the Justice System**

**3/09/2004 From: 1030 To: 1230 Venue: Central Foyer B**

**Paper 20 Minutes: Mental Health and Juvenile Justice - How does the Child and Youth Forensic Outreach Service Support Services in Working with Young People with Both Problems?**

**Bernadette McDermott  Bruce Watt**

The financial cost to taxpayers of the average property offence has been estimated as $27,000 (Scott, 2003) in addition to the personal, social and emotional costs to the offender and the community. Although research in the area is limited, some studies (e.g. Henggeller et al., 1998; Lipsey, 1992) show that appropriate and timely intervention can have an impact on both offending behaviours and the mental health and wellbeing of the young person. The Child and Youth Forensic Outreach Service (CYFOS) brief is to support service providers throughout the Central and Southern Health Zones of Queensland to engage and treat this target group. This presentation presents the current model implemented by CYFOS with case examples to illustrate the various levels of service delivery. These include the provision of training, consultation and liaison, forensic assessments and assistance in developing optimal intervention plans with available resources. Young people with mental health and juvenile justice issues are a high risk population who are challenging to engage and manage.

**S134 Young People & the Justice System**
3/09/2004 From: 1030 To: 1230 Venue: Central Foyer B
Paper 20 Minutes: **Multisystemic Treatment of Youth Offenders in Australasia: Preliminary Findings and Future Directions.**
Joshua Leblang  Nici Curtis

MST is a time-limited, intensive and individualised home-based treatment model that effectively reduces youth offending by targeting the multiple risk and protective factors associated with serious antisocial behaviour in youth. Using an ecologically valid, strength-based approach, MST empowers caregivers and other informal supports (e.g., extended family, teachers, community organisations) to develop the necessary skills and competencies to achieve positive, sustainable changes in the youth's behaviour. Over 25 years of rigorous research, MST has demonstrated such long-term outcomes as reduced recidivism, drug use, and days in out-of-home placement for youth, as well as improved school attendance, prosocial peer relationships, and adaptive family functioning. Moreover, MST has been shown to effectively reduce youth antisocial behaviour across multiple replications and over a broad range of clinical presentations, service providers, and community settings. Given these results, MST has been widely acknowledged as an effective therapeutic programme with the potential to bring about significant changes in the care and treatment of antisocial youth, both in Australasia (e.g, McLaren, 2000; Ministry of Justice, 1999) and overseas (Kazdin & Weisz, 1998; McLaren, 2000: Stanton & Shadish, 1997). This paper will first present the theoretical and empirical basis of MST, including the extensive quality assurance process that is a crucial component of the treatment model. We will then discuss the recent development of MST New Zealand, which is an organisation that provides individualised training and support to public and private agencies in Australasia seeking to implement MST. Preliminary outcome findings that have been obtained in New Zealand will then be presented, including consideration of cross-cultural adaptations that have been integral to the dissemination process. Finally, we will discuss proposed future directions in the research, development, and dissemination of MST in Australasia. **Learning Objectives.** 1. Participants will gain an understanding of ecological approaches to working with youth offending. 2. Participants will learn that working in the youth's ecology is more sustainable for long term change and also provides a significant cost-savings compared to usual services.

**S135 Understanding Others**
3/09/2004 From: 1030 To: 1230 Venue: Central Foyer C
Paper 20 Minutes: **Discrimination - my personal journey**
David Lui

Aims: 1. Tell about my journey and experience with discrimination and how it has helped me gain valuable insight with my work in Mental Health. 2. Inspire others who are dealing with these issues on a daily basis. Discrimination is a daily occurrence in society. Sometimes it is deliberate and intentional. At other times it is overt, discreet and subtle in nature. In all cases it is hurtful, demoralizing and soul destroying. In this paper David will tell of his personal
experience with discrimination as an immigrant to New Zealand in the 1970's through to the present time. He will reveal some of the discrimination he has witnessed with pacific islanders in New Zealand and with his work in mental health and how his personal experience with discrimination has shaped his work in mental health. **Learning Objectives**

1. The audience will learn about David's personal perspective and first hand experience of dealing with discrimination.
2. The audience will learn of some personal ways of coping with discrimination and how David has survived the experience.

**S135 Understanding Others**
3/09/2004 From: 1030 To: 1230 Venue: Central Foyer C

**Paper 20 Minutes: Let The Sunshine In: A Framework for Planning and Evaluating Work to Counter Mental Health Stigma and Discrimination.**

Hilary Lapsley Beven Yee Mary O'Hagan Hamish MacKenzie

This paper introduces a framework designed to help those involved in planning or evaluating work aimed at countering mental health stigma and discrimination. It was developed at the Mental Health Commission in order to assist us in a project involving a report on the anti-discrimination sector in mental health in New Zealand. We developed the framework in order to provide us with a theoretical basis for our investigation of the sector. Our framework tool helps its users to: understand the components of discrimination; identify different philosophies underlying anti-discrimination approaches; identify strategies used in anti-discrimination activities; identify the focus/targets of anti-discrimination activities. In this session the tool will be presented audio-visually, using a metaphor based on the idea of a city in changeable weather, where the sun represents equality, rights and respect for its citizens with mental illness and distress, and bad weather represents stigma and discrimination. We believe that our framework is a helpful tool that could be more widely used, by people working on either individual stigma and discrimination projects or systemic overviews at a regional or national level. **Learning Objectives**

1. People attending will be introduced to the framework tool, and learn how it would apply to their own anti-stigma and discrimination work.
2. It is important that such work be well considered and well planned in order to be effective, and ill-conceived work could potentially enhance stigma and discrimination. **References**


**S136 Understanding Others**
3/09/2004 From: 1030 To: 1230 Venue: Central Foyer C

**Paper 20 Minutes: Challenges of understanding recovery from serious mental disorders - Can a mere professional understand "Recovery".**

Viadyanathan Kalyanasundaram Vivian Jarrett

"Recovery" has become a concept that is expected to drive the current and future mental health systems of care. Embracing this concept involves valuing the highly individualised lived experiences of persons in recovery and the challenge that they face in navigating the system of care and occupying their citizen space. An ecological view of the experience of mental disorders and recovery from them could highlight numerous internal and external factors. The presentation will highlight the complexity of the experiences of mental disorders and recovery and urge the need for considerable efforts at understanding them. **Learning objective 1:** To understand the complexity of experience of psychosis and recovery from a psychosis as informed by lived experience.
Paper 20 Minutes: Psychiatric Inpatient Care for People with a Dual Disability in Victoria: Prevalence, Nature and Impact of Multiple Mental Disorders
Andrew Pridding  Chad Bennett
This paper reports on a project undertaken by the Victorian Dual Disability Service and was commissioned by the Mental Health Branch of the Department of Human Services to identify the number of people with intellectual disability in the long stay component of mental health services in Victoria. A suite of instruments was administered to determine their diagnosis and psychopathology and the subsequent effects that this has had on the patient and the service system. On the basis of these findings recommendations are made in relation to future service delivery for this group. People with intellectual disability are at higher risk of mental health problems and have difficulty in accessing appropriate services. There is an increasing body of evidence that suggests that this group do not fit into a generic model of service delivery and that this results in poor outcomes for the client and frustration in the system. There is little research on the number and characteristics of patients with intellectual disability in inpatient psychiatric settings, or on how they impact on these services and there is a lack of clarity as to how the mental health needs of people with intellectual disability should be met. 1. Holt G, Costello H, Bouras N, Diareme S, Hillery J, Moss S, Rodriguez-Blazquet C, Salvador L, Tsiantis J, Weber G & Dimitrakaki C (2000) BIOMED-MEROPE Project: service provision for adults with intellectual disability: a European comparison. Journal of Intellectual Disability Research. 44(6) 685-695. 2. Xenitidis K, Gratsa A, Bouras N, Hammond R, Ditchfield H, Holt G, Martin J & Brooks D (2004) Psychiatric patient care for adults with intellectual disabilities: generic or specialist units? Journal of Intellectual Disability Research. 48(1) 11-18. Learning Objectives. 1. Participants will gain an understanding about the numbers and characteristics of people with intellectual disability in psychiatric inpatient units in Victoria. 2. Participants will recognise the impact of dual disability on the Mental Health service system and will gain an understanding of the recommended options for psychiatric care of this group.

S136 A: Intellectual Disability; B: Access to Care
Paul O’Neal
This paper will present research which is being carried out in the field of dual disability (DD). Dual disability refers to the co-existence of intellectual disability and mental illness within the one individual. The aims of this presentation are as follows: 1. To provide an overview of dual disability. 2. To present a research-based planning and evaluation framework for dual disability service systems. 3. To raise awareness and stimulate creative thinking in this highly neglected field. Whilst there are comprehensive government funded programs already in place for persons with either intellectual disability or mental illness, there remains considerable scope for the development of a comprehensive and coordinated service system for people with dual disability. These individuals are among the most severely disadvantaged in our society today and, typically, are likely to ‘fall through the cracks’ in either the ID service system or the MI service system. Their needs are frequently unobserved or, if they are, may be attributed to one or other of the disabilities. The Comprehensive Planning & Evaluation Framework for Dual Disability Service Systems will provide the structure needed to develop a coordinated dual disability system which targets the highly complex needs of dual disability persons. The proposed framework integrates sociological and clinical theories, practise concepts, and service principles from a range of sources. It is envisaged that a research-based service system model will contribute towards planning, program development and evaluation. Ultimately, service users will be the beneficiaries of any achievements, particularly the direct consumer groups (clients and carers) towards whom such benefits are targeted. Learning Objectives. 1. The audience will gain three things from attending this presentation: People in the audience will gain a broad understanding of what is sometimes referred to as the ‘other
dual disability'. That is, co-existing intellectual disability and mental illness in the one person.; The audience will gain an understanding of service system development in relation to dual disability and how the proposed Comprehensive Planning & Evaluation Framework can help achieve this. The presentation will cover both planning and evaluation aspects. Thirdly, the audience will be encouraged to shift their thinking away from the scientific, linear, cause-and-effect approaches to the assessment and treatment of dual disability towards more of a systems-based, ecological perspective which is fundamentally based upon social, spiritual, recreational, and friendship-based dimensions which ultimately provide meaning to people's lives. This is particularly relevant in relation to a highly disadvantaged and vulnerable group such as those living with dual disability. 2. This topic/issue is relevant to mental health services by offering a developmental and comprehensive approach to the building of a dual disability service system. The proposed planning and evaluation framework for DD service systems will allow policy makers, program planners, and practitioners to focus upon meeting the complex needs of people with dual disability (ID&MI) in a rational and coordinated way. At the present time in Australia, there exists no comprehensive or systematic approach to dual disability, but rather, only a fragmented and loosely connected conglomeration of services and practitioners. This presentation will also seek to raise awareness about this particular form of dual disability which tends to be neglected and overshadowed by other forms of multiple malaise.

S136  A: Intellectual Disability; B: Access to Care
Paper 20 Minutes: Improving Access to Psychiatric Beds - the Out of Area Bed Coordination Project.
Steve Nedelkos  Boyce Felstead  Les Potter
Steve Nedelkos, Project Manager, OOA Bed Coordination Project; Boyce Felstead, Manager, North East Community Mental Health Service & Les Potter, Manager, Mental Health Clinical Service Unit, Austin Health
This is a report on a project aimed at: improving access to acute psychiatric beds; and the methodology applied to improve the service model to consumers across three health care networks (St. Vincent's, Austin & Eastern Health). Inpatient, community-based, emergency department psychiatric triage (ED) and case management services have developed with variation in methods, practices and philosophies between health care networks. As well, there has been a significant increase in ED Psychiatric presentations. These two factors have contributed to problems accessing acute psychiatric beds. Management across the networks supported a process whereby Acute Inpatient & CAT Managers met regularly to develop common policies & procedures. The methodology used embraced open discussion of leadership issues, collegiate development, best practice and willingness to name and discuss problems. This has resulted in improved inter-service relationships. There has also been significant development in the use of web-based technology to assist 'bed-finding' problems. Recommendations around service model and information technology developments are made to assist disparate services work together to find beds for mental health consumers. Learning Objectives. 1. This paper provides a model to assist disparate services to improve outcomes for consumers and staff in the complex area of bed management. Service model and information technology strategies are offered. 2. Finding acute mental health beds in a time-efficient manner is a key issue across mental health issues across Victoria. As such, it warrants the urgent and creative attention of service managers and policy makers.

S136  A: Intellectual Disability; B: Access to Care
Paper 20 Minutes: Triage - A More Efficient Use of Scarce Rural Resources.
Gail Stevens  Lee Smith  Darya McCann
Gail Stevens CNC Mental Health, Lee Smith RN GMAHS & Darya McCann Client Service Manager, McKesson.Meeting the requirements of The National Mental Health Plan 2003-2008 (Australian Health Ministers 2003) and the National Standards for Mental Health Services (AHMAC National Mental Health Working Group 1997) in a rural area was the conundrum facing management and workers of the Wagga Wagga Mental Health Team. Wagga Wagga Community Mental Health Team services a population of approximately 60,000 people. The team has never been fully staffed with a minimum of 30% of positions being vacant. In 2002 all Triage calls were reviewed. It was identified that 71% of the calls received were not appropriate for Mental Health Services. The team endeavoured to identify a more efficient way of providing a Triage service (Ledek et al 2002). The Greater Murray Area Health Service had contracted McKesson's Accessline to provide a 24-hour phone service. Accessline agreed to be the single point of entry for Wagga Wagga Mental Health Services and any referrals would be given a Triage Urgency of Response Scale rating (NSW Health Department 2002) after an initial phone assessment (Grigg et al 2002). April 2003 was the commencement date of all telephone referrals being assessed by Accessline. A mental health worker was rostered each day, to review the Triage calls faxed from Accessline and to respond to the referrals according to their Triage rating. Difficulties encountered have been resistance from some referring agencies, particularly General Practitioners and staff of the Emergency Department. Forums have been established to explore difficulties and attempt mutually agreeable resolutions.

Learning Objectives
1. Redesigning the use of telephone triage to assist a chronically understaffed mental health service to provide timely assessments in a rural area.
2. Addressing resistance to changes in mental health practice from referral agencies.

References:

S137 Mental Health of Older People
3/09/2004 From: 1030 To: 1230 Venue: Meeting Room 8
Symposium 1 Hr: Emerging Issues in Mental Health in Aging Women.
Linda Salomons
Invisibility: Ageing women and their Mental Health Issues In western society the quality of life of the ageing person, particularly women is affected by a number of factors, physical health, social stereotyping and attitudes which have a marked effect upon their mental health and well being. Meaningful employment, financial and social interactions, and their interpersonal relationships and friendships impact upon the meaning of their current and future life. According to Erickson (1963) 'growing older is a process of consolidating past experiences and finding meaning'. It is also a way to remain connected in society and gain a spiritual contentedness. While research opinion appears to be divided about an increase in mental health problems namely depression in older women, (unless they are hospitalised), there are a number of precipitating factors that may cause or increase depression in an ageing cohort. These may include decline in physical and cognitive functioning, loss of family, friends or partner, physical health problems and chronic pain, decreasing mobility, isolation, and an increase in poly-pharmacology intake to name a few. The community appears to have knowledge and some experience with and about dementia but appear to have minimum exposure, knowledge and involvement with older people's other mental health issues. This paper will explore the literature briefly, reflect upon the attitude of society towards older people in general and in particular the mental health issues of older women and suggest some strategies to assist older women in society.

Learning Objectives
1. Provide an overview of
mental health issues that older women may be exposed to and experience as a part of the ageing process. 2. Stimulate awareness for mental health professionals to provide mental health support and education to the community about aging people and their potential mental health issues.

S137 Mental Health of Older People
3/09/2004 From: 1030 To: 1230 Venue: Meeting Room 8
Symposium 1 Hr: Mental Health of Older People
Gerard Byrne  Elaine Collins  Helen Siddle
This symposium will consist of three presentations. Paper 1: by Elaine Collins will outline the history, structure and function of the RBWH Geriatric Psychiatry Outreach Service (GPOS). Paper 2: by Gerard Byrne will review clinical outcomes in relation to the mental health service needs of older people and present findings from GPOS data collections. Paper 3: by Helen Siddle will focus on clinical research within GPOS. Abstract 1: The Royal Brisbane & Women's Hospital (RBWH) Geriatric Psychiatry Outreach service (GPOS) commenced operation in late 1995 with the assistance of a Commonwealth grant. Queensland Health subsequently continued funding. GPOS operates in collaboration with general practitioners and other community services. The catchment area of the RBWH GPOS has approximately 30,000 people aged 65 years and over. The district is relatively well served by aged hostels and nursing homes as well as public and private sector inpatient psychiatry units. The GPOS is one component of the RBWH Geriatric Psychiatry Service, which also includes a 10-bed inpatient unit, an outpatient clinic and a consultation-liaison service. Staff of the GPOS include 0.3FTE psychiatrists, 1.0FTE senior psychiatry registrar, 3.0FTE clinical nurse specialists, 0.3FTE social worker and 1.0FTE administration officer. Each fulltime GPOS case manager has approximately 30 patients under care, a substantial load given the level of comorbid physical disorders. Abstract 2: The Geriatric Psychiatry outreach Service has been collecting several types of clinical outcomes data since the Service's inception in 1995. These data have been used to develop a detailed picture of the clinical caseload of the Service, to obtain feedback from clients of the Service, and to assess the effectiveness of the service. We recently submitted for publication a paper based on a consecutive series of 329 patients (Males 35.3%; Mean age 79.2 years) rated on the HoNOS at intake and discharge. Of these patients, 130 (39.5%) lived at home and 136 (41.3%) lived in aged hostels and nursing homes. Most were single (19.5%) or widowed (43.2%). Most had been referred by the geriatric medicine service (26.7%), general practitioners (20.7%) or the mental health inpatient service (15.8%). The distribution of principal diagnoses was quite different to that found in general adult psychiatry services: 152 (46.2%) had dementia or some other organic mental disorder, 97 (29.5%) had a mood disorder, and 31 (9.4%) had a psychotic disorder. There was a good level of agreement between HoNOS raters with Kappa statistics on individual HoNOS items varying between 0.81 and 0.96. The intake and discharge HoNOS scores were compared among patients within diagnostic groups. For example, within the group of patients with dementia there were highly significant reductions in HoNOS mean score on items 1 (behavioural disturbance), 6 (hallucinations and/or delusions) and 7 (depressive symptoms). Although these data were not acquired as part of a randomized controlled trial and do have some limitations, the data do provide some reassurance that, on several important dimensions, GPOS patients are improving between intake and discharge. In addition tot the HoNOS study we also undertook a satisfaction survey amongst GPOS patients, carers, GPs and other referrers, and aged care facilities. In total, we received 48 responses form patients-Carers, 58 responses from GPs/other referrers and 178 responses from aged care facilities. As expected, the response rate varied between 30% for patients and 67% for aged care facilities. On a variety of questions about GPOS, patients and aged care facilities rated the service as better than 4 on a 5-point scale on every question. Carers rated GPOS better than 4 on a 5-point scale on 8 of the 12 questions. We thus have confidence that GPOS clients have a high level of satisfaction with the service. So on both on a measure of clinical outcomes and on a measure of client satisfaction the GPOS appears to be doing well. Abstract 3: The Geriatric Psychiatry Outreach Service (GPOS) has been involved in a diverse range of research projects.
over the past decade. These research projects have all focused on topics of clinical relevance to the well being of patients of the Service. In most cases research has been conducted by psychiatry registrars with substantial assistance from GPOS case managers. Several examples of clinical research will be described. 1. Screaming in patients with dementia. In this study conducted by Michael Dwyer nursing home patients with and without disruptive vocalization were assessed for depressive symptoms on three scales designed to measure depression in dementia. A strong relationship between disruptive vocalization (screaming etc) and depressive symptoms was demonstrated. The GPOS now considers depression in cases of disruptive vocalization. 2. Hopkins Verbal Learning Test (HVLT). In this study conducted by Rowena Frank the properties of this new test of auditory verbal new learning were compared with the Mini-Mental State Examination (MMSE). Using receiver operation characteristic (ROC) analysis the HVLT was found to have somewhat superior properties in distinguishing people with dementia from those without dementia. The HVLT is now used routinely within the GPOS to augment the MMSE. 3. Quality of Life in Depression. A new World Health Organisation (WHO) scale for the transcultural assessment of quality of life, the WHOQOL-BREF, was assessed in patients with depression. Quality of life scores were strongly correlated with severity of depression and the number of self-reported physical symptoms. 4. Premorbid personality and behavioural psychological symptoms of dementia (BPSD). In this study conducted by Chris Slack, informant rated premorbid personality on the NEO-OI-R personality inventory was found to predict BPSD measured on the Neuropsychiatric Inventory (NPI). 5. A New Measure of Generalised Anxiety in Older People. In this study being undertaken by Helen Siddle, a new anxiety scale developed by Nancy Pachana and Gerard Byrne is being tested in the field. The GPOS has a productive relationship with the University of Queensland Department of Psychiatry and many of those projects have lead to peer-reviewed publications.

S138 2 x Workshops: Consumer Evaluation
Workshop 1 Hr: What do consumers want from a mental health service?
Lindsay Oades Sandra Hunt Donna Huntriss Gillian Malins Linda Viney
First Author: Dr. Lindsay Oades.Co-author 1:Sandra Hunt.Co-author 2:Donna Huntriss.Co-author 3:Associate Professor Linda Viney.Co-author 4: Gillian Malins.Organisation:Illawarra Institute for Mental Health University of Wollongong. Title:What do consumers want from a mental health service?Abstract:The exercises in this workshop are related directly to the results from the 3yr project entitled, Consumer Evaluation of Mental Health Services (CEO-MHS). The CEO-MHS project has been an innovative project in which mental health consumers and established university based researchers have worked in partnership to develop a framework for conducting consumer evaluations of mental health services. All data in this project has been collected by consumer researchers. Four key outputs from this project will be presented in a hands-on fashion: (1) Themes from interviews in which consumer researchers interviewed other consumers about their views of the mental health service they were accessing (2) An evaluation framework developed by consumer researchers to assist consumer evaluation of mental health services (3) A consumer constructed questionnaire designed to evaluate mental health services and (4) Recommendations regarding employing consumer researchers to conduct consumer evaluations of mental health services. Participants will be encouraged to relate results to their own experiences and service settings. Learning Objectives:1.An understanding of what a consumer evaluation of a mental health service may entail.2.The evaluation framework and the development of a consumer-constructed scale are likely to be useful for Australian mental health services that aim to more systematically conduct consumer evaluations of services. References .Malins, G.L., Oades, L.G., & Viney, L.L (2003). Consuming Constructs: Why Are Mental Health .Consumers Asked to Passively Consume Services? in G. Chiari and M. L. Nuzzo (Eds). Psychological Constructivism and the Social World. Milano, Angeli: EPCA Publications.Malins, G. L., Viney, L. L., Oades, L. G., & Aspden, S. (2004). What's in a service? Consumers' views of Australian mental health services. Unpublished Manuscript to be Psychiatric Services.
S138  2 x Workshops: Consumer Evaluation  
Workshop 1 Hr: Cultivating Change through Consumers’ Perceptions, Experiences and Outcomes  
Gillian Malins  David Guthrie  Sarah Godon  Alan Evans  Russell Tait  
This workshop will bring together a range of presenters from across Australia and New Zealand working in the areas of: 1. measuring and hearing consumers’ perceptions and experiences of mental health services; and 2. self-assessment of mental health outcomes. The presenters will highlight the projects they work with, the challenges faced by these areas, and what they see as best practice in methods which appropriately inform both consumers and others about change in their own mental health, and services about consumers’ perceptions and experiences. Some of the projects that will be discussed include: The MH-CoPES Project from NSW which aims to identify or develop a tool and process to be adopted as a state-wide protocol for measuring and including consumers perceptions and experiences of services, in the quality improvement of these services. The project ‘Consumer Consultants help those who decline consumer-rated outcome measures’ being conducted in Victoria, exploring consumers’ choices to decline consumer-rated outcome measures. David Guthrie and Mishka MacIntosh will describe this research project. Sarah Gordon will discuss the project conducted in New Zealand, which undertook preliminary work towards the development of a self-assessed measure of consumer outcome for New Zealand. Ian Evans and Russell Tait will present about the ‘Self Management and Rating Tool’ (SMaRT) Project, from South Australia. SMaRT is being developed to assist and empower the patient to develop behavioural strategies to provide for self-management whilst allowing for monitoring and feedback to comply with NOCC (National Outcomes Casemix Collection), Project. Brief presentations about these specific projects, which will identify some of the challenges faced by this area of research and service provision, will lead into a general discussion, with the audience invited to pose questions or raise points for further exploration, which the panel of presenters and audience members will discuss.  
Learning Objectives: 1. People in the audience will gain:  
- an understanding of the issues around effectively eliciting and feeding back consumers’ perceptions and experiences of mental health services and mental health outcomes;  
- an understanding of the importance of incorporating consumers’ perceptions and experiences of mental health services and mental health outcomes into service planning, and quality improvement cycles;  
- an understanding of the importance for consumers that their perceptions and experiences of services and mental health outcomes are heard;  
- insight into what is occurring in this area at a national level, and within the states; and  
- an opportunity to meet and network with others involved and interested in this area of research, and service delivery.  
2. This topic is centrally relevant to mental health services and issues. Specifically, appropriately and usefully measuring consumers’ perceptions and experiences of services, and outcomes, relates to several areas in the current National Mental Health Plan (Australian Health Ministers, 2003). Outcome 25 and the key directions linked to it clearly outline that consumers’ involvement in policy, planning and treatment - a ‘hallmark of a quality mental health system’ (p. 24) is an area that continues to require improvement. Outcome 28 highlights the need for continued and further development of routine consumer outcome measures. The importance of consumers’ perceptions and experiences of services to consumers’ outcomes and for service improvement, are recognised nationally and internationally, however, this is an area that is still challenged in practice (Linhorst & Eckert, 2002; Phillip & Stewart, 1999; Wadsworth & Epstein, 1996).
Paper 20 Minutes: Assessing the Effectiveness of a Telephone Response to Your Mental Health Crisis Call!
Trevor Parry  Andrew Crowther  Cynthia Stuhlmiller

Many agencies throughout Australia use the telephone to respond to people in a mental health crisis. Depending on the agency called, the type of response consumers receive may differ whether they are a registered client of a mental health service or a first time caller. These differing responses can create much confusion amongst the registered clients of mental health services as the variations in advice can be interpreted as being unhelpful, perhaps uncaring, and unprofessional and can leave the caller feeling isolated, vulnerable and at risk of self harm. This project will seek to define the protocols used by the different agencies in South Australia that respond to mental health crisis via the telephone. As well as the curriculum used for staff and volunteer training it will also investigate what standards are used to assess the effectiveness of their service. The research is being conducted by a partnership consisting of the Australian Mental Health Consumer Network and the School of Nursing, Flinders University. Mental health consumers require a 'best practice' response to our crisis calls and this project will investigate and report on the consumer and service provider perspectives of how this can actually be defined. **Learning Objectives.** 1. Details will be obtained regarding what consumers require from a crisis telephone response and how services can adequately respond. What are the effective protocols, the best training curriculum and effective standards of evaluation for operating this type of service? 2. Effective mental health crisis intervention over the telephone is vital as it may be the first and it can be the last call made by someone experiencing personal mental health trauma. This topic is constantly under discussion by consumers and service providers and via this project we seek to investigate and clarify 'best practice'. Consumers of mental health services deserve a solution to what has proven to be a long term service provision issue.

S139  A: Assistance, B: Mindbodylife Program Workshop  

Toni Louise Van Hamond

Prompted by the Bali experience and re-establishment of regional disaster recovery meetings, representatives from Barwon Health Mental Health Service, Geelong Lifeline and Department of Human Services worked together to develop a process for people to seek support and linkages following a traumatic experience. The scope of the term 'trauma' included any incident that left the individual feeling lost, disturbed or distressed such as road accident, bank hold up, witness to a shooting and extending to greater community impact incident such as floods or fire. Representatives from each of the 3 lead agencies came together and over 12 months designed, launched and began a quarterly evaluation of a card titled 'Helpline' that was distributed by the key emergency service personnel. All agreed there should be no duplication of service, no confusion and a clear pathway to access the service. This presentation will discuss the collaborative process that was undertaken to introduce the 'card', the roll out and some identified issues that have already occurred within the first 3 months of the cards introduction. This initiative was seen to be a proactive means of preventing the long-term effects of this type of trauma, and seen as a proactive mental health prevention/promotion activity, with the collaboration of numerous agencies working together to achieve desired goals for the local community. **Learning Objectives.** 1. Members of the audience will learn of the collaboration that occurred within the region, to improve an unmet need whilst remaining within resources and process' that already exist, by establishing clearer communication pathways. 2. Members of the audience will learn the pathways that have been travelled, the errors and the achievements made to date within the longer term project timeframe.

S139  A: Assistance, B: Mindbodylife Program Workshop  
Workshop 1 Hr: Workshop - The Mindbodylife Weight Management Programme.
Deborah Fitzgerald

There are many factors that affect the physical health of people with a mental illness. In recent years increasing emphasis has been placed on improving the physical health of people with a mental illness, particularly for those with weight issues. The Mindbodylife programme is aimed at improving the physical health of people with schizophrenia and bipolar disorder with a focus on weight management. The eight-week program offers a practical intervention that empowers participants in the management of their weight and physical health despite the potential effects of medication. The Mindbodylife Weight Management kit and its contents include:

1) The latest research results in this area.
2) A practical guide to the eight week weight management.
3) Food diaries.
4) Dietary guidelines.
5) Overhead presentation pack.
6) Weight record cards.
7) Evaluation forms.

The following organisations will share their experiences and success stories from the Mindbodylife program:

- Southern Community Mental Health Service - Presented by Megan Brundell and Ian Clarke: Southern Community Mental Health is a continuing care clinic with Adult Psychiatry in Southern Health Victoria; They run a weekly programme called WHAM (Weight, health, medication) and cover topics such as stress, self-esteem, motivations and emotions as well as traditional health issues such as diet and exercise; The Mindbodylife weight management clinic is run as part of the WHAM programme.

- Mental Illness Fellowship of South Australia - Presented by Robert Leahy: The Mental Illness Fellowship of South Australia (MIFSA) is a Non Government Organisation (NGO) that works with people living with a mental illness, their relatives, carers and friends to improve wellbeing; People with a mental illness report higher levels of obesity, particularly abdominal obesity than the general public, with 45% of males and 67% of females in this population overweight or obese (Wallace & Tennant, 1998); MIFSA took up the support offered by Eli Lilly as part of its Mindbodylife programme to organise and run a weight management programme that had been successful in the UK; The Mindbodylife programme has been successful in providing MIFSA members an opportunity to manage their weight, and some will share their successes through video recorded testimonies. The workshop will provide an opportunity to request a personalised consultation in setting up a Mindbodylife Weight Management clinic, including an implementation kit. A comprehensive list of locations currently running this programme will also be made available to attendees.

**Learning Objectives:**
1. The steps towards setting up and running a practical and effective weight management programme, tips from others with experience and where to source additional information.
2. People with a mental illness are at greater risk of weight gain than the general public for a number of reasons and need tried and tested, tailored approaches to help them manage their weight and general physical health.

**References:**

S140 Mental Health in Schools

Paper 20 Minutes: Investigating the effect on parent-child relationship and familial stress factors following the Hanen Centre program for parents.
Narelle Anger  Diane Keating  Shareen Forsingdal

Queensland Health has supported the training and implementation Hanen parent intervention programs fostering communication development in young children. The roll out of this evidenced based program has provided Queensland Health districts with a strategy for enhancing the capacity of families to support and develop the communication skills of their children. Communication impairment is one of the most common developmental disorders in our community and is highly associated with mental health disorders in childhood and adolescence (Beitchman, Wilson et al. 2001). Fostering the early development of effective communication skills is beneficial for all children and especially important for those with communication problems.
communication between parent and child has been shown to enhance the capacity of families to effectively nurture and sustain children (Warr-Leeper 2001). It is hypothesised that the Hanen program will have an impact on not only the child's language skills but also the quality of the parent child interaction. This impact is important to understand as the development of behavioural reciprocity between parent and child underpins and enhances a healthy emotional relationship. Speech Pathologists from Mental Health and Community Health Services in several districts around Queensland are attempting to address this lack of evidence by implementing a research project which will measure several psycho-social factors in families participating in the Hanen program. This paper will discuss how this project will operate and the measures and methodology used and results to date. Beitchman, J. H., B. Wilson, et al. (2001). 'Fourteen-year follow-up of speech/language impaired and control children: Psychiatric outcome.' Journal of the American Academy of Child and Adolescent Psychiatry 40(1): 75-82. Warr-Leeper, G. A. (2001). 'A review of early intervention programs and effectiveness research for environmentally disadvantaged children.' Journal of Speech-Language Pathology and Audiology 25(2): 89-102.

**Learning Objectives.**
1. Learn about how an evidenced based parent program for communication development can lead to enhanced mental health outcomes.
2. Learn how such a research project is being implemented around the state.
3. This is very relevant to Mental Health services as the outcomes may inform practice for early intervention and preventative work with families and children.

S140 Mental Health in Schools

**Paper 20 Minutes: Creative Connections with Kids: using performing arts for mental health promotion in schools**

**Harry Gelber  Helen Butler**

Engaging school communities in mental health promotion has historically been a challenge. The Festival for Healthy Living is an innovative public health initiative using the performing arts to meet this challenge. It builds the capacity of schools to promote mental health and emotional well-being of children and adolescents in primary and secondary school communities. Taking a whole school, population-based approach, the extended Festival programme enables students and others in the school community to explore mental health issues in creative and non-stigmatising ways. Informed by professional development in mental health, and supported by workshops with a community artist, the culmination of the Festival programme is a student-devised, solution-focused performance which celebrates positive mental health strategies. To date, thousands of students in 31 schools across 3 regions in Victoria have participated. Performances have been characterised by diversity in topics and arts genres, including mime and masks to explore bullying and relationships, circus acts as a metaphor for the ups and downs of life, dance and song to explore self-esteem and identity issues. This presentation will describe the development, implementation and key evaluation outcomes of this innovative program that integrates arts education and mental health. The presentation will include videotape excerpts from student performances.

**Learning Objectives.**
1. People in the audience will learn:
   - about the role of performing arts in promoting mental health and wellbeing within a school setting.
   - about the importance of capacity building and partnership development in schools and communities as a foundation for the Festival programme about program implementation in schools.
2. The topic is relevant to mental health services because it addresses the need to promote: a more helpful orientation to mental health issues and help seeking, an understanding by teachers and students of how mental health can be enhanced by developing more positive school environments and adopting problem solving approaches to dealing with life's adversities.

**References.**
This presentation will discuss two innovative and collaborative programs which have sought to bring education about mental illness, mental health and ways to support children and families affected by mental illness into primary and secondary schools into rural and regional central Victoria. It will demonstrate how a collaborative practice model was developed and implemented, which brought together five community agencies interested in partnership building for developing healthier communities. Participants will learn about the importance of utilising a flexible structure that responds to group dynamics and to the inquiring nature of children and different stages in their life span. We will discuss why we found using the 'whole school' approach worked more effectively in educating children about mental illness and mental health, and in assisting to demystify mental illness. The important message of our work is that communities need to know the truth about mental illness and mental health, and that schools are a great environment to start teaching children and families about these things. Participants will leave this presentation knowing that it is never too early to start talking with children about sensitive life issues, and that serious issues do not have to be taught in serious ways. **Learning Objectives.** 1. The presentation will inform participants about two programs, which link research to practice. Research demonstrates that the earlier children are taught about mental health and mental illness, the easier it is to reduce stigma and demystify mental illness. Talking with informed professionals assists children to express themselves, which will help them to understand more about their worries, and ways of coping with these (Falkov, 2004). Our first program was set within a primary school, which has a pre-existing social competencies program. Children are familiar with being removed in small groups from their classrooms to participate in activities, which build on developing social skills and learning about issues beyond the range of formal curriculum. Consequently we were able to work in a non-stigmatising environment. The group included children living in families affected by mental illness, but also children from the broader population. They had the opportunity to learn more about what it is like to experience mental illness in one's family and were a great support to their peers. The program drew on knowledge that many children have stated that they wish they could learn more about mental illness issues when at school (Carr, 2004), and the school we worked with supports this by inviting us to work with them, and wanting the program to be repeated this year. The second program trialled for 2 years in a secondary school was an educational support group for children known to live in families affected by mental illness. If families agreed for them to attend, the children were removed from class to attend. Although they were familiar with being removed from class to attend a variety of activities, attendance rate at this program was poorer than the whole grade/whole school approach utilised in the primary school. We will discuss the reasons why we believe the primary school program that built the mental health education into their main curriculum framework works more successfully. 2. The presentation will enhance participants' knowledge about ways to work with junior primary and secondary school children about the sometimes difficult subjects of mental illness and mental health. It will provide participants with examples about what to say to children and young people to enable them to understand mental illness and mental health, and how we can say it. We will demonstrate activities and materials we developed and used in doing this. **References:** Falkov, A. (2004) 'Talking with children whose parents experience mental illness', in V. Cowling (ed.) Children of Parents with Mental Illness 2, Melbourne: ACER Press, pp.41-56. Carr, M. (2004) 'Miriam's Story', in V. Cowling (ed.) Children of Parents with Mental Illness 2, Melbourne: ACER Press, pp. 75-78.
Anne Wignall  Nick Kowalenko
Depression is one of the most common mental health problems facing young people. While there is a high prevalence of youth depression, only a minority of young people affected get help. This suggests a major potential role for school-based initiatives that promote emotional well-being. In response to this, the ACE (Adolescents Coping with Emotions) program, an indicated preventive intervention, was developed in partnership with schools. Positive evaluation and acceptability of the program to both health and school personnel has resulted in its being readily taken up by service providers. This process of scaling up has resulted in - a) dissemination of the program ; b) a number of adaptations to local environments and c) further research. Firstly this paper will describe the initial quantitative and qualitative evaluation of the program. Secondly, the paper will describe the partnership with the MindMatters Plus Pilot, a national initiative extending the scope of MindMatters, a school based mental health promotion program offered to secondary schools. Thirdly, the program will describe scaling up and dissemination in partnership with agencies in one Australian State (New South Wales), predominantly through School-Link.

S141 Paper: Parents with Mental Illness; Symposium: Children of Parents with Mental Illness
3/09/2004 From: 1030 To: 1230 Venue: Meeting Room 4
Paper 20 Minutes: Parents with a Mental Illness: Responding effectively to their needs.
Carmel Alakus  Julie-Anne Leslie  Rebecca Conwell  Monica Gilbert
Parents with a mental illness may feel extreme isolation and may avoid services for fear of having their children removed from their care (Basset, Lampe & Lloyd, 1999). The Collaborative Therapy Unit, in Melbourne, has recently begun work on a pilot program for parents with children aged of 0-5 years. The project aims to encourage consumers to develop skills that assist them as parents to manage the combined factors of having a mental illness and parenting a child. Essential to the development of this parenting program is the collaboration between mental health and other services to establish and problem solve needs for services and consumers. This material is then used to develop, implement, and evaluate training, group work or one to one packages, which these services can continue to use once the evaluation has been completed. Collaborative has another layer of meaning in that consumers are actively involved at the outset in their own care with the use of a Collaborative Therapy Journal, which allows the person to participate in their own and their child's health by providing a communication tool for improved service integration, which is, according to recent research, currently inadequate (Dean & Macmillan, 2001; Pietsch & Cuff, 1995; Brunette & Dean, 2002). Learning Objectives. Audiences will learn about an effective approach to service integration and an intervention that intends to assist parents with a mental illness in the early stages of parenting and managing their illness. This project is relevant to mental health services as research suggests that there is little interagency collaboration within the mental health services and consumers, including parents, suffer because of this. This project addresses the gaps in this area. References: Basset, H., Lampe, J. & Lloyd, C. (1999) 'Parenting: Experiences and feelings of parents with a mental illness', Journal of Mental Health, volume 8, number 6, pp.597-604. Brunette, M. F. & Dean, W. (2002) 'Community Mental Health Care for Women with Severe Mental Illness Who Are Parents' Community Mental Health Journal, vol. 38, no. 2, pp.153 - 65. Dean, C. & Macmillan, C. (2001) Serving the children of parents with a mental illness: Barriers, break-throughs and benefits, Conference presentation, Brisbane. Pietsch, J. and Cuff, R. (1995) Hidden Children: Families caught between two systems: The C.H.A.M.P Project, Mental Health Research Institute, Victoria.
Symposium 1.5 Hrs: KidzClub Brisbane: A Sustainable Early Intervention Response by Mater CYMHS to Children and Young People 0-18 years and their Families where a Parent or Relative is living with a Mental Illness.

Elizabeth Low  Jane O'Sullivan  Brett McDermott  Valda Dorris  Tony Spears

Abstract 1: Kidz Club Program - 'A Family's Journey of Hope for Children and Young People where their Parent or Relative is Living with a Mental Illness'

The experiences of the 27,000 in Australia, who have a parent/relative living with a mental illness (Cooper & Elliott, 1997), and their families, have been well documented. Pietsch and Cuff (1995) report that the rate of behavioural and emotional difficulties is double that of the rest of the population and up to half of these young people are vulnerable to emotional disturbance in adulthood, with a potential requirement for psychiatric services. The impact of isolation on these children of parents living with a mental illness can be significant. The Mater CYMHS Kidz Club program offers a supportive and educative service within a group format to children and young people of parents/relatives living with a diagnosed mental illness. Aims of the presentation: 'To provide an overview of the Kidz Club program including rationale, goals, objectives, specific teaching aims, themes, therapeutic games and activities. 'To present a consumer perspective of the Kidz Club group program. ''To discuss issues and recommendations in providing a sustainable Kidz Club program in collaboration with other agencies. The Kidz Club group program offers a sustainable early intervention response to children, young people and their families. It's important for Mater CYMHS to continue to identify creative responses to the needs of this isolated target group in collaboration with major stakeholders. Learning Objectives. 1. To attain an understanding of the Kidz Club group program particularly the needs of this target group and the issues of accessibility within the community. 2. To promote sustainable programs. Children and young people of parents living with a mental illness were identified as a priority group within the National Mental Health Plan (Australia) both in 1995 and 2003. There are several groups being conducted across Australia but these are limited programs dependent on time-limited funding or staff interest. References: Cowling, V. (1999). Children of Parents with a Mental Illness. Victoria: The Australian Council for Educational Research Ltd.; Draft Principles and Actions for Services and People Working with Children of Parents With A Mental Illness and their Families Prepared by Australian Infant, Child, Adolescent and Family Mental Health Association for the Commonwealth Department of Health and Aged Care, Canberra, September 2003.

Abstract 2: Kidz Club Group CD ROM Launch - 'Harvesting the Communication Pathways of Hope'

The CD ROM is a resource tool developed for health professionals working in both government and non-government services. It is a step by step guide to facilitating group sessions for primary school children aged 6-12 years who have a parent/relative living with a diagnosed mental illness. The kit contains 8 session plans, which have been allocated a theme with relevant handouts, therapeutic games and activities, worksheets, lists of resources and evaluation and feedback forms. Promotion of the CD-ROM and training to conduct the Kidz Club group will also provide an opportunity to bring together agencies that have a strong interest in this area, building better networks and communication pathways. To date there have been over 60 Kidz Club kits (a print version of the guide) sold nationally around Australia to a variety of agencies and one to New Zealand. Aims of the presentation: 'To provide an outline of the Kidz Club CD ROM's session plans, resource list evaluation and feedback forms. To highlight the special features of the CD-ROM and its usability including the increased ability for the facilitators to change and adapt session plans to suit the nature of the group, its links with a number of websites and the comprehensive reference and resource list aimed at facilitating further research and learning. Learning Objectives. 1. To attain an understanding of the Kidz Club Group CD-ROM's usefulness and adaptability in planning and facilitating step by step groups for children and young people where their parents/relatives have a mental illness. 2. To enable more agencies nationally and internationally to conduct groups for this target group. References: Cowling, V. (1999). Children of Parents with a Mental Illness. Victoria: The Australian Council for Educational Research Ltd.; Draft Principles and Actions for Services and People Working with Children of Parents With A Mental Illness and their Families Prepared by Australian Infant, Child,
Adolescent and Family Mental Health Association for the Commonwealth Department of Health and Aged Care, Canberra, September 2003. **Abstract 3**: An evaluation of the Mater CYMHS Kidz Club for children and young people of parents and/or relatives living with a mental illness. Since its inception in 1998 the Mater CYMHS Kidz Club has routinely collected evaluation and feedback data from the children who attend and from their parents. This paper reports child and parent client satisfaction with the Kidz Club and describes the impact that the Club has had on children's knowledge about mental illness and on their coping skills. This feedback presents a valuable insight into the perspectives of consumers, parents and carers over a six year period. The feedback has been utilised in the development of the CD Rom, to update program resources and to design future evaluation tools for Kidz Club groups. Discussion will include parents' expectations of what the Kidz Club should provide to their children. **Learning Objectives**: 1. To gain an understanding of consumer and parent expectations of and response to a Kidz Club Group for children and young people where their parents/relatives have a mental illness. 2. To demonstrate and enable consumer and parent participation in development and evaluation of programs to this target group.

**S142 Creative Approaches to Treatment**
Paper 20 Minutes: **Harmony in Diversity: Using music therapy to address the needs of traumatized refugee youth.**
Toni Day  Carolyn Jones
This paper examines the role of a music therapy program within a multicultural high school setting that caters for the needs of refugee and immigrant youth. The young people at the school are experiencing distressing circumstance. While the migration experience in itself is stressful, refugees have fled their home country to escape persecution, having witnessed or experienced brutality and the deprivation of basic human rights (Bashir, 2000). The acculturation process, the turbulence of adolescence and the pressure to quickly gain literacy skills, compounds difficulties experienced through living in refugee camps and losing family members due to war (Jones, Baker & Day, 2004). The aim of this paper is to outline both the challenges facing youth at this school and the role of music therapy in this setting. Findings from a recent pilot study using Hip Hop as an intervention tool will also be presented. It is envisaged that this paper will have significance for practitioners working with people from diverse cultural backgrounds, those working with individuals who have suffered psychological trauma and those interested in music therapy. As an appealing communication tool that overcomes the language barrier, music will be shown be an intervention unique in its ability to reach these youth and foster a sense of hope for a brighter future. **Learning Objectives**: 1. The audience will learn about: the issues confronting a clinical population who have experienced pre-arrival trauma that will impact on their long-term mental health the implications of working with groups of people from diverse cultural backgrounds the use of hip-hop and outcomes of a pilot music therapy program the relevance of hip-hop as a therapeutic intervention with youth. 2. The traumatic pre-arrival experiences of refugee youth, the acculturation process and societal issues of racism, discrimination and cultural insensitivity combine to result in heightened levels of depressive disorders, psychosomatic complaints and behavioural and learning difficulties (Bashir, 2000; Cassaniti & Sozomenou, 2000). With the newly emerging global (and therefore multicultural) community it is likely that mental health practitioners will come into contact with increasing numbers of traumatized refugee youth. Therefore discussion of clinical implications and the development of appropriate resources relating to this work is critical at this time. **References**: Bashir, M. (2000). Immigrant and refugee young people: Challenges in mental health. In M. Bashir (Ed.), Deeper dimensions - Culture, youth and mental health. (pp. 64-74). Sydney: NSW Transcultural Mental Health Centre. Cassaniti, M. & Sozomenou, A. (2000). Culture, young people and mental health. In M. Bashir (Ed.), Deeper dimensions - Culture, youth and mental health. (pp. 64-74). Sydney: NSW Transcultural Mental Health Centre. Jones, C., Baker, F. & Day, T. (in press). From Healing Rituals to Music Therapy: Bridging the cultural divide between therapist and young Sudanese refugees. The Arts in Psychotherapy.
S142  Creative Approaches to Treatment  
Paper 20 Minutes: Madness and Antipodean Gothic: The Political Economy of Mental Illness in Antipodean Film.  
Dean Manley  
Antipodean Gothic Film is riddled with Gothic atmospheres of dread, anxiety, and madness. Representations of alienation, anomie, psychological distress, dislocation, and a precariousness of existence adds to stigma and discrimination of mental illness. This paper investigates the sources of this Gothicism in settler culture and the affect this anxiety of existence has on the self perceptions and esteem of those represented. Where the antipodes is depicted as a site of fate worse than death–purgatory- in images of doom and punishment, film becomes a marker of this nihilistic ideology. Using various texts I investigate Antipodean Gothic and the role of madness in this sensibility. Investing Antipodean Gothic film helps counteract stigma; an archeology of images for loading of Imperialistic guilt and Sins of the Father returned, the Orientalism of mental illness (in a Saidian sense of Othering) through the framework of Foucault's history of madness in the Age of Reason seeks to provide people with a commonsense, everyday tool to address mental illness stigma. I explore the ramifications of Antipodean Gothic on self perceptions of those affected by mental illness, and ask how representations affect their lives. Unpacking representations will help provide an understanding of the horror and dread associated with mental illness in the antipodes by demythologising madness, returning it to the everyday and the commonplace within the power of everyone to address. This is a critical dissection of the anatomy of madness in film to exorcise demons of mental illness from the collective psyche.  

S142  Creative Approaches to Treatment  
Kate Williams Coralie Stewart  
This case study describes a music therapy and psychology programme carried out in a residential care facility with Julie, a 41 year old female client, who was referred to therapy due to her constant agitated behaviours, including excessive wandering, perseverative verbalizations, and 'intrusiveness'. She had sustained a hypoxic brain injury 4 years prior and had been premorbidly identified as having Borderline personality disorder, often considered a result of the interruption of the separation-individuation stage of development (Mahler, 1971; Masterson, 1981). Julie was regularly administered pro re nata (PRN) medication by nursing staff during her most agitated episodes on the unit. Significant results achieved were a reduction in Julie's agitative wandering and verbalization behaviours and an unexpected and significant reduction in the amount of PRN medication administered to Julie during the duration of the music therapy programme, considered particularly relevant given the documented adverse effects of some PRN medications (Geffen, Sorensen, Stokes, Cameron, Roberts and Geffen, 2002). Clinical observations and chart reviews note that these results have persisted more than 2 years after the close of these programmes, with Julie appearing to have developmentally progressed from her prior child-like behaviour state. Although only a single case study, these results have implications for the future of pharmacological and multi-disciplinary treatment of patients with both neuropsychiatric disturbances and personality disorders.  
Learning Objectives. 1. Attendees at this paper will learn of the benefits of using music therapy in conjunction with psychology to provide effective non-pharmacological treatments to clients, which reduces the burden to the consumer and the health care system. 2. Attendees will learn how music therapy can provide a unique non-verbal medium to establish a healing therapeutic relationship with clients with challenging behaviours including agitation.

S143 Brief papers
Brief Papers 10 minutes: A Unique Multi-Faceted Community Resource - A Hub for Mental Health Services.
Grant Cooper Catherine Axcell Pip Stewart Cathrine Fraser Sheree Menzies Paula Rountree
The aims of this presentation are:.To describe how the Mental Health Education and Resource Centre operates. .To demonstrate the difference this centre has made to people's lives. .To encourage members of the audience to investigate opportunities for developing similar type of support organisation in their geographical area. To demonstrate the benefits of a collaborative community of Mental Health Support Services. The Mental Health Education and Resource Centre (MHERC) was opened in 1994 in Christchurch, New Zealand. We are a charitable trust, which receives Government funding enabling us to provide support services to 35 other Mental Health Organisations and to the people of the South Island. The centre comprises of a library, meeting rooms and subsidised office space for 9 mental health groups. We provide administrative support, education, training and networking opportunities and assistance with setting up and developing mental health support groups. Our free mental health library has over 1800 loanable resources with a free courier service to rural borrowers. In summary MHERC provides information support to both groups and individuals affected by mental illness in a way that encourages individual and community development. References: Mental Health Education and Resource Centre Trust Objectives. Mental Health Education and Resource Centre Trust Promotional Pamphlet.

S143 Brief papers
Brief Papers 10 minutes: Balancing The Seesaw: Managing the Changes when one Partner in a Couple has a Mental Illness
Anne Holland Vrinda Edan
The challenges and issues faced by any couple become more complex when one partner has a mental illness and even more so when there are children. The challenges for such carer are quite different to those who are parents or adult children. When a number of consumers and their partners raised their concerns about lack of resources for support in this circumstance, clinicians at Eastern Health and Villa Maria Services met to investigate ways to meet this need. The outcome was a model where couples meet as a group to map their relationship, review changing roles through episodes of mental illness and build on strengths, strategies and resources. The pilot 'Couples Weekend' was held in August 2003 at Marysville, Victoria and ten couples attended. The programme was evaluated by the participants and three follow-up meetings have been held. Following the success of the first programme, another is being planned for July 2004. Learning Objectives: 1. To increase awareness of the range if issues facing couples where one partner has a mental illness. 2. To learn about the structure of the model that was developed and its implementation. 3. To discover how this program was of value to the participants.
Anne Holland  Kathy Russell
The majority of women presenting to mental health services have experienced some form of abuse that may or may not have contributed to their mental health issues but does cause underlying distress and pain. Often this pain and trauma hinders the building of wellness and traps women in mental illness relying on mental health services as the main source of support. Dealing with both the emotional and practical aspects of family violence requires a range of skills to best help women to be empowered to manage themselves, their family and their life in the most effective way. In the outer east of Melbourne, a joint programme has been developed between the local domestic violence service and the local community mental health clinic to facilitate support for mental health clients who have experienced domestic violence. The programme involves mutual referral and secondary consultation supported by policies and procedures and staff development activities. Learning Objectives: 1. To discover more about the impact of domestic violence on emotional and mental well being. 2. To know about strategies to support women with mental illness who have experienced domestic violence.

S143 Brief papers
Brief Papers 10 minutes: 'To be Bored or Not to be Bored: Addressing Boredom within Psychiatric Intensive Care'.
Margaret Jones  Paul Johns
During 2003 Paul Johns identified that the patients in the Extra Care Unit (ECU) had an environment that while needing to be of a low stimulus nature, didn't necessarily need to be 'no stimulus'. Paul in conjunction with the ECU Coordinator, Margaret Jones, developed an activities program involving movement to music, art, board/electronic games, daily living skills and relaxation. Based on 'the one second theory', being that if you can distract or divert a patient for one second then you might be able to distract them for two, four, eight seconds, etc. Whist addressing the patients' need for a low stimulus environment it was also apparent that some patients reacted badly to such a stark, clinical environment thus affecting their mental state, mood, behaviour and their interactions with other patients and staff. Todman (2003) contributes the deterioration of patient mental state and an increase in positive symptoms to boredom. The aim of the project was to reduce boredom by using a simple, structured program that patients could engage in within their current capacities. To introduce consistent daily routines by increasing the activity levels in the morning and reducing these through relaxation in the afternoon. The activities program project was run for twenty-six week alternating between the two ECUs. Base line data was collected in both ECUs for the first two weeks prior to the project commencing and continued throughout the project; this consisted of tracking the number of PRN medication dispensed to patients. The number of seclusions and incidents that occurred during this period was collected and compared to data for the same period in 2002. Learning Objectives: 1. The audience will gain an alternative approach to the care and management of patients in locked units, with the focus having a holistic approach with a variety of intervention rather then the traditional biomedical approach. 2. Utilizing available resources in an innovative approach to the care and management of the acutely disturbed psychiatric patient, while reducing the stress to both patients and staff resulting in better outcomes for both.
Brief Papers 10 minutes: Psychiatric Intensive Care: Ensuring Change is Positive.
Margaret Jones
This paper will examine the development, implementation and effectiveness of the management, treatment and care provided to patients requiring psychiatric intensive care at St. Vincent's Mental Health Service (SVHMHS) since a review process that was implemented in 2002. St. Vincent's Mental Health Service provides psychiatric intensive care to patients in the hospital's Extra Care Units (ECU); these units are attached to the two psychiatric wards. In 2002 a nurse was employed to coordinate the review and implementation process. An Advisory Group was set up to support the role of ECU Coordinator to ensure that the care provided to 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 briefly outline the actions taken by the Coordinator and Advisory Group, but will focus on the evaluation of the changes that were implemented and the outcomes from this process. Learning Objectives. 1. The audience will gain a better understanding regarding the need for implementing changes to 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, but will also learn that it is equally important to measure outcomes to identify the effectiveness of these changes. 2. All services face the difficulty of providing services with limited funds, that by reviewing current practices, procedures and policies and measuring outcomes for positive changes, the implementation of improved care and treatment is possible.

S143 Brief papers
Brief Papers 10 minutes: Saying What Neens To Be Said. Sexuality, Mental Illness and Medications.
Ralph Brew
A consumer-focused booklet on Sexuality, Mental Illness and Medications, has been produced by SHine SA and the Mental Health Coalition of South Australia. The booklet is the result of a collaboration between consumers, advocates, mental health workers and a sexual health worker who had independently been concerned about the lack of information for mental health consumers about sexuality, sexual functioning and relationships, that reflected consumers' experiences. Available literature was examined and found to be largely medical in focus. Two consumer focus groups were conducted in metropolitan Adelaide to provide qualitative data about the experiences of mental health consumers. This research confirmed that people with a mental illness commonly experience complex impacts on this most basic of human functions, that are frustrating, isolating and demoralising. This experience can impact negatively on recovery, including compliance with medications. The booklet provides some basic strategies for consumers to assertively raise their needs with health workers and doctors with the expectation that they will be taken seriously. Detailed information about medications and the potential effects was deliberately avoided in the booklet. The process, the findings and the suggestions from consumers will be summarised in the paper. Copies of the booklet should also be available at the end of the session.

S143 Brief papers
Brief Papers 10 minutes: Specifically Pacific: Therapeutic Innovation with Pacific Island Adolescents with Mental Unwellness.
Epenesa Olo-Whaanga Barry Afa'aoso
A new initiative being pursued by the Kari Centre (Community Child and Mental Health Service) is a therapeutic group for adolescents of Pacific Island descent. This is a group of identified service users who do not appear to access traditional individual therapy. This is also a group who typically present in a more acutely unwell state to the Kari Centre. Pacific peoples have been highlighted in the national blueprint for developing provision of services to increase wellness (Ministry of Health, 1998). Using both traditional and cultural based assumptions in addition to western views of treating mental unwellness, it is anticipated that a
group delivered service would be more appropriate for this group and will promote engagement and good outcomes. Thus the interface between the cultural and clinical will be explored and tested. Preliminary ideas about the group makeup will be presented. Likely topics covered by the group will include discussion about mental health from a holistic perspective. It is also anticipated that a focus on young peoples heritage will also occur and for some, be a reconnecting to their cultural heritage in positive ways. It is also anticipated that the destigmatisation of mental unwellness will also be an effect of the group. Further findings, limitations and future directions will be presented. **Learning Objectives.** 1. The audience will learn about considerations in constructing a group for Pacific Island adolescents. This includes among many other issues, identifying appropriate psychometrically validated measures for research and outcome evaluation; considerations for identifying appropriate group facilitators. 2. This issue is relevant to mental health services and mental health issues as Pacific Island adolescents typically present more acutely to mental health services but do not engage well in individual psychotherapy.

**S143 Brief papers**

**Brief Papers 10 minutes: The Road to Recovery : Harvesting Hope in positive partnerships with rehabilitation mental health, clubhouse based and other non government vocational services.**

**Pam Samra**

Work occupies a central position in the lives of most people. Compared with the general population, persons with a mental illness are disproportionately unemployed. Unemployment results in feelings of being useless and experiencing less meaning in their lives. The major benefits of work are developing responsibility, judgement and perception, improvement of self esteem, developing social skills and meaningful interaction. People with a mental illness have difficulty in accessing services, gaining and maintaining employment. The rehabilitation process plays a very important part in developing work readiness in meeting these specific needs. The aim of this paper is to present partnerships established between mental health rehabilitation, clubhouse and other non government vocational services that target the specific needs of individuals who want to move on with their vocational goals and dreams for the future. Individuals with a mental illness are potentially employable if they are provided with appropriate services, employment programs and support. Collaboration provides the best opportunities for promoting positive mental health in the world of work. **Learning Objectives.** 1. To gain awareness of issues and barriers relevant to individuals with a mental illness accessing the maze of vocational services. 2. To explore the roles of rehabilitation mental health, clubhouse based and other employment services and the benefits for positive partnerships in advocating for the rights of people wanting to gain and maintain meaningful employment. **References:** Bond, G.R., Becker, D.R., Drake, R.E., Rapp, C.A., Meisler, N. & Lehman, A.F. et al. (2001). Implementing supported employment as an evidence-based practice. Psychiatric Services, 52, 313-322. Henry, A.D., Barreira, P., Banks, S., Brown J.B. & McKay. (2001). A retrospective study of clubhouse- based transitional employment. Psychiatric Rehabilitation Journal, 24(4), 344-354. Lloyd, C. & Samra, P. (2000). OT and work-related programmes for people with a mental illness. British Journal of Therapy and Rehabilitation, 7, 254-261.
Brief Papers 10 minutes: Getting There Together - Consumer and Carer Focused Professional Development for those working with Children of Parents with Mental Illness and their Families.
Vicki Cowling  Vrinda Edan  Rose Cuff  Paul Armitage  Dassi Herszberg  Roma Drummond
This presentation describes the development of an education package for service providers which aimed to increase mental health literacy (Jorm et al., 1997), and build community capacity (Goodman et al., 1998) to understand and effectively support children of parents with mental illness, their parents and carers. The need for the GTT package was proposed by a local network of consumers, carers and service providers whose collective knowledge and experience determined that community welfare and health services could be more effectively supported with professional development that included the voices and experiences of parents and carers. The presentation aims to demonstrate the process and outcomes of a rewarding partnership between consumers, carers and service providers. To enable the participation of consumers and carers in the development and pilot presentation stages we successfully applied for funding to pay for the time of those who were unwaged. Over several months the working group prepared presentations covering the topics of mental illness symptoms and treatment, risk and protective factors for children, and talking with children about their parents mental illness. Consumer and carer presentations were the presenters' own work, and described their family experiences. Pilot presentations were given, with positive feedback coming from evaluations. The GTT project demonstrates that an inclusive process produces effective outcomes for the people involved, and the target audience.

Learning Objectives
1. How a team of consumers, carers and service providers worked together to develop, present, and evaluate a professional education seminar for workers with children of parents with mental illness and their families. 2. Education for service providers from all sectors about the interactions between parenting and mental illness, and the factors promoting resilience and wellbeing of children is acknowledged as a priority: the national COPMI project affirms this.


S144 Questioning & Evaluating Case Management
3/09/2004 From: 1330 To: 1500 Venue: Arena 1A
Paper 20 Minutes: Case Management The Claytons intervention-The clinical intervention you have when you're not having a clinical intervention.
Carena Hulley  Dianna Dureau
Case Management has been the predominate model of service provision in mental health services for over 15 years. But what is case management? Is it a highly specialised mental health intervention? Is it a bureaucratic structure for the provision of mental health services? If case management is about psychosocial intervention why did a recent audit of Victorian Medical Records indicate that only 4% of clients were receiving any form of psychosocial intervention? Are case managers doing psychosocial interventions but just not talking about it? What is really happening in the case management sessions? The literature and government policy seems to be very light on when it comes to giving the case manager some guidance to what should happen within the four walls of their office. While there is some agreement in the clinical workforce about the absolute necessities of the role, namely mental state assessment, risk assessment and enhancement of medication compliance, there are also high levels of conflict and dissatisfaction regarding the role. This paper will explore the historical and current context of case management within public mental health services. The perspective of clinicians and consumers will be related. The presenters' view is that case management is not a clinical intervention but is a structure that is useful for the distribution and organisation of health care resources. Perhaps it is time to return to the idea of clinicians being therapists.
rather than case managers. Such a view may lead to a broader understanding of the role, providing permission for clinicians to use a variety of psychosocial interventions, and encourage clinicians to develop and value their psychotherapeutic skills. **Learning Objectives:** 1. Participants will have an opportunity to reflect on the historical and current context of case management and consider how this may impact on the current delivery of psychotherapeutic interventions. 2. Case management is a prevailing structure across Australian community mental health services, and as such is worthy of much discussion and debate as to the actual models and modes of intervention. **References:** Rapp, C (1998) The Active Ingredients of Effective Case Management: A research Synthesis. Community Mental Health Journal, Vol 34 363-380

**S144 Questioning & Evaluating Case Management**  
3/09/2004 From: 1330 To: 1500 Venue: Arena 1A  
**Paper 20 Minutes:** Mental Health Case Management Services and Quality of Life.  
**Duane Pennebaker**  
Within mental health case management services were developed within a broad perspective that recognised the multiple and complex needs of people with a SPMI. In particular was the need for multiple interventions and coordination of critical resources in housing and support to overcome the fragmented system of disparate service organisations that presents structural and operational obstacles and barriers for clients to access needed services and resources. The importance of case management in this respect is exemplified in Australia by embedding of case management in the National Standards for Mental Health Services. The purpose of this paper is to discuss the relationship between mental health case management services and quality of life based on an analysis of the empirical literature about mental health case management. It is argued that the most important outcome for mental health case management is its contribution to the quality of life of people who suffer from PSMI rather than the current limited focus on outcomes related to service utilisation and costs. There is little focus on outcome research that examines how case management services contribute to client's satisfaction with their own lives or objectively to their quality of life. A model that depicts the quality of life contributions of case management service will be presented. **Learning Objectives.** 1. Acquire an understanding of the evidence base for case management services; 2. Appreciate the connection between case management and quality of life for people who suffer from PSMI; and 3. Comprehend the issues and challenges case management services face within an outcome based quality of life model.

**S144 Questioning & Evaluating Case Management**  
3/09/2004 From: 1330 To: 1500 Venue: Arena 1A  
**Zenith Zeeman Colin King Neil Preston Duane Pennebaker**  
Over the past several decades, psychiatric rehabilitation has undergone significant changes due to emerging research and changing values in society. These trends have given rise to new ways of seeing the rehabilitation process. In light of these changes there has been recent increased interest by fund providers, services providers, and advocates in identifying which approaches to psychiatric rehabilitation are the most effective in delivering the desired benefits and value for money, and for whom. Case management has an important role in rehabilitation outcomes. The purpose of this paper is present the clinical and consumer outcomes from an Intensive Rehabilitation Case Management Service (IRCM). The IRCM provided assertive outreach and intensive case management to clients in the community using a team approach that also included broker services internally through the team and externally following consultation with the team. IRCM clients had complex needs such as poor social functioning, experiencing negative symptoms, in need of vocational and social skills training, service engagement difficulties, accommodation problems. The longitudinal evaluation design assessed some 300 clients every six months over a three year period in areas of social functioning and symptom severity using the HoNOS, the Life Skills Profile, the Brief
Psychiatric Rating Scale and the Global Assessment Scale. The findings reported in this paper will be on the trends in client outcomes over time in relation to client characteristics, social functioning, and symptom severity in relation to the intensity of case management and treatment provided. Implications for ICM effectiveness of the findings for clinicians and service managers will be discussed. **Learning Objectives.** 1. Acquire an understanding of the outcomes intensive case management and their implications for clinicians and service managers. 2. Appreciate the issues and challenges in evaluating intensive case management service outcomes.

**S145 Therapeutic Interventions**  
3/09/2004  From: 1330 To: 1500  Venue: Arena 1B  
**Paper 20 Minutes: ZEST- An Integrated Intensive Support and Psychosocial Rehabilitation Program for Young People - Facing the Facts, Feeling the Now and Embracing the Future.**  
Nina McDonough-Monohan  Ashley Creighton  
Participants will gain an understanding of the application of psychosocial rehabilitation principles with young people experiencing a severe psychiatric illness, what a recovery service looks like, and examples of high quality innovative practice. Zest was initially funded as a pilot program from the Latrobe Valley Ministerial Taskforce and the Department of Human Services. The program operates uniquely as the only departmental funded young person's psychosocial rehabilitation service in Victoria. The presentation will deliver a program history, overviews of current practices and the theory behind the rational. General procedures and service limitations will be explored. The theory of recovery and the correlation of current practices to existing research will be demonstrated. A presentation of findings gained through qualitative, quantitative and action based research/evolution of practices will be discussed. How Zest utilises community resources to facilitate individualised age appropriate recovery whilst value adding to service delivery, accessing community resources and engaging community support in a rural setting will be demonstrated. **Learning Objectives:** 1. Participants will gain an understanding of the application of psychosocial rehabilitation principles with young people experiencing a severe psychiatric illness, what a recovery service looks like, and examples of high quality innovative practice for working with young people in a rural setting. 2. The program operates uniquely as the only departmental funded young person's psychosocial rehabilitation service in Victoria. The topic will increase the audience's knowledge of working with young people with a psychiatric condition in a non-clinical environment. In hand with clinical support this recovery model has been reported as an increasingly effective method of working towards recovery of a psychiatric disorder. **References:** Albiston, D. J., Francey, S. J. & Harrigan, S. M. (1998), and Mc Entee, P. & Hilton, M. (June 2002).

**S145 Therapeutic Interventions**  
3/09/2004  From: 1330 To: 1500  Venue: Arena 1B  
**Paper 20 Minutes: C.B.T. Anger Management Therapy For Adolescents with Externalizing Disorders.**  
Shane Murphy  
There is general agreement in the literature that conduct and related disorders represent one of the most common forms of psychopathology in children and adolescents accounting for 30 to 50% of referrals to child and adolescent mental health services. The complications of this disorder are numerous and for reaching including school expulsion, legal problems, serious accidents, teenage pregnancy, prostitution, being raped or murdered, abandonment of family, drug addiction, suicide and homicide. The enormous social costs emphasize the need to identify and utilize promising evidenced-based psychosocial treatments. Meta-analysis by Kazdin 2000 identifies promising treatment options including parent management training, some forms of family therapy a multi-systems approach and an adolescent based cognitive problem solving skills approach. This presentation will discuss the latter therapeutic intervention, which has entailed the creation of a client workbook. The therapy seeks to
TheMHS & AICAFMHA Conference - Book of Abstracts, Gold Coast 2004

address the hostile attribution tendencies of conduct disordered youth and utilizes modeling, role-play, practice and homework. There is an emphasis on skill acquisition but also a disclaimer that this is not a recipe book approach and will be ineffective unless combined with good old fashioned listening, and a sound therapeutic relationship. **Learning Objectives.**

1. To learn something about the process and content of the therapeutic intervention of cognitive behavioural problem skills training for adolescents with externalizing disorders.
2. The social costs of conduct and related disorders, which may further emphasize the need to utilize evidence, based therapeutic interventions.

**S146 Support & Recovery**

**3/09/2004 From: 1330 To: 1500 Venue: Arena 2**

**Paper 20 Minutes: Centre 401 Trust - Mobile Peer Facilitation Service.**

**Linda Penny**  **Kevin Macken**

The aim of this presentation: To provide an overview of a unique new service for people who experience mental illness based on a peer self help principle. The **Learning Objectives** of the presentation are:

1. To introduce the concept and process of recovery outcome planning.
2. To discuss the difference between facilitation and support as a key aspect of this new service. Centre 401 Trust's Mobile Peer Facilitation Service is a new innovation that is being delivered as a pilot in Hamilton, New Zealand. The service is managed by a consumer provider organisation providing ongoing 'by consumer - for consumer' support based on a community support model. The aim of the service is to assist people who experience mental illness to exercise self-responsibility and prevent or reduce their reliance on mental health services. The service consists of a team of Peer Facilitators whose key focus is on assisting consumers of mental health services to make progress towards realising valued recovery outcomes. Centre 401 has developed and implemented a recovery outcome planning tool that is used as a basis for ongoing facilitation. The service is mobile and is provided alongside the person in his or her own life context (family, Whanau, friends, culture, spirituality, occupations, and natural supports). The majority of interactions between the Facilitator and the person receiving the service take place in informal settings rather than an office. Individuals are encouraged to look beyond the mental health system and view the whole community as a resource. Recovery principles underpin all operations of the service. Practices that do not support recovery are proactively challenged. The developing service draws from the following influences:

- Soar consumer run support service: Madison Wisconsin U.S.A
- Tidal Model: Phil Barker and Poppy Buchanan-Barker, U.K
- The Strengths Model: Charles Rapp, Kansas, U.S.A
- Ron Coleman, Scotland

The Mobile Peer Facilitation Service acknowledges the hard work involved for individuals in resuming or increasing self-responsibility and reliance. Setting your own goals and path can mean taking risks, and learning important life lessons. It takes hard work, perspiration and inspiration. It involves setbacks and gains. The role of the Peer Facilitator is to walk alongside the person throughout this process to enable them to reflect and strategise.

**S146 Support & Recovery**

**3/09/2004 From: 1330 To: 1500 Venue: Arena 2**

**Paper 20 Minutes: Creating Support Options for People with a Psychiatric Disability through Practice Wisdom and Lived Experience.**

**Carolyn Perry**

This paper will explore the innovative support options that are being provided for people with a psychiatric disability around the world and profile new support options that are being developed within the Queensland context. The results of a consultation process that involved service providers, consumers and carers will be presented, highlighting current themes and issues concerning the support needs for people with a psychiatric disability and their family carers. The presentation aims to highlight a range of psychiatric disability support models that could be further developed in Queensland to enhance the lives of individuals with a psychiatric disability and their carers. These models would focus upon matching the needs of the person and their family with the phase of the illness and its impact. It is hoped that this
presentation will encourage greater innovation in the psychiatric disability support sector, and enable practitioners to fully appreciate the practice wisdom of other service providers and the grounded ‘lived experience’ of individuals and their family carers. **Learning Objectives.** Participants will gain a greater understanding of the successful components of effective psychiatric disability support models. The topic will challenge traditional service model paradigms which manage illness and treatment to view mental health service delivery in a more holistic and integrated way celebrating the principles of recovery. Refs: Goodwin, Renee and Lyon, John. (2001) An Emergency housing program as an Alternative to Inpatient treatment for Persons with Severe Mental illness. Psychiatric Services, 52(1), 92-95. Kalyanasundaram, Viadyanathan, (1996). Psychiatric Crisis Response Systems. A paper presented at a workshop facilitated by Caboolture Mental Health Service, Caboolture, Qld.

**S146 Support & Recovery**

3/09/2004 From: 1330 To: 1500 Venue: Arena 2


Heather Menzies Debora Henry

'User pays' education systems increase the number of people with experience of mental illness accessing tertiary education, training and study programmes. If this group of students is to succeed, it is crucial that education and training providers are well informed about mental health, mental illness and the tenets of Recovery. It is vital that this group of students can access consistent and appropriately support whilst they are in tertiary environments and the research of Carol Mowbray of the Michigan Supported Education Project in America and Wendy Isenwater, Wendy Lanham and Hermione Thornhill in Great Britain describes the benefits of supported education for those entering or already enrolled in tertiary study. Aligned to the Michigan model Framework Trust, a community mental health organization, has initiated a Supported Education and Training Service specifically for an Auckland, New Zealand context. The approach taken by Framework Trust includes such aspects as working with education and training providers from a strengths based, recovery focused perspective, to provide a comprehensive service which incorporates the principles of psychosocial rehabilitation in meeting the educational support needs of students with experience of mental illness. This presentation will outline the Supported Education & Training Project's progress to date and discuss the rationale for community mental health providers moving towards supported education. **Learning Objectives.** What people with experience of mental illness want from a Supported Education and Training Service What Tertiary Education and Training providers want from a Supported Education and Training Service What works - What doesn't work Tertiary Education and Training: Vehicles of Recovery.

**S147 Research & Outcomes**

3/09/2004 From: 1330 To: 1500 Venue: Central Foyer A

Paper 20 Minutes: Our journey of hope: The need for research and development of mental health outcome measurement in Australia.

Tim Coombs

Our journey of hope: The need for research and development of mental health outcome measurement in Australia. Tim Coombs. Australian Mental Health Outcomes Classification Network. Under the National Outcomes and Casemix Collection (NOCC) all states and territories have begun collecting outcome measures as part of routine clinical practice. This paper will describe the different approaches states and territories have taken to the implementation of outcomes and casemix measures and highlight those activities being undertaken to support sustainable implementation of outcome measurement in mental health services. It will explore the deficits of the current suite of outcome measures and describe potential developments including, carer rated measures, the appropriateness of the current measures for Aboriginal and culturally and linguistically diverse consumers, future development of the consumer self report measure, and measures that better describe outcomes in populations of interest. This paper will describe the Australian Mental Health Outcomes
and Classification Network (AMHOCN) and its role in supporting data analysis, training and service development. With the use of examples, the opportunities for mental health to describe the consumers of its services and the effectiveness of the care delivered will be demonstrated. Finally, methods for the involvement of mental health staff, consumers and carers in the continued development of outcome measurement in mental health will be outlined. **Learning Objectives:** At the completion of this paper attendees will be able to: Identify the role of the Australian Mental Health and Outcomes Classification Network and need for further research and development of outcome measurement Identify the continued commitment to outcomes measurement under the National Mental Health Strategy 2003 - 2008.

**S147 Research & Outcomes**
3/09/2004 From: 1330 To: 1500 Venue: Central Foyer A
Peter Brann  David Mellor
Without attending to outcomes, mental health services remain impoverished in understanding the extent of their effectiveness. While not covering all dimensions relevant to outcomes, the Strength and Difficulties Questionnaire remains the only instrument in the National Outcome Suite that is for parents and carers, as well as for adolescent consumers. To date, services have primarily relied on norms from Britain. This paper will present the results from a representative community sample of approximately 900 8-17 year olds, and their parents and teachers from metropolitan and rural Victoria. The paper will also present the results from a clinical sample of approximately 200. The norms will have implications for the interpretation of the SDQ across Australia. Analyses suggest that scores on the five subscales and the total difficulties score of the SDQ varied with age and gender, confirming that as well as providing separate norms for each of the three informant versions, it is necessary to do so by age and gender. The community and clinical norms provide complementary information and will contribute further to the inclusion of regular quantitative as well as qualitative information for consumers and carers in CAMHS. **Learning Objectives:** This paper will allow attendees to both understand and apply an Australian context in interpreting this rapidly spreading instrument. **References.** Goodman R. Psychometric properties of the Strengths and Difficulties questionnaire. Journal of the American Academy of Child and Adolescent Psychiatry 2001; 40:1337-1345.

**S147 Research & Outcomes**
3/09/2004 From: 1330 To: 1500 Venue: Central Foyer A
Paper 20 Minutes: Maori Participation in Research: Lessons Learnt from the New Zealand Mental Health Classification and Outcomes Project and Beyond.
Materoa Mar   Michelle Levy   Te Kani Kingi
He Korowai Oranga is New Zealand’s Maori Health Strategy (Ministry of Health, 2002). It was developed by the Ministry of Health and contains explicit expectations for involvement by Maori in the health sector. The strategy contains three specific research objectives - Rangatiratanga; Building on the Gains; and Reducing Inequalities. Rangatiratanga acknowledges Maori aspirations for self-determination, and to have control over the directions and shape of their own institutions, communities and development. Building on the gains refers to maintaining and building on the developments already made in Maori health. Reducing inequalities in health and disability outcomes is designed to ensure that service developments contribute to positive health gains. This requires the identification of health priorities and the construction of appropriate and targeted intervention strategies. These national policy directions serve to provide clear expectations regarding Maori participation in government funded mental health research in Aotearoa. This paper addresses some key points relating to Maori participation in research, with a focus on the lessons learnt from the Ministry of Health funded New Zealand Classification and Outcomes Study (CAOS). Future challenges and opportunities for Maori participation in nationally funded mental health
research projects are also discussed. **Learning Objectives.** 1. Audience will gain an insight into how participation by indigenous people is being facilitated in research in New Zealand, some of the issues associated with this and ways in which these are being addressed. 2. The focus of the presentation is Maori participation in national mental health research projects, with a specific focus on Maori participation in the National Mental Health Classification and Outcomes Study. Improving outcomes for indigenous people in the mental health sector is a critical issue for mental health services in Aotearoa/New Zealand.

**S148 Maori Approaches to Wellness**  
3/09/2004 From: 1330 To: 1500 Venue: Central Foyer B  
Paper 20 Minutes: Rapua Te Hinengaro Tangata Toa (Seek the Mind of a Warrior).  
**Tui Taurua**

The purpose of this workshop is to offer a personal perspective regarding the survival of combating (kamau te wero) the influences of clinical services utilizing Maori Tikanga. To this end the purpose of our recovery process is to seek and develop the wairua (inner strength) required to deal with the daily consequences of living with a mental health issue. Recovery is about sustaining hope and maintaining good mental health and achieving a quality life of the participants' choosing. Each participant is required to be committed to initiate action, which can and will instigate change at a personal level (attaining and maintaining hope is both energizing and motivating). Together we will work to acknowledge old patterns and cycles whilst challenging the barriers and walls that these present. Comfort zones will be stretched in order to achieve stronger individual goals. Rebuilding will be based on ones own wairua wisdom (inner sense) and the development of this is an integral part of the program. It is important to note that when we identify our personal destructive patterns, that the void needs to be replaced. It will be up to the participants to identify those replacements in an environment that acknowledges that this is a difficult but worthwhile process. Program Aims: Participants will learn two models of Maori Mental Health - Te Whare Tapa Wha, Maori Ora Maori Ora Mauri Ora. Participants will identify ones own Whakapapa and the significance of it in relation to their spiritual destiny and life journey. Participants will learn what the word Tautoko (support) means from a Maori perspective and how this impacts on the well being of Tangata Whaior. Participants will learn to identify personal destructive patterns. Participants will gain a full understanding of being reconnected with what is important to Maori eg. Tupuna (ancestors), Maunga (mountain), Awa (river), Moana (sea), Urupa (cemetery), Kai (food), Tangiahana (grief and bereavement), karakia (acknowledgement of Spiritual beings), Kapa Haka (Maori cultural group). Whakawhanaungatanga (relationships), Marae (main gathering place for Maori), Te Reo (Maori Language), Wairua (inner strength). **Learning Objectives:** Participant has learnt to practically implement two models of Maori Mental Health e.g. Te Whare Tapa Wha, Maori Ora, Mauri Ora. Participants will have researched their genealogical backgrounds (whakapapa) by seeking advice from Kaumatua, Kuia and whanau interaction. Participant has identified their main support structures and applied a Maori perspective on their daily lives. Participants have learnt preventative measures of care and incorporated a Maori perspective. Participants have learnt the meaning of Recovery and Hope (Whakawhanaungatanga) from a Maori perspective. Participants will experience reconnection to all that is Maori. Participants will identify their inner tools required to walk their own paths' journey Participants will gain a renewed feeling of confidence, self worth, self respect, self esteem and strength. 10 week Program outlined thus: 1. Introduction, a. Ground Rules b. Mentoring. c. Fail to Plan / Plan to Fail.d. Goals.e. Handout workbook. 2. Models of Maori Mental Health. Te Whare Tapa Wha.b. Maori Ora Mauri Ora. 3. Recovery Model, a. Hope, b. Tautoko.4. Personal Responsibilities.5. Identification of Destructive Behaviour. 6. Identification of Comfort Zones / Patterns / Barriers. 7. Self Respect / Self Acceptance. 8. Where to from here?.a. Celebrate who you are today. 9. Evaluation. 10. Graduation. **References:** Hapai Te Hauora Tapui Ltd, Maori Ora Mauri Ora Model, 2000. Taurua, Tui 'Personal Maori Mental Health Story of Recovery' 2001.
The aim of this paper will be to outline how Neami has undertaken the transition from 'Day Program' and 'Drop In' to a more community integrated rehabilitation focus. The paper will address the importance of ensuring that programs are relevant to consumer needs and representative of the demographics of the community in which we operate. Moreover, current research confirms that social and community connections improve a person's wellbeing and health. The 'Day Program' and 'Drop In' concepts date back to psychiatric institutions and hospital settings. Our view is that these concepts are no longer relevant or effective in supporting consumers to live fully in their local communities. The time had come to shift the focus from an inward looking mini institutional approach to a more outward looking community rehabilitation focus. To facilitate greater ownership of the new program and to ensure that the new model was relevant and representative, a number of forums, meetings and discussions were held with the key stakeholders. To foster greater community integration the new model incorporates collaborative community programs, events and rehabilitation initiatives. This model is consistent with Neami’s mission statement of ‘Improving mental health and well being in local communities’. **Learning Objectives:**

1. How to assist and support consumers of mental health services to live more fully in their local communities.
2. How mental health organisations can work collaboratively with relevant local agencies to create a more integrated model of support and rehabilitation.

**Presenters:** Suzi Tsopanas, Team Manager and Joe Cassar, Manager Neami North East. **First Author:** Suzi Tsopanas **Second Author:** Joe Cassar.

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**S149 Access & Experiences**

3/09/2004 From: 1330 To: 1500 Venue: Central Foyer C

**Paper 20 Minutes: Follow-up telephone surveys with consumers of an Emergency Department Mental Health Liaison Nurse service.**

**Tim Wand**  
Tim Wand Mental Health Liaison Nurse Practitioner, Emergency Department RPAH. **Peter Schaecken**  
Peter Schaecken Area Coordinator of Consumer Initiatives CSAMHS. The mainstreaming of mental health services into the general healthcare system has added to the demands placed on Emergency Departments (ED) in terms of the treatment, management and disposition of mental health related presentations. There is a growing body of research that highlights the difficulties encountered by consumers presenting to the emergency department with mental health concerns (Summers and Happell 2003). Mental Health Liaison Nursing (MHLN) has developed in response to the increasing number of people with mental health problems accessing services via the ED. They are now an integral part of many emergency settings (Callaghan et al 2002). The MHLN at Royal Prince Alfred Hospital (RPAH) provides advanced mental health nursing care for people from all age groups presenting through the ED. This is accomplished through direct contact with patients, family and significant others and through support, education, and advice to other healthcare professionals. The study. Ethics Committee approval was granted in July 2002 to conduct follow-up telephone surveys with mental health consumers of the ED at RPAH to evaluate the effectiveness of the MHLN service. The surveys, conducted by a consumer consultant, provide mental health patients with an opportunity for anonymous feedback on their experiences in the ED and their satisfaction with follow-up arrangements made in the community. **Results:** Results of the study to date will be presented, along with discussion of the benefits and lessons learned in conducting the research. The perceptions and opinions from consumers provides valuable information for the MHLN service, which aims to enhance coordination of care from the point of triage to community follow-up leading to improved outcomes for mental health presentations to the ED. **Learning Objectives:**

1. To provide insight into the experiences of...

S149 Access & Experiences
3/09/2004 From: 1330 To: 1500 Venue: Central Foyer C
Paper 20 Minutes: How was it for you? Exploring the experiences of Home Based Treatment, from the perspective of service users, families and mental health professionals via qualitative research.

Michelle Reet Mark Gingell Sonja Goldsack Hilary Lapsley
International research has established Home Based Treatment (HBT) as an effective, viable and oft-times preferred treatment option for service users experiencing an acute episode of mental illness, who traditionally would be admitted to hospital. Enhancement of recovery via collaboration and choice of treatment setting are underlying principles. A paucity of qualitative research providing descriptions of the experience of HBT is evident - in particular the perspectives of service users, carers or staff. This leaves a gap in our knowledge of the context and quality of service delivery, and factors contributing to success. This presentation describes a research study, by the Mental Health Commission and Capital and Coast DHB (New Zealand), which attempted to fill this knowledge gap. The study investigated a recently established HBT service via qualitative research and involved a series of interviews with a variety of service users, families, HBT staff and allied professionals in order to: describe how HBT is experienced; elicit views on the service; examine the extent to which HBT models a recovery orientation in practice. Excerpts from stories and evaluative comments that offer insight into the personal, professional and service delivery factors that impact upon treatment experiences will be shared.

Learning Objectives: 1. Attendees will develop an understanding of the rationale and importance of eliciting the different views and perspectives of mental health treatment, and integrating this knowledge into the planning and delivery of Home Based Treatment. Exploration of the factors which impact upon service users' and providers' experiences of various treatment modalities and subsequent recovery are of relevance to a wide audience. The issues raised are both pertinent to, and have implications for the provision of services across the mental health spectrum. Ref: M, Hoult J. (2000) The Home Treatment Enigma. British Medical Journal; 320:305-309. Rme S, Cohen B (2001) Researching services providing IHT as an alternative to admission. In N. Brimblecombe (ed.) Acute Mental Health Care in the Community: Intensive Home Treatment. London & Philadelphia: Whurr.

S150 Workshop: Becoming a Public Speaker
3/09/2004 From: 1330 To: 1500 Venue: Meeting Room 9
Workshop 1.5 Hrs: Whether You Laugh, Cry or Shake You Can Still Be a Wonderful Public Speaker.
Fay Jackson Jon Strang
This workshop was held last year and was such a success that we thought it should run again. It 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.

S151 Symposium: Involving GPs, Improving Care 3/09/2004 From: 1330 To: 1500 Venue: Meeting Room 8
Symposium 1 Hr: AIMhi: Improving the Outcomes of People with Mental Disorders in Rural Queensland.
David Kavanagh Heidi Sturk David King Chris del Mar Helen Bartlett Colleen Cartwright Merrill Crabtree Cindy Gallois
This symposium examines the rationale for the AIMhi Rural Stream, and describes Baseline data from the program. AIMhi Rural is currently being conducted in 8 rural and regional centres in Western and Northern Queensland, and aims towards improved recovery by people with chronic or recurring mental disorders, through informed involvement by consumers and carers, key services, and communities as a whole. 1. Physical and psychological risks in people with mental disorders. David J. Kavanagh; Heidi Sturk. University of Queensland. People with mental disorders are more likely to contract serious physical disorders, and to die earlier than people in the rest of the community. Not only is suicide a significant issue; people with mental disorders are also more likely to smoke, to have alcohol and other drug problems, to have a poor diet and to have low activity levels. When a serious disorder does develop, they are less likely to obtain appropriate and timely care. Many serious disorders involve recurring episodes which produce serious life disruption, and yet strategies for early detection and intervention of these episodes are not routinely employed. Baseline data on a sample of rural residents with mental disorders are presented. Methods are described whereby these issues are being addressed. 2. Baseline data on the activity of participating General Practitioners. David King (University of Queensland); Chris del Mar (Bond University). (Detailed abstract to come.) Data on routine physical assessment and opportunistic intervention involving over 800 patients and over 45 general practitioners in 8 rural towns or centres across Queensland are presented. 3. Community surveys on mental health issues in four Queensland towns Helen Bartlett; Colleen Cartwright. University of Queensland (Detailed abstract to come.) Results of a mailed survey on services for mental disorders and community attitudes to mental disorders are presented. 4. Community Focus Groups in AIMhi Rural Merrill Crabtree; Cindy Gallois. University of Queensland. One aspect of the AIMhi Rural Stream involves evaluating the effectiveness of providing a community intervention to support people with a chronic or recurring mental disorder (CRMD). This community intervention includes encouraging relevant community initiatives. As part of establishing an understanding of the current situation in each town, focus groups with key informants in the community were undertaken. These focus groups consisted of adults with CRMD, carers of people with CRMD, representatives from various community groups that are involved in the support of people with CRMD, mental health staff and GPs. Focus groups were audio taped and transcribed verbatim and additional field notes were used to record some of the main issues raised. A thematic analysis of data was conducted to identify issues that were important to informants. This presentation aims to provide an overview of the main themes raised by informants in the focus groups. The relevance of these issues for services and community action will be discussed. 5. Panel discussion on the opportunities and challenges involved in improving the outcomes of people with mental disorders in a rural or regional context Presenters, plus GP, MH service and carer representatives.
The Richmond Fellowship of Victoria has been providing rehabilitation services to people with experience of psychiatric disabilities for more than 25 years. The organization commenced operations from a single program in Albert Park and now provides 35 programs across metropolitan and rural Victoria. The model of service delivery has transformed over this time and is very different to the therapeutic community which commenced in 1976. As part of the RFV's ongoing service improvement strategy a project was commenced in February 2004 designed to articulate the model of psycho-social rehabilitation which is currently in operation throughout the organization, and to explore its meaning and value to staff, program participants and carers. A project worker was recruited who, in conjunction with an acknowledged expert in the field of psychosocial rehabilitation, began developing an action research method of investigation. The method being used is recursive in nature, in that each stage of the project is informed by, and responsive to the learnings derived from earlier stages. A key element of the project has been to gather the views of all stakeholders in the delivery of services. To ensure this: Workshops have been conducted with both service delivery staff and management of all RFV programs. These were designed to uncover and articulate RFV staff understandings of the principle elements of the psychosocial model which underpin and guide their work. Four Focus Groups have been conducted with representative samples of program participants from RFV Programs across metropolitan Melbourne and rural Victoria. A Carer Focus Group has been conducted which investigated and recorded the views of RFV carers. Key respondents including ex RFV program participants, and staff, community figures and key PDRS figures from other agencies were also asked to contribute their views through a process of structured interviews. Conference delegates attending the proposed Symposium will be exposed to: A presentation of the rationale for, and structure of, the project. The outcome of the project in the form of a paper which describes the key elements of the RFV Model of Psychosocial Rehabilitation. An example of the model in operation in RFV programs (see abstract 1). A report from RFV program participants on their experience of the RFV Model of Psychosocial Rehab in practice. A report from RFV Carers on their experience of the RFV Model of Psychosocial Rehab in their lives (see attached abstract 2) The symposium will be chaired by Malcolm Morgan, RFV Services Director. RFV Staff involved in presenting during the Symposium will be RFV Regional Managers, Judy Hamann, and Julie Lengyel & RFV Program Manager, Sally Bilbao. RFV Program Participants contributors are not yet finalized, since the project itself is still under way. We envisage that there will be two RFV consumers. The Carer contribution to the symposium will be provided by, Beth Bailey, RFV carer and board member. Ample time - 20 minutes - will be made available for audience participation, via comments and questions. Learning Objectives. 1. Audience members will learn about a model of investigation drawing on practice based evidence; How an organization can embark of a process of self discovery as a way of articulating its work practices and thereby improving the services it delivers to program participants; How the work of an organization is enhanced by the active involvement of all stakeholder in its practices. 2. The symposium offers an innovative model of investigation for articulating the latent but not yet formalized concept of psychosocial rehabilitation currently in operation in a large PDRS organisation. It describes a meaning based method of exploration which is inclusive of all interested stakeholder views. Articulation of a practice based model of psychosocial rehabilitation assists in ensuring that models of psychosocial rehabilitation are relevant to the lived experience of all stakeholders in the rehabilitation venture. Abstract 1. Working with where people are at - Dual Diagnosis issues in RFV Residential Rehabilitation Services. The Richmond Fellowship of Victoria provides psychosocial rehabilitation services to people with mental illness. While some services are designated for younger people only (18-25), the
reality is that all residential services in the RFV are confronted with having to work creatively and compassionately with people who are experiencing mental health and drug and alcohol problems. This presentation will examine some of the issues that arise in RFV Programs when providing psychosocial rehabilitation to people with complex needs in residential settings. In particular, it will focus on dual diagnosis, i.e. people with mental illness and co-morbid alcohol and other drug problems. Levels of complexity will be considered in relation to the individual, their stage of development and the residential environment. The presentation will demonstrate how psychosocial interventions form an important part of an integrated treatment approach for people with these problems. References: Robert E Drake, Carolyn Mercer-McFadden, Kim T. Mueser, Gregory J. McHugo, Gary Bond, 'Review of integrated mental health and substance abuse treatment for patients with dual disorders', Schizophrenia Bulletin, Vol 24, No 4, 1998.; Robert E. Drake and Kim T. Mueser, 'Psychosocial approaches to dual diagnosis', Schizophrenia Bulletin, Vol. 26, No. 1, 2000. Learning Objectives. 1. The audience will gain a deeper understanding of the RFV model of psychosocial rehabilitation as it operates in the field of dual diagnosis. 2. The issue of co-morbidity is one that faces all services across the mental health spectrum. There are many approaches to this issue and the RFV model is built on the belief that it is important to work with all aspects of a person's life in order to effect change. Abstract 2. The RFV 'Narana Welcome Book for Families and Carers' - A carer inclusive model of Psychosocial Rehabilitation. The presentation charts the development of the Narana Welcome Book for Families and Carers as an example of the importance of involving families and carers in the rehabilitative process. The RFV Narana program was established 5 years ago as a psychosocial rehabilitation service for young people. Early on in the life of the program it was evident that many of the program participants came from supportive family homes. These families experienced increased anxieties when caring for a family member with a mental illness. By allowing families to 'tell their stories', and providing them with support, it was possible for them to identify and articulate stressors and thus build healthy coping strategies to manage their relationships in a more positive way. Regular meetings were organized to facilitate this process during which staff of the program were able to inform, exchange support, and together share in the achievements of their family members' goals. Family attitudes toward family members changed, as they were able to appreciate the small yet significant steps in the process of rehabilitation. This in turn enabled them to share more fully in their children's successes, fostering hope for the future for them both. It was through this collaborative process that the need arose for a booklet which explained the RFV approach to psychosocial rehabilitation to carers and families. Copies of the booklet will be available during the symposium. Presenters: Beth Bailey Carer and RFV Board Member Sally Bilbao RFV Narana Program Manager. Learning Objectives. How to promote a family sensitive practice in a psychosocial rehabilitation program for young people. How to implement and maintain a family sensitive practice that engages families and carer throughout the term of a young person's rehabilitation. Relevance of Learning Objectives. The RFV model of psychosocial rehabilitation attempts to promote family sensitive practices throughout the organization. It is only recently that carers and families have been recognized by mental health professional as having an important contribution to make to the rehabilitation goals of their family members. A jointly developed booklet, such as that developed at RFV Narana, can address many of the questions and concerns that families and carers have during the time that their family member is moving from home into a residential rehabilitation setting.
been neglected by both medical services & the individual themselves, serving to exacerbate
general health problems & further isolate people in the community (2). In response, the Inner
North Brisbane Mental Health Service, Royal Brisbane & Women's Hospital commenced the
Healthy Living Program in January 2003. Development began in 2002 as a partnership
between Occupational Therapists from the Mental Health Service, and the Department of
Nutrition and Dietetics. The Healthy Living Program consists of three separate modules on
healthy eating, physical health, & activity. Evaluation of the program is currently being
undertaken using satisfaction surveys, designed to gather both qualitative & quantitative data.
The paper aims to provide a general overview of the program, presenting details on the
content & structure of each of the modules. Research findings to date will also be discussed,
illustrating the benefits & outcomes of program participation. The paper will conclude with
commentary on the great need for Mental Health Services to incorporate similar programs
into service delivery. **Learning Objectives.** 1. Attendees will gain insight into the
development, facilitation & outcomes of a newly implemented practical clinical program
aimed at enhancing the health & well being of people with a mental illness. 2. Disconnection
of people with a mental illness to relevant health & lifestyle services in the community
continues to act as a fundamental barrier to improving quality of life. This paper endeavours
to identify opportunities for mental health services to assist clients to access community
resources important in the attainment of health improvement and well being. **References:**
LambertT, Velakoulis D & Pantelis, C. Medical comorbidity in schizophrenia. The Medical
Journal of Australia 2003; 178 (Supplement): 67 - 70.; Crosse C. A meaningful day:
integrating psychosocial rehabilitation into community treatment for schizophrenia. The
Medical Journal of Australia 2003; 178 (Supplement): 76 - 78.

S153  Fitness, Food & Physical Health
Paper 20 Minutes:  Choices.
Doreen Tuinier   Louisa Talbot
Choices was developed to meet the fitness and weight issues of concern to service users and
staff of three mental health service providers in Hamilton City. The issue of weight gain has
long been of great concern to service users and their support systems, and this has only
increased since the introduction of atypical antipsychotics. Our concentration is on making a
HEALTHY LIFE STYLE CHOICE. The three service provider representatives (Malcolm
House, Methodist City Mission, Pathways) decided that best use of limited resources and
availability to maximum numbers of service users would entail a synergy of combining the
resources of all services involved and hence this alliance was established in April
2003. Sponsorship for this choices programme was obtained and a steering group established
to support this initiative. The programme has now been available to consumers beginning
September 2003, and various educational, activity based, exercise and support options are
now available to people accessing this programme. Programme evaluation tells us this
programme is effective - people identify significant weight loss - service users identify
enjoying this programme. The aim of this presentation is to share the programme we have
developed with other service providers who have similar concerns, and to share our learning
as development of the programme evolves. **Learning Objectives.** 1. The audience will hear
about a new programme development in Hamilton City, and may find new ideas for their own
similar programmes. People will gain information related to programme outcomes as
provided by service users involved. 2. Service users express huge concern for weight gain
issues particularly since the introduction of atypical antipsychotics, this new venture arose
from the concerns expressed by people accessing our services in these circumstances.

S153  Fitness, Food & Physical Health
Paper 20 Minutes:  The Battle of the Bulge- Weight Gain and Antipsychotics: Whose
Responsibility is it?
Dyani Nevile   Kylie Stevenson
One of the common side effects of novel antipsychotic medications, which are used as frontline treatment for clients with psychotic disorders, is weight gain. Although these medications frequently prove to be effective in managing the positive symptoms of the illness, this side effect creates a new set of issues that are often compounded by the negative symptoms of the illness, eg, social isolation, impairment of role functioning, and amotivation. Further, research is now identifying that this weight gain causes significant distress for clients. If unaddressed, these issues have the potential to increase noncompliance, frequency of hospitalisation (psychiatric or general), and negative repercussions on lifestyle and physical health. Therefore, there is a clear need to assist clients to develop skills in weight management, and to foster increased levels of physical activity. This may in turn enhance clients' sense of intrinsic control, overall quality of life and motivation to maintain compliance. This paper aims to explore these ethical issues associated with the use of antipsychotic medications, and the need to provide consequent education and intervention to clients for managing these side effects.

**Learning Objectives**
1. Participants will learn about ethical issues associated with prescription of antipsychotic medication and the need to educate clients about effective weight management strategies.
2. The paper will discuss an identified need for mental health services to provide interventions targeting weight management to be implemented when novel antipsychotic medications are utilised.

**References**:

**S154 Symposium: Youth Participation**
*3/09/2004 From: 1330 To: 1500 Venue: Meeting Room 5*

**Workshop 1.5 Hrs: Platform - How to work in partnership with young consumers to shake up mental health services.**

**Esther Singer**

Consumer participation is well established in adult mental health services but often ignored in services which work with young clients. Services are often unwilling to listen to 'crazy kids' and the existing consumer structures do not engage or support young consumers. At ORYGEN Youth Health a group of young people known as The Platform Team have been working in partnership with staff for four years to develop a unique participatory project. Instead of using traditional consumer involvement strategies, the project adopted the youth participation framework which emphasises the specific strengths and needs of young people. Over time the project has grown from a single group of young consumers to become a multi-part program encompassing a diverse range of projects. This has enabled a wide range of young people to participate in service planning, advocacy, consultation and changing the system. In this workshop young people will showcase some of the projects they have developed including: an innovative peer support system in which young people in recovery visit and support their peers in hospital, young people on interview panels, a newsletter and service user guide, a young media spokesperson, a consumer participation and consultation team. You will have a chance to hear from a range of young people about their experiences of the mental health system and what they have gained from being involved in participatory projects. As well as creating a culture shift at the service, youth participation has had profound effects on the lives of the young people involved, giving them a chance to use their experiences to make a real contribution to the community. The workshop will show how young people can be supported in participating and be involved in a way which enhances their recovery. We also hope that this workshop will be provide a chance to learn from others who are involved in youth participation so that we can compare models. You will have the opportunity to share experiences of involving or attempting to involve young people and to ask questions about the successes and challenges of the Platform model. We will also share the approach used in developing the model and some of the challenges to participation.

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TheMHS & AICAFMHA Conference - Book of Abstracts, Gold Coast 2004
will be an emphasis on how to initiate youth participation at a mental health service and how to work in a genuine partnership. WORKSHOP PLAN (Times for 60 minute workshop - but could easily be expanded to fill 90 minutes) 1. Introduction (10 min) - Introduce Platform Team members. History of the project - One member talks about their experience and what they have gained from being involved. 2. Brief descriptions of projects currently being run covering highlights and challenges. Allow some questions after each description (20 min total) - consumer participation team. - newsletter and information for consumers. - peer support project - young people on interview panels. 3. Tips for involving young people (10 min) - ask audience for learnings from projects they have been involved in. - share successful methods from Platform team members. 4. Challenges and techniques for youth participation (10 min) - audience to contribute challenges or barriers to involving young people. - share approaches which might overcome these barriers. 5. Final questions (10 minutes) - extra time for audience to discuss issues and share their experiences - promote youth participation across the mental health system and encourage networking and advocacy on this issue.

Symposium 1.5 Hrs: Families experiencing mental illness shouldn't cope alone: Creating community partnerships and responses for at risk children and young people.
Darryl Maybery Jane Burns Dee Basinski Matt O'Brien Rose Cuff Kirsten Green Melinda Goodyear Andrea Reupert

Ignorance, discrimination and insensitivity about mental health issues are still common in our society. Often people can recognise the signs and symptoms but when it happens to them, a family member or friend, they don't know what help is available. Depression is a common, debilitating mental illness that affects one in five young people and yet less than sixty percent seek help from a mental health professional. The project showcased in this symposium aims to help young people whose lives are affected by the experience of living with a family member with a mental illness.

Abstract 1: Building government, non-government and community partnerships.

Abstract 2: The PATS (Paying Attention to Self) project. Abstract 3: The Urban - Rural challenge: Developing peer support programs for children of parents with a mental illness to meet diverse populations. Abstract 4: Research and Evaluation with children whose parents have a mental illness.

Learning Objectives:
1. Participants will gain an outline of an early intervention program aimed to reduce the impact of mental health problems in families. They will gain knowledge about the importance of building government, non-government and community partnerships in the implementation and evaluation of such programs. They will also gain specific knowledge about the PATS and VicChamps projects including information regarding research and program evaluation.
2. The topic is directly relevant to those with a mental health problem (or their carers or relatives) who also have children. It is also relevant to mental health professionals who have clients living in family circumstances where at least one parent has a mental illness.

Symposium chair: Darryl Maybery. Faculty of Arts (Psychology). Charles Sturt University. Abstract authors are listed below with presenters underlined.

Abstract 1: Building government, non-government and community partnerships. This project brings together three large government and non-government partners, beyondblue: the national depression initiative, the Mental Health Branch of Department of Human Services in Victoria and the Victorian Health Promotion Foundation and unites them in a common goal - to reduce the significant morbidity and impact on the quality of life experienced by children and young people whose parents experience a mental illness. Building on the substantial work conducted by the Commonwealth's COPMI project this unique partnership aims to work with local service providers and community organisations to develop, implement and evaluate models of best practice in both metropolitan and rural/regional locations across Victoria. The PATS and VicChamps models are unique in their design in that they promote a community level response while at the same time work to create better responses for individuals and their families. The project is supported by a strong evaluation framework and the evidence generated in this unique government/community partnership will help to inform best practice.
at a local level. If successful the project will be showcased both nationally and internationally as one of the first of its kind to implement and evaluate a program targeting parental mental illness as a risk factor for children and adolescents. Authors/presenters Jane Burns, Dee Basinski. Jane and Dee are members of the management group of the two projects: PATS and VicChamps. The role of the management group is to ensure the projects meet their objectives and to provide advice and support in the development and implementation of project activities. The Victorian Health Promotion Foundation, the Mental Health Branch of the Department of Human Services in Victoria, and beyondblue: the national depression initiative have partnered to fund the two projects. The projects aim to increase awareness of and responsiveness to the needs of children and their families and young people who have a parent with a mental illness by working at the individual, community and organisational levels. **Abstract 2:** The PATS (Paying Attention to Self) project. This presentation will describe and contrast the challenges in developing and implementing the PATS (Paying Attention to Self) peer support program in a range of community settings, representing both rural and metropolitan areas. Paying Attention To Self (PATS) is a peer support program for young people aged 12 - 18 years who have a parent with a mental illness. PATS aims to prevent the development of mental health and emotional difficulties in young people who have been identified as being at increased risk. The Centre for Adolescent Health is coordinating the establishment of PATS in five sites in Victoria - North-Western Metropolitan; Inner South Community Health Service; Shire of Yarra Ranges Youth Services; Wimmera Uniting Care, Horsham; and Goulburn Valley Child and Adolescent Mental Health Service, Shepparton. The five locations cover rural, inner city and outer suburban regions. Particular attention will be given to the processes of community consultation and program dissemination which have commenced in establishing PATS in rural and urban settings. Authors/presenters Matt O'Brien BA, Grad Dip Adol Health & Welf. **Abstract 3:** The Urban -Rural challenge: Developing peer support programs for children of parents with a mental illness to meet diverse populations. This presentation will describe and contrast the challenges developing, implementing and evaluating CHAMPS peer support programs for children aged 5-12 within rural and metropolitan settings. The 'VicChamps' program (Eastern Health Mental Health Program) covers a suburban, semi-rural and rural population in the Eastern Suburbs of Melbourne; 'Supporting Kids' (Upper Murray Family Care) covers Wangaratta and Wodonga and surrounding areas. Working in partnership, the two projects aim to be a model of best practice which takes into account the diverse geographical regions, the needs of children, families, and a vast range of service providers in both mental health and community based agencies. The paper describes the programs as works in progress and how they are being adapted to best meet these needs. Authors/presenters: Rose Cuff and Kirsten Green. **Abstract 4:** Research and evaluation with children and young people whose parents have a mental illness. Initially this presentation will outline theoretical orientations to research with children and young people whose parents have a mental illness, focusing upon attachment, connectedness, resilience and appraisal and coping issues. The primary needs or problems for children and adolescents are then outlined from the literature. This is followed by methodological issues such as gathering multiple informant perspectives, self-report reliability and age of respondent (amongst other issues). Specific experiences from the PATS, VicChamps and Supporting Kids projects will be drawn upon. Finally, suggestions will be made regarding research and evaluation best practice. Authors/presenters: Darryl Maybery Matt O'Brien, Melinda Goodyear and Andrea Reupert.

**S156 Prevention; Recovery**


Paper 20 Minutes: *Prevention and Recovery Care (PARC) Services: A New Service Type*

**Graeme Doidge**

In Victoria the Mental Health Branch of the Department of Human Services is currently piloting a new service type, Prevention and Recovery Care (PARC) services. PARC services provide an additional service option in the continuum of care for: Clients who require short-
term residential support and clinical intervention in order to prevent the requirement for admission to an acute in-patient unit. Clients who no longer require clinical intervention and treatment of the intensity provided during an acute inpatient admission but may require short-term transitional support post discharge. PARCs provide prompt, intensive, short-term treatment and support, which focuses on: Maximising resilience and protective factors and promoting recovery. Minimising vulnerability and risk factors which can contribute to crisis escalation and relapse. PARC services provide for their clients a combination of:

Biopsychosocial treatment and care, Support and practical assistance, Short term accommodation, Group activities, PARC services are also expected to contribute to reducing the burden of care experienced by carers in supporting people at home who are unwell but do not require a service response of the intensity of an acute inpatient admission. Currently one PARC service is operational and arrangements for another two are in the process of finalisation. All three PARCs are partnerships between clinical mental health services and psychiatric disability and rehabilitation support services.

Learning Objectives:
1. The audience will understand the objectives and key service features of a new service type that is being piloted. In addition they will gain an overview of the service context that identified the need for a new service of this type.
2. The audience will understand the place of PARCs in the continuum of care and how they are expected to contribute to the functioning of the mental health service system by contributing to a reduction in demand for acute inpatient beds, helping reduce the burden of care for carers, assisting relapse prevention and facilitating collaboration between clinical and disability support services.

S156 Prevention; Recovery
Paper 20 Minutes: Suicide Relapse Prevention: A Model of Assertive Counselling, Community Linkage and Monitoring from One Victorian Hospital Emergency Department.
Melissa Petrakis, Rosemary Stevenson
Western Health in Victoria is half way through a three-year project with the aim of developing a transferable model of continuing care for people presenting to the Emergency Department after attempting suicide and/or deliberate self-harm. The model incorporates aspects of primary and secondary prevention. Project Clinicians conduct a bio-psychosocial assessment, provide strategic and brief intervention counselling with an emphasis on crisis intervention and problem-solving components, and provide assertive linkage with General Practitioners, Community Health Services, housing services, social support services, employment services and financial aid. Continued follow up and assessment is sustained for a six-month period. This project is part of the Commonwealth Government-funded national Suicide Prevention Strategy, aiming to better detect suicidal thought and behaviour in the community and treat such presentations. This work at Western Health is particularly significant as Burden of Disease-data indicates that the Western Region has the highest rate in Victoria of Years Living with a Disability for all mental disorders for both men and women; a significant burden of mental disorders. General Practitioner doctors in the community thus require a significant amount of support in caring for these patients. The number of General Practitioners relative to population, however, is among the lowest in Victoria, with 1 General Practitioner to every 1,062-1,353 people. The number of specialist Psychiatric services in the West is also very low. The project has offered support and linkage to more than 80 at-risk people so far. The information collected through semi-structured interviews and standard assessment tools is very informative about the issues that underpin suicidal thought and behaviour. The approach is comprehensive, including examination of levels of Depression and Quality of Life measures, including looking at progress and challenges over time: at emergency presentation, 4-weeks post hospital presentation, 3-months and 6-months. The outcomes for the people working with the project to completion are positive and patterns are becoming evident about the key risk factors and what makes a difference in reducing future risk.

Learning Objectives:
1. They will learn about how an innovative model of suicide prevention currently operating in Victoria works. They will learn what the clinicians think
people need when suicidal and afterwards, and the benefits and problems with a single strategy. They will have the opportunity to offer feedback about their own personal or clinical experience around service responses to suicide. The feedback will be respected, valued and further assist quality improvement. 2. Nationally, services and consumers believe we need to develop a better response to suicide risk.

S156 Prevention; Recovery  
Paper 20 Minutes: Suicide Prevention, Teacher Education and Resiliency: Reviewing the Evidence for Schools-based Interventions.  
Garry King Jim Mienczakowski Steve Morgan  
Self-harm and suicide prevention remain focal social concerns - despite concerted state, federal and non-governmental policy initiatives. Youth suicide, self-harm and allied injurious behaviours have also been the target of an expansive array of intervention approaches - many of which have focused on the educational/school contexts. This paper seeks to review the evidence-basis for school-based programs that have been implemented in the USA and Australian context. The authors also wish to provide an argument for what the expanded role of the schoolteacher may be, with respect to harm minimisation issues generally (in terms of identifying students with psychosocial concerns, as a referral/network agent, as a critical consumer of schools-based programs and with regard to postvention strategies). Learning Objectives. 1.To be aware of current best practices (evidence-based) in the area of schools-based initiatives for suicide prevention and self-harm. 2.To be aware of the enhanced role of the schoolteacher in working with at-risk children and how that role interfaces with mental health services.

S157 Dual Disorders  
3/09/2004 From: 1330 To: 1500 Venue: Meeting Room 2  
Paper 20 Minutes: Personality Disorder: united we stand divided we fall  
Ben Thomas Nigel Toomey  
People with personality disorder are particularly complex and challenging to treat. They are associated with a high level of co-morbidity with affective and anxiety disorders and substance abuse disorders. It is widely recognised that the treatment needs of this client group are poorly met by standard psychiatric services (Morton and Buckingham, 1994). This workshop aims to provide an opportunity for mental health staff, consumers and carers to reflect on the current thinking, understanding and treatment for people with personality disorders. It provides a forum to share ideas and experience of the treatment and care that people receive. The framework underpinning the workshop is provided by the new training program and the implementation of best practice guidelines developed at St Vincent's Mental Health Service and Spectrum Personality Disorder Service for Victoria, In particular the workshop will focus on: wareness of attitudes and contradictions that hamper therapeutic work having a shared understanding and the need for a cohesive and collaborative team the assessment of risks and choosing the appropriate treatment he development of a crafted comprehensive, coordinated treatment plan building crises and contingency plans into the long term care strategy. The workshop is designed to meet the needs of mental health staff, consumers and carers who are interested in improving the services, treatment and care for people who meet the criteria for a diagnosis of borderline personality disorder. Concluding statement. People with personality disorder require skilled psychiatric treatment. This workshop provides an opportunity for mental health staff, consumers and carers to re-examine the skills required and the principles that should guide the treatment and care for people with personality disorder. Learning Objectives: Learning Objective 1. To gain awareness of some of the barriers to effective treatment for people with borderline personality disorder and ways to overcome them. Learning Objective 2. To identify that borderline personality is a serious mental illness and by following best practice guidelines mental health services can be enabled to effectively treat and care for people with borderline personality disorder. References: Krawitz, R. and Watson, C. (2000) Borderline Personality Disorder: Foundations of Treatment, Henley Beach, South Australia: Seaview Press. Gunderson, J. G.

S157 Dual Disorders
3/09/2004 From: 1330 To: 1500 Venue: Meeting Room 2
Paper 20 Minutes: Assessing for autism disorders in adult mental health services.
Stephen Edwards Chad Bennett
Progress has been made in the description and identification of developmental disorders such as Asperger's syndrome that are different to classic autism but form part of an 'autism spectrum' of disorders. This has allowed for more appropriate interventions for children with this group of developmental disorders as well as suitable monitoring for mental illness that may develop in adolescent or adult years. However, responding to suspected but previously undiagnosed autism spectrum disorders in adulthood presents additional clinical challenges, as symptoms of the lifelong impairments that typifying these disorders can be confused with and can confuse the symptoms of acquired mental illness in these adults. Evidence indicates that there are notable numbers of adults with autism spectrum disorders that had not been diagnosed in childhood or adolescence but may already receive treatment for a serious mental illness in a mental health service. A diagnosis within the autism spectrum requires the presence of a longstanding pattern of impaired social and communicative functioning as well as restricted routines and interests. For this diagnosis to be established for an adult using mental health services, there are three essential tasks with the first to gather data on development in childhood from informants if they are available and any assessment records from that period. The second is to objectively establish the pattern of cognitive abilities through psychological assessment and a third involves conducting the assessment procedure most familiar to mental health clinicians, the mental status interview. Clinical data from these sources are used to establish the presence of the lifelong developmental disorder and to discern whether acquired mental illness also exists. Common differentials in the population assessed include psychosis and disorders such as obsessive compulsive disorder. Participants will learn about a clinical assessment model developed by the VDDS that can be used in adult mental health services. The model accounts for the particular challenges of gathering developmental history, intellectual functioning and mental status data within the constraints of a public mental health service and will be illustrated with case extracts. Participants will be provided with a printed outline of the model and opportunities to discuss their own experiences of assessing for autism spectrum disorder in mental health services.

S157 Dual Disorders
3/09/2004 From: 1330 To: 1500 Venue: Meeting Room 2
Paper 20 Minutes: Autism Spectrum Disorders: Clinical and systems issues for adult mental health services.
Stephen Edwards Chad 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.