S03: KEYNOTE PRESENTATION: Mike Slade,
Level 3 - Grand Ballroom, August 30, 2017, 10:00 AM - 11:00 AM

KEYNOTE PRESENTATION: Making a real sustained difference - the challenge of managing innovation.

Mike Slade
University of Nottingham

Biography:
Mike is Professor of Mental Health Recovery and Social Inclusion at University of Nottingham and Chair of the European Network for Mental Health Service Evaluation (ENMESH). His main research interests are recovery-focused and outcome-focused mental health services, including Recovery Colleges, narratives and lived experience, citizenship, wellbeing, needs assessment and developing measures, e.g. INSPIRE, Camberwell Assessment of Need, Threshold Assessment Grid. He has written over 250 academic articles and published 11 books, including Personal Recovery and Mental Illness (2009), Partnering for Recovery in Mental Health (2014), Positive Psychotherapy for Psychosis (2017) and Wellbeing, Recovery and Mental Health (2017). His free booklets include Making Recovery a Reality (2008), REFOCUS: Promoting recovery in community mental health services, 2nd edition (2011), 100 Ways to Support Recovery (2013) and The empirical evidence about recovery (2015), all downloadable at researchintorecovery.com.

ABSTRACT
The mental health system globally is undergoing significant change, with an increasing emphasis on citizenship and self-determination, the transition from hospital-based towards community-based infrastructures spreading beyond high-income countries, and a new emphasis on meaningful involvement of people who use services in shaping mental health systems.

These changes bring disruptive transformation, leading to the international spread of innovations such as using lived experience in peer support worker and peer trainer roles, Recovery Colleges, co-design and co-production, digital mental health interventions, trauma-informed support, peer-led services and workforce wellbeing.

A key emerging challenge internationally is how to balance the need for innovation and transformation with other deliverables needed from the mental health system. A centralised system with hierarchical top-down control changes too slowly and is inefficient. A fully decentralised mental health system which encourages un-regulated innovation lacks accountability, quality monitoring and governance capacity.

Using a current study of Recovery Colleges (see researchintorecovery.com/recollect) as an example, approaches to managing innovation will be outlined. Along the way we will cover the evidence base for many recovery-supporting interventions, identify the problems with a recovery orientation, and look beyond the mental health system to identify what wider society needs to learn from recovery research.
The contemporary significance of the Holocaust to Australian mental health care.

**Biography:**

Michael Robertson is a Clinical Associate Professor of Mental Health Ethics and a visiting Professorial Fellow at the Sydney Jewish Museum. His clinical work is in Occupational Psychiatry and Civil Forensic Psychiatry. He had worked for more than twenty years in community mental health and coordinated a clinical service for survivors of psychological trauma. He is a Committee Member for the Special Interest Group in History, Philosophy and Ethics of Psychiatry of The Royal Australian and New Zealand College of Psychiatrists (RANZCP). Michael’s PhD is addressed psychiatric ethics and traumatic stress. He has published in the area of psychological trauma, philosophy and psychiatry, and brief psychotherapy. He has interests including the depiction of psychiatry in cinema and human rights abuses perpetrated by psychiatrists under National Socialism in Germany.

**ABSTRACT**

Under the National Socialist (Nazi) regime in Germany and occupied territories, more than 300,000 people with psychiatric, physical and intellectual disabilities were murdered and 400,000 sterilised against their will in a crime that has come to be known as the Krankenmorde (murder of the sick). These crimes against humanity were enabled by the complicity of the German medical and nursing professions with the Nazi regime. This paper examines the commonalities between the mental health professions in Nazi Germany and mid-century Australia and links the persistence of these into present day. The factors that enabled the Krankenmorde persist in Australian mental health professions and have implications for the lives of those living with severe and persistent mental illness, intellectual disability, Australians of ATSI background, the LGBTIQ community and asylum seekers in detention.

**Learning Objectives**

Learning Objective 1: The audience will gain an understanding of the commonalities between mental health professions in Nazi Germany and Australia and how many of these factors persist to present day

Learning Objective 2: This is relevant to mental health care now as many of the lessons of the Holocaust remain unlearned and risks a repeat of human rights abuses of mid century

**References**

S04: PAPERS: Contemporary Mental Health Practice, Level 3 - Grand Ballroom A, August 30, 2017, 11:30 AM - 1:00 PM

Reading and theory as empowerment: Critical perspectives on ‘Madness’ in the community.

Sarah Roffey¹, Natalia Jerzmanowska²

¹Off The Wall Inc

Biography:
Sarah Roffey has a Bachelor of Gender and Cultural Studies and Social Work and currently works in the mental health and disability sector. Sarah is one of the founders and facilitators of Sydney’s Critical Perspectives on Madness Reading Group and is passionate about using lived experiences and theory to explore alternative perspectives on mental health and madness.

Natalia Jerzmanowska has a Master’s Degree (Qualifying) in Social Work from USYD. She works in the mental health sector. She also identifies as a psychiatric survivor. She is one of the founders of Sydney’s Critical Perspectives on Madness Reading Group. Her research, advocacy and activism centre on fostering emancipatory practices and discourses in and alongside the mental health sector.

Theory is often considered by mental health practitioners as the necessary evil: needed to gain professional qualifications, but eschewed once they enter the realms of the ‘real’ practice. Many service users may avoid it as intimidating and inaccessible. Following bell hooks (1991) we argue that theory and practice are not simply in opposition. Theory, when experienced through the process of close and attentive reading and group discussion can be a liberatory practice.

Our paper will speak to the emancipatory and perhaps even ‘therapeutic’ or ‘healing’ possibilities offered by Critical Perspectives on ‘Madness’ Reading Group - an innovative community space of which we are founders and lead facilitators. We conceive this initiative to be both a service and a research space. In a society where the bio-medical model of mental distress largely dictates people’s thinking about non-normative psychological experiences, ours is a space that gives people the opportunity to both critique the dominant model and consider other, perhaps more generative and “empowering” fields (social model of disability, anti/critical psychiatry, Mad studies), discourses and directions of understanding and response to distress and difference.

The group aims to offer a space for alternative ways of ‘knowing’ that is welcoming to individuals who don’t identify with clinical narratives or have been harmed by the mainstream system. The participants learn to develop their own critical eye around the dominant views and practices in the mental health sector and in turn construct new nuanced subjectivities for themselves outside the bio-medical discourse.

We aim to present the outcomes of our evaluation research focusing on the gains, challenges and limitations of our project. We will explore the pros and cons of our decisive positioning as outside the mental health system and elaborate on the function of reading as location of activism or even ‘recovery’ through resistance (Epstein, 2010). Finally, if madness is not an objectively defined, treatable medical affliction, but a material experience that is defined and disciplined through cultural discourses of normative behaviour (Herson, 2016), what are our responsibilities as advocates, activists and researchers?
Learning Objectives
Learning Objective 1: To introduce the audience to critical perspectives in mental health and their potential to create more inclusive anti-discriminatory and just practices within the mental health system and to influence real policy and systemic change; to make available learning about the practicalities of establishing and running a volunteer-run service and community space outside the mental health system.

Learning Objective 2: To advocate for the need of alternative spaces that honour and explore non-clinical perspectives on madness and distress, that are inclusive of individuals who do not identify with bio-medical interpretations or have been harmed by mainstream mental health interventions; to explore therapeutic/healing and empowering potential of reading and discussion in the context of mental health service users often being discouraged from “thinking too deeply”.

References

S04: PAPERS: Contemporary Mental Health Practice,
Level 3 - Grand Ballroom A, August 30, 2017, 11:30 AM - 1:00 PM

Recovery from Schizophrenia - an update and a tribute to Richard Warner MD.

Peter Huxley1, Anne Krayer1, Sanjaya Aryal1
1Centre For Mental Health And Society, Bangor University

Biography:
Peter Huxley worked with the late Richard Warner from 1989 until his death in 2016. During this time they conducted research projects on the service system founded by him in Boulder Colorado. These included studies of the quality of life of service consumers, including those using the Chinook Clubhouse and the Watshop Workshop, and the outcomes of early intervention services for at risk children, and a review of recovery from schizophrenia outcomes, which they were working on when Dick passed away. Peter is a trained social worker and was the first social worker in the UK to head an academic School of Psychiatry, in Manchester. He was then the first social work Professor at the Institute of Psychiatry in London (1999-2006) after which he moved to Wales and is now working at Bangor University.

ABSTRACT
Recovery from Schizophrenia (2004) was the late Richard Warners seminal work and influenced thinking not only about recovery, changing the then pessimistic view of the outcome of Schizophrenia to a more realistic and hopeful one, but also differences in outcome between cultures, the political economy of Psychiatry, and the relevance of meaningful work activities for recovery. Peter Huxley worked with him from 1989 to 2016 on a series of outcome related studies in the services established by Dick in Boulder Colorado, facilitated by the inspirational leadership skills of the Director Phoebe Norton. Over the years collaborative papers were published on case management, quality of life outcomes in community services such as the case management team, the Clubhouse, the Watshop - a sheltered work environment operating in the open market - the impact of Medicaid reforms, and a prevention service for at risk children. This paper will summarise briefly but for the first time in one place, the major findings and implications of this research,
drawing attention to the issue of routine social outcome data collection and use in practice. In addition, the paper will include reference to the findings of an update of the literature that was started by Dick and Peter in 2016. The review of literature in 'Recovery from Schizophrenia' was the fundamental underpinning to the ideas in the book, including among others that the phenothiazine revolution was not the most significant driver of deinstitutionalisation as had been argued previously. Using the same methodology, which excluded studies that could introduce bias into the results, such as clinical trial data, or non-first episode studies, the authors repeated the literature search from 2000 to 2015. Recovery was defined in the same way as in the book, that is to include both clinical and social recovery. The purpose was to see if the fundamental changes taking place during this period had an effect on recovery rates. Changes include major funding changes, policy changes, economic changes including the 2008 financial crisis, and the growing recognition of the importance of work especially the change from the train and place model, to the place and train model. Following a description of the results of the review the presentation will consider the implications of the findings for policy, practice and future research and service monitoring.

Learning Objectives
Learning Objective 1: The audience will see the results of nearly 20 years of service research in the same place for the first time. This will enable them to make a judgement about the importance of a social view of outcomes in community settings. They will also have an understanding of the latest recovery research and how social changes over the last two decades has impacted upon recovery from Schizophrenia.

Learning Objective 2: The topics discussed are relevant to policy and practice. As well as reinforcing the need for social outcomes to reflect service user/consumer life priorities, the results confirm the value of using social outcome data to inform service changes, and the importance of social context to outcome.

References
S05: FEATURED SYMPOSIUM: Trauma-Informed Care & Practice: Organisational Change and Implementation,
Level 3 - Grand Ballroom B, August 30, 2017, 11:30 AM - 1:00 PM

Featured Symposium: Trauma-Informed Care & Practice: Organisational Change and Implementation

Kathleen Guarino¹, Corinne Henderson³, Joanne DeChief⁴, Cathy Kezelman², Indigo Daya⁵
¹American Institutes for Research, ²Blue Knot Foundation, ³Mental Health Coordinating Council, ⁴Anglicare WA, ⁵Department of Health and Human Services

Biography:
Kathleen Guarino, is a Senior TA Consultant at American Institutes for Research (AIR) where she directs national training and technical assistance efforts to support trauma-informed systems change. She also serves as technical assistance specialist for the Department of Education’s National Center for Safe and Supportive Learning Environments. She holds a Master’s degree in Counselling Psychology from Boston College.

Corinne Henderson is Principal Advisor | Policy & Legislative Reform at the Mental Health Coordinating Council, the peak body for NSW mental health CMOs. She also manages projects that relate to the interface between rights, mental health law, sector reform and best practice approaches in mental health. Corinne holds a Master’s degree in Applied Psychology, is a sitting member on the NSW Mental Health Review Tribunal and is a PACFA registered psychotherapist.

Jo DeChief has been a Therapeutic Specialist with Anglicare WA working with children and families recovering from child sexual abuse and domestic violence trauma for the last 8 years. Now the Regional South Manager of Service Integration, Jo’s passion for trauma work is leading to wider organisational change.

Dr Cathy Kezelman AM is a medical practitioner, mental health consumer advocate, President of Blue Knot Foundation a national organisation empowering recovery for adult survivors of childhood trauma and a sector leader in trauma-informed practice. Cathy is member of Commonwealth Redress Advisory Council and NSW Mental Health Commission Community Advisory Council, and co-authored: Trauma and the Law: Applying trauma informed practice to legal and judicial contexts.

Indigo Daya is a Senior Consumer Advisor at the Victorian Department of Health and Human Services, an Adjunct Research Fellow at Swinburne University, and author of a popular online blog about trauma, madness and recovery. She has worked in leadership roles across the mental health sector for more than a decade.

ABSTRACT
The process of becoming trauma-informed is an evolutionary journey. The process is unique to every organisation and needs to be tailored accordingly. Nevertheless, there is a universal aim which is to establish a cultural shift that embeds principles and practice that must ultimately become second nature to all staff in an organisation. The principal objective is to establish a culture that will foster best practice, and nurture flexibility and innovation in order to promote sustainability. Such a process will enable organisations to remain receptive to the change and innovation needed to promote capacity building.
This symposium looks at the way in which a number of organisations have progressed towards developing a comprehensive approach to organisational change. Presenters working in very different contexts talk about how they have developed or implemented strategies designed to modify organisational culture. They will reflect on what their service or program considers important, and what particularly warrants attention, how it understands the people it supports and the people who support them, and how it puts these understandings into daily practice. In short, culture expresses core values and extends well beyond the introduction of new services or the training of a particular group of staff members; it is pervasive, including all aspects of an agency’s functioning. The symposium could also include researchers reviewing the progress of research into practice across some very different service settings.

Speaker 1: Kathleen Guarino: "Becoming Trauma-Informed: Moving From Awareness to Action"
Speaker 2: Corinne Henderson: "TICPOT: Introducing an organisation that made it happen"
Speaker 3: Joanne DeChief: "A Trauma Informed Journey: From Audit to Implementation at Anglicare WA"
Speaker 4: Cathy Kezelman: "Applying trauma-informed practice to legal and judicial contexts"
Speaker 5: Indigo Daya: "Trauma-Informed Advocacy: Thinking beyond treatment and support"

There will be question time interspersed between the above presentations.

**Learning Objectives**
Learning Objective 1: Hear from Australian and International speakers how to progress from a trauma-informed philosophy of practice to embed a practice approach in organisational change and implementation processes.

Learning Objective 2: Lack of recognition of trauma leads to poor recovery outcomes for people using mental health services and programs. Services must be trauma-informed in order to minimise the risk of traumatisation and re-traumatisation, and facilitate best mental health outcomes for consumers, carers and staff. This is not just about improving practice in direct services delivery, but ensuring organisations and programs are trauma-informed at every operational level.

**References**

S08: PAPERS: Perspectives on the NDIS,
Level 4 - Room 4, August 30, 2017, 11:30 AM - 1:00 PM

Integrating mental illness into the NDIS.

Sarah Sutton*, Patricia Sutton*

* Central Adelaide Local Health Network

Biography:
Pat Sutton is a well-known advocate for people with mental illness, commencing when her two sons were diagnosed with schizophrenia. She has worked extensively with various agencies, including the Guardianship Board of SA, is on many advisory groups at local, state and national level and has won many awards. Sarah Sutton was 15 when her 2 brothers developed mental illness and consequently directed her studies towards psychology. As well as being involved extensively in her brothers’ care and advocating for better services, she works as a Clinical and Forensic Psychologist in public and private systems.

Sarah Sutton was 15 when her 2 brothers developed mental illness and consequently directed her studies towards psychology. As well as being involved extensively in her brothers’ care, having three young sons and advocating for better services, she works as a Clinical and Forensic Psychologist in public and private systems.

ABSTRACT
Numerous national reports of mental health have demonstrated again and again the significant unmet needs of the same group - those with severe mental illness and psychosocial disabilities. There has been much documentation calling urgently for reform in this area and a better system of care than is currently available – and yet despite this, so many remain unsupported in the community, with families often bearing an unsustainable burden. The NDIS is the greatest social reform of our time which is giving hope to families. We need urgently to embrace the change that this unique opportunity represents for this cohort of the population to enable them to at last receive the support they so desperately need.

A mother and sister of 2 people with psychosocial disabilities will demonstrate how service providers and families can work together in an integrated way to break down structural and systemic barriers which have historically lead to so many not receiving adequate supports, have left many marginalised in the community and have also led to their appalling reduced life expectancy.

The presentation will demonstrate a truly person-centred, collaborative and integrated case management approach which looks at whole of life needs of these individuals.

Learning Objectives
Learning Objective 1: People who attend the presentation will learn about ways of strengthening individual and family capacity to provide an integrated approach to case management.

Learning Objective 2: It is vital that families are appropriately included in assessment processes to enable people with psychosocial disabilities to become participants of the NDIS and take the burden of care away from mental health services.

References

S08: PAPERS: Perspectives on the NDIS,
Level 4 - Room 4, August 30, 2017, 11:30 AM - 1:00 PM

Choice and control and the impact of the National Disability Insurance Scheme - consumer perspectives.

Elena Sutcliffe¹, Debbie Hamilton¹
¹Being - Mental Health Consumer Advisory Group

Biography:
Elena Sutcliffe is a Policy Officer at Being - Mental Health & Wellbeing Consumer Advisory Group. She has a degree in the social sciences and human geography and previous work experience in research and administration. Elena has a particular interest in housing and mental health and ensuring people with a psychosocial disability are being included in the NDIS. She is passionate about lived experience informing research and policy making.

Debbie is a mental health advocate living in the Hunter area. She was elected to the first ever National ‘Consumer’ Council and was pivotal in the development of a ‘consumer’ voice in both the Hunter Area Mental Health Service (now the Hunter New England Mental Health Service) and the Richmond Fellowship when there was none. Recently, she has been active both nationally and locally, with a view to improving the access, planning, choice and delivery for all people with a disability within the NDIS. Amongst other work she is an advisor to Hunter ‘Partners in Recovery’ and has helped develop safety, quality and supported decision making frameworks for the NDIS with regard to psychosocial disability. In the last 3 years she herself became a participant in the NDIS scheme. Since the start of the NDIS trial she has worked in various capacities to ensure the proper inclusion of other’s with a psychosocial disability. She is currently on the Board of the Community Disability Association Hunter whose primary work centres on empowering people to self-manage their NDIS package.

ABSTRACT
The NDIS represents a fundamental change to the way service provision is carried out in Australia for people with a disability, including people with mental illness resulting in psychosocial disability. Being - Mental Health & Wellbeing Advisory Group supports people with psychosocial disabilities being able to access the NDIS and has heard some positive reports from people once they have become participants. However, other consumers, carers and support workers have reported multiple issues that have arisen during the implementation phase and this presentation seeks to explore these issues and how best the disability and mental health sectors could better work together for positive outcomes for people with psychosocial disability.

People with mental illness have told us they have not been consulted a lot about the NDIS. Being has conducted consultations with consumers who have accessed support through the NDIS, as well as those who have not been deemed eligible. This presentation will explore issues people faced accessing the NDIS, the experiences of those who chose not to apply and what occurred for those who were not considered eligible for an individual package.

The presentation will also focus on how the mental health sector is responding to this change and whether consumers feel that the reforms are having a broader effect in providing people with more choice and control despite whether they chose to apply for the NDIS or otherwise.
This presentation will be co-presented with a person who has accessed services through the NDIS who will be able to share their personal account of the benefits of increasing choice and control for consumers and their suggestions for the mental health sector.

**Learning Objectives**

Learning Objective 1: The voice of people with psychosocial disability has been underrepresented in the discussions about the NDIS. This presentation will allow the audience to hear people's first hand experience in order to shape the way they work with people who experience psychosocial disability.

Learning Objective 2: The NDIS is a huge reform and we must all understand the impact of the NDIS on individuals and the broader mental health sector.

**References**

Brophy L, A. Bruxner, E. Wilson et al, (2014), The support needs and preferences of people with psychosocial disability, MIND Australia.

Brophy, L, Bruxner, Annie and Wilson, Erin (2014), Consumer choices about mental health support services, New paradigm, no. Summer 2014, pp. 27-29.

**S08: PAPERS: Perspectives on the NDIS,**
Level 4 - Room 4, August 30, 2017, 11:30 AM - 1:00 PM

**NDIS – creating a new model for service delivery.**

Glen Tobias\(^1\), Priscilla Ennals\(^2\)

\(^1\)Me Well, \(^2\)Neami National

**Biography:**

Glen Tobias

State Manager – Victoria, Neami National

Glen has worked in mental health for over 20 years and as Neami National’s Victorian State Manager since 2008. During this time he has managed the rollout of a number of new programs for people with a mental illness and complex needs, homelessness programs, and has overseen two acquisitions of other organisations.

Priscilla Ennals

Senior Manager: Research and Evaluation, Neami National

Priscilla is an occupational therapist with a background in academia and clinical mental health services. She currently manages research and evaluation at Neami National.

**ABSTRACT**

Australia’s National Disability Insurance Scheme (NDIS) has been described as the biggest social reform of a generation. Providers are exploring service delivery models and organisational structures that will deliver viable NDIS services of high quality.

Neami National has set up a new company - Mental Health and Wellbeing Australia (Me Well), to operate in this new client-directed funding environment. Our approach draws from a retrospective analysis of a provider business that failed to viably transition to the NDIS. As a result we purchased this business from the Administrators.
This presentation will share key findings that contributed to business failure in the NDIS, teasing out local and trial site factors, from challenges within business operations. It will also describe Neami’s approach to business transformation. This covers planning for the new company, the model, system implementation, and ramp-up, and also the interim arrangements during the transition. We discuss how we are managing workforce transformation, transition of existing consumers, informing and educating customers, acquiring and retaining customers, creating and implementing new systems, and marketing.

**Learning Objectives**

Learning Objective 1: The audience will hear analysis of factors that influenced the first business failure in the NDIS and learn how a new organisation can be set up as fit for purpose for the NDIS environment.

Learning Objective 2: Some are predicting that many organisations will be unable to successfully transition to the NDIS. Examples of how different organisations are approaching the challenge will contribute to the dialogue.

**References**


**S09: PAPERS: Partnerships,**

**Level 4 - Room 5, August 30, 2017, 11:30 AM - 1:00 PM**

**Working together for better mental health on the Mid North Coast of NSW.**

Megan Lawrance, Pamela Johnson, Michael Daley

*Mid North Coast Mental Health Integrated Care Collaborative - IMHpact MNC*

**Biography:**

Michael Daly is a TAFE Diploma student and Mental Health Consumer Representative. His representation includes the Mid North Coast Mental Health Consumer Advisory Group, IMHpact MNC and the MNS Human Services Alliance. Within these roles Michael advocates for positive changes to the mental health system. Pam Johnson is employed by the Mid North Coast Local Health District as the Project Manager of IMHpact MNC.

**ABSTRACT**

This paper will describe the role and development of the Mid North Coast Mental Health Integrated Care Collaborative, known as IMHpact MNC. This group of 16 government, NGO, Primary Health and community based mental health service providers, consumer and carer representatives has come together with a shared vision to create a more integrated, responsive and person centred model of mental health care for the region. It intends to identify and address challenges to collaborative mental health care, and build and promote the mid north coast regions part in the broader mental health reform efforts in NSW and nationally. At its core is the improvement of consumer journeys and experiences of mental health care, and most importantly, IMHpact MNC provides a forum for consumers and carers with lived experience of mental ill health to be central to an innovative regional approach to achieve this.
A Governance Framework has been developed, strategic foundations have been laid, and relationships and trust have been built over the last 3 years. An Implementation Plan outlining initiatives and actions is in place, and a partnership with the Centre for Rural & Remote Mental Health has enabled research to explore the potential benefits of this collaborative model.

Learning Objectives
Learning Objective 1: The audience will gain an understanding of the development and progress of a regional collaborative model to improve mental health care, and that genuine engagement of those with lived experience of mental ill health is crucial to this process.

Learning Objective 2: This paper is relevant to the state and national mental health reform agenda and to the provision of more integrated, responsive and person centered mental health service delivery. It has a particular focus on the meaningful engagement of those with lived experience as part of an innovative collaboration to progress this.

References
IMHpact MNC Implementation Plan 2016 - 2019
IMHpact MNC Evaluation Plan 2016 – 2019

S09: PAPERS: Partnerships, Level 4 - Room 5, August 30, 2017, 11:30 AM - 1:00 PM

Collective impact of consortium delivered mental health services.

Kim Holmes¹
¹Neami National

Biography:
Kim Holmes is State Manager Neami National, Lead Agency for Links to Wellbeing in South Australia. She has 25 years’ experience in mental health, youth health and drug and alcohol service delivery in government and non-government settings. She is Chairperson of Links to Wellbeing Executive Committee and the Central Adelaide and Hills Partners in Recovery consortium.

ABSTRACT
Collective impact and collaboration are terms that we are all familiar with in the mental health sector, but what do they look like, how easy are they to put into practice and how do collective efforts lead to innovation achieving better outcomes with consumers and families?

Links to Wellbeing (LtW) is a consortium established in South Australia between Neami National, United Care Wesley Bowden, Mind Australia and Mental Illness Fellowship South Australia (MIFSA). Offering a continuum of services across the stepped model of care, coordinated referral pathways, extended partnerships and driven by a shared commitment to regional capacity building through collective impact, LtW leverages the individual and collective strengths of four organisations.

New funding models and policy directions are driving an increasing need for collective efforts in the delivery of mental health services that promote opportunity to deliver value for money, leverage collective capabilities as well as providing the opportunity to innovate and change.

Drawing on LtW as a case study, this presentation will share our experience:
• What value does a consortium contribute in the reform environment? Why do it?
• Initiating, building and developing a consortium.
• The success factors and challenges of an effective consortia.
• How has a collective approach led to innovation and better outcomes?

Learning Objectives
Learning Objective 1: The audience will learn about the experience of establishing and developing a consortium including its value, challenges and success factors leading to innovation and change.

Learning Objective 2: Consortium (or alliance) arrangements are an opportunity to deliver value for money, broad reaching and innovative mental health services in a dynamic and changing sector.

References

S09: PAPERS: Partnerships,
Level 4 - Room 5, August 30, 2017, 11:30 AM - 1:00 PM

Outcome from Partners in Recovery services: Reducing unmet needs and supporting enhanced recovery.

Justin Scanlan\(^1\), Nicola Hancock\(^1\), James Gillespie\(^2,3\), Jennifer Smith-Merry\(^1,2\), Ivy Yen\(^2\)
\(^1\)Faculty of Health Sciences, University of Sydney, \(^2\)Menzies Centre for Health Policy, University of Sydney, \(^3\)School of Public Health, University of Sydney

Biography:
Nicola Hancock and Justin Scanlan are Senior Lecturers at the Faculty of Health Sciences. Both are occupational therapists with extensive mental health clinical, teaching and research backgrounds. They are engaged in a diverse range of research and program evaluations including the continued development and testing of a self-report recovery scale, better understanding barriers and enablers to personal recovery and well-being, and examining and supporting workforce capacity and development.

ABSTRACT
Partners in Recovery (PIR) is an Australian government initiative designed to provide support and service linkage for individuals with complex needs living with mental illness. This 3 year study examined whether consumers engaged in PIR programs in two large regions of Sydney experienced: (i) reduction in unmet needs (either via self- or staff-report), and (ii) progress in their self-reported mental health recovery.

Unmet needs were measured using the Camberwell Assessment of Need Short Appraisal Scale (CANSAS) and recovery was measured using the Recovery Assessment Scale – Domains and Stages (RAS-DS). For individuals with initial and follow-up data, paired t-tests were used to examine change over time.

In this presentation, we will report on the results demonstrating overall reduced unmet needs and enhanced mental health recovery. We demonstrate that at follow-up, individuals reported improvements in met needs. The most common remaining unmet needs were in the areas of “company” and “daytime activities.” We will also discuss the nuances and complexities revealed in the study relating to outcome assessment choice and processes of collecting routine outcome measures.
Learning Objectives
Learning Outcome 1: Participants attending this presentation will learn about the types of outcomes that can be supported via services within the PIR model, as well as those areas of need that appear most challenging to overcome.

Learning Outcome 2: This information will be important for ongoing PIR service delivery, other care coordination, coaching and brokerage models of service delivery as well as informing the development of the psychosocial aspect of the National Disability Insurance Scheme.

References
Hancock, N., Smith-Merry, J., Gillespie, J. A., & Yen, I. (2016). Is the Partners in Recovery program connecting with the intended population of people living with severe and persistent mental illness? What are their prioritised needs? Australian Health Review. doi:10.1071/AH15248

S10: PAPERS: Community Mental Health Workforce Development,
Level 2 - State Room, August 30, 2017, 11:30 AM - 1:00 PM

Co-leading workforce initiatives – combining knowledge, skills, experience and teamwork to support a positive practice direction.

Lois Boyd¹, Carolyn Swanson¹
¹Te Pou O Te Whakaaro Nui

Biography:
As service user lead, Carolyn Swanson provides a service user perspective and lens for Te Pou’s work, especially on service user inclusion, participation, leadership and workforce development. She has worked in mental health and addictions for 12 years now in service user roles including consumer advisory, auditing, governance, peer support, project management, training, facilitation, consultancy, evaluation, resource development, advocacy, writing, supervision and mentoring, and quality improvement. The driving force for the work Caro does now is her own life-long resilience journey involving mental illness and navigating mental health services.

Lois Boyd is a mental health nurse with 25 years experience working in a wide variety of mental health services. Lois has worked on the project to reduce seclusion and restraint for 4 years now. Her professional practice preference is to always work within a co-leadership model to inform practice innovation and development.

ABSTRACT
Using the example of our co-leading relationship, we will outline why we recommend all aspects of mental health services be underpinned by authentic “co” approaches. We will do this by sharing our (sometimes the same and sometimes different) observations and perspectives on the work that New Zealand based services are implementing to reduce seclusion and restraint and support least restrictive practice.

Utilising the Six Core Strategy© Model, which clearly mandates service user involvement, has supported substantial seclusion and restraint reduction in New Zealand mental health services over the last nine years.
Practice change that prioritises the perspective of people using services and their families, at all levels of possible influence, is a core feature and strength of this model.

In our everyday practice together, we see examples where authentically involving service users and staff members in practice change can result in positive and proactive service provision and healthier workplaces.

**Learning Objectives**

Learning Objective 1: To consider the advantages of co-leadership and collaborative models of service delivery and how these can be further applied and implemented in the mental health sector.

Learning Objective 2: To consider authentic co-leadership and collaboration based models as a sound platform from which to influence, inform and support sustainable long term change processes and positive practice direction.

**References**


Te Pou o te Whakaaro Nui (2014). Towards Restraint Free Mental Health Practice: Supporting the reduction and prevention of personal restraint in mental health inpatient settings

**S10: PAPERS: Community Mental Health Workforce Development, Level 2 - State Room, August 30, 2017, 11:30 AM - 1:00 PM**

**Consumer and Carer Workforce Development Team – a statewide approach to supporting lived experience workforce development.**

**Lorna Downes¹, Vrinda Edan¹, Emma Cadogan²**

¹St Vincent’s Hospital Melbourne, ²Department of Health and Human Services

**Biography:**

Lorna’s role supporting carer lived experience workforce development brings together her experience in training, workforce development and carer support. In addition to her role in this project she is a trainer/assessor of the Cert IV in Mental Health Peer Work and has been working on projects related to the NDIS.

Vrinda has worked in the consumer movement for 18 years, and for almost 10 years lead and grew the lived experience workforce at Monash Health. In addition to her role in this project, she is the chair of VMIAC, and investigator/researcher on PULSAR, a research project exploring the impact of recovery training.

*Emma works on projects to support lived experience workforce development, including managing the workforce and organisational development plan for the Expanding Post-discharge Support Initiative, as well as involvement in a number of collaborative projects led by consumer and family/carer workers in partnership with the department.*

**ABSTRACT**

The lived experience workforce (LEW) is growing across Australia, New Zealand, USA and UK.¹,² With this growth comes demand for strategies, tools and resources for appropriate support, learning and career development of the workforce.
In Victoria, the 10-year Mental Health Plan identifies the LEW as an important sector to grow and support. In 2016, two project officers were employed to identify the support and development needs of the Victorian paid LEW. Together with a Senior Policy Officer, the resulting Consumer and Carer Workforce Development Team (CCWDT) bring together consumer, family/carer, learning and development, and research expertise, with an understanding of government processes. Together with key stakeholders, the team are advancing the knowledge, skills and support of the paid LEW. The CCWDT provide advice to employers, develop and deliver training, and facilitate the sharing of resources to ensure the LEW in clinical and community settings are recognised, valued and supported in their work.

This paper discusses how the team commenced this work using a novel partnership approach and co-production principles. We will also demonstrate how we developed surveys of the LEW and their managers; will detail the findings of these surveys and the plan to support the LEW moving forward.

Learning Objectives
Learning Objective 1: Participants will learn how they can work with co-production principles to support the consumer and family/carer lived experience workforce in their organisation, geographic region or country.

Learning Objective 2: This topic is important and relevant for mental health services as there is a need to ensure that the growing lived experience workforce are recognised, supported and valued in their work.

References

S10: PAPERS: Community Mental Health Workforce Development, Level 2 - State Room, August 30, 2017, 11:30 AM - 1:00 PM

Changing times require redefinition of great consumer experience in community mental health.

Jenny Hall
Neami National

Biography:
Jenny has worked at Neami National since 2009, currently as the Chief Operating Officer at both Neami and Me Well a wholly owned subsidiary company established in 2016 to provide NDIS services. Her career experience has covered both acute and community based mental health, community development, aged care
ABSTRACT

A rapidly changing environment sees Neami National venturing into more diverse and clinical service provision. Subacute, residential, CCUs and PHN commissioned services require a strong clinical governance framework. Neami is building a strategic quality management system, co-designed with consumers, carers and staff, to deliver on a Great Consumer Experience (GCE). National consultations occurred with stakeholder groups from October 2016 to February 2017.

Consultations identified what a great consumer experience at Neami should look like and the qualities and skills of staff required to deliver on these experiences. Metrics will measure our achievement against these operationalised definitions of GCE, and organisational structures and processes will be redesigned to align with a great consumer experience.

Preliminary analysis of consultation data in each stakeholder group highlighted the importance of relationships with key workers, and interestingly the use of technology of technology was not mentioned.

This presentation will describe our process to date, and forecast intended organisational changes. Using these ideas to deliver a great consumer experience through the NDIS will also be discussed.

Learning Objectives

Learning Objective 1: The audience will have an understanding of the co-design process for development and implementation of a quality management system that will inform delivery of a great consumer experience.

Learning Objective 2: Community managed mental health services need to adapt and requires clinical governance processes that ensure delivery of safe, quality, and recovery focused clinical services.

References

Balding C (2012) '5 Essential Skills for 21st Century Quality Managers.' InTech Open Access


S11: PAPERS: Programs for Young People,
Level 2 - Room 2, August 30, 2017, 11:30 AM - 1:00 PM

The implementation of Dialectical Behaviour Therapy (DBT) for young people presenting with Borderline Personality Disorder (BPD) or emerging borderline traits in a metropolitan and regional headspace centre setting.

Carly Clutterbuck1, Emma Stafford1

1headspace Meadowbrook

Biography:

Emma Stafford is a Clinical Psychologist working in the headspace Youth Early Psychosis Program. She is an accredited DBT Therapist and has facilitated the program within a headspace setting. Emma has worked in adult outpatient community settings, a youth inpatient facility as well as private practice.
Carly Clutterbuck is a Psychologist working in the headspace Youth Early Psychosis Program. She completed the DBT training to become an accredited therapist in 2015 and has run DBT training for other practitioners. Carly’s professional background includes working in rural/remote areas, prison environments and the alcohol and drug sector.

**ABSTRACT**

We developed and implemented an accredited DBT program and DBT primer group in a youth mental health service in order to evaluate the effectiveness of this intervention in reducing borderline personality traits and depression, anxiety and stress symptoms as well as increasing emotional regulation skills in an adolescent/young adult population in Australia. The participants completed an assessment, 3 pre-commitment sessions, and then attended 10 weekly individual DBT therapy sessions, 10 concurrent weekly group DBT therapy sessions, and had 24 hour phone coaching available to them. The therapists and group facilitators attended a weekly DBT consultation group to ensure model fidelity.

Results indicate clinically significant reductions in all but two subscales on the Difficulties in Emotional Regulation Scale (DERS) and the Behaviour Assessment Scale on the Borderline Symptoms List (BSL). The Depression Anxiety and Stress Scale (DASS) returned significant improvements in all emotional states between mid and post measurement points. These results indicate an adolescent DBT program facilitated in a community youth mental health setting is a clinically effective intervention for clients with Borderline Personality Disorder (BPD) or emerging borderline traits.

**Learning Objectives**

Learning Objective 1: This presentation will outline the process and application of the DBT model in a community youth mental health setting. The model has been modified to fit within a 10 session Medicare structure to enable greater accessibility across a broad range of adolescent populations. This session will provide participants with a greater knowledge of how this model can be applied to young people in this setting, the challenges and benefits of implementation as well as the efficacy as an early intervention for Borderline Personality Disorder.

Learning Objective 2: There is a severe lack of services available to young people with emerging borderline traits or a diagnosis of Borderline Personality Disorder, especially in a community outpatient setting. The services that are currently available for this unique population are costly and limited. If left untreated, young people with emerging borderline traits may go on to develop a full diagnosis. Evidence indicates adults with BPD have more frequent presentations to emergency departments, higher rates of completed suicide attempts, consistently lower social and occupational functioning, more reliance on public mental health and social services and likelihood of developing other mental health disorders.

**References**


S11: PAPERS: Programs for Young People, Level 2 - Room 2, August 30, 2017, 11:30 AM - 1:00 PM

Integrated solutions to dual diagnosis – responding to co-existing issues of mental health experiences and AOD use with trauma informed, strengths based and person centered care.

Kylie Fitzmaurice¹, Matt Cogin¹
¹Weave Youth And Community Services

Biography:
Kylie has been working at Weave Youth and Community Services for 9 years as Project Worker, Counsellor/Caseworker and now as Team Leader for the Speak Out Dual Diagnosis Program. Kylie has a background in psychology and counselling and is passionate about social justice and the health and well-being of young people. Kylie believes that a person's experience of trauma throughout their lifespan must inform the care and support they receive. Healing will be supported through connection to self, to culture and to community.

Matt is a passionate youth worker who uses his own life experience to assist and support young people experiencing mental health and AOD challenges. Matt has been working across numerous programs at Weave Youth and Community Services for the past 5 years and is currently working as Activities Worker for our Kool Kids Program in the Maroubra and La Perouse areas, and Caseworker on the Speak Out Dual Diagnosis Team in Waterloo. Matt enjoys working with young people who are accessing the Juvenile Justice system and he loves the work he does in schools. Matt is a dedicated positive role model who mentors and supports his clients to become community leaders.

ABSTRACT
The Speak Out Dual Diagnosis Team at Weave Youth and Community Services works with young people aged 12 to 28 years experiencing dual diagnosis. 70% of our clients are Aboriginal young people and most have experienced complex childhood trauma. We work from a person centred, strengths based and trauma informed practice to offer a diverse and extensive range of programs that allow our clients to work intensively on their mental health and AOD challenges while engaging in other meaningful and empowering activities. Stigma is reduced, connection is enhanced and healing is promoted in our innovative and unique program.

This paper will explore how Speak Out empowers young people to make positive changes to their lives. Our clients are enormously resilient young people whose mental health and AOD challenges are coping strategies that have helped them survive horrific events. Unresolved trauma will lead to maladaptive coping strategies like chronic AOD use, long-term disease, disability, chronic social problems and early death (Felitti & Anda, 1998). The resolution of trauma will lead to a reduction in AOD and mental health related harms (Courtois & Ford, 2009; Kezelman & Stavropoulos, 2012). We must provide young people with a safe space to address their experiences of trauma.

Learning Objectives
Learning Objective 1: The audience will gain a broader understanding of person centred, strengths based and trauma informed care and they will see how this is practiced creatively and well in a youth service setting. The audience will be reminded of the importance of dual diagnosis care for people experiencing
coexisting mental health and alcohol and other drug challenges. We cannot work with one and not the other.

Learning Objective 2: Trauma informed care is the buzz word of the moment and can be the umbrella under which all government and NGO mental health and alcohol and other drug services work. We all have our part to play in providing support to people experiencing mental health and AOD issues, and trauma informed practices will enhance and streamline our care. Trauma informed care should inform all of our work as we seek to assist those in need.

References

S12: PAPERS: Experience and Co-design, 
Level 2 - Room 3, August 30, 2017, 11:30 AM - 1:00 PM

Your Experience of Service. The continued development of a nationally consistent approach to mental health consumer experience measurement.

Tim Coombs1, Geoff Harris2, Cheryl Reed3, Rosemary Dickson1
1Australian Mental Health Outcomes and Classification Network, 2Mental Health Coalition of SA, 3Health and Community Consulting Group

Biography:
Tim Coombs (RN MNurs BSoSci (Hons Psych) Grad Dip Theo DPM PhD) he has a breadth of health care experience having worked in the sector for nearly 30 years. He began his career as a hospital trained general nurse. He then moved to mental health and has worked in general adult inpatient and community mental health services including 10 years working on a crisis/ assertive outreach team. He has led education and training and been the director of mental health nursing in the Illawarra Shoalhaven local health district (LHD). Where he was also a member of the LHD board for several years. He has sat on state and national committees guiding mental health information development. Tim is also a surveyor for the Australian Council of Healthcare Standards recently focusing on the accreditation of trauma recovery programs. This range of experience means that Tim has a considerable understanding of health care from direct delivery to the highest level of governance. He is currently a fellow of the Illawarra Institute for Mental Health and a Senior Research fellow at the Australian Health Services Research Institute at the University of Wollongong.

ABSTRACT
The Your Experience of Service (YES) survey was developed to provide an understanding of the consumer’s experience of mental health services. The measure is currently being used in Queensland, New South Wales and Victoria, with other states and territories interested in its introduction. This paper will outline a variety of work being undertaken to support the development of the YES survey. With the implementation of the measure attention has now turned to how the measure should be reported. This paper describes a process of consultation undertaken in Queensland, New South Wales and South Australia with consumer and carers aimed at producing a set of domain names that would be engaging, understandable and that would support
the use of the survey for quality improvement. The paper will also outline further development of the Your Experience of Service Community Managed Organisations (YES-CMO) measure. A group of community managed organisations in South Australia have agreed to collect the measure to test the psychometric properties of a short form but importantly have agreed to have their performance compared based on the reports generated from the collected material. The paper will conclude with a discussion of the development of a version of the YES measure for primary health networks (PHN’S).

**Learning Objectives**

Learning Objective 1: At the completion of this session the audience will have a better understanding of the “your experience of service” measure and its continued development.

Learning Objective 2: The audience will learn that the collection this information is essential for ongoing quality improvement in the mental health sector.

**References**


**S12: PAPERS: Experience and Co-design,**

**Level 2 - Room 3, August 30, 2017, 11:30 AM - 1:00 PM**

**Finding the heart of CAMHS SA: Keeping the spirit of our redesign journey alive.**

*Liz Prowse\(^1\)*

\(^1\)CAMHS, Women's And Children's Health Network, SA

**Biography:**

*Liz Prowse has a long career in mental health, beginning her working life as an occupational therapist, but leading mental health services for over 15 years. She is currently working as a co-director for Child Adolescent Mental Health Services in South Australia, leading the service through a period of significant change.*

**ABSTRACT**

CAMHS South Australia has been on a bumpy and sometimes uncomfortable journey since merging the old northern and southern CAMHS services. Different organisations, cultures, histories and practices were ‘merged’ into a single statewide CAMHS early in 2013. Despite best attempts the two services continued to maintain their individual identities causing continued tension and impeding forward progress for the embryonic SA CAMHS. In 2014 an independent review of CAMHS was commissioned, making 46 recommendations, however the standout issue was creating a culture which could move forward, innovate and create the contemporary CAMHS which could move into the future. To our initial confusion, and then fascination, our CEO brought on board a change facilitator to run a 9 month programme of ‘Radical Redesign’. This paper outlines the service redesign journey, what makes it radical, and the outcomes of our 9 months of confusion, laughter and pain. This paper relays the initial redesign programme and the challenges of keeping the spirit of redesign alive 12 months on.

**Learning Objectives**

Learning Objective 1: Gain an understanding of the importance of co-design in change, working with partners and stakeholders at the inception of thinking about change.
Learning Objective 2: Mental health services must constantly refresh themselves in a rapidly changing health landscape, this paper describes a process to do this which was challenging and rewarding.

References

S12: PAPERS: Experience and Co-design, Level 2 - Room 3, August 30, 2017, 11:30 AM - 1:00 PM

Capitalising on staff passion to instigate more diverse and inclusive service approaches.
Jennifer Tobin¹, Katie Larsen¹
¹Neami National

Biography:
Jennifer has been working in the mental health sector for 9 years and currently oversees mental health programs in Neami’s Inner North region. Jennifer has demonstrated a passion for inclusivity and actively supports Neami to respond to diversity. Jennifer holds a Bachelor of Social Science and a Masters of Counselling.

Katie has been working in the not-for-profit sector for eight years. She is currently the Manager of Innovation and Projects at Neami. Katie is passionate about supporting service provision that responds to key issues of diversity and inclusion. Katie holds a Bachelor of Arts (Journalism) and Master of Social Work.

ABSTRACT
People who identify as LGBTIQ, Aboriginal and/or Torres Strait Islander and/or CaLD experience disproportionately high rates of psychological distress and suicide, however are consistently underrepresented within generic mental health programs(1). Poor mental health outcomes amongst these population groups must be understood in the context of individual and collective experiences of exclusion, marginalisation and discrimination (2). Understanding the unique needs and issues that can present for individuals and communities within these population groups is critical. This presentation will highlight how direct service sites can play a fundamental role in improving the wellbeing of people who identify as LGBTIQ, Aboriginal and/or Torres Strait Islander and/or CaLD through developing and implementing strategies that promote culturally safe and inclusive practice. We will share our experience of grassroots-led change where we tapped into passionate staff across all levels of the organisation, consulted with experts and peak bodies, and co-designed inclusive strategies with consumers with lived experience of diversity. Grassroots initiatives can lead the development of sustainable organisational frameworks and polices that better meet the needs of local and diverse communities.

Learning Objectives
Learning Objective 1: Audiences will gain insight into why services need to strive towards creating culturally safe and adaptive services that improve access for diverse communities, in addition to learning about a number of practical inclusive strategies that improve service delivery for LGBTIQ, CaLD and Aboriginal and/or Torres Strait Islander people and/or communities.
Learning Objective 2: The topic is highly relevant to the mental health sector as rates of psychological distress and suicidality are significantly higher for LGBTIQ, Aboriginal and/or Torres Strait Islander and CaLD people, despite these population groups being underrepresented in mainstream health services.

References

S13: PAPERS: Creativity in Mental Health,
Level 2 - Room 4, August 30, 2017, 11:30 AM - 1:00 PM

Arts In Recovery - does art as therapy aid recovery?

Alan Johnson
1
1HNEhealth

Biography:
Alan Johnson is an Occupational Therapist with a creative arts background who trained in the UK, and currently works at Morisset Psychiatric Rehabilitation Hospital. He tries to use creativity and art in his everyday work and together with colleagues and consumers is trying to promote art and its use in recovery as much as possible.

ABSTRACT
AIR (Arts in Recovery) is a community-based arts program that provides opportunities for people who experience mental illness to participate in workshops and exhibitions to promote and celebrate their skills and talent in visual arts. Workshops and an annual exhibition allow social support and skills development whilst engaging the wider community to challenge stigma and develop a positive view of mental health.

The success of AIR is due to the partnerships involved, most importantly it’s because of the people who attend demonstrating that creative occupations can provide meaning and value to those living with mental illness and can contribute to the recovery of people.

Art is used by occupational therapists to develop therapeutic relationships, develop self-awareness and increase communication. Participation in art can also be used to assess and gain information about the client, while enhancing self-expression and awareness.

This presentation is a narrative set to photos describing the use of art as therapy, creative partnerships, artworks, case studies. This is one component of a broader research project which exploring the perspectives of clients and practitioner on the AIR program and art as therapy, to build upon the evidence base which supports the benefits of using art-based interventions in recovery.

Learning Objectives
Learning Objective 1: Participants will learn through the use of case studies that partnerships and art as therapy aid participants’ recovery journeys and that this is in the process of being evaluated to add to the evidence base.
Learning Objective 2: Participants will learn through the examples of literature review that art as therapy and partnerships are essential in promoting recovery, reducing stigma and the reasons the author is evaluating the program from participants and workers perspectives.

References
Lloyd, C., Papas, V. 1999, Art as Therapy within Occupational Therapy in Mental Health Settings: a review of the literature

S13: PAPERS: Creativity in Mental Health,
Level 2 - Room 4, August 30, 2017, 11:30 AM - 1:00 PM

Arts-based groups facilitate mental health recovery by developing positive social identities and support.

Elyse Williams1, Genevieve Dingle1, Jolanda Jetten1, Christian Rowan2
1University Of Queensland, 2Addiction Sciences Queensland

Biography:
Elyse Williams is currently undertaking a PhD on the role of arts-based groups in mental health recovery at the University of Queensland. Her research interests include social influences on mental health, overcoming stigma, the benefits of creative activities on well-being, and strengths-based approaches to mental health treatment. She also works at a non-for-profit psychology practice in Brisbane.

ABSTRACT
People experiencing chronic mental health conditions often report feeling socially marginalised. This study examined whether participation in arts-based groups (choir or creative writing) run by the School of Hard Knocks enhances participants’ mental well-being by decreasing group based stigma and increasing their shared social identity and support. A one-year prospective study of 59 new members of arts based groups for disadvantaged adults in Brisbane involved three assessments of participants’ social, physical, and mental well-being. Their results were compared with 28 participants of an established community choir who were assessed at a single time point. The results show participants’ mental and physical well-being significantly improved. The arts-based group participants initially scored lower on well-being outcomes than the community choir, but over time this discrepancy became non-significant. Perceived stigma and discrimination against the group decreased over time. Group identification and perceived social support were significant predictors of improvement in mental well-being. Qualitative analysis showed that support, recognition, like-mindedness, and acceptance enhanced participants’ sense of group identity. This study demonstrates that participation in arts-based groups can be effective in improving mental well-being in adults with chronic mental health problems. Moreover, social identity and support have a role in facilitating these benefits.

Learning Objectives
Learning Objective 1: Understanding how developing a positive social identity can improve mental well-being, according to the social identity approach.
Learning Objective 2: Awareness of the empirical evidence that facilitating positive group-based activities can be an effective and accessible way for mental health services to facilitate social and psychological recovery from chronic mental health conditions.

References

S13: PAPERS: Creativity in Mental Health,
Level 2 - Room 4, August 30, 2017, 11:30 AM - 1:00 PM

Collaboration to Destigmatisation - corporate creative and NGO award winning 15 year partnership.

Robert Ramjan¹, Mike Preston²
¹One Door Mental Health (formerly Schizophrenia Fellowship of NSW), ²Headjam Creative Agency

Biography:
Rob has worked in mental health for over 45 years and has been CEO of One Door/Schizophrenia Fellowship for 26 years. He is a carer. Rob was awarded the AM in 2007 for his services to people with a mental illness.

Mike has been a Creative Director at Clemengers BBDO and now with Headjam. He put together a pro bono team to develop destigmatising and awareness raising campaigns 15 years ago which continues today as a partnership between Headjam and the Mental Illness Fellowship of Australia. Mike is also a carer.

The campaigns have won a number of international awards.

ABSTRACT
How can a commercial for profit public relations company and a not for profit mental health organisation work collaboratively for a common purpose?
The process of forming the original partnership 15 years ago will be examined. The important elements that have sustained the relationship over that time will be explored.
The development of themes for each campaign is critical and potentially full of risks. The identification of target audiences is pivotal to the final products.
The presentation will look at the development of multi media campaigns covering Avant Cards, posters, television community service adverts and social media and how each of these can be developed into an integrated package. Examples of the international award winning products will be presented with an explanation of the co-ordinated theme examined.
The current three year campaign, now in its first year, “Do what you can do” for mental illness will be explained and displayed. This campaign was launched with the federal Parliamentary Friends of Mental Illness in late 2016.
Some examples of how measuring success can be achieved will be examined.

Learning Objectives
Learning Objective 1: Participants will gain an understanding of how to develop an impactful destigmatising message and the power of trusted sustainable partnerships.
Learning Objective 2: Stigma remains one of the greatest barriers to the individual's recovery journey. Participants will learn the importance of identifying the audience you wish to reach and then targeting the message to that group.

References
1. https://vimeo.com/26217780

S14: PAPERS: Physical Health,
Level 2 - Room 5, August 30, 2017, 11:30 AM - 1:00 PM

Mental health, physical health and Hepatitis C. A time for action.

Grenville Rose, David Pieper
Hepatitis NSW

Biography:
Grenville started in research doing honours in cognitive psychology. This led to an interest in perception then to a PhD in sensory science and a 6 year career in commercial market research. Seeking work more aligned with social justice values Grenville conducted research in community pharmacy, worked on the helpline at Hepatitis NSW and studied to become a registered psychologist. Grenville then worked in a Community Managed Organisation in research and evaluation and latterly also as IT manager. For the last 18 months Grenville has described himself as semi-retired but remains engaged with a number of organisations and universities on projects involving physical and mental wellbeing.

ABSTRACT
The effect on lifespan of having chronic or recurrent mental health issues is equivalent to, or greater than, a lifetime of heavy smoking, yet physical health is often neglected by mental health professionals. This failure to address physical health needs has been called ‘structural discrimination’ in the British Journal of Psychiatry. Hepatitis C is more prevalent amongst people with mental illness than the general community. Estimates of prevalence are as high as 42% in an Australian mental health population. There has been a revolution in the treatment of Hepatitis C; better tolerated drugs with much greater efficacy and shorter treatment duration are currently available to all Medicare Card holders in Australia with the cost subsidised by the Pharmaceutical Benefits Scheme. Older treatments took between six months and a year, were 60-70% effective and had psychosis, depression and suicidal ideation as side effects. Current treatments do not have these psychiatric side effects and result in a cure 95% of the time. Raising awareness of these treatments will help bridge the physical health gap for people with mental health issues and now is a good time for those infected with the virus to consider treatment.

Learning Objectives
Learning Objective 1: How common hepatitis C is amongst people with mental health issues, and how to talk about Hepatitis C with consumers so as provide effective support.

Learning Objective 2: What we can do now to help people with mental health issues who have Hepatitis C.

References
Hidden Care - revelations of a case note audit.

**Nikki Rowlands¹, Sharon Lawn², Sara Zabeen², Sharon Picot¹**

¹Southern Adelaide Local Health Network, ²Flinders University of South Australia

**Biography:**

Nikki Rowlands currently works part time as a Community Mental Health Nurse for the South Adelaide Local Health Network and teaching Mental Health at TAFE SA in the Enrolled Nursing Diploma. Nikki has also taught Mental Health topics at Flinders University in the undergraduate and post graduate nursing programs and is passionate about the physical health needs of mental health consumers and how the service can provide optimal health outcomes at a holistic level.

**ABSTRACT**

It is well recognised that the physical health of people with severe mental illness is poor and that they are more likely to suffer a premature death (1, 2). Consistent with the current government policy directives Southern Adelaide Local Health Network Mental Health (SALHN MH) has identified that the promotion of physical health of people within the service is an important aspect of holistic care.

To further understand the landscape of physical health promotion within SALHN MH and to specifically know what was currently being achieved in terms of monitoring and action across the service-user spectrum, case note entries from clinicians over a year period was examined. A random sample of 100 de-identified clients from the electronic data base was used to assess the delivery of physical health care monitoring and support for the individuals receiving a service from SALHN – Mental Health.

In addition, the data was examined to find the level of physical health risks present in the service user population what actions were taken by clinicians. Data from this sample will inform better targeted planning by the clinical team to improve our delivery of physical health care support to people with severe mental illness.

**Learning Objectives**

Learning Objective 1: The people in the audience will gain a greater understanding of how clinicians are currently promoting mental health and strategies that can be used for promoting physical health across a service.

Learning Objective 2: This topic is relevant to all mental health services and service users as optimal physical health is important to wellbeing and good mental health.

**References**


Rural proofing mental health and addictions outcomes.

Marie Daly

1Rural Health Alliance Aotearoa NZ

Biography:
As Programme Manager for the Rural Health Alliance Aotearoa NZ, Marie draws upon her varied career which spans rural chartered accounting, sheep and beef farming, lecturing in business studies, planning and funding in mental health and addictions, and various health management roles. This unusual combination of skills and experience melded together as RHAANZ developed NZ’s first ‘Framework to Improve Mental Health and Addiction Outcomes in Rural NZ’.

ABSTRACT
Rural NZ has experienced a significant period of change, and at times, strain linked to evolving business models, urbanisation, climatic events, and global market challenges. In response to this, Government, industry bodies and communities initiated a series of programmes to raise awareness around mental health and addiction issues, and increase capacity across rural communities and their services to respond.

The Ministry of Health, and Ministry for Primary Industries jointly funded RHAANZ to work with other industry bodies to increase peer support and community health and social services ability to recognise and treat people who are mentally distressed, in crisis or at risk of suicide.

The programmes have been different in process and content to usual activities in the mental health and addiction sector. This in turn has illuminated the need for ‘rural proofing’ government mental health and addiction strategy and action plans in rural communities.

This presentation will explore the unique issues that impact on the wellbeing of rural NZ. It will illustrate the process used to develop the Framework to Improve Mental Health and Addiction Outcomes in Rural NZ and discuss the priorities and actions proposed to achieve this.

Learning Objectives
Learning Objective 1: The audience will understand the unique challenges that led to Government, industry leaders and community groups advocating for improved mental health and addiction outcomes in rural NZ

Learning Objective 2: Participants will see how these outcomes can only be achieved through joined up multi sector, multi disciplined, and multi agency approaches.

References
Network 4 collaboration of Compass Health, Pinnacle Midlands Health Network, Pegasus Health, ProCare Health(2016) Closing the Loop. Auckland
Ministry of Health (April 2016). New Zealand Health Strategy Wellington: Ministry of Health
‘Bridging them and us mentality’. Can the mental health nurse prescribing model be helpful in improving access to medication for people with mental health issues in rural South Australia?

Kuda Muyambi¹, Lee Martinez¹, Ruth McPhail², Kathryn Cronin², Martin Jones¹
¹University of South Australia, ²Country Health SA Local Health Network for Mental Health

Biography:
Kuda Muyambi: Kuda is a credentialed program evaluator and experienced researcher with a keen interest in non-communicable diseases. He has a passion for working with primary beneficiaries of health interventions, service providers, managers and policy makers.

Lee Martinez: Lee is a registered nurse with extensive experience working in rural mental health in leadership, management and research. Lee has a passion for working with consumers, including the lived experience in service delivery and ensuring people in rural and remote areas have access to the quality services that meet their needs.

ABSTRACT
Fewer psychiatrists live and practice in regional and remote Australia. In regional Australia, there are 3.3 psychiatrists per 100,000 in comparison to 14.2 per 100,000 in metropolitan Australia (1). Preparing Mental Health Nurses (MHN) to undertake prescribing responsibilities in regional Australia has the potential to increase access to specialist mental health care and knowledge of psychotropic medication in the bush (2). Increasingly, non-medical prescribing in clinical care has become a popular workforce strategy worldwide. It is consistent with task shifting approaches and involves the transfer of specific tasks and responsibilities traditionally performed by clinicians and other related experts to less specialised healthcare workers.

The presentation will talk about a cross-sectional study carried out in rural and remote South Australia. The mixed methods study used a validated attitudinal measure assessing the potential utility of MHN prescribing in rural and remote South Australia. The data was supplemented by completing two focus groups with regional mental health clinicians.

We will highlight the reflections and findings from the study which demonstrated that MHN prescribing can be an effective workforce strategy to enhance access to and quality and continuity of mental health care in rural areas.

Learning Objectives
Learning Objective 1: Extension of prescribing rights to mental health nurses has implications on health policy and further education

Learning Objective 2: Mental health nurse prescribing has potential to improve access to mental health care, enhance quality and continuity of care while promoting better and greater use of the nurses’ professional skills in rural South Australia.

References
The changing face of Mental Health Service delivery: Innovative mental health practice directions in rural and regional Victoria – a Primary Health Networks’ experience.

Sue McConnachie¹, Melissa Knight¹, Mim Dineen¹, Nyree Gale²
¹Murray Primary Health Network, ²Black Dog Institute

Biography:
Sue McConnachie: Credentialed Mental Health Nurse and Mental Health Systems Co-ordinator, Murray Primary Health Network
Nyree Gale, Adult E-ClinicProject Manager, Black Dog Institute

“The need for action is critical when considering almost four million people in Australia will experience a mental illness in any one year…More efficient and sustainable approaches are needed to improve the system for individuals, across the life course and across illness severity, and to improve targeting of efforts” (Department of Health, 2015: p2).

ABSTRACT
These words have set the scene for significant mental health reform in this country. Primary Health Networks (PHN) across the country have been charged by the Federal Government to be major facilitators in the roll out of this reform. The conference presentation will provide the experiences of the Murray PHN and Black Dog Institute as they lead with innovative mental health service initiatives across a vast expanse of rural and regional Victoria from Mildura in the North West, to Woodend in the south, across to Seymour and up to Albury - an area of almost 100,000 square kilometres that is home to more than 560,000 people.

E-mental health is confirmed as an important component of mental health service delivery and the speakers will each report on the Murray PHN journey in setting up digital mental health assessment initiatives in GP settings across its vast region.

Learning Objectives
Learning Objective 1:
- They will develop an understanding of how the Federal Government mental health reform is being facilitated by a PHN
- They will understand the logistics in having this reform operationalised and will hear about the experiences of attaining true integrated, collaborative, mental health practice
- They will gain additional knowledge of the mental health reform directions through the presentation of actual and current examples occurring in the Murray PHN region:
  o Digital StepCare: Mental Health Assessment and intervention in a GP Practice
  o AOD Brief Interventions
  o Suicide Prevention – A Systems Approach
  o A Co-Design Project

Learning Objective 2: This topic is relevant to mental health services and mental health issues because it encourages the audience to consider contemporary, innovative mental health service practice and it will raise their consciousness in regard to delivering, “More efficient and sustainable approaches ... to improve
the system for individuals, across the life course and across illness severity…” (Department of Health, 2015: p.3).

References
Department of Health, 2015, Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services, Canberra, Australia.
murrayphn.org.au/co-design, 2017
Leitch, E., Wright, E., Harris, M., Meurk, C., & Whiteford, H., 2016, Implementing a Stepped Care approach to mental health services within Australia, University of Queensland & Queensland Centre for Mental Health Research, Wacol, Queensland, Australia

S16: SYMPOSIUM 1 HOUR: Collaboration and Community Programs,
Level 3 - Grand Ballroom A, August 30, 2017, 2:00 PM - 3:00 PM

Promoting recovery through innovations in collaboration and community programs.

Jennie Fairclough1,3, Katharine Davies3, Tessa Reimers4, Ingrid Amann2, Jeremy Le Roux1, Melissa Petrakis5

1Footbridge Community Care Unit, 2Wellways, 3North Fitzroy PARC, 4St Vincent's Hospital Melbourne, 5Monash University

Biography:
Jennie Fairclough
Jennie has 20 years’ experience as a mental health nurse. Currently her role is a Community Mental Health Manager overseeing a Community Care Unit, Complex Care Program and Prevention and Recovery Care service. Jennie is passionate about recovery oriented practice and actively contributes to the ongoing implementation of the strengths model of care across the service, embracing new practices which enhance care delivery and consumer outcomes.

Katharine Davies
Senior Clinician North Fitzroy PARC, RN
Katharine has 22 years of experience in mental health nursing. Twelve of those with The Alfred Hospital (Melbourne) in Case Management and PARC (Prevention and Recovery Care). Katharine joined St Vincent's PARC, 10 bedded, sub-acute psychosocial recovery facility in partnership with Wellways, in 2015. She has contributed with the development of a successful, innovative program. Katharine is driven to improve consumers’ experiences in Mental Health by promoting a strength based approach that enables self-efficacy, autonomy and ultimately reclamation of their living lives.

Tessa Reimers is a consultant psychiatrist at SVHM for the last 4 years and is currently at PARC and the Hawthorn community MST team, which enable her to practise and engage with the recovery and strengths model of care She is also in private practice in North Fitzroy where she mainly works as a psychotherapist with 18 years of experience. She had conducted research in women's psychosocial rehabilitation in the 1997 - 1999, and studied a variety of different modes of briefer psychotherapies before training in longer in-depth psychotherapy. For over 20 years she has maintained an interest in fostering patients development of their sense of self and agency.

Ingrid Amann
Ingrid has 10 years’ experience working in the mental health sector, having had the opportunity to work within numerous partnerships in Melbourne’s bayside area. Predominantly, Ingrid has worked in residential
rehabilitation using a Recovery Focused and Strengths Based model of care. Ingrid is the Program Coordinator of PARC and the Wellways team. Wellways is a non for profit organisation that works in partnership with ST Vincent’s Mental Health Services providing psychosocial support for individuals experiencing mental health concerns.

Jeremy LeRoux
Jeremy is currently employed as a Peer Support Worker at Footbridge Community Care Unit. He also volunteers for the Life in Community program since its inception in late 2015. Jeremy has also had personal experience of the PARC program, after having had an admission to the Acute Inpatient Unit at SVHM

Dr Melissa Petrakis, Senior Research Fellow (Early Psychosis and Mental Health), St Vincent’s Hospital (Melbourne)/Senior Lecturer, Monash University is a researcher actively engaged in contributing to consumer measures and research co-production, the introduction of peer workforce initiatives, and the development of tools to enhance identification and responsiveness to family violence.

This symposium is a presentation bringing together the findings of an adult clinical mental health service, a not-for-profit mental health and disability support organisation and consumers involved in planning, service delivery and evaluation. This is a demonstration service in terms of working collaboratively to support recovery and social inclusion. The partnership, collaboration and the presence of the participant as active in their own recovery will be central to the presentation. The recovery journey is a tremendously personal one and those travelling alongside, whether clinicians, peers, support workers, carers or others, have a sensitive role to play. In addition to the ethical factors and benefits of a recovery and strengths focus these principles are integral to the person's growth and enrichment of life. We strive to hold the person in the centre of the process during their stay and in their recovery as a whole.

Paper 1
How a Mental Health Community Support and Clinical Partnership is Supporting Social Inclusion and Recovery in the community.
Wellways and St Vincent’s Hospital (Melbourne) are committed to nurturing an environment where the blend of staff input provides rich information, and where excellence and collaboration can flourish. The partnership fosters service integration and strives for continuous quality improvement.
The Prevention and Recovery Care (PARC) service provides an opportunity for the consumer to be involved in their care as equal partner in the relationship with St Vincent’s and Wellways.
Consumers making decisions about their own health care is considered to be essential to their recovery.
PARC’s approach to recovery values participant’s rights to self-determination, autonomy, dignity of risk and promotes community inclusion. This is practiced through providing individual key work, various psycho-social groups, formal and informal peer support and addressing social barriers. As part of the continuum of care participants identify psycho social concerns and social barriers they want to address for their transition to home and the community.
Aims: To share findings from the first two years of operation of PARC collaboration between Wellways and St Vincent’s Hospital (Melbourne).
Method: To highlight consumer perspectives of the PARC program through a participant’s voice and case studies.
Results: This paper will report on the quantitative and qualitative data collected during the first two years of operation. Additionally, on exit from the PARC program all participants are encouraged to complete a reflection form which captures feedback regarding the participant’s experience.
Conclusion: Providing a step up/step down bed-based service delivered in partnership maximises recovery and social inclusion outcomes for participants and can lead to reduced acute in-patient hospital admissions.

**Paper 2**

Life in Community program: The consumers’ experience of engaging in community programs in a Prevention and Recovery Care Service.

The person’s sense of self-agency and motivation is often crucial in how it may help or hinder the recovery journey. This paper will outline some of the theories around agency, motivation and autonomy, from the neurosciences to psychodynamic theories. We find that when good recovery outcomes occur it usually depends on the integrity of the person’s sense of self and worth and their ability to act on their own behalf or at times their ability to allow facilitation of the development of self-agency. This paper explores each individual’s motivation for recovery. What will be reported on is what influences agency, autonomy, active participation and personal ownership for one’s own recovery. How the Life in Community program honour the lived experience, and in doing so supports change.

Aims: The Life in Community Volunteer (LinC) program through Wellways offers support for people with mental health issues, and their carers, to get involved in social inclusion activities by encouraging community linkage. The program builds on natural supports and develops social connections.

Method: A LinC program structure has been devised by a volunteer co-ordinator. Quantitative data from volunteers and participants has been collected over the first year of operation.

Results: A consumer perspective will be provided through personal experience of the PARC program. Jeremy will share his insights as to what assisted him with his recovery while staying at PARC, in particular the groups offered and the person-centred approach.

Conclusions: Findings highlighted that consumers who were active participants in their own recovery through programs such as LinC had improved recovery and social inclusion outcomes. PARC recognises “community inclusion is a critical enabler of recovery” (Salzer & Baron, 2016). This is further supported by volunteers to support participants for up to three months post a PARC stay. To promote community inclusion volunteers aim to facilitate sustainable community links and build natural supports that continue beyond the three months of the volunteer link.

**Learning Objectives**

Learning Objective 1: The audience will learn about key features and recovery values of the step up/step down program and how these are practiced in collaboration with consumers.

Learning Objective 2: An understanding will be gained of motivational theory and the consumer perspective of active participation in their own recovery.

**References**


ABSTRACTS  WEDNESDAY

S17: WORKSHOP 1 HOUR: Talking About Trauma,
Level 3 - Grand Ballroom B, August 30, 2017, 2:00 PM - 3:00 PM

Talking About Trauma

Cathy Kezelman AM

Blue Knot Foundation

Biography:
Dr. Cathy Kezelman AM is a medical practitioner, mental health consumer advocate, Blue Knot Foundation President, past director of the Mental Health Coordinating Council (MHCC), member of the Mental Health Community Advisory Council (NSW), and member of the Commonwealth Redress Advisory Council.

Under her stewardship Blue Knot Foundation has grown from a peer support organisation to a leading national organisation advocating for socio-political change and trauma-informed responsiveness to complex trauma. She is a prominent voice in the media, at conferences, and author of a memoir chronicling her journey of recovery from child sexual abuse: Innocence Revisited- a tale in parts. She is co-author of the Blue Knot Foundation documents - Practice Guidelines for Treatment of Complex trauma and Trauma Informed Care and Service Delivery, The Cost of Unresolved Childhood Trauma and Abuse in Adults in Australia and Trauma and the Law: Applying trauma informed practice to legal and judicial contexts.

ABSTRACT
As a society we are becoming increasingly aware of the prevalence of trauma and its devastating impacts. But many people feel poorly equipped to have conversations with people they know or suspect have experienced trauma. Many segments of society do not know how to `talk about trauma’ including within families, among friends, and by the general public. This also applies to service-providers, including within health services, who frequently engage with traumatised people seeking support. This is a situation which is in urgent need of redress.

Knowing how to `talk about trauma’ is essential to supporting traumatised people. It is also critical to establishing service systems which are `trauma-informed’ i.e. in which all professionals and personnel, regardless of qualification/s, occupation or skill base, have a basic understanding of how overwhelming stress can affect the way we function as human beings and a working knowledge of how to not compound stress (`do no harm’).

It is important to distinguish between `treatment’ in the formal clinical sense, which is provided by qualified health professionals and non-clinical `treatment’. The latter relates to the civil, empathic and respectful ways in which it is important to engage with and respond to people. This workshop will focus particularly re `talking about trauma’ for service providers, in the non-clinical sense. As such, it is relevant to all services, within and outside of the health sector, including those which don’t provide any clinical treatment.

Research shows that positive relational experiences assist trauma recovery while negative social interactions impede it. Such interactions occur within diverse services, which can therefore play a major role in providing support for recovery from trauma. Non clinical `treatment’, in interacting in either positive or negative ways, can either assist or impede well-being. For this reason, every type of service needs to know how to `talk about trauma’.
It is not difficult to acquire the necessary knowledge for ‘talking about trauma’. No clinical training or specialist skills are needed. It simply requires a basic foundation of information about trauma; i.e. becoming ‘trauma-informed’. When put into practice, this knowledge reduces the likelihood of stressful interactions and helps minimise the effects of prior traumas. Relating to one another in a trauma-informed way ‘does no harm’ and focusses on the way in which we treat each other as human beings. Services of all kinds can play a critical role in this regard.

The information presented in the workshop is based on research presented in Blue Knot Foundation’s seminal document: Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Practice (formerly known as ASCA) and more recent additional research. It presents the trauma-informed principles of safety, trustworthiness, collaboration, choice and empowerment and infuses them into all conversations about trauma, with a particular focus on trauma that is interpersonal.

It is intended to build the knowledge and skills of service providers to engage in conversations about trauma. Building our capacity to ‘talk about trauma’ across the board, will help not only support our clients better but help to create a trauma-informed society and improve our health as individuals and overall. It will also limit any regret related to ‘not knowing’, and not doing all we could to help our clients receive the support they need to recover.

**Learning Objectives**

Learning Objective 1: The audience will learn safe ways to have conversations about trauma, which is an essential element of supporting people with a lived experience of trauma.

Learning Objective 2: Given the prevalence of interpersonal trauma and the cost of not identifying, acknowledging and addressing it, all personnel across all health and human services, regardless of role or qualifications need a basic understanding of trauma-informed approaches to conversations with people they suspect or know have experiences of trauma.

**References**

Kezelman, C., Stavropoulos, P. (2012), Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery. Adults Surviving Child Abuse, Sydney.

Work Well and Working Together: Enhancing employment services for mental health consumers through co-production.

Kate Feder¹, Stephen Adei¹
¹Neami National

Biography:
Kate Feder: BA, MA (Development Studies). During her four years at Neami National, Kate has worked to enhance the way Neami supports consumers through their recovery by gaining competitive employment. Kate has developed an employment program, Work Well, based on the Individual Placement and Support model which has been integrated into Neami outreach services across NSW.

Stephen Adei: BEng (Civil) and BA (Commerce), MEng (Project Management). Prior to his role as Peer Support Worker for Neami National, Stephen worked in commerce and engineering. It is his lived experience of bi-polar disorder and his recovery journey that led to his shift to the mental health sector. Supporting others going through similar experiences is what drives him.

ABSTRACT
Neami National is committed to providing quality employment services to consumers as an essential element of an individual’s recovery journey. Two years ago Neami NSW launched their first employment program, Work Well, with the support of PIR innovation funding. Following the success of that program, Work Well programs have been implemented across Neami NSW and integrated into new and established funding streams.

By maintaining fidelity to the Individual Placement and Support model, Work Well has supported mental health consumers to gain competitive sustainable employment, voluntary work, and enrol in study and training programs, to reach their individual goals.

Employment services were further enhanced by co-producing a quality improvement process to gain constructive, honest feedback from consumers participating in Work Well programs. Seven consumers and two staff members designed a questionnaire and feedback process devoid of the power imbalances often involved in seeking feedback from consumers participating in existing services. Furthermore, consumers from a wide-range of backgrounds, experiences and diagnoses were trained as Quality Improvement Representatives to deliver the anonymised questionnaire to consumers participating in Work Well programs. The outcomes of this process demonstrate how partnering with consumers to improve services has led to richer, more tailored employment programs.

Learning Objectives
Learning Objective 1: The audience will learn how involving consumers in employment service design and delivery creates richer, more targeted innovations.

Learning Objective 2: Consumers participating in mental health services have current knowledge of service delivery and can guide services towards areas for improvement in this important area of employment support.

References
S18: PAPERS: Learning and Working,  
Level 4 - Room 2, August 30, 2017, 2:00 PM - 3:00 PM

Moving towards genuine collaboration in a higher education setting.

Rod McKay¹, Alison Ryder¹, Bé Aadam¹  
¹NSW Higher Education and Training Institute (HETI) -- Mental Health Portfolio

Biography:
Dr McKay has worked for over 20 years as a clinician, clinical leader, educator and policy advisor. He is currently chair of the Royal Australian and New Zealand College of Psychiatry Community Collaboration Committee and National Mental Health Information Development Expert Advisory Group. He is a conjoint senior lecturer with the University of NSW.

Dr Ally Ryder is a clinical psychologist who has worked across public, private and community settings in adult mental health. She has lectured at the Australian Catholic University and the Australian College of Applied Psychology.

Bè works as an advocate in a number of areas across the mental health sector using his lived experience of service and acute mental health distress to inform his work. In collaboration with HETI, Bè is assisting in the development, delivery and rollout of the Applied Mental Health Studies program.

Mental health policy reform in Australia has led to the expectation of increased consumer participation not only in all aspects of service delivery, but also in the education and training of mental health professionals (Happell & Roper, 2009; Simons et al., 2007). The aim of this paper is to describe the pedagogical model used by the Health Education and Training Institute’s (HETI) new higher education courses which have integrated Recovery approaches and used a co-design framework that allowed consumers and health professionals to collaborate on design, delivery and evaluation of educational content.

Dr Roderick McKay, our first presenter, will speak to the research and national documents that underpins this model and why HETI decided to include Recovery and lived experience at its core. Dr Ally Ryder and Bè Aadam will talk to the strategies that were used in working together and the insights gained in reshaping mental health education in NSW.

The journey has had many rewards, but also significant challenges. We will do our best to not gloss over either in order to provide encouragement and practical advice to others considering commencing similar reform.

Learning Objectives

Learning Objective 1: People will walk away with:
• A case study of co-design and recovery integration in a mental health higher education setting
• An understanding of the challenges and rewards of the co-design and recovery integration
• Knowledge that the NSW government actively engages with co-design methodologies

Learning Objective 2: This topic is relevant because:
• It is an innovation and positive change in mental health education.
• It demonstrates a collaboration between consumers and health professionals.
• It provides a case study to inform similar initiatives within mental health services.
• It encourages others to follow suit.
It suggests that consumers don’t need to be afraid of mixing with influential organisations to provide personal, valuable and insightful input.

References

S19: SYMPOSIUM 1 HOUR: Peer Work in SLHD - Development and Evaluation of a Workforce, Level 4 - Room 3, August 30, 2017, 2:00 PM - 3:00 PM

Peer Work in SLHD: Development and Evaluation of a Workforce

Megan Still¹, Benn Miller¹, Jemima Isbester¹, Lucy Chang¹, Paul Clenaghan¹, Kevin Brown¹, Fiona Chisholm¹, Chez Davenport¹, Andrew McDonald¹, Justin Scanlan², Sam Vasta¹, Wedad Dannoun¹, Shay Gilbert¹, Lily Wu¹
¹Sydney Local Health District, ²University of Sydney

Biography:
Megan is Service Planning & Innovation Manager for Sydney Local Health District, has an interest in system change and believes in community services as the heartland of service provision. Megan has a fascination with hand cream and loves late night fantasy horror political thrillers while doing the ironing.

Benn Miller is currently Acting Senior Peer Support Worker. Benn was previously an aeronautical engineer, and is a real case of going from head to heart in his new role as a peer support worker.

Jemima Isbester is the Senior Peer Support Worker for Sydney Local Health District. Jemima has worked in mental health as a support worker for the last ten years. She is trained as an artist and psychotherapist and uses her lived experience of mental health issues to inform her work leading the direction of Peer Work in Sydney.

ABSTRACT
In 2011 there were 3.5 FTE peer workers in SLHD. Since then, we have grown our workforce to 12 people sitting in 11 FTE permanent positions embedded in valued roles in the organisation. This growth has included the development of specialist roles in Health Peer Support, and a Senior Peer Support Worker. This symposium will describe the growth of the peer work in SLHD, issues of workforce development and a formal evaluation framework for the Health Peer Support Workers. It will also discuss how peer support workers do engage consumers, where other approaches have labelled them ‘non-responsive to clinical interventions’.

Paper 1: Health Peer Suport Workers: Evaluation of a new strategy. (Megan Still)
The Living Well, Living Longer program in Sydney Local Health District (SLHD) aims to increase access to health and wellbeing outcomes for mental health consumers. Central to this program is Health Peer Support Workers (HPSW), who focus on consumer-led engagement in health outcomes. SLHD appointed 4 FTE for a 2 year trial to evaluate the impact HPSW could have on engagement in physical health. HPSW activities and strategies will be discussed in a separate paper.
This paper will describe the evaluation of the HPSW trial. The evaluation included the recruitment and retention of HPSW’s, consumer engagement in healthy lifestyle activities, the consumer experience of working with a HPSW, the care coordinator /Team Leader experience of working with a HPSW, and the HPSW perspective.
Over this trial the HPSW have worked with 247 consumers on a group and individual basis. Over 85% of care coordinators and managers responded positively to the experience of HPSW’s working in the team. Consumers reported increased hope for recovery and feeling supported. 100% of consumers reported HPSW’s helped with healthy diet and exercise. Collectively, Peer Support Workers contributed an important element of multidisciplinary physical health care in our mental health service.

**Paper 2:** Health Peer Support Workers: Imaginative engagement with carrots. (Benn Miller)
The Living Well, Living Longer program in SLHD aims to increase health and wellbeing outcomes for mental health consumers. Central to this program is Health Peer Support Workers (HPSW), who focus on consumer-led health and wellbeing, including linking with GP’s and other health supports. A primary role of the HPSW’s is engaging consumers who decline physical health interventions. The HPSW have been in place for 18 months, and have seen 247 consumers on an individual and group basis, supporting consumers with access to GP’s, Dentists, specialist health clinics, exercise activities and community groups.

This paper will describe the role of the HPSW’s, focussing on strategies HPSW’s used to engage consumers who were currently declining support. The evolution of the model of care for Health Peer Support will be described. Strategies used to imaginatively engage consumers in their physical health will be explored. Active versus passive actions will be discussed in the context of engaging consumers. Finally, we will describe our experience with the importance of harnessing the joy and incredibly fun, rich and diverse activities that the community offers to support consumer engagement.

**Paper 3:** Peer Workforce Development in SLHD (Jemima Isbester)
Community Mental Health Services in Sydney Local Health District have been undergoing radical changes over the past two years. Peer Support Workers have been integrated into Core Care Coordination teams and Assertive Outreach teams.

This radical change has meant designing a basis for all Peer Workers to guide their work and generate cohesion among PSW’s in our district, this presentation will discuss our design and structural elements that guide our workforce making them a successful part of district mental health daily operations.

Our work is guided by an acronym coined by the Scottish Recovery Network called CHIME (Leamy et al, 2011.) CHIME stands for Connectedness, Hope, Identity, Meaning and Empowerment. These ideas guide the way we work with peers and the way we document our work. This provides a clear basis for PSW’s to work from and one that can be taught to the clinical staff so that they can have a clear understanding of the motivations of our peer workers.

Peer Supervision forms a vital part of our structure and is held monthly by our Senior Peer Worker. The conceptual basis of this practice is found in Narrative Therapy in a practice called “Outsider Witnessing Ceremony”(White,1990). This is a reflection based practice that helps the group identify strengths and alternative stories within their practice.

**Learning Objectives**
- Learning Objective 2: Describes the expansion of the Peer Support workforce

**References**
S20: WORKSHOP 1 HOUR: Strong Foundations for NDIS, Level 4 - Room 4, August 30, 2017, 2:00 PM - 3:00 PM

How to stop the sky from falling down: Building strong foundations to support NDIS change.

Naomi Green$^{1}$
$^{2}$Neami National

Biography:
Naomi Green is the NSW Business Development Manager at Me Well, a wholly owned subsidiary of Neami National providing supports through the NDIS. She is a sociologist, policy maker and project manager who is passionate about promoting good lives through the delivery of quality mental health and disability services. She also has a ratbag labradoodle named Samson.

ABSTRACT
The National Disability Insurance Scheme (NDIS) brings major shifts in the way that supports are delivered to consumers by community mental health organisations. It also significantly changes the way in which consumers choose, plan and access supports. Operating in environments of change, particularly ones of this magnitude, often invokes negative feelings, thoughts and consequences and, like Henny Penny, it is easy to think that the sky might well be falling in.

In 2016/17 Neami National supported people with psychosocial and/or intellectual disability to prepare for engagement with the NDIS through the Elpis Project, a series of workshops providing information, education and support to develop skills in the identification of strengths and values, supported decision making, effective communication, resilience and the promotion of wellbeing. Some of the key learning outcomes of the project related to the need for an approach to supports that recognises the highly unique circumstances, needs and desires of each individual. Everybody’s concept of what constitutes a good life is different.

NDIS implementation also creates a new juncture between the disability and mental health sectors. In fact, in some states both the mental health and disability sectors have devolved into the single NDIS service structure. This poses a range of challenges for consumers as much as it does for service providers, but it also creates great opportunities for a support approach that recognises the individual outside existing funding structures. As providers we need to think about how we weather the uncertainties of the new arrangements, how we understand and frame the changes, and how we best utilise the NDIS to support people with a mental health condition to define and live a good life.

The purpose of the workshop will be to gather together to shape how we can most effectively approach and respond to the changes. Some of the questions that may be explored during the workshop include: Do we need to rethink recovery in the NDIS context? Do we need a new language? What can we learn from the disability sector? Are the disability and mental health sectors really that different? What strategies can we use to support consumers engaging with NDIS? How can we best support people (staff and consumers) to avoid a ‘henny penny’ approach to NDIS?

Some of the challenges, strategies and learnings from the Elpis Project will be shared to help to guide the discussion. Workshop participants will also be invited to share any recent and relevant experience, knowledge or ideas.
Workshop Plan (1.5 hours)
Introduction to topic: Brief overview of Elpis Project with reference to workshop topic and observations of sector NDIS impact. (10 mins, facilitator)
Discussion topic one: What constitutes a good life? Is this achievable under NDIS? (10 mins, large group)
Discussion topic two: What are the different models? (recovery, person-centred planning) (10 mins, facilitator)
Should we be relying on a single model in an individual support environment? (10 mins, facilitator)
Discussion topic three: What strategies could we be implementing to support consumers accessing NDIS? (15 mins, small groups)
Discussion topic four: What strategies could we be implementing to support staff with NDIS changes? (15 mins, small groups)
Close: Take away messages (10 mins, facilitator)
Questions (10 mins, facilitator/ large group)

Learning Objectives
Learning Objective 1: Participants will develop confidence to approach NDIS changes, and to support consumers in their engagement with the NDIA.
Learning Objective 2: The NDIS is the biggest shift Australia has seen to funding and support for people with a disability (including mental illness), and to funding and structures in community health organisations and government bodies.

References
Family and Community Services (2012) Living Life My Way: Putting people with a disability at the centre of decision making about their supports in NSW, NSW Australia
O’Halloran, P (2014) About Psychosocial Disability and the NDIS, Introduction to the Concept of Holistic Psychosocial Disability Support, NSW Australia

S21: SNAPSHOTs: Contemporary Peer Led Support,
Level 4 - Room 5, August 30, 2017, 2:00 PM - 3:00 PM

Our sunshine place: A collective reflection on being admitted to a psychiatric inpatient unit.

Marianne Wyder1, Helena Roennfeldt2

1A Place to Belong

Biography:
Marianne Wyder is a social worker with a passion for stories. This work is a collective story of recovery and rediscovery of our ‘self’ after a time of significant mental health distress. While the story written by Marianne and based on the contributions, experiences and writings of: Jenny Giang, Birthe Griffith, Deborah Irvine, Sharon Juma, Joan Koenig Hughes, John Maher, Rise Faith Rosello, Helena Roennfeldt, Bridie Stewart, Hoa Ta, Rosslyn Taylor, Marianne Wyder and others who preferred to withhold their names from publication.

Helena knows the power of stories to unite us. After a life changing extended hospital admission, Helena was acutely aware of the narratives that create a sense of ‘other’. This began a journey involving creativity and re-storying to break down concepts of us and them and to find connection through our shared humanity.
This presentation presents a collective reflection on how health care professionals can best support people who have been admitted to a psychiatric inpatient unit. This reflection is based on the collective narrative based on the experiences and writings of a group of volunteers at a Place to belong who have experienced – or who have supported others experiencing – a time of significant mental health distress. The group has met on a monthly basis for 2 years. During these sessions each of us would write about various experiences with mental health distress. These writings were then collected by Marianne and incorporated into a collective narrative. In the first chapter, we meet Anne and through her eyes, experience what it is like to be admitted to a psychiatric inpatient unit.

Once the first chapter was developed, as a group we reflected on this piece of work and what was important during an acute psychiatric inpatient admission. As part of this process we presented our thoughts and sought feedback from the wider A Place To Belong community. This presentation will present these reflections. For all there was an overarching need to make sense of what happened and the impact the illness and admission may have on identity and future. Some of factors that enabled or hindered this process in the inpatient unit included: ‘safety’, ‘meaningful connections’ and ‘autonomy and control’.

**Learning Objectives**

Learning objective 1: People will gain an understanding of what it is like to be admitted to a psychiatric inpatient unit.

Learning objective 2: A psychiatric inpatient admission can be a traumatic time for those involved. Understanding and findings ways to support people during these times can

**References**

This is a collective reflection based on our experiences. We would prefer not to have any references added. If you need to have some please let me know and I will find some on co-production

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**S21: SNAPSHOTS: Contemporary Peer Led Support, Level 4 - Room 5, August 30, 2017, 2:00 PM - 3:00 PM**

**Hospital to Home - our experience of developing and delivering this peer service - the human story.**

Lesley Morrison, Gina Ingrouille¹, Danielle Tramonte¹

¹One Door Mental Health/CAN

**ABSTRACT**

Making the transition from hospital to the community is a known period of increased risk and challenge for the individual. The Tracking Tragedy reports clearly identify the heightened risk of suicide and readmission to hospital.

In order to counteract this, One Door drew on the best international evidence to develop and deliver the Hospital to Home program in three locations, two metropolitan and one regional, funded by respective Partners in Recovery programs. External independent evaluation was built into the program.

In this presentation we will describe the critical components of the program, including recruitment of peer workers, induction and training, supervision and the human stories of success achieved. Specific challenges will be addressed and the manner in which they were resolved.
**Learning Objectives**

Learning Objective 1: The participants will understand the process that was developed, issues faced and resolutions to those issues.

Learning Objective 2: There are a number of critical components to this program which will assist the development of improved hospital discharge planning and the expansion of the mental health work force through the employment of peer workers.

**References**


**S21: SNAPSHOTs: Contemporary Peer Led Support, Level 4 - Room 5, August 30, 2017, 2:00 PM - 3:00 PM**

**Expanding post-discharge peer support worker program at NorthWestern Mental Health.**

Michelle Swann\(^1\), Anne Hastie\(^1\), Suzanne Turner\(^1\)

\(^1\)Northwestern Mental Health

**Biography:**

Anne is the Consumer Advisor for NorthWestern Mental Health. She has worked as a manager in the health and community sectors for 31 years. Anne also works for Northern Health and runs her own project consulting business. Anne holds Master qualifications of Business Administration; and Fine Art.

**ABSTRACT**

NorthWestern Mental Health (NWMH) is one of the largest publicly funded mental health services in Australia and provides comprehensive hospital-based, community and specialist services to youth, adults and aged people across northern and western Melbourne.

The Victorian Department of Health and Human Services (DHHS) has provided program funding across Victoria, including NWMH, until June 2018 for the expansion of post discharge support by peer workers. NWMH have employed consumer and carer peer support workers across their adult mental health services and Orygen Youth Health. The purpose of these roles is to provide peer support to someone who has been admitted to the acute mental health inpatient unit who are at risk of readmission after discharge, and/or their carers.

The objectives of the program are to:

- achieve safe, co-ordinated and streamlined transition for consumers from an acute mental health inpatient setting to the community to either establish or re-establish their connections with family and community;
- build understanding of the effectiveness of the role of the peer workforce in clinical mental health services;
- support carers to maximise recovery and resilience; and
- contribute to minimising the risk of re-admission to an inpatient unit within 28 days.
Learning Objectives
Learning Objective 1: The audience will gain an understanding of how the Expanded Post-Discharge Peer Support Worker Program has been implemented across four adult area mental health services and a youth mental health service at NWMH. Insight will be gained into the impacts of effectively doubling the lived experience workforce in one initiative and embedding peer workers into clinical teams. The audience will learn how effective the initiative has been in meeting the objectives of the program in its infancy.

Learning Objective 2: This initiative is the most significant change for the development of the lived experience workforce in the clinical mental health sector in Victoria for 20 years. The learnings from this project will substantially impact the future development of the lived experience workforce within clinical mental health services.

References

S21: SNAPSHOTS: Contemporary Peer Led Support,
Level 4 - Room 5, August 30, 2017, 2:00 PM - 3:00 PM

Peer2Peer: Learnings from WA's first hospital to home project.

Aimee Sinclair1,2
1Consumers Of Mental Health WA, 2Mental Illness Fellowship of WA

Biography:
Aimee identifies as a mad sociologist. She is a member of the WA Mental Health Advisory Council, project coordinator at Consumers of Mental Health WA (CoMHWA), and provides peer assistance for decision making as part of WA’s Individualised Community Living Strategy. She recently commenced PhD studies at Curtin University.

ABSTRACT
This paper examines the interim findings from ‘Peer2Peer’, a peer led and evaluated hospital to home project. The project is of significance as the first community-based, peer led hospital diversion program in Western Australia that incorporates an in-reach approach.

Research shows that one of the times individuals are most at risk of suicide is during the first week post discharge from hospital after a period of emotional/mental distress. Peer2Peer is critical in addressing a gap in both local and national evidence on the benefits of peer led initiatives in community based care, hospital prevention and suicide prevention.

Peer2Peer is a collaboration between the West Australian peak body for mental health consumers (Consumers of Mental Health WA), Mental Illness Fellowship of WA (MiFWA) and St John of God Hospital Midland (SJOG), and is funded by the WA Primary Health Alliance.

The peer led evaluation includes contributions from consumers, peer workers and hospital staff. The presentation will include our findings to date, including experiences with peer led participatory research, and the challenges and enablers to project delivery.
The presentation contributes to sector understanding of the factors/contexts of supporting transitional arrangements when people move from hospital to home, and the impact of peer run collaborative programs.

**Learning Objectives**

Learning Objective 1: Gain understanding around some of the factors/context that contribute to a successful peer run hospital to home project.

Learning Objective 2: The topic is relevant to mental health services as it provides an example of an innovative response to suicide prevention and delivering value for money. It also provides knowledge and experience around building lived experience into programs (co-designed, co-produced and co-evaluated).

**References**


**S22: SNAPSHOTS: Making a Difference Together, Level 2 - State Room, August 30, 2017, 2:00 PM - 3:00 PM**

**Consumer participation and co-design - the way to achieve true partnerships.**

*Kirsten Gibbs¹, Erika Gelzinnis²*

¹ Being - Mental Health Consumer Advisory Group

**Biography:**

*Kirsten Gibbs* is a Policy Officer at Being - Mental Health and Wellbeing Consumer Advisory Group. She brings a wealth of professional and personal experience to her role. Kirsten is studying a Bachelor of Health Science – Health Promotion and Health Policy. She has an interest in the mental health of young people and ensuring that all people who have an experience of mental illness can participate as citizens in the community of their choice. She is currently focusing her work on human rights and mental health and has recently attended a conference at the UN headquarters in New York.

*Erika Gelzinnis* has a Masters in survival. Erika is a member of the Arts and NDIS Working Party. She has a long history in collaborative and community art projects, both large and small scale. As Creative Director of Open Cage Ensemble she has written, directed and facilitated disability led performing and visual arts projects including: A Midsummer’s Nightmare (2015); Creating The Self (2014-16); The Storm creative exchange community inclusion project (2016-17) with Octopod, funded by Lifesaving NSW; The Panic Project (2013- 2015) which involved over 50 young people experiencing mental health issues or living with a family member with mental health issues. Her passion is giving a voice to the voiceless and making the invisible visible. She enables people to self-advocate and realise their creative life dreams and potential. As an outsider she feels she has wisdom to share but it’s hard when you’re invisible.

**ABSTRACT**

Consumer participation and co-design are hot topics at the moment in the mental health sector. Being - Mental Health & Wellbeing Consumer Advisory Group will present on the current environment of how we think that consumer participation is being embraced and where improvements need to occur. Co-design has been an area we have been keenly following over the past few years. Co-design through genuine
partnership has been the way consumers have been wanting to see services move beyond the sometimes tokenistic involvement of consumers on committees. We believe that it is an area for great improvement and opportunity.

We will be collating the experiences of consumers relating to how well they have been included in services and organisations, and what opportunities there are for improvement. People often talk about the link between good consumer participation and empowerment, and poor participation being linked to control and power. The concepts of power and control will be explored to uncover how services have overcome any barriers to achieve genuine partnership with consumers.

This presentation will also cover the range of ways consumers can be included in service design and delivery, and in policy development, as well as provide tips from consumers about how this partnership works best.

The presentation will cover best practice ideas in relation to training and support of consumers who are participating and partnering with services, and will provide examples of where participation and co-design is working well.

**Learning Objectives**

Learning Objective 1: The audience will gain an overview of the consumer perspective on how to be inclusive when developing engagement strategies and information about to improve these processes.

Learning Objective 2: Mental health services all have a responsibility to partner with consumers however often they are not aware of how to do this.

**References**


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**S22: SNAPSHOTs: Making a Difference Together,**

**Level 2 - State Room, August 30, 2017, 2:00 PM - 3:00 PM**

Service-users leading and co-producing mental health research within an academic context – current opportunities and obstacles. Reflections from three academic ‘allies’.

Nicola Hancock1, Justin Scanlan1, Anne Honey1

1The University Of Sydney

**Biography:**

Dr Nicola Hancock is an occupational therapist and a mental health focused academic at the University of Sydney. She is engaged in numerous research projects, at least half of which involve partnership with lived experience researchers.

**ABSTRACT**

The value of consumer engagement and leadership in mental health service evaluation and research is now well evidenced. Nationally and internationally, consumer or service user positions, research units or centres are being developed and explored within the academic context. Each of these ‘models’ or strategies present differing advantages and challenges. Within the university context there are simultaneously drivers and barriers to genuine and sustainable mental health service-user engagement and leadership in research. Perhaps the most common challenge is sustainability within a context of short-term competitive research.
grant cycles. This is not a presentation with answers. Rather it is a presentation in which we as non-service-user academic researchers will share our knowledge of what practices exist internationally and our challenges and advances in striving towards a more sustainable model of consumer-lead research within our own university.

Learning Objectives
Learning Objective 1: People attending this presentation will gain insight into the range of fledgling and more-established mental health consumer research positions, units or centres existing within universities internationally as well as the advantages and challenges present with each.

Learning Objective 2: Gaining a rich understanding of current ‘structures’ that support consumer engagement and leadership in mental health research will facilitate future policy and practice development within both mental health services and universities that could enhance sustainable ‘models’ to maximize opportunities for service-user led research.

References

S22: SNAPSHOTS: Making a Difference Together,
Level 2 - State Room, August 30, 2017, 2:00 PM - 3:00 PM

Co-designing recovery beyond services & systems: How all therapeutic & supportive relationships can be co-created for the benefit of everyone.

Ellie Hodges

Ellie Hodges

Biography:
Ellie is a Counsellor & Lived Experience Practitioner based in Adelaide, South Australia.

At the heart Ellie’s life and work is her commitment to innovation and social justice. She is an advocate/activist working from the ground up to influence a change in the conversation and policy for how mental health issues are understood and responded to. It is her own experiences and those of the people she has supported professionally that is propelling Ellie to stand taller and speak louder.

In SA Ellie co-chairs the Office of Chief Psychiatrist’s Lived Experience Reference Group and was recently awarded a scholarship/sponsored place on the South Australian Governor’s Leadership Foundation Program. Ellie is an Expert Advisor [Lived Experience] to the SA Mental Health Commission and in her own time is supporting the development of a Lived Experience Leadership Collective to invigorate and reshape the lived experience space in South Australia.

ABSTRACT
Increasing attention is being placed on how services / systems can be co-designed with service users to improve their relevance and responsiveness. I suggest that therapeutic and supportive relationships on an individual level can also benefit from principles of co-production and co-creation.

This workshop would initially present information on the principles and processes of co-production, research related to its effectiveness and how these could be applied to the individual context. This will be
interwoven with a discussion and general case example demonstrations of what this could look like in one-to-one therapeutic and support partnerships. Throughout these exchanges I will draw on my own lived experience as a receiver of services as well as a clinician with many years’ experience supporting people with very complex lives. Through this interactive workshop the knowledge, skills and experiences of the audience will be drawn on to provide depth to the conversation and an applied understanding to their own context and understanding.

Brief outline:
* Introduction of presenter
* Introduction to co-production
* The difference that co-production makes
* Are co-production and therapeutic/support processes aligned enough?
* How co-production principles could re-shape individual therapeutic support and partnership with individuals
* What could this look like in your context?
* What difference would this approach make to your own life and/or work?

Throughout 2016 Ellie was employed as a Trainer/Curriculum Writer for Diploma level qualifications in Mental Health and AOD. Her style is extremely interactive and draws on the experience in the room to inform the flow of conversation and matching it to the context and needs of the audience. After the initial setting the scene of content Ellie enters into dialogue and visioning with the group she is in front of. Feedback from her sessions has always been extremely positive with people commenting that they are inspired, leaving with a new energy for their work and have a new way of looking at things.

**Learning Objectives**
Learning Objective 1: The audience will leave with strategies for forming different partnerships with the people they either receive therapeutic support from or provide support to. They will also leave with more knowledge of co-production and how they could use that in their own lives or work.
Learning Objective 2: Co-production is being centralised in the reform of mental health services and if the learnings, principles and processes can be transferred to the partnerships formed at a one-to-one level the development pathways for people with lived experience open up and transform the way that they understand themselves, others and the services that support them.

**References**
Evaluation and Implementation of a Tele-Psychiatry Trial in the Emergency Department of a Suburban Public Hospital

Euan Donley, Ainslie McLaren, Robyn Jones, Paul Katz, Joyce Goh

1 Eastern Health, 2 Monash University

Biography:
Euan Donley is a senior social worker with the Psychiatric and Emergency Department Response Team for Eastern Health in Victoria. He has been working in Emergency for 15 years. Euan is near the end of his PhD candidacy which is examining risk assessment and management of mental health patients presenting to Emergency Departments. He is fortunate to have been published several times examining various aspects of risk assessment in public hospital emergency departments. Euan was both clinician and researcher in the tele-psychiatry in ED trial.

ABSTRACT
Tele-psychiatry via video conferencing is not new to mental health but has been expanding at a rapid rate over recent years. Initially it was introduced to treat remote and rural communities, but is now being utilised in larger health settings due to increasing patient demand and cost effectiveness. Emergency Departments are becoming increasingly burdened as the workforce cannot keep pace with the rising demand of mental health patient needs. While tele-psychiatry has been shown to have treatment efficacy, research is still relatively new, especially within the Emergency Department context.

This mixed methods study examined the experiences of 44 participants from both clinical and patient perspectives in the Emergency Department. The trial examined rates of satisfaction and general sustainability of tele-psychiatry in the Emergency Department. Not all types of mental health presentations were deemed appropriate for tele-psychiatry, however, of those included results indicate generally a positive experience. Participants reported feeling; satisfied with assessment, well-informed of the benefits and risks of tele-psychiatry assessment, did not feel greatly disadvantaged by not having a face to face assessment, would be happy to participate in another tele-psychiatry assessment if required, and no adverse events were recorded. There were some technological issues such as clarity of audio in a loud department, and on occasion a perception that rapport was impacted slightly. Tele-psychiatry did reduce waiting times which was cost effective, however, this may be due to the types of presentations suitable to tele-psychiatry.

While the results of this pilot study are encouraging, further research is required into the use of tele-psychiatry in the Emergency Department, especially with patients presenting as acutely unwell and distressed. If tele-psychiatry is to be successful then leadership, consultation and co-ordination is required giving consideration to all infrastructure, participant, industrial, technological and environmental factors.

Learning Objectives
Learning Objective 1: The audience will gain an understanding of; why EDs may need to utilise tele-psychiatry, how it can be implemented, the results of this trial, the implications for practice, benefits and limitations, and areas where further research is required.

Learning Objective 2: Tele-psychiatry has been utilised for mental health for many years, and as ED patient numbers continue to rise with limits on resourcing, tele-psychiatry will likely be standard practice in many instances in the years to come. This study was at the forefront of acute ED mental health services involving assessment and treatment of mental health patients in crisis.
References

S23: PAPERS: Going Digital,
Level 2 - Room 2, August 30, 2017, 2:00 PM - 3:00 PM

Ensuring consumer access to emerging digital mental health resources via digital devices.
Sean FitzGerald

Biography:
Sean FitzGerald is a presenter and trainer with a background in educational technology. Drawing on his own lived experience he empowers other consumers by teaching them how to access and utilise digital mental health resources and related technologies, such as e-therapies and smartphones.

ABSTRACT
Mental health service providers in both government and non-government sectors are increasingly moving towards delivering mental health resources and services digitally (Christensen et al 2014). This includes online interventions and smartphone apps.

However, many people with complex and persistent mental health issues – particularly those on low income – who would benefit from these resources may lack the awareness, skills and technology necessary to access and utilise them.

Ensuring access for this disadvantaged group is an issue of equity (Robotham et al 2016). People experiencing complex and persistent mental health issues and socio-economic disadvantage have a right to access the same e-mental health resources as everybody else. Otherwise, this group of mental health consumers are in danger of being left behind.

In this paper I will report on the experience of developing and delivering presentations and workshops that help mental health consumers become aware of the digital mental health resources that are available, and how to access them. This has included how to select, acquire and use affordable digital devices and Internet data.

I will also suggest some future directions, ideas and possible projects to help improve digital access and digital literacy for people with mental health issues going forward.

Learning Objectives
Learning Objective 1: People attending this presentation will learn about ways that mental health consumers can be assisted in accessing digital mental health resources and services, and related technologies.

Learning Objective 2: This presentation will highlight the need for more attention to be paid to ensuring that mental health consumers acquire the awareness, skills and technologies necessary to access and utilise emerging digital mental health resources.
References

S24: SNAPSHOTs: Coordinated Care, Level 2 - Room 3, August 30, 2017, 2:00 PM - 3:00 PM
Implementation of strengths based care coordination in a front line public mental health service.

Lucy Chang1, Andrew Simpson1, Fiona Chisholm1, Megan Still1
1Sydney Local Health District

Biography:
Lucy is the Team Leader of the Croydon Core Team, which provides care coordination to adult mental health consumers. Lucy has an unnatural attraction to the all-blacks, and believes that great shoes will solve most problems.

Andy is the Team Leader of the Marrickville Core Team, who provide care coordination to adult mental health consumers. Andy is a keen photographer with an unparalleled caffeine addiction. So bad he installed a coffee machine in his office, within reach of his chair.

ABSTRACT
The Strengths Model has been around for over 20 years, and is a recovery oriented approach to mental health service delivery which helps people identify and achieve self-directed goals. There is evidence that strengths based care coordination decreases hospital admissions, supports employment and educational outcomes, and improves independent living skills. These findings appear consistent across different sites, settings and care coordinators.

Sydney Local Health District (SLHD) adopted The Strengths Model as our core model of care coordination for all community services. This paper will describe the training, support and implementation of Strengths Based Care Coordination across the District.

So far, we have trained more than 50 staff, including peer support workers, and specialist teams including early psychosis intervention. Results from the initial evaluations were overwhelmingly positive, with over 80% of participants reporting increased confidence in understanding the model, and conducting strengths assessments and strengths based goal plans. Implementation of the model into everyday activities in community mental health will be discussed, including the barriers.

Learning Objectives
Learning Objective 1: Understanding of the preparation for and implementation of strengths based care coordination in community mental health services.

Learning Objective 2: Understanding of modern mental health service system change.
References


S24: SNAPSHOTS: Coordinated Care,
Level 2 - Room 3, August 30, 2017, 2:00 PM - 3:00 PM

Improving access to psychological services in far East Gippsland: an innovative model of care.

Keith Sutton¹, Cassie Moore², Amanda Proposch, Cayte Hoppner
¹Monash University, ²Primary Health Care, Royal Flying Doctor Service Victorian Section

Biography:
Keith is a registered psychiatric nurse with extensive experience as a clinician, manager and bureaucrat in Australia and England. As the Mental Health Academic, Keith coordinates the mental health program at MUDRH. Keith’s research interests include rural health workforce, rural mental health workforce, and addressing behavioural health issues in rural communities.

Cassie is Senior Program Manager for Primary Health Care, Royal Flying Doctor Service Victorian Section. She manages the primary health care programs in Victoria including: Rural Women’s GP service, Mobile Eye Care, Flying Doctor Telehealth and the Flying Doctor Dental Clinic. She is a qualified health promotion practitioner and has just completed her Master’s in Public Health and Health Management. Having lived and worked in rural and remote Australia, Cassie is passionate about reducing inequalities in health experienced by rural communities. She has a special interest in Health Literacy and Evaluation and enjoys the challenges of rural health.

ABSTRACT
This presentation will describe an innovative approach to increasing access to psychological services to the communities in far East Gippsland, Victoria. It is well documented that individuals experiencing psychological distress and/or mental illness who live in rural and remote locations commonly encounter significant challenges accessing psychological support and treatment services. Factors that contribute to this situation include: geography, distance, stoicism, stigma, mental health workforce shortages and the limited range of treatment services available. Improving access to psychological services for communities living in the north eastern area of East Gippsland Shire was an identified priority of the Gippsland Primary Health Network 2016 needs analysis.

A novel approach that involves local Bush Nurses triaging community members presenting with psychological distress and/or mental illness and facilitating referral to an appropriate service and/or specialist assessment within a stepped model of care. The model of care options include: community capacity building; e- mental health; psychological support services; primary health services; and specialist mental health services. This novel model of care is being implemented and evaluated by a collaboration involving the Royal Flying Doctor Service, local health services, the regional clinical mental health service, the Primary Health Network and a University Department of Rural Health.
Learning Objectives
Learning Objective 1: The audience will take away real world ideas of how to improve access to psychological support and mental health treatment services for rural and remote communities.
Learning Objective 2: This topic provides an example of an inter-sectoral approach to improving access to mental health services in a rural and remote setting.

References

S24: SNAPSHOTS: Coordinated Care,
Level 2 - Room 3, August 30, 2017, 2:00 PM - 3:00 PM

Ability Links – A NSW Government Initiative - creating an impact on the disability and mental health sector by changing the face of human services – the program of the future.

Yvonne Learmonth

1St Vincent De Paul

Biography:
Yvonne has worked in the welfare sector with disabilities and mental health for over twenty years and has now worked two years for St Vincent de Paul in the Ability Links Initiative. Yvonne manages Ability Links across the Sydney Metro region with a team of around fifty workers including project managers and Linkers.

ABSTRACT
Ability Links is an initiative funded by the NSW Government to support people with a disability, their families and carers to reach their personal goals by connecting to the community. Ability Links is innovative as it requires no formal process for referrals.

Ability Linkers identify areas in the community where they can build on current and identify new options for inclusion. The Linkers role is to work with individuals and to undertake Community Development initiatives.

Urbis has found that Ability Links NSW is achieving “remarkable outcomes” within a short space of time and having a “profound effect” on people’s lives. The model has resonated strongly with Aboriginal people and communities as it encompasses an informal, flexible, non-bureaucratic and whole-of-family approach.

The URBIS Final Report 2016 p.8 shows outcomes from recipients:
• ‘confidence and self-worth grows through the Linker understanding and relating to them as a unique individual’,
• ‘People feel comfortable conveying their ‘story’, including any previous (positive and negative) experiences of the service sector’.
• ‘People feel comfortable expressing their needs, even when they are personal and do not relate to the provision of traditional services (e.g. social isolation)
Approximately 20 per cent of the Australian population will experience mental illness in any given year - https://mhaustralia.org/

Ability Links is proving to be the program of the future.

**Learning Objectives**
Learning Objectives 1: I believe the audience will take away an alternative approach to how a program managing mental health and disability can work with individuals and community. An initiative which is totally person centered and does not have any red tape attached meaning the person seeking guidance can work completely towards their own goals without any referral and personal details being required. An initiative where the workers work toward change in the community that will benefit everyone within that community.

Learning Objectives 2: This initiative is one directed at those who identify with having a mental health issue, a person who may not be formally diagnosed. We work with those people who have lost touch with the world, who are socially disconnected from society. We work with them to source what they need to achieve their goals. We recognize MH in the community and work with people to get connected into what they want to do and to get where they want to be.

**References**
Approximately 20 per cent of the Australian population will experience mental illness in any given year - https://mhaustralia.org/
Urbis Report 2016 - Sydney
Tower 2, Level 23, Darling Park
201 Sussex Street Sydney, NSW 2000

**S24: SNAPSHOT: Coordinated Care,**
**Level 2 - Room 3, August 30, 2017, 2:00 PM - 3:00 PM**

**The St Marys Assertive Community Treatment Team: Utilising the assertive community treatment model.**

**Luis Enrique Albornoz**, **Kirrily Warner**, **Bethany Pade**

**Biography:**
Enrique Albornoz is an Occupational Therapist and the Team Leader of the Assertive Community Treatment Team (ACTT) based in St Marys, NSW. Over the last 10 years Enrique has worked in the various Acute and Community Mental Health roles before commencing as the Team Leader following the ACTT’s establishment in 2012.

Kirrily Warner has worked as the Occupational Therapist on the Assertive Community Treatment Team (ACTT) since the team’s formation. Kirrily played an integral role in the development and ongoing implementation of the ACTT team.

The team has previously been awarded the NSW Health State Innovation Award for Excellence in the Provision of Mental Health Services by the Minister for Mental Health. The team’s focus is on improving consumer engagement and utilising the Assertive Community Treatment model and has continued to build on these significant positive outcomes for the consumers they support.
ABSTRACT
The assertive community treatment (ACT) model is a widely researched model for case management both in Australia and abroad in community mental health. It's a treatment approach to community care widely supported for working with people with severe mental illness and in recent years become more prevalent with new teams emerging around Sydney. However, it is an approach requiring large amounts of funding and resources which are often difficult to come by in mental health services where traditional case management models are core practice.

This paper will propose how the principles of ACT can be successfully utilised within existing services with limited access to further enhancements or resources, as well as detail the experiences with the development and ongoing implementation and evaluation of the St Marys Assertive Community Treatment Team which has operated since 2012.

The aim of the team is to utilise the ACT model and provide an intensive level of support to consumers who historically have poor engagement with services, high service users and have various complex needs. Evaluation findings have demonstrated sustained benefits to both consumers and the service and positive results in all aspects of the program including, engagement, accommodation, acute service use, admission rates and overall improvements in the lives of the consumers we support.

Learning Objectives
Learning Objective 1: Members of the audience will gain a clear understanding of how the principles of assertive community treatment can be effectively utilised within available resources to work with people who have a serious and persistent mental illness to improve their capacity to function independently and become active members of their community.

Learning Objective 2: This topic is relevant to current practice as the model of assertive community treatment is one of the most internationally researched and evidence based models in community mental health care. Both national and state mental health documents make reference to and encourage the use of this model as current best practice. This is in line with Living Well: A Strategic Plan for Mental Health in NSW 2014-2024 document released by the NSW MH commission which refers to the development of “an effective community system wraps services and support around people living with severe mental illness.

This includes assertive outreach, with mobile treatment and crisis resolution teams and whole-of-person support services”.

References
Bond, G. R. (2002). Assertive community treatment for people with severe mental illness. Indianapolis, IN: Purdue University Indianapolis.
S25: SNAPSHOTS: Health and Wellbeing, Level 2 - Room 4, August 30, 2017, 2:00 PM - 3:00 PM

Exploring the feasibility and evaluating the impact of a health clinic for consumers of a community mental health service.

Anne Storey¹, Fiona Chisholm¹, Timothy Wand¹², Emma Hood

¹Sydney Local Health District, ²University of Sydney

Biography:
Anne is a credentialed mental health nurse and is currently working as a clinical nurse educator in community mental health with Sydney Local Health District (SLHD). Anne is currently studying Master of Nursing (Nurse Practitioner).

Emma Hood is an Occupational Therapist who studied in Auckland, New Zealand and graduated from Auckland University of Technology. Emma currently works at Camperdown Community Mental Health Service as an Occupational Therapist and Shared Care Clinical Coordinator, and prior to this worked in New Zealand in mental health. Emma has a passion for helping people who have ongoing mental and physical health concerns and assisting their recovery and wellness. She enjoys supporting people to find ways to overcome difficulties, improve function and engage back into the community.

ABSTRACT
Background: The poor physical health of people with mental illness has gathered widespread attention in the mental health related literature. This issue is related to negative symptoms and the lifestyle of people with mental illness. However much of the burden is also clearly linked with the side effects of psychotropic medications and deficits in the knowledge, skill and confidence of mental health clinicians in relation to physical health matters. It is also argued that separate physical and mental health care is a worldwide practice resulting in unacceptable clinical and economic outcomes.

Study aims: With this in mind, a project exploring the feasibility and evaluating the impact of a health clinic for consumers of a community mental health service in Sydney was initiated. The specific aims of the health clinic are to:
- Explore the feasibility of a clinic that concentrates on the overall health needs of consumers
- Enhance detection, management and coordination of care
- Improve health literacy and promote greater self-management
- Build capacity of multidisciplinary mental health clinicians in detection and management of health problems
- Evaluate the effectiveness of the clinic by assessing the impact on individual health outcomes, staff confidence and consumer understanding of health concerns
- Establish a network of local community and hospital based services in response to consumers need.
- Develop resources/resource information to assist with consumers managing their health needs

Methods: Data sources for this study include descriptive information on individuals seen through the clinic over a twelve month period, health problems identified, interventions provided, and referrals made to other services. The study also involves individual interviews with consumers at the commencement and near the end of the twelve month evaluation period and interviews with staff regarding their experiences with the health clinic.

Conclusion: This program of clinical innovation aims to address physical and mental health problems together. Establishing a health clinic within a community health centre neither costly nor time consuming,
but does have the potential to lead to positive consumer health outcomes, enhanced capacity and confidence in clinicians and savings on resources

**Learning Objectives**

Learning Objective 1: People in the audience will gain an understanding of the importance of a holistic approach to health. Rather than separate physical and mental health care the need to embrace a comprehensive approach to health is discussed along with increasing clinicians confidence and approach to health care. Peer support workers are essential in a health clinic as they offer advice and encouragement from the lived experience.

Learning Objective 2: This topic is relevant to mental health services as traditionally physical and mental health services have been separate. This health clinic looks at increasing clinicians and peer support workers confidence along with offering a unique personalised experience for the consumer.

**References**


**S25: SNAPSHOTS: Health and Wellbeing,**

**Level 2 - Room 4, August 30, 2017, 2:00 PM - 3:00 PM**

**Feeling physical: Innovative approaches to physical health and wellbeing.**

*Janet Ford*, ¹ *Jade Ryall*, ²

¹Flourish Australia

**Biography:**

**Janet Ford:**

Janet is Flourish Australia’s Professional Practice Manager responsible for a range of activities including Workforce Development, the Community Arts Program and Back on Track Health Program. Janet has a background in Mental health and Child and Family Health nursing with a career spanning 40 years solely focused on Mental health in a variety of settings.

**Jade Ryall:**

Jade manages Flourish Australia’s Back on Track Health Program, providing a centralised resource for information and coaching around physical health and wellbeing. Jade is an Occupational Therapist who has worked in community based mental health for all her career, commencing at Flourish Australia’s centre based activity programs at Buckingham House in Surry Hills.

**ABSTRACT**

Physical health and wellbeing has become a significant focus of mental health policy in recent years. Innovative responses to promoting the importance of physical health and wellbeing in mental health services are required to translate policy into sustainable action. This snapshot outlines innovative approaches Flourish Australia has developed to support people with lived experience of a mental health issue and staff to focus on physical health and wellbeing, including Flourish Australia; Back on Track Health
Program, the use reflective questions, quarterly health promotion planners, flash cards, information resources and a community of practice.

**Learning Objectives**

Learning Objective 1: Increased understanding of the importance of a focus on physical health and wellbeing for people with lived experience of a mental health issue.

Learning Objective 2: Exploration of organisational and individual approaches to promoting physical health and wellbeing and receive awareness of different approaches to promoting physical health and wellbeing and self-management.

**References**


**S25: SNAPSHOTs: Health and Wellbeing,**

**Level 2 - Room 4, August 30, 2017, 2:00 PM - 3:00 PM**

**Making evaluation count: The challenges of evaluating health outcomes from health promotion activities.**

Ellen McNaught¹

¹Neami National

**Biography:**

Ellen has worked in the community mental health sector for over 10 years and is currently the Senior Manager, Innovation and Projects at Neami National. In this role, she leads a team to deliver a range of innovations and projects in support of progressing organisational strategic objectives.

**ABSTRACT**

It is widely known that people living with mental illness have a shortened life expectancy by up to thirty per cent (World Health Organisation, 2013) with this divergence increasing over recent decades. This increased risk of early mortality is mostly attributable to preventable physical disease.

Since 2010 when Neami national employed Health Promotion staff, we have developed a Health Promotion Framework and delivered a range of initiatives around key priority areas including tobacco management, oral health, diabetes and health screening.

Consumers say the initiatives work, but our current challenge is to find ways to effectively evaluate program impact. We could pursue a biomedical outcomes approach, but understand that health promotion should function as a tool to both measure changes and facilitate positive health outcomes (Koelen, Vaandrager & Colmer, 2001). WHO recommends that health program evaluations should involve participation by people with direct interest in the initiative, and cite participation and empowerment as key principles of health promotion.
With this in mind, we share our intention, and experience, of co-designing an evaluation process that enables understanding of health impacts resulting from Neami health promotion initiatives, and results in consumers experiencing positive health outcomes through the process?

**Learning Objectives**
Learning Objective 1: The audience will gain an understanding of a) the complexities around measuring health impacts as a result of health promotion activities, and b) how a co-designed evaluation process can look.

Learning Objective 2: The increasing life expectancy gap for people living with a mental illness as a result of preventable disease has relevance to all mental health services. Evidence of effectiveness is routinely asked for in the design and delivery of initiatives and services. Understanding what evidence can be gathered and in what way, and the place for co-design in this process is increasingly important.

**References**

**S25: SNAPSHOTS: Health and Wellbeing,**
**Level 2 - Room 4, August 30, 2017, 2:00 PM - 3:00 PM**

"All I need is the air that I breathe" - 18 month journey to a smoke free environment at Fairleigh Lodge (mental health residential support service for older adults).

**Lindsay Yuille**

*Fairleigh Lodge*

**Biography:**
*Lindsay Yuille is a registered nurse that is passionate about holistic mental health and well-being. She is the chair of the Auckland District Health Board Smokefree Steering Committee and she is actively involved in multiple NGO sector working groups shaping a strategic grassroots response to the 2014 Equally Well position paper. Lindsay strongly advocates that the physical health and wellness of people accessing mental health services must be prioritized and supported. She is hopeful that through service and program innovation the NGO sector can be leaders in this vital change.*

**ABSTRACT**
In May of 2015 Fairleigh Lodge bravely embarked on a journey to become a 100% smoke free mental health residential service by August 1, 2016. With 70% of service users and 90% of staff recorded as avid smokers; initially this goal seemed unattainable and unrealistic. Achieving buy-in from service users, staff, diverse healthcare providers and family/whanau was a major challenge. Developing a consistent effective approach to moving towards our smoke free goal was difficult and we stumbled many times along this journey. However, through grit determination, teamwork, education, smoke free champions, and accessing specialized mental health smoke free support services -- Fairleigh became 100% smoke free by August 1, 2016!
This snapshot presentation will highlight our innovative service approach to: education, policy & procedure, development of smoke free coaches, program evaluation and sustainability. The positive qualitative and quantitative outcomes of this innovative change for older adults accessing mental health services will also be explored. Learning from our success and failures, audience members will walk away from this presentation with practical tools and ideas to trial in their own service environments.

**Learning Objectives**

Learning Objective 1: How to develop, implement, evaluate, and sustain a long-term service approach to becoming a 100% smoke free.

Learning Objective 2: Many people accessing mental health services struggle with tobacco addiction and the severe physical health consequences of smoking. Using innovative and strategic programs to successfully support people who access mental health services to quit smoking is crucial. This presentation will highlight key successes and learning points on the journey to becoming a 100% smoke free service.

**References**


**S26: PAPERS: Changing Landscapes,**

**Level 2 - Room 5, August 30, 2017, 2:00 PM - 3:00 PM**

**Far West Mental Health Recovery Centre: Delivering on responsive recovery services in remote Australia.**

**Claire Lynch¹, Susan Daly**

¹Neami National

**Biography:**

Claire Lynch has lived and worked in Western NSW for over 25 years. She qualified as an occupational therapist some time ago and has worked in a range of different health care areas in inpatient and community settings. Many years of her career have been spent working with people with mental illness at Bloomfield Hospital in Orange and community mental health settings in across Western NSW. She has experience managing multidisciplinary teams in these environments and has also worked in service development roles including the development of the model of care for the Dubbo Mental Health Rehabilitation and Recovery Centre. She is currently the Western NSW Regional Manager for Neami National which operates the Broken Hill Mental Health Recovery Centre. She is passionate about developing high quality recovery focussed mental health services for the people of Western NSW and improving the mental well-being of rural and remote communities.

Susan Daly is the Director of Mental Health and Drug and Alcohol in Far West NSW LHD. This LHD incorporates the City of Broken Hill and most of outback NSW. Susan is a registered nurse. She has experience in inpatient and community mental health, management, research and policy and education

**ABSTRACT**

The Far West Mental Health Recovery Centre is an innovative short-term residential service model that is based on a partnership between a public mental health service and a community managed organisation in
Broken Hill, NSW. The service provides an alternative to traditional inpatient care where consumers are supported by skilled Recovery Support Workers, Peer Support Workers and clinicians to identify their own recovery goals and develop strategies to achieve them. Consumers participate in the Optimal Health Program and Flourish during an average four week stay. The service continues to embrace change by drawing on the lived experience of consumers, staff and carers to continually develop a service that is highly valued by the remote communities it services. Innovation in workforce, service model, treatment options, community development and engagement are features of the service.

This paper will describe the way the service provides an innovative response to the unique challenges of mental health service delivery in rural and remote Australia. It will also cover the how the service continues to evolve through learning and valuing the lived experience of those that are connected with it.

**Learning Objectives**

Learning Objective 1: To provide opportunities to consider alternatives to traditional mental health inpatient care based on a medical model.
To describe strategies used to incorporate learning’s from lived experience in the continued development of the service.

Learning Objective 2: This topic is relevant to mental health service development as it will provide an insight as to innovative ways to address the issues of supply of a mental health workforce in rural and remote areas and also a description of a way to provide quality mental health care in a setting that is an alternative to a hospital inpatient unit.

**References**

Daly, S., & Kirby, S., Far West Mental Health Recovery Centre: a partnership model of recovery focused mental health inpatient care. 13th National Rural Health Conference.

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**S26: PAPERS: Changing Landscapes,**
**Level 2 - Room 5, August 30, 2017, 2:00 PM - 3:00 PM**

**Keeping the grass green on your side: The experience of one not for profit service in attracting and retaining experienced clinical staff.**

Philip Williams¹, Angie Vick¹, Carlie Robertson¹

¹Lives Lived Well

**Biography:**

*Philip Williams is the Operations and Performance Manager for the headspace Southport. He has worked within multiple mental health settings both in the public and non-government sector. Philip has maintained a keen interest in research during his career and has been fortunate to work on a number of interesting projects around employment, service evaluation and cognitive functioning.*

The increasing scope of practice required to compete for contracts in the community sector is changing the staffing mix of not for profit organisations (Fitzgerald et al, 2014). This requires an organisation to attract (and retain) clinically experienced staff or develop (and retain) early career clinicians against multiple barriers. Colleran et al (2010) identifies that the remuneration for clinicians working in the not for profit sector is often significantly lower than their counterparts working in the for profit or government sectors. In
addition to this many not for profit positions do not offer the job security of state health supported positions. Given this disparity why do clinicians choose to work in the not for profit sector? And how do you retain experienced staff during periods of funding instability?

This presentation will explore the motivations and experience of a range of allied health professionals including occupational therapists, nurses and social workers with varying levels of expertise who chose to leave the state health system to work for a new early psychosis initiative in the not for profit sector. In addition, it will explore why staff chose to stay with the service during a period of funding instability and rapid change over the previous 2 and half years.

Attracting and retaining experienced clinical staff is not easy in a competitive market however keeping the grass green on your side of the fence is still possible.

Learning Objectives
Learning Objective 1: To communicate the motivations for experienced clinical staff to leave government sector jobs to take up employment opportunities in a not for profit organisation.

Learning Objective 2: To discuss the factors that assisted in retaining experienced staff in the not for profit sector.

References

S27: SNAPSHOTs: The Building Blocks of Peer Work,
Level 2 - Room 6, August 30, 2017, 2:00 PM - 3:00 PM

Starting from scratch: Building a peer support workforce with Victorian clinical mental health services.

Emma Cadogan¹
¹DHHS

Biography:
Emma is Senior Project Officer with the Department of Health and Human Services’s Mental Health and Drugs Workforce Team, and holds the lived experience workforce portfolio. She has been working collaboratively with the lived experience workforce and health services to identify and develop priority training and practice supports.

Emma has a background in learning and development, and has been studying toward a bachelor of social work for the last 6 years (one more paper!). She has a special interest in mental health, having started her early career within a community mental health service in Melbourne.

ABSTRACT
The Expanding Post Discharge Support initiative, funded through the 2014-15 budget, aims to reduce 28-day readmission rates through the provision of expanded post discharge supports to adults with complex...
mental health needs who are discharged from an acute inpatient mental health unit. The expanded post discharge support will be provided, for the first time in Victoria, through a peer support workforce.

All adult area mental health services in Victoria have employed peer support workers as part of initiative implementation.

The initiative presented a number of workforce challenges - the first being that there were possibly not enough peer support workers in Victoria to fill the 80+ anticipated roles, with very few likely to have experience in acute clinical settings.

Models of peer support, peer work practice, and number and mix of consumer and carer peer support workers differ from health service to health service. Timing of recruitment also varied from service to service, all of which created challenges for workforce development planning.

Collaborative workforce planning was undertaken to support health services and new peer support workers gain a better understanding of effective peer work practice, with the aim to create solid foundations for the new peer support workforce.

This paper will discuss challenges and share learnings from a government perspective on peer workforce development within a clinical setting.

Learning Objectives
Learning Objective 1 & 2: After the is session participants will be able to:
• Describe some of the key challenges of implementing a statewide peer workforce development initiative.
• Describe the key enablers for implementing a statewide peer support workforce development program within a clinical setting

Learning Objective 2: Describe the service user, service and system benefits of providing the appropriate practice supports and training for lived experience workforce.

References
S27: SNAPSHOTS: The Building Blocks of Peer Work, Level 2 - Room 6, August 30, 2017, 2:00 PM - 3:00 PM

Peer Work and Climate Change.

Tim Heffernan\textsuperscript{1} \textsuperscript{2}Illawarra Shoalhaven Local Health District

Biography:
Tim Heffernan works as a peer support worker with Illawarra Shoalhaven Local Health District. He is chair of the NSW Consumer Workers Committee and former member and chair of the Being (NSW Consumer Advisory Group) Board of Trustees. Tim is an executive member of the Illawarra Shoalhaven’s Suicide Prevention Collaborative and has been a member of the NSW Mental Health Commission’s Community Advisory Council since its inception in 2014. He is a member of the Agency for Clinical Innovation’s Mental Health Network Executive Committee and the South Eastern NSW PHN’s (Coordinare) Community Advisory Committee. Tim is also part of the University of Wollongong’s Recovery Camp team.

Tim is a poet and he co-edits an online space for ‘mad’ creative writing – Verity La’s ‘Clozapine Clinic – The Frater Project’. http://verityla.com/submission-guidelines/clozapine-clinic-the-frater-project/

ABSTRACT
Antarctic ice shelves are at their lowest levels, extreme weather events are chronic and the Great Barrier Reef is losing its colour. Yet we have climate change deniers.

Mental Health services are broken, involuntary hospitalisations are chronic and the lived experience of people is lost in the dull repetition of the medical model. Yet they still are the workforce.

Peer Work and Climate change are synonymous.

Peer workers are the renewable resource that must replace the fossil fuel. We can be the workforce.

This paper explores how the decline in coal powered power generation should inform the decline in traditional involuntary and coercive ‘mental health hospitals’ and their associated carbon based technologies. Peer workers are the solar panels, the wind turbines, the lithium batteries of recovery.

Learning Objectives
Learning Objective 1: People in the audience will gain an understanding that climate change and peer work are largely unstoppable.

Learning Objective 2: This is relevant to mental health services, because they wont survive unless we address peer work.

References
S27: SNAPSHOTs: The Building Blocks of Peer Work,
Level 2 - Room 6, August 30, 2017, 2:00 PM - 3:00 PM

Peer principles driving evaluation, learning and improvement: Getting started with Toka Tū.

Treena Martin
1
1 Emerge Aotearoa

Biography:
Treena is a Wellington based service manager who has been involved in Peer Services and Consumer Participation for 16 years. Treena was involved in the original Toka Tū project and feels privileged to share how we are using its results to benefit Peer Services at Emerge Aotearoa.

ABSTRACT
So how good are our peer services? At Emerge Aotearoa, we’re using Toka Tū to find that out, and learning plenty in the process. Toka Tū is a rubric developed by the peer sector in New Zealand from internationally recognised best practice. The tool facilitates a comprehensive, structured self-review of how well peer services are supported and delivered against 16 criteria.

Toka Tū provides quantifiable results that inform quality improvement, but that’s not all. We see Toka Tū as a learning tool; using it has provoked questioning and explorations, helping us develop a common understanding of peer support, recognise and draw on collective strengths and identify opportunities for systemic improvements. This ‘process use’ is well recognised in the evaluation world (Patton, 2008), and is already contributing to the learning and maturation of our peer community of practice.

The presentation will give an overview of Toka Tū and our implementation. We will share the learning and benefits gained from its use to date.

Learning Objectives
Learning Objective 1: The audience have an understanding of the Toka Tū tool specifically and feel able to give it a go as the tool is freely available and is a practical and relatively easy way to self-evaluate the quality of peer support services.
The audience would benefit from our experiences of using the tool – implementation, experiences and some available results to understand the flexibility of the tool in practice. Additionally they would understand the value add of the evaluation process itself; the ‘process use’ aspect that is not unique to this tool, but can go unnoticed when the focus is just on results.

Learning Objective 2: The topic is relevant to mental health services as the Toka Tū tool has been developed by and for the peer sector in Aotearoa, New Zealand, based on internationally recognised best practice. Toka Tū guides a structured and comprehensive review of what is necessary and unique for high quality peer support services to be delivered, so supporting quality improvement. The tool has been available since 2014 and there has been little shared about experiences of its use to date.
S29: FEATURED SYMPOSIUM: Warm Human Contact – Let’s Get Out There, Level 3 - Grand Ballroom B, August 30, 2017, 3:30 PM - 5:00 PM

Featured Symposium: Warm Human Contact – Let’s Get Out There

John Downie, Suzanne Leckie, Ceris Lane, Rhiannon Waugh

Biography:
John Downie: With 35 years’ experience in Scotland, England and Australia in mental health and homelessness. He was a nurse, an NGO general manager, a development officer, an NGO CEO, a local government project officer & commissioner and for six years a mental health carer.

Suzanne Leckie has been a Registered Psychologist for almost 20 years. She currently works for SANE Australia as the Help Centre Manager. Previously she has worked extensively with people experiencing trauma through victim support agencies, Police Services and through private practice. Her interest in the sexual health of people with a mental illness has been deepened by the clinical oversight role she holds within the SANE Forums where this topic tends to elicit strong reactions.

Ceris Lane was diagnosed with bipolar one in April 2015. She has experienced many facets of the disease including mania, depression and suicidal thoughts. Ceris is passionate about raising awareness of mental health issues and the challenges faced by sufferers. In between running her own business and raising two kids!

Rhiannon Werner works at New Horizons as a Project Coordinator for the Out There! Project. She has almost 6 years’ experience working in mental health, disability and community services. She has a Bachelor of Psychology and a Master of Brain and Mind Sciences, which reflects her passion for mental health.

ABSTRACT
Several severe mental health conditions first impact on a person’s life during adolescence. It is well know how this can divert young lives away from a happy and healthy course through life. It is good that an increasing interest is paid toward early intervention so as to keep young people in education.

Little or no interest, however, seems to be paid to the disruption that can happen to a person’s awakening need for emotional, physical and sexual intimacy.

How can it be that we have overcome our hang-ups and risk-aversion to ensure that we can respect the full sexual humanity of people with a physical or intellectual disability but we cannot (or will not) do so with people who have a diagnosed mental illness?

Cast forward from adolescence another 20 or so years to the typical age of the PIR consumer (35-45) to witness people whose lives are characterised by abject loneliness. If already few have someone they could call a friend or a carer, how many less have someone they can hold or kiss or share a bed with?

What of older people who dare to be sexually active in the face of openly expressed disgust?

Mental ill-health and sexual awakening can however, come at any age and may take many forms. Stigma can be deeply compounded by the multiplying effect of different reasons for conferring “otherness” upon a person.
Long term relationships can be destroyed by the roller-coaster experience of poor mental health. Former trust and intimacy can be hard to repair. 
In a new relationship when is it (if ever) right to disclose?

It may be fair to classify dating as an extreme sport (for it has many dangers) but how much less do we care about the anguish of life if we have warm arms to enfold us? How much greater is our resilience and our sense of self-worth if we have someone who is special to us?

PIR consumers across the nation have some common needs – that vie for pole position – typically it goes something like this: psychological distress, followed by loneliness, followed by lack of stuff to do followed by accommodation, employment etc. However, bobbing along in the pack but still in serious contention are unmet needs in the areas of physical intimacy and sexual expression. What is special about these unmet needs is that they are grossly under-reported. It is much more likely that questions about those needs will not be asked by the PIR worker and much more likely that if the questions are asked that they won’t be answered.

We are well into the 21st century and yet we still show 19th century attitudes to human sexuality when it involves people with a mental illness. Consequently even the people that have those unmet needs don’t talk about it.

The symposium will explore what should we do about it and guest speakers will discuss what, if anything is already being done about it?

**Learning Objectives**

Learning Objective 1: The audience will be awakened to an enormous unmet and unmentioned need. They will explore their own values and give thought to the double or triple standards that exist in relation to the essential human need for emotional and physical intimacy and how this is ignored and even suppressed within mental health but celebrated within intellectual and physical disabilities.

**References**

Visions Journal (Canada), Couples – “Is there love after the psych ward?” Vol 10, No.4 2015, Sara Hamid-Balma (edit)

Creating Better Systemic Responses for people with severe and persistent mental illnesses and complex needs (Project of 15 NSW PIRs) – Philip Amos Consulting 2105
Living under the rule of Greek gods: Being a mother after child removal.

Anne Honey¹, Melissa Miceli¹, Rachel Mayes¹
¹University Of Sydney

Biography:
Dr Anne Honey is a Senior Lecturer in Occupational Therapy at the University of Sydney. Her research focuses on learning from people who live with mental illness and their families. Her work with Melissa Miceli and Rachel Mayes has focused on experiences of mothers who have experienced child removal.

ABSTRACT
Many women who live with mental illness are mothers and value motherhood highly (Dolman, Jones, & Howard, 2013). Yet they are at higher risk than other women of having their children removed from their care by child protection services (Park, Solomon, & Mandell, 2006). Little is known about what being a mother actually looks like for them after this has happened. The aim of this presentation is to explore the experience of mothering for mothers living with severe mental illness after removal of their children by child protection services. Interviews were conducted with 8 mothers and analysed using interpretive phenomenological methods. All mothers continued to identify being a mother as a primary life role and identity but, by necessity, enacted mothering in very different ways. Their mothering was now constrained and prescribed by external agents, likened to Greek gods, which imposed both boundaries to what they could do and an obligation to prove themselves worthy. Mothers experienced these Greek god-like agents as all powerful but also unpredictable and eminently flawed. Supporting mothers to manage their Greek gods and develop satisfying mothering roles is rare in practice, but likely to be critical to mothers’ well-being and recovery.

Learning Objectives
Learning Objective 1: The audience will gain an understanding of how mothers who live with mental illness continue to mother their children after child removal.

Learning Objective 2: The presentation highlights the need for mental health services to consider and attend to mothers’ parenting roles no matter what their custody status.

References
The uncomfortable intersection between trauma-informed practice and family-inclusive practice: Family blaming, truth-telling or ...?

Indigo Daya

Department of Health and Human Services

Biography:
Indigo Daya is a Senior Consumer Advisor at the Victorian Department of Health and Human Services, an Adjunct Research Fellow at Swinburne University, and author of a popular online blog about trauma, madness and recovery. She has worked in leadership roles across the mental health sector for more than a decade, with a particular focus on trauma-informed practice.

ABSTRACT

Trauma-informed practice and family-inclusive practice are both high priorities for mental health services. Each approach is often developed as a separate initiative. Commonly consumers are engaged in developing trauma-informed models, and carers are engaged in developing family-inclusive models. In practice this separation creates significant risks. Trauma-informed practice and family-inclusive practice intersect in different ways, and the most uncomfortable intersection occurs for consumers who have experienced abuse within the family context (DHHS, 2011), whether as child abuse by a parent or family violence by a partner.

How do services include families in the context of abuse or violence? What does it mean if guides to working with families do not even mention trauma (Mind et al, 2016) – or vice versa?

This subject is steeped in historical issues such as the now discredited ‘schizophrenogenic mother’, concepts of ‘family blaming’, and a long history of consumers not being believed about past trauma.

This paper is an attempt to give an honest but sensitive voice to tensions and questions that are rarely made overt, even though a failure to do so is likely to result in ineffective – and potentially harmful – practice. It invites the audience to step into uncomfortable spaces together and find new ways of working.

Learning Objectives

Learning Objective 1: Attendees will gain an increased understanding of how to develop and implement trauma-informed practice and family-inclusive practice in ways which acknowledge the intersections between the two types of practice, and which reduce the risk of harm.

Learning Objective 2: This paper is relevant to any mental health service that is considering implementing, or has implemented, trauma informed practice and/or family-inclusive practice. It is particularly relevant to quality managers, practice leaders, clinical educators and people with lived experience.

References


S30: PAPERS: We Are Family,
Level 4 - Room 2, August 30, 2017, 3:30 PM - 5:00 PM

Enhancing responsiveness to family violence in front line mental health.

Melissa Petrakis¹, Meg Buck², Loren Urzia², Sara Cantwell²
¹Monash University, ²St Vincent's Hospital (Melbourne)

Biography:
Dr Melissa Petrakis, Senior Research Fellow (Early Psychosis and Mental Health), St Vincent’s Hospital (Melbourne)/Senior Lecturer, Monash University is a researcher actively engaged in contributing to consumer measures and research co-production, the introduction of peer workforce initiatives, and the development of tools to enhance identification and responsiveness to family violence.

Meg Buck is the Allied Health Coordinator for Social Work at St Vincent’s Hospital (Melbourne), Mental Health Service. She is a Senior Clinician with the Mental Health Primary Intervention Care Team (PICT). Throughout 2016 she was study coordinator for Family Violence Service Enhancement Planning Group within the Mental Health Service.

ABSTRACT

Background/reason for the presentation: Women are five times more likely than men to require medical attention or hospitalisation as a result of intimate partner violence, and five times more likely to report fearing for their lives (Mouzos 1999). Of women who experience family violence 76% in fact do reach out for help or support (ANROWS 2016). Despite the myriad health issues women present with, the family violence might go unidentified. This is a terrible missed opportunity where skilled mental health staff could intervene to assist. A receptive and skilled response from mental health staff – though training, resourcing and skill development – is likely to positively impact consequences of family violence.

Project aims: To determine and implement the best evidence-based practice tool for family violence identification and response in public mental health service contexts.

Method: To create a staff training/briefing package and identification and response resource – a “prompt card”, wearable on the staff lanyard, alongside the ID card, for ready reference.

Results: We will report on trialling this training/briefing package and identification and response resource in a clinical service setting.

Discussion: We will seek input from the audience regarding transferability and utility to various urban and regional contexts.

Learning Objectives

Learning Objective 1: What people in the audience will gain or learn from attending this presentation is how evidence-based practice can inform the creation of a user-friendly 10 minute training presentation and a prompt card to increase knowledge and confidence in staff, and through this increase responsiveness to family violence in staff.

Learning Objective 2: This topic/issue is relevant to mental health services and mental health issues since services across Australia are currently aiming to respond to recommendations from the Royal Commission into Family Violence in terms of hospital and community responses.

References

S31: PAPERS: Lived Experience Workforce Development, Level 4 - Room 3, August 30, 2017, 3:30 PM - 5:00 PM

Preparing an adult mental health unit for a peer workforce: Challenges, learning and successes.

Fiona Burton1, Melanie Ryan1, Jesse Cross1, Kirsten Iosefo1

1Peninsula Health Adult Acute Mental Health Inpatient Unit

Biography:
Fiona Burton (Senior Social Worker) - Peninsula Health Adult Acute Mental Health Inpatient Unit, Melbourne Victoria. Fiona has been a leader in the implementation of ‘Expanding Post Discharge Support Initiative’, involving the establishment of a new peer workforce on the inpatient unit. In addition to supporting the establishment of the program, Fiona is also involved in supervising and leading the new peer workforce. Fiona is passionate about how peer work can contribute to better outcomes for consumers and carers.

Melanie Ryan had been a carer for her husband around his struggles with Major Depressive Disorder prior to him ending his life. Melanie continues to care for her daughter with the same diagnosis. Within the position of Carer Peer Melanie is now able to hold the hands of carers while they are supporting their own loved ones through their mental health journey.

Jesse Cross has seen and overcome many issues in his life, struggling at a young age with things like the separation of his parents, extreme bullying and problems with drugs and alcohol. At eighteen, Jesse ended up in a psychiatric ward - broken and lost - and during this visit was diagnosed with paranoid schizophrenia. Jesse is now a strong resilient man, who has many interests and positive attributes. He earned a Diploma whilst dealing with his illness, taking many, many steps forward. Jesse feels like he has caught up on life. Being through what he has, he now uses this journey to walk by others dealing with similar issues.

ABSTRACT
The Victorian Government provided statewide funding to area mental health services to develop a peer workforce as a part of the ‘Expanding Post Discharge Support Initiative’ (EPDSI). The initiative was aimed at providing additional support to consumers and carers on discharge from mental health in-patient units.

Drivers for the EPDSI included the significant demand on adult mental health in-patient services; the need to improve outcomes for consumers as they transition from adult acute in-patient mental health services to community, the desire to improve continuity of care for consumer and the growing evidence related to the positive impacts of peer work for consumers, families and carers. A number of challenges, learnings and successes were identified in the pre-implementation phase and post implementation of the expanding post discharge peer program for staff, supervisors and peer workers that are useful to acknowledge to assist in further development of the peer workforce on an inpatient unit.

Learning Objectives
Learning Objective 1: Participants will have an understanding of some of the challenges of implementing a peer program on an adult mental health inpatient unit, the importance of clearly defining the roles of the peer workforce prior to program implementation and recording tools to effectively evaluate the program.

Learning Objective 2: The implementation of a peer program is particularly relevant to services, given the changing landscape in mental health, moving from strictly clinical or medical models of practice, towards recovery and interventions, including peer work.

References
Intentional Peer Support America “Preparing your organisation for the expanding post discharge support initiative’, Department of Human Services, July 2016
Carer lived experience as a discipline: Perspectives from workforce development, clinical and community mental health.

Lorna Downes¹, Michelle Swann², Rachael Lovelock³
¹St Vincent’s Hospital, ²NorthWestern Mental Health, ³Wellways Australia

Biography:
Lorna Downes, Carer Workforce Project Officer, Statewide Learning and Development, St Vincent’s Hospital Melbourne
Lorna’s role supporting carer lived experience workforce development brings together her experience in workforce training and development and carer support.
In addition she is a trainer/assessor of the Cert IV in Mental Health Peer Work and is working on projects related to psychosocial disability and the NDIS.

Michelle Swann, is the Carer Advisor for NorthWestern Mental Health
Michelle is the Carer Advisor for NorthWestern Mental Health. She has worked in a variety of carer worker roles including Victorian State-wide Carer Advocate for ARAFEMI. Michelle holds a qualification in legal studies and a Bachelor of Social Work (Honours).

Rachael Lovelock is a manager, advocate and family/carer leader who draws on her own lived experience and background in community development to lead, design and implement advocacy strategies, systems and processes at Wellways Australia. Rachael advocates for platforms that ensure lived experience is heard, rights are upheld and principles of co-design are at the heart of policy, quality systems and services provision. Rachael’s previous roles have included working as a family practitioner, service coordinator and consultant for carer participation and leadership. With experience in direct service, group facilitation, program coordination, training and project management her work has contributed to policy development, service design and advocacy. Rachael is passionate about working with families and carers, her approach is informed by a belief that families and carers need support in their own right. Carer support is essential to assist people to identify with their own journey, reconnect to physical and emotional wellness and return to mutually supportive relationships.

ABSTRACT
Over the past twenty years the carer lived experience workforce in mental health has been evolving. From its early beginnings in grass roots organisations, the carer lived experience workforce has now expanded into roles such as carer consultants, policy officers, project workers, advisors and most recently, peer support workers embedded in clinical teams. The carer lived experience workforce is growing and becoming more established in both community and clinical settings.

With this expansion there is a need for the workforce to better articulate its work. As with any other discipline or professional stream, guidelines for practice are required, together with relevant support and supervision structures. In addition, the Victorian Government’s 10-year Mental Health Plan identifies the lived experience workforce as an important sector to grow and support.

This paper explores the development of carer lived experience as a discipline, distinct from but related to other workforces that support family-inclusive/sensitive practice and consumer peer work. The paper will
also examine key issues from workforce development, community and clinical perspectives, and the work that has been done in Victoria to best describe, define and support this emerging discipline.

**Learning Objectives**

Learning Objective 1: Participants will be able to describe the family/carer lived experience workforce as a discipline, the valuable contribution family/carer lived experience workers make to a service and how family/carer workforce can be supported in their organisation.

Learning Objective 2: This topic is important and relevant for mental health services as the family/carer workforce is growing, and with this growth is a need for role clarity.

**References**


**S31: PAPERS: Lived Experience Workforce Development, Level 4 - Room 3, August 30, 2017, 3:30 PM - 5:00 PM**

**Consumer-led workforce development: Establishing a service for the provision of consumer perspective reflective support.**

**Emma Cadogan¹, Debra Carlon²**

¹Department of Health and Human Services Victoria, ²VMIAC

**Biography:**

Emma is Senior Project Officer with the Department of Health and Human Services’s Mental Health and Drugs Workforce Team, and holds the lived experience workforce portfolio. She has been working collaboratively with the lived experience workforce and health services to identify and develop priority training and practice supports.

Emma has a background in learning and development, and has been studying toward a bachelor of social work for the last 6 years (one more paper!). She has a special interest in mental health, having started her early career within a community mental health service in Melbourne.

Deb works for the Victorian Mental Illness Awareness Council (VMIAC) as the External Relations Manager. She has been a member of the Consumer Workforce Development Co-production Group since its inception in 2015 and is the consumer nominated representative of the Victorian Mental Health Expert Taskforce's
Workforce Reference Group. Deb holds the consumer workforce portfolio for VMIAC. Deb started her involvement in the consumer movement about 20 years ago and is keenly aware of the benefits and pitfalls of the consumer lived experience workforce.

Consumer workforce development: Establishing a service for the provision of consumer perspective reflective support.

Unlike other professions, lived experience workers in mental health services do not often have access to consumer discipline-specific supervision opportunities to support practice development from within their employing organisation.

Access to high quality, consumer perspective reflective support is critical to developing and sustaining consumer workers in rewarding and productive careers.

The roll-out of the Expanding Post-discharge Support Initiative, where peer support workers are placed in acute clinical settings across Victoria, has seen demand from health services for provision of external supervision for their lived experience workers. There is currently no formal model or structure that supports access to this, nor is there any professional governance in place to ensure quality of supervision supports.

A consumer-led project has been established to develop and articulate practice guidelines, code of ethics and a sustainable fee-for-service model for the provision of consumer perspective supervision.

VMIAC will lead the project, in partnership with the Centre for Psychiatric Nursing and the Department of Health and Human Services, in collaboration with providers and end-users of the service.

This paper will describe the collaborative process for identifying needs, project planning and gaining funding, as well as describing forward plans for the establishment of the service.

**Learning Objectives**

Learning Objective 1: After this presentation, participants will be able to:

- Describe the keys to success for the establishment of the consumer perspective reflective support project to date.
- Gain an insight into the various collaborative engagement methods that informed the establishment of the project.

Learning Objective 2: Describe the service user, service and system benefits of providing the appropriate practice supports and training for lived experience workforce.

**References**


Leading through turmoil - reflecting on the NDIS and the transformation to organisations, individuals and communities.

Monique Williamson¹
¹Mental Illness Fellowship of WA

Biography:
Monique Williamson is CEO of Mental Illness Fellowship West Australia (MIFWA), a member organisation of the national organisation Mental Illness Fellowship of Australia (MIFA). Monique has a Masters in Social Change and Development and has worked in community services since 1990, in both the NGO and public sectors in WA. She spent the past decade in senior sector development roles including with the peak body National Disability Services and as an executive director of the Disability Service Commission. As MIFWA’s CEO Monique works alongside people and their families, staff, volunteers and the Board of Management to develop and implement support and services for people experiencing mental health issues. Monique has a long standing interest in co-design innovative supports and services. She is a Board Director of Western Australia Association of Mental Health

ABSTRACT
The NDIS is fabulous, it has the power to transform people’s lives! We remain highly concerned for those who are ineligible. As an organisation we have decided to face all the systematic challenges that working in a trial site posed and do what we can to change and evolve focusing on what we know matters most in supporting people experiencing mental health challenge. We are now working with 60 people growing daily and are passionate about what the scheme can achieve (despite the pain of the transactional nature of the poor systems that have underpinned the NDIS).

Key lessons learned include;
Many people are fearful and confused about the scheme and we have a critical role in reassuring people and interpreting what it’s all about.
We have to rethink what we have always done and deeply listen to people and understanding their priorities and be honest about what we have to offer.
Being brave enough to try new ways of working with authenticity and focusing on relationships
Everything that is could be otherwise’, Ours is a story about facing the challenges and remembering what matters most and adapting, evolving and striving to thrive. It is a tough time to lead!

Learning Objectives
Learning Objective 1: The audience will be inspired to focus on the opportunities of the NDIS to transform people’s lives and learn about some of the factors one organisation believes works.
Learning Objective 2: Mental health organisations are experiencing one of the most tumultuous environments in our history, this presentation acknowledges that and will interest people about how they can survive this period by looking at lessons learned by one organisation.

References
E. Cocks,¹ S. Thoresen,¹ M. Williamson² & R. Boaden¹ (2013) The individual supported living (ISL) manual: a planning and review instrument for individual supported living arrangements for adults with intellectual and developmental disabilities. Soon to be published in Journal for Intellectual Disability Research. ¹Centre for Research into Disability and Society, Curtin University, Perth, Western Australia, Australia ²WA Disability Services Commission, Perth, Western Australia, Australia.
S32: PAPERS: Supporting Social Inclusion,
Level 4 - Room 4, August 30, 2017, 3:30 PM - 5:00 PM

Stimulating peer-learning in a residential setting now, and under NDIS - this is how you do it!

Lisa Brophy\textsuperscript{1,2}, Cassandra Politanski\textsuperscript{1}, Mark Heeney\textsuperscript{1}
\textsuperscript{1}Mind Australia, \textsuperscript{2}Centre for Mental Health, Melbourne School of Population and Global Health

ABSTRACT
This presentation will inform the audience of a project undertaken by a group of University of Melbourne researchers (including consumer researchers). Whom were asked by Mind Australia to assess how well Mind's adult residential rehab, Peer Recovery Communities (PRCs) are working to support residents’ mental health recovery.

This evaluation found strong support for PRCs and the value of having peers involved in research activity as well as the model under investigation. The PRCs have created new opportunities for people with psychosocial disability and demonstrates the importance of services shifting to more clearly adopting new models of care that are focused on social inclusion and community participation. This also includes, a greater focus on individuals of the service co-designing and delivering Peer Learning Workshops. This presentation will provide a unique opportunity for the audience to hear from both the associate professor who led the evaluation and a peer worker of the one of the services who has been assisting in the implementation of the evaluation recommendations.

This presentation will also include analysis of the implications of the transformation of the PRC model to Supported Independent Living service within an NDIS environment.

Learning Objectives
Learning Objective 1: Audience members will leave this session understanding how peer learning in a residential setting has great influence over supporting individuals’ recovery. Audience members will also learn about how to ensure peer learning within an NDIS Supported Independent Living environment (SIL).

Learning Objective 2: This topic is very relevant to mental health services and issues. As this topic presents evidence for why Peer Recovery Communities are effective and addresses the implications of transitioning in to a SIL model under NDIS.

References
Beyond NDIS- Community Managed Mental Health Services, (VicServ, New Paradigm, Naughtin and Grigg, 2015)
Victorian Department of Health (2012) Review of the PDRSS Day Program, Adult Residential Rehabilitation and Youth Residential Rehabilitation Services, Mental Health, Drugs, Regions Division, Victorian Government Department of Health, Melbourne

Helena Roennfeldt¹, Leah Cotterell¹

¹Griffith University

Biography:
Helena Roennfeldt: Mental health researcher, lecturer and practitioner of 20 years experience with a focus on the benefits of creativity.

Leah Cotterell: In 2016 Leah commenced her Doctor of Musical Arts, investigating how singers access the heightened states that characterise a moving performance. Previously, she completed her Masters of Music Research producing ‘The Pleasure of Sad Songs’, her musical memoir of supporting family members who were impacted by mental illness. Over 30 years Leah has appeared on TV and radio, playing concert halls and festivals. She toured extensively in schools programs and developed songwriting skills through band projects with some of Australia’s best musicians. Leah has also produced music theatre productions telling stories of social importance through song, story and image. See: www.leahcotterell.com.au

ABSTRACT
This project is the crystallisation of two years of thought and discussion between a mental health researcher and a singer who share a lived experience of the impact of mental health challenges on an individual’s confidence, wellbeing and sense of identity.

Together, they propose that through speech and song we have capacities to connect to ourselves, to others around us and to wider audiences. Communication through speech and song can produce powerful feelings of agency, and when performed with skill, mastery. Creativity can open the door to new freedoms of thought, and the flexibility of creation allows us to reinterpret and reimagine our experiences in powerful ways. Through a focus on supporting strong artistic outputs this project offers participants and organisations new opportunities for showcasing mental health stories with impact and visibility.

The workshop series presents a well-defined, reproducible suite of interactive sessions culminating in an invitation to perform. The sessions focus on:
1. Sharing your stories with safety and purpose
2. Musicianship
3. Lyric setting
4. Melody writing
5. Vocal skills
6. Bringing it all together

Aims include:
- To set the creative bar high
- To support sustainable skills development
- To provide an opportunity to explore counter-narratives and renegotiate identities

Learning Objectives
Learning Objective 1: To begin to explore potential benefits and possibilities for partnerships with professional musicians and artists.
Learning Objective 2: To be inspired to consider mainstream and professional performance opportunities to raise community awareness and reduce stigma.

References

S33: PAPERS: Creative Voices,
Level 4 - Room 5, August 30, 2017, 3:30 PM - 5:00 PM

A thematic analysis of the benefits and challenges of participating in arts-based groups for mental health recovery.

Elyse Williams¹, Genevieve Dingle¹, Renee Calligeros¹, Leah Sharman¹, Jolanda Jetten¹
¹University Of Queensland

Biography:
Elyse Williams is currently undertaking a PhD on the role of arts-based groups in mental health recovery at the University of Queensland. Her research interests include social influences on mental health, overcoming stigma, the benefits of creative activities on well-being, and strengths-based approaches to mental health treatment. She also works at a non-for-profit psychology practice in Brisbane.

ABSTRACT
The School of Hard Knocks runs arts-based programs for disadvantaged adults experiencing marginalisation, social isolation, chronic mental health conditions, and substance abuse. There is emerging evidence that arts-based programs are helpful in mental health treatment. We conducted a qualitative study to explore how participating in these programs could facilitate mental health recovery processes. Semi-structured interviews were conducted with 25 choir members, and 23 creative writing group members at two time points. Participants who had dropped out of the group were also contacted for a telephone interview. A thematic analysis revealed that participating in the groups provided psychological resources which led to improvements in mental health, social capital and life aspirations. Challenges relating to attending and connecting with the group were also identified. These findings were explored in relation to theoretical perspectives on social and creative engagement in mental health contexts.

Learning Objectives
Learning Objective 1: Learn the psychological resources that participants can gain from arts-based groups
Learning Objective 2: Understand how these resources can facilitate mental health recovery

References
The story arts in recovery.

Heidi Everett

Biography:
Heidi Everett is a Melbourne based multimedia artist with over twenty years’ lived experience of mental health navigation. In 2008 Heidi featured on Andrew Denton’s award winning documentary ‘Angels and Demons’ Heidi’s continued innovation in creativity, mental health advocacy and workshop facilitation, have emerged as game-changers in lived experience pride.

ABSTRACT
Heidi Everett is a powerhouse of innovative lived experience programs and projects in and around Melbourne for the past decade. Using social media, local resources and minimal funding, Heidi has an impressive folio of social and personal professional accomplishments. These projects have broken the mold of peer work advocacy and focus attention instead on a love of the arts as a powerful instigator of cultural progress.

An example of Heidi’s pioneering programs is the ever-expanding ‘Schizy Week’. An annual event since 2008, Schizy Week celebrates lived experience pride through honouring story-arts, with an ethos of creating safe gathering spaces in non-traditional mental health settings, such as campfires, libraries and live music venues.

Heidi was diagnosed with schizoaffective disorder in her early twenties. Terrified, without family support, Heidi had to find her own way through the experience, learning the language of the system. Overlooked by doctors, c-PTSD and aspergers were underlying factors in every admission. It’s through this injustice of backstory value that Heidi draws her inspiration to bring greater compassion and insight to people in crisis presenting in the public psychiatric system today.

This presentation shows how genuine creativity can be a powerful tool for recovering personal identity and voice.

Learning Objectives
Learning Objective 1: People who attend this session will widen their appreciation of what’s possible in lived experience advocacy innovation. The audience will gain a unique and uplifting insight into the relationship of genuine creativity to the experience of mental health navigation through the arts and social media.

Learning Objective 2: After a mental health crisis, art therapy can be a relief valve from the psych ward experience. Yet for many people with these extreme human experiences, creative intelligence is often above the norm. Given the right space to develop and network, people can excel and find both voice and a place to belong and shine. Art seen mainly as therapy creates yet another mode of carer/patient hierarchy, causing the person to entrench experience as symptomology of illness rather than innate, positive and viable talent.

Creativity in a mental health setting needs to be better respected as a valid cultural tool for people with a mental health diagnosis. The new NDIS has meant that our gathering spaces for people with lived experience have drastically reduced and changing. The opportunity to find and create genuine art gathering...
spaces now seems a priority to address both the need for artistic integrity and the need for people with a common story to feel part of a empowered community.
The continuous evolution of artistic technologies in the real world plus social media empowerment, have opened up the possibilities of lived experience run projects in untested new ways. There has never been a better time for people with a mental health story to experiment with independent creative ideas, break from traditional systemic boundaries and let go of the past to embrace a future of optimistic enfranchisement.

References
Heidi Everett: www.heidieverett.com.au
Schizy Week / Discovery Club / Mojo Film Festival: www.schizy.org
Mental Sk’ilness: www.skillness.org

S34: PAPERS: Young people & families,
Level 2 - State Room, August 30, 2017, 3:30 PM - 5:00 PM

Carers experience of service provision, why is it such a struggle for carers to be recognised?

Tim Coombs¹, Judy Hardy, Rosemary Dickson¹, Cheryl Reed²
¹Australian Mental Health Outcomes and Classification Network, ²Health and Community Consulting Group

Biography:
Tim Coombs (RN MNurs BSoSci (Hons Psych) Grad Dip Theo DPM PhD) he has a breadth of health care experience having worked in the sector for nearly 30 years. He began his career as a hospital trained general nurse. He then moved to mental health and has worked in general adult inpatient and community mental health services including 10 years working on a crisis/ assertive outreach team. He has led education and training and been the director of mental health nursing in the illawarra Shoalhaven local health district (LHD). Where he was also a member of the LHD board for several years. He has sat on state and national committees guiding mental health information development. Tim is also a surveyor for the Australian Council of Healthcare Standards recently focusing on the accreditation of trauma recovery programs. This range of experience means that Tim has a considerable understanding of health care from direct delivery to the highest level of governance. He is currently a fellow of the Illawarra Institute for Mental Health and a Senior Research fellow at the Australian Health Services Research Institute at the University of Wollongong.

ABSTRACT
Carers (relatives and family) of people who have a mental illness are considered central to the provision of mental health care. This paper reflects on the ongoing challenge of involving carers in the collection of their views as part of practice. In 2008, the Australian Mental Health Outcomes and Classification Network (AMHOCN) was tasked with identifying a measure of the carer’s experience of burden. However, at the conclusion of this project the inability of services to identify carers was seen as a significant impediment to the implementation of any routine measurement (Dare et al., 2008). Subsequent work identified strategies to improve carer identification through the introduction of standards of practice, policy development and legislation (McMahon, Hardy, & Carson, 2009). In 2013, AMHOCN was tasked with the creation of a Carer Experience Survey, however again this project was challenged by services’ inability to identify carers. While, ultimately, a measure was successfully created, the challenge of engaging carers remained. More recently, work has been undertaken to provide practical guidance to services on ways to engage with carers (CMO Consortium, 2016). As services begin to implement the Carer Experience measure, this paper asks, with all the resources and advice available, how will we finally bring about the meaningful engagement of carers?
Learning Objectives

Learning Objective 1: Attendees at this session will have a better understanding of the issues involved in carer engagement in mental health services.

Learning Objective 2: Ensuring carers are fully engaged in the process of care is central to mental health care delivery. Attendees at this session will appreciate the ongoing challenge of carer engagement.

References


Keith Sutton\(^1\), Eleanor Mitchell
\(^1\)Monash University

Biography:
Keith is a registered psychiatric nurse with extensive experience as a clinician, manager and bureaucrat in Australia and England. His PhD investigated the impact of the Gippsland Mental Health Vacation School program upon student participants’ interest in rural mental health work. As the Mental Health Academic, Keith coordinates the mental health program at MUDRH. Keith’s research interests include rural health workforce, rural mental health workforce, and addressing behavioural health issues in rural communities.

ABSTRACT
This presentation will describe the way in which Save the Children Australia: Good Beginnings - East Gippsland staff has adapted an evidence informed programme to suit their rural environment. The Parents and Infants Relationships (PAIRS) Programme is an attachment theory informed intervention designed and developed for parents who are experiencing difficulties which impact upon the parent-infant relationship following the birth of a baby. Developed in Melbourne in 1996, the PAIRS Programme is delivered in a number of metropolitan centres across Australia.

Save the Children Australia: Good Beginnings East Gippsland was the first service to implement the PAIRS Programme in a rural setting. A range of local challenges, common to rural areas, prevented the organisation from maintaining complete fidelity to the PAIRS Programme model. However, the implementation team adapted their approach to suit their local environment. The resulting innovation led to the implementation and delivery of a sustainable informed programme to support parents and infants experiencing difficulties in the parent-infant relationship. The challenges of delivering mental health services in rural and remote Australia limit access to evidence informed mental health care; however, these drawbacks present opportunities for innovation.

Learning Objectives
Learning Objective 1: The audience will take away a real world example that the challenges of delivering evidence informed services in a rural setting can be the springboard for innovation.

Learning Objective 2: This topic provides an example of how the challenges of service delivery in a rural setting can lead to innovations in service delivery.

References
The design and delivery of an online school-based mental health service for adolescents.

Bridianne O'Dea1, Mirjana Subotic-Kerry1, Kathleen O'Moore1, Catherine King1, Helen Christensen1

1Black Dog Institute

Biography:
Dr Bridianne O’Dea is a Research Fellow at the Black Dog Institute. She graduated with a PhD in Health Sciences at the University of Sydney in 2013. Her current research areas include adolescent depression and anxiety, e-health interventions for mental health, school-based mental health, and social media for suicide prevention.

ABSTRACT
Mental health is a significant issue for Australian adolescents. One in five youth experiences a mental health problem yet only one in three seek formal help (1). Online school-based programs are effective for lowering depression and anxiety; however, such programs have low uptake and can be difficult to embed into the school structure (2). Utilising a stepped-care model (3), this project aimed to design and deliver an online mental health service for adolescents that was co-designed with high school students and staff and included consultation with parents, health professionals, and other relevant stakeholders to ensure its successful implementation in the school setting. A rural community in NSW, Australia, was selected for the project. Four high schools were recruited where focus groups and interviews were conducted with over 50 participants. A parent consultation evening was also held. Interviews with other stakeholders were conducted. Interview themes included: content and model of care, functionality and utility, features and interactivity, accessibility, awareness and engagement, and ethics of model including safety, privacy, confidentiality, duty of care and consent. Results will be presented and discussed alongside the future directions of this project. The implications for service design and delivery for youth mental health will also be outlined.

Learning Objectives
Learning Objective 1: A deeper knowledge and understanding of a stepped-care model for adolescent mental health and a new and innovative approach to school-based mental health care. This presentation is relevant to both clinicians and health professionals as well as other service providers as it presents a model which can be adapted for current practice or other mental health care settings.

Learning Objective 2: Current services for youth mental health are inadequate. We present an innovative solution that is evidence-based, utilises internet technology, and is implemented in the school setting. This presentation outlines a framework for designing and evaluating healthcare services, as well as some of the challenges in the youth, schools, and mental health sector.

References
S35: SNAPSHOTS: Lived Experience, Learning and Creativity,
Level 2 - Room 2, August 30, 2017, 3:30 PM - 5:00 PM

Art Therapy: Healing and Me

Kerry-Ann Chapman¹
¹WSLHD NSW Health

Biography:
Kerry-Ann is a passionate Consumer Worker, strong recovery advocate and Transpersonal Art Therapist. She is dedicated to sharing her knowledge of how creative expression can be healing; and help others connect to their deep inner knowing and resources. She enjoys drinking tea, loves cats and is vegan. Kerry-Ann is studying postgraduate counselling.

ABSTRACT
A 10 minute presentation about my journey through healing with art therapy.

From a Consumer utilizing an art therapist; to recovery; to training in art therapy.
I use my lived experience to assist others on their healing journey in recovery.
Working as a peer support worker in an acute psychiatric hospital; and a community team. I run art therapy groups and individual sessions to Consumers.

I will discuss my journey and transformation through creative expression; and where I am now. With a focus on hope.

Learning Objectives
Learning Objective 1: The audience will be able to take away how to run an art process that they can use themselves, in the community or with Consumers.

Learning Objective 2: The presentation shows how creative expression (such as art) can lead to deeper understanding of the unconscious Self through images, symbols and colours. Mental Health Services can use art groups or art therapy to assist Consumers with finding their voice and expressing it in a safe space.

References
S35: SNAPSHOTS: Lived Experience, Learning and Creativity, Level 2 - Room 2, August 30, 2017, 3:30 PM - 5:00 PM

'Alone to Supported' and 'Inpatient' films to showcase the SUPER Group service users participating educating researching.

Lynda Hennessy

Biography:
Lynda has been involved with the Consumer Movement since 1997 in a variety of ways as a Consumer Representative and a Consumer Worker. She is now involved in setting up the SUPER CRO, which stands for, Service Users Participating Researching, Consumer Run Organisation. This is an organisation with out walls; we have activities in the Inner city of Sydney.

ABSTRACT
‘Alone to Supported’ and ‘Inpatient’ and the two Behind the Scenes documentaries were made by the consumers of the SUPER Group.

‘Inpatient’ was about the character’s experiences in the Inpatient Unit, it was based on my experience, I wrote the script. I discovered I could write, and act. We did eight weeks of workshops for both films, we were asked to come up with some stories. We had eight stories and we voted my story was chosen. We had a film maker work with us, called Elias. We had the opportunity to write scripts, directing, editing, cameras, and acting. In the behind the documentaries we talked about how and why we made the films. We wanted to showcase the SUPER Group and Peer Support, and also the films were made for training for service providers, the films were picked up by 4 Universities.

In the ‘Alone to Supported’ Vince worked with us and continues to work on other films with us. The story was about the character in the first film, and what happened to her when she was discharged. Consumers who wanted to participate worked on what issue they wanted to act in the film. I listened to what they wanted to say and wrote it down, I wrote the script.

Learning Objectives
Learning Objective 1: The attendees will learn about peer support the process of Consumers making films and making training films for service providers, consumers, and carers.

Learning Objective 2: These films are relevant to Mental Health Services because Peer Groups do help consumers onto their Recovery Journey.
A rural Floresco hub: Why co-location with natural therapies works.

Carolyn Perry\textsuperscript{1}, Petra Doerfling\textsuperscript{2}

\textsuperscript{1}Floresco, \textsuperscript{2}Lockyer Natural Therapies

\textbf{Biography:}
Carolyn has over 25 years’ experience in social work and completed her PhD at Griffith University "Towards a Theory of Perspective Enhancement for Mental Health and Well-being" in 2008. This thesis explored a holistic approach to enhancing mental health and well-being. She now works as a Floresco psychotherapist and mediation teacher at Lockyer Natural Therapies.

\textbf{ABSTRACT}
This presentation will examine how a holistic client centred mental health service can successfully operate in a rural community when co-located with a service that prides itself on working within a paradigm of healing: promoting physical, emotional and spiritual well-being.

The common values of Floresco and the Laidley Natural Therapies Centre work in an integrated and collaborative manner recognising the importance of reducing stigma in a therapeutic landscape of acceptance, welcome and sensory appeal.

This presentation will demonstrate how shared values in co-location and a desire to benefit community well-being can rekindle feelings of hopefulness and optimism in a community that was depleted by natural disaster.

Many individuals in this community have been overwhelmed by stigma. The Natural Therapies Centre provides a place of safety; where alternative modes of enhancing wellbeing are acceptable. A rural community that was without adequate mental health service delivery has now more options to enhance its well-being.

The development of this model has meant cross-referrals, shared resources and a greater access to mind and body wellness tools. It brings to life the fact that mental health and well-being can be accessed, maintained and fine-tuned through multiple modalities.

\textbf{Learning Objectives}

Learning Objective 1: Delegates will take away an understanding of how successful co-location based on the shared values of holistic healing can transform the traditional approach of being treated for a mental health issue to one of enhancing overall well-being in an uplifting environment.

Learning Objective 2: Delegates will recognise that it is possible for the non for profit sector and the business sector to work together for the benefit of the community and that the sharing of resources and innovative ideas provides a richer experience for clients to optimise their health and well-being.

\textbf{References}
Supporting Our Storytelling

Aimee Sinclair

Curtin University

Biography:
Aimee identifies as a mad sociologist. She is a member of the WA Mental Health Advisory Council, project coordinator at Consumers of Mental Health WA (CoMHWA), and provides peer assistance for decision making as part of WA’s Individualised Community Living Strategy. She recently commenced PhD studies at Curtin University.

Lived experience storytelling is a vital component to mental health reform and needs to be supported appropriately to ensure we are ‘embracing change’ and not replicating ‘traditional illness management’ through its use.

This paper will weave together my lived experience of ‘sharing my story’ and my un-ease around the sector’s use of ‘lived experience storytelling’, with findings from my PhD literature review on storytelling as an act of resistance and recovery.

My journey begins as I attempt to hold the tensions involved with allowing individuals to tell their story where they are at and respecting one’s right to differing perspectives, whilst also critiquing stories that are colonised. How do I/we recognise agency (lived experience) whilst also recognising oppression?

Through struggling with these complexities, I critique emerging practices within the mental health sector that ‘capitalise’ on lived experience storytelling, and/or silence alternative ways of existing within a neo-liberalist, patriarchal society.

How can we make space for the process of resistance and recovery through storytelling without contributing to dominance and discrimination? This paper will suggest ways in which storytelling can be supported by the sector so that it remains connected to the consumer movement and facilitates resistance as a form of recovery.

Learning Objectives

Learning Objective 1: Audience members will gain an understanding of some of the complexities of organisation’s using lived experience storytelling as a form of promotion, and ideas for supporting storytelling that facilitates recovery and alternative ways of understanding.

Learning Objective 2: As mental health services continue to move towards embracing lived experience knowledge, and the use of lived experience stories, it is important services have an understanding of the issues and complexities involved to ensure we are ‘embracing change’ and not replicating ‘traditional illness management’.

References


S36: Evaluation & Outcomes,
Level 2 - Room 3, August 30, 2017, 3:30 PM - 5:00 PM

Working together with young people to evaluate a Youth Residential Recovery Service.

Carolien van Dijk¹, Rachael Bride¹, Kate Lessing¹, Philippa Hemus¹, Michael Tidhar¹, Rebecca Egan¹

¹Neami National

Biography:
Carolien van Dijk is a Regional Manager with Neami National and has worked in and managed a range of services in mental health, AOD and homelessness in Australia, Scotland and the Netherlands.

Rachel Bride has worked as a Peer Support Worker and Community Rehabilitation Support Worker at a Youth Residential Rehabilitation Service with Neami National. She takes an active interest in the Consumer Participation movement within the mental health sector and has a passion for early intervention and prevention approaches with young people.

Kate Lessing holds a Bachelor of Social Work and a Masters of Medical Science in Psychiatry. Kate has worked across sectors during her career, including Housing/Homelessness and Mental Health. Kate currently holds two roles at Neami, both as the Service Manager of the Frankston Team and as the Project Officer for the Youth Residential Rehabilitation Services Evaluation.

Philippa has lived at a youth residential service for eight months. She is passionate about making sure young people with mental health problems are listened to, heard and respected, and to ensure more consistent policies are in place. She is a member of the steering group for this research project.

Michael, aged 24 has the following purpose and goal: "As someone who has struggled with mental illness since I was young, I understand and wholeheartedly support the struggles that come with it. My desire is to promote mental health and care while bringing my empathy and knowledge as well. I have personally seen and experienced hardships and confusion from lack on understanding".

Rebecca is 22 and a believer in the power of a well-made pun. She has recently given up on the prospect of "finding" recovery and instead is focussed on building it for herself. Along the way she aspires to string together old stigmas and spurn them into universal truths. "It's pretty cheesy, but ya know, as a vegan I've got to find my cheese wherever I can get it." - Bec.

ABSTRACT
Youth residential recovery services are the only long-term, intensive, daily support available to young people outside of hospital settings. To date, almost no research has been conducted to determine the degree to which these services meet the needs of young people. Neami residential recovery services are designed to create a nurturing, recovery-oriented and therapeutic environment.

To fill this gap in the literature, Neami National have partnered with Orygen, The National Centre of Excellence in Youth Mental Health to identify what matters most to youth in their residential-based recovery support. The project is using participatory research action methods to ensure findings are promptly integrated back into service delivery for the direct benefit of the young people.
Positioning the voice of young people as central in the development, delivery and evaluation of services is fundamental to best practice and aligns with contemporary policy informed by recovery oriented and trauma informed paradigms. The project utilises an innovative co-design approach and is led by a steering group, with youth representatives contributing equally to overseeing the evaluation process.

This presentation will detail the design and process of the evaluation along with preliminary findings from the qualitative interviews conducted with residents of the recovery-focused residential units.

**Learning Objectives**

Learning Objective 1: Conference participants will understand our co-design approach and what we learned; the unexpected, the rewards and ideas for improvement. They will also learn what the young people participating told us about what matters in residential recovery services.

Learning Objective 2: Positioning the youth voice as central to service design, delivery and evaluation is critical to maximising control and empowering individuals who access services, and ensuring practice and research is aligned with contemporary policy.

**References**


**S36: Evaluation & Outcomes,**

**Level 2 - Room 3, August 30, 2017, 3:30 PM - 5:00 PM**

**Using the Outcome Star to simultaneously prioritise client-led recovery goals alongside service-level evaluations within a youth early psychosis service.**

**Marko Turner**

*headspace - Uniting Recovery*

**Biography:**

Marko is a specialist in leading mental health and wellbeing initiatives, project managing service development programs that realise tangible benefits for the key stakeholder groups. He has over 18 years experience working across an array of public healthcare, corporate and private sector settings. Marko stands upon dynamic and systems-based approaches that are pragmatic and recovery-focused, yet theoretically and ethically rigorous.

**ABSTRACT**

Mental Health organisations face challenges moving from a clinician focus to recovery-oriented practices that are client-led. This paper outlines an implementation of the Outcome Star process to address both client engagement priorities alongside service level evaluations for the Western Sydney headspace youth early psychosis program. Orygen’s Early Psychosis Prevention and Intervention Centre (EPPIC) model reflects recent governance principles requiring mental health services prioritise recovery needs. However, local difficulties recruiting to social recovery groups highlighted a paucity of information on both individual
client recovery goals and service-level understandings across the program. Outcome Star trials confirmed
clients responded positively, offering rich accounts of their difficulties and sources of distress whilst also
generating personal goals. Despite slow clinician uptake, systematically identifying needs using the Stages of
Change Model progressively highlighted their importance. Analysis of aggregated Star ratings alongside
qualitative data themes are presented to demonstrate the richer levels of understanding and evaluation
possible. Challenges and opportunities for innovation are offered. Paramount to reprioritising historical
preoccupations with diagnostics and risk alongside an improved Outcome Star integration could be
achieved via the Peer Support Workforce, thus elevating lived-experience and personal recovery to levels
not foreseen by either the EPPIC model or governance frameworks more generally.

**Learning Objectives**
Learning Objective 1: Participants will learn about the ways in which mixed method, quantitative-qualitative
practice tools like the Outcome Star can be used to generate client-led recovery needs and goals, whilst
simultaneously generating critical data for evaluating the effectiveness of the wider service.

Learning Objective 2: Youth mental health services reprioritising the identification of individual needs and
goals alongside risk and diagnostic information have a greater capacity to engage with mental health issues.
Moreover, they have a greater capacity to identify and measure the most effective means of addressing and
promoting recovery pathways, from both individual client and service-level perspectives.

**References**
MacKeith, J. (2011). The development of the outcomes star: a participatory approach to assessment and
Makeith, J. (2014). Assessing the reliability of the Outcomes Star in research and practice, Housing, Care &
Support, 17 (4): 188-197.

**S36: Evaluation & Outcomes, Level 2 - Room 3, August 30, 2017, 3:30 PM - 5:00 PM**

**Reflecting on 15 years of national reporting. What does the National Outcomes and Casemix Collection tell us?**

*Tim Coombs¹*

¹Australian Mental Health Outcomes and Classification Network

**Biography:**

Tim Coombs (RN MNurs BSoSci (Hons Psych) Grad Dip Theo DPM PhD) he has a breadth of health care
experience having worked in the sector for nearly 30 years. He began his career as a hospital trained general
nurse. He then moved to mental health and has worked in general adult inpatient and community mental
health services including 10 years working on a crisis/ assertive outreach team. He has led education and
training and been the director of mental health nursing in the Illawarra Shoalhaven local health district (LHD).
Where he was also a member of the LHD board for several years. He has sat on state and national committees
guiding mental health information development. Tim is also a surveyor for the Australian Council of
Healthcare Standards recently focusing on the accreditation of trauma recovery programs. This range of
experience means that Tim has a considerable understanding of health care from direct delivery to the highest
level of governance. He is currently a fellow of the Illawarra Institute for Mental Health and a Senior Research
fellow at the Australian Health Services Research Institute at the University of Wollongong.

**ABSTRACT**
The National Outcomes and Casemix Collection (NOCC)(Department of Health, 2016) was agreed in 2001
and was progressively implemented across all states and territories in Australia. The Australian Mental
Health Outcomes and Classification Network (AMHOCN) has been nationally reporting on the NOCC via the web decision support tool (wDST) (Australian Mental Health Outcomes and Classification Network, 2016) since 2005 and included reporting on a state and territory basis since 2007. This paper will reflect on the results of the collection including: the fall in average HoNOS total scores on admission to inpatient units from 16.9 (sd 6.6) in 2001 to 14.3 (sd 7.1) in 2015, while over the same period there was an increase in average HoNOS scores on discharge from inpatient units from 5.7 (sd 4.3) in 2001 to 6.3 (sd 5.4) in 2014. The paper will also explore the reported HoNOS change scores. In 2004, 17.6% of consumers were reported as having deteriorated between admission and discharge from ambulatory services, while in 2014 this had risen to 21.6%. This is in contrast to consumer self-report where, in 2004, only 8.2% of consumers self-reported deterioration on the K-10, while in 2014 this had risen to 13.3%. The reasons for these variations, the meaning of this reporting and its use in clinical practice and for service development will be a particular focus of the presentation.

Learning Objectives
Learning Objective 1: The audience at this session will learn about the reporting of the National Outcomes and Casemix collection, the reported variability and some of the reasons for this variability.

Learning Objective 2: The measures that make up the National Outcomes and Casemix collection are being used not only to describe the outcome of care but also to support funding. The audience will learn that understanding what is reported is important for its meaningful use.

References

S37: PAPERS: Tread the Boards to Recovery, Level 2 - Room 4, August 30, 2017, 3:30 PM - 5:00 PM

Art(ful) Futures

Alan Johnson¹, Carole Gant²

¹HNEhealth, ²Flourish Australia

Biography:
Alan Johnson is an Occupational Therapist with a creative arts background who trained in the UK, and currently works at Morisset Psychiatric Rehabilitation Hospital. He tries to use creativity and art in his everyday work and together with colleagues and consumers is trying to promote art and its use in recovery as much as possible.

Carole has over 22 years non-clinical experience as an art workshop facilitator, is employed by Flourish Australia and co-ordinates the Hunter’s ArtReach program. Established in 2014, ArtReach is an innovative multi-dimensional art-based recovery service supporting people with a lived mental health experience utilizing a base studio, small bistro gallery and mobile outreach vehicle. Support is available across Newcastle, Lake Macquarie, Maitland & Cessnock LGAs. Carole enjoys working partnerships with the Newcastle Community Arts Centre, Arts In Recovery – Hunter ‘AIR’, Lake Macquarie City Art Gallery Artful
Futures program, Maitland Regional Art Gallery Journeys: Creative Connections and Marthaville Arts & Craft Centre in Cessnock. She majored in ceramics and glass at art school, with a keen interest in life drawing, and how the development of art, particularly drawing based skills can be aide the recovery process, lead to self-empowerment and wellbeing.

**ABSTRACT**

Art(ful) Futures is a strategic regional partnership project developed between arts and mental health organisations committed to consulting with, supporting and mentoring a cohort of 8-12 mental health service users through the processes and skills development needed develop art practice outside institutional avenues.

For this group of artists/clients, their wellbeing and sense of self lies partly in being able to develop their skills and confidently identify as artists in a ‘future full of art’. The level of support needed to achieve this can only occur through a partnership, structured to gather a raft of expertise within the creative space of the gallery. The partnership comprises Arts In Recovery (AIR), Newcastle Community Arts Centre (NCAC), mental health service users, project artists Jo O’Toole, John Cliff and Lake Macquarie City Art Gallery (LMCAG).

An integral component of the project is a public exhibition ‘Of the Mind’, at LMCAG featuring a body of work created by the artist/clients, project artists and arts-trained mental health workers.

The project is an intensive series of 26 workshops during which clients/artists will be working with project artists, gallerists, mentoring artists and art trained mental health workers to develop art-making skills, professional practice skills, exhibition and curatorial/critical knowledge.

**Learning Objectives**

Learning Objective 1: The audience will gain an understanding of the partnerships between the organisations and people involved, which have worked together to produce a long term project for skills development, what the project involves and the meaning for those involved, through anecdotes and narrative set to pictures.

Learning Objective 2: The topic is relevant to mental health in terms of stigma reduction, mental health promotion, innovative projects and working, best practice, and most importantly meaning and well-being for those involved.

**References**

S.Colbert, A Cooke, P. Camic, N.Springham, (2013) The art-gallery as a resource for recovery for people who have experienced psychosis. The Arts in Psychotherapy 40 250–256

S37: PAPERS: Tread the Boards to Recovery, Level 2 - Room 4, August 30, 2017, 3:30 PM - 5:00 PM

‘Fear and Shame’: Using applied theatre to promote mental health and reduce stigma.

Klara Takas¹, Lisa Woodland¹, Dushan Ristevski¹, Ilse Blignault², Georgia Brereton¹

¹South Eastern Sydney Local Health District, ²Western Sydney University

Biography:
Klara is the Research and Service Development Program Manager, Multicultural Health Service of South Eastern Sydney Local Health District. Klara was previously the Greek Bilingual Counsellor at St George Community Mental Health Service. Currently, she develops and coordinates service development initiatives throughout the District to ensure equitable access to health care for individuals from culturally and linguistically diverse backgrounds and their communities, and to enhance the competence of staff to provide culturally appropriate and sensitive health care. Klara also manages a number of research projects that assess key health interventions and outcomes for high risk populations around priority health issues. She is also the principal investigator in the evaluation of the effective and efficient use of professional health care interpreters in clinical care across the District.

ABSTRACT
Multicultural Australia is home to people from diverse cultural and linguistic backgrounds. Mainstream mental health promotion messages and approaches have been found to have little impact on many migrant communities. Limited access to mental health services by those from non-English speaking countries often results in increased emergency or acute presentations, and their relatives are underrepresented at family mental health education sessions and carer support groups. Stigma, low health literacy and poor understanding of the mental health system, including pathways to care, were identified as major barriers to timely care and support among the Macedonian- and Greek-speaking communities in South Eastern Sydney Local Health District.

The play ‘Fear and Shame’ is part of an ongoing program to reduce stigma and increase positive attitudes and behaviours around mental illness among Macedonian and Greek community members. The aim of the presentation is to detail an applied theatre approach which was adopted as a culturally-appropriate way of providing community education in order to generate informed discussion with each community group and increase knowledge and awareness of mental illness. Critical success factors will be examined, as well as the transferability of applied theatre as a health promotion intervention across communities, other health conditions and social issues.

Learning Objectives
Learning Objectives 1: Participants will learn about the effectiveness of theatre as a mental health promotion tool to reduce stigma and increase positive attitudes and behaviour around mental illness in culturally and linguistically diverse communities.

Learning Objectives 2: This topic provides an overview of an effective health promotion intervention to improve mental health literacy within the Greek- and Macedonian-speaking communities and reduce stigma towards mental illness in a culturally appropriate manner.

References

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Level 2 - Room 4, August 30, 2017, 3:30 PM - 5:00 PM

Mind Blank: What Is Forum Theatre? How Are We Changing The Lives Of Our Young Australians?

Alison Kelly\(^1\)
\(^1\)Mind Blank Ltd

Biography:
Ally Kelly is the CEO of Mind Blank. She started the foundation of Mind Blank at 22 years of age in 2011. For several years Ally has been asked to be part of the following health panels: Community Consultation Committee for the Grand Pacific and Medicare Local and Wesley Life Force National Suicide Prevention Panels. She believes that early prevention offers the greatest hope for intervention recovery and therefore takes every opportunity to educate the community to recognise the early signs of mental illness, without stigmatising or discriminating. Her impact has received both National and International recognition. Some sample community clients she has worked with include: University of Sydney, Schizophrenia Foundation, Mental Health Professionals Network, Australian Psychological Society, Youth Off the Streets, Navitas English, Strategic Community Assistance to Refugee Families (SCARF), the Illawarra Multicultural Services (IMS), Illawarra Suicide Prevention Network (iSPAN) and Rehabilitation of Torture and Trauma Survivors (STRTTS).

ABSTRACT
Mind Blank is a charity that generates awareness and innovative education of mental health topics in youth across Australia. To date we have hosted more than 100 similar forum theatre workshops around Australia. We’ve directly impacted over 20,000 young people on mental health and wellbeing topics.

Our program aims:
* Provide a socially inclusive event to young people and their peers focusing on mental health, stigma and help seeking/ peer support.
*Both the performance and the following interactive discussions help to remove the stigma of mental health challenges held by young people, and the lack of awareness, as both these issues can be barriers to early intervention.
*To build collaborative partnerships which will seek to educate the young people and key educators about mental health issues and pathways to seeking help, with the aim of decreasing poor outcomes in at risk young people.
*To empower young people into apply self-care techniques.

Evaluation research results show that young people have reported to listen, take in and remember the information more readily in this format than in other formats they have experienced, this demonstrates a high level of engagement with the performance and the effectiveness of this approach.
Learning Objectives
Learning Objective 1: The audience attending the MHF Conference will walk away from this presentation with a firm understanding of what is Mind Blank, we will share how we are changing the education of mental health issues and the lives of our young Australians, we will explain the intervention format of choice, as well as highlighting our program aims, research evidence, we will provide some examples of our current program partnerships and also explain why our work remains relevant to existing mental health services.

Learning Objective 2: In sharing the above knowledge our team hope to communicate how our intervention is offering support to mental health service providers. We are creating a change in pathway to some of the more traditional methods of health promotion. Our team helps to begins conversation about young people’s mental health and we ensure that they know where support is in the community, be it at school, through peer connections or through early intervention services.

References
Australian e-Journal for the Advancement of Mental Health, 4 (3), 1-34.

S38: SNAPSHOTS: Supporting Active Participation in Care, Level 2 - Room 5, August 30, 2017, 3:30 PM - 5:00 PM

Is the sky falling down? Building strong foundations to support NDIS change.

Naomi Green¹
¹Neami National

Biography:
Naomi Green is the NSW Business Development Manager at Me Well, a wholly owned subsidiary of Neami National providing supports through the NDIS. She is a sociologist, policy maker and project manager who is passionate about promoting good lives through the delivery of quality mental health and disability services. She also has a ratbag labradoodle named Samson.

ABSTRACT
The National Disability Insurance Scheme (NDIS) brings major shifts in the way that supports are delivered to consumers by community mental health organisations. It also significantly changes the way in which consumers choose, plan and access supports. Operating in environments of change, particularly ones of this magnitude, often invokes negative feelings, thoughts and consequences and, like Henny Penny, it is easy to think that the sky might well be falling in.

Neami National’s Elpis Project supported people with psychosocial disability living in Assisted Boarding Houses (ABH) to prepare for engagement with NDIS. The project was developed in response to concerns about the early transition experience of consumers in the NSW Hunter NDIS trial site, and in particular the impact of the reduced capacity of some to articulate their current support arrangements, needs or preferences during the NDIS planning process. The NSW Department of Family and Community Services (FACS) engaged Neami National to identify opportunities to increase consumer capacity to manage the change environment and to articulate their goals and required supports, and to equip their carers (ABH managers and staff) with better skills and information to support residents and understand the NDIS market.
Between April and October 2017 the Epis Project delivered 12 series of 6 capacity building workshops (72 workshops in total) to approximately 200 people living in ABHs with the purpose of providing information, education and support around the skills needed to engage and navigate the NDIS system. A parallel capacity building program was delivered to ABH operators and staff.

Using a strengths based approach for the project, and firmly grounding practice in the recovery framework, Neami National developed a range of tools to support consumers in this process. This included the identification of strengths and values, implementing supported decision making, developing communication skills, building resilience and promoting wellbeing.

**Learning Objectives**

Learning Objective 1: Participants will develop confidence to approach NDIS changes, and to support consumers in their engagement with the NDIA.

Learning Objective 2: The NDIS is the biggest shift Australia has seen to funding and support for people with a disability (including mental illness), and to funding and structures in community health organisations and government bodies.

**References**


Family and Community Services (2013) Supported decision making framework, NSW Australia

S38: SNAPSHOTS: Supporting Active Participation in Care,
Level 2 - Room 5, August 30, 2017, 3:30 PM - 5:00 PM

**Using goal setting and working alliance to deliver better outcomes for people.**

Grenville Rose\(^1\), Lorraine Smith\(^2\)

\(^1\)University of New South Wales, \(^2\)University of Sydney

**Biography:**

Grenville started in research doing honours in cognitive psychology. This led to an interest in perception then to a PhD in sensory science and a 6 year career in commercial market research. Seeking work more aligned with social justice values Grenville conducted research in community pharmacy, worked on the helpline at Hepatitis NSW and studied to become a registered psychologist. Grenville then worked in a Community Managed Organisation in research and evaluation and latterly also as IT manager. For the last 18 months Grenville has described himself as semi-retired but remains engaged with a number of organisations and universities on projects involving physical and mental wellbeing.

**ABSTRACT**

This paper examines the influence of goal achievement and working alliance on personal recovery. These factors are robust in that they are an important part of any health recovery, including mental health. Support workers in Community Managed Organisations (CMOs) do not generally deliver specific psychological interventions and work with a wide variety of people, some of whom will not have a formal diagnosis, and thus it is important to identify broadly robust factors in recovery. While the merits of goal achievement and the working alliance are well established, the relationship between goal achievement working alliance and recovery has not been studied in Australian mental health CMOs. In 2014 an
Australian CMO introduced a simplified, pocket sized, goal setting card and a suite of routine outcome measures to its service. The information collected in the first 14 months use of these measures was analysed. Data from 704 people found that; while success on the recovery journey varied over time, goal achievement and a strong working alliance were robustly related to improved wellbeing. Goal achievement and working alliance can both be used and measured to contribute to more efficient and effective service delivery in mental health CMOs.

**Learning Objectives**

Learning Objective 1: The importance of goals and working alliance and how goal setting tools, even a simple, pocket size goal setting tool, can enable people to collaboratively set and achieve goals.

Learning Objective 2: How and why goal achievement and working alliance are robust factors in mental health recovery.

**References**


**S38: SNAPSHOTS: Supporting Active Participation in Care,**

**Level 2 - Room 5, August 30, 2017, 3:30 PM - 5:00 PM**

Overcoming difficulties, cultural and marketing limitations to increase access to online education, counselling, support groups and psycho-education.

**Debbie Childs**1, Julie McChesney1
1Helpingminds

**Biography:**

Debbie Childs is CEO of HelpingMinds, a West Australian Mental Health and Carer Support organisation. Debbie leads a team of 80 to deliver quality support services to people experiencing mental ill health and their families.

Having enjoyed over 25 years in the television industry Debbie made the decision to move into the ‘not for profit’ arena.

With lived experience as a Mental Health Carer, Debbie is a passionate advocate within the sector. She currently holds seats on several committees and, over the last two years, Debbie has been an active member of the steering committee developing the new national guide: “A Practical Guide for working with Carers of People with a Mental Illness”.

Debbie brings a wealth of experience both in the management of smaller ventures and larger corporate enterprises as well as extensive experience as a Board Director with both not for profit and commercial businesses.

**ABSTRACT**

For more than 40 years HelpingMinds has supported the whole family through their recovery journey. HelpingMinds constantly seeks to improve carers access to support and to better engage with mental health carers through different models of service delivery.

We will discuss the ways that HelpingMinds is:
- Offering services online to increase mental health carers access to support services
- Working in the school systems to improve identification of young carers, young people’s knowledge of mental health issues, and support teachers to manage young people’s social and emotional wellbeing, and anxiety.

We are keenly aware of the barriers to carers being recognised, supported and the need for early intervention to provide the best support for carers and outcomes for the family.

- Difficulty carers can have making it into offices for appointments – travel costs, time, working and managing caring responsibilities
- Gaps in services. May regional carers are unsupported locally.
- Increasing numbers of people identifying as mental health carers

From a funding perspective, challenges in supporting carers in WA include:

- Vast distances mean it is too expensive to establish and maintain additional regional offices
- With the implementation of NDIS, carer funding will be significantly diminished.

Addressing this complex landscape - maximising technology to address some of the gaps that will occur in carer support.

Online Education, Counselling, Support Groups and Psycho-Education

We will discuss the difficulties, marketing and cultural limitations that we have had to overcome as well as the real and perceived benefits for those who have accessed services.

- From late 2015 we have offered online education for mental health carers as part of a joint venture with a US/Canadian partnership.
- Implemented new technology which enables confidential online counselling
- Will offer online support groups and specific psycho-education.

We have collaborated with schools across Perth for many years to offer counselling for young mental health carers in school time and have delivered mental health education into secondary schools.

We have developed evidence based programs for primary school teachers which assist teachers to incorporate social and emotional learning into all classes. We will discuss the feedback from teachers and the focus of their learnings and benefits for them and their students.

**Learning Objectives**

Learning Objective 1 & 2:
Steps HelpingMinds has taken to increase access to support services, the difficulties we encountered and how these are being overcome
How HelpingMinds has worked with schools to improve the identification of young carers and those at risk of developing mental illness
Benefits of new programs we are implementing with Primary Schools teachers to support social and emotional learning in classrooms

**References**

University of Northern Colorado. Formative Evaluation: Online Family MEntal Health Recovery Education. Lisa A Rue, PhD; Samantha Estrada and Michael Floren, (2014).

Research commenced in Australia also.
A "Gift Box" approach to wellbeing.

Valencia Taljaard¹
²Northern Sydney LHD

Biography:
I am an occupational therapist that currently works in community mental health in a service that supports rehabilitation using a recovery based approach. I completed my training in NZ and then had the opportunity to engage in a postgraduate course where I met Dr Patte Randal who is the main driver behind the Re-covery model and the 'Gift box approach to wellbeing'. I have used her model in my practice and have also provided training to others in the use of this model alongside Dr Randal. I truely believe that this approach can benefit all the consumers that we work with and will support a journey of self exploration and recovery for all humans.

ABSTRACT
Aim:
To present a "Gift Box" of resources, a practical toolkit developed to enhance victorious cycles rather than repeating vicious cycles as so often happens in current mental health services

Method:
This "Gift Box" has been developed collaboratively with colleagues, friends and many of the people we serve. It represents the culmination of 30 years work, including formal research, informal action research, clinical experience and personal lived experience of recovery from extreme states/psychosis.
In this workshop I will demonstrate the use of the resources in the "Gift Box" and present feedback from recent workshops where this approach has been taught.

Results:
Participants will come away with the resources to use the “Gift Box” in their own lives, practices and to support others. They will learn how to build a bridge of trust; explain the dynamics of the "Re-covery Model"; use the "feelometer" effectively to support solution-focussed change; and use the card-sort to help identify actions, thoughts, feelings and body sensations collaboratively to create a pathway to wellbeing.

Conclusions:
The "Gift Box" contains a simple conceptual framework and toolkit that help develop understanding of complex interactions between cultural, spiritual, social, psychological and biological responses that result in psychosis. It operationalises a truly collaborative, person-centred approach to attaining wellbeing. It has the potential to add significantly to the armamentarium of resources that can assist us to offer an alternative, hope-filled, healing approach to psychosis.
Whether we are clinicians, people experiencing extreme states, family members and loved ones, or all the above, we share the human condition. We are all becoming experts by experience in our own lives and we can achieve greater wellbeing by adopting a more human approach. The "Gift Box" can help provide this gift for one another.

Learning Objectives
Learning Objective 1: Participants will come away with the resources to use the “Gift Box” in their own lives, practices and to support others.
Learning Objective 2: Identify a practical toolkit developed to enhance victorious cycles rather than repeating vicious cycles as so often happens in current mental health services.

References

S38: SNAPSHOTs: Supporting Active Participation in Care,
Level 2 - Room 5, August 30, 2017, 3:30 PM - 5:00 PM

Successfully engaging people with a diagnosis of borderline personality disorder to actively participate in research and share lived experience.

Amylea (Mahlie) Jewell
Freelance Consumer Consultant

Biography:
Mahlie has lived with severe mental health issues since childhood and spent time homeless and in the care of state mental health services. She is a child abuse, sexual assault and multiple brain injury survivor. She has successfully completed a two year DBT program and her advocacy on the experiences of living with borderline personality disorder, bipolar disorder, PTSD and brain injury have been published nationally. She is an active social justice advocate and has worked with Project Air, Department of Education, Department of Health, NSW Mental Health Commission, Being NSW and SANE Australia as a consumer consultant specifically in relation to living with Borderline Personality Disorder. She is particular passionate about ending the stigma of BPD and changing the system to promote consumer input and peer work. Mahlie Jewell is a qualified counsellor, Intentional Peer Support worker, artist and graphic designer. She has worked in the NFP community services sector for over 10 years and now specialises in design, branding and campaign work for NFP and artists.

ABSTRACT
Examining the reasons for low levels of authentic consumer engagement in research of borderline personality disorder programs and lived experience, I share the common reasons of disengagement from a consumer perspective as obtained through a live study. Using best practice and trauma-informed techniques, my test study shows the differing cohort currently found in BPD research and explains the reasons for a lack of diverse and representative research cohort. Understanding the necessity of creating a safe space for consumers to tell their stories, I explore the power of acknowledging the historical unsafe spaces consumers have been immersed in. The goal of my presentation is to provide explanations for the lack of genuine qualitative diverse data in BPD studies and provide strategies to successfully engage consumers from a broad spectrum and allow the diverse and unique experiences of these people to be told in an impactful and respected way to aid the treatment programs to create a strong recovery community for people living with borderline personality disorder.

Learning Objectives
Learning Objective 1: Insight into the lack of consumer engagement with this specific diagnosis, methodology and practical information about how to ensure diverse and genuine qualitative data is obtained. The audience will be invited into the challenges and intricacies of the “borderline brain” and
discover appropriate and positive ways to get the best outcome in their research, programs and treatment and interactions with consumers with a diagnosis of borderline personality disorder.

Learning Objective 2: Borderline Personality Disorder is one of the most stigmatised and misunderstood diagnosis in the mental health sector and the public in general. With a high prevalence in society and a high comorbidity occurrence, many services have been struggling to provide effective and positive treatment for people living with BPD. Current research outcomes are lacking qualitative data and much of the data that exists is skewed and/or contradictory. This is due to low participation rates in studies as well as high drop-out rates in follow-up studies. Accurate studies inform best practice and lead to better treatment outcomes within mental health services for these clients.

S39: PAPERS: Evaluation and Being Online, Level 2 - Room 6, August 30, 2017, 3:30 PM - 5:00 PM

SANE Online Lived Experience and Carers Forums - the importance of e-health, peer support and involving people with lived experience.

Nicole Thomas\textsuperscript{1}
\textsuperscript{1}SANE Australia

Biography:
Nicole is the Online Community Manager of SANE Australia’s online peer support community, SANE Forums. In 2014, Nicole commenced her role and since then has continued to lead the strategic direction of, and community development within, SANE Forums. Since completing her B/ Education, Nicole has had a diverse career with past roles within the NSW Department of Education, learning and development and youth mental health. In 2015 she co-founded the Community Managers Interagency Group, which consists of Community Managers from several not-for-profit organisations who provide online community peer support. Nicole is passionate about the role online communities can play in addressing social isolation and improving people’s wellbeing. She also is committed to working meaningfully with those with a lived experience to create relevant and engaging services.

ABSTRACT
SANE's Lived Experience and Carers Forums, launched in 2014, are thriving online peer support communities that are anonymous and professionally moderated 24/7. The development of these Forums sought to utilize the accessibility of the online space and the benefits that peer support can have in recovery. Ultimately, SANE Forums aim to create an online community where people impacted by complex mental illness can feel heard, less alone and give and gain support.

In 2016, SANE launched Thriving Communities initiative, a project that aimed to raise awareness of peer support, complex mental illness and the SANE Forums. The project consisted of:
• a national campaign about the Forums focussing on rural and regional areas
• the development of content drawing on the lived experience people with complex mental illness

In this session, we will discuss the outcomes of this project, the impact of the Forums on members, the importance in ongoing investment in e-health and the ways in which working in collaboration with people impacted by complex mental illness contributed to its success.

Learning Objectives
Learning Objective 1: The audience will gain an understanding of:
1) how e-health online communities can benefit people impacted by complex mental illness
2) the importance of promoting e-health services, particularly in regional and remote Australia
3) how critical it is to involve people with a lived experience of complex mental illness in developing and creating engaging promotional material and content
4) who is currently using SANE Forums and what impact is it having on them

Learning Objective 2: E-health is currently an under utilised platform, which is accessible and available 24/7. This is particularly true for services specifically aimed towards people impacted by complex mental illness, as often e-health is seen only aimed towards people experiencing mild - moderate mental health difficulties. Additionally this session looks at the importance of featuring authentic, real-life stories of those impacted by complex mental illness, to connect and resonate with the target audience and contribute to the reduction of stigma in the community.

References

S39: PAPERS: Evaluation and Being Online,
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ASIAN-eCHAT: Primary care-based programme to improve identification and stepped care support of Asians with mental health and lifestyle issues.

Khalid Shah1
1Lakes District Health Board/ University of Auckland

Biography:
Khalid Shah is a Qualified medical doctor with qualifications in Mental health and Public health, currently working as a resident medical officer - psychiatry inpatient at Lakes DHB Rotorua New Zealand. He is also doing part time research masters in health sciences. Khalid's long term aspiration is to work in cross-cultural psychiatry.

ABSTRACT
Context: Asian communities make up the fastest growing minority in New Zealand. However, as mental illness, drug abuse and addiction problems are considered taboo subjects in many Asian cultures the extent of these problems is largely unknown. Since Asian communities readily access primary care services, these services may offer opportunities to identify and support Asian populations in need.

Objectives: This project aims to explore the acceptability and utility of eCHAT (Electronic Case-Finding and Help Assessment Tool) as an appropriate screener for mental health and lifestyle issues in Asian patients.

Methods: A co-design approach is used, with programme implementation, collation and refinement of resources, and mixed-methods data collection conducted in partnership with clinical staff at Apollo Medical Centre in Auckland. eCHAT was translated to Chinese and Korean for the purpose of the project (ASIAN eCHAT). Data collection from conducted between April 2016 until December 2016.
Results: Quantitative; 95% acceptance rate, 70% female & 30% male participants, 26% problems with anxiety, 47% requested help. 4.5% mild to moderate depression and 2.3% severe depression, 60% of whom requested help. 50% of youth participants identified issues with sexual behaviours.

Qualitative: well accepted as screening tool, helped identified mental health and lifestyle issues and improved patients and clinicians knowledge about mental health issues.

Conclusion: The results indicate that Asian-eCHAT is an acceptable and useful tool for screening and supporting Asians with mental health and lifestyle concerns. It has the potential to enable better detection of issues facing Asians, as well as more clinically and cost-efficient assessment and stepped-care support.

Learning Objectives
Learning Objective 1: The role of primary health in early detection and identification of mental health issues amongst Asian communities living in foreign societies.

Learning Objective 2: Electronic screening tool (eCHAT) an effective tool for early detection of mental health issues for Asians and improving access to mental health services.

References

S39: PAPERS: Evaluation and Being Online, Level 2 - Room 6, August 30, 2017, 3:30 PM - 5:00 PM

Strengthening the culture of research in a community managed mental health organisation.

Priscilla Ennals¹, Dave Peters¹
¹Neami National

Biography:
Priscilla is an occupational therapist with a background in academia and clinical mental health services. She currently manages research and evaluation at Neami National. She has a strong interest in service effectiveness and collaborating with people to develop and answer research questions that make a difference.

Dave is the co-chair of the Neami Research and Evaluation Committee. He is passionate about strengthening lived experience voice in research and mental health service delivery.

ABSTRACT
Neami has invested in research for over ten years and continues to develop its mandate for research that involves consumers and has an impact in the lives of the people we support. Consumer involvement has been strengthened through appointment of a consumer co-chair to our Research and Evaluation Committee, and through building consumer involvement into the choice, design, conduct and dissemination of research projects. This presentation will describe the Committee’s role in projects at Neami and how this ensures findings can directly influence service provision. We aim to support and undertake research on the big issues that impact people with mental illness, using consultation to direct this process. We want to evaluate our programs and practices using action approaches that feed into continuous improvement. In a
period of volatile system change we aim to draw on best practice international research, and our own research, to inform what we do and how we do it. Consumer involvement in research fits the Neami vision of full citizenship; supporting consumers to create, position and share the knowledge that matters to them.

**Learning Objectives**

Learning Objective 1: The audience will understand the mechanisms Neami is using to strengthen the culture of research across the organisation, the projects we are involved in and how research is transforming our practice.

Learning Objective 2: Demand for evidence based service provision continues but consumers have a right to determine and be involved in, the production of knowledge that influences practice.

**References**


S40A: KEYNOTE PRESENTATION: Lewis Mehl-Madrona, Level 3 - Grand Ballroom, August 31, 2017, 9:00 AM - 10:00 AM

KEYNOTE PRESENTATION: Two-Eyed seeing from North America: Building culturally appropriate, client-based mental health services.

Lewis Mehl-Madrona

Biography:
Lewis Mehl-Madrona MD PhD (Cherokee and Lakota heritage) is the author of several books, including the “Coyote” Trilogy. His work discusses healing practices from Lakota, Cherokee, and Cree traditions, and how they intersect with conventional medicine via a social constructionist model. He has been writing about the use of imagery and narrative in healing since the 1980s and is certified in psychiatry, geriatrics, and family medicine. His research collaborations include work on various psychological conditions, issues of psychology during birthing, nutritional approaches to autism and diabetes, and the use of healing circles to improve overall health outcomes. He has taught in the medical schools at Maine Dartmouth, Union Institute and University (Brattleboro, VT), the University of Hawaii, the University of Saskatchewan, the University of Pittsburgh, and Stanford University, where he obtained his degree in medicine. He was head of a program at Beth Israel, New York City, as well as holding a number of other positions in complementary healthcare organizations, in addition to hospitals, where he has also performed extensive emergency and psychiatric care throughout the U.S. and Canada, including about aboriginal systems and in aboriginal settings. He has also published over 100 papers in refereed journals. Lewis and Barbara live in Bangor, Maine, where he currently teaches at the University of New England College of Osteopathic Medicine, practices medicine at Eastern Maine Medical Center and Acadia Hospital, Bangor, and is the Director of Coyote Institute for Studies of Change and Transformation.

Conventional mental health systems have historically operated from a top-down, hierarchical model in which, as one cartoon puts it, “the client is always wrong.” This approach has alienated many consumers of services, especially marginalized populations such as indigenous people. The level of discontent with conventional services has only grown as biomedical psychiatry as come to dominate the field. This alienation has led to exciting innovations, including the recovery movement, the Hearing Voices Network, and the idea of accepting the client’s version of reality. Two-Eyed Seeing is an approach for integrating these perspectives. Developed within the aboriginal community of Canada (M’ikmaw Nation) by traditional elder Albert Marshall at Cape Breton University (Nova Scotia), the idea proposes a collaborative, interactive style of explanatory pluralism, in which we begin with the idea of inter-dependence and inter-connectedness. All voices involved in a problem need to be heard. All perspectives are treated as valid. Through interactive discussions, paths for healing are chosen that respect all perspectives and fit within the client’s world view. In aboriginal settings, this involves making traditional healers and culture keepers as available as conventional psychiatrists and psychotherapists and using approaches such as the Talking Circle (a North American indigenous version of Open Dialogue) to resolve differences and conflict. Alternatives and innovations become available in a manner that has both quality control and room to operate. Conventional hegemonies of power and control are displaced toward egalitarian and cooperative relationships for the benefit of both consumers and providers of services.
FEATURED SYMPOSIUM: Working Towards Integrated and Coordinated Health and Social Care: National Disability Insurance Scheme (NDIS) and Mental Health Reform Opportunities

Tina Smith¹, Eddie Bartnik², Lisa Brophy³, Walter Kmet⁵, Kim Lane⁶, Amanda Bresnan⁷

¹Mental Health Co-ordinating Council, ²National Disability Insurance Agency, ³The Centre for Mental Health, Melbourne School of Population and Global Health, University of Melbourne, ⁴Mind Australia, ⁵Western Sydney Primary Health Network, ⁶Hunter New England Mental Health, ⁷Community Mental Health Australia

ABSTRACT

The first two priority areas of Australia’s draft Fifth National Mental Health Plan (2016) are to provide ‘integrated and regional planning and service delivery’ and ‘coordinated treatment and supports for people with severe and complex mental illness’. These priorities are important because integrated and coordinated service delivery is foundational to the delivery of prevention, promotion, and early intervention (PPEI) and rehabilitation services for people with mental health conditions. PPEI and psychosocial rehabilitation services are in turn critical to providing effective care at reduced financial and human costs. Service delivery approaches that intervene early to support recovery, reduce the likelihood of impairment and disability, and result in other health and wellbeing outcomes that include meaningful and contributing lives for people with mental health conditions are important to both National Disability Insurance Scheme (NDIS) and mental health reform.

Important opportunities to strengthen integrated and coordinated health and social care that intervenes early are now presenting and include:

• Implementation of the NDIS including for people severely impacted by psychosocial disability related to a mental health condition
• Emerging roles of Primary Health Networks (PHNs) in regionally based population mental health planning and the commissioning of mental health services, and
• Increasing clarity of directions under the Fifth National Mental Health Plan.

The Mental Health Coordinating Council (MHCC) in NSW has organised this symposium facilitated by Eddie Bartnik, Strategic Advisor to the National Disability Insurance Agency (NDIA) and former WA Mental Health Commissioner. The symposium panellists are:

• Dr Lisa Brophy, Senior Research Fellow, Associate Professor and Principal Research Fellow at Mind Australia and Centre for Mental Health, Melbourne School of Population and Global Health, The University of Melbourne
• Walter Kmet, Chief Executive Officer, Western Sydney Primary Health Network and Adjunct Associate Professor, University of Western Sydney
• Kim Lane, Executive Leader - Innovation, Partnership and Engagement, Hunter New England Mental Health, and
• Amanda Bresnan, Executive Director, Community Mental Health Australia.

To date, inter-governmental processes have been the main drivers of NDIS implementation and mental health reform environments. However, policy directions increasingly support notions of consumer, carer
and community co-design - and increasingly, service user self-determination - in the delivery of services. MHCC is concerned that while reform continues to be government driven and with few cross-government accountabilities, the slow pace of change and innovation will continue. We have designed this symposium to allow participants the opportunity to reflect upon the changing health and social care interface through the lens of prevention and promotion service delivery approaches that include intervening early (i.e., with people of any age) and early intervention (i.e., with young people). What will strengthen the health and social care interface in Australia?

Themes explored by panellists include:

• Effective evidence based interventions for intervening early with people with mental health conditions in an NDIS context
• The role of PHNs in mental health reform and emerging directions to early intervention with young people experiencing mental health issues
• A public mental health service’s reflections on the evolution of mental health mainstream interface with the NDIS
• The urgent need to address the gaps opening up in the availability of psychosocial rehabilitation and supports delivered by community managed mental health services
• Application of ‘Applied Principles’ to determine responsibilities of the NDIS and mainstream services including development of Information, Linkages and Capacity-building (ILC) directions.

Symposium participants will have the opportunity to explore these and other questions with panellists:

• How does intervening early with people of all ages enhance health and wellbeing and prevent psychiatric crisis necessitating hospitalisation?
• How do we improve integrated and coordinated services for people, and especially young people, affected by mental health conditions?
• How do we reduce gaps when transitioning people from hospital to primary healthcare and community-based services?
• What is required to strengthen integrated and coordinated mental health treatment, rehabilitation and support services?

Join us for an engaging and thought-provoking symposium where the imminent panellists and MC will reflect upon and explore opportunities and challenges presenting through the NDIS implementation and mental health sector reforms to bridge the gaps to deliver integrated and coordinated self-directed services through a strengthened health and social care interface.

Learning Objectives

The audience will have the opportunity to reflect upon the changing health and social care interface through the lens of prevention and promotion service delivery approaches that include intervening early (i.e., with people of any age) and early intervention (i.e., with young people).

This symposium is relevant to mental health in that achieving strengthened integrated and coordinated service delivery is foundational to achieving both the aspirations of reform and the delivery of effective prevention, promotion and psychosocial rehabilitation services that intervene early for people with mental health conditions.
Cultivating common ground: Neami’s evolution in consumer participation.

Kathy McCormick

Biography:
Kathy McCormick: With experience in facilitating community arts projects and mental health peer work, Kathy McCormick works at Neami National as the Consumer Participation Development Coordinator. Kathy is passionate about courageous, creative and collaborative approaches to making change that ensure the process is as meaningful as the outcome.

ABSTRACT

“If we plant a seed in a desert and it fails to grow, do we ask, “What is wrong with the seed?” No. The real conspiracy lays in this: to look at the environment around the seed and to ask, “What must change in this environment such that the seed can grow?” (Deegan, 1987, p.2)

A decade after Patricia Deegan raised this crucial point about providing effective support for recovery, we are asking ourselves the same question about consumer participation.

The consumer led closure of the Consumer Advocacy Group at Neami in 2012 was followed up with the ambitious plan of embedding consumer participation at all areas of the organisation. Most recently, staff and consumers have explored a co-production approach to making decisions about the services delivered in their local area.

Our efforts to build the capacity of both workers and consumers to collaborate with each other and cultivate common ground from which they can grow together has produced many insights about the work that needs to be done. High on the list of challenges to address is promoting the integrity of co-production values.

With this work we hope to progress a sophisticated dialogue about the evolution of consumer participation.

Learning Objectives

Learning Objective 1: The audience will learn about: a) the learnings within the evolution of Neami’s consumer participation policy and practice from CAGs to co-production; b) the rewards and barriers to authentic collaboration between consumers and staff in the co-production of service planning and delivery; and c) the importance of capacity building for both staff and consumers in cultivating equal partnership in decision making.

Learning Objective 2: With the growing expectation of co-production as a means of developing and delivering mental health services, it is imperative to move beyond theoretical discussions and focus on learnings from existing practice.

References

S42: SNAPSHOTS: Workforce, personal stories, recovery,
Level 3 - Grand Ballroom B, August 31, 2017, 11:00 AM - 12:30 PM

Broaden the View

Bronwyn Massie¹, Michael Bastin¹
¹Cohealth

Biography:
Bronwyn Massie is a Practice and Research Leader at cohealth a community health organisations delivering services across Melbourne’s inner, northern and western suburbs. Bronwyn has worked extensively in recovery-oriented community managed mental health services and is a strong advocate for recognising and supporting families, carers and children of consumers’ as the impact of mental illness is not only on the individual but on the whole family.

ABSTRACT
This paper will briefly share: the value of expanding our lived experience workforce to include a carer consultant with a systems level focus aimed at influencing practice; and we will discuss our priorities for improvements in achieving the greatest impact on the inclusion of carers and families in a recovery-oriented community managed mental health service in Melbourne. There is an abundance of valuable research, policy, standards, legislation and guidelines that refer to the needs and rights of carers of people with mental illness. They call for meaningful involvement of carers and family around the need of the people they care for and their participation in the improvement of services. Yet it has been challenging to achieve in practice at a service delivery level. To successfully include consumers, carers and family in genuine partnership we need to be willing to challenge our attitudes, learn from each other, invest in change and provide ongoing support to the workforce to embrace this in practice.

Learning Objectives
Learning Objective 1:
Insight into what one community managed mental health service is learning and doing to broaden practice to work with consumers, carers and families.

Learning Objective 2:
• Carers and families play an enormous informal care role. As mental health consumers move into NDIS it is essential to understand the importance and value of the informal care they provide. As well as recognising the carers needs to reduce their burden and to ensure NDIS can adequately plan for the right levels of formal care in the scheme.
• Recognising and supporting carers and families in their informal care relationships can assist carers in their role, reduce the burden of caring and help them to maintain their own mental health.
• Carer and family support can be effective in supporting consumer recovery.

References
Indigenous Wisdom Encourages Recovery

Rosemary Beard

Biography:
Rose Beard, Chair of Mental Health Community Coalition ACT and associate member of Suicide Prevention is passionate about Recovery. She is an accomplished speaker and advocate for social inclusion for mental health and disabilities. Rose promotes unity between indigenous and non-indigenous through her own lived experience of personal transformation.

ABSTRACT

Rose Beard was at rock bottom in her life. Following multiple suicide attempts and hospitalisations, Rose lost custody of her children and saw no hope for her future. Rose found herself living in a humpy in the bush with no running water or electricity and engaged to a violent partner. She was eventually supported to leave this environment and was taken to a high security women's refuge. It was here that Rose was introduced to indigenous staff, professionals and a developing circle of friends from a local mission. They drew alongside her during times of struggle; offering empathy, wisdom and support to help rebuild her life and persevere through a 13 year legal battle in the Family Court to gain back custody of her two children, James and Jessica. Rose credits her recovery to the indigenous wisdom learnt from long years of suffering and struggle to rebuild lives and communities decimated by cultural genocide and stolen generation grief. Rose believes that indigenous wisdom is an untapped potential for Mental Health reform in Australia. 'When we embrace indigenous wisdom, we will improve mental health for all Australians.'

Learning Objectives
Learning Objective 1: People will take away a profound insight into the life changing potential of indigenous wisdom for mental health reform.

Learning Objective 2: Indigenous wisdom, as yet, is an untapped potential for mental health reform. It contains a wealth of possibilities for inter-cultural Restoration and Recovery.
Virginia's Story: The Ripples Project

Virginia Divall

1My Choices Matters

Biography:
Virginia is a consumer representative on the NSW Mid North Coast Care Collaborative and a member of the Mid North Coast Consumer Advocacy Group (CAG). She is passionate about improving the mental health service through advocacy and sharing her own lived experience of journeying through the mental health system. Virginia is a board member and secretary of BEING | Mental Health & Wellbeing Consumer Advisory Group.

ABSTRACT
Developed as a co-designed nurse education resource, ‘Virginia’s Story’ presents a unique and powerful lived experience of the mental health system and it presents to nursing students Virginia’s passion in advocating for better care and outcomes for consumers.

The presentation will share how ‘Virginia’s Story’ has been included in the training of nursing students to reduce stigma and discrimination. Studies of mental health nursing courses found that by including the lived experience of consumers, student’s negative attitudes towards people with a mental illness were reduced.

The presentation will discuss the journey of the Ripples project and the development of an audio-visual resource for nursing students. The Ripples project has become an important part of the mental health nursing curriculum in a number of Australian universities. It will hopefully contribute to nursing graduates who have a greater understanding of the challenges faced by consumers.

Virginia’s story will challenge health care providers to consider the value of consumer stories in reducing stigma.

Learning Objectives
Learning Objective 1: To appreciate the value of sharing the consumers lived experience in undergraduate nursing training.

Learning Objective 2: To reduce stigma and increase compassion, in the care of people in mental health units.

References
S42: SNAPSHOTS: Workforce, personal stories, recovery,
Level 3 - Grand Ballroom B, August 31, 2017, 11:00 AM - 12:30 PM

Recovery-oriented services, acting on principles through occupation, meaning and experience - a phenomenological approach to understanding experience of the adult child of a parent who has mental illness.

Rosie (Rosa) Bruce¹
¹University Of The Sunshine Coast

Biography:
Rosie has worked for 14 years as a mental health occupational therapist in clinical, workforce and policy areas. She has supervised clinicians and contributed to positive policy and legislation changes. She has done University teaching, mostly part-time, for the past three years and is a mother of two young children.

ABSTRACT

It is often said that mental health clinicians need to be a special kind of person. At the same time, there are clients and families who have experienced unhelpful clinicians, felt misunderstood and confused about services and available supports. This dichotomy continues to be discussed in the literature (Byrne, Happell & Reid-Searl, 2015; Krupa, 2008). Since the recovery movement, understanding the consumer and carer experience is now accepted as a critical component of service delivery and accreditation (Commonwealth of Australia, 2010; Department of Health & Ageing, 2013).

This paper explores literature evidence in relation to the needs of adult children of parents who have a mental illness. It integrates this with meaning and occupation in the context of lived experience and identity. It is proposed that mental health clinicians need to challenge old ways of thinking and attend to a deeper understanding of self to become better clinicians. In addition to attending to required knowledge, personal development is essential. The author suggests this would enable clinicians to better support people living with mental illness. Breaking down barriers of stigma and self-stigma, to enable accessing early support, includes identifying mental health and spirituality as a central part of being human.

Learning Objectives

Learning Objective 1: What people will take away? This paper will provide an overview of the evidence about the needs and experiences of adult children of a parent who has a mental illness (COPMI) and lived experience.

Learning Objective 2: How this is relevant to MHS and mental health issues? This paper is relevant to mental health services and contemporary mental health issues as it relates evidence from literature and lived experience to clinical services and therapeutic relationships when working with consumers and carers or family to support recovery.

References

S42: SNAPSHOTS: Workforce, personal stories, recovery,
Level 3 - Grand Ballroom B, August 31, 2017, 11:00 AM - 12:30 PM

Let's Talk About Strengths: Experiences of a Psychiatry Registrar exposed to the Strengths Based Approach whilst on placement with a community mental health team.

Damian Talbot¹, Lucy Chang¹
¹Sydney Local Health District

Biography:
Damian is a Psychiatry Registrar for Sydney Local Health District who is a rarity not only for his enthusiasm for the Strength Based Approach and being the only employee who has read the book on the model, but also his love of the Collingwood Football Club.

Lucy is an Occupational Therapist and is currently the Team Leader for the Croydon Core Team, who lent her copy of the book to Damian.

ABSTRACT
The strength based approach (SBA) is a case management model that aims to empower and integrate consumers into the community. Community integration is not the mere absence from hospitalisation or adherence with medication. Within a strengths model, quality of life is largely defined by the consumers themselves and improved quality of life exists when people achieve their stated goals.

Croydon Community Mental Health Centre (CHC) is a standard community mental health team providing care co-ordination to consumers with serious and enduring mental illness in metropolitan Sydney. CHC recently introduced the SBA model into their service.

There is a scarcity of empirical studies evaluating the SBA model. Only one meta-analysis has examined randomised controlled trials and quasi-experimental studies (Ibrahim et al., 2014) and a critical review of empirical evidence (Tse, S. et al., 2015) which provide contradictory results.

Both Tse et al. and Ibrahim et al. stress the pressing need for further good quality, well-designed studies to examine the effectiveness of strength-based practices. Therefore, a naturalistic methodology using qualitative and quantitative data will be implemented to determine whether or not the SBA model is effective at CHC, with a focus on the attitudes of medical doctors towards the SBA model.

Learning Objectives
Learning Objective 1: Provide the unique perspective of a trainee psychiatrist being exposed to the SBA as part of their training program.

Learning Objective 2: Demonstrate how the SBA implemented in a standard mental health team can be evaluated through naturalistic methodology.

References
S42: SNAPSHOTS: Workforce, personal stories, recovery,
Level 3 - Grand Ballroom B, August 31, 2017, 11:00 AM - 12:30 PM

"It's not just about me" - how to use your own lived experience of mental illness safely, sensitively and successfully.

Peta Dampney

From Me To You Consulting

Biography:
Peta Dampney is a lived experience speaker for Suicide Prevention Australia and Roses in the Ocean. She has shared her own experience of surviving a suicide attempt in 2005 on national television, radio and in print and is a lived experience representative on Newcastle's Lifespan Suicide Prevention Collaborative. Peta presented with Mindframe and Suicide Prevention Australia at the National Suicide Prevention Conference last year and has worked with the Hunter Institute of Mental Health and the Black Dog Institute as a lived experience consultant. As a movie reviewer for ABC radio she has often shared her lived experience on air and maintains her blog, "Petaisms" writing about mental illness and suicide prevention. Peta is a former high school teacher, mum to a one year old and has a keen interest in contributing to the development of lived experience engagement frameworks for mental health organisations and the media.

ABSTRACT

The inclusion of the voice of lived experience of mental illness and suicide is crucial to enable mental health organisations to tailor services and programs to better meet the needs and requirements of consumers. In mental health and suicide prevention we are transitioning from making assumptions of what is best to actually now making time to listen and consult with those with lived experience to incorporate new ideas and strategies to deliver more effective care and a higher level of support and understanding.

But, how do we best engage those with lived experience and look after them? And, how do we ensure that those who have lived experience contribute safely and sensitively with a duty of care to themselves and others as well as how do we determine that the process is productive and successful?

In this session, I will share aspects of my experience sharing my lived experience of mental illness and suicide with mental health organisations and the media focusing on strategies I have developed to keep myself safe, to deliver information sensitively and how I measure my success doing so.

Learning Objectives

Learning Objective 1: Audience members will gain an insight into the personal experience of sharing lived experience of mental illness and suicide with mental health organisations and the media. They will come away from the session with an understanding of the potential issues and challenges and with suggestions on strategies to overcome these. Resources to support them will be referred to and how they are useful in practice will be demonstrated via the discussion of experience.

Learning Objective 2: This presentation is extremely relevant to mental health and mental health providers to assist them in developing their own organisation's frameworks and policies for engaging the voices of lived experience in their own practice and service delivery/development. By sharing my own experience of not only having lived experience but how I have developed my own code of practice and framework in relation to sharing my lived experience safely, sensitively and successfully audience members will be better able to walk in the shoes of those who have lived experience and more effectively create systems and strategies to support and involve those who have lived experience in their organisation.
A trip around the digital mental health web: Exploring resources for the provision of low intensity mental health services.

Carla Rogers¹, Heidi Sturk¹, Angela White¹, David Kavanagh¹

¹Queensland University of Technology

Biography:
Dr Carla Rogers is a psychologist with 20 years experience in the field of health research and education, and seven years in clinical practice. She has an interest in the treatment of anxiety disorders, and is interested in the integration of e-mental health tools/resources into clinical treatment. Dr Rogers holds the position of Senior Training Facilitator at the Queensland University of Technology on the eMHPrac project.

ABSTRACT
Digital mental health (dMH) comprises services, programs or applications that may be self-driven or guided by a clinician or other support person. dMH interventions are an appropriate option for a) people who have an increased risk of developing mental health issues, or b) who are already experiencing mild to moderate mental health issues. dMH may be used by consumers prior to engaging with mental health professionals, as an adjunct to therapy, or be used by practitioners as a tool to assess, or otherwise engage a client during sessions.

This ‘how-to’ workshop aims to introduce some of these resources in an interactive, hands-on way, so that professionals and consumers can begin to develop their own digital toolkit for good mental health. The session will include group discussion, activities and a web tour. Participants will be encouraged to test out new skills using ipads/notebooks, smartphones or laptops. This workshop also highlights a range of dMH resources developed specifically for use with Aboriginal and Torres Strait Islander people.

Please note: some iPads and laptops will be available, however, participants are encouraged to bring their own iPad/notebook, laptop or smartphone for the ‘discovery’ section of the workshop.

Learning Objectives
Learning Objective 1: Attendees will increase knowledge of a range of digital mental health resources available for use by consumers and health professionals, and learn how to incorporate digital mental health resources into their practice.

Learning Objective 2: Digital mental health programs and resources have been identified as an important part of a 'stepped-care' model of mental health service delivery and a useful approach in the provision of low intensity mental health services.

References

S45: PAPERS: Tools For Change, Level 4 - Room 4, August 31, 2017, 11:00 AM - 12:30 PM

Improving decision-making about treatment in bipolar II disorder: Pilot of a patient decision-aid.
Alana Fisher1,2, Josephine Anderson3, Louise Sharpe1, Vijaya Manicavasagar3, Ilona Juraskova1,2
1School of Psychology, the University Of Sydney, 2Centre for Medical Psychology and Evidence-based decision-making (CeMPED), the University of Sydney, 3The Black Dog Institute

Biography:
Alana is a third year PhD candidate and research associate based within the School of Psychology at the University of Sydney. Her research interests are in clinician-patient-family communication and decision-making in the medical and mental healthcare settings, and the development and evaluation of patient- and family-centred resources to enhance patient involvement in their own treatment and ongoing care.

ABSTRACT
Background and aims. This pilot study aimed to evaluate a decision-support resource (a decision-aid, DA) for patients with BPII making treatment decisions, by obtaining preliminary evidence on its acceptability, feasibility, and safety in a sample of potential end users (patients with BPII and their family).

Methods. The DA booklet was developed in line with International Patient Decision-Aid Standards (IPDAS) and presents evidence-based, unbiased information on medical and psychological options for relapse prevention in BPII. Values clarification exercises assist patients (and their family) to integrate their values and preferences into treatment decisions. Thirty patients with a BPII diagnosis and their family (n = 15) are being recruited via a specialist outpatient clinical facility, and online via relevant mental health agency websites. Participants read through the DA and complete self-report questionnaires assessing DA perceptions, understanding of treatment options, and other aspects of decision-making quality. A follow-up semi-structured telephone interview will elicit more in-depth feedback (n = 45).

Results. Preliminary results will be presented.

Conclusion. Pilot findings will indicate whether patients with BPII and their family consider this DA booklet useful in making an informed treatment decision, that is a decision considering the best available clinical evidence, their treatment preferences and life circumstances.

Learning Objectives
Learning Objective 1: The audience will be presented with preliminary findings evaluating a world-first evidence-based decision-support resource to assist patients with bipolar II disorder to make informed treatment decisions.

Learning Objective 2: As a chronic, relapsing and highly burdensome illness, bipolar II disorder relies heavily on patients implementing a self-management approach of taking prophylactic medications, monitoring symptoms and making behavioural changes in response to symptoms to reduce relapse risk. As such, it is crucial that people diagnosed with this disorder are encouraged to adopt an active role in their illness management as early as possible, from the point of making treatment decisions following diagnosis. The rigorous development and evaluation of evidence-based tools to support shared decision-making in mental
health settings has the potential to significantly enhance the management and outcomes of bipolar II disorder and other mental health conditions.

References

S45: PAPERS: Tools For Change, Level 4 - Room 4, August 31, 2017, 11:00 AM - 12:30 PM

"Can I speak to Sam now please?" Co-designing supports for working with Dissociative Identity Disorder.
Karen Thomas-Goldsmith
1Connections Inc.

Biography:
Karen has worked in the community sector for the past 18 years, in small to large mental health organisations in Queensland, Tasmania and Victoria. Karen holds numerous qualifications in community management and leadership, and has extensive experience in training and mentoring to build the capacity of the community sector. Karen was a named finalist in the Not for Profit Manager of Year on the Sunshine Coast in 2012. Karen says if you want to know more about leadership by all means ask her, but if you want to learn more about how to provide better supports then don't ask her, ask the person. Karen feels strongly in building a learning environment for the team, and believes it is essential that we learn from people with a lived experience, as experts in their own lives.

ABSTRACT
"Sam, who's Sam?" she said with a grin on her face, "Sam is a conglomerate of all my others, she isn't a real person on her own, It makes me laugh when you talk to Sam, because you are really talking to Dawnie” (Sam, 2017).

This simple exchange started a long conversation, one fully informed by the experiences of Sam. We had been working with Sam for a period of time and were aware of her diagnosis of Disassociated Identity Disorder (*DID), however we had inadvertently driven the support type she received. We were focusing all of our support on 'Sam'. This presentation will showcase our work with Sam, as a case study of applying person centred practise. Connections continues to work on designing “a continuous process of developing person-centred cultures”.

Implementing the National Disability Insurance Scheme will require services to undertake a rigorous review of how they work with people, and to ensure that person centred practise is imbedded in all models of support.

*DID is characterized by the presence of two or more distinct identities or personality states that recurrently take control of the individual’s behaviour, dissociated states are not fully-formed personalities, but rather represent a fragmented sense of identity.
Learning Objectives

Learning Objective 1: The audience will leave with;
- A sense of self reflection that challenges their current person centred practises.
- An example of how person centred practise can be achieved and how the whole team can learn from it.
- Learnings of what activities/behaviours and actions worked or did not work in applying person centred practice.

Learning Objective 2:
- Increased insight and understanding of working with a person with DID
- Understanding person centred practise in the world of NDIS for people with a psycho-social disability

References
American Psychiatric Association, 2000; Fine, 1999; Frey, 2001; Kluft, 1999; Kluft, Steinberg & Spitzer, 1988; Maldonado et al., 2002; Spiegel & Cardena, 1991; Steinberg et al., 1993. sourced 13the March 2017 at http://www.isst-d.org/?contentID=76

S46: SYMPOSIUM 1.5 HOURS: Building Capacity for Work Participation, Level 4 - Room 5, August 31, 2017, 11:00 AM - 12:30 PM

Diverse practices to overcome multifaceted disadvantages – building capabilities and supports for work participation

Caitlin McDowell2,5, Carol Harvey2,3, Ellie Fossey1,2, Joanne Robertson3, Anne Williams4, Patrizia Villotti6, Marc Corbière7,8, Franco Fraccaroli9, Tania Lecomte10
1Monash University, 2Psychosocial Research Centre, Department of Psychiatry, University of Melbourne, 3North Western Mental Health, 4Swinburne University of Technology, 5La Trobe University, 6Université de Sherbrooke, 7Université du Québec à Montréal, 8Centre de Recherche de l’Institut Universitaire en Santé Mentale de Montréal (CRIUSMM), 9University of Trento, 10University of Montreal

Biography:
Ellie Fossey is Professor and Head of the Department of Occupational Therapy, Monash University in Melbourne. Ellie has interests in service development and research related to promoting participation and recovery, and approaches to inclusive education and employment support.

Caitlin McDowell is an occupational therapist and PhD Candidate at La Trobe University. Caitlin also works as a casual academic at La Trobe University and the Psychosocial Research Centre at The University of Melbourne. Her research has primarily focused on employment support for people living with mental illness.

Carol Harvey is a Professor in the Department of Psychiatry, University of Melbourne, Consultant Psychiatrist in North West Area Mental Health Service and Director, Psychosocial Research Centre in Melbourne. Carol is involved in clinical work, service development and research on psychosocial approaches to prevention, treatment and recovery from mental illness.
SYMPOSIUM ABSTRACT

Symposium abstract: People with ongoing mental health issues experience multifaceted employment disadvantages not only resulting from disrupted work participation but also from the undermining effects of joblessness and unsupportive work practices. This symposium comprises three papers presenting research that sought to better understand practices in Australia that aimed to: i) support mental health consumers to explore and pursue self-chosen vocational directions; ii) support job seekers to find work through Disability Employment Services; and iii) create inclusive workplace-based support for employees with mental health issues. The overall intent of the symposium is to highlight roles that mental health services, employment specialists and workplaces may each play in improving vocational opportunities and outcomes.

Paper 1 Title: ‘Starting out with The WORKS’: Vocational workshops as a guide for mental health consumers on their vocational journeys

Abstract: Tackling the gap between mental health and employment service provision locally, ‘Starting out with The WORKS’ is a workshop series introduced within a community mental health service. Designed to support consumers to explore their vocational aspirations, and how to pursue vocational options of their choosing, the workshops are co-facilitated by peer workers and occupational therapists. A mixed methods evaluation involving questionnaires and focus groups identified key themes, including: that the workshops supported realising qualities about yourself; realising you are not alone; and gaining fresh ideas and thinking about employment. Participants also valued that the workshops were co-facilitated by peer workers and occupational therapists. Within the service, the importance of vocational interventions and peer workers roles were also promoted.

Paper 2 Title: Moving clients forward: a grounded theory study of employment specialists' views and practices

Abstract: Disability Employment Services (DES) are funded by the government to assist individuals with mental illness, as well as those with disabilities, to get and keep a job. This study aimed to better understand the views and practices of front-line DES staff in relation to their work with clients with mental illness. Interviews were conducted with 16 employment specialists from one regional and three metropolitan DES in Victoria. The interviews were transcribed and analysed to explore the key themes. The substantive grounded theory of "Moving clients forward" will be presented, with themes including “taking a firm but fair approach”, “meeting clients where they are at”, “getting clients ready for work”, and “managing the interface between clients and employers. Furthermore, implications for mental health services and individuals with mental illness will be discussed.

Paper 3 Title: Work accommodations and natural supports for employees with severe mental illness in social businesses: what can be learnt from international comparisons?

Abstract: Work accommodations are adjustments to the workplace or workplace procedures that enable a person with special needs to perform the tasks required; workplaces may also have inherent features that are supportive (“natural supports”, e.g. support from supervisors). Little is known about their usefulness for people experiencing mental illnesses. We conducted a survey of work accommodations and natural supports available in Australian, Canadian and Italian social businesses (all in the cleaning sector), which was completed by 90 employees with self-reported psychiatric disabilities. Regardless of the country, social businesses provided many work accommodations and natural supports, especially those linked to schedule flexibility and support; work accommodations related to training and schedule flexibility were linked to longer job tenure. Findings highlight the importance of co-workers having better knowledge about how to support employees with severe mental illnesses, as well as identifying helpful workplace accommodations to guide the practices of employment specialists and employers.
Learning Objectives
People in the audience will learn about the usefulness of vocational workshops for mental health consumers from participant viewpoints, the views and practices of employment specialists working with job seekers with mental health issues in Disability Employment Services, and the spectrum of work accommodations and natural supports available to them in social businesses.

References

S47: FEATURED SYMPOSIUM: Co-occurring Mental Health and Substance Use Problems: Using Technology to Support Innovation and Practice Change,
Level 2 - State Room, August 31, 2017, 11:00 AM - 12:30 PM

Featured Symposium: Co-occurring mental health and substance use problems: Using technology to support innovation and practice change.
Maree Teesson, Cath Chapman, Christina Marel, Sally Hunt

Biography:
CHAIR: Maree Teesson is Professor and Director of the NHMRC Centre of Research Excellence in Mental Health and Substance Use (CREMS) and NHMRC Principal Research Fellow at the National Drug and Alcohol Research Centre (NDARC, UNSW. She is also a Fellow of the Australian Academy of Health and Medical Sciences and the Australian Academy of Social Sciences. Maree’s vision is to build the world’s leading dedicated translational research program for the prevention and treatment of comorbid mental health and substance abuse. While it is widely recognised that there is significant comorbidity in these two areas they have traditionally been approached in isolation, making it virtually impossible to make significant inroads. She seeks to increase our understanding of drug & alcohol and mental health problems, prevent these where possible and improve treatment responses. She is also a founding member of TheMHS Management Committee.

Dr Cath Chapman is Program Director of the NHMRC Centre of Research Excellence in Mental Health and Substance Use, and Senior Lecturer at the National Drug and Alcohol Research Centre. She has worked in epidemiology and mental health services research for a number of years. She currently works closely with both the epidemiology and prevention teams at CREMS. Most recently she has been involved in the development and dissemination of Cracks in the Ice: an online toolkit to provide evidence based information and resources about crystal methamphetamine for the Australian Community. Cath has also been a member of TheMHS Management Committee since 2000.

Dr Chris Marel is a Research Fellow at the National Drug and Alcohol Research Centre, and a member of the NHMRC Centre of Research Excellence in Mental Health and Substance Use (CREMS). She completed her PhD through the University of New South Wales in 2011. Her research interests focus on the treatment and management of comorbid mental health and substance use disorders. In 2011, Christina coordinated the development of a suite of information booklets on co-occurring mental health and substance use disorders
for clinicians and clients of substance use treatment services. More than 100,000 copies of these resources were disseminated to substance use and mental health treatment services across Australia. Building on these important resources, she is currently leading the revision of the National Comorbidity Guidelines on the management and treatment of comorbid mental health and substance use conditions in alcohol and other drug treatment settings.

Dr Sally Hunt is a Clinical Psychologist and Clinical Research Manager with CREMS at the University of New South Wales. She has worked both clinically and in a research capacity in the field of mental health for over 15 years, focusing on comorbidly occurring conditions including affective disorders, psychosis, personality disorders, and alcohol/other drug use problems. Sally has experience in the use of neuropsychological assessment, cognitive behaviour therapy, motivational interviewing and mindfulness-based stress reduction techniques among this population. Sally’s current research is examining the effectiveness of eHealth interventions for a variety of populations including young people with alcohol misuse and depression and mothers in the post-natal period.

ABSTRACT

Despite the fact that mental and substance use problems commonly co-occur, treatment access for consumers who experience these problems together is unacceptably low in the general Australian population, reaching only about 30% of those in need. When treatment is accessed, evidence-based treatment is only provided to approximately 10% of people in need.

The Centre of Research Excellence in Mental Health and Substance Use (CREMS), at the National Drug and Alcohol Research Centre at UNSW has developed a suite of innovative online approaches and resources funded by State and Federal levels of Government to meet this need and improve access to evidence-based treatment resources for comorbidity. These programs include the Australian Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings (2nd edition), the eCliPSE portal to improve access to evidence-based online treatment programs for co-occurring mental health and substance use problems, and the Cracks in the Ice online toolkit providing up-to-date and evidence-based information about crystal methamphetamine (“ice”) to the Australian community. These initiatives will provide consumers, their families and friends, health professionals, and the general community with easy-to-access, evidence-based information and treatment. This symposium will describe the development and dissemination of these key initiatives.

The Comorbidity Guidelines (Paper 1) aim to increase knowledge and awareness of co-occurring mental health and substance use conditions in alcohol and other drug (AOD) treatment settings, improve confidence and skills of AOD workers and increase the uptake of evidence-based care. Ultimately, it is anticipated that this will allow for improved outcomes for people with co-occurring mental health conditions. In order to aid this process, the Guidelines are being disseminated in hard-copy Australia-wide, translated into an innovative online delivery format, and a comprehensive online training program to support uptake into practice is in the final stages of development.

The eCliPSE online portal (Paper 2) aims to facilitate access to evidence-based online screening and eHealth treatments for people experiencing co-occurring mental health and substance use problems, and the clinical services supporting them. The development of the portal has involved engagement with service providers in mental health and AOD sectors to create a clinical pathway to care that supports end users to effectively use the eCliPSE resources. Clinician-specific resources are built into the portal to support mental health and AOD clinicians to better address comorbidity in clients of their service.
Finally, the Cracks in the Ice online toolkit (Paper 3) was developed in response to recommendations of the National Ice Taskforce Final Report in 2015. The toolkit aims to address the Australian community’s information needs about crystal methamphetamine by providing trusted, evidence-based and up-to-date information, resources and training. The toolkit will provide evidence-based information about ice, its effects and where and when to seek help for users; concerned family members and friends; health professionals; teachers, parents and students; and community groups.

Online information, intervention and treatment programs stand to overcome structural, geographical, and attitudinal barriers to treatment access. This suite of innovative online programs developed by CREMS increases the capacity of health professionals and AOD workers to better understand and respond to co-occurring mental health and substance use problems. Additionally, these resources empower individuals and communities to better engage with and seek access to, evidence-based information and treatments, and effective health care services.

**Learning Objectives**

Learning Objective 1: The audience will learn about significant National and Statewide Australian projects that have been designed to improve access to evidence-based, information, support and interventions for people with co-occurring mental health and substance use problems, through innovative use of technology.

Learning Objective 2: Mental health and substance use problems frequently co-occur, yet treatment is often fragmented and/or difficult to access. Improving access to appropriate, evidence-based care for consumers and training and support for practitioners is critical.
S48: PAPERS: Leadership and Peer Work,
Level 2 - Room 2, August 31, 2017, 11:00 AM - 12:30 PM

"Mutuality Doesn't Just Happen" - the development of Piri Pono, a peer led, acute alternative, residential service in Auckland, New Zealand.

Darryl Bishop¹, Karyn Munday¹
¹Connect Supporting Recovery

Biography:
Darryl Bishop is the CEO of Connect Supporting Recovery and Changeability. He has qualifications in mental health and psychology, and has led large-scale health projects and organisations in England and New Zealand. He has been in New Zealand since 1999, holding leadership roles in central government and in both the DHB and NGO sector during this time.

ABSTRACT
Connect Supporting Recovery had a vision for a peer run Acute Alternative service. This vision became a reality in September 2013 when Piri Pono a 6 bed service was established.

Piri Pono provides a hope-filled place, and relationships where crises can be turned into opportunities; where people use opportunities to experience change and, to learn new responses through relationships with peers and peer support staff. We believe that everyone is competent and capable and inherently know what they need.

Relationships in Piri Pono strive to be free from coercion and power imbalances, building relationships based on a framework that redefines what “help” might look like in a mutual relationship. New and different relationships are part of what encourages people to become active participants rather than passive recipients within all relationships they have with others. Mutuality is not something that “just happens”.

The Intentional Peer Support (IPS) model informs service delivery. Our presentation will take you through the beginnings of Piri Pono and share the challenges and highlights of this remarkable service. You will hear quotes from staff and users of the service about the support, and impact of the service this through the results of our most recent evaluation.

Learning Objectives
Learning Objective 1: We want people to know that peer services can work as part of service mix in all settings. Audience members will leave with a deeper understanding of the challenges and learnings gained from the last three and half years. However, mostly they will go away with a sense of hope of what can be achieved when innovative providers and brave funders get their act together

Learning Objective 2: We face challenging times in mental health service delivery. Money is too tight to mention, as the song goes, and we must look to innovation as the norm. Piri Pono is relevant to any conversation about how we can do things differently with fantastic outcomes.

References
‘Sorry, but that’s a minority view’: Overcoming tokenistic consumer roles.

Indigo Daya

Department of Health and Human Services

Biography:
Indigo Daya is a Senior Consumer Advisor at the Victorian Department of Health and Human Services, an Adjunct Research Fellow at Swinburne University, and author of a popular online blog about trauma, madness and recovery. She has worked in leadership roles across the mental health sector for more than a decade.

Fifteen years ago, a TheMHS paper explored systemic barriers for consumer consultants, including stigma, tokenism and resistance to change (Middleton & Renouf, 2002). Similar issues were reiterated by Health Workforce Australia in 2014. Despite sustained efforts to address these issues, anecdotally they continue to create significant barriers to consumer workers.

This paper reflects on the consolidated experience of one consumer/survivor who has held a range of leadership roles in community, clinical and government organisations across twelve years, with a focus on factors that have created barriers, factors that have enabled success and continued survival, and what it might take to bring about real change.

Common issues identified include re-traumatisation, discrimination, ‘invisible’ bullying, isolation, lack of role clarity, attitudinal issues and structural barriers. Many of these issues exist even when there is a positive organisational intent, and this can present a problem in itself.

Factors that have enabled success and/or survival as a consumer worker will be outlined, including allies, education, creativity, support, supervision, virtual colleagues and experience.

The presentation will particularly focus on outlining possible strategies to bring about individual change, and structural change, to enable safer, more respectful, inclusive and effective consumer leadership in the mental health sector.

Learning Objectives
Learning Objective 1: Consumer attendees will gain validation of workplace issues, and strategies which may assist in tackling tokenism.
Managers and organisational attendees will gain an increased appreciation of the barriers that can be faced by consumer employees, and learn new strategies to build safer, more respectful, inclusive and effective workplaces.

Learning Objective 2: This topic is increasingly relevant as the consumer workforce continues to grow across almost every contemporary mental health organisation.

References
Health Workforce Australia [2014]: Mental Health Peer Workforce Literature Scan.
Co-leadership in mental health and wellbeing services and connection to community.

Fay Jackson\textsuperscript{1}, Pam Rutledge\textsuperscript{1}
\textsuperscript{1}Flourish Australia

Biography:
Fay Jackson is the General Manager of Inclusion at Flourish Australia, Deputy Commissioner of the NSW Mental Health Commission, and founder of Vision In Mind. She has been the Director of Consumer, Carer and Community Affairs with the Illawarra South East Sydney Mental Health Service. She is passionate and often funny in her speeches and has won many awards for her work. She was a guest on the ABCs One Plus One program in early 2017 and a panellist on QandA in 2015. Her appearance on this program prompted a record number of Tweets and emails to the ABC.

Pamela Rutledge is the CEO of RichmondPRA, a leading not-for-profit organisation providing community based support and employment for people living with a mental health issue in NSW and South-East Queensland. In her early career, Pam worked as a Social Worker in front-line mental health service delivery, and was the Executive Officer of the Richmond Inquiry. Before joining the not-for-profit sector in 2009, Pam had over 35 years experience in senior roles in the NSW government, including experience in health, housing, and ageing and disability. Pam’s particular interests are the maintenance of high performing organisations through periods of massive change, co-design with people with a personal lived experience, the growth of social enterprises and the growth and development of the consumer and peer workforce. Pam is also the Chair of the Mental Health Coordinating Council, and sits on the Mental Health Review Tribunal.

ABSTRACT

Strong, visionary leadership within Flourish Australia has used affirmative action to recruit people with Lived Experience at all levels of the organisation including the Board, executive levels, management and Peer Workers at front line of services delivery.

This practice is a successful way to ensure that co-leadership, co-design and co-delivery of mental health services have outcomes that are recovery and wellbeing focused.

The respect paid to the lived experience voice has ensured service reform enabling visionary, ground breaking ideas to take root and grow through co-design and co-delivery of services that meet peoples hopes and needs.

Good leadership is shared, respectful, open to new ideas, embraces dignified risk, is not afraid to let others shine and meet their optimal potential. While many services speak of co-design and co-delivery of services Flourish Australia also ensures co-leadership of voices within the service, in connection to community and citizenship.

Co-leadership at all levels of services is the way of the future for mental and wellbeing services. Flourish Australia has embraced this, is meeting all challenges, reveling and growing in shared learning. This presentation demonstrates how co-leadership expands individual and collective minds, lives, services and communities to meet the hopes and needs of people. Strong, visionary leadership within Flourish Australia
has used affirmative action to recruit people with Lived Experience at all levels of the organisation including the Board, executive levels, management and Peer Workers at front line of services delivery.

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The respect paid to the lived experience voice has ensured service reform enabling visionary, ground breaking ideas to take root and grow through co-design and co-delivery of services that meet people’s hopes and needs.

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Co-leadership at all levels of services is the way of the future for mental and wellbeing services. Flourish Australia has embraced this, is meeting all challenges, revelling and growing in shared learning. This presentation demonstrates how co-leadership expands individual and collective minds, lives, services and communities to meet the hopes and needs of people.

Learning Objectives
Learning Objective 1. What will people in the audience gain or learn from attending this presentation? People will learn about the value of co-design at executive levels in improving service delivery and connection to community. People will learn how this shared leadership is both a valuable process and produces valuable, visionary outcomes.

Learning Objective 2. How is this topic/issue relevant to mental health services and mental health issues? Good leadership in services has led to services being visionary, brave, wise and employing capable people with lived experience at all levels of the service. These services are sure to produce services that are co-designed and recovery focused.

References
Gender diversity and mental health at St Vincent’s Hospital Melbourne: A move towards LGBTQ+ inclusive practice.

Jan Kilicaslan¹, Marnie Bell¹
¹St Vincent’s Hospital Melbourne

Biography:
Jan Kilicaslan is a Senior Social Worker and Project Officer with St Vincent’s Hospital Melbourne Mental Health Department. She has worked as a mental health clinician in the United States as well as in Australia, and focuses on enhancing service delivery practices as part of her current role.

Marnie Bell is a registered Psychiatric Nurse and Case Manager with St Vincent’s Hospital Melbourne Continuing Care Team. Marnie has been a nurse on inpatient mental health services, as well as in the community, and sits on the St Vincent’s LGBTQIA+ steering committee that drives best practice initiatives in this area.

ABSTRACT
St Vincent’s Hospital Melbourne Mental Health Department is currently in the process of achieving National Rainbow Tick Accreditation, a framework developed by Gay and Lesbian Health Victoria and Quality Innovation Performance, to assist organisations in implementing standardised, inclusive service delivery for Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI+) identifying persons. St Vincent’s Mental Health is a public service that provides inpatient, community based, and residential programs; and has not previously developed a best-practice strategy in working with LGBTQI+ consumers. In 2016, a decision was made to address this gap by obtaining Rainbow Tick accreditation, to embed diversity-inclusive, sensitive and equitable practices with LGBTQI+ consumers. This initiative involves staff training, gap analyses, establishing an internal LGBTQI+ Plan Steering Group, self-auditing, surveying staff and consumers, standardising service-wide practices, and an external assessment. Our aim is to build partnerships with LGBTQIA+ inclusive organisations, and to incorporate Co-production principles by utilising the expertise of those with a lived experience of gender diversity and mental illness. This project fits with our Statement of Priorities with the Victorian Department of Health and Human Services, our organisational values of Compassion, Justice, Integrity and Excellence, and our focus on serving persons experiencing mental illness, homelessness, substance use and who come from Indigenous backgrounds.

Learning Objectives
Learning Objective 1: People in the audience will gain an insight into how St Vincent’s Mental Health has developed an LGBTQI+ inclusive service delivery approach, and the practical implications of this initiative.

Learning Objective 2: This topic is central to the conversation on mental health issues and services. LGBTQI+ identity is linked with increased vulnerability to mental ill-health and psychosocial disadvantage, and should be addressed in clinical practice where relevant.

References
Hillier L et al., 2010, Writing Themselves In 3: The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people, Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne
Considerations when providing mental health first aid to an LGBTIQ person.

Kathy Bond¹,²
¹Mental Health First Aid Australia, ²University of Melbourne

Biography:
Dr Kathy Bond is the Research Officer at Mental Health First Aid Australia and holds an honorary position at the University of Melbourne. She led the Delphi study that was conducted to develop these guidelines. She has worked for Mental Health First Aid Australia since 2012 and has been involved in the development of several Mental Health First Aid Australia guidelines including helping someone with financial difficulties and mental health problems, and gambling problems. She has also conducted studies to evaluate the impact of Mental Health First Aid courses. Kathy has a Masters and PhD in sexual health from the University of Sydney.

ABSTRACT
Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning or Queer (LGBTIQ) people experience mental health problems at higher rates than non-LGBTIQ people. This paper will present the guidelines that were developed, using the Delphi research method, by Mental Health First Aid Australia and the University of Melbourne, with assistance from the National LGBTI Health Alliance, MindOut project. The guidelines outline what a person needs to consider when providing mental health first aid to an LGBTIQ person. It will briefly review the literature on mental health problems in LGBTIQ people, describe the research methodology used to develop the guidelines and then summarise the advice given in the guidelines. This includes:

* The importance of using appropriate, non-stigmatising language when supporting an LGBTIQ person.
* How to talk and ask questions about LGBTIQ experiences.
* How to show and provide practical support to an LGBTIQ person experiencing mental health problems, including specific advice when the person experiences discrimination and stigma, discloses their LGBTIQ experience or ‘comes out’, or is an adolescent.
* How to encourage treatment seeking.

These guidelines are an important resource for members of the community to be able to support LGBTIQ family members, friends and colleagues who are experiencing mental health problems.

Learning Objectives
Learning Objective 1: Audience members will learn practical skills for supporting an LGBTIQ person with mental health problems.

Learning Objective 2: It is important for mental health professionals to know about these guidelines so they can refer clients and members of the public to this valuable resource. Furthermore, mental health professionals who do not regularly work with members of the LGBTIQ community may find these guidelines enhance their practice.

References

S50: PAPERS: Living Well in Later Life, Level 2 - Room 4, August 31, 2017, 11:00 AM - 12:30 PM

Living well in later life: The case for change.

Neda Dusevic¹, Cathy Baker¹
¹NSW Mental Health Commission

Biography:
Cathy Baker is the Manager, Systems Monitoring and Review at the NSW Mental Health Commission. In this role, Cathy oversees a program of reporting on progress in mental health reform. Prior to this, Cathy headed a number of large scale health program evaluations and was also manager of an epidemiology unit within ACT Health.

ABSTRACT
The NSW Mental Health Commission has been working in partnership with organisations on the Living Well in Later Life initiative to identify the reform directions required in order to improve the mental health and wellbeing of older people in NSW, particularly those who experience mental illness and their carers.

NSW is experiencing the steepest period of growth in the number of people aged over 65 years, yet services are not keeping pace with their mental health and wellbeing needs.

Most older people are vibrant, contributing members of the community. However, the images and language frequently used to describe older people do not promote this reality.

Negative stereotypes about ageing need to be countered, as they are not only resulting in ageism within the community, but within organisational approaches to care and support.

Ageism has contributed to a lesser focus on prevention, early intervention and treatment of mental illness in later life and has led to recovery models being used less within treatment approaches in comparison to younger groups.

This presentation is an opportunity to learn about the Living Well in Later Life initiative and what role it will play in improving the lives of older people and their carers.

Learning Objectives
Learning Objective 1: Participants will have a better understanding of the challenges facing older people experiencing mental illness.

Learning Objective 2: Participants will have a better understanding of the changes needed to ensure better mental health and wellbeing outcomes for older people in NSW, particularly those who experience mental illness and their carers.
S50: PAPERS: Living Well in Later Life,  
Level 2 - Room 4, August 31, 2017, 11:00 AM - 12:30 PM

Teaching new dogs old tricks - supporting recovery oriented practice in specialist mental  
health services for older persons.

Stephen Young\textsuperscript{1}, Eddie Zeballos\textsuperscript{1}  
\textsuperscript{1}ISLHD

Biography:
Eddie Zeballos CNC SMHSOP inpatient unit
Eddie has worked in older person’s mental health for over 6 year in wollongong older person’s mental  
health community team and Nurse Educator for Mental Health. He commenced as a CNC in older persons  
mental health in 2016.

Stephen Young CNC Nowra Community SMHSOP  
He has worked in Mental Health from 1998 working in an adult mental health unit till 2007. Then working in  
older person’s community mental health as a CNS then worked as an older person’s mental health CNE for 6  
months. He has then worked as initially as the SMHSOP inpatient unit CNC before moving the community in  
2016.

Background:
The adoption of recovery oriented practice has been central to the mental health reform agenda for over a  
decade. A framework that provides guidance to services on how to achieve this is available (A national  
framework for recovery orientated mental health services 2013). However, the development of this  
approach in older person’s mental health services has been a particular challenge. Recovery for older  
people should be a process to which clinicians support the individual to regain their sense of self and  
identity, whilst considering coexisting physical illnesses (Dailey et al 2012). Therefore clinicians focus of care  
and intervention should be designed around the identified needs of the individual that supports their  
recovery.

Method:
An initial retrospective audit of 40 random inpatient and community files over a 5 month period service  
inpatient and community service indicated that only 52% of care plans demonstrated the involvement of  
consumers in the development care plan only 42% had been signed and only 7.5% had consumer identified  
strengths. An educational intervention was developed that included the creation of video vignettes that  
demonstrated recovery orientated practice with older persons. The aim of training was to encourage an  
empathic and collaborative approach to supporting recovery. (Young et al., 2008) The video vignettes were  
used in training to challenge staff and have them reflect on their current practice.

Results:
Nursing, allied health and medical practitioners have undertaken the educational intervention and recent  
auditing of care plans have shown some improvement in the involvement of consumers in the care planning  
process. With ongoing auditing of the care plans post the training to match the initial retrospective audit we  
anticipate that there is an increase in all the domains.
Conclusion:
The use of video vignettes that model recovery orientated practice has proven integral to supporting change in our specialist mental health service for older persons. This paper will showcase these vignettes, discuss how this material has been used to change practice and outline our plans for the future.

Learning Objectives
Learning Objective 1: At the completion of this session participants will have a better understanding of recovery orientated practice in specialist mental health services for older persons.

Learning Objective 2: At the completion of this session participants will have a better understanding of how training aids were developed to support recovery orientated practice in the specialist mental health services for older persons.

References

S50: PAPERS: Living Well in Later Life,
Level 2 - Room 4, August 31, 2017, 11:00 AM - 12:30 PM
Embracing our community, using our natural support connections.
Beth Fogerty1, Rosie Frankish1
1Wellways Australia

Biography:
Beth Fogerty has worked in both the acute and community based mental health, in particular with adults and older adults. Beth has been working with the Doorway program since its inception. She is passionate about supporting consumers and carers in taking an active role in their recovery, in tailoring services that meet their individual needs, and in service delivery. Beth is the Regional Manager, Gippsland for Wellways Australia and holds qualifications in Music Therapy, Alcohol and other Drugs and Management.

Rosie Frankish has been employed at Wellways Australia since 2012. Over this time, Rosie worked in the Doorway Demonstration program and the SMART Research Program prior to her current role as the Doorway Program Coordinator. Rosie is passionate about providing evidence based and innovative services to participants that will assist them to feel empowered about their life and recovery journey. Rosie has a background in Psychology.

Support is often seen as the formal supports, the service workers that an individual has within their care team. Formal supports, however, are only one type of support. More informal support structures such as the neighbour who puts out the bins are not as identifiable as resources for individuals however can have just as much of a positive impact and in some regards greater than those by formal or paid supports. 'Natural supports are sources of support that come directly from people and communities rather than being provided through formal “paid” forms of support and in many instances arise ‘naturally’. (Kendrick, 2013). It
is through the identification and nurturing of these natural supports that individuals can be more engaged in their communities and build hope in recovery through their positive interactions with others.

Wellways’ Doorway Housing and Recovery program has at its core a focus the identification, building and nurturing of natural supports. These supports meet together with the participant, in a circle of support to assist the individual in achieving the activities they would like to achieve.

Following a review of the Doorway pilot project, the engagement of families, friends, and other supports is further supported by the use of outcome measures such as the Housing STAR and the Interpersonal Support Evaluation List (ISEL). This presentation discusses strategies to identify natural supports and the means of engaging and nurturing these relationships. Case studies will be used to demonstrate the three stages of identification, building and nurturing supports and how these have related to the positive outcomes for participants within the Doorway program.

**Learning Objectives**

*Learning Objective 1:* Supports are an integral in supporting individuals who experience mental ill-health. This presentation encourages participants to think broadly about how supports are identified and built outside of formal service delivery supports.

*Learning Objective 2:* Community inclusion and natural supports are recovery concepts within mental health services. Being able to identify, strengthen and utilize these supports will enable services to support participants to build resilience and self-determination in their health needs.

**References**


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S51: SYMPOSIUM 1 HOUR: Celebrating Peer-Run Mental Health Initiatives,
Level 2 - Room 5, August 31, 2017, 11:00 AM - 12:30 PM

**Celebrating Peer-run Mental Health Initiatives: The development, launch and growth of new peer initiatives in Inner West Sydney.**

Kate Pennington, Bé Aadam, Tim Heffernan, Sandy Thomas, Sean FitzGerald, Nat Ellis

Biography:

Kate Pennington created Beyond a Joke Incorporated in her brother’s memory, to assist teenagers facing bullying today, as well as adults enduring workplace bullying, ‘Creating a domino effect of kindness’.

Bè works as a researcher, evaluator and advocate in a number of areas across the mental health sector. He uses his lived experience of mental health distress to inform his work.

Tim Heffernan works as a peer support worker in public mental health. He is involved in systemic advocacy for the workforce and hopes to develop a professional association for peer workers.
As a Transformation Coach and natural therapy practitioner, Sandy Thomas is fascinated with healing and empowerment. She has Consumer Consultant experience and currently studies a Masters Counselling & Psychotherapy.

Sean FitzGerald is an educator with a background in educational technology. He is currently teaching consumers about digital mental health resources and related technologies, such as e-therapies and smartphones.

ABSTRACT
This symposium will introduce five new Peer-run Mental Health Initiatives and the Peer Leaders who have launched them. By sharing our experiences of designing, launching and growing these Peer Initiatives, we hope to inspire others to create innovative Peer-run Initiatives and Organisations.

The Peer Initiative IGNITION Program supported ten Peer Leaders to develop the skills, knowledge and confidence they needed to turn their idea for a Peer-run Project or Business into a reality. The eight-month program incorporated individualised coaching and peer mentoring; guest presentations focused on legal structures, grant writing, marketing, budgeting and public speaking; and practical support to prepare project plans and grant applications. The follow up program, BEYOND IGNITION, opened the doors for 35 existing and aspiring Peer Leaders to explore their ideas for mental health Peer Initiatives and to broaden their networks. Both programs were run by Verge Collaborative and supported by the Australian Government through the Inner West Sydney Partners in Recovery Innovative Grant Program and its lead agency, New Horizons.

The following Peer Leaders will share their experiences and the learning gained from creating, launching and growing their Peer-run Initiative:

Kate Pennington: Beyond a Joke
Beyond A Joke Incorporated aims to prevent bullying and rebuild a person’s self-esteem and resilience following a bullying experience. BAJ helps teenagers feel safe in schools and adults in their workplaces. BAJ assists people who feel ostracized and may be contemplating self-harm and suicide, as a result of bullying. Bullying is associated with poor physical health, PTSD, eating disorders, self-harm, depression, anxiety and suicide. By providing a supportive environment, the program participants feel less alone and more empowered to deal with the ramifications of bullying, subsequently reducing the physical and mental health consequences of bullying.

Bè Aadam: mindshift solutions
ROPES (Recovery Oriented Practice Evaluation Services) has been founded to assist organisations produce a robust and responsive mental health service sector. ROPES accomplishes this by offering a consumer-led evaluation service that ties findings to the National Framework of Recovery Oriented Mental Health Services. ROPES conducts formative, process and summative evaluations with both quantitative and qualitative instruments, and employs quality safeguards to ensure scientific and rigorous work is being conducted at all stages of a project. ROPES assists organisations reach their potential, strengthen their market position and helps them become an example for others to follow.

Tim Heffernan: Scattered Vision
Tim’s participation in the Peer Initiative Ignition Program gave him the optimal environment to explore the development of a professional association for mental health consumer peer workers. While it became apparent that this project required national consultation and planning, this project has laid the foundation...
for such work to begin. The proposed Australian Peer Workers Association remains on the agenda and the discussions and consultations are beginning to happen. Peer workers must develop their own supports, structures and frameworks. Peers need to lead and own the development of our workforce. We cannot continue to have our roles defined by people and organisations who lack lived experience of mental illness and recovery.

Sandy Thomas: Health & Lifestyle Excellence
Having a lived experience and knowing how difficult it is to find the right help fuelled Sandy’s Peer Initiative idea. Sandy’s Healing Centre concept provides an innovative approach to healing trauma and Post Traumatic Stress Disorder (PTSD), combining education, natural medicine and other therapeutic modalities. Sandy’s Social Ecology undergraduate thesis explored the connection between ‘Vision, Empowerment and Suicide Prevention.’ Findings revealed the importance of having an empowering life vision to overcome adversity and assist healing. During this presentation Sandy will discuss her Not For Profit Healing Centre vision, including holistic recovery, collaborative partnerships, challenges and opportunities.

Sean Fitzgerald: Peer Educator
Sean’s Peer Initiative is about empowering mental health consumers to access emerging mental health services and resources. He has done this by developing and delivering presentations and workshops that teach consumers how to find and utilise these resources and related technologies, such as smartphones. Sean has been motivated by what he’s seen as a lack of the necessary awareness, skills and technologies required to access these resources. Sean plans to report on insights gained during the project, and to suggest ideas that may help improve digital access and digital literacy for people with mental health issues going forward.

Following these presentations, the audience will be engaged to enquire further into the experiences of these Peer Leaders’ in establishing their initiatives. A more general discussion of other existing Peer-run Initiatives, and ideas that people have for much-needed or innovative Peer Initiatives will also be facilitated. It is anticipated that all attendees of the Symposia will leave with the knowledge of an extended network of existing and aspiring Peer Leaders, and the inspiration to create or support a new mental health Peer Initiative themselves.

**Learning Objectives**

**Learning Objective 1:** Increase knowledge and awareness of new and existing Peer-run Mental Health Initiatives in Sydney, and appreciation for the challenges experienced by Peer Leaders in the developed and establishment of new initiatives.

**Learning Objective 2:** Increase knowledge of, and appreciation for, the value of innovative and varied peer-run initiatives and organisations to achieving and improving recovery-oriented mental health service provision.

**References**

S52: PAPERS: Systems of Care, Level 2 - Room 6, August 31, 2017, 11:00 AM - 12:30 PM


Satu Beverley¹
¹Mental Health Carers NSW

Biography:
Satu is a Retired Psychologist, MSc Hon University of Helsinki Finland, MA University of Sydney Australia, Carer with lived experience of mental illness, Advocate for Open Dialogue with 2 x 4-day training by Finnish trainers including professor Jaakko Seikkula, visit over four days at Keroputaa hospital in Finland as a visiting psychologist. I have conducted full day workshops and smaller presentations to English, Vietnamese and Finnish Speaking audiences including mental health professionals, consumers and carers.

Open Dialogue is widely recognised as the model that produces unique results for recovery from mental illness. I will give a brief overview of:

- How Open Dialogue works, the principles of Open Dialogue
- How the western world has started to embrace Open Dialogue,
- The research of Open Dialogue in Finland, Denmark and Australia.

The 7 main principles of Open Dialogue are covered. They give a glimpse on how and why a client and his/her social support network is harnessed as equal partners to the treatment team by clinicians on a continuous basis from the first meeting within 24 hours from the referral.

Instead of isolating the consumer from his/her social support network, Open Dialogue embraces the consumer as an integral part of his/her social network and the engagement of relevant members of this network believes it to be vital to recovery. Furthermore, it focuses primarily on psychosocial treatment based on the consumer’s needs, instead of diagnosis and medication.

Open Dialogue has strengthened its place as the leading recovery orientated mental health treatment model in the Western world. Staff training in Open Dialogue and new research is conducted outside Finland including Australia.

Learning Objectives
Learning Objective 1: Participants practice key principles of Open Dialogue in one to one listening exercises and in the role play of ‘the first social network treatment meeting’. They will learn about the role of psychosocial support and medication in the treatment of mental illness, eg why working out the meaning of psychosis improves recovery.

Learning Objective 2. Participants learn through personal experience how dialogism used in treatment meetings differs from every day communication and changes the outcome of the meetings to more effective and humane. They can use these skills personally in their own life situations as health professionals, carers or consumers.

References
1. Adoting and Implementing Open Dialogue in the Scandinavian Countries: A Scoping Review by Niels Buus RN, MNSc, PhD, Aida Bikic MSc, PhD, Elise Kragh Jacobsen OT, MHSC, Klaus Muller-Nielsen MPH, Jorgen Aagaard Dr. Med. Sci. & Camilla Blach Rossen RN, MNSc, PhD, Issues in Mental Health Nursing. Published online 6.2.2017
Stepped-care: A need to embrace change with innovative and pragmatic person-led mechanisms.

Grant Macphail
Flourish Australia

ABSTRACT

This presentation seeks to generate further innovative thinking, discussion, and action that embraces and enables adaptive processes for Australia’s changing mental health landscape and the provision of person-led support in a stepped-care environment. In doing so, this presentation calls for mental health system stakeholders to embrace and promote truly flexible, mutualistic, cross-sectorial, multi-level, adaptive responses to stepped-care reform within and between currently disjointed mental health system stakeholder groups. If stakeholders can embrace reformative change in innovative ways, stepped-care reform will ensure a more integrated system with greater capacity and equitable opportunities to access appropriate person-led supports. Therefore, innovative translations of stepped-care policy and research must be fostered within supportive environments, driven by the needs and voices of families, carers, and individuals with lived experience of mental ill-health, and actioned in a timely, effective, integrated, and holistic manner. As such, this presentation further calls for ecologically valid research methodologies to inform innovative and effective approaches to person-led service provision within changing contextual realities. We require evidence that enables a pragmatic understanding of the needs and perspectives of individuals with lived-experience, of which, is also appropriate for informing the continual improvement of our mental health system within a reformative environment.

Learning Objectives

Learning Objective 1: Audience will gain and learn:
- An increased, critical understanding of the complex practicalities likely to emerge from forthcoming Australian stepped-care reform and how these changes may impact provision of integrated and person-led services and supports.
- Stronger appreciation and understanding of the importance of developing an appropriate evidence-base to inform continual improvement through change, and innovative translations of stepped-care research evidence into practice.
- Critical, innovative, and pragmatic approach to thinking related to stepped care’s utility for building system capacity and diversity to promote a resilient and sustainable system.

Learning Objective 2: Stepped-care reform is an integral component in the sweep of recent policy reforms impacting the Australian mental health system. Therefore, it is essential to build a strong applied understanding of how stepped-care may impact individual access and engagement with services and supports of varying intensity. Further, in order for stepped-care reform to be effective and efficient it is also essential that system stakeholders embrace appropriate research methodologies which yield valid and reliable evidence that may inform and integrate a pragmatic understanding of lived-experience perspectives into appropriate policy development whilst enabling flexible translations of policy and research into practice.
References

S52: PAPERS: Systems of Care, Level 2 - Room 6, August 31, 2017, 11:00 AM - 12:30 PM

Valuing lived experience - how will we know when we're done?

Hannah Downing\textsuperscript{1}, Tyneal Hodges\textsuperscript{1}
\textsuperscript{1}Centacare FNQ

Biography:
Hannah Downing
Hannah is a Service Coordinator for the Partners in Recovery program for Centacare FNQ covering Cape York, the Torres Strait and Cairns. As a social worker, Hannah has worked in both the government and non-government mental health sectors for fifteen years. Hannah was the project manager for the development of the FNQ Peer Workforce Framework.

Tyneal Hodges
Tyneal has worked in the Lived Experience Workforce for sixteen years starting at Australia’s first Peer Operated Service: The Brook R.E.D Centre. Tyneal now works at Centacare FNQ as a Recovery Coach. Tyneal is a national Intentional Peer Support trainer and was the Project Officer for the development of the FNQ Peer Workforce Framework.

ABSTRACT
Many services have yet to embed a culture that allows peer workers to thrive. So, how do employers know when they are fully prepared engage and support a peer workforce?

This presentation will ask attendees to think about what their workplace needs to allow a peer workforce to flourish and how we can better support peer practice within our communities, culture and society.

In 2016, Centacare FNQ embarked on a consultation process to create a regional framework of support for peer workers. During this process, we identified a systems gap of workplace culture and practice that stifles peer workers. This presentation will explore the concepts of reasonable adjustment, workplace readiness and the foundations of peer work and how to support it.

The presenters’ aim for attendees to leave with knowledge on how to create or sustain a peer workforce and an understanding of the importance of workplace culture and appropriate supports.

Learning Objectives
Learning Objective 1: In this workshop, we will ask “How will we know when we’re done?” This question will be dissected into various focus areas such as: ‘we have a strong Peer Workforce when...’, ‘we have lived experience career pathways when...’, ‘we have well defined supervision and support mechanisms when...’, and many more. Attendees will leave with a deeper understanding of where the Peer Workforce is headed. Individuals will gain ideas about the role they can play within their communities to support the Peer Workforce as a whole.
Learning Objective 2: From the research and consultations done in creating the Far North Queensland Peer Workforce Framework, we discovered a trend of uncertainty around how to go about hiring/supporting a peer worker within an existing team. Many services have made good efforts to support workers with lived experience, but many have struggled. One of the risks of creating a Peer Workforce is that it can become tokenistic in nature. To make a strong workforce, employers may need to look at their workplace culture, the values of existing staff and policies. This workshop will explore the barriers to fully embracing Peer Work and promote discussion about the challenges and rewards of working in a peer way.

References
Contributing Lives, Thriving Communities Review of Mental Health Programmes and Services, National Mental Health Commission 2014

S53: SYMPOSIUM 1.5 HOURS: PULSAR: Researching Recovery Oriented Practice,
Level 3 - Grand Ballroom A, August 31, 2017, 1:30 PM - 3:00 PM

PULSAR: Researching recovery oriented practice in primary and secondary care.

Vrinda Edan1, Graham Meadows1, Ellie Fossey1, Lisa Brophy2,3, Penny Weller4, Michelle Kehoe1

1Monash University, 2University of Melbourne, 3Mind Australia, 4RMIT

Biography:
Vrinda Edan is an experienced Consumer worker of over 15 years. She currently works at Monash University as Consumer Academic Southern Synergy.

Professor Ellie Fossey is a registered Occupational Therapist whose academic and professional career spans undergraduate and postgraduate teaching, curriculum development and research in occupational therapy and in mental health.

Associate Professor Lisa Brophy, BBSc, BSW, MPolLaw, PhD, has a worked in the mental health field for 30 years. She is Director of Research at Mind Australia and a Senior Research Fellow at the University of Melbourne.

Professor Meadows has international profiles in GP shared care, resource distribution and applications of mindfulness in mental health practice. He has headed large scale translational studies investigating cross-sectoral training models, shared care, mindfulness and recovery oriented practice. He leads the editorial team on a major multidisciplinary mental health care textbook.

Michelle Kehoe currently works with Monash University as a project officer on PULSAReveryday. She has several years’ experience in the research field and has a keen interest in consumer led participation and engagement in research. Her research interests include evidence based-interventions and the use of qualitative research methodology. She is in the final year of her PhD with Australian Catholic University.

PULSAR: The Principles Unite Local Services Assisting Recovery (PULSAR) Trial – at $ 2.3 million the largest of five MIRF funded projects - is a cross-sectoral, mixed-methods research intervention involving staff training that aims to embed recovery-oriented practice in mental health care settings located in the Southern
Metropolitan Region of Victoria, Australia. PULSAR involves collaboration with the British Refocus team led by Professor Mike Slade; Refocus developed and trialled a training intervention focused on supporting recovery and enabling organisational change.

This symposium will provide an overview of the design and implementation of PULSAR in Victoria. We will also explore the preliminary data from both primary and secondary care, with an in-depth examination of one primary care practice. The symposium will end with an introduction to PULSAR everyday, a consumer led recovery guide.

Paper 1: PULSAR: Overview, implementation and the intervention (GM, LB, PW, VE)

Mental health services in Victoria are working towards system-wide transformation through policy and legislation that promotes recovery-oriented practice, supporting consumers to have greater choice and control in their lives. Such transformation requires new approaches, including those which can foster cultural and attitudinal change in health professionals. This paper discusses the Principles Unite Local Services Assisting Recovery (PULSAR) project, a $2.3 million program funded through the Victorian Government’s Mental Illness Research Fund (MIRF), which aims to facilitate the reorientation of mental health services towards recovery.

PULSAR is a complex four year intervention trial involving 20 investigators in 10 organisations across both primary and secondary care services. In this paper, we will describe the stepped-wedge cluster randomised control trial designs used in the project and provide an overview of the separate recovery-oriented training interventions developed for general practitioners and for staff in community-based mental health services. We will then provide an overview of the process of implementing the large-scale multisite intervention, and discuss some of the challenges encountered during the implementation and data collection phases. Some of these challenges were specific to the area being studied, and others are commonly encountered in research projects, including engagement, recruitment and retention of participants.

Paper Two: PULSAR: Preliminary data (GM, LB, JE, EF, VE)

PULSAR data collection is nearly concluded and electronic data acquisition well advanced. Quantitative data assessing recovery is being collected in serial cross-sectional studies from over 1000 participants across multiple time points: typically baseline, end of year one and two; with variation to this structure in the primary care setting. A subset of participants is involved in up to two study interviews that include clinical, personal recovery and economic evaluation focused measures. The project also includes a series of qualitative studies with up to 60 consumers and staff participating in interviews exploring recovery-oriented practice, as well as a process evaluation. The details of this mixed-methods data analysis approach will be summarised and a set of preliminary analyses will be discussed giving an early indication of findings.

Two design frameworks can be used to drive full-study stepped-wedge analyses, characterised as ‘incomplete’ and ‘complete’ designs including Original Group Analyses as well as those based on actual exposures. Implications of different data completion rates will be described and the more exploratory nature of the primary care study explicated. Qualitative data will have considerable contributions to make to this work and the process for integrating the two strands of data will be discussed along with implications for design of similar large scale translational research exercises.

Paper Three: Implementing Recovery Oriented Practice in Primary Care – a case study. (VE, EF, WC, GM)

The PULSAR qualitative study was designed so that early data collection would guide the nature and extent of subsequent data collection. During the PULSAR primary care intervention, GP Clinics identified varied experiences, barriers and enablers to implementing recovery oriented practice. To better understand these issues from multiple perspectives, we added an in-depth case study at one of the PULSAR primary care sites.
The purpose of this case study was to recruit and interview the multidisciplinary primary care staff team as well as patients attending the service, to explore recovery principles and practices in greater depth. This paper will describe this study, the outcomes and implications for primary care.

Paper Four: PULSAREveryday, a guide to consumer led recovery. (VE, MK, EF, GM)

In previous studies exploring recovery oriented practice it has been identified that a lack of focus on consumers understanding of recovery may have a potential impact on the outcomes of recovery oriented practice. During the PULSAR project there came an opportunity to support development of a consumer led project to develop materials for consumers to sustain recovery and support them in leading discussion about what's important in their interactions with health and other service providers. The project team were successful in gaining a $50,000 external grant specifically for this consumer led work.

Preliminary material was developed and used at two focus groups, conducted by the consumer researchers, to determine the final materials to be developed. During the focus groups, suggestions were made regarding the potential of a group process to deliver the material. A consumer guide was developed, as well as some supporting materials, and a four-week program to deliver and discuss the various domains of recovery as covered in the guide.

This presentation will discuss the development, implementation and evaluation of the materials for this project. The unique composition of the work team will also be discussed highlighting what it means to be a consumer working on this research project and the value of consumer-led participation in the research field.

Learning Objectives
Learning Objective 1: Participants will gain an understanding of how research for the implementation of recovery oriented practice can be developed and implemented across a complex mental health system.

Learning Objective 2: Participants will be invited to consider their learning for their practice setting from this project. Relevant areas for different participants may include directly applicable frameworks and working practices and ideas for how research, program evaluation or quality assurance projects may be constructed based on cutting-edge translational research techniques and strategies.

References
**Open Dialogue: Family Peer Support in Action.**

**Jacinta Kuklych¹, Lindy Chaleyer¹²**

¹Headspace, ²Aged Psychiatry, The Alfred

**Biography:**
Jacinta Kuklych - Carer Consultant
Jacinta has a ‘lived experience’ as a parent of caring for a loved one with mental health challenges. Jacinta brings her experience of navigating diverse parts of the service system in order to maximise wellbeing and the broader quality of life for her child and family. This experience has provided her with a detailed understanding of the challenges and associated distress that is often experienced by families. Jacinta is passionate about maintaining her own and families well-being whilst in the caring role.

Lindy Chaleyer - Family Peer Worker
Lindy has a long history of providing family peer support to families of young people experiencing mental health challenges. Lindy’s lived experience enables her to ‘walk alongside’ and support families in an empathetic peer model. Lindy is passionate about reducing the stigma, guilt and shame that can come with caring role.

**ABSTRACT**
Family Peer Support brings a unique perspective to clinical work as it enhances collaboration between all family members and clinicians; facilitating the recovery journey. Sharing their ‘lived experience’ can help reduce a family’s sense of shame, guilt, isolation and stigma. Through peer workers affirming and addressing these feelings, barriers to communication between the clinical team, young people and family members can be overcome.

At headspace, family peer workers with ‘lived experience’ of caring for a young person experiencing mental illness have been engaged to provide improved support for families and help young people retain and strengthen their connections with family. The Family Peer Support Workers at the headspace Youth Early Psychosis Program initiate contact with the family as early as possible and continue to provide support as required.

While Family Peer Workers support families to access other community agencies, they also offer substantial advocacy and one-on-one (individual) emotional support? Individual support involves these workers sharing their ‘lived experience’ appropriately as well developing well-being strategies with families. This is to ensure the families psychological and physical health needs are being considered alongside their loved one’s recovery journey.

This presentation will be a demonstration of how Family Peer Support workers utilise their ‘lived experience’ to walk alongside the family empathically.

**Learning Objectives**
Learning Objective 1: To understand what family peer work brings to a youth mental health service and how it adds value to the young person’s recovery.
Learning Objective 2: To have an understanding of the role of family peer support worker in ‘walking alongside' families and how this can enable them to feel empowered in their caring role.

References
Noreen Brady PhD, RN, CNS, LPCC; Gail C. McCain PhD, RN, FAAN; The Sarah Cole Hirsh Institute for Best Nursing Practices of the Case Western Reserve University Frances Payne Bolton School of Nursing: Living With Schizophrenia: A Family Perspective.
Dr. Helmut C Y Yu, Dr. Nimeka Ramanayake, Dr. Vivek Baskaran, Dr. Hannah Hsu, Dr. Jennifer Truong, Dr. Geoffrey Balean. A review of early intervention in youth psychosis. Australian Medical Journal.

S54: SNAPSHOTs: Youth - A State of Mind,
Level 3 - Grand Ballroom B, August 31, 2017, 1:30 PM - 3:00 PM

Improving engagement & outcomes by developing a peer support workforce for youth early psychosis services.

Gillian-Audrey Abadines¹, Prasuna Pradhan¹
¹headspace

Biography:
Gillian Abadines is a Project Development Officer for the Peer Workforce. She is currently undergoing her first year of Psychology (Hons.) at Macquarie University. Gillian is also a member of the headspace Mount Druitt Youth Advisory Committee.

Prasuna Pradhan is a Project Development Officer for the Peer Workforce. She is completing her third year of a Bachelor of Psychology (Hons.) at Macquarie University. Prasuna plans to complete her fourth year honours thesis in the field of neuropsychology.

Abstract
Integrating a Peer WorkForce (PWF) within mental health services has increasingly become accepted alongside the move toward recovery-oriented practice. This talk by PWF project development officers will summarise their experiences preparing the Western Sydney headspace youth early psychosis service for a PWF. According to Orygen’s internationally recognised Early Psychosis Prevention and Intervention Centre (EPPIC) model, youth and family peer support roles were developed as core components because they improved engagement, outcomes and consumer satisfaction. During the continued delays starting a PWF in the Western Sydney region, staffing funds were reallocated to help the organisation and its staff prepare for a PWF. There is increasing evidence that peer support plays just as important a role as clinicians and medical treatments in client recovery. From a consumer perspective, five priority areas were identified (values, structural factors, resources, engagement, and the EPPIC Model). After presenting their review to all staff the authors continued this preparation work, researching the unique contributions of a PWF in this setting. Other preparation steps included guideline development alongside researching user views of the service. The PWF offer both a unique and complementary role in promoting recovery-oriented mental health services. Employing project development officers with consumer and lived-experience flagged concerns about the extent to which the service was recovery-focused, as well as its potentials, creating a more user-led approach.
Learning Objectives
Learning Objective 1: The audience will gain clarity in their understanding of the Peer Worker role and its value in the recovery journey of a young person. In addition, the audience will gain an insight to the importance of a youth peer worker presence within youth mental health services.

Learning Objective 2: The topic of peer work in a youth early psychosis program is relevant to mental health services/issues as peer workers ensure that a holistic approach is taken to the treatment and care of a consumer. Our paper addresses ways in which peer workers can improve engagement and ensure for a recovery-driven approach to a consumer's experience with a mental health service.

References

S54: SNAPSHOTS: Youth - A State of Mind,
Level 3 - Grand Ballroom B, August 31, 2017, 1:30 PM - 3:00 PM


Sarah Rijs¹, Hamish Cowan¹
¹Headspace Youth Early Psychosis Program, Alfred Health

Biography:
Sarah Rijs is an Occupational Therapist and Senior Clinician working across the MAT Team and Recovery Program at headspace. She has predominantly worked with youth populations in a range of different settings. She has a passion for developing collaborative working relationships with young people and helping to facilitate a transition back to meaningful occupations.

Hamish Cowan is a Mental Health Nurse and a Senior Clinician working on the MAT Team at headspace as well as being in a nurse practitioner candidate position. Hamish has in excess of 15 year experience working across the lifespan in a range of different settings. He is passionate about always using innovation and reflection in his practice.

ABSTRACT
The headspace Youth Early Psychosis Program (hYEPP) in Bentleigh implemented a Mobile Assessment and Treatment (MAT) Team in 2014. The MAT Team is a multidisciplinary team, which works seven days a week providing; cutting edge, needs adapted treatment to the most at risk and vulnerable, young people experiencing unusual experiences or psychosis. MAT works collaboratively with young people and their support systems to deliver crisis assessment and short term intensive assertive outreach support. When required, MAT is able to provide longer term case management to young people presenting with complex mental health difficulties who may not have capacity to engage in a traditional continuing care team framework.
Using an assertive outreach approach to facilitate engagement; the MAT team works collaboratively with other agencies, employing a psychosocial recovery focus, supporting our young people to remain meaningfully engaged in their communities.

This paper will provide an overview of how MAT engages young people and support networks. It will use a case study to illustrate this model, which will include the voices of a young person and those of their support network reflecting on their experiences with the MAT Team.

**Learning Objectives**

Learning Objective 1: Audience members for this presentation will come away with a sense of how assertive recovery oriented outreach can facilitate engagement with their young clients and maintain connectedness to their communities.

Learning Objective 2: This topic is particularly relevant to contemporary mental health services wanting to explore innovative ways of establishing genuinely collaborative engagement with young people, and their support networks.

**References**


**S54: SNAPSHOTS: Youth - A State of Mind, Level 3 - Grand Ballroom B, August 31, 2017, 1:30 PM - 3:00 PM**

*Mental Health Public Speaking Challenge: With a Twist!

Danielle Pretty¹, Felicity Meehan¹, Nicole Smith¹

¹Sydney Local Health District

**Biography:**

Danielle and Felicity are Clinical Nurse Consultants working with Children of Parents with a Mental Illness in the Sydney Local Health District, within the Adult Mental Health Service. Both have a passion for working with young people and families experiencing mental health issues. Felicity and Danielle have co-authored two publications. One centred around the perspectives of children and families who participate in a COPMI school holiday program and the other a parenting program for parents experiencing mental illness. The presented recently at the 17th International Mental Health Conference on their school holiday program.

Nicole Smith is the School-Link Coordinator for Sydney Local Health District. The School-Link Program facilitates the Health and Education sectors working together to improve child and adolescent wellbeing. She is an experienced Social Worker with a passion for child safety, respectful relationship education and domestic violence prevention.

**ABSTRACT**

Up to one in five children/adolescents live with a parent with a mental illness. Children who have a parent with a mental illness are at risk of social, emotional and psychological difficulties. This paper reports on an initiative of Children of Parents with a Mental Illness and School-Link Sydney LHD, designed to engage high
school students in conversations about mental illness and address some of these challenges. Small teams of Year 9/10 students from 11 schools in the Canterbury/Inner West Local Government areas took part in a public speaking challenge, in which they were allocated a topic to research and present on mental health, mental ill health and help seeking. Students reported through feedback surveys that they felt more confident after the challenge in their knowledge of mental health and well-being. The teachers also provided positive feedback about the activity, finding it a useful challenge and a great way to integrate mental health topics into the curriculum. Participating schools expressed interest in continuing involvement. Recommendations include implementing this at a local school level in addition to continuing the district-wide challenge. More comprehensive data needs to be gathered on the effectiveness of this strategy in addressing the challenges of mental illness.

**Learning Objectives**

Learning Objective 1: Provide insight into a new initiative for engaging high school students in conversations about mental illness.

Learning Objective 2: Propose an innovative strategy for reducing the stigma associated with mental health issues for school communities, adolescents and their families.

**References**


**S54: SNAPSHOTs: You**th - A State of Mind,  
**Level 3 - Grand Ballroom B, August 31, 2017, 1:30 PM - 3:00 PM**

Stepping Stones Recovery Journal - "Helped me to understand in a more clear and less destructive way". Using a multidisciplinary workbook on an adolescent inpatient unit allowed clients to be at the centre of their inpatient stay, take control of their treatment and supported collaboration with them, their families and staff.

**Ashleigh Taylor¹**, **Kara Mure¹**  
¹Monash Health

**Biography:**

Mental Health Clinicians working in case coordination, program coordination and nursing roles at Stepping Stones - Monash Health Adolescent Inpatient Unit.

Kara Mure is an occupational therapist with 3 years’ experience in Adolescent Mental Health. She has knowledge and interest in sensory modulation and distress tolerance particularly in the context of suicidal ideation and deliberate self-harm.

Ashleigh Taylor is a registered nurse with 2 years’ experience in adolescent psychiatry and has been working recently as the transition program coordinator on stepping stones. Ashleigh has a special interest in collaborative health care and patient advocacy. Together we have developed a unique interface for patient and families learnings and recovery.
ABSTRACT
Utley and Garza (2011) describe that the use of journaling as a counselling intervention is a creative way to engage clients in a therapeutic activity that can lead to greater self-awareness and growth, both during session and in between sessions.

Stepping Stones, a child and adolescent inpatient psychiatric unit, where at risk teenagers engage in individual and group work has implemented a journal to assist patients and families be more engaged in and take ownership of their treatment and recovery. The journal was designed to complement the model of care and group work by providing a physical means of collating therapeutic work to assist in recovery and aid communication for both staff, the patient and their families. A secondary function the journal serves is promoting distress tolerance and providing a means of coping and containment, giving the patients a tool to externalise their emotions.

“A central tenet of the recovery model is that empowerment of the user is important in achieving good outcome in serious mental illness” (Warner, R, 2010). Our aim is to share our patients’ experiences of how the recovery journal “helped me to understand in a clearer and less destructive way (patient A, age 16)” and supported collaboration and empowerment within our population.

Learning Objectives
Learning Objective 1: The audience will take away insight into an innovative multidisciplinary practice, how this influenced the culture and staff attitudes on an inpatient unit. Furthermore, we hope to educate the audience on the positive outcomes for patients and their families.

Learning Objective 2: The recovery journal talks to the need for collaboration with staff, families and the young person to assist in better outcomes. It supports the overarching model of care utilised by mental health services. It incorporates engagement in group work, safety planning and distress tolerance, which are key facets in providing support to adolescents in recovery.

References
S55: Parragirls: Past, Present - Discovery through Virtual Reality,
Level 4 - Room 2, August 31, 2017, 1:30 PM - 3:00 PM

Parragirls: Past, Present

ABSTRACT
Parragirls: Past, Present is a 3D immersive experience presenting the Parramatta Girls’ Home through the vision of the girls who were incarcerated in the home as teenagers. The project emerges from the long term Parragirls Female Factory Precinct Memory Project [PFFPMP], a social history and contemporary art project initiated in 2012, situated at the former Parramatta Girls Home. PFFPMP develops artistic collaborations with Parragirls through on-site workshops led by contemporary artists, supporting memory work in the context of past trauma and social disadvantage. Parragirls: Past, Present is a collaboration with media artists at UNSW and coincides with The Royal Commission into Institutional Responses to Child Sexual Abuse. Fostering the creative work of the Parragirls is fundamental to changing how they and other marginalised people are perceived and valued. PFFP Memory Project is recognised as the first Australian member of the 200-strong International Coalition of Sites of Conscience. Conference delegates will have the opportunity to experience Parragirls in virtual reality. Bonney Djuric, one of the Parragirls will be present in the room, so that each delegate experiencing this demo has someone to discuss the content with, and to place the demo in context.

WARNING
Please be aware that this virtual reality experience may be disturbing to some people who have themselves experienced incarceration or confinement in an institution. If after viewing Parragirls you feel the need to debrief or need speak with a mental health worker, please see one of TheMHS Committee members who will be present at this session or go to TheMHS registration desk on Level 3 to seek assistance.

S56: ROUNDTABLE 1 HOUR: Museum of the Mind,
Level 4 - Room 3, August 31, 2017, 1:30 PM - 3:00 PM

Creating a Museum of the Mind in Australia.

Jenna Bateman1, Vivienne Miller2, Alan Rosen3, Consultant Psychiatrist, Katherine Boydell3, Jill Bennett4
1Mental Health Coordinating Council, 2TheMHS Learning Network, 3Black Dog Institute, 4UNSW

Biography:
Jenna has worked in the mental health sector for 25 years, initially as a clinician and manager in the public service sector. In 2000 she moved to the community sector recognising the value of psychosocial approaches to good mental health outcomes. She is a passionate advocate for MH reform and has co-authoreded documents on social inclusion, trauma informed care and recovery-oriented practice. Jenna has driven development of the community managed sector through accredited training qualifications and supported development of the MH Peer Work qualification. She was appointed to the taskforce to create the NSW MH Commission and is a founding member of Community Mental Health Australia (CMHA) – the alliance of Australian State and Territory mental health peak bodies. Jenna is currently CEO of the Mental Health Coordinating Council. She is a qualified Mental Health Nurse and has a Bachelor of Arts and a Master’s Degree in Community Management.
ABSTRACT

A Museum of the Mind is an exciting concept and one that has huge potential to be an important vehicle for people to explore and understand mental health. A Museum of the Mind can promote the importance of mental health and reduce stigma by bringing people together to explore the mind, mental health and the experience of mental illness. Further, a MoM can be an agent of social change and make use of the undeniable potential of museums as therapeutic agents. There is a gap in Australia for this kind of endeavour which can bring together perspectives on mental health from across a wide range of interest groups including people with lived experience of mental health conditions and their families and carers, neuroscientists and clinicians, artists, educationalists, sociologists, aboriginal and multicultural groups and many more. A museum can be a place of coming together and a place of hope and social inclusion which talks directly to the experience of mental illness and to what supports recovery. A Museum of the Mind can have experiential aspects (installations on ‘point of view’ and voice hearing for example), psychological and cultural perspectives, medical and scientific developments, artistic representations as well as contain historical perspectives and reference material.

The presentation will address how a Museum of the Mind can play a key role in stigma reduction, using an innovative and sustained focus to educate, inform and influence attitudinal change. Addressing the cultural authority which museums have, the presentation will explore how museums can tackle social justice issues such as trauma, difference and exclusion as they relate to the development and experience of mental health conditions.

An overview of ten Museums of the Mind established across Europe will be used to illustrate the diverse ways in which Museums of the Mind can be created, funded and maintained. Internationally, there are museums like Het Dolhuys in the Netherlands and the Museo Laboratorio della Mente in Rome that specifically seek to reduce the stigma of mental illness by inviting visitors through interactive exhibits to engage with the experience of mental illness. Other Museums of the Mind address issues that affect mental health such as trauma, abuse, drugs and nutrition and still others explore contemporary and emerging approaches and treatments to mental health conditions.

A Museum of the Mind could also play a key chronicling role; identifying, assessing, cataloguing and assisting in the preservation of artefacts and practices which catalogue the history of psychiatric care in Australia. Much of the historical record has already been lost and what remains, needs to be identified, catalogued, preserved and displayed. A Museum of the Mind could play this role.

The plan for this roundtable is as follows:
1. A short presentation based on the original abstract submitted. Presenter: Jenna Bateman
2. Current opportunities on the Callan Park site for developing a MoM along with arts-based organisations
3. A number of questions and ideas will be posed to a few interested individuals
4. Discussion and debate in the form of talking circle.
5. Ending with an invitation to come to a meeting of interested people at the end of sessions on Thursday.

Learning Objectives

Learning Objective 1: Addressing the cultural authority which museums have, the presentation will explore how museums can tackle stigma reduction, using an innovative and sustained focus to educate, inform and influence attitudinal change.

Learning Objective 2: Attendees will learn how Museums of the Mind can contribute to the questioning of both historical and current practice approaches to mental health and mental illness. They will gain insights
into the value of museums in presenting ideas and posing issues that arise as the various frames through which mental illness is understood are presented.

References
Besley, J, 2009, Making Peace with the Past?, Churchill Fellowship Report to examine the role of museums in assisting communities to recover from traumatic events and experiences, The Winston Churchill Memorial Trust of Australia

Open Dialogue: Can old dogs be taught new ways of being?
Carolyn Durrant¹, Flick Grey, Paul Rhodes², Matthew Russell³
¹Nepean Blue Mountains Local Health District, ²University of Sydney, ³Northern Sydney Local Health District

Biography:
Carolyn works for Nepean Blue Mountains Local Health District in the Family & Carer Mental Health Program. She is responsible for developing the capacity of the mental health workforce for family-inclusive practice. She is a social worker and has completed a Master of Mental Health.

Flick Grey is a survivor of childhood trauma with an academic background in sociology, linguistics and madness studies, working as a consultant, supervisor, researcher, trainer and freelance peer supporter. Grounded in Intentional Peer Support and Open Dialogue (which she is currently studying in London), she works to foster spaces for listening deeply (including listening to madness, sensitivity and inner voices), and meaningful, systemic, human responses to people in emotional crisis.

Aim: To explore the teaching of Open Dialogue through content and process.

ABSTRACT
Open Dialogue is an approach to mental health care with its roots in 1980s Western Lapland. In the last 5 - 10 years it has generated a lot of interest internationally with many services based on its approach being developed both in Australia and abroad. There are currently at least three training programmes underway in Australia, including one in Sydney, NSW. Open Dialogue is said to be as much about a way of life as a therapeutic approach, so how does one teach a way of life to clinicians wanting only to learn a new way to help their clients facing mental distress? Does signing up for the latter, mean a commitment to the former, and how explicit should trainers be about this course requirement? The workshop will examine why Open Dialogue may necessitate a change in students’ way of life, and provide an opportunity for workshop participants to respond to and explore this.

Plan:
15 minutes – Brief introduction to Open Dialogue, including the seven principles - Chairperson
15 minutes – Responses and questions to the Open Dialogue approach – Group discussion
15 minutes – Using the Open Dialogue approach in clinical practice; the personal challenges – Co-presenters
15 minutes – Responses and questions to the personal challenges – Group discussion
10 minutes – What do the personal challenges of using Open Dialogue mean for training? Some initial thoughts – Chairperson
15 minutes – Responses and questions to thoughts about training – Group discussion
5 minutes – Wrap up and close - Chairperson
Learning Objectives
Learning Objective 1: Workshop participants will explore the personal aspects of using the Open Dialogue approach in mental health care and understand some of the challenges this poses to developing training courses. Learning Objective 2: Open Dialogue offers a new approach to mental health care in Australia that honours the lived experience of consumers and family members. Participants will have the opportunity to engage with some of the opportunities and challenges of teaching this new approach.

References

S58: PAPERS: Work It Out, Level 4 - Room 5, August 31, 2017, 1:30 PM - 3:00 PM

Employ Your Mind: Improving thinking skills for work and community engagement.

Anne Miles¹, Julie Hilton², Michael Judd²
¹WISE Employment, ²Prahran Mission

Biography:
Anne Miles
Anne is an Occupational Therapist and the Project Manager for Employ-Your-Mind (EYM). Anne has a Masters of Occupational Therapy from California State University and experience in community and forensic mental-health, social enterprises and social firms, in Australia, USA, and UK. Anne has been developing and delivering EYM since 2015.

Julie Hilton
Julie has worked in the community mental health sector for 7 years and started working with Prahran Mission Uniting Care in 2014. Prahran Mission embraced the opportunity to implement Employ Your Mind (EYM) in 2015 and Julie has and been working as an EYM Learning Coach since June 2016.

Michael Judd
Michael grew up in New Zealand and has lived in Australia for 28 years. He is a participant of Prahran Mission and started Employ Your Mind in 2016. Michael has researched peer support work as part of the EYM program and plans to work in this role in the future.

ABSTRACT
The aim of this paper is to increase attendees’ understanding of how cognitive impairments can affect people’s ability to engage in work and other activities, and how structured interventions such as Employ Your Mind (EYM) can help build key thinking skills and confidence.

Mental illness can affect cognitive functioning skills such as planning, problem-solving and concentration. This, in turn, can limit people’s capacity to engage with their community and gain employment.

Employ Your Mind (EYM) is an innovative approach to help people improve these skills, developed in Scotland by Fife Employment Access Trust (FEAT).
St Vincent’s Mental Health and WISE Employment are working in partnership with FEAT to introduce the program into Australia. EYM is a six-month program combining cognitive remediation exercises with individual projects and work experience to develop and reinforce the skills developed.

WISE Employment is delivering the program with three partner organisations in Victoria and St Vincent’s Mental Health is evaluating the pilot program. The evaluation will be completed later in 2017 but preliminary feedback from staff and participants has been positive with reports that EYM has made a positive difference to people’s sense of self-efficacy, thinking skills and confidence to pursue work or volunteering.

**Learning Objectives**

Learning Objective 1: Attendees will gain improved understanding of the use of a structured intervention to assist in overcoming a key barrier to achieving employment and related goals.

Learning Objective 2: This project is relevant to mental health services as the new funding environment of the NDIS will increase opportunities for services to provide interventions that assist people to develop work-readiness skills.

**References**


**S58: PAPERS: Work It Out, Level 4 - Room 5, August 31, 2017, 1:30 PM - 3:00 PM**

Supporting people with a mental illness into paid/unpaid work. The individual/systemic challenges and barriers in a rapidly changing landscape.

Peter Veltman¹, Breeana McGrath¹, Keith Low¹

¹Star Health Group Ltd, ²Department of Social Services

**Biography:**

Breeanna and Keith have both worked in the PHaMs employment program for over 4 years. They come to the position with mental health experience as well as a genuine interest in supporting people with a mental illness into paid and unpaid work as well as a range of alternate vocation opportunities. They are keen to share their learning’s, approaches and expertise

**ABSTRACT**

Engaging and supporting people with a mental illness into paid and unpaid work can be challenging, complex and life-changing. Inner South Community Health’s PHaMs Employment Program in Melbourne’s South East have utilized knowledge, skills, experience and evidence based practice to build on a mental health focused employment and vocation support model. The approaches taken recognise the innate challenges that people with a mental illness are likely to face when wanting to enter, re-enter paid and unpaid work. Tailoring support that focuses on individual/systemic mental health barriers, suitable goal setting, navigating a complex service system, care-coordination, collaboration and pre-post support has shown to enhance consumer outcomes. At a time where there is increased focus on moving people with a
mental illness from Disability Support Pensions to other allowance types, the need to re-look at how we support this vulnerable group is more important than ever. As we prepare for an uncertain future, this paper examines the challenges in navigating, understanding the eligibility criteria of the disability employment system, our learning’s, the development of our employment support model including consumer experiences and outcomes resulting from their participation in the program. To what extent can this model influence change both on an individual and systemic level?

Learning Objectives
Learning Objective 1: This presentation aims to present an innovative employment support model while identifying and addressing some of the many barriers people with a mental illness experience when finding paid/unpaid work. Audience participants will be introduced to new and emerging approaches that could potentially be used in a range of different mental health settings.

Learning Objective 2: Integrating a mental health specific approach with a generalist disability support system aims to increase the capacity of the disability employment system to better work with people with a mental health issue trying to find, apply for and maintain paid and unpaid work.

References
Crowther, R., Marshall, M., Bond, G., & Huxley., P (2001). Helping people with severe mental illness to obtain work:, bmj, 322 (4), 204 - 208
Boarderman, J., Grove, B., Perkins, R., & Shepherd, G (2003), Work and employment for people with psychiatric disabilities, British Journal of Psychiatry, 182, 467 - 468

S58: PAPERS: Work It Out, Level 4 - Room 5, August 31, 2017, 1:30 PM - 3:00 PM

Deconstructing Vocational Expectations – supporting full employment and education opportunities for people with lived experience.

Xenia Girdler¹,², Maggie Toko¹
¹Victorian Mental Illness Awareness Council, ²Global Reconciliation

Biography:
Xenia Girdler
Xenia’s professional experience, whilst traversing many industries, holds common themes of creativity and innovation. During her years working in the community sector she became noted as an engaging public speaker, innovative curriculum designer and educator. Since 2011, Xenia has been working with community health services in the major cities and towns in the Northern Territory and a number of remote communities in East Arnhem developing programs to build community capacity and provide hope and choice through education and training.

Maggie Toko
Maggie is of Ngati whatua and Ngapuhi descent and the CEO of the Victorian Mental Illness Awareness Council (VMIAC). Prior to VMIAC Maggie worked 15 years in youth mental health and 5 years teaching at RMIT University. Maggie’s most recent teaching experience was focussed in the Northern Territory teaching indigenous workers the cert IV and Diploma in Mental Health and Drug and Alcohol.
ABSTRACT
The Equal Opportunity Act has been an underpinning principle of our Industrial Relations lexicon since 2010. However, perhaps it has become something of a motherhood statement, failing to truly influence our policies, procedures and practices.

Equal opportunity means all people will be treated equally or similarly and not disadvantaged by prejudices or bias. This means the best person for a job or place in higher learning is the person who earns that position based on skills, knowledge, experience and attributes. In other words, the right competencies.

Workplace diversity values everyone's differences.

Organisations claiming to be driven by principles of equality and inclusion may, in fact, be denying opportunities to entire groups of people due to standardised staff recruitment and student application policies and procedures.

Position Descriptions, selection criteria, application processes often assume an uninterrupted life; school, university, professional career. This framework is alienating and fails to take into account the rich tapestry which is formed through informal and non-formal learning.

This paper examines current practice in light of equal opportunities and inclusion. Further, it suggests that to be considered an organisation of choice for people with Lived Experience a re-think is necessary to ensure diversity is truly acknowledged and celebrated.

Learning Objectives
Learning Objective 1: This presentation will provide insight into the underlying discrimination which supports current recruitment strategies in both employment and education and the barriers it creates for people with lived experience.

Learning Objective 2: This paper calls for a re-thinking of current employment and education practices to ensure true equality of opportunity. This sits at the heart of Recovery; to support people to regain a valued sense of self in a manner which fosters hope and choice.

References
Deegan, p. (996) recovery as a journey of the heart, Psychiatric Rehabilitation Journal, 11 – 9
S59: PAPERS: Taking Care of Families,  
Level 2 - State Room, August 31, 2017, 1:30 PM - 3:00 PM

Family responses to a mental health crisis: the importance of relational recovery

Marianne Wyder
1
2Metro South Addiction and Mental Health Services

Biography:  
Dr Marianne Wyder is a social worker with a background in sociology. Over the past 20 years she has worked in various research and clinical positions in the Government, Non-Government and University sector. Her research experience spans the health sector and includes expert knowledge on mental health, capacity building, inequality, involuntary treatment, family breakdown, translational research, gender, drug and/or alcohol abuse and suicidal behaviours. She is currently employed as a research fellow in Metro South Addiction and Mental Health services where her role involves conducting and facilitating practice based research and evaluations as well as supporting clinicians in conducting research.

ABSTRACT

Despite families being critical in providing support to their loved one, many families report feeling unsupported and distanced from treatment and care planning. There has been little systematic interest in the changing roles and experiences of families throughout the emergence of illness, crisis, treatment seeking and subsequent recovery. This paper will present the findings from a qualitative study investigating the experiences of 20 families of an involuntary mental health admission and will highlight how a family’s journey is interdependent and interconnected with that of their loved-one. It will also highlight the relational nature of recovery and show that a family’s response to a mental health crisis is dynamic and related to the stages of treatment. There is a need to recognise families’ expertise and (when appropriate) involve them as equal partners in planning and delivery of treatment. Facilitating and supporting families in providing recovery oriented care will enable them to start their own recovery journey which will enhance their ability to provide recovery oriented care.

Learning Objectives

Learning Objective 1: The audience will gain an understanding of the relational nature of recovery and the impact of an involuntary admission on family

Learning Objective 2: Family and carers are critical to the recovery journey and it is critical to support them at a time of crisis.

References


Building the evidence for Building a Future: Evaluation over time of a family education program.

John Farhall¹,², Kate Higgins³, Stephanie Mathews¹, Kirk Ratcliff³, Sue Farnan³

¹La Trobe University, ²NorthWestern Mental Health, ³Wellways Australia

Biography:
John Farhall is an Associate Professor in the School of Psychology and Public Health at La Trobe University and a Consultant Clinical Psychologist at NorthWestern Mental Health in Melbourne. His research and clinical practice has focused upon psychosocial interventions for consumers and families, particularly those with psychotic disorders.

Sue Farnan is responsible for family education at Wellways Australia (formerly Mental Illness Fellowship Victoria). She has a background in community health nursing and a Masters in International Mental Health. She has overseen the development and implementation across Australia of Building a Future over the past 15 years.

ABSTRACT
Although there is a strong evidence base for clinician-led family psychoeducation programs, peer delivered family education has received less research and evaluation attention (Dixon et al. 2004). Building a Future is a program developed by Wellways (formerly Mental Illness Fellowship Victoria) in the early 2000s that utilises peer delivery, multimedia and group work to deliver up to date information about mental health and recovery for people experiencing mental health issues and their families and carers. The groups aim to support participants to examine some of the complex emotional and practical issues involved in providing care to a family member experiencing mental health issues and to develop ongoing support and information mechanisms. Feedback questionnaires have been completed by over 1000 participants across different phases of evaluation including a recent small (n=34) wait-list control study. We put some new results in the context of previous findings (Stephens et al. 2011) and reflect on what we now know about benefits and possible processes of peer led family education.

Learning Objectives
Learning Objective 1: People in the audience will gain a better appreciation of the nature and extent of benefits of peer delivered family education about mental health issues.

Learning Objective 2: The presentation will illustrate how family members experience is relevant to services: Family members who have had lived experience of caring for a member living with mental health issues are in a strong position to make an authentic, evidence-informed and cost-effective impact on the lives of others in a similar position.

References
Single session family consultation at NorthWestern Mental Health.

Michelle Swann, Lisa Hebel

Northwestern Mental Health

Biography:
Michelle Swann is the Carer Advisor for NorthWestern Mental Health and since 2002 has been employed in the mental health sector in a variety of carer worker roles. Michelle holds a qualification in legal studies together with a Bachelor of Social Work (Honours). Prior to 2002, she was employed as a legal executive for almost 20 years.

Lisa Hebel is the Senior Social Work Advisor for NorthWestern Mental Health. She is a Social Worker and Family Therapist who has worked in public mental health for 25 years. Currently Lisa provides workforce training and development for social workers across youth, adult and aged mental health. Lisa's areas of interest include working with clinicians to support their working with the children of parents with a mental illness.

ABSTRACT
NorthWestern Mental Health (NWMH) is one of the largest publicly funded mental health services in Australia and provides comprehensive hospital-based, community and specialist services to youth, adults and aged people across northern and western Melbourne.

Single Session Family Consultation (SSFC) is an approach informed by single session therapy and the family consultation model. It involves 1-3 consecutive meetings between a worker and family, including the consumer. The aim of these meetings is to clarify the nature of family involvement in the work with the consumer and to assist the whole family identify and respond to their own needs.

The Single Session Family Consultation model has been 'rolled out' across the whole of NWMH. The NWMH Family Work Steering Committee (FWSC) has overseen the development of this project including arranging training in the SSFC model from The Bouverie Centre, Victoria's Family Institute and encouraging mental health clinicians from all disciplines to participate. The training and support from the FWSC has helped to equip staff with skills in facilitating productive and respectful meetings with families, including the consumer.

Learning Objectives
Learning Objective 1: The audience will gain an appreciation of the impacts of implementing the Single Session Family Consultation model across six separate mental health services within NorthWestern Mental Health including an increased emphasis on family sensitive and inclusive practice within the clinical mental health environment.

Learning Objective 2: The Single Session Family Consultation model is an effective, productive vehicle to meet the needs of important stakeholders in our mental health services, including families, consumers and mental health clinicians. This model encourages and supports a tripartite approach to mental health care.

References
S60: PAPERS: Leadership, Learning and Tough Conversations, Level 2 - Room 2, August 31, 2017, 1:30 PM - 3:00 PM

Victorian Mental Health Interprofessional Leadership Network; An innovative network of leaders. Using the strength of an interprofessional network as a pathway to mental health reform.

Jo Stubbs\textsuperscript{1}, Rika Delaney, Violeta Peterson, Ed Tracey, Henrique Van-Dunem

\textit{Melbourne Health}

\textbf{Biography:}
Jo Stubbs is a mental health nurse. She has worked in the public mental health sector for 14 years. She has worked in inpatient units and community clinics throughout Victoria. More recently Jo has spent time in project work. She was a Mental Health Act Project Manager and also works as the Mental Health Tribunal Clinical Coordinator for North West Area Mental Health Service. Jo was initially a member of the Victorian Mental Health Interprofessional Leadership Network (VMHILN) and in December 2016 she took on the role of the VMHILN Project Manager. Jo has a Masters in Mental Health Nursing. She is passionate about consumer and carers rights and developing, growing and sustaining good leadership in the mental health sector.

\textbf{ABSTRACT}
Violeta Peterson commenced in the role of Carer Consultant with Alfred Psychiatry in 2009 and has recently been appointed to the position of FaPMI Coordinator (Families where a Parent has a Mental Illness). Violeta shares her compassion, knowledge and insight of parental mental illness to support consumers and carers accessing mental health services as well as providing a family focused approach to workforce development and training.

Rika Delaney started working at Latrobe Regional Hospital (LRH) in September 2014 as a Recovery Coach / Consumer Consultant sitting under the Mental Health Professional Development Unit. As of 1st July 2017 due to a hospital restructure Rika now sits under the Special and Therapeutic Program and still maintains her close link to education. Her main role is to train clinicians and assist with implementation on LRH’s recovery model – the Optimal Health Program (OHP). In December 2015 she became the OHP Coordinator for the service.

Henrique is the Consumer Project Officer for the Victorian Mental Health Interprofessional Leadership Network. He also works at MidWest Area Mental Health Service (Sunshine Psychiatric Inpatient Unit) as the Senior Post Discharge Peer Support Worker. In the last five years, Henrique has been involved in the Advanced Clinicians Training in Dual Diagnosis and Recovery. Henrique has significant experience in developing and delivery training to consumers, carers and clinicians. Henrique is highly regarded as a senior consumer worker and mentors many other consumers within the consumer workforce. In past Henrique has been involved in several committees and panels for VMIAC, Melbourne Health, Victorian Transcultural Mental Health, Victorian Equal Opportunity & Human Rights Commission and NEAMI National. Henrique pioneered some of the first consumer-led groups on in-patient units. He has a Diploma of Community Development from RMIT University. His key interests include dual diagnosis, music therapy, consumer peer work and relations, mentoring and training of other workers, and improving understanding and cooperation between consumers, clinicians and carers. Henrique is passionate about leadership and leading change for recovery.
Ed Tracey began her career as a general nurse and went on to complete a mental health graduate year and a graduate diploma in mental health. Ed has worked in rural and remote areas in Victoria and the Northern Territory in in-patient unit and community settings. After some time with the RFDS in Alice Springs working in a Primary Mental Health role, Ed returned to Mildura and took on an associate nurse unit manager position, then 18 months later took on the nurse unit manager position in the mental health in-patient unit. Ed's passion and interests lie in providing equal access to services and holistic care irrespective of location and the consumers recovery journey.

Connections, a critical mass in numbers, multiple and diverse perspectives and experiences, robust debate, a common vision and significant capacity for ideas generation and sharing; these descriptors are all reflective of an interprofessional network.

In 2013, the Victorian Department of Health & Human Services (DHHS) funded a State-wide Interprofessional Leadership Project. This project aimed to educate and mobilise established and emerging leaders from Victorian Mental Health Services. Teams of four included staff from lived experience, nursing, allied health and medical disciplines.

Four years on and Victoria now has a newly established Victorian Interprofessional Leadership Network (VMHILN). The Network is an innovative concept, driven by evidence based research that acknowledges the importance of collaborative interprofessional leadership as a key driver for successful change.

This presentation will provide a brief overview of the project concept, design, implementation and evaluation. Services and individuals considering how to develop leadership and promote cross-pollination of ideas and resources will value the key leanings.

The presentation will also provide an overview of the Network’s current structure, workplan and plans for sustainability. You will hear firsthand experience from Network members about their own personal leadership journey through the project, their challenges and the benefits.

**Learning Objectives**

Learning Objective 1: The objective of this presentation is to share an innovative concept for mobilising leaders and emerging leaders in the mental health sector to be leaders in recovery orientated services.

Learning Objective 2: The mental health sector is continually responding to new challenges. The state-wide leadership network provides a powerful platform for driving inter-professional teamwork. Effective interprofessional and state-wide collaboration is essential to meet the growing demands that mental health services face.

**References**


“What should I say?”: Evidence-based disclosure recommendations for mental health workers.

Katie Normile¹, Joe Muro², Lorrae Mynard³, David Khlentzos⁴

¹Star Health, ²Alfred Health, ³Forensicare (Victorian Institute for Forensic Mental Health), ⁴Austin Health

Biography:
David, Katie, and Joe completed this research project during their Master’s of Occupational Therapy course. They are all currently working in various roles in the mental health field.

Lorrae Mynard is a Senior Occupational Therapist at Forensicare in Melbourne. She has a particular interest in supporting consumers’ community participation.

Introduction: Occupational therapists at a high-secure hospital observed that their mental health consumers face ‘dual-disclosure’ and/or ‘forced disclosure’ challenges in acknowledging both their mental health and forensic histories within their community, potentially limiting opportunities for meaningful participation and their chance of successful community reintegration.

Aim: To review relevant literature, legislation and resources, in order to develop best practice recommendations for mental health workers.

Methods: A systematic review was conducted and data collected from 33 studies were critiqued and collated into best practice recommendations in line with relevant legislation, professional codes of conduct and organisational policies.

Results: 13 highly relevant articles emerged from the search. 30 best practice recommendations were developed. Most data found focused solely on employment contexts, investigating stigma and discrimination experienced by consumers.

Conclusions: The evidence overall suggested benefits to individualized, strengths-based approaches and the use of disclosure tools. Mental health workers and consumers should select preferred strategies and make a plan around disclosing ‘sensitive’ information early in their recovery journey. These recommendations have been incorporated into the policies and guidelines of one facility. It is anticipated these recommendations will provide direction structure for clinicians and consumers considering disclosure or considering the management of personal information.

Learning Objectives

Learning Objective 1: An understanding of the different types of disclosure strategies and the pros and cons of disclosing personal information in the workforce or community setting. Mental health workers will gain knowledge of how to incorporate evidence-based recommendations into current practices and organisational policies. Examples will be given of how to incorporate disclosure strategies in community settings such as educational institutions, employment, and other various social networks.

Learning Objective 2: Often times consumers are forced to disclose personal information which may hinder their opportunities to engage within the community. Mental health workers have a role in supporting consumers to consciously consider strategies which can provide a better outcome for a consumer when they are needing to explain their mental health and/or forensic histories to mainstream services.
References

S60: PAPERS: Leadership, Learning and Tough Conversations, Level 2 - Room 2, August 31, 2017, 1:30 PM - 3:00 PM

Workplace coaching: why and what does it take?

Angela Micheletto
Cohealth

Biography:
Angela is a Practice and Research Leader at cohealth community mental health services. Angela is a social worker who established her interest in the delivery of community mental health services when working as a key worker across a range of settings. Angela is passionate about the possibilities for consumers, workforce and organisations that be gained through nurturing strengths and virtue. She is passionate and experienced in harnessing consumer expertise to improve services and design new ones. Angela has worked in a variety of management and project management roles, where she has implemented recovery oriented services and new models of care. Angela works as a lead coach, providing coaching and support to other workplace coaches. In collaboration with others she has provided leadership in the implementation and review of the workplace coaching model at cohealth community mental health services.

ABSTRACT
This presentation aims to outline the drivers for the implementation of a workplace coaching model in cohealth community mental health services, what it takes to implement this model, and what cohealth have learnt along the way about improving implementation and practice.

In 2014, three community mental health services merged to become cohealth. This presented enormously exciting opportunities. The challenge at this time was to bring together co-workers, rapidly train staff in a new model, provide ongoing infrastructure that would support staff to develop their coaching skills, and provide opportunities for alignment between staff skills, development priorities and organisational mission. There is a growing body of research supporting the efficacy of workplace coaching programs in improving performance and enhancing organisational citizenship behaviours. In response to this challenge, and encouraged by the evidence, cohealth introduced a workplace coaching model across cohealth community mental health services.

Through the experience of implementation and subsequent review of implementation and process, cohealth has gained a number of insights. This presentation will share insights about the resources, attitudes, skills and enabling factors required to implement a workplace coaching model at cohealth, how implementation compared to initial hopes and concerns, and improvement priorities falling out of the review.
Learning Objectives
Learning Objective 1: Audience members will gain an understanding of the experience of one service in implementing a workplace coaching model. They will learn the reasons behind such a change for this organisation, what went well, what some of the challenges were, and how this service aims to improve this model in the future. Through understanding the cohealth experience, audience members may gain insights into how to approach similar practice change in their own organisational context.

Learning Objective 2: This topic is relevant to mental health services providing recovery coaching to consumers or undertaking practice change. Workplace coaching is an important avenue for recovery coaches to improve their own coaching skills through a process of experiential learning. Many of the key lessons from this experience may be transferable to any major practice change.

References

S61: PAPERS: Friends In Need, Level 2 - Room 3, August 31, 2017, 1:30 PM - 3:00 PM

Making a positive difference with friendship.
Victor Kline, Christopher Stevens
1St. Vincent De Paul Society

Biography:
Christopher Stevens, Manager, Compeer.
Chris manages the Compeer team at the St. Vincent de Paul Society of NSW. He has senior and general management experience in the direct selling industry both nationally and internationally. This experience helps to serve Compeer build the strength and capacity of its volunteer team. Victor Kline, Compeer Volunteer Victor is a barrister with an active practice in Sydney. He is also Editor of the Federal Court Reports and Federal Law Reports. Victor is also a published author and playwright, actor, theatre director and producer in Australia and abroad. Victor is a volunteer with an amazing story to tell.

Victor Kline, Compeer Volunteer
Victor is a barrister with an active practice in Sydney. He is also Editor of the Federal Court Reports and Federal Law Reports. Victor is also a published author and playwright, actor, theatre director and producer in Australia and abroad. Victor is a volunteer with an amazing story to tell.

ABSTRACT
A significant impact on mental health is made outside the clinical setting. Self-confidence, self-esteem, quality of social interaction and community experience are all enhanced with simple friendship. Seeking volunteers for friendship dyads also increases public education about mental illness and subsequently reduces the stigma and discrimination associated with it.

THE COMPEER MODEL AND ITS HISTORY
The rapid evolvement of Compeer indicates the portion of the population in need of community interaction. It is also testimony to the recognition by health professionals of the powerful adjunct value of friendship in improving mental wellbeing.
MODEL EFFECTIVENESS
A summary of qualitative and quantitative studies reveal how intentional friendship model facilitated by Compeer can be an effective way of increasing social support for people experiencing mental illness. In addition, the volunteer model enables fresh understanding of mental health to permeate throughout the community, culture and society.
The results of the Compeer Annual Surveys and case study reflect positive experiences amongst mental health consumers, volunteers and mental health professionals.

CONCLUSION
The Compeer friendship model is a potent yet cost-effective way of improving the lives of adults with mental illness. It also reduces stigma and discrimination surrounding mental illness in the community, culture and society.

Learning Objectives
Learning Objective 1: An improved understanding of the potential positive impact on wellbeing of a mental health consumer when participating in an intentional friendship with a volunteer.
Learning Objective 2: A broader and deeper awareness amongst mental health professionals and consumers of a cost-effective and powerful tool that can be used to support improvement in mental health.

References

S61: PAPERS: Friends In Need, Level 2 - Room 3, August 31, 2017, 1:30 PM - 3:00 PM

Mental Health First Aid for the Suicidal Person - course development, roll out and evaluation.

Fiona Blee1, Kathy Bond1, Nataly Bovopoulos1

1Mental Health First Aid Australia

Biography:
Fiona Blee is the Adult Programs Manager at Mental Health First Aid Australia where she is responsible for curriculum development for the Standard MHFA Program. She was a co-author of the MHFA for the Suicidal Person Course teaching materials and trained MHFA Instructors to deliver this new course. Fiona has worked in research, education and project management relating to help-seeking and mental health for 10 years. She has a Masters in Public Health.

ABSTRACT
Mental Health First Aid for the Suicidal Person is a new 4-hour course for community members that was developed by Mental Health First Aid Australia and launched on World Mental Health Day October 10th 2016. Curriculum content is based on expert consensus guidelines developed with the Delphi method using both professional and consumer experts from English speaking developed countries. Learning outcomes of the course include: understanding accurate information about suicide rates, risk factors and warning signs; knowing the first aid guidelines of how to intervene when someone is experiencing suicidal thoughts and behaviours; and practicing these skills in a safe environment. This presentation will focus on community uptake and feedback of the course, which has been attended by over 200 participants across NSW, Victoria,
QLD, Western Australia, South Australia and Tasmania in the four months since it was launched. The presentation will also present initial results from an uncontrolled trial of the course across Victoria. Knowledge, attitudes, behaviours and confidence in providing assistance to a suicidal person is being assessed before the course, and immediately and six months after the course.

Learning Objectives
Learning Objective 1: Attendees will gain an understanding of how evidence is used to inform MHFA curriculum and how new courses are evaluated. Attendees will take away preliminary learnings from the MHFA program that can then be applied to their own work.

Learning Objective 2: This topic is relevant as it will share knowledge with other services providers offering similar programs and provide an example of how community based education programs can be informed by a consensus driven evidence-base incorporating the expertise of professionals and consumers.

References
Mental Health First Aid Australia. Suicidal thoughts and behaviours: first aid guidelines (Revised 2014). Melbourne: Mental Health First Aid Australia; 2014.

S61: PAPERS: Friends In Need, Level 2 - Room 3, August 31, 2017, 1:30 PM - 3:00 PM

The emerging role of Mental Health First Aid Officers in the workplace.

Nataly Bovopoulos1
1Mental Health First Aid Australia

Biography:
Nataly Bovopoulos is the CEO at MHFA Australia. She joined the MHFA Australia team in 2011, first as Program Manager, since 2012 as Deputy CEO and also served as the Company Secretary from 2011 to 2015. Nataly brings more than 10 years experience working in the not-for-profit mental health sector. Nataly has previous experience in state-wide mental health promotion roles and coordinating research projects with young people and families experiencing anxiety and mood disorders. Nataly is passionate about innovation, technology and disseminating effective population based evidence-based strategies like Mental Health First Aid. She has a particular interest in the workplace and is completing a PhD on mental health first aid strategies in the workplace. She is an accredited Standard MHFA Instructor.

ABSTRACT
Few employees appear to seek help for their mental health problems, and the longer the person delays treatment seeking the more likely they are to take a long sick leave absence, resulting in tangible negative impacts on the worker and workplace as a whole. However given most mental health problems develop slowly and we spend so much of our time at work, co-workers are in a good position to detect the early signs and symptoms and offer initial help. Though it would be ideal if every employee had appropriate knowledge and skills to offer help, training key staff can be cost-effective strategy for organisations. This presentation will provide an overview of the emerging role of ‘mental health first aid officers’ in workplaces, who are dedicated individuals like physical first aid offers trained to support co-workers experiencing a mental health problem or crisis. The presentation will provide an overview of three doctoral research studies investigating the role of mental health first aid in the workplace - 1) a cross-sectional survey with Instructors; 2) a Delphi consensus study to develop guidelines for English speaking developed countries on how to offer mental health first aid to a co-worker; and 3) a qualitative study with six experienced organisations that have a mental health first aid officer strategy in place for more than 6 months. The
presentation will provide insights from this research and offer tips, resources and key recommendations from an 'implementation guide to introducing mental health first aid in the workplace' which is due to be published in late 2017.

Learning Objectives
Learning Objective 1: The audience will gain an understanding into the role and function of mental health first aid officers in a comprehensive workplace mental health promotion strategy.

Learning Objective 2: This topic is of relevance to anyone who is an employee in a workplace and is concerned about the mental health and wellbeing of employees; as well as workers in the sector who are engaged in workplace health promotion projects.

References

S62: PAPERS: Safety and Stigma, Level 2 - Room 4, August 31, 2017, 1:30 PM - 3:00 PM

Are our attitudes towards people with mental health issues as good as we think they are?

Grenville Rose¹, Loren Brener¹, Courtney von Hippel², Bill von Hippel²
¹University of New South Wales, ²University of Queensland

Biography:
Grenville started in research doing honours in cognitive psychology. This led to an interest in perception then to a PhD in sensory science and a 6 year career in commercial market research. Seeking work more aligned with social justice values Grenville conducted research in community pharmacy, worked on the helpline at Hepatitis NSW and studied to become a registered psychologist. Grenville then worked in a Community Managed Organisation in research and evaluation and latterly also as IT manager. For the last 18 months Grenville has described himself as semi-retired but remains engaged with a number of organisations and universities on projects involving physical and mental wellbeing.

ABSTRACT
The stigma that surrounds mental health is a barrier to people accessing appropriate support and health care treatment. This is particularly the case when it is the health professionals themselves who hold stigmatising attitudes towards people with mental health issues. Studies examining mental health Community Managed Organisations (CMOs) are limited, and there is no research comparing the attitudes of Australian CMO workers to those of other health professionals. This study surveyed CMOs on the attitudes of mental health workers towards people with mental health issues. I will present data on the attitudes of 374 CMO mental health workers and 114 mental health nurses towards their jobs and the people they support. The research methods used replicate a prior study conducted in Australia which assessed the attitudes of the general public, GPs, Psychiatrists, and Psychologists. In addition to these attitude items, the current study included measures of job satisfaction, professional engagement and burnout. The data presented will describe the attitudes of CMO workers and compare these attitudes with the data from other Australian mental health professionals. The aim is to understand and decrease negative attitudes and increase job satisfaction amongst health workers working with people with mental health issues.
Learning Objectives

Learning Objective 1: How welcoming/stigmatising are the different health professions working in mental illness in Australia.

Learning Objective 2: How does this relate to job satisfaction and retention of workers in mental health CMOs?

References


Volunteer model for mental health consumers in Emergency Departments.

Lisa Jones

1Metro North Mental Health

Biography:
Lisa has a lived experience of recovery from mental health issues and is passionate about mental health reform and driving recovery oriented service provision. Lisa is the Project Manager for the VSM project and manages Consumer and Carer Services (a lived experience workforce) within the Metro North Mental Health Service.

ABSTRACT
Hospital Emergency Departments (EDs) are often the first point of service contact for mental health consumers, particularly those seeking support for the first time. Research demonstrates increases in numbers and acuity of presentations across Australasia. Locally at Royal Brisbane and Women’s Hospital Psychiatric Emergency Centre (RBWH-PEC) there has been a 13% increase over four years. Only one quarter of those who present will be admitted to the mental health service. Increasing demand impacts clinicians and consumers are experiencing delays in access to care. Promoting a positive experience for consumers and reducing burden on clinicians are essential to best outcomes.

In 2016 Mental Illness Fellowship Queensland (MIFQ) approached MNMH to partner and develop a Volunteer Service Model (VSM) utilising MIFQ allied health students as volunteers within the RBWH-PEC to support mental health consumers. MIFQ and MNMH were successful in receiving funding to develop, implement and evaluate the VSM through the LINK innovation funding. The VSM project commenced in early 2017 and aims to develop, implement, trial and evaluate a VSM in the RBWH-PEC. Based on the outcomes of the project evaluation the desire is to replicate the VSM and implement it in other EDs within the Metro North Hospital and Health Service.

Learning Objectives
Learning Objective 1: The audience will learn about origin of the VSM and provided an update about where the project is currently up to.

Learning Objective 2: This project is unique in that the volunteers will be specifically trained to support mental health consumers, carers and families as they navigate the ED pathway into mental health services.

References
State-wide implementation of Safewards: How we’re doing it in Victoria.

Lisa Spong¹, Rachel Gwyther¹, Indigo Daya³

¹Office of the Chief Mental Health Nurse, DHHS, Victorian Government

ABSTRACT

In Victoria the Department of Health and Human Services has continued the commitment of reducing restrictive practices with a renewed focus since releasing the Providing a Safe Environment for All Framework (DHS, 2013).

Seven Victorian mental health services (18 units) took part in a trial utilising a partnership approach to implement the Safewards Model. Safewards is an evidence-based model that was subject to a random-controlled trial in acute adult inpatient units in the UK. The model demonstrated reductions in both behaviours that can cause harm to patients and/or staff (conflict) and the potential for restrictive interventions (containment).

A robust evaluation framework (Hamilton et al, 2016) was conducted as part of the trial and indicated a statistically significant reduction in seclusion events overall. This improvement was especially evident in adult and youth wards. Other findings included a highly favourable impact on staff and consumer feelings of increased safety and more positive inpatient environments.

In 2016 the Victorian DHHS established a Safewards Collaborative comprising of a group of experts to deliver training and support for services implementing Safewards, a Safewards Faculty with service leads, a Consumer Group and ongoing support for the state-wide Community of Practice.

This presentation will outline what the Safewards Collaborative have found to be beneficial in introducing Safewards options and support for training and implementation, as well as approaches to overcoming challenges. We will describe how the introduction of Safewards in an Australian context provides a framework that enables sustainable culture change and reduction of restrictive interventions.
Learning Objectives
Learning Objective 1: Participants will identify practical lessons which can be applied in any jurisdiction, about state-wide evaluation, training and implementation of Safewards in particular, and implementing new practice models more generally. Participants will also gain awareness of the evidence and benefits of implementing Safewards.

Learning Objective 2: This topic is relevant to anyone looking at strategies to reduce violence in clinical settings, including both restrictive interventions towards consumers and occupational violence towards staff.

References


S63: PAPERS: The Voice of Youth, Level 2 - Room 5, August 31, 2017, 1:30 PM - 3:00 PM

Youth Peer Support: Service change in an Australian youth mental health service.

Katie Wilson¹, Ashleigh Thornton¹, Jake Ciminelli¹
¹headspace hYEPP

Biography:
Katie Wilson is a social worker with 12 years of experience working with young people and families experiencing a range of challenges including chronic illness, loss and grief and mental health. She believes in the central role that peer support can provide in fostering hope, understanding and genuine empathy.

Ashleigh Thornton is a youth peer support worker with hYEPP. She draws upon her own lived experience with mental health challenges, particularly psychosis, as well as her experience in youth work programs to deliver individual peer support, facilitate groups and present a peer perspective in all aspects of the service.

Jake has been working with the headspace YEPP program for the past 7 months as a peer support worker. He utilises his lived experience in working with young people to normalise their experience and provide hope for recovery. He advocates for a strong relationship between the clinical and peer disciplines.

ABSTRACT
The inclusion of lived experience is becoming a feature of service design and delivery of mental health services both in Australia and internationally. Aligned with this strategy, South East Melbourne headspace Youth Early Psychosis Program (hYEPP) has embedded Youth Peer Support Workers in all YEPP clinical programs to better support self-directed recovery, peer learning and enhanced wellbeing.

This has been achieved through establishing a framework for support and integration of peers across the whole of program. In addition there has been a focus on overcoming barriers through preparation of staff and peer workers to pave the way for service transformation and effective cultural change. Our journey
towards developing a robust peer support model has evolved through proactive promotion and a ‘lead by example’ approach by both peer support workers and the leadership team.

This paper reports on the findings of a research and evaluation project on the implementation of peer work. The research has been designed to strengthen the evidence base for future development and routine inclusion of peer support services across mental health settings, especially youth focused settings.

**Learning Objectives**

Learning Objective 1: Audience members in this session will learn about the practical realities of implementing youth peer support within a clinical setting. We present evaluation data to support our discussion of service change strategies.

Learning Objective 2: Audience members for this presentation will gain a sense of the challenges and enablers to establish and build a youth peer support program.

**References**


State Government of Victoria, 2015, Victoria’s 10-year Mental Health Plan, Department of Health and Human Services, Victoria.

**S63: PAPERS: The Voice of Youth, Level 2 - Room 5, August 31, 2017, 1:30 PM - 3:00 PM**

**Stress Less: An innovative early-intervention peer work group program for young people experiencing anxiety.**

**Thomas Stewart**¹, Stacey Roy²

¹headspace Port Adelaide, ²PACE - Panic, Anxiety, Obsessive Compulsive, and Eating Disorders

**Biography:**

*Tom Stewart works as a Youth Worker - Lived Experience at headspace Port Adelaide. He previously worked as a Peer Worker in PACE, supporting people living with anxiety. He is also a qualified secondary school teacher.*

**ABSTRACT**

Anxiety disorders are the most common mental health problem experienced by young Australians. Studies have shown evidence of efficacy for group cognitive behavioural therapy (CBT) for general anxiety, including that offered in psycho-educational groups. In this presentation, learnings from the development, delivery, and evaluation of an innovative peer work group program for young people aged 16-25 living with anxiety will be shared.

Stress Less was developed by anxiety peer workers from headspace Port Adelaide, a specialist youth mental health service, and PACE, a peer work program for people living with panic, anxiety, OCD, and eating disorders. The Stress Less program was designed to marry up CBT and peer work approaches to managing anxiety, through a pilot 4-week group program for young people aged 16-25.

Stress Less was evaluated by a number of methodologies, including the Kessler 10 (K10), MyLifeTracker, and Life Satisfaction outcome measures.
All participants either agreed or strongly agreed that their overall capacity to manage anxiety had increased and that they would recommend the group program to others. On average, there was a 14% reduction in participants’ K10 scores throughout the group program.

**Learning Objectives**
Learning Objective 1: Participants will gain an understanding of combined clinical and peer work approaches for managing anxiety in young people aged 16-25 in a group setting.

Learning Objective 2: Participants will gain an understanding of the value of anxiety peer work in supporting young people living with anxiety.

**References**


**S64: SYMPOSIUM 1.5 HOURS: Evidence for Addressing Trauma,**
Level 2 - Room 6, August 31, 2017, 1:30 PM – 3:00 PM

Trauma informed or actually treating trauma? Evidence for treating developmental trauma and PTSD across co-morbid diagnoses and panel discussion on implementation in practice.

Roger Gurr¹25, Maree Teesson³4, Kathy Mills³4, Jorge Aroche⁵
¹Uniting Recovery, ²Western Sydney University, ³NHMRC Centre of Research Excellence in Mental Health and Substance Use (CREMS) UNSW, ⁴National Drug and Alcohol Research Centre (NDARC), UNSW, ⁵Service for the Treatment And Rehabilitation of Torture & Trauma Survivors (STARTTS)

**Biography:**
A/Prof Roger Gurr, Clinical Director, headspace Youth Early Psychosis Program, Uniting Recovery; Chair of the Board, the NSW Services for the Treatment and Rehabilitation of Torture and Trauma Survivors.

Professor Maree Teesson Director of the NHMRC Centre of Research Excellence in Mental Health and Substance Use (CREMS) and NHMRC Principal Research Fellow at the National Drug and Alcohol Research Centre (NDARC), UNSW. She is a Professorial Fellow, Black Dog Institute, UNSW, Fellow of the Academy of Social Sciences Australia and Fellow of the Australian Academy of Health and Medical Science.

A/Prof Katherine Mills, NHMRC Senior Research Fellow, UNSW leads an innovative internationally recognised program of research investigating the co-occurrence of two of Australia’s most prevalent and burdensome health conditions: substance use and mental disorders.

Mr Jorge Aroche, CEO of STARTTS, Psychologist and leader of innovation in individual, family and group treatments for trauma in refugee communities for 25 years.

**ABSTRACT**
1. Towards an Integrated Hierarchy of Treatments for Developmental Trauma & PTSD - A/Prof Roger Gurr
A high proportion of people with serious mental health disorders, have a history of trauma, whether developmental in childhood and adolescence, or from traumatic events in adulthood. Yet the effects of trauma persist unless effectively treated, they have serious consequences in mood disorders, psychosis, substance abuse, gambling, aggressive and violent behaviours, and personality disorders. The pain, suffering and economic cost to the individual, family and community are enormous. We talk about trauma informed care, but few people receive effective evidence based treatments for trauma - why is this so?

We will provide an overview of the current evidence base and give specific examples of research and experience in providing effective treatments across a range of needs. We will involve the audience in debating what should to be done to create and fund a hierarchy of care and treatments for this most important but neglected area of need.

2. Integrated exposure-based therapy for co-occurring posttraumatic stress disorder and substance dependence: what have we learnt from the Australian research trials? - A/Prof Kath Mills & Prof Maree Teesson

In 2001-2002, 615 people with heroin dependence were invited to join the Australian Longitudinal Study of Heroin Dependence. Over 11 years these people have been telling their story and changing the way we provide support and treatment for people with heroin dependence. One of the first and most important findings was the extensive and complex histories of trauma exposure and PTSD among Australians with heroin dependence. High rates of trauma exposure (92%), particularly childhood trauma, and PTSD (41%) were reported, highlighting trauma and PTSD to be a major, but mostly hidden, issue for Australian heroin users. Individuals with PTSD presented with a more severe clinical profile, and continued to have poorer physical, mental health over time. 81% were exposed to further trauma over the 10-11yrs follow up and 25% attempted suicide. These findings led to an innovative NHMRC funded randomised controlled trial of an integrated treatment for PTSD and substance dependence. The findings of this world-first trial were published in JAMA, the world’s leading medical journal. The treatment manual was subsequently published by Oxford University Press as part of their “Treatments that Work” series and there is now further research conducted in the United States and Europe. Kath and Maree also received NHMRC funding in 2017 to undertake a further RCT examining an intervention for adolescents in response to the early age of onset of trauma and substance use. We will discuss the issues encountered in delivering integrated exposure based therapy, the findings and plans for the new study.

3. 28 years of Treating Trauma at STARTTS - Mr Jorge Aroche

This paper discusses the role of torture and trauma services in addressing the mental health needs of refugees, and the Bio-Psycho-Social Systemic approach utilized by STARTTS and a growing number of torture and trauma services in Australia and elsewhere to assist torture and trauma survivors overcome their psychological and psychosocial sequelae. The paper argues that T&T services play a pivotal role in enabling refugees to overcome the effect of traumatic experiences and resettle successfully to the point that they can integrate and contribute at all levels in societies such as Australia. It is proposed that the success of T&T services in this regard relies on the substantial depth of knowledge and experience they have developed over time in a complex area that is defined by the intersection of traumatology, cross cultural competence and the understanding of the impact of socio-political processes on individuals and communities. Particular reference is made of the exciting contribution to this approach derived from STARTTS adoption of an interpersonal neurobiology perspective, including the utilization of EEG and QEEG to inform treatment plans, as well as the utilization of Neurofeedback and related techniques in addressing cases resistant to other therapeutic approaches.

4. Panel discussion with dialogue from the floor on what can be done to progress the implementation of the evidence base across the wide range of needs - all presenters.
Learning Objectives
Learning Objective 1: Understand the evidence of what works in treating trauma across co-morbidities and across age groups.

Learning Objective 2: Understand the issues in trying to implement effective treatment of trauma in current service delivery systems and financial constraints.

References

S66: PAPERS: Clinicians in Context,
Level 3 - Grand Ballroom B, August 31, 2017, 3:30 PM - 5:00 PM

Single Session Framework; Implementation into mental health acute assessment services.

Jillian Le Gros¹, Marianne Wyder¹, Jennifer Hickey¹, Carolyn Monck¹, Bradley Henwood¹, Geoff Lau¹
¹Metro South Addictions And Mental Health Service

Biography:
Jillian Le Gros is a Clinical Nurse Consultant working at Metro South Addiction and Mental Health Service in southeast Brisbane. Jillian completed undergraduate nursing with U W S in 1991 and a new graduate training program at Cumberland Psychiatric Hospital, Parramatta, then moved to Queensland in 1999. Jillian has worked across adult service settings, with roles in case management, crisis and assessments, leadership and project work. Jillian has recently completed a Graduate Diploma of Mental Health Nursing with Australian Catholic University and achieved ACMHN Credentialing. In her current and unique position she has a focus on family engagement, community participation and education. Jillian’s position within the acute assessment service has bought a focus toward brief interventions. Jillian conducted a feasibility study of Single Session Work within mental health acute care assessment teams. The outcomes supported implementation of the framework to improve and standardize clinical practice in this setting.

Many people who present to public mental health services with mild to moderate mental health symptoms often do not meet the criteria for an acute service response and there is an expectation they will establish therapeutic supports with other services. This is of concern as if the risk is unresolved or the psychosocial distress worsens this can increase the recovery time for the person and increase the need for services. In
2014 Metro South Addiction and Mental Health Service undertook a feasibility to study to determine if Single Session Work would address a service gap for those people who present with mild to moderate mental health symptoms driven by psychosocial difficulties. While SSW was appropriate in this context, all of the models process components were not feasible. The findings supported the suitability of the Single Session framework for all Acute Care Team clinicians; thus requiring a re-orientation in practice. This presentation will describe the framework and underpinning principles for implementation and the potential implications of a system reorientation to therapeutic practices within this setting.

Learning Objectives
Learning Objective 1: The audience will be invited to consider their clinical engagement beyond the basics of service processes.

Learning Objective 2: This presentation will encourage acute care services to uphold therapeutic engagement as a cornerstone of clinical practice to be valued and standardized.

References

S66: PAPERS: Clinicians in Context,
Level 3 - Grand Ballroom B, August 31, 2017, 3:30 PM - 5:00 PM

Am I meant to do that? The changing role of mental health clinicians.

Jennifer Weldon
1
1SWSLHD Mental Health

Biography:
Jennifer is a UK Trained Occupational Therapist of 18 years, and has been practising in South West Sydney for the last 7 years as a senior OT. She has a specialist interest in mental health and recovery. She completed her masters in health service management in 2016 and is now the South West Sydney Local Health District Project Manager for the State-wide Pathways Community Living Initiative

ABSTRACT
This paper primarily investigated role clarity of Mental Health Clinical Leaders with reference to pre cancer pap and colorectal screening. Secondly it explored respondent’s perceptions and personal experiences of enablers and barriers to change at a local level. Following ethics approval in-depth semi structured interviews were carried out with a purposive sample of clinical team leaders, the interviews where taped, transcribed and thematically analysed. Respondents held the view that their role has the potential to provide aspects of physical health care. However, they expressed ambivalence as to whether this was currently identified as their responsibility or within the parameters of their clinical skills. Respondents had awareness that mental health consumers had an increased likelihood of dying from preventable cancers but were unsure of organisational strategies to address the inequality. The ambivalence displayed around role clarity signifies the need to review how practical changes to roles are disseminated. Frontline clinical managers need the opportunity to explore and understand these; alongside being given the opportunity to
identify local pathways for implementation. Educational opportunities, such as workshops or forums, at this level will increase the probability that the change is fully understood, supported and given clinical priority.

**Learning Objectives**

Learning Objective 1: This paper will initially allow the audience to gain a greater understanding of current issues related to the provision of physical health care and role clarity in mental health, through exploring the experiences of clinical managers during this period of significant reform and change. Secondly it will inform the audience of perceptions at a local level of enablers and barriers that influence change and achieve sustained improvements in frontline clinical practice and ultimately the physical health outcomes of those experiencing mental illness.

Learning Objective 2: The significant reforms currently occurring in mental health require organisations to be responsive to change; those best informed have the greatest chances of succeeding and improving health outcomes for consumers. This paper will give the attendee an insight into the potential change management strategies as evidenced by the frontline work force. It will begin thought process around the dissemination of reforms to the frontline level and how this can be successfully achieved.

**References**


**S66: PAPERS: Clinicians in Context,**

**Level 3 - Grand Ballroom B, August 31, 2017, 3:30 PM - 5:00 PM**

**When Hospital Becomes Home: Working with trauma and transference to enable healing during hospital admissions.**

**Louisa Dent Pearce**

1 The Victoria Clinic, Healthscope, 2 Voices VIC, Prahran Mission, Uniting

**Biography:**

Louisa Dent Pearce is a consumer consultant for Healthscope and is based at The Victoria Clinic, Melbourne, where she provides peer support, group facilitation, training and advocacy. She is continually engaged in her own recovery and is the author of a memoir, The Little Girl That Nobody Wanted.

Using the artwork from her many hospital admissions combined with her knowledge as a peer specialist in a private hospital, the author provides a unique, dualistic lens to explore the issues of transference and counter-transference that can arise for people with trauma histories. The need for human connection, love and security may be met in the hospital environment when a person encounters caring professionals who are attentive, kindly and concerned, thus igniting the longings from childhood and setting the stage for the re-enactment of trauma, even if entirely unconscious. As the person attempts to communicate their pain and get their core needs met, inadvertently clinicians may become “foster parents” of traumatised “children”. Depending on their ability to interpret and work with this dynamic, clinicians can either enable growth or compound the trauma via their own frustration and helplessness.
Using Dr Stephen Karpman’s “drama triangle” and Dr Sandra Bloom’s Sanctuary Model of inpatient care, the author explores how we can work with, not against, the tendency for people to use “hospital as home”, becoming conscious of the therapeutic power of the relationships that develop in this environment and using them to foster healing.

**Learning Objectives**

Learning Objective 1: Clinicians will gain insight into the perspective of inpatients with trauma histories, and how they can better work with behaviours that stem from the re-enactment of these traumas, promoting growth and healing. Consumers will gain insight into their own needs and how they can best utilise their hospital admissions for growth and healing.

Learning Objective 2: Repeated and/or long-term hospital admissions in the private mental health sector frequently cause frustration and a sense of helplessness on the part of both clinicians and consumers; however, when viewed through a trauma-informed lens, the tendencies can be utilised for the benefit of healing.

**References**


**S67: PAPERS: Voices in Decision Making,**

**Level 4 - Room 2, August 31, 2017, 3:30 PM - 5:00 PM**

**Bringing the lived experience in: Establishing an effective advisory council.**

Lynne Coulson Barr, Keir Saltmarsh

1Mental Health Complaints Commissioner

**Biography:**

Dr Lynne Coulson Barr is Victoria's first Mental Health Complaints Commissioner. Dr Coulson Barr has extensive experience in disability, mental health and dispute resolution, with specialist expertise in improving access and participation in independent complaint and review processes. She is committed to working with consumers, families, carers and services to ensure complaints are resolved in a way that safeguards rights, supports people's recovery, and seen as an opportunity to improve public mental health services for all Victorians.

Keir Saltmarsh, lived experience, has worked for the Mental Health Review Board (2008-2013), the Victorian Institute of Forensic Mental Health (2004-2008) and in the Mental Health Branch at the Victorian Department of Health and Human Services (2008-2014). He is currently working as a Senior Education and Engagement Officer at the Mental Health Complaints Commissioner.

The establishment of mental health community reference and advisory groups has long been considered an effective means of utilising the lived experience in the decision making process. The Mental Health Complaints Commissioner’s Advisory Council was established to facilitate consumer and community input to organisational strategy and is a corner-stone approach to achieving representation of priority population groups in organisational decision-making, such as LGBTI, Aboriginal people, young people, and people of culturally and linguistically diverse backgrounds.
But the effectiveness of such groups relies on the skills of each individual, their unique knowledge and lived experiences, and their ability to work together as a team. This presentation explores the foundational work required to recruit an advisory council of diverse, skilful and dedicated members. This work includes strong co-production and consultation in developing the overarching policies and terms of reference, and the implementation a broad recruitment strategy focussed on accessibility. The presentation also examines the work required to establish the council as a collaborative and cohesive team that is empowered to effectively advise and drive organisational strategy and change.

**Learning Objectives**

Learning Objective 1: Audience members will gain an understanding and learn the work required within a co-production model is extensive and that it takes an inordinate amount of time to recruit a high functioning group of committed Mental Health Complaints Commissioner (MHCC) Advisory Council members.

Learning Objective 2: Much work is required to set a contemporary tone and produce targeted documents in order to attract a high functioning group and a large pool of candidates. The recruitment net must be cast wide in order to satisfy both Government and community expectations. Attendees will learn the methods and use of the lived experience expertise within an organisation to recruit to, and maintain an effective advisory, decision making body.

Any person who uses public mental health services in Victoria in a compulsory and non-compulsory manner, has the right to make a complaint about the service they receive. The role, functions and powers of the MHCC is complimented and enhanced by an effective Advisory Council. Broad systemic issues about Mental Health Service delivery are often contained in the complaints received by the MHCC. This presentation explains how the Advisory Council works with the Commissioner in helping to resolve mental health issues raised in complaints.

**References**

Mental Health Act 2014, No.26 of 2014
Mental Health Act 2014, No. 26 of 2014, Part 10-Complaints

**S67: PAPERS: Voices in Decision Making, Level 4 - Room 2, August 31, 2017, 3:30 PM - 5:00 PM**

**Supported decision making from a mad perspective.**

**Aimee Sinclair**

**Biography:**

*Aimee identifies as a mad sociologist. She is a member of the WA Mental Health Advisory Council, project coordinator at Consumers of Mental Health WA (CoMHWA), and provides peer assistance for decision making as part of WA’s Individualised Community Living Strategy. She recently commenced PhD studies at Curtin University.*

This presentation will detail what lived experience and peer work can bring to supported decision making, and how we can best draw on the lived experience perspective to enhance mental health and social justice outcomes in regards to decision making.

The value of independent and peer-facilitated decision making cannot be under-stated, and is particularly relevant given the implementation of the NDIS and other self-directed mental health services. Despite this,
there is limited information on how to provide peer supported decision making, and the value of such support.

The presentation will draw on the experiences of the presenter providing independent peer supported decision making within the Individualised Community Living Scheme (ICLS) in Western Australia, the findings from the IMHA (Vic) report on supported decision making from consumer perspective, and consumer literature more broadly.

The presentation will outline what some of the main barriers and enablers are for decision making from a consumer perspective. It will examine how peer supported decision making is different from other forms of advocacy, and how both peer workers and allies can draw on this body of knowledge to improve our practices around supporting decision making.

**Learning Objectives**

Learning Objective 1: Audience members will gain an understanding of some of the barriers and enablers to decision making from a consumer perspective, and how best these barriers can be overcome through the provision of independent, peer supported decision making. Audience members will be provided with some of the vital ingredients to peer decision making support.

Learning Objective 2: Given the move towards self-directed supports, including the implementation of the NDIS, it is vital the mental health sector has a solid understanding of the value of independent peer supported decision making and what this looks like in practice.

**References**


**S67: PAPERS: Voices in Decision Making,**
**Level 4 - Room 2, August 31, 2017, 3:30 PM - 5:00 PM**

**Supported Decision-Making: Choice, Control and Recovery**

**Corinne Henderson¹, Chris Keyes²**

¹Mental Health Coordinating Council, ²Central and Eastern Sydney PHN

**Biography:**

Corinne Henderson is Principal Advisor/ Policy and Legislative Reform at the Mental Health Coordinating Council (MHCC), the peak body for NSW mental health community managed organisations. Corinne’s work focuses primarily on policy reform and projects that relate to human rights and the law; as well as sector development and best practice approaches in mental health. Corinne has a Masters in Applied Psychology, is a sitting member on the NSW Mental Health Review Tribunal and is a PACFA registered psychotherapist.

Chris Keyes is currently Drug and Mental Health Manager with Central and Eastern Sydney PHN. Chris has worked in the mental health sector in front line support, Occupational Therapy, project management and leadership roles in Australia and the UK. Now an independent consultant and trainer she delivers workforce development and capacity building projects for community services. Chris has coordinated a range of projects.
ABSTRACT

Every day we make a countless number of decisions. They are an expression of who we are - our uniqueness, our relationships with others, our achievements and hopes for the future. Through decision-making we exercise control over our lives, experience new things and learn about ourselves. Decision-making is so important that it is generally recognised as a human right (Council of Australian Tribunals, 2009).

Decision-making is a skill that can be developed and practised with support. Supported decision-making (SDM) can assist a person to live with meaning, dignity and greater independence. SDM is an approach that embraces a set of values and principles designed to support people to make important decisions, exercise legal capacity and exert greater choice and control. It is a key practice improvement area that aligns with best practice in recovery orientation. Practitioners and support workers must understand SDM in the context of people living with mental health conditions, who often experience coexisting difficulties such as impaired cognitive functioning that affects their decision-making capacity. By supporting people to develop goals and make decisions that enhance their quality of life, recovery outcomes can be improved. This is a particularly important objective in relation to ensuring ‘choice and control’ in the emerging NDIS and mental health reform environment.

Learning Objectives

Learning Objective 1: People attending this presentation will learn how SDM is a practice that can build a worker’s capacity to support clients to make independent decisions; and in-so-doing foster confidence towards increased autonomy and self-determination.

Learning Objective 2: SDM is a human rights approach which aligns with recovery oriented practice, utilising principles entrenched in the UN Convention on the Rights of Persons with Disabilities. It reflects a move away from substitute decision-making, paternalism and risk management. In other words it is about ensuring “will and preference” rather than a “best interests” approach.

References


Trauma-informed care – a paradigm shift or a band aid on a broken system?

Kath Sellick

University Of Melbourne

Biography:
Kath Sellick is an Associate Lecturer in Department of Social Work at the University of Melbourne. Her PhD project investigated how the Australian mental health system responds to voice hearers who have experienced sexual abuse. This project involved interviews with consumers about their experiences using services as well as an in depth survey of mental health professionals who work with voice hearers. Kath has spent eight years working in the community mental health sector as both a support worker and a team leader. She is passionate about mental health and social justice, and deeply committed to working towards a better mental health system that responds to trauma in a holistic, consumer informed way.

Trauma-informed care was initially framed as a much needed paradigm shift in health and welfare service delivery (Bloom, 1997; Harris & Fallot, 2001). Through positioning trauma at the heart of how consumers are understood and how services are delivered, trauma-informed care aimed to radically change services to better meet the needs of trauma survivors. This paper will evaluate the degree to which this paradigmatic change is occurring within the Australian mental health system with consideration of findings from a research project that investigated how services are responding to sexual abuse survivors who hear voices.

This project revealed that whilst many professionals are attempting to consider the role of trauma in their practice, they are faced with limitations in the systemic environment. These include a lack of accessible trauma specific services, a lack of integration between trauma and mental health services, and a lack of ability to respond sensitively to sexual abuse survivors who are in crisis. This raises questions about the effectiveness of implementing trauma-informed care within mental health services when there is a systemic lack of ability to meet the complex needs of trauma survivors.

Learning Objectives
Learning Objective 1: The audience will gain an understanding of some of the systemic issues that impact on the effective implementation of trauma-informed care.

Learning Objective 2: This paper aims to enrich the discussion around the implementation of trauma-informed care within mental health services.

References
S68: PAPERS: Responding to Trauma,  
Level 4 - Room 3, August 31, 2017, 3:30 PM - 5:00 PM

PTSD – Unmasked
Simon Gillard
\(^1\)
\(^1\)Life Sentence

Biography:
Simon Gillard was a police officer for more than fifteen years, before being invalided out of the force with PTSD. He is now an advocate and educator for others with PTSD, depression, anxiety. Simon lives in Sydney with his wife and three children. His first book, Life Sentence, was released by PRH in May 2017.

My presentation is an informative session around PTSD education from a lived experience point of view. As a former NSW Police Detective Sergeant who formed PTSD and depression due to work related trauma, my presentation is applicable to all emergency services, military, mental health professionals and the wider community.

I discuss the stages of PTSD and depression and how a sufferer wears a mask, why they wear a mask and how a sufferer compartmentalises trauma. Due to external circumstances, a PTSD sufferer can be forced to mask their condition due to fear of career loss, stigma attached, or fear of retribution.

I will also talk about breaking down the barriers for early intervention to be realised. Resilience training, education along with peer support programs are functional methods to assist in achieving early intervention. What I will discuss in more detail, in the case of emergency services and military, is more of an independent one-on-one quarterly check in program.

I outline the feelings associated with suicide from a lived experience point of view as well as the facts around why suicide seems to be the answer by a sufferer. I will be introducing a suicide prevention resilience model which I developed.

Learning Objectives
Learning Objective 1: I am hoping for attendees to gain a greater understanding of PTSD and depression, as well as educating them on what really goes on in the mind of a person who is suicidal. For those listening to my lecture are able to apply the learnt methods in treating sufferers.

Learning Objective 2: It is important for those treating people with mental health issues to understand from someone living with and surviving through the battle.
ABSTRACTS WEDNESDAY

S68: PAPERS: Responding to Trauma,
Level 4 - Room 3, August 31, 2017, 3:30 PM - 5:00 PM

Emergency Service Workers and Trauma: Encouraging early help seeking and facilitating stigma reduction utilizing an innovative lived experience program.

Ross Beckley¹, Veronique Moseley¹, Simon Rosenbaum²
¹Behind The Seen, ²UNSW

Biography:
Ross Beckley is the founder of Behind the Seen, a proactive mental health awareness session specifically aimed at front line emergency service responders. He is a decorated firefighter who was medically discharged with PTSD and speaks about his lived experience to support promotion and prevention of mental health issues among emergency service responders.

Veronique Moseley is a social worker and co-founder of Behind The Seen. As Ross Beckley's partner she gives a unique dual insight into emergency services mental health from both a social work perspective and from her perspective as a partner of an emergency service responder with PTSD.

Dr. Rosenbaum is an NHMRC Early Career Fellow at the University of New South Wales, Honorary Fellow at the Black Dog Institute and George Institute for Global Health and Director of Exercise and Sports Science Australia. He is currently part of the Black Dog research team evaluating Behind The Seen.

ABSTRACT
Emergency service workers are particularly vulnerable to experiencing poor mental health and suicide, often in response to occupational exposure to potentially traumatic experiences. Despite increasing sector interest in the role of external organizations utilising lived experience to encourage help seeking and facilitate stigma reduction, to date no formal evaluation of such programs has been conducted. In 2016 The Black Dog Institute commenced an evaluation of Behind The Seen (BTS), a targeted, face-to-face training session, delivered at a crew level to both first responders and their families. Preliminary data obtained by focus groups, document analysis and utilising mobile technology demonstrate that the BTS session is highly acceptable to first-responders.

Novel aspects of the BTS session identified through the focus groups included the significance of the presenters lived experience and the focus on the family perspective. Ongoing quantitative and qualitative research will determine impact of the sessions which has implications for the provision of mental health services within emergency services. This presentation will give an overview of how and why BTS started from the founders Ross Beckley and Veronique Moseley, followed by an update from Dr Simon Rosenbaum on the research, and the implications for mental health promotion among Australian emergency service workers.

Learning Objectives
Learning Objective 1: Gain current information about the latest research findings relevant to the impact of:
- inclusion of lived experience,
- focus on family as support and
- utilizing external peer led programs
for the promotion and prevention of mental health issues emergency service population (police, firefighters, paramedics and rescue personnel)

Learning Objective 2. Understand how community supports can assist with the reduction of stigma and increase in help seeking behaviours in the front line emergency service population.
References

S69: FEATURED SYMPOSIUM: Legislated Visitor Programs and Mental Health System Change, Level 4 - Room 4, August 31, 2017, 3:30 PM - 5:00 PM

Featured Symposium: Legislated Visitor Programs and Mental Health System Change

Alistair McEwin7, John Alderdice1, Jonty Bush2, Karen Lenihan3, Debora Colvin4, Rosemary Barker5, Claudia Manu-Preston6, Phil Donnelly8

1Community Visitor Scheme, 2Office of the Public Guardian, 3NSW Official Visitors Program, 4Mental Health Advocacy Service, 5Office of the Public Advocate, 6Community Visitor Program NT, 7Australian Human Rights Commission, 8Office of the Ombudsman and Health Complaints Commissioner

Biography:
Alastair McEwin is Australia’s Disability Discrimination Commissioner. He commenced in this role in August 2016. Alastair’s educational background is in arts, law and business administration. Following his undergraduate studies in Adelaide, he spent time in Vancouver, Canada, pursuing postgraduate studies. Prior to moving to Sydney to commence as a consultant with Accenture, a global management and IT consulting company, he worked as Associate to the Hon. Justice John von Doussa at the Federal Court. Alastair has a strong background in working with non-profit organisations. He was the Executive Director of Community Legal Centres NSW, the peak body for Community Legal Centres in NSW. Other roles include CEO of People with Disability Australia and Manager of the Australian Centre for Disability Law. Prior to commencing in his current role, he was the Chairperson of the NSW Disability Council, the official advisory board to the NSW Government on disability issues. He was also the President of the Deaf Society of NSW and Chairperson of the Australian Theatre of the Deaf. He has also been the coordinator of the World Federation of the Deaf Expert Group on Human Rights and an adjunct lecturer for the Masters of Community Management degree at the University of Technology Sydney.

John Alderdice is the Office Manager of the SA CVS and brings to the position management experience in Mental Health and Alcohol and Drug service delivery, and project managed development of the Tasmanian Secure Mental Health Unit. John is familiar with the challenges and frustrations faced by consumers and service providers.

Karen Lenihan is the Principal Official Visitor for New South Wales (NSW Mental Health Act 2007). She has a broad working experience in health services having worked as a clinician, educator, manager and executive. Ms Lenihan’s career is characterised by her work with fringe populations who experience high levels of social stigma and disadvantage.

Debora Colvin is the Chief Mental Health Advocate in WA. A lawyer in private practice for many years, she was the Head of the Council of Official Visitors under the 1996 Mental Health Act before taking up the Chief Advocate role, replacing the Council, under the Mental Health Act 2014.
Rosemary Barker is the Manager of Volunteer programs at OPA in Victoria. She has extensive governance, dispute resolution and human resources experience across government and not-for-profits. In her current role, she is a strong advocate for the rights of people with disability and the importance of volunteering in civil society.

Phil Donnelly has managed the Official Visitor program in Tasmania since 2009 when it was transferred to the Office of the Ombudsman and Health Complains Commissioner. Prior to that Phil worked in a range of management positions in the Tasmanian Public sector. He was also involved in a volunteer capacity with the establishment of the Carers Association of Australia, and both local and national Mental Health associations.

**ABSTRACT**

In every State and Territory the role for independent oversight through direct contact with consumers and mental health services is recognised in Legislation. The mechanisms for reporting, systemic advocacy and the support for changes in service provision is not well defined in the legislation empowering these programs. Six Visitor Programs will briefly describe their legislated roles and functions and then explore how they identify system issues, the reporting and advocacy mechanisms they use to effect change and the ways in which they measure if they have been effective. Each of the six Visitor Programs will identify the current major issues they are encountering in services, explore their analysis of those issues and discuss the actions they take to promote the resolution of these issues. The relationship of identified issues to National policy directions such as the elimination of seclusion and restraint or the provision of services under NDIS funding) will be explored and the achievements of each of the Programs will be discussed. Discussion with a diverse TheMHS audience will be invited in order to assist the Programs to critically examine the ways they engage with consumers, families and carers, services and policy makers in order to meet their responsibilities under legislation.

**Learning Objectives**

Learning Objective 1: All states and territories recognise the need for independent oversight in mental health services by legislating for independently appointed Visitors to attend services and have direct contact with consumers and families, however an understanding of the roles and functions of the programs is not well grasped by services and consumers and the processes of advocacy can vary widely across jurisdictions.

Learning Objective 2: The Audience will gain an awareness of the Legislated Visitor Programs in mental health services, the systemic issues that come to their attention and the way they advocate for the resolution of those issues.

**References**

Western Australia Mental Health Act 2014, Division 8 Council of Official Visitors
South Australia Mental Health Act 2009, Part 8 Division 2
Queensland Mental Health Act 2016, Act No. 5 of 2016, Division 5 - Searches of visitors to high security units or other approved services
Mental Health Act 2014, 26 or 2014, Part 9 Community Visitors
Australian Capital Territory Mental Health Act 2015 Republication No 4 Effective: 21 June 2016 Part 12.3 Official Visitors
Mental Health Act 2013, Tasmania, Schedule 5 Official Visitors
S70: SYMPOSIUM 1.5 HOURS: Recovery-focused therapeutic approaches.
Level 4 - Room 5, August 31, 2017, 3:30 PM - 5:00 PM

Innovations in incorporating lived experience into recovery-focused therapeutic approaches.

Neil Thomas¹, Indigo Daya², Bronte McLeod¹, Nev Jones³, Jo-Anne Abbott¹, Janet Karagounis⁴, Louisa Pearce⁴, Rachel Brand¹, Steve Quinn¹, Anne Williams¹,⁵, Ellie Fossey⁶,⁷, John Farhall⁵, Fiona Foley¹, The ORBIT Project Team
¹Swinburne University Of Technology, ²State Government of Victoria Department of Health and Human Services, ³Felton Institute, ⁴Voices Vic, Prahran Mission, ⁵La Trobe University, ⁶Monash University

Biography:
Neil Thomas (convenor/presenter) is Associate Professor of Psychology with the Centre for Mental Health, Swinburne University of Technology. He leads the PERISCOPE Lab, which conducts research on ways of promoting recovery in persons with persisting mental health problems.

Bronte McLeod (presenter) is a PhD student with PERISCOPE, conducting research on the role of interaction with peers in promoting recovery. Janet Karagounis (co-presenter) is Voices Vic Network Co-ordinator, and peer worker and investigator on Voice Exchange.

Anne Williams (presenter) is an occupational therapy lecturer at Swinburne and PhD candidate at La Trobe University, whose current research explores the experience of consumers and mental health workers using online resources together. Kathryn Fletcher (presenter) is Postdoctoral Research Fellow and clinical psychologist at the Centre for Mental Health with a background in researching psychological factors in bipolar disorder.

Indigo Daya (chair) is Senior Consumer Advisor with the Office of the Chief Psychiatrist in Victoria.

ABSTRACT
People who experience persisting mental health problems frequently say that contact with peers with shared lived experience facilitated their own recovery. In this symposium, we bring together a series of research projects that examine innovative ways to incorporate lived experience into mental health service delivery. These extend from formal peer work programs to uses of digital technology to learn from others’ lived experience via peer videos and forums. Through this symposium we aim to illustrate varied ways of embedding lived experience within mental health practice. We also use examination of these different types of peer contact to consider, in depth, what the different elements of peer contact and interaction are that help to promote recovery.

Paper 1: Consumer experiences in a peer-facilitated education recovery program: A qualitative investigation of the peer contact mechanisms facilitating personal recovery outcomes
Bronte McLeod, Nev Jones, Jo-Anne Abbott and Neil Thomas
There is still a relative lack of knowledge regarding how contact with peers with lived experience of mental illness helps to challenge mental illness stereotypes and promote positive identity development. Qualitative methods were used to explore this with fourteen consumers following completion of the Wellways Australia MI Recovery peer-facilitated education program. This included individual semi-structured interviews, thematic analysis of interview transcripts and interviewer field diaries, and review of the findings by a lived experience advisory panel. Emergent themes pertaining to recognition, equal opportunity, unification through shared treatment and service experiences, and respect for diverse perspectives were seen to
facilitate intrapersonal and interpersonal identity shifts. Enhanced understanding of the peer contact processes that facilitate subjectively meaningful and valued personal and social identities will contribute to improving the quality of peer-education recovery programs and the integration of experts by experience in traditional service delivery.

Paper 2: Voice Exchange: results of a pilot randomised controlled trial of one-to-one peer support integrating principles of the Hearing Voices Movement with Intentional Peer Support
Neil Thomas, Indigo Daya, Janet Karagounis, Louisa Pearce, Rachel Brand and Steve Quinn
We developed a one-to-one peer support program that used a combination of Intentional Peer Support and principles of working with voices from the Hearing Voices Movement (such as making sense of voices in relation to someone’s broader experience, and learning to develop a better relationship with them). We conducted a pilot randomised controlled trial, with 27 participants, comparing this intervention with a waiting list control group. We found that the peer support approach appeared feasible and acceptable to participants, and nearly all participants reported their experience of hearing voices was better following doing the peer support sessions. On outcome measures of the impact of voices and personal recovery, we saw improvements similar in magnitude to those observed in trials of formal psychotherapies for voices.

Paper 3: Being inspired that recovery is possible: Consumers’ views on engaging with video-based lived experience through a recovery-oriented website
Anne Williams, Ellie Fossey, John Farhall, Fiona Foley and Neil Thomas
Websites offer an innovative way to make the lived experience of consumers available to others. The Self-Management and Recovery Technology (SMART) research program developed an evidence-based website that includes videos of people with lived experience of mental illness discussing their recovery. These videos can be watched on a tablet device alongside a mental health worker, or independently. Thirty-one consumers with experience of psychosis who used the site participated in individual semi-structured interviews. Data analysis used constructivist grounded theory methodology. Participants engaged with lived experience through watching the videos and reflecting on their own experience in discussion with a mental health worker. Benefits of seeing others talking about their lived experience online included ‘knowing I’m not alone’, ‘being inspired’ and ‘believing recovery is possible’. In conclusion, the experience of engaging with lived experience through online videos was powerful for participants, and demonstrates strong potential to support consumers’ recovery.

Paper 4: Development of an online guided self-help intervention for bipolar disorder: the Online Recovery-focused Bipolar Individual Tool (ORBIT)
Kathryn Fletcher, Greg Murray, Fiona Foley, Neil Thomas and the ORBIT Project Team
The Online Recovery-focused Bipolar Individual Tool (ORBIT) project is an NHMRC-funded research program conducted by Swinburne University in conjunction with an international team. ORBIT comprises two low-intensity guided self-help interventions that aim to improve quality of life (QoL) in bipolar disorder. An international randomised controlled trial will test their comparative effectiveness later this year. Published pilot data suggested the first iteration of ORBIT was feasible, safe and effective in improving QoL. A central focus of the second iteration—ORBIT 2.0, currently in development—is the use of peer-to-peer learning via videos of consumers with lived experience of bipolar disorder. This drives the core content of the intervention. In addition, the program facilitates connection between different users via commenting functions, and a consumer-moderated forum. In this presentation, we discuss the content development phase of ORBIT 2.0: key design principles, challenges and learnings.

Learning Objectives
Learning Objective 1: People in the audience will gain an understanding of different ways in which lived experience can be incorporated into therapeutic approaches, both by peer workers and by non-peer mental
health practitioners. They will also learn more about what the consumer experience is of contact with peers, and some of the therapeutic processes involved.

Learning Objective 2: The projects highlight a range of different ways of embedding lived experience into mental health service delivery, with a focus on promoting personal recovery among people with experiences of persisting mental health problems.

References

S71: PAPERS: Improving Outcomes... or Not?
Level 2 - State Room, August 31, 2017, 3:30 PM - 5:00 PM

Year of the Family: Did we improve engagement with families and carers?

Carolyn Durrant¹, Bethany Pade¹
¹Nepean Blue Mountains Local Health District

Biography:
Carolyn works for Nepean Blue Mountains Local Health District in the Family & Carer Mental Health Program. She is responsible for developing the capacity of the mental health workforce for family-inclusive practice. She has previously worked for the NSW Institute of Psychiatry developing and delivering training programs on parenting and COPMI issues. She is a social worker and has completed a Master of Mental Health. She is interested and involved in the implementation of the Open Dialogue approach to mental health care.

Bethany Pade is an Occupational Therapist that works as the Mental Health Manger of Community and Partnerships for Nepean Blue Mountains Local Health District. She is currently studying a Masters of Health Management with the University of NSW. Bethany is passionate about empowering mental health clinicians to work collaboratively with consumers and their family in their provision of mental health care.

Aim: To describe a clinical practice improvement strategy for improving engagement with families and carers, and report on its effectiveness.

In 2016, the mental health service in Nepean Blue Mountains Local Health District undertook a 12-month initiative to improve clinicians' engagement with families and carers. The initiative was called 'Year of the Family', and was a multi-faceted approach that attempted to address a range of barriers to engagement that had been identified by community staff. The initiative included training, resource development and special projects. The initiative began in April 2016 and ended in March 2017.
A number of evaluations have been undertaken since the conclusion of the initiative; including a staff survey, staff interviews, and a file audit. This presentation will report on these evaluations, and describe some of the key facilitators and challenges of the project.

'Year of the Family' aimed to increase clinicians' confidence in and capacity for family-inclusive practice. Did it work?

**Learning Objectives**

Learning Objective 1: Identify a range of strategies for improving clinicians' engagement with families and carers.

Learning Objective 2: Explore effectiveness of strategies based on evaluation of practice change.

**References**

1. The Bouverie Centre (2016). From individuals to families: A client-centred framework for involving families, Brunswick, The Bouverie Centre

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**S71: PAPERS: Improving Outcomes... or Not?**

**Level 2 - State Room, August 31, 2017, 3:30 PM - 5:00 PM**

**National Emergency Access Targets and Psychiatric Risk Assessment in Emergency Departments: Implications for Involving Family or Carers.**

**Euan Donley†**

†Eastern Health / Monash University

**Biography:**

Euan Donley is a senior social worker with the Psychiatric and Emergency Department Response Team for Eastern Health in Victoria. He has been working in Emergency for 15 years. Euan is near the end of his PhD candidacy which is examining risk assessment and management of mental health patients presenting to Emergency Departments. He is fortunate to have been published several times examining various aspects of risk assessment in public hospital emergency departments.

**ABSTRACT**

Increasingly mental health and other patients are presenting to Emergency Departments (EDs). To alleviate long waits in ED and the blocking of access to beds, National Emergency Access Targets (NEAT) were introduced. While this has alleviated some access issues for ED and hospital patients, it has also impacted on the service delivery to patients and their families in the ED.

This mixed methods study included 7 EDs across metropolitan Melbourne and explored ED mental health clinicians’ experiences of NEAT. What became apparent was, without prompt, a significant number of participants acknowledge that in the rush to meet NEAT, families and carers were often disadvantaged.

Participants noted that NEAT has resulted in less time to support relatives/carers, less time seeking collateral information from relatives/carers, and less time to properly respond to complex social needs. It is
acknowledged that ED mental health clinicians are under significant pressure with high-risk patient workloads and organisational requirements to meet NEAT. This combination is likely to result in adverse or poorer outcomes for mental health consumers and their relatives/carers.

**Learning Objectives**

Learning Objective 1: People will learn that ED mental health risk assessment is complex, and that policies such as NEAT can, at times, present challenges with comprehensive assessment and family / carer support.

Learning Objective 2: Thousands of mental health patients present to ED each year. This number has been steadily increasing, and will continue to do so. EDs are increasingly a primary source of support for mental health patients and their families / carers.

**References**


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**S71: PAPERS: Improving Outcomes... or Not?**

**Level 2 - State Room, August 31, 2017, 3:30 PM - 5:00 PM**

**The real value of co-design: everybody learns, the system benefits.**

**Cathy Baker¹, Sally Gaven²**

¹Mental Health Commission of NSW, ²Sally Gaven Consulting Pty Ltd

**Biography:**

Cathy Baker is the Manager, Systems Monitoring and Review at the NSW Mental Health Commission. In this role, Cathy oversees a program of reporting on progress in mental health reform. Prior to this, Cathy headed a number of large scale health program evaluations and was also manager of an epidemiology unit within ACT Health.

Sally Gaven has led projects in the development and evaluation of innovative responses to social issues that involve multiple Government agencies and collaboration with a non-government organisations, co-designing initiatives to strengthen outcomes in mental health, population health, social cohesion and family support, and organisational governance & sustainable capacity building.

**ABSTRACT**

In December 2016, the Mental Health Commission of NSW engaged Sally Gaven Consulting to undertake a review of its Mental Health Grants Program and the funding provided to Being, Mental Health Carers NSW, Way Ahead and Collective Purpose to identify opportunities to:

- establish effectiveness of the grants
- enhance governance and management
- assess strategic functions
- support practice improvement and explore opportunities.
The review’s collaborative and capacity-building nature meant that the organisations’ boards, management, staff, members and other stakeholders were directly involved and helped shape the findings. This was achieved by participatory principles and practices across five review elements:

OVERALL APPROACH
Methods and Instruments
Peer Consultants <-> Stakeholders

CONSTRUCTIVE PROCESS

The presentation demonstrates the value each element of participation provided the Commission and the funded organisations, how each could be improved (learnings of the review), and how the co-design approach resulted in a constructive process, whereby the board members and the three CEOs, the Commission and the consultants all collaborated on a process of joint learning and capacity-building (rather than the organisations being passive subjects of review), with systemic benefits of the process likely to be long-lasting. The presentation includes the perspective of the peer consultants in working at a systemic and state-wide level in an innovative and exciting review context, including some unexpected but very instructive outcomes.

Learning Objectives
Learning Objective 1: People in the audience will improve their understanding of what co-design means for mental health organisations - and how service users can be valued and useful as experts in their own lived experience and as central to service design, governance, review or reform processes. They will learn this through hearing about the experiences and reflections of peer consultants and peak body representatives who were recently involved in a state-wide review of mental health funding to community-managed organisations by the Mental Health Commission of NSW. The audience will also learn specific success factors for co-design from the perspectives of both peer and strategic management consultants.

Learning Objective 2: The imperative to engage, involve and work with consumers and carers is a formal requirement for mental health services under the National Safety & Quality Health Service Standards (Standard 2 Partnering with consumers). It is also emphasised in the non-mandatory National Standards for Mental Health Services 2010 and National Framework for Recovery-Oriented Mental Health Services 2013.

The right to join in making decisions and choices about individual care and about health service planning is included in the Australian Charter of Healthcare Rights.

Specifically in NSW, the Mental Health Commission of NSW's Living Well: A Strategic Plan for Mental Health in NSW 2014-2024 articulates a whole-of-government, whole-of-life and whole-of-community vision for mental health in NSW with specific actions at sections 4.1 and 4.2 to promote the participation of consumers and carers.

Living Well notes that in general, the participation of consumers and carers in the design, development, management and reform of mental health services is a key human right and fundamental to civil society. It is also linked to improved recovery and more efficient, less costly services.

The benefits specific to co-design, or designing human services in collaboration with consumers and carers include:

- creation of a shared understanding
- generation of rich, subjective, multi-dimensional learnings and outcomes
- outcomes with higher user value - more relevant, accessible and appropriate services
- greater efficiency of decision-making and lower development costs
- improved accountability
- improved uptake of innovation.
S72: PAPERS: Peers - Intentionally Integrating and Educating, Level 2 - Room 2, August 31, 2017, 3:30 PM - 5:00 PM

Intentional Peer Support

Lisa Archibald¹
¹Te Ara Korowai

Biography:
Lisa Archibald is Manager of Te Ara Korowai, a peer support, creativity and advocacy hub on the Kapiti Coast of Wellington in New Zealand. Lisa has extensive experience of managing peer services in the UK and New Zealand. Lisa was a UK 2013 Winston Churchill Fellow in the Communities that Work category carrying out research on mental health discrimination in communities. Lisa is a facilitator of a number of training and is dedicated to promoting the experts by experience model and peer support. Lisa set up and managed peer services in Scotland and was a dedicated Scottish consumer activist before moving to New Zealand in 2014 where she now lives and works.

ABSTRACT

Peer Support refers to working alongside people who have shared experiences and are able to share their knowledge, empathise with others and offer beneficial insights. Peer support can complement the formal primary care services, working with professional health care providers in supporting people to move forwards from often really challenging or "stuck" places. Peer relationships have been found to be successful as they promoting hope and the possibility of recovery. Intentional Peer Support relationships are not about ‘fixing things’ but are about resilience and building on strengths.

Intentional Peer Support is a way of thinking about and inviting transformative relationships. Practitioners learn to use relationships to see things from new angles, develop greater awareness of personal and relational patterns, and support and challenge each other in trying new things.

IPS is unique from traditional human services because:
1. Relationships are viewed as partnerships that invite and inspire both parties to learn and grow, rather than as one person needing to ‘help’ another.
2. It doesn’t start with the assumption of a problem. With IPS, each of us pays attention to how we have learned to make sense of our experiences, then uses the relationship to create new ways of seeing, thinking, and doing.
3. IPS promotes a trauma-informed way of relating. Instead of asking “What’s wrong?” we learn to ask “What happened?”
4. It examines our lives in the context of mutually accountable relationships and communities — looking beyond the mere notion of individual responsibility for change.
5. IPS encourages us to increasingly live and move towards what we want instead of focusing on what we need to stop or avoid doing.

“Intentional Peer Support is about conversation. It’s about how we know, how we create new “knowing” through dialogue, and about how we as human beings interrelate by beginning to practice the art of connection – with ourselves, the people in our lives, and the people on the planet we may think we have nothing in common with." Shery Mead
Intentional Peer Support has 3 principles. They are moving our relationships from a place of helping to one of learning, moving from focusing on the individual to developing the relationship and moving from a place of fear to one of hope.

Te Ara Korowai and Kites are consumer led services in Greater Wellington. Our services are delighted to be working alongside Intentional Peer Support Central in USA to grow and develop IPS in New Zealand. We facilitate IPS training within New Zealand and work closely with our IPS Australian partners who are delivering training primarily in Victoria.

Whilst IPS, the work of Shery Mead, emerged from the mental health psychiatric survivor movement in USA, it is really about building stronger, healthier, interconnected communities and it is a framework that can be adapted and applied in other sectors such as domestic violence, veteran support and youth work.

**Learning Objectives**

Learning Objective 1: The audience will have an increased understanding of the intentional peer support framework

Learning Objective 2: The audience will be able to explore whether there is a role for peer support within their services and a better understanding of the value that experts by experience can bring.

**References**


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**S72: PAPERS: Peers - Intentionally Integrating and Educating,**
**Level 2 - Room 2, August 31, 2017, 3:30 PM - 5:00 PM**

**From Invisible to Integral: The practical challenges of integrating peer workers into clinical services.**

*Louisa Dent Pearce*<sup>1,2</sup>

<sup>1</sup>Uniting Prahran Mission - Voices VIC, <sup>2</sup>Victoria Hospital - Health Scope

**Biography:**

Louisa Dent Pearce is a consumer consultant for Healthscope and is based at The Victoria Clinic, Melbourne, where she provides peer support, group facilitation, training and advocacy. She is continually engaged in her own recovery and is the author of a memoir, The Little Girl That Nobody Wanted.

In the last two decades, progress made in workplace policy and national health standards has led to the increasing presence of peer workers and consumer consultants in clinical settings. Gradually the role has evolved from an invisible volunteer who reviewed brochures, to an integral member of a professional, multidisciplinary team.

This paper looks at the practical challenges of this culture change, comparing experiences in both public and private mental health settings: firstly, the integration of peer workers into established multidisciplinary teams within a public health setting; and secondly, the integration of consumer consultants in a private
hospital setting where the role has expanded to include peer counselling, facilitation of groups, staff training, advocacy and policy review.

Both settings have provided rich learning opportunities for peers and their colleagues. Along with their daily tasks, peer workers have faced the challenges of addressing stigma in the workplace, strengthening their professional status, redefining the meaning of “expertise”, addressing power imbalances in hierarchical organisations, and confronting personal issues of transitioning from consumer to colleague.

Above all, these learnings emphasise the cultural support that is necessary to build effective partnerships within multidisciplinary teams, and to ensure that policies of consumer engagement are translated into practice.

Learning Objectives
Learning Objective 1: Audiences will gain insight into the differences between policy and practice, the potential challenges and benefits of integrating peers into clinical workforces, and practical ideas about how to best support peers in these settings.

Learning Objective 2: The value and importance of peers in the workforce has now been embedded in policies and national health standards and the peer workforce is growing; the next step is for the mental health sector to be monitoring how these policies translate into practice and what issues are arising for these peer practitioners.

References
Dr Sharon Lawn, BA, DipEd, MSW, PhD, Anne Smith & Kelly Hunter. Mental health peer support for hospital avoidance and early discharge: An Australian example of consumer driven and operated service;Journal of Mental Health, 2008 Volumn 17 –issue 5

S72: PAPERS: Peers - Intentionally Integrating and Educating, Level 2 - Room 2, August 31, 2017, 3:30 PM – 5:00 PM

The Peer Educator

Sam Stott¹, Vicki Katsifis¹
¹South Eastern Sydney Recovery College

Biography:
Sam Stott has been working in education, research, policy and advocacy roles in NSW health services for over 20 years. Sam is passionate about transformative learning and adult education for social change. She is a Peer Educator and the Education Coordinator with the South Eastern Sydney Recovery College.

Vicki Katsifis has worked in consumer advocacy and education for over 20 years. She has experience in multicultural mental health; has co-ordinated a consumer reference group and a Speaker’s Bureau. Vicki currently works at the South East Sydney Recovery College as Senior Peer Learning Advisor/Educator.
Recovery Colleges are expanding the mental health peer workforce through the introduction of the role of peer educator. Peer educators purposefully share their lived experience and through co-production, transform the way that mental health education programs are developed and delivered. Peer educators build on their lived experience in partnership with clinical educators to provide recovery-orientated learning and development for consumers, carers and clinicians.

This presentation will investigate the role of the peer educator, within both the mental health educational workforce and the peer workforce. How are peer educators different from clinical educators and peer support workers? This paper will draw on the findings of a recent peer workforce literature review, the evidence base for effective peer-led mental health services and the lessons we have learned as peer educators at the South Eastern Sydney Recovery College.

Our experience is that peer educators offer a complementary set of skills, knowledge and attitudes to both clinical educators and peer support workers. The implications for mental health services are that peers can play a significant role in educating for recovery. Establishing a peer educator workforce gives mental health services scope to co-produce recovery-orientated learning & development.

Learning Objectives
Learning Objective 1: People in the audience will gain an understanding of the unique role of the peer educator in mental health services, and how it differs from and complements those of clinical educators and peer support workers.

Learning Objective 2: This topic is relevant to mental health services as peer educators are a newly emerging and rapidly growing addition to the mental health workforce.

References

Dementia care research through creative expression.

Joanna Jaaniste
1 Western Sydney University

Biography:
Joanna Jaaniste, PhD, AThR (Drama) is a registered dramatherapist and adjunct fellow of Western Sydney University. Her experience in addiction, adolescence and dementia combines with 19 years of practice in acute and community based dramatherapy in Fairfield/Liverpool Mental Health, NSW. Published articles in peer-reviewed journals and chapters continue her research into dementia.

ABSTRACT
In a 2013 mixed method PhD research project investigating possible wellbeing improvement through 16 sessions of dramatherapy with a group of people with dementia (Jaaniste et al., 2015) the Creative Expressive Abilities Assessment (CEAA) (Gottlieb-Tanaka 2016) was employed to assess creative expression...
improvement of the participants. Seven domains of the scale: language, memory, attention, sociability, problem-solving, feelings and cultural/spiritual aspects, are all important areas of investigation for any serious attempt to improve the Quality of Life (QoL) of people in later lifespan with dementia. It is of benefit to point out that in all areas bar one there was an overall average improvement in the group. The study as a whole demonstrates that the CEAA is a robust measure to use, shows an unusual low budget improvement in the aged care field and justifies the extra time spent by health professionals once a creative group has finished. We saw a surprising cross-fertilisation of interests and a depth of immersion in art works and drama, showing what could be achieved if participants continued with this work. QoL showed improvement in improving sociability, problem-solving skills, use of language and expression of feeling over the time, as well as attention and memory.

Learning Objectives
Learning Objective 1: Delegates will take away evidence-based information on how to use a tested, reliable and valid tool along with the creative engagement of elders with dementia.
Learning Objective 2: An improvement in QoL through inexpensive creative therapy sessions can obviate the necessity for psychiatric medication, often prescribed for ‘sundowning’ or extreme restlessness in people with dementia.

References

S73: PAPERS: Evaluating Services, Level 2 - Room 3, August 31, 2017, 3:30 PM - 5:00 PM

The challenges of identifying and measuring the impacts of mental health interventions.

Lee Martinez¹, Kuda Muyambi¹, Bruce Gurd², Martin Jones¹
¹University of SA Department of Rural Health, ²University of SA School of Management

Biography:
Lee is a registered nurse with extensive experience working in rural mental health in leadership, management and research. Lee has a passion for working with consumers, including the lived experience in service delivery and ensuring people in rural and remote areas have access to the quality services that meet their needs.

Kuda Muyambi: Kuda is a credentialed program evaluator and experienced researcher with a keen interest in non-communicable diseases. He has a passion for working with primary beneficiaries of health interventions, service providers, managers and policy makers.

ABSTRACT
The variety of methods for measuring the impact of mental health interventions rely on understanding the flow of “causation” from the intervention to the social improvement. Whether the measurement is based on cost/benefit or social return on investment there is an underlying logic of change in a theory of change, solution tree or logframe which connects activities to outputs to outcomes to impacts. Mapping the connections between an intervention and social improvement is tenuous, especially in the short-run.
Using a case study of an evaluation of mental health rehabilitation units in rural South Australia, we analyse the problems of measuring the benefits of such interventions, including the broader social impacts. Central to the problem is identifying the short, medium and longer term benefits and rigorously measuring them. As many benefits are longer-term this can usually only be done by reference to other implementations. It is more defensible to stop at the outcomes stage and work in qualitative terms; but this does not meet the needs of funders. We include issues relating to identification of stakeholders and the counterfactuals.

**Learning Objectives**

Learning Objective 1: The audience will become more aware of the approaches to measuring social impacts including Social Return on Investment and the issues in moving from outcomes to impact.

Learning Objective 2: An audience interested in mental health issues will be challenged to evaluate the interventions in more structured and potentially more useful ways.

**References**


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**S73: PAPERS: Evaluating Services, Level 2 - Room 3, August 31, 2017, 3:30 PM - 5:00 PM**

**The real world impact of the Partners in Recovery initiative on consumer needs in Gippsland, Victoria.**

**Anton Isaacs**, Kim Dalziel, Keith Sutton, Darryl Maybery

1Monash Rural Health [Latrobe Valley and West Gippsland], 2Monash Rural Health [UDRH], 3University of Melbourne [Melbourne School of Population and Global Health]

**Biography:**

Dr. Anton Isaacs is a public health physician with an interest in mental health services for rural and medically under served communities. His areas of expertise include designing, implementing and evaluating mental health services.

**ABSTRACT**

Objective: To study the real world impact of the Partners in Recovery [PIR] initiative on consumer needs in Gippsland and to explore factors associated with positive change.

Methods: Demographic data and the Camberwell Assessment of Need Short Appraisal Schedule (CANSAS) data of consumers who enrolled in the PIR initiative in Gippsland were analysed to study changes in consumer needs.

Results: Of the 179 enrolled consumers, 173 (97%) completed CANSAS measurement. At enrolment they reported ‘some problems’ in a mean 8.8 areas and after involvement in the PIR initiative they reported ‘some problems’ in 7.1 areas. The greatest lessening of needs was in the areas of accommodation, use of other services and information on one’s condition.
Sixty one consumers (34%) achieved ‘positive change’ or reduction in 3 or more categories of need. Being female (1.97 fold increase) and living alone (1.35 fold increase) significantly improved the odds of achieving ‘positive change’ (p<0.01).

Conclusion: This study provides a snapshot of the real-world impact of a care coordinated mental health service model and demonstrates that the most important needs of consumers with severe and persistent mental illness are not necessarily of a medical nature.

Learning Objectives

Learning Objective 1: Listeners of this presentation will learn that accommodation, utilisation of related services and information on one’s condition are important needs of consumers with severe and persistent mental illness. They will also learn that women who live alone should be particularly invested in since they are most likely to benefit from such programs.

Learning Objective 2: This study is of particular relevance for those who are interested or are involved in the transition of the PIR program to the NDIS. It showcases the types of needs that the NDIS will have to address among clients who have transitioned from the PIR program.

References


S74: PAPERS: Supervision and Leadership,
Level 2 - Room 4, August 31, 2017, 3:30 PM - 5:00 PM

Narrative informed psychiatric work using supervision initiatives.

Daniel Angus¹, Paul Fung¹
¹Uniting Recovery

Biography:

Paul Fung is a Consultant Psychiatrist and Family Therapist, and Site Coordinator of Psychiatry Training at headspace Youth Early Psychosis Program, Western Sydney. He is also the Chair of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) Section of Early Career Psychiatrists. He has an interest in mental health service delivery in developing countries, having completed a Fellowship in Global Mental Health at the NSW Institute of Psychiatry in 2013.

Daniel Angus is Manager of headspace Services, Mt Druitt. He has been studying Narrative Therapy with David Epston since 2014. He is also married to a Zumba instructor.

The teen years can be a time of great change. Physical appearance, cognitive development and social relationships add to the complexities and adventures of the young human. Young people seeking help from
primary health services are at risk of having normal developmental behaviour pathologised. Also, for those who have a mental illness, the diagnosis can be given “centre stage” at the expense of their preferred experiences of self, their hopes, dreams, values and principles for living. Traditional clinical approaches to youth mental health may be in need of an overhaul. Narrative Therapy as described by Martin Payne (2006) draws our attention to the “untypical” as it is through the untypical that “people can escape from the dominant stories that influence their perceptions and therefore their lives”. White and Epston (1990) along with Payne (2006) argue that much of Narrative Therapy can be challenging for clinicians familiar with more traditional and often manualised treatment approaches. This paper will discuss the implementation of Narrative informed psychiatric practice via a multidisciplinary group of senior clinicians under the supervision of David Epston, the Co-originator of Narrative Therapy Practice. Uniting Recovery operates four headspace centres in Western Sydney covering a population of more than 2 million residents.

Learning Objectives
Learning Objective 1: Participants will be able to learn concrete ways in which Narrative Practice can inform, and be integrated with mental health service systems whilst affirming clinical precision in assessment and treatment.

Learning Objective 2: Youth mental health services informed by Narrative Practice have the potential for great innovation. Young people encountering mental health services for the first time who experience a recovery oriented service are our future advocates for ongoing mental health system reform.

References

S74: PAPERS: Supervision and Leadership,
Level 2 - Room 4, August 31, 2017, 3:30 PM - 5:00 PM

Using Mead’s Intentional Peer Support Model as a basis for supervision with peer staff.

Justin McKenzie¹, Daisy Gleeson¹, Melissa Petrakis²

¹Wellways Australia, ²St Vincent’s Hospital

Biography:
Justin McKenzie is a Regional Manager at Wellways in Melbourne. Justin has an interest in how service providers can best recruit, train, develop and support the expanding lived experience workforce, and how all practitioners can apply the principles of the Intentional Peer Support model in their work.

Daisy Gleeson is a Coordinator of Partners in Recovery in Inner East Melbourne at Wellways. Daisy has a lived experience of mental illness which she uses to enhance her work. Daisy is an organisational trainer in Intentional Peer Support and has a strong interest in the continued development of the lived experience workforce.

Dr Melissa Petrakis, Senior Research Fellow (Early Psychosis and Mental Health), St Vincent’s Hospital (Melbourne)/Senior Lecturer at Monash University, and a researcher actively engaged in contributing to pilot work about consumer measures and research co-production, and the introduction of peer workforce initiatives.
ABSTRACT
The challenge: With the emergence of the peer workforce across Australia and New Zealand, to date there is no agreed framework for supervisors/managers to best support peer workers to perform their roles.

A potential tool: The model of Intentional Peer Support (IPS), as described by Shery Mead, is ‘a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful’ (Mead 2003). This model provides a framework within which peer workers can intentionally use their lived experience to frame their practice. We propose that the model offers a meaningful framework from which supervisors/managers and peer workers can establish effective supervision relationships, drawing upon the 3 IPS principles which highlight the importance of relationship, learning and hope/possibility. We propose that both people with and without lived experience can use the principles in peer supervision relationships.

Experiences and learning: We will present our experiences of drawing upon each of the three IPS principles in establishing effective supervision relationships. We will offer questions that attendees could use to reflect on their supervision relationships, and set tasks to potentially complete that could help them in establishing respectful and mutual learning relationships in peer supervision.

Learning Objectives
Learning Objective 1: What people in the audience will gain or learn from attending this presentation is how Mead’s International Peer Support model can be used as a framework from which supervisors/managers and peer workers can establish effective supervision relationships.

Learning Objective 2: This topic/issue is relevant to mental health services and mental health issues since services across Australia and New Zealand are currently increasing roles for peer staff and, to date, there is no agreed model/approach to best support these staff.

References
A capability framework to develop leadership for evidence-informed therapies in publicly-funded mental health services.

Geoffrey Lau<sup>1,2</sup>
<sup>1</sup> Metro South Addiction and Mental Health Services, <sup>2</sup>School of Health and Rehabilitation Sciences, The University of Queensland

Biography:
Geoff was an occupational therapy graduate at The University of Queensland, and is currently enrolled as a PhD candidate at the UQ School of Health and Rehabilitation Sciences. Geoff has worked extensively in adult mental health since 1992 across acute, tertiary, inpatient and community-based services. Geoff was the Acting Director of Occupational Therapy at the Princess Alexandra Hospital in Brisbane, and was appointed the Director of Therapies and Allied Health at Metro South in 2011. Geoff graduated from the Australian Mental Health Leadership Program at The University of Melbourne in 2011. He has fulfilled professional roles such as President of OT Australia Queensland, the Mental Health Australia delegate and panel advisor for AHPRA.

His research thesis is a mixed methods evaluation of the implementation of the Therapy Capability and Practice Framework, and its impact on the provision of psychosocial therapy in a large public mental health service.

ABSTRACT
Purpose:
It is difficult to replicate evidence-informed models of psychosocial and assertive care interventions in non-research settings, and means to determine workforce capability for psychosocial therapies have not been readily available. This paper describes, and provides a rationale for, the Therapy Capability and Practice Framework (TCPF) which aims to enhance access to, and quality of, evidence-informed practice for consumers of mental health services by strengthening workforce capabilities and leadership for psychosocial therapies.

Design/ Approach:
Guided by literature regarding the inadequacies and inconsistencies of evidence-informed practice provided by publicly-funded mental health services, this descriptive paper details the TCPF and its application to enhance leadership and provision of evidence-informed psychosocial therapies within multi-disciplinary teams.

Findings:
The paper will outline (1) the TCPF workforce mapping process and data analysis from implementation at the MSAMHS, Brisbane, Australia, in 2016, and (2) a sequential exploratory mixed methods evaluation of the service-level implementation and utility of the TCPF. This research is an evaluation of the TCPF as an innovation to inform and assist service managers and clinical leaders in decision-making, workforce reform and governance strategies.

Learning Objectives
Learning Objective 1: The TCPF affords both individual and strategic workforce development learning opportunities. Sharing the process of applying the TCPF as a service-wide workforce strategy may assist
mental health leaders, and other speciality health services, establish a culture that values leadership, person-centred care, and evidence-informed practice in a targeted approach.

Learning Objective 2: This paper introduces the TCPF as an innovation to assist publicly-funded mental health leaders to transform standard case management roles to provide more evidence-based informed psychosocial therapies. This may have clinical and cost-effective outcomes for services, the consumers, carers, and family members.

References

S75: SYMPOSIUM 1.5 HOURS: PARCS - Building the Evidence,
Level 2 - Room 5, August 31, 2017, 3:30 PM - 5:00 PM

Building the evidence base of Prevention and Recovery Care Services (PARCS).

Lisa Brophy¹, Serhat Turut², Ella Svensson³, Jia-Wern Toh³, Carol Harvey⁴, Justine Fletcher⁵
¹University of Melbourne and Mind Australia, ²Neami National, ³Youth Research Council, Orygen, ⁴Psychosocial Research Centre, The University of Melbourne, ⁵Centre for Mental Health, MSPGH, The University of Melbourne

Biography:
Lisa Brophy is Director of Research – Mind Australia and Associate Professor, Centre for Mental Health, Melbourne School of Population and Global Health, The University of Melbourne

Serhat Turut is a Research and Evaluation Projects Officer at Neami National.

Ms Ella Svensson is an Independent youth researcher and member of the Youth Research Council of Orygen, the Centre of Excellence in Youth Mental Health and psychology student.

Ms Jia-Wern Toh is an Independent youth researcher and member of the Youth Research Council of Orygen, the Centre of Excellence in Youth Mental Health and psychology student.

Carol Harvey is a Professor in the Department of Psychiatry, University of Melbourne, Consultant Psychiatrist in North West Area Mental Health Service and Director, Psychosocial Research Centre in Melbourne.

Justine Fletcher is a Research Fellow in the Centre for Mental Health in the Melbourne School of Population and Global Health, University of Melbourne.

ABSTRACTS
Paper one: An overview of Prevention and Recovery Care Services (PARCS). PARCS are a relatively new service option that is rapidly expanding across Australia. PARCS generally involve a partnership between mental health community support services (i.e. non-government agencies) and clinical mental health
services. They are residential services that support people with severe mental disorders to either avoid hospital admission (step up) or leave hospital early (step down), with a strong emphasis on integrating clinical mental health care with intensive recovery-focused psychosocial input. Most PARCS provide sub-acute, short term care (maximum 28 days) for adults, but there are also Youth PARCS an emerging model. This symposium will enable presentations about research and evaluation activities focused on PARCS in Victoria and it will enable discussion about emerging evidence about the impact of this important new model of care. We will also present the challenges associated with PARCS research and the contribution of peer researchers to these projects.

Paper Two: Evaluation the effectiveness of the Northern and Arion Prevention and Recovery Care (PARC) services. Neami National, cohealth and North Western Mental Health collaborated to evaluate the effectiveness of the Northern and Arion Prevention and Recovery Care (PARC) services in Victoria from 2011 to 2013. We investigated consumer satisfaction, and psychological wellbeing on entry, exit and 3 months post-exit, using the RAS, STORI-30, CANSAS and K10. Hospital usage data was compared for each person, comparing number of admissions, and days in hospital, in the 12 months before and 12 months after the PARC stay. Consumers were satisfied with their time at PARC and measures of psychological wellbeing moved in a positive direction, suggesting a positive impact on consumer recovery. Both number of hospitalisations and days in hospital reduced significantly, indicating PARCs may be achieving their desired impact of reducing acute inpatient hospital admissions.

Paper Three: Youth Prevention and Recovery Care – monitoring the performance of an innovative service for young people with complex needs. The Peninsula Youth Prevention and Recovery Care (Y-PARC) is a sub-acute residential service based on a developmental and holistic approach to the young person’s recovery conducted as a partnership model between clinical and mental health support services. We will present the findings from an evaluation that aimed to assess whether the Y-PARC is meeting its objectives and to identify ways of improving the quality and effectiveness of the program. The evaluation was initially informed by the development of a logic model and the collaborative development of key research questions. A mixed methods design included interviews with YPARC residents and formers residents, their carers, focus groups with staff, a file audit and analysis of secondary data. The evaluation was enhanced by the involvement of two young people engaged as research team members. This new service initiative provides an important contribution to the care of young people experiencing complex mental health needs. There are high levels of satisfaction with the service but also opportunities for service improvement.

Paper four: Investigating the appropriateness, effectiveness and efficiency of PARCS. We will present preliminary findings from a state-wide project investigating the appropriateness, effectiveness and efficiency of PARCS. In our first of seven interconnected studies we aimed to assess the extent to which PARCS are providing the intended service option according to government guidelines; and, describe PARC services, including treatments and recovery-informed practices. We conducted a service mapping exercise for each of the nineteen adult PARCS in Victoria, using the Quality Indicator for Rehabilitative Care (QuIRC), an internationally validated tool designed to assess the quality of care in longer term inpatient and community-based mental health residential facilities. Mapping the services is an important step in understanding similarities and differences between PARCS, allowing for identification of possible PARCS subtypes. This will also assist in understanding data collected in the other studies in this large mixed methods project. More broadly, these findings will help identify where PARCS fit on the spectrum of community-based residential mental health facilities world-wide.

Learning Objectives
Learning Objective 1: The audience will better understand the service model of step-up/step-down services and what impact these services may have on the recovery of consumers and changes in hospital admissions.
Learning Objective 2: The step-up/step-down service model is still relatively new. Exploring the effectiveness of these services is important to not only understand what impact these service may have on the recovery of consumers but also how these services may interact with other mental health services.

References
S76: SYMPOSIUM 1.5 HOURS: Physical Health through the Cycle of Care, Level 2 - Room 6, August 31, 2017, 3:30 PM - 5:00 PM

Physical Health through the cycle of care in Mental Health.

Erikka Hennessy2, Kia Roberts1, Georgia Frydman3, Kate Anderson, William Woods
1Concord Hospital, 2Sydney Local Health District Community Mental Health, 3Sydney Local Health District Mental Health

Biography:
Erikka Hennessy is a dietitian working throughout SLHD in Community Mental Health. She is currently working in a team developing a new model of care for community nutrition and physical activity interventions.

Kia is an Accredited Practising Dietitian working at Concord Centre for Mental Health and Concord Hospital Drug Health services since 2014. She also is a member within the Collaborative Centre for Cardiometabolic Health in Psychosis (ccCHIP) team. Her focus is on improving nutritional health outcomes for inpatients across the adult mental health wards and drug and alcohol detox wards.

Georgia Frydman is an Accredited Exercise Physiologist working across mental health settings for SLHD. She plays an essential role within the Collaborative Centre for Cardio-metabolic Health in Psychosis (ccCHIP) team, delivering inpatient and community based physical health interventions. Prior to this she spent 4 years at Diabetes NSW.

ABSTRACT

Brief Plan:
This session will focus on the incorporation of allied health professionals in a mental health team. The audience will hear from Dietitians, an Exercise Physiologist and Peer Support Workers who will highlight their role in improving physical health for consumers experiencing mental health concerns. Presenters will highlight how their roles translate throughout a consumer’s journey and will focus on the innovative approach this team has taken to achieve optimum integrated health care. The session will cover service planning, project outcomes and first-hand experience and examples to reinforce the practicality of implementing topics discussed into practice. Dr Anita Star (APD, PhD) will chair the symposia.

Abstract of individual papers:
Kia Roberts (Accredited Practising Dietitian) Will present on her involvement with a recent project reviewing the food service system on the inpatient units. This project incorporated not only the Agency for Clinical Innovation (ACI) Nutrition standards for consumers of Mental Health services in NSW, but also consumer feedback from 139 staff and patients. Together this helped to guide the development of a tailored meal service for patients that meets the ACI guidelines, and also the individual needs of mental health consumers. Kia will present these findings highlighting the importance of a multidisciplinary approach to food services and the use of food services as a means for promoting strategies to improve lifestyle habits for physical health on inpatient units. Kia will also present current evidence on the needs of consumers to be considered in healthy lifestyle education sessions.

Erikka Hennessy (Dietitian) conducted a needs analysis of the district’s population revealing that, among other findings, 86% of consumers have a high risk waist circumference and 40% have elevated total cholesterol. A literature review has revealed that the barriers to physical health for adults living with mental illness are diverse and interconnected in nature. Specific nutrients and interventions have shown potential for psychological and physiological improvements. In addition group education provides various benefits for...
the consumer and is also cost effective. In SLHD varied group settings have been formally assessed for implementing healthy lifestyle interventions including pre-existing depot clinics, newly established specific healthy lifestyle groups and a one off set of cooking classes was assessed for feasibility. The resulting theses concluded that the interventions analysed showed improvements in nutrition knowledge, attitudes and practices. These findings are especially pertinent given the integral role that nutrition plays in the health of Mental Health Consumers and consequently their recovery. Erika will present this experience as well as the findings of quality improvement projects and background literature to explore the context of physical health needs in a mental health setting.

Georgia Frydman (Accredited Exercise Physiologist) will share her experiences of establishing an integrated approach to physical health; specifically the outcomes and feasibility of implementing a novel design short form healthy lifestyle programme in the community. The program was focused on improving the knowledge, skills and self-efficacy of attendees and intended to elicit positive lifestyle behaviour changes. The novel design feature of the programme was a shorter delivery time of 1 hour per week rather than the traditional 2hrs; 30 minutes for practical skills-based health education and 30 minutes of low-moderate intensity group physical activity. Six, 12-week groups were facilitated over a 13 month period by a Mental Health Dietitian and Exercise Physiologist with support from Peer Support Workers. Sixty-two consumers attended at least one session of the programme, with an average attendance rate of 42% and 39% (n=24) of participants graduating (i.e.≥80% attendance). From the consumer perspective, experiences were positive.

Peer Support Workers are an integral part of our healthy lifestyle team in SLHD, William Woods, Kate Anderson and Shay Gilbert will speak on their experiences of the service as both consumers and team members in co-facilitation of groups and development of content.

Learning Objectives
Learning Objective 1:
• A greater understanding and appreciation of the importance of physical health within mental health services.
• The short and long term impact of improving physical health for people with lived experience of mental illness through lifestyle changes
• The role of allied team members and how to integrate and support allied health and peer support professionals and programmes into services.

Learning Objective 2:
There is a reciprocal relationship between severe mental illness and poor physical health, which has led to a reduced life expectancy for people experiencing mental illness of 15 – 20 years. This had led to physical health becoming a priority area for clinicians and policymakers; however a full implementation and integration of physical health services and programs has not yet been achieved. Allied health professionals are well placed to support mental health services in implementing interventions that target outcomes that reduce the prevalence and/or severity of both mental and physical health issues.

References
Nutrition Standards for Consumers of Mental Health Services in NSW (2013). Agency for Clinical Innovation, NSW.
NDIS - The Musical, Level 3 - Grand Ballroom A, August 31, 2017, 5:15 PM - 6:30 PM

NDIS, the musical.

David Barclay¹, Vrinda Edan¹, Neil Turton-Lane¹
¹Victorian Mental Illness Awareness Council

Biography:
Vrinda Edan, is the chair of VMIAC's Committee of Management, she has worked in the consumer movement for 18 years, and for almost 10 years lead and grew the lived experience workforce at Monash Health. Vrinda currently works as Consumer Workforce Project Officer, Statewide Learning and Development, St Vincent's Hospital Melbourne and Consumer academic on PULSAR, a research project exploring the impact of recovery training.

David Barclay currently works for VMIAC as NDIS Community education Officer and has a background in Performing Arts.

NDIS: the musical

Produced by VMIAC. Written by consumers for consumers.
Directed by David Barclay

As the National Disability Insurance Scheme continues its rollout across Australia, mental health consumers are increasingly experiencing difficulties understanding and accessing this complex scheme. The Victorian Mental Illness Awareness Council (VMIAC) received funding from the state Government to undertake community activities to increase the awareness of the National Disability Insurance Scheme amongst our membership and communities.

VMIAC’s community education officer, David Barclay has background in the performing arts. David consulted with the community to get feedback on successful strategies and challenges in accessing the National Disability Insurance Scheme. From these consultations and his creative energy, NDIS the Musical was born.

Using musical theatre as a tool for education and social transformation, NDIS the Musical is an informative and moving performance. It offers an opportunity to raise awareness of the National Disability Insurance Scheme and open a dialogue about the consumer experience of using the NDIS.

Live performance offers unique possibilities for connection with an audience and insights not available in other mediums. NDIS the Musical was consciously created and designed as a touring educational piece of theatre.

Musical production is utilised at its best to empathically carry the audience through the experience of initial confusion in understanding the National Disability Insurance Scheme through the process of application and assessment.

The overall goal of NDIS the Musical is to educate through a ‘visual and felt’ medium which embraces diversity and speaks to a range of audiences. Through presentation of pertinent themes the musical allows
exploration of the implications and impacts of the National Disability Insurance Scheme in the context of psychosocial disability from the consumer’s perspective.

In a compelling performance, balancing humour, pathos, and irony, the audience are fully engaged in accompanying the participant on their National Disability Insurance Scheme journey. Audiences attend with the caveat warning that the production may contain traces of irony, nuts and cheese.

First performed in 2016 at VMIAC to a large audience, outcomes of this community education project include
• educating and raising awareness of the National Disability Insurance Scheme.
• open and broad general discussion in communities,
• destigmatising of consumers of mental health services.

An outstanding outcome of past presentations of NDIS, the Musical is the building of the positive atmosphere and collegiality that live entertainment creates and generates, encouraging a more welcoming space for questions and conversation.

The 35-minute performance will be followed by a facilitated discussion and an opportunity for the audience to ask questions relating to NDIS and the musical.

Learning Objectives
Learning Objective 1: This presentation of NDIS the Musical will give audiences an understanding of consumers experiences of access NDIS.

Learning Objective 2: NDIS will be the significant funder of community mental health services in Victoria, thus understanding the impact of this complex system on consumers is vital to ensure services respond in an apprirate way.

References
VMIAC submission to the Joint Standing Committee inquiry into the provision of services under the NDIS for people with psychosocial disability related to a mental health condition. (2017)
KEYNOTE PRESENTATION: Opening the dialogue about madness and distress.

Flick Grey

S77: KEYNOTE PRESENTATION: Flick Grey, Level 3 - Grand Ballroom, September 1, 2017, 9:00 AM - 10:00 AM

Biography:
Flick Grey is a survivor of childhood trauma with an academic background in sociology, linguistics and madness studies, working as a consultant, supervisor, researcher, trainer and freelance peer supporter. Grounded in Intentional Peer Support and Open Dialogue (which she is currently studying in London), she works to foster spaces for listening deeply (including listening to madness, sensitivity and inner voices), and meaningful, systemic, human responses to people in emotional crisis.

When I first came into contact with the mental health system, I was offered a diagnosis, a framework within which I – and those close to me – could make sense of my/our confusing and distressing experiences. While this diagnosis offered some clarity and relief in the short term, it wasn’t long before I began to wonder if this was the most useful way to make sense of my experiences, relationships and context. Diagnoses (like many other ways of understanding distress/madness) inscribe sense-making systems that originate outside of ourselves (and those close to us) and function to individualise and de-contextualise our experiences. Ever since that first contact, I’ve been wondering (and wandering) – how can we make sense of our experiences of distress/madness, who needs to be involved in this process of sense-making, and how can we sit with multiple perspectives (especially when the medical model is so dominant)? Who (or what) is the subject? How would we structure responses to people in distress/madness if we took these questions seriously? Inspired first by the international consumer/survivor/ex-patient movement and then by the mental health alternatives movement, my current work is grounded in Intentional Peer Support, Open Dialogue and the fledgling discipline of Mad Studies. The mental health landscape is shifting – with (rhetorical?) movement towards recovery, co-production, the “lived experience” workforce and Open Dialogue – but entrenched patterns of power/sense-making remain, with very real material consequences. This talk seeks to open up more space for other ways of thinking about, being with and learning from distress/madness.
Housing and support recommendations based upon cognitive assessments - do they lead to better outcomes for people living with a serious mental illness?

**Kylie Stewart**

1 South Western Sydney Health District, 2 University of Sydney

S78: PAPERS: Home is ..., Level 3 - Grand Ballroom A, September 1, 2017, 10:30 AM - 12:30 PM

**Biography:**
Kylie Stewart is the Service Manager for the Therapy and Recovery Service, an integrated multidisciplinary mental health rehabilitation team in South Western Sydney Local Health District. The team focuses on recovery for mental health consumers across many settings including acute inpatient, non-acute inpatient and the community. Kylie is an Occupational Therapist who has commenced a Masters of Applied Science-Research at the University of Sydney in 2016. Kylie loves being a Mum to 5 kids (or 6 if you include the dog), being creative and is addicted to chocolate and good coffee.

Housing stability is a central need for people recovering from serious mental illness (SMI). Unstable housing tenure is a reality in Australia and a disproportionate number of people living with SMI are homeless. Research highlights the cognitive challenges people living with a SMI can experience. However, there is limited understanding on how cognitive difficulties impact upon housing tenure and what strategies can best overcome challenges.

Allied-health clinicians frequently recommend suitable accommodation options for patients in preparation for hospital discharge. Recommendations are based on a variety of factors and assessments. There is currently limited examination of: 1. how often housing support recommendations are followed, and 2. if followed, whether this results in better outcomes. This presentation will report on a current examination of housing and support recommendations made by occupational therapists based on cognitive assessments of 150 people living with SMI. We will discuss factors that appear to influence the variable 12-month outcomes for these individuals. This paper will provide a more nuanced understanding of the housing and support needs for people living with a SMI and experiencing cognitive challenges.

**Learning Objectives**

Learning Objective 1: Attendees will have an increased understanding of the impacts that cognitive functioning can have on housing and support needs for people living with SMI.

Learning Objective 2: Greater knowledge of factors associated with maintaining housing tenure for people with SMI who experience cognitive challenges will inform services working to reduce homelessness and re-hospitalisations for this community of people. This information also has major relevance to two current national initiatives: National Disability Insurance Scheme and Pathways to Community Living Initiatives.

**References**


Doorway, principles to support individualised recovery in mental health and homelessness.

**Beth Fogerty**, Rosie Frankish, Vanessa VonBerg

Wellways Australia

S78: PAPERS: Home is ..., Level 3 - Grand Ballroom A, September 1, 2017, 10:30 AM - 12:30 PM

**Biography:**
Beth Fogerty has worked in both the acute and community based mental health, in particular with adults and older adults. Beth has been working with the Doorway program since its inception. She is passionate about supporting consumers and carers in taking an active role in their recovery, in tailoring services that meet their individual needs, and in service delivery. Beth is the Regional Manager, Gippsland for Wellways Australia and holds qualifications in Music Therapy, Alcohol and other Drugs and Management.

Rosie Frankish has been employed at Wellways Australia since 2012. Over this time, Rosie worked in the Doorway Demonstration program and the SMART Research Program prior to her current role as the Doorway Program Coordinator. Rosie is passionate about providing evidence based and innovative services to participants that will assist them to feel empowered about their life and recovery journey. Rosie has a background in Psychology.

Welfare and community agencies involved in the ever increasing homelessness sector highlight the need for cost-effective, best practice programs which provide long term solutions to the pressure applied to social housing market. With increased demand comes the need for innovative models and systems. Despite increases in federal and state funding for homelessness programs, the demand for crisis services continues to outpace the efficacy of traditional housing services. In response Wellways Doorway program has focused on implementing change through a program that assists those that are homeless or at risk of homelessness into the private rental market.

In its pilot stage, the Doorway program was heavily evaluated, with the findings used to further refine and enhance the housing first model to adapt to individual needs, choices and housing sustainability. Participants within Doorway co-design with their housing and recovery worker their roadmap for housing and recovery. This transparent process has enabled Doorway to reach a greater cohort of individuals (youth, families) and private rental options (individual, shared housing, private landlords), the outcomes of which are evident in recovery measures and financial sustainability for individuals and the program.

This presentation seeks to highlight the principles behind Doorway and its adaptability to meet participant housing and mental health needs while providing the structure and partnerships to support participants in their recovery.

**Learning Objectives**

Learning Objective 1: Participants in the session will learn about the evolution of the Doorway Housing and Mental Health program. In particular, attendees will see how a strong evaluation in a pilot program alongside participant and referrer experiences and feedback developed a more participant-centred, recovery focused and economically viable program.
Learning Objective 2: Doorway is a housing and recovery program for individuals who experience mental health issues and are homeless. Being a partnership with clinical service providers, Doorway is an example of the recovery outcomes individuals experience with collaborative and integrated service delivery.

References


The HOMHS model: A consortium approach to homelessness for individuals with severe and enduring mental illness.

Fiona Markwick1, Aoife Pollins, Kate McHardy2
1Cohealth, 2Inner West Area Mental Health Service

S78: PAPERS: Home is ..., Level 3 - Grand Ballroom A, September 1, 2017, 10:30 AM - 12:30 PM

Biography:
Fiona Markwick has a background in psychology and over 15 years experience in the mental health and employment sectors. She is currently the Care Coordinator of the Homeless Outreach Mental Health and Housing Service (HOMHS).

Aoife Pollins completed a Bachelor of Occupational Therapy BSc (Hons) degree at Robert Gordon University in Scotland in 2010. Since graduating she has worked in a range of positions in the field of Occupational Therapy, mainly in the United Kingdom. Her current role is as a senior clinician in the Homeless Outreach Mental Health Housing Service.

Homelessness remains a significant problem in Inner Melbourne and, despite the efforts of multiple agencies, those with severe mental illness are over-represented in the homeless population.

As a consortium, cohealth (lead agency), Inner West Area Mental Health Service, McAuley Community Services for Women and Launch Housing, established the Homeless Outreach Mental Health and Housing Service (HOMHS) in 2013 through Breaking the cycle: reducing homelessness funding. The service aimed to address the complex care needs of people experiencing entrenched homelessness and its subsequent health, social and economic impacts as a result of severe and enduring mental illness.

HOMHS built on existing initiatives of the partnership agencies to effectively provide a coordinated, enhanced, intensive and recovery-centred team approach in working with this client group in the Inner West and CBD areas.

This innovative collaboration has improved access for clients to mental health services, housing and support, physical health care and practical assistance. Outcomes included a 42% decrease in emergency department admissions and 4.9% reduction in psychiatric specific hospital admissions. 79.4% of homeless clients were able to access stable housing and 98% maintained stable accommodation.

This presentation will share the journey, learnings and outcomes for staff and clients in the delivery of this distinctive service model.

Learning Objectives

Learning Objective 1: The audience will gain an insight into the benefits, challenges and outcomes of an integrated team approach in the delivery of distinctive specialist supports to individuals whose mental illness is impacted by entrenched homelessness. Through an overview of the model, service delivery and outcomes, along with the provision of case studies, the presentation will look at how a consortium approach can enable a team to work together to achieve shared and related recovery goals that could not be achieved as effectively by working alone.
Learning Objective 2: This topic is relevant to mental health services and mental health issues as it provides an example of an integrated and effective response for individuals experiencing repeated homelessness and severe and enduring mental illness. The HOMHS model demonstrates benefits to the individual, staff and the system that could influence the future development of, or changes to, mental health services working with this client group.

References

What would we use and how would we use it? Can innovative digital technology promote wellbeing and therapeutic engagement with highly vulnerable and disadvantaged young people?

Rhianon Vichtet¹, Brian Collyer², Karleen Gwinner³

¹Brisbane Youth Service, ²yourtown, ³Latrobe University

S79A: PAPERS: Access and Experiences of Young People; S79B: FEATURED SYMPOSIUM 1 HOUR: Mental Health Commissions and Commissioners, Level 3 - Grand Ballroom B, September 1, 2017, 10:30 AM - 12:30 PM

Biography:
Rhianon Vichtet moved into research and evaluation of social program after more than 20 years delivering, designing, managing and working to improve social programs both in Australia and overseas. Throughout her career journey from crisis counsellor to CEO, she continued to seek answers to the fundamental questions “How do we know we are making a real difference?” and “Can we do this better?”. With lots of lived experience supporting people to navigate mental illness, substance use, sexual and physical abuse, child protection concerns, crime, violence, gender and sexuality diversity, homelessness and many other critical life challenges, Rhianon now applies her hands-on practice understanding to building stronger sector responses to current and emerging issues. She works within the community sector supporting organisations, programs and individuals to engage with their passion for reflective practice and to gather evidence that will help shape better services for people who are vulnerable and disadvantaged.

Brian Collyer is a Senior Researcher with yourtown and has a particular interest in better understanding and improving of Kids Help Line responses to vulnerable young people.

Putting therapeutic tools for wellbeing directly into the hands of vulnerable young people, on their phones and devices, seems to make good sense. There are a great number of apps and websites which provide guidance and strategies for enhancing wellbeing, including some designed to appeal to young people dealing with a range of mental health and other life challenges. Still, can innovative use of digital technologies enhance therapeutic engagement and outcomes with highly transient and vulnerable young people? Will young people with highly complex needs use apps to help to build their own wellbeing outside of the therapeutic space? There is evidence that online tools can improve well-being for adults (Antezana et al., 2015) and suggestions that the benefits of digital engagement may extend beyond social networking for young people (Clarke, Kuosmanen & Barry, 2015). This presentation shares key learning emerging from youth consultation and creative workshops focussed on how young people who have multiple support needs view the use of online tools to both strengthen connection to support and build their wellbeing.

Learning Objectives

Learning Objective 1: Increased awareness of the strengths and weaknesses of potential use of digital tools which address young people’s priorities for wellbeing

Learning Objective 2: Increased capacity for learning about, and using, technological innovation in responding to the needs of highly vulnerable and disadvantaged young people who are managing a range of co-occurring life challenges, including mental health issues.

References

Client and caregiver perspectives of engagement at entry to a first-episode psychosis service: Preliminary results of a longitudinal qualitative study.

Rachel Tindall1,2,3, Magenta Simmons1,3, Kelly Allott1,3, Bridget Hamilton2

1Orygen, The National Centre Of Excellence In Youth Mental Health, 2Department of Nursing, The University of Melbourne, 3Centre for Youth Mental Health, The University of Melbourne

S79A: PAPERS: Access and Experiences of Young People; S79B: FEATURED SYMPOSIUM 1 HOUR: Mental Health Commissions and Commissioners, Level 3 - Grand Ballroom B, September 1, 2017, 10:30 AM - 12:30 PM

Biography:
Rachel Tindall is a credentialed mental health nurse and senior clinician at Orygen Youth Health’s Early Psychosis Prevention and Intervention Centre (EPPIC) in Melbourne, Australia. She is studying a PhD through The University of Melbourne, Department of Nursing and Orygen, The National Centre of Excellence in Youth Mental Health.

Early intervention services play a crucial role in providing treatment for young people experiencing a first episode psychosis. However, on average, forty-six percent of young people disengage from treatment, which may result in untreated symptoms, difficulty returning to school or work, and relationship breakdowns (Doyle et al., 2014; Tindall, Francey, & Hamilton, 2015). This presentation will advance understanding of the issues relating to engagement in the early stages of treatment from the perspectives of young people and their primary caregivers. The data presented are based on participant responses to qualitative interviews in the first eight-weeks of treatment with an early intervention service in Melbourne, Australia. Data were analysed using thematic analysis. For young people, psychosis is a bewildering phenomenon. Initial recovery is experienced as slow and confusing. Offering practical support to address areas of perceived loss and collaboratively building an understanding of psychosis may help improve engagement. Caregivers described lengthy attempts to seek help for the young person and this took a personal toll on their health, work and relationships. Providing psycho-information and diagnosis early in treatment may improve their engagement with services. The results of this study can be used to inform clinical practice, service provision and local policies.

Learning Objectives

Learning Objective 1: The audience will gain an understanding of how young people and their primary caregivers experience initial contact with an early intervention service for first episode psychosis, and learn strategies to better engage young people and their primary caregivers in treatment.

Learning Objective 2: Treatment for mental health can only be effective if the person participates in it. As disengagement rates from services are, on average, forty-six percent, a large proportion of people are seeking help outside of public mental health services. Understanding how people experience contact with services and engagement with clinicians is therefore paramount to constructing services that are responsive to the needs of clients and their caregivers.

References
Catalysts for Cultural Change

Peggy Brown¹, Lynne Coulson Barr², Amelia Traino³, Carmel Ybarlucea⁴, Timothy Marney (TBC)⁵, Kevin Allan (TBC)⁶

¹National Mental Health Commission, ²Mental Health Complaints Commissioner, ³SA Mental Health Commission, ⁴Queensland Mental Health Commission, ⁵Mental Health Commission WA, ⁶Office Of The Health And Disability Commissioner

S79A: PAPERS: Access and Experiences of Young People; S79B: FEATURED SYMPOSIUM 1 HOUR: Mental Health Commissions and Commissioners, Level 3 - Grand Ballroom B, September 1, 2017, 10:30 AM - 12:30 PM

Biography:

Dr Brown is the Chief Executive Officer of the National Mental Health Commission and also works part-time as a Consultant Psychiatrist at Metro South Addiction and Mental Health Service in Queensland. She also is a Member of the Agency Management Committee of AHPRA and a Member of the Pharmaceutical Benefits Advisory Committee.

Dr Lynne Coulson Barr is Victoria's first Mental Health Complaints Commissioner. Dr Coulson Barr has extensive experience in disability, mental health and dispute resolution, with specialist expertise in improving access and participation in independent complaint and review processes. She is committed to working with consumers, families, carers and services to ensure complaints are resolved in a way that safeguards rights, supports people’s recovery, and seen as an opportunity to improve public mental health services for all Victorians.

Carmel Ybarlucea is the Executive Director of Strategy, Policy and Research at the Queensland Mental Health Commission and has been central to delivering the Commission’s mental health and alcohol and other drugs reform platform. At the Commission she has been a driving force behind landmark whole-of-government, cross-sectoral and community-based initiatives such as the Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-19, and action plans on suicide prevention and mental health promotion, prevention and early intervention.

This symposium brings together mental health commissioners and commissions to focus on “culture change” in mental health. We know about evidenced-based, trauma-informed, recovery-oriented treatments and programs, but we also know that “culture eats evidence for breakfast!” How does the culture of our services influence the quality of those services? Each of the commissions and commissioners has been set up with a different legal framework and with differing goals. However each has an interest in “cultural change” within mental health services. There are many paths towards culture change, but what are the catalysts that help move the process along? Catalysts may include the role of complaints, style of leadership and teamwork, quality standards, staff training and supervision. For the most part we know that change is needed but it often doesn’t occur for a range of complex and quite opaque reasons. How do we break through? Each speaker will have 5 minutes to introduce the topic from their perspective, leaving time for discussion between the speakers and the audience.
Workshop: The Power of Storytelling with Purpose

**Tracy McCown¹**, **Kim Borrowdale¹**

¹Suicide Prevention Australia

S80A: KEYNOTE Q&A: Flick Grey; S80B: WORKSHOP 1 HOUR: Power of Storytelling with Purpose, Level 4 - Room 2, September 1, 2017, 10:30 AM - 12:30 PM

**Biography:**
Tracy McCown Manager, Lived Experience Network, Suicide Prevention Australia
tracym@suicidepreventionaust.org
Tracy has worked in various health-related NfPs over the last 10 years. Her current role, and her own lived experience of suicide, brings empathy and compassion for all who identify as having a lived experience of suicide. She is passionate about strengthening these voices and empowering communities to drive change.

Kim Borrowdale Deputy CEO and Head of Communications, Suicide Prevention Australia
kimb@suicidepreventionaust.org
*Kim is bereaved by suicide and is a senior communication professional passionate about supporting people to have their voices heard. She has experience spanning the Government, Development and Professional services sectors and holds a Masters in Communications Management.*

Storytelling can positively and meaningfully change the community's negative attitudes and behaviours that discriminate against individuals and cause barriers to accessing the care and support that all people deserve. This session will explore how the words we select have the power to positively influence discussions and the importance of considering our own well-being as well as that of the audience. In this session, we will draw upon lessons from Suicide Prevention Australia’s national Lived Experience Network, development of the Communities Matter online toolkit for small towns and local communities, research and guidelines set forth by the National Mindframe Media Initiative and the experiences of SPA Members working in the suicideprevention sector.

**Learning Objectives**

Learning Objective 1: This session will assist delegates to better understand purpose in relation to telling their story or facilitating someone else to share their story. We hope attendees will take away a greater sense of how to determine their story’s purpose and how to define it and shape it for their audience or context. Delegates will also leave the session with an appreciation of guidelines and tools to assist in safe storytelling as well as mobilising community action.

Learning Objective 2: We believe suicide prevention is a serious public issue that can only be addressed in partnership with mental health services and working together on issues arising in the mental health and social wellbeing sectors. This session is relevant to all delegates with a specific invitation to community members who have had suicidal thoughts, have attempted suicide, have been a carer for someone who was suicidal, is bereaved by suicide, or identifies as having been touched by suicide in some other way. We warmly invite our Aboriginal and Torres Strait Islander community members as well as those from a culturally and linguistically diverse background and our LGBTIQ community members.

**References**
Suicide and language: Why we shouldn’t use the ‘C’ word, by Susan Beaton, Dr Peter Forster and Dr Myf Maple. Published in InPsych, February 2013, and available online at http://www.psychology.org.au/Content.aspx?ID=5048
www.communitiesmatter.com.au and the Suicide Prevention Australia Lived Experience Network (http://suicidepreventionaust.org/project/lived---experience---network/)
Let's get real about lived experience leadership.

Ellie Hodges

S81A: ROUDBALE 1 HOUR: Lived Experience Leadership; S81B: WORKSHOP 1 HOUR: Relaxation Therapy, Level 4 - Room 3, September 1, 2017, 10:30 AM - 12:30 PM

Biography:
Ellie is a Counsellor & Lived Experience Practitioner based in Adelaide, South Australia.

At the heart Ellie’s life and work is her commitment to innovation and social justice. She is an advocate/activist working from the ground up to influence a change in the conversation and policy for how mental health issues are understood and responded to. It is her own experiences and those of the people she has supported professionally that is propelling Ellie to stand taller and speak louder.

In SA Ellie co-chairs the Office of Chief Psychiatrist’s Lived Experience Reference Group and was recently awarded a scholarship/sponsored place on the South Australian Governor’s Leadership Foundation Program. Ellie is an Expert Advisor [Lived Experience] to the SA Mental Health Commission and in her own time is supporting the development of a Lived Experience Leadership Collective to invigorate and reshape the lived experience space in South Australia.

Valuing the lived experience is critical for recovery of mental health issues and for mental health systems to remain relevant and responsive to the people who use them. This is a fact accepted by people who have experienced mental health issues as well as from enlightened professionals, researchers and policy makers. Yet the very nature of lived experience means that it has been unable to gain momentum on a large scale and have resources dedicated to its ongoing development, particularly in terms of leadership succession and having it embedded in systems.

What has been done for lived experience leadership has been fragmented and placed largely on the shoulders of a few individuals. Given the widespread calls and actions toward mental health reform as well as increased recognition and support of the voice of lived experience now is the perfect time to be discussing and debating how lived experience leadership can be addressed and strategies put in place for developing it and spreading it further.

This roundtable will explore these issues for the Australian & New Zealand context based on work Ellie has been doing in South Australia and invite a commitment from participants to keep the conversation and social action continuing after the conference.

Learning Objectives

Learning Objective 1: Participants will be able to share their experiences and knowledge of lived experience leadership with others and help develop strategies for moving things forward in Australia & New Zealand.

Learning Objective 2: Lived experience leadership is a critical component of the ongoing reform of mental health services occurring at the moment and for people with mental health issues. To date lived experience leadership has not been an area actively addressed on a broad scale and needs to be to increase the benefits to all people with lived experience of mental health issues and the broader community.
References


Evidence-based Relaxation Therapy for Mental Health

Judy Lovas

Art and Science of Relaxation

S81A: ROUNDTABLE 1 HOUR: Lived Experience Leadership; S81B: WORKSHOP 1 HOUR: Relaxation Therapy, Level 4 - Room 3, September 1, 2017, 10:30 AM - 12:30 PM

Biography:
Dr Judy Lovas is a highly experienced speaker in Evidence-based Relaxation Therapy and Psychoneuroimmunology, with an approach that is both scientific and holistic. Judy is passionate about teaching simple Relaxation techniques to improve psychological health and wellbeing. Judy's unique presentations offer important insights into the role of evidence-based relaxation for stress related conditions such as anxiety, depression, PTSD, fatigue and pain.

This unique workshop introduces both the evidence and the practice of relaxation therapies to enhance mental health. It highlights how relaxation can decrease anxiety, trauma, sleep disorders and depression.

Today, there is up-to-date, peer reviewed research that demonstrates benefits of relaxation therapies for psychological health. Relaxation techniques are evidence-based, non-invasive, non-pharmacological and cost-effective. They are efficacious, innovative and simple to implement into any mental healthcare system. Relaxation can be, and is increasingly, embraced by health professionals, carers, patients and people with lived experiences. Importantly, relaxation techniques also offer individuals greater control in their own health care.

This workshop demonstrates two simple techniques: deep diaphragmatic breathing and guided imagery. Each participant will learn effective relaxation skills to use regularly in daily life. Relaxation therapies contribute to effective clinical care of psychological health, promote best practice and expand the treatment options embraced by mental health services throughout Australia and New Zealand.

Evidence-based and easy to learn, relaxation therapies reduce the negative impact of stress-related conditions. This practical, dynamic and unique workshop provides simple skills to include in the prevention, early intervention and recovery of mental health conditions.

Learning Objectives

Learning Objective 1: Participants will gain an overview of the latest randomised controlled trials that support regular use of deep diaphragmatic breathing and guided imagery.

Learning Objective 2: The audience will also learn, practice and take away two relaxation techniques to include in daily life and enhance their mental health.

References

The importance of being authentic in intercultural engagements in the field of mental health.

Lizbeth Pereira

RMIT

S82: PAPERS: Cultural Diversity and Inclusion, Level 4 - Room 4, September 1, 2017, 10:30 AM - 12:30 PM

Biography:
Lizbeth is a PhD candidate in the field of Counselling Psychology. Her main interests are in intercultural supervision and counselling, qualitative research methods, phenomenology, and humanistic science.

Multiculturalism has been termed the fourth force in psychology and rightly so given the increasing intercultural engagements in the field of mental health. It has caused major rethinking in terms of client contact, case conceptualisation, and ethical guidelines among other things. However, cultural differences that stand in the way of understanding and being understood are often not given due attention, at least not in any effective way. Exactly how this affects the quality of care received by client in a therapy session or support received by a therapist in a supervisory session bears exploration. The aim of my presentation is to highlight some issues in intercultural mental health interventions and possible ways of resolving them. In the light of my research in counselling it becomes increasingly clear that not being able to be their authentic selves is often at the root of most distressing experiences in intercultural situations. This is a call to go beyond textbook information to the wealth of knowledge afforded by experiential data. I wish to share key information regarding experiences of therapists and supervisors in intercultural sessions to gain a better understanding on the topic.

Learning Objectives

Learning Objective 1: Mental health practitioners in the audience will gain an understanding of how intercultural engagements can be made more productive by being authentic and enabling authenticity in the other.

Learning Objective 2: Authenticity has been linked to psychological functioning and optimal self-esteem. It takes away the burden of impression management and other micro conflicts that sabotage interpersonal engagements. Mental health practitioners benefit in terms of increased job satisfaction and productive therapeutic alliances leading to better outcomes for clients.

References

‘Doing’ cultural diversity work: What do those championing cultural diversity in mental health services tell us about their needs?

Shehani De Silva¹, Kimberley Wriedt¹
¹Victorian Transcultural Mental Health

S82: PAPERS: Cultural Diversity and Inclusion, Level 4 - Room 4, September 1, 2017, 10:30 AM - 12:30 PM

Biography:
Shehani holds a Bachelor of Psychology (Hons) and has worked in Sri Lanka with a number of mental health organisations and was also with UNICEF (Colombo) as a Psychosocial Specialist. She also worked in the refugee and migrant mental health sector in New Zealand. Before joining VTMH, Shehani coordinated the Transcultural Mental Health Access Program at ADEC. Shehani is currently an Education and Service Development Consultant with Victorian Transcultural Mental Health (VTMH), and is a co-facilitator of the state-wide CPH Network.

Kimberley completed a Bachelor of Occupational Therapy (Hons) and has worked in the mental health field within the community managed mental health services sector. Kimberley has worked in both group-based and outreach programs, and as a team leader for an outreach service. Kimberley is currently an Education and Service Development Consultant with Victorian Transcultural Mental Health (VTMH), and is a co-facilitator of the state-wide CPH Network.

The term Cultural Portfolio Holder (CPH) appeared in the Cultural diversity plan for Victoria’s mental health services: 2006 – 2010 (Victorian Government Department of Human Services, 2006). Victorian Transcultural Mental Health (VTMH), a state-wide education and service development unit, has been supporting CPH’s in a variety of ways through a state-wide Cultural Portfolio Holder (CPH) Network and in individual service development activities. At the end of 2016, CPH’s registered with the state-wide CPH Network were asked to identify their capacity needs in order to facilitate the implementation of culturally responsive principles and practices within their organisations. Respondents suggested that some required supports are systemic in nature and therefore position services such as VTMH in advocating roles. These needs often related to authorising factors including: clarity around what is expected of the role, substantive time allocation for the position, and an expectation that mental health service providers address organisational issues related to culturally responsive practice. As well as identifying general capacity building supports and the resource needs of CPH’s ‘doing’ cultural diversity work, this paper highlights broader policy and implementation support required for organisational change that reflects culturally safe practices.

Learning Objectives

Learning Objective 1: The audience will gain an awareness of the capacity development needs of people championing cultural diversity initiatives in mental health services

Learning Objective 2: This topic is relevant to mental health services as it draws awareness to policy support required to support Cultural Portfolio Holders in addressing the mental health needs of and within culturally diverse communities.

References


Mental health promotion and culturally and linguistically diverse communities: we need more than just translation. The Reach Out, Speak Out campaign and the Melbourne Jewish community.

Cassandra Barrett

Jewish Care Victoria

S82: PAPERS: Cultural Diversity and Inclusion, Level 4 - Room 4, September 1, 2017, 10:30 AM - 12:30 PM

Biography:
Cassie began her mental health career as a peer worker in 2012, following completion of a Science/Arts degree. Hearing people’s stories of stigma, exclusion and discrimination eventually prompted a move into the mental health promotion sector, where Cassie utilises her lived experience to develop resources to build mental health literacy and reduce stigma. Cassie is particularly passionate about the development of ethno-specific stigma reduction initiatives for culturally and linguistically diverse communities who may experience a range of barriers in accessing mainstream mental health promotion activities.

Mainstream mental health promotion initiatives have generally neglected to undertake a tailored, ethno-specific approach for culturally and linguistically diverse communities such as the Jewish community. This is particularly true in respect to the inclusion of community members with a lived experience of mental ill health as a mechanism to reduce stigma.

The Jewish community is both a culturally and linguistically diverse community and a faith-based community. As is the case for many CALD groups, community norms and values mean that mental ill health is very highly stigmatised, particularly within the religious community.

The Reach Out, Speak Out video campaign is the first lived experience mental health promotion initiative developed especially for the Australian Jewish community. Incorporating perspectives from the Russian-speaking, Orthodox (religious) and LGBTIQ+ communities, the highly successful campaign reflected the diversity of the Jewish community and sought to promote community dialogue around mental ill health in order to reduce stigma and normalise help-seeking.

Campaign materials were distributed widely across the community and the reception was extraordinarily positive. It is hoped that the Reach Out, Speak Out campaign can act as a model for other ethno-specific or religious communities seeking to develop a tailored, culturally appropriate response to stigma reduction.

Learning Objectives

Learning Objective 1: Audience members will gain an understanding of the cultural and religious factors that drive mental health stigma in the Jewish community, and the importance of developing a tailored, ethno-specific response to combat this; the value of the lived experience, in-group perspective in mental health promotion activities for communities where mental illness is highly stigmatised; and a model for other culturally and linguistically diverse or faith-based communities who are seeking to develop their own mental health promotion initiatives.

Learning Objective 2: This topic demonstrates the value that is gained by seeking the input of culturally and linguistically diverse community members when developing strategies to promote mental health literacy.
and service-seeking. It also highlights how mainstream mental health promotion efforts that fail to utilise a tailored, ethno-specific approach are unlikely to succeed, or be well-received, in culturally and linguistically diverse communities.

References

Systematic review: Substance use prevention programs for Indigenous youth in English-speaking countries.

Briana Lees1, Mieke Snijder1, Lexine Stapinski1, James Ward2, Nicola Newton1, Katrina Champion1, Cath Chapman1, Maree Teeson1

1Centre of Research Excellence in Mental Health and Substance Use, National Drug and Alcohol Research Centre, University of New South Wales, 2South Australian Health and Medical Research Institute

S83: PAPERS: Indigenous Culture, Level 4 - Room 5, September 1, 2017, 10:30 AM - 12:30 PM

Biography:
Briana Lees is currently a research assistant at the National Drug and Alcohol Research Centre (NDARC, University of New South Wales). She is currently working on the Positive Choices project for Indigenous Australians with the prevention team at the Centre for Research Excellence in Mental Health and Substance Use.

Mental disorders are the second largest burden of disease for Indigenous people, with alcohol misuse the second leading cause. The results of a systematic review on substance use prevention programs for Indigenous youth in English-speaking countries are presented in order to guide new initiatives in Australia.

Eight peer-reviewed databases were systematically searched and identified 22 evaluations of substance use prevention programs for Indigenous youth in Australia, New Zealand, United States of America and Canada. Standardised tools were used to assess the quality of quantitative and qualitative evaluation methods.

The review identified mainstream programs that are culturally adapted as more effective than cultural-based and unadapted programs. Community programs reported consistent effectiveness, but poor quality of the evaluation methods. School-based programs found mixed results and had moderate to poor quality of the evaluation methods. Evaluations conducted in Australia were consistently identified as poor, highlighting the need for an evidenced-based high quality intervention.

The review highlighted the importance of partnerships between Indigenous members and researchers in the development and facilitation of programs. Cultural enhancement and substance education were identified as key modules. The implications of these findings for the development of culturally-appropriate substance use prevention programs for Indigenous youth will be discussed.

Learning Objectives

Learning Objective 1: Substance prevention initiatives for young Indigenous people within Australia are currently lacking and in the past have been a low quality standard. The implementation of a high quality, evidence-informed prevention program to reduce alcohol and drug-related harms among young Indigenous people is required.

Learning Objective 2: Alcohol misuse is the second leading cause of mental health disorders among Indigenous Australians. This systematic review was aimed at identifying the best preventative programs for substance initiation and reducing frequency of use among Indigenous youth.

References

Australian Institute of Health and Welfare. (2011). The health and welfare of Australia’s Aboriginal and Torres Strait Islander people, an overview. Canberra: AIHW.
Engaging a Blackfella for better outcomes.

Tim Moffitt
South East Sydney Local Health District

S83: PAPERS: Indigenous Culture, Level 4 - Room 5, September 1, 2017, 10:30 AM - 12:30 PM

Biography:
Tim is a proud 50 year old Kamilaroi man, with lived experience in HIV, multiple mental health conditions advocating for community. Tim sits on two indigenous advisory boards to organisations as a community member. Tim is also a HIV positive speaker who speaks to organisations regarding living with HIV.

Indigenous peoples have low engagement with the greater community due to cultural misconceptions and historical stigma of the indigenous people. Many Indigenous people live with multiple complex health conditions resulting in co morbidity of health status resulting in lower quality of life and lower life expectancy.

This talk will give the perspective of an indigenous man, living with complex clinical issues such as HIV since 2000, Bi-Polar affective disorder, various social anxieties/phobias and his lived experience accessing clinical services to address his mental health.

Learning Objectives

Learning Objective 1: Get a perspective from an indigenous person about the challenges of engaging with services to reduce stigma and discrimination of the client by gaining some cultural awareness, which can impact on outcomes

Learning Objective 2: Get an insight on the multiple co morbidities of an indigenous person and how services may be improved to assist an indigenous person to engage, respond and reduce harm to the individual
The Mabu Liyan Project

Chris Scanlan, Raphael Hunter, Glen Dixon
Broome Mental Health Unit

S83: PAPERS: Indigenous Culture, Level 4 - Room 5, September 1, 2017, 10:30 AM - 12:30 PM

Biography:

Chris is a Social Worker who has worked in mental health for over twenty years. Most of this time was spent with Barwon Health in Geelong, but for the past three years Chris has been working in Broome. He is passionate about community projects and destigmatising mental health.

Raphael was born in Derby and has lived in Broome since he was five years old. He is a proud Bardi man from the Dampier Peninsula north of Broome. Raphael has been a long term client of Kimberley Mental Health & Drug Service and was a principle artist with the Mural Art project.

Glen is an Aboriginal Mental Health Worker with the Kimberley Mental Health and Drug Service. He has worked in this capacity for three years.

Glen was born and bred in Broome and is a proud Yawuru man. He is an artist in his own right and assisted with the supervision and painting of the mabu liyan mural.

A partnership project between health and education services was undertaken in Broome to foster cultural safety and destigmatising mental health services. This innovative venture has culminated in the design and installation of a collaborative mural art-piece on the facia of the Broome Mental Health Services building. Mental health consumers were engaged in this six month public art project that has transformed the appearance and ambiance of this major regional mental health facility. The theme for the mural art-piece was “mabu liyan” which in the local Yawuru aboriginal language means “strong spirit”. A core group of artists developed this theme to create a strong and colourful story-line around mabu liyan and how people in the Kimberley keep their spirit strong. Upon completion of the project participants have reported improved self-esteem and self-efficacy. They have also expressed a higher sense of pride and achievement.

Positive feedback was received from local key organisations and community leaders. The challenge for Mental Health Services is to continue to foster and promote the organisation as welcoming, understanding and a place of cultural safety for the aboriginal people of the Kimberley and Pilbara regions of Western Australia.

Learning Objectives

Learning Objective 1: People will gain an insight into aboriginal culture, consumer participation, organisational partnerships and the value of collaborative artwork in transforming the aesthetics and ambiance of the KMHDS building in Broome.

Learning Objective 2: This project provides a practical example of destigmatising mental health services and promoting the organisation as welcoming, caring and a place of cultural safety for the aboriginal people of the Kimberley and Pilbara regions of Western Australia.

References
1. Binan Goonj: Bridging Cultures in Aboriginal Health. A K Eckermann et al. 2010 Elsevier Australia
2. “Community Wellbeing from the ground up; a Yawuru example.” Bankwest Curtin Economics Centre Research Report 3/16 August
Ten years of Better Access – successes of the past and opportunities for the future.

Harry Lovelock¹, Janne McMahon²
¹Australian Psychological Society (APS), ²Private Mental Health Consumer Carer Network (Australia)

S84: PAPERS: Funding Services, Level 2 - State Room, September 1, 2017, 10:30 AM - 12:30 PM

Biography:
Harry Lovelock
Mr Harry Lovelock is the Senior Executive Manager at the Australian Psychological Society (APS) and was previously the Director of Policy at the Royal Australian and New Zealand College of Psychiatrists. He led the development of the Mental Health Professions Association and Mental Health Professionals Network on which he is a Board member.

Janne McMahon OAM
Janne McMahon OAM has worked within the mental health area as a consumer advocate since 1997. She founded the Private Mental Health Consumer Carer Network (Australia) which is a recognized peak Australian mental health advocacy organisation.
In 2008 Janne was awarded the Medal of the Order of Australia in recognition of her advocacy work.

Aim: To provide data on the utilisation of Better Access over the past 10 years; an analysis of that data; implications of the Australian Government’s Response to the Review of Mental Health Services and Programmes and consumer and carer perspectives on this initiative.

In July 2006, the Council of Australian Governments (COAG) funded The Better Access to Psychiatrists, Psychologists and General Practitioners Initiative to address major gaps in mental health system that were identified via a number of reviews and media at the time.

The presenters will provide an overview of the origins and purpose of the initiative followed by analysis of available data and summary of existing research that has been undertaken to date. The implications of the Australian Government’s Response to the Review of Mental Health Services and Programmes will be discussed.

The presentation will provide consumer and carer insights into their experiences of receiving services funded under Better Access and discuss potential opportunities and challenges provided with the introduction of the Government’s reforms in primary mental health care.

Learning Objectives

Learning Objective 1 & 2:
• To gain a better understanding of the Better Access Initiative and its impact to date
• To gain better understanding of Better Access as part of the Australian Government’s Response to the Review of Mental Health Services and Programmes
• To increase the participants knowledge on consumer and carer experiences of Better Access

References
An innovative funding model of individual capacity building (ICB) trialled in IWSPIR: Proposition of a funding complement to NDIS funding.

Kate Ball1, Sean FitzGerald1
1Flourish Australia

S84: PAPERS: Funding Services, Level 2 - State Room, September 1, 2017, 10:30 AM - 12:30 PM

Biography:
Kate Ball was recently with Inner West Sydney Partners in Recovery as Support Facilitator, moving to the Senior Evaluation and Research Co-ordinator position, both with Flourish Australia. She has a varied background with a PhD in Early Intervention in Schizophrenia devising an early screening tool from a neuroscience base.

Sean FitzGerald is a presenter and trainer with a background in educational technology. Drawing on his own lived experience with mental health issues he empowers other mental health consumers by teaching them how to access and utilise digital mental health resources and related technologies, such as e-therapies and smartphones.

Inner West Sydney Partners in Recovery (IWSPIR) from 2016 implemented an innovative Individual Capacity Building (ICB) Funding system for individuals accessing the PIR service. These individuals who are assessed by IWSPIR service have opportunity to access ICB Funding to support psychosocial disability. ICB funding was set up to address the gap in service provision at a time when many specialist services were closing down due to transition to the NDIS and the consequent loss of funding. As two speakers involved in the process from the perspective of a recipient of ICB funding, and a Support Facilitator for PIR, the process contrasts previous access to services in several ways, and is a proposed model for a potential funding approach for those who will not be eligible for NDIS packages and who are in danger of falling through the gaps. Although the ICB Funding was designed to support psychosocial disability, the process is potentially empowering for people by focusing on recovery goals and dreams through a system of person-led choice of services. These services are individualised and specialised to those stated goals, and potentially more responsive and directly accessed without waiting lists.

Learning Objectives

Learning Objective 1: Illustration of a proposed model of funding that has justification by points of difference to the Information, Linkages and Capacity Building Funding (ILC) proposed by NDIA as a second tier of funding for those not eligible for NDIS packages. Illustrate by example of how such funding can be specifically designed to empower and enhance recovery through creative approaches.

Learning Objective 2: The points of difference between IWSPIR (Inner West Sydney Partners in Recovery) ICB (Individual Capacity Building) and ILC Funding (the second-tier, ‘Information and Linkages and Capacity Building’ funding support to NDIS packages) are relevant to mental health issues and services. ICB funding in practise goes a step further than ILC funding. There are people who would benefit greatly from specific support such as expensive services in high demand yet scarce, such as DBT. Funding for this would not be accessible, or the service readily available under ILC provisions, yet would be funded under the current (IWSPIR) ICB Funding. Other examples of creatively addressing need outside the scope of ILC (and not potentially NDIS funded) can be found in the ICB Funding experience in IWSPIR.
References


The Mental Health Phase of Care a new instrument to support the funding of mental health services.

Tim Coombs¹
¹Australian Mental Health Outcomes and Classification Network

S84: PAPERS: Funding Services, Level 2 - State Room, September 1, 2017, 10:30 AM - 12:30 PM

Biography:
Tim Coombs (RN MNurs BSoSci (Hons Psych) Grad Dip Theo DPM PhD) has a breadth of health care experience having worked in the sector for nearly 30 years. He began his career as a hospital trained general nurse. He then moved to mental health and has worked in general adult inpatient and community mental health services including 10 years working on a crisis/ assertive outreach team. He has led education and training and been the director of mental health nursing in the Illawarra Shoalhaven local health district (LHD). Where he was also a member of the LHD board for several years. He has sat on state and national committees guiding mental health information development. Tim is also a surveyor for the Australian Council of Healthcare Standards recently focusing on the accreditation of trauma recovery programs. This range of experience means that Tim has a considerable understanding of health care from direct delivery to the highest level of governance. He is currently a fellow of the Illawarra Institute for Mental Health and a Senior Research fellow at the Australian Health Services Research Institute at the University of Wollongong.

The Independent Hospital Pricing Authority (IHPA) has developed the first version of the Australian Mental Health Care Classification (AMHCC) (Independent Hospital Pricing Authority, 2016). Information is currently being collected by all states and territories to support the use of this classification for funding mental health services. A central component of this classification is an instrument called the Mental Health Phase of Care (MHPoC). This instrument provides a description of the primary goal of care, the severity of symptoms and functional ability of the consumer along with clinician activity and their expectation of change. This paper will outline the history of the MHPoC from its conceptual beginnings as part of the Mental Health Service Classification and Cost Study (Buckingham, Burgess, Solomon, Pirkis, & Eagar, 1998) through to its implementation into routine clinical practice. The paper will highlight clinician concerns and perceptions about the MHPoC and describes training that can demonstrate how the instrument can be used to support clinical practice. The paper will conclude with a discussion of the future of the instrument including its introduction into the National Outcomes and Casemix Collection along with the instrument’s further development and refinement.

Learning Objectives
Learning Objective 1: The audience at this session will leave with a better understanding of the mental health phase of care, its place in the AMHCC and clinicians views of the instrument

Learning Objective 2: The audience at this session will leave with appreciation of those factors that drive costs in mental health services and how mental health classification can support service improvement.

References
From providing a service to being of service: What is person-centred care?

**Geoffrey Smith**1,2, **Theresa Williams**1,2

1WA Centre for Mental Health Policy Research, 2School of Psychiatry and Clinical Neurosciences, University of Western Australia

S84: PAPERS: Funding Services, Level 2 - State Room, September 1, 2017, 10:30 AM - 12:30 PM

**Biography:**
Geoff Smith is a psychiatrist and Medical Director of the WA Centre for Mental Health Policy Research. He has adjunct appointments as an Associate Professor with the School of Psychiatry and Clinical Neurosciences, University of WA.

Theresa Williams, a Clinical Psychologist, is the Director of the WA Centre for Mental Health Policy Research. For over 10 years, she held senior executive positions in the WA Department of Health, including Director of Strategic Planning and Health System Reform and Director of Strategic Development.

The term ‘person-centred care’ has been widely used in mental health, but there is no generally agreed definition and no clarity about its relationship with the concept of recovery. It has been challenging for mental health services to move beyond the rhetoric of person-centred care, underpinned by its humanistic values, to operationalize the concept.

This presentation sets out explore the concept of person-centred care and its relationship with recovery and to examine the ways that it has been operationalized, focusing particularly on shared decision making and self-directed care, two practices that have significant implications for mental health.

Person-centred care is increasingly being seen as a central component of recovery-orientated practice and is being operationalized within a ‘spectrum’ of new forms of practice based upon varying levels of service-user empowerment. The level of shared decision-making in routine clinical practice is low, as is the uptake of self-directed care by people with mental health problems, despite the promising research support for these practices.

The major barrier to uptake has been staff concerns about the issues of decisional capacity and risk. This highlights the need for further research to address not only practice outcomes but the challenges to implementation.

**Learning Objectives**

Learning Objective 1: Gain an overview of the concept of person-centred care in mental health and its relationship to recovery.

Learning Objective 2: Gain an understanding of the how it is being operationalised in practice and the challenges to its implementation in mental health.

**References**

Climate Schools Plus (CSP): development of an integrated online intervention for students and parents to prevent alcohol and cannabis harms among adolescents.

**Dana Leidl**¹, Louise Thornton¹, Cath Chapman¹, Ina Koning², Katrina Champion¹, Lexine Stapinski¹, Tim Slade¹, Maree Tesson¹, Nicola Newton¹

¹Centre of Research Excellence in Mental Health and Substance Use, ²Utrecht University

S85: PAPERS: Co-existing Conditions - Innovations Showcase, Level 2 - Room 2, September 1, 2017, 10:30 AM - 12:30 PM

**Biography:**
Dana is research assistant at the Centre of Research Excellence in Mental Health (CREMS). Dana holds a Bachelor of Advanced Science (Psychology/Neuroscience) from the University of New South Wales. At CREMS, Dana works with a team of researchers developing evidenced-based interventions to prevent the initiation of alcohol and cannabis use in adolescents. Dana is particularly interested in the role that technology can play in overcoming barriers to intervention access and engagement.

Early initiation of substance use significantly increases risk of subsequently developing substance dependence and mental disorder later in life. To interrupt this trajectory, effective prevention during the adolescent period is critical. Parents play a key role in preventing substance use and related harms among adolescents and parenting interventions have been identified as critical components of effective substance use prevention programs. Despite this, there is currently no Australian substance use prevention program targeting both students and parents, and no integrated model internationally that adopts online delivery to overcome barriers to implementation and sustainability. The Australian Government Department of Health recently funded a team at the Centre of Research Excellence in Mental Health and Substance Use to develop and test the first integrated, online substance use prevention program for students and parents, as part of the work of National Prevention Portal, Positive Choices (www.positivechoices.org.au). The parenting component for Climate Schools Plus is based on a successful Dutch program developed by Dr Ina Koning, and informed by consultation with parents, teachers and researchers. This paper will describe the program and its development including the results from a survey of over 240 Australian parents, and will outline plans for evaluation and implementation in 2017-2018.

**Learning Objectives**

**Learning Objective 1:**
- Increased awareness of the patterns of drug and alcohol use among young people in Australia;
- Increased understanding of the role parents can play in influencing their adolescents’ substance use;
- Increased knowledge about effective approaches for preventing drug and alcohol use harms among young people.

**Learning Objective 2:**
Early initiation of substance use significantly increases the risks of developing a substance dependence or other mental disorder later in life. Effective prevention in adolescence thus provides an opportunity to curb the substantial costs associated with substance use. The program to be showcased in this presentation is comprehensive, evidence-based, and could be implemented widely as part of a national strategy to significantly reduce the burden of disease, social costs, disability, and demand on mental health services associated with early substance use in young Australians.
References


Before During After: A Harm Reduction Tool.

Bronwyn Jennings1, Corinne Owens1, Simon Kroes2, Kevan Myers
1St Vincent’s Hospital Melbourne, 2NEXUS

S85: PAPERS: Co-existing Conditions - Innovations Showcase, Level 2 - Room 2, September 1, 2017, 10:30 AM - 12:30 PM

Biography:
Bronwyn is the senior psychiatric nurse at Footbridge Community Care Unit, St Vincent’s MHS. Bronwyn has 13 years experience in psychiatric nursing across metropolitan and rural Victoria. Bronwyn is passionate about recovery orientated & inclusive practices, she promotes strengths and harm reduction focused interventions.

Corinne is the Senior Occupational Therapist at Footbridge Community Care Unit, St Vincent’s MHS. Corinne has 25 years experience in mental health settings: community case management, clinic & community care units in the U.K. and Australia. Corinne is committed to recovery orientated & collaborative practices, she is involved in education and training on the Strengths Model of Care.

Simon Kroes is a dual diagnosis senior clinician at Nexus Dual Diagnosis Advisory Service, St Vincent’s Hospital Melbourne. Simon has worked in various settings including crisis services, Aboriginal and community health amongst others. He has a keen interest in developing practical resources for health and welfare staff, consumers and carers.

Kevan Myers is Team Leader at Nexus Dual Diagnosis Service, based at St Vincent’s Hospital Melbourne, where he has worked for over 10 years. Prior to this Kevan worked in Clinical Mental Health settings including community and inpatient settings and he contributes to the field through activities such as being a member of MINT Motivational Interviewing Network of Trainers, Yarra Mental health Alliance and the Yarra Drug and Health Forum executive.

The Footbridge Community Care Units (CCU), of St Vincent’s Hospital Melbourne, provide medium to long term clinical care and rehabilitation/recovery services to consumers with serious mental illness and associated psychosocial disabilities. A review of admissions identified an increase in the number of consumers with alcohol and/or other drug issues. Concerns were related to the impact of AOD use on the individual’s recovery journey, other consumer’s recovery journey, the Footbridge environment, and the development of risk management strategies to reduce harm to all. The service wanted to increase staff knowledge about harm reduction and consulted Nexus, the dual diagnosis service at St Vincent’s, who suggested the trial of the “Before During After” harm reduction tool and associated package. The aim of the BDA is to provide a structure to conversations with consumers about harm reduction. It was initially designed by Simon Kroes. The trial commenced as a collaborative quality assurance project in September 2016. The presentation will cover what we did, what we found out and information on the BDA package.

Learning Objectives

Learning Objective 1: The audience will learn about a new harm reduction tool that is simple yet effective, and how it was used at a Melbourne Mental Health Service.

Learning Objective 2: A large number of mental health consumers use alcohol and/or other drugs. This can impact on their mental health. The Victorian Mental Health Act 2014 clearly states the need to recognise
and respond to alcohol and/or other drug issues. The BDA Model is one such tool that can be used to assist clinicians to do this.

References

Drug Use in Australia: A Harm Minimisation Approach
Margaret Hamilton, Allan Kellehear, Greg Rumbold
Oxford University Press, 1998


Implementing change by enhancing comorbidity competency in mental health treatment services.

Emma Barrett\textsuperscript{1,2}, Katherine Mills\textsuperscript{1,2}, Frances Kay-Lambkin\textsuperscript{2,3}, Peter Kelly\textsuperscript{2,4}, Sudie Back\textsuperscript{5}, Kathleen Brady\textsuperscript{2,5}, Maree Teesson\textsuperscript{1,2}

\textsuperscript{1}National Drug and Alcohol Research Centre, University of New South Wales, \textsuperscript{2}NHMRC Centre of Research Excellence in Mental Health and Substance Use, \textsuperscript{3}University of Newcastle, \textsuperscript{4}University of Wollongong, \textsuperscript{5}Medical University of South Carolina

S85: PAPERS: Co-existing Conditions - Innovations Showcase, Level 2 - Room 2, September 1, 2017, 10:30 AM - 12:30 PM

Biography:
Dr Emma Barrett is a Psychologist and NSW Health Early-Mid Career Fellow at the National Drug and Alcohol Research Centre and NHMRC Centre of Research Excellence in Mental Health and Substance Use, University of NSW. She recently completed a 10-month Fulbright Scholarship at the Medical University of South Carolina, US.

The top causes of disease burden among Australians are dominated by mental health and substance use disorders. Of particular concern is the common co-occurrence (i.e. comorbidity) of disorders, with up to 50% of people presenting to services with more than one disorder. Research demonstrates that integration of mental health and substance use treatment is key to enhancing outcomes and preventing consumers from falling through the gaps. However, individuals with comorbidity often receive disparate care targeting either their mental health or substance use. Despite increased awareness and public concern, mental health and substance use comorbidity remains a significant challenge. This study aims to systematically review existing evidence for the Dual Diagnosis Capability in Mental Health Treatment (DDCMHT) Toolkit, a promising measure designed in the US to assist mental health services evaluate and improve their capability to provide comorbidity treatment. This study also examines the perspectives of Australian consumers and service providers regarding their experiences with comorbidity and the potential utility of the DDCMHT Toolkit. Taken together, these results will inform the modification of this Toolkit for implementation in Australian mental health services. This innovative response has the potential to significantly improve the standard of care for many Australians living with comorbidity.

Learning Objectives

Learning Objective 1: Describe the existing research on the DDCMHT Toolkit and determine Australian service provider and consumer perspectives on comorbidity treatment.

Learning Objective 2: Mental health and substance use comorbidity is common and poses a significant challenge for mental health services in Australia and worldwide.

References

Exploring how clients and referrers have experienced care provided by an integrated problem gambling and mental health program.

Vicky Northe\textsuperscript{2}, Laura McCartney\textsuperscript{2}, Evan Symons\textsuperscript{2},\textbf{Robert Shields}\textsuperscript{2}, Susannah Gordon\textsuperscript{2}, Anthony Kennedy\textsuperscript{2}, Stuart Lee\textsuperscript{1,2}

\textsuperscript{1}Monash Alfred Psychiatry Research Centre, Alfred Psychiatry and Monash University, \textsuperscript{2}Alfred Health, Department of Psychiatry

S85: PAPERS: Co-existing Conditions - Innovations Showcase, Level 2 - Room 2, September 1, 2017, 10:30 AM - 12:30 PM

\textit{Biography:}

Robert Shields: I have worked for 20+ years in public mental health as a psychiatrist and currently lead the Problem Gambling Mental Health Program. Through leadership roles as Head of Community Psychiatry and Acting Deputy Chief Psychiatrist for Victoria I have led a number of initiatives to improve mental health care delivery.

Since 2010, the Victorian Statewide Problem Gambling and Mental Health Program has provided a specialist clinical response to Victorians experiencing comorbid mental illness and problem gambling and education and consultation to professionals supporting them. The current study was conducted to explore how clients who underwent an assessment during a 2-year period in 2014-16, and the professionals who referred them, experienced engagement with our program, what we did that was most helpful, and how we could improve. Twenty clients (9 female; age range 21-66 years) and 19 referrers provided feedback via a questionnaire-facilitated telephone interview. Mean ratings of how ‘helpful’ (0 = not at all; 10 = very) contact with our program had been were: clients = 7.8; referrers = 8.2. For clients, learning about why they were having problems, opportunities to address these, and gaining confidence in making improvements were reported ways that this contact was helpful. Referrers in particular found it helpful to access specialist input to clarify diagnoses or treatment options and receive support in working with complex clients. Collected feedback therefore highlighted a largely positive experience of care reinforcing the importance of an integrated and collaborative approach to supporting clients with problem gambling and mental illness.

\textbf{Learning Objectives}

Learning Objective 1: Understand why providing an integrated problem gambling and mental illness response is needed and why it has been important to deliver this in partnership with clients and their support network.

Learning Objective 2: Understand how clients and problem gambling and mental health referrers have experienced engagement with this program as well as what is still needed to continue to improve how this population is supported.

\textbf{References}


Discovery Workshop: Discovering and exploring different ways to understand experiences otherwise referred to as ‘mental illness’.

Andrew Foster¹, Prunella Howell-Jay¹

¹Alfred Health

S86A: WORKSHOP 1 HOUR: Discovery Workshop; S86B: WORKSHOP 1 HOUR: Behaviours of Concern, Level 2 - Room 3, September 1, 2017, 10:30 AM - 12:30 PM

Biography:
Andrew Foster, Discovery College Coordinator – headspace Youth Early Psychosis Program (hYEPP). Andrew brings together ‘lived experience’ of mental health challenges, a passion for health and well-being and close to 20 years as a learning professional. Having worked as a ‘Lived Experience Learning Consultant’ at a Recovery College in Melbourne, he now brings these attributes to youth mental health services and in doing so has helped to establish ‘Discovery College’ as a valuable part of the headspace service offering.

Prunella Howell-Jay - Youth Peer Support Worker - headspace Bentleigh
Pru has been a youth peer support worker since January 2017, supporting young people individually, facilitating groups and contributing to co-production of workshops. Previous to that she was a member of the Youth Advisory Committee at Headspace for 18 months, advocating for youth mental health and raising awareness within the community.

The headspace Youth Early Psychosis Program (hYEPP) has developed and implemented a new service initiative, Discovery College, which is a co-produced, co-facilitated and co-received educational opportunity designed to enable shared learning opportunities about mental health and wellbeing and other relevant topics. The Discovery College works on well-established principles of recovery, which emphasise hope, positive sense of the future, learning from the wisdom of lived experience and ensuring individual choice and control to meet participants personal needs, rather than approaching mental health through a medical paradigm. The hYEPP Discovery College is modelled on international examples of Recovery Colleges, but with a specific youth-focus (hence the shift in name from ‘Recovery’ to ‘Discovery’). In bringing together service users, mental health professionals and friends and family members of service users as students, topics are explored in new and engaging ways, building a greater sense of common humanity and providing a space for people to come to their own conclusions about what works for them.

A recent topic for co-production at Discovery College has been on the topic of exploring other ways of understanding and framing ‘mental illness’* beyond the traditional medical model used in many health services. In exploring the topic and by attending the resulting workshop(s), students (who consist of service users, friends and family members and mental health professionals alike) begin to identify that there are numerous ways of understanding the experiences that have often been referred to as ‘mental illness’ and subsequently, develop a new way of engaging in dialogue and discussion that empowers the service user to be able to cut a new path in their life, with a greater sense of meaning and a heightened sense of agency in their own recovery journey. Such an approach draws on the wisdom of much of the lived experience literature and also some of the key recovery oriented literature which indicates the importance of ‘framing the ‘mental illness’ as a key task in the journey of personal recovery. (1)
In this workshop, participants will be encouraged to explore their own frameworks for understanding their experiences with ‘mental illness’, to understand how others make sense of it and how being open to different views and perspectives can help to build stronger and more meaningful relationships between service users, their friends and families and those in professional roles. In the discussion, mental health professionals begin to explore the idea that instead of their professional expertise being ‘on top’ in terms of its importance and relevance, that instead they can begin to make their expertise available ‘on tap’(2) for access to and by those who wish to access it, when they wish to access it. Service users consider how they can see services as part of a broader array of support networks and connections as part of a self-directed approach to their own well-being.

Session Outline
Introduction- including energiser (10 minutes)
- Illustrate the traditional way of viewing ‘mental illness’ in western culture
- Outline the idea that there are many different ways in which the term ‘mental illness’ can be explored and explained.
- Poem Psychiatric Incantation or Pat Deaghan clip https://www.youtube.com/watch?v=jhK-7DkWaKE

Key activity 1) Discussion (10 minutes) Q&A
- Why would we want to explore different ways of understanding ‘mental illness’ in a clinical service?

How can we be open to different perspectives? Discussion and Small Group Activity (30 minutes)
- Identify and articulate a range of different ways for framing ‘mental illness’
- How do we have conversations with people who have different frameworks than us?
- How do we create the space for such an exploration of views?

Reflections/Summary (10 minutes)
- Summarise some of the strong views and ideas from the participants
- Illustrate the value in seeing ‘mental illness’ in many different frameworks as part of a ‘web of human experience’
- Encourage participants to consider how this can inform the quality of the relationships they have around the topic of mental health

Learning Objectives

Learning Objective 1: Audience members for this workshop will come away with a sense that there are numerous ways of understanding the experiences traditionally labelled ‘mental illness’ and how in being able to explore new ways of thinking and speaking of the experiences, that new ways of living with it, recovering from it and supporting people with it, can occur.

Learning Objective 2: This topic is particularly relevant to contemporary mental health services wishing to implement recovery-oriented programs and to implement changes to their service that are person centred, capacity focused and open to the idea of a continuum or web of human experience.

References

Behaviours of Concern.

**Vrinda Edan¹, Lorna Downes²**

¹Independent Carer Consultant, ²Independent Consumer Consultant

S86A: WORKSHOP 1 HOUR: Discovery Workshop; S86B: WORKSHOP 1 HOUR: Behaviours of Concern, Level 2 - Room 3, September 1, 2017, 10:30 AM - 12:30 PM

**Biography:**

Vrinda Edan, consumer

Vrinda’s personal experiences of service use, lead her to work within the mental health consumer movement, where she has been contributing for nearly 18 years. She has had involvement in a number of State and National committees and initiatives. She is very interested in supporting partnerships between consumers and clinicians to develop innovative services.

Lorna Downes, family member/whanau/carer

Lorna has worked in the mental health sector for 14 years in a range of volunteer and paid roles supporting carers both directly and through representation at a local, state and national level. Lorna is passionate about the power of purposeful disclosure as a tool to greater understanding and improved relationships between carers, consumers and service providers.

Nationally mental health services and health services in general are increasingly concerned about aggression management in services. Posters stating that violence will not be tolerated and public awareness campaigns highlighting the issue of occupational violence are becoming commonplace. Various forms of training have been developed in and across services to help staff manage aggression and ‘behaviours of concern’. Whilst there is no single definition of behaviours of concern or challenging behaviours (terms that are often used interchangeably in mental health services) typically they are defined as generally be any behaviour that is: inappropriate, illegal, will affect a person’s access to community or health services, will harm the person or others or will result in property damage. (Community Services and Health Industry Skills Council 2015). Whist the definitions do not define the actor, that is, who is performing the behaviour, usually it is interpreted that the actor is a service user or possibly a family member/carer.

Whilst some training includes lived experience perspectives, the majority fail to highlight the issue of behaviours by service providers that are experienced by consumers and/or their families or by other service providers as inappropriate, affecting a person’s access to services, harmful or against organisation policy or even the law. In addition, although these kinds of training attempt to encourage participants to take a more open minded view in order to see the situational context of the person’s behaviour, this is usually overshadowed by issues of risk and risk management.

Recovery oriented practice and trauma informed care require a paradigm shift in workers and systems. Where service providers are invested and passionate about implementing trauma informed and recovery oriented ways of thinking and working, they can find it difficult to challenge entrenched patterns of responding to behaviours and organisation culture.

Using examples of ‘behaviours of concern’ from established training, this highly interactive workshop uses humour and critical reflection to explore behaviours of concern from consumer and family/whanau/carer
perspectives. Techniques used will include; small group work, open space technology, scenario based learning, and purposeful storytelling to enable participants to examine their responses to situations of power and powerlessness.

Learning Objectives

Learning Objective 1: Participants will take away skills in addressing situations in which they feel challenged in their experience of mental health services or in their workplace

Learning Objective 2: This workshop is relevant to mental health services because of the growing body of evidence that shows consumer and carers can be traumatised by their experience of mental health services.

References

Black fella/White Fella: A lived experience of a HIV +/- Bipolar Affective Disorder Tingha man working with a non-aboriginal mental health nurse embedded in a HIV community service.

Tim Moffitt¹, Michael Smith¹
¹South East Sydney Local Health District

S87: PAPERS: Different Voices, Same Inclusive Practice, Level 2 - Room 4, September 1, 2017, 10:30 AM - 12:30 PM

Biography:
Tim is a proud 50 year old Kamilaroi man, with lived experience in HIV, multiple mental health conditions advocating for community. Tim sits on two indigenous advisory boards to organisations as a community member. Tim is also a HIV positive speaker who speaks to organisations regarding living with HIV

Michael Smith is a Clinical Nurse Consultant currently working for the HIV Outreach Team with South East Sydney LHD located in central Sydney. Michael has over 20 years experience working in mental health in Sydney, Perth and London that includes working in Forensic, Acute, Crisis, Community, Homeless and now providing mental health support to people living with HIV.

People living with both a mental illness and HIV experience many challenges. HIV and mental health comorbidity has a lifelong effect on people’s health and quality of life and lead to a shorter life span. It also presents challenges for clinicians working with two stigmatised and complex health conditions. The HIV Outreach Team is a multi-disciplinary/specialty community health team in the South East Sydney Local Health District that provides support for people living with HIV using a case management model.

This talk will give the perspectives of a homeless Kamilaroi man living with complex clinical issues such as HIV since 2000, Bipolar Affective Disorder, hypercholesterolemia, a congenital anomaly and being gay from the time of his referral in 2013. This will be in contrast with the role of a non-indigenous mental health clinician working in a HIV service.
Tim and Michael will share the person living with a mental illness /clinician experience covering the process of engagement, diagnosis, adherence, cultural difference and the lived experience of working with a client led approach and the impacts on health.

Learning Objectives

Learning Objective 1: Be given a perspective from a person living with HIV/Mental Illness about the challenges of engaging with services and how the role of a mental health clinician can influence mental and physical health.

Learning Objective 2: Be given a perspective from a mental health clinician with engaging with an indigenous man who was homeless and challenging to engage and how to use the lived experience of the client to overcome barriers that often lead to discharge.

References

The light we could not see.

Joe Petrucci, Anne Ripberger, Gayle Clifford

S87: PAPERS: Different Voices, Same Inclusive Practice, Level 2 - Room 4, September 1, 2017, 10:30 AM - 12:30 PM

Biography:

Joe Petrucci is the Operations Manager for Adult Community Mental Health Services in the Cairns & Hinterland region. He is a Mental Health Nurse, has a Masters in Mental Health Nursing and has worked in mental health for 26 years. Working for the Cairns and Hinterland Mental Health Service for the past 18 years he has a great appreciation of the service and the local community it serves.

Anne Ripberger is a Clinical nurse Consultant with QLD Health, who together with Mind Australia operates the Cairns Prevention and Recovery Care (PARC). Anne has extensive experience of mental health care from both an inpatient and a community care perspective. A long-time advocate for mental health clients, Anne is excited and heartened by the success of the Cairns PARC and of the partnership.

As clinicians, we reflect proudly on our service provision; protecting and caring for people experiencing significant mental health problems. When clinicians see efficacy in the existing practice and where there is no exposure to alternate approaches, conceptualising and adopting alternative methods to service is a difficult prospect, even in the face of literary evidence.

In 2015 Queensland Health partnered with MIND Australia to deliver a residential sub-acute mental health service, offering an alternative to inpatient care. This partnership has been nothing short of a revelation for the public Mental Health Service. The non-clinical staff of MIND are indoctrinated to a person-centred, recovery-focused approach, and armed with this, very capably provide responsive service that compliments clinical service provision.

Residents are afforded the opportunity to choose interventions they prefer and aid their recovery, increasing the likelihood that these interventions will enhance personal meaning (Schauer et al. 2007)

The effectiveness of the approach is demonstrable, challenging clinical staff’s assumption, and is influencing professional culture. Clinicians are surrendering professional territory in respect for the autonomy of this alternate approach (England & Lester 2005) and gradually incorporating this alternate expertise.

Learning Objectives

Learning Objective 1: A Clinical service can adapt its culture and incorporate and provide person centred recovery focuses approaches

Learning Objective 2: Partnerships between government and non-government organisations can provide a great diversity of benefit not just for mental health consumers, but also to service providers

References

Mindfulness: A culturally acceptable and clinically effective intervention for the Arabic-speaking community.

Hend Saab\textsuperscript{1}, Ilse Blignault\textsuperscript{2}, Lisa Woodland\textsuperscript{1}, Klara Takas\textsuperscript{1}, Leissa Pitts\textsuperscript{3}

\textsuperscript{1}South Eastern Sydney Local Health District, \textsuperscript{2}Western Sydney University, \textsuperscript{3}Illawarra Shoalhaven Local Health District

S87: PAPERS: Different Voices, Same Inclusive Practice, Level 2 - Room 4, September 1, 2017, 10:30 AM - 12:30 PM

**Biography:**

Hend Saab is a bilingual senior psychologist working at St George Community Mental Health Service, South Eastern Sydney Local Health District. Hend has extensive experience in providing clinical care to clients from culturally and linguistically diverse backgrounds as well as multicultural mental health community development and research projects.

There is growing literature demonstrating that mindfulness-based interventions help to alleviate a variety of mental health problems and improve psychological functioning. Mental health issues are highly prevalent in the Arabic-speaking community in Australia, with many people experiencing war-related trauma.

This community-based project, conducted in two phases, evaluated the clinical efficacy and cultural acceptability of a mindfulness CD in Arabic. Both phases involved following a 5-week program of guided mindfulness exercises, with participants engaged individually (Phase 1) or in a group setting (Phase 2). Bilingual project officers provided support and encouragement as required. This assisted in enhancing engagement with the program thereby increasing its efficacy.

Phase 1 results showed statistically significant reductions in psychological distress between baseline and 5 weeks and at the 12 week follow-up period, using the K10 and DASS 21. Qualitative data collected in Phase 2 revealed how participants applied their new skills in everyday life and how this helped them. Mindfulness was compatible with participants’ culture and religious practices. Several shared the CD with others. This intervention represents a low cost, effective intervention for a community with poor engagement with mental health services and high rates of trauma.

**Learning Objectives**

Learning Objective 1: Participants will learn about the clinical efficacy and cultural acceptability of the mindfulness intervention for the Arabic-speaking community.

Learning Objective 2: This topic highlights an effective, low intensity mental health intervention, which has proven to be effective in reducing levels of psychological distress following the 5-week mindfulness program for Arabic-speaking community members.

**References**

Adventure Therapy - Using Adventurous Activities as Occupational Therapy

Helen Jeffery¹
¹Otago Polytechnic School of Occupational Therapy

S87: PAPERS: Different Voices, Same Inclusive Practice, Level 2 - Room 4, September 1, 2017, 10:30 AM - 12:30 PM

Biography:
Helen has worked in mental health for over 25 years, and had a lifelong recreational involvement in outdoor pursuits. She has experience instructing a variety of adventure activities, as well as incorporating adventure activity in mental health practice. She is a specialist ambassador representing occupational therapy for the International Adventure Therapy Community, and works as a lecturer with the school of Occupational Therapy at Otago Polytechnic, New Zealand.

ABSTRACT:
Adventure therapy is an emerging intervention utilised by mental health clinicians within services for youth. Whilst not the whole of occupational therapy, adventure therapy can be utilised as an approach to practice. This paper presents findings from research into New Zealand Occupational Therapists’ use of adventure therapy, with a particular emphasis on the value of activity as therapy.

THE RESEARCH:
This qualitative descriptive study explored the fit between occupational therapy and adventure therapy. Semi-structured interviews were conducted to examine the practice and use of theory with seven New Zealand occupational therapists who use adventure therapy.

THE FINDINGS:
There are practice and philosophical elements of adventure therapy that are compatible with occupational therapy, including therapeutic use of activity. Differences occur in that adventure therapy purposefully utilises novel activities and environments, and activities that are challenging.

CONCLUSION:
Adventure based activities are not usual every-day activities for most clients, or usual occupational therapy practice. However as an intervention it is attractive to youth. It is argued that adventure therapy is a powerful example of the use of activity as a means to an end. Occupational therapists are well positioned to use adventure therapy as a component of their overall occupational therapy practice.

Learning Objectives
Learning Objective 1: “What will people in the audience gain or learn from attending this presentation?” The audience will gain an understanding of what adventure therapy is, and of how changes in clients’ ordinary life are facilitated through using extra-ordinary activities. This may also serve as a reminder of the value of using activity therapeutically as a means to an occupational end.

Learning Objective 2: “How is this topic/issue relevant to mental health services and mental health issues?” Youth in many communities are vulnerable and at risk of experiencing challenges to their mental health. Adventure therapy is appealing to this population who are attracted to the challenge and high perceived
risk in the adventure activities, and who often engage with therapists when engaged in activities in the outdoors rather than in a clinical setting. Adventure therapy is an alternative approach for youth, and as a field is gaining momentum internationally.

References

“ECT – Let’s talk about it!!” – A consumer-led project to improve support, decision making and consumers’ experiences of ECT.

Karen Wells¹, Justin Scanlan²
¹Inner West Sydney Partners in Recovery, ²Sydney University

S88: PAPERS: Lived Experience and Clinical Systems, Level 2 - Room 5, September 1, 2017, 10:30 AM - 12:30 PM

Biography:
Karen Wells has a Bachelor of Arts in Welfare Studies and a Masters in Social Policy and another in The Care and Protection of Children and Young People. She has worked in the Community Sector for many years primarily in Youth Work but most recently as the Consumer Coordinator at Inner West Sydney Partners in Recovery. It was in this capacity that she became the Project Manager of the “ECT-Let’s talk about it!!” project after successfully applying for a grant to develop the project. This project was primarily about information, consent and support needs during ECT.

Justin Scanlan is an occupational therapist and Senior Lecturer in the Faculty of Health Sciences at the University of Sydney. Justin is a strong advocate for consumer engagement in mental health research, education and service delivery and review.

Electro-convulsive therapy (ECT) is arguably the most controversial treatment in modern psychiatry. Some consider it a life-saving intervention; others consider it a “crime against humanity.” Portrayals in movies like “One Flew Over the Cuckoo’s Nest” also fuel negative attitudes. This can make the decision making process extremely difficult.

“ECT – Let’s talk about it!!” was a consumer-led project designed to gather consumers’ experiences of the decision making process and undertaking ECT. The aim was to enhance information and support available to individuals considering ECT and improve the overall experience of ECT. A total of 17 consumers were interviewed.

Key findings included: (1) more information should be provided more regularly and this should be in a range of formats; (2) there should be opportunities to speak with individuals who have had ECT in the past; (3) there should be greater involvement of families throughout the process, potentially even having a family member present when ECT is being given; and (4) clearer information about side effects, especially memory-related side effects, and treatment options should be available.

This project, informed by the voices of individuals who have experienced ECT, has provided useful information to improve the decision-making process and overall experience of ECT.

Learning Objectives
Learning Objective 1: People attending this presentation will learn about how individuals considering ECT can be more effectively supported in their decision making and how the overall experience of ECT can be improved.
Learning Objective 2: The need for consumer-led research in mental health is becoming more and more apparent. This project exemplifies how consumer-led, collaborative projects can make positive improvements to mental health service provision, even for something as controversial as ECT.

References


What is the lived experience of people who have had or continue to have ECT as they participate in daily life? How do people perceive and adapt to the consequences of ECT for their daily lives?

Karen Wells\(^1\) Nicola Hancock\(^1\)

\(^1\)The University of Sydney

S88: PAPERS: Lived Experience and Clinical Systems, Level 2 - Room 5, September 1, 2017, 10:30 AM - 12:30 PM

Biography:
Karen Wells has a BA in Welfare Studies, a Masters in Social Policy and another in the Care and Protection of Children and Young People. She has worked in the Community Sector for many years but more recently as the Consumer Coordinator at Inner West Sydney Partners in Recovery. It was in this capacity that she became the Project Manager of the “ECT-Let’s talk about it!!” project. Karen brings her personal experience of ECT to inform her work and now has undertaken research at the University of Sydney exploring what people identify as the facilitators or barriers to living well after ECT.

This service-user led, qualitative study aims to better understand the experience of people living with Electroconvulsive Therapy (ECT). Specifically this research explores what people identify as the facilitators or barriers to living well after ECT.

This research provides evidence regarding the ongoing lived experience of ECT on daily life post and during maintenance treatment. It gives or amplifies the voices of people living with mental ill-health who have experienced ECT, acknowledging the expertise and knowledge gained through lived experience. It addresses the almost non-existent body of knowledge around ongoing life after or with ECT; the ways people are impacted and the ways they successfully manage in their daily lives.

Mental health systems internationally are shifting their focus from a clinical frame to a recovery orientated framework, this refers to the dialogue of living life well post or during on-going treatment experience. Ultimately findings of this study will inform better future service delivery and supports based upon the experiences and perspectives of service users. We will be presenting and discussing both the gaps in the current body of literature as well as the preliminary findings of this study.

Learning Objectives

Learning Objective 1: People attending this presentation will gain insight into the lived experience of people who have had or continue to have ECT as they participate in daily life. They will learn about the facilitators and barriers they identify to living well after ECT.

Learning objective 2: The perspectives and expertise gained from lived experience are currently missing and they are critical to future developments in the service provision and support of people both during or following ECT.

References

Outcomes of Hospital to Home (H2H): A peer-delivered, peri-discharge support program.

Justin Scanlan¹, Nicola Hancock¹, Anne Honey¹
¹Faculty of Health Sciences, University of Sydney

S88: PAPERS: Lived Experience and Clinical Systems, Level 2 - Room 5, September 1, 2017, 10:30 AM - 12:30 PM

Biography:
Dr Justin Scanlan is an occupational therapist and educator and researcher at the Faculty of Health Sciences, University of Sydney. He is interested in all areas of mental health, but particularly the ways occupational therapists can support consumers in their journeys of recovery as well as how consumers can be more engaged in all levels of mental health service delivery, education and research.

The period immediately following discharge from psychiatric admissions is risky in terms of readmission, suicide and service disengagement. Hospital to Home (H2H) was a One Door Mental Health (previously Schizophrenia Fellowship), pilot peri-discharge (just before and just after discharge) support program, designed to avoid these negative outcomes. All H2H workers had lived experience of mental illness.

An external evaluation of the H2H program was undertaken by researchers from the University of Sydney. A range of process, outcome and satisfaction measures were collected and analysed.

Sixty-four individuals were supported during the pilot and 38 agreed to participate in the external evaluation. Average hospital bed days were lower for participants after H2H compared with pre-engagement bed days (estimated reduction of 11 days per year per participant). Other outcomes included improvements in the “Doing things I value” and “Mastering my illness” recovery domains and improvements in wellbeing in the “Intellectual,” “Social” and “Psychological” areas. Qualitative and quantitative feedback suggested participants valued the support offered by H2H, felt it helped them to stay out of hospital and valued the fact that support workers had their own lived experience.

Overall, this project demonstrates that a peer-delivered peri-discharge support program can have positive outcomes for consumers.

Learning Objectives

Learning Outcome 1: Participants attending this presentation will gain an understanding of the outcomes achieved by participants as part of their involvement in the Hospital to Home program as well as their feedback about those aspects of the program that were considered most helpful.

Learning Outcome 2: Avoiding negative outcomes for consumers in the post-discharge period is an important objective for all mental health services and reducing 28-day readmission is a key performance indicator. This study suggests that a peer-delivered peri-discharge support program can support positive consumer outcomes for a modest investment.

References

Innovation and Change in Acute Mental Health and the Community: The Expanding Post Discharge Support Program at St Vincent's Mental Health Melbourne.

Donna Matthews¹, Laura Anstee¹  
¹St Vincent's Mental Health Melbourne

S88: PAPERS: Lived Experience and Clinical Systems, Level 2 - Room 5, September 1, 2017, 10:30 AM - 12:30 PM

Biography:
Donna Matthews works as a consumer peer worker in the Expanding Post Discharge Support Program (EPDSP) at St Vincent’s Mental Health Melbourne. In a previous life Donna worked as a radiographer and now adopts retired greyhounds.

Laura Anstee works as a consumer peer worker in the EPDSP at St Vincent’s Mental Health Melbourne. She comes from a background in occupational therapy and is passionate about music and film.

From November 2014, St Vincent’s Mental Health Melbourne (SVMH) has been part of the Pilot Project of the Expanding Post Discharge Support Program (EPDSP). The Victorian Government is committed to improving the discharge experience for consumers from Acute Inpatient Services (AIS) and to offer discharge peer support as a complement to clinical services, with the aim of decreasing the 28 day readmission rate.

Consumer peer workers use their unique lived experience in mental health to engage with consumers and support them on their Recovery journey.

The Program uses the Intentional Peer Support model for the first time in AIS in Victoria.

The EPDSP consumer peer workers at SVMH have developed innovative strategies to engage with consumers and to support them to make community connections, in order to decrease their social isolation, increase confidence and achieve meaningful life goals.

We will also present findings about the effect that the EPDSP is having in both quantitative and qualitative formats, as well as vignettes.

Learning Objectives

Learning Objective 1: People in the audience will learn how to set up an Expanding Post Discharge Support Program (EPDSP) at their own Service and hear about creative ways to adapt the EPDSP to suit their Service. They will also learn about some of the challenges that St Vincent’s Mental Health Melbourne faced during the Pilot Program and what our learnings are from being in the Pilot Program in Victoria. Audience members will also learn how our EPDSP is impacting on consumers within our Service and what the early outcomes are for our Key Performance Indicators, such as the 28 day readmission rate.

Learning Objective 2: Services across Victoria received funding for the Expanding Post Discharge Support Program late in 2016. Having peer workers with lived experience of mental distress working on Acute Inpatient Units and within the community is an exciting new concept and program. We hope that this
Program will have continued and expanded funding to be rolled out nationwide. Discharge peer support is an innovative and holistic addition to the care already provided by clinical teams. The Program incorporates an Intentional Peer Support model (Sherry Mead 2014) in acute inpatient services for the first time in Victoria.

References
1. National Standards for Mental Health.
How can the journey through the mental health system be enhanced with experiential literacy? User Centred Design Thinking and Application of Empathic Techniques.

Helen Glover, Katherine Boydell, Anne Honey, Katherine Gill, Barbara Tooth

1 TheMHS Learning Network, 2 Black Dog Institute, 3 Enlightened Consultants Pty Ltd, 4 University of Sydney, 5 Consumer Led Research Network

S89A: ROUNDTABLE 1 HOUR: Impact of Privatisation of Disability Services; S89B: WORKSHOP 1 HOUR: Lived Experience Research, Level 2 - Room 6, September 1, 2017, 10:30 AM - 12:30 PM

Biography:

Helen Glover: Helen is passionate in assisting organisations, and its people, to be at their best, especially within the health and community services sectors. Her passion, developed skills and knowledge in; organisational leadership, change facilitation, training, coaching, supervision and program evaluation. She assists organisations to challenge and stretch their service provision even further, so that people they serve have great opportunities to lead and live their very best lives.

Dr. Katherine Boydell’s research focuses on understanding complex pathways to mental health care for young people and on advancing qualitative inquiry in arts-based health research. She explores the use of art genres in the creation and dissemination of empirical research - including documentary film, dance, digital storytelling, found poetry, installation art and body mapping.

Dr Anne Honey is a Senior Lecturer in the discipline of Occupational Therapy at the University of Sydney. Her research has focussed on illuminating the perspectives of people living with mental illness and their families. She is interested in facilitating and supporting research designed and conducted by, and in collaboration with mental health service users and has had the opportunity to work with a team of both academic and service-user researchers on recent projects.

Dr. Katherine [Kate] Gill is a Registered Occupational Therapist. She has a background in medical, scientific and mental health research. Kate is involved in a number of consumer-led and co-produced research and projects. Kate is the chair of, and a founding member of, the Consumer Led Research Network. Kate works in the mental health sector and actively promotes recovery orientated practice and trauma informed care, within a holistic framework.

Dr Barbara Tooth: Barbara has a long standing interest in understanding the many factors that people who experience mental health challenges identify as important to them in navigating these challenges. This highlights the individual, complex and diverse ways people experience and navigate mental health challenges. Barbara is interested in the interface between people’s experiences and ways of working people find most helpful in their journey.

Authors: The Mental Health Experiential Literacy Working Group: Katherine Boydell; Helen Glover; Anne Honey; Barbara Tooth; Kate Gill

Chaired: Self-Chaired
The International Initiative for Mental Health Leadership Network (IIMHLN) meet in 2-3 March this year. Prior to the IIMHLN meeting a number of two-day gatherings to visit different centres or to discuss specific important topics where scheduled. This workshop stems from the meeting to discuss “Consumers or Service Users as Partners, Collaborators and Leaders in Mental Health Research: Exploring and sharing ways to extend and sustain opportunities”.

A subgroup of this meeting identified that people who experience mental illness have little opportunity to be aware of, access and utilise the knowledge that is emerging from lived experience research. The mental health lived experience research base contributes a wealth of collective experiential wisdom to the wider mental health knowledge. It privileges qualitative research and evaluation methodologies where people with lived experience have played a pivotal role in determining the inquiry, its processes, analysis and dissemination. Like much of the academic literature, this knowledge is not known or easily accessible to people who are negotiating the day-to-day impacts of mental distress. Knowledge translation of existing research that is driven or determined by lived experience can play a significant role in assisting people navigate both their recovery and the systems of care that they may be accessing.

This workshop is conceived as a participatory design session and will involve participants working together with facilitators to use design thinking to address the above issue (Sanders et al., 2010). Design thinking has become a popular methodology, utilised by innovative businesses and social enterprises, especially in tackling problems where the causality and solutions are unbounded and unknown (wicked problems). It involves between three to five phases, not always undertaken sequentially: (Brown and Wyatt, 2010) It innovates new service responses based on how designers approach problems; iterating between phases that empathize, define, ideate, prototype and implement initiatives. 

This workshop creates a creative and practical space to experience part of the design thinking process: divergently ideating and prototyping ideas aiming to enhance experiential literacy translation. Questioning and challenging assumptions is a critical part of this workshop, requiring the suspension of early solutions. Participants are offered an opportunity to; (i) experience a ‘design thinking’ workshop (Brown, 2009) and (ii) design ideation initiatives that will enhance people’s access and utilisation of experiential literacy as part of their recovery journey.

**Learning Objectives**

Learning Objective 1: Participants will be able to;
(i) critically evaluate design thinking processes with existing participatory methodologies, such as co-production and co-design, and
(ii) develop initial skills to utilise design thinking processes within their own service design initiatives.

**References**

The impact of the NDIS on people with mental illness and complex needs living in supported residential services (private congregate care facilities).

Liz Dearn¹²
¹RMIT, ²Victorian Council of Social Service (VCOSS)

S89A: ROUDTABLE 1 HOUR: Impact of Privatisation of Disability Services; S89B: WORKSHOP 1 HOUR: Lived Experience Research, Level 2 - Room 6, September 1, 2017, 10:30 AM - 12:30 PM

Biography:
Liz has worked in the area of disability advocacy for eight years and policy and research for 20 years – in local and state government and not for profit organisations. Liz started working life in residential rehabilitation services in the early days of deinstitutionalisation and has maintained a strong interest in mental health since that time. As coordinator of the Policy and Research Unit at the Office of the Public Advocate, Liz had portfolio responsibility in the mental health area. This entailed systemic advocacy in all areas of mental health including policy and legislative reform in Victoria. Liz was instrumental in the Long Stay Patient Project, a Community Visitor initiative that raised concerns about the indefinite detention of many consumers in secure extended care units. In 2011, Liz published research in the area of deaths of young people in nursing homes. Over the past two years, Liz’s work has had a focus on violence against people with disability in disability residential services, specifically family violence in group homes. Liz’s research will explore the experience of people with mental illness and complex needs living in supported residential services (SRSs) in the context of the NDIS.

Supported Residential Services (SRSs) in Victoria are privately operated facilities providing accommodation and support for residents with disabilities and complex needs. Around 40% of residents have a mental illness, most have complex health needs and half have no contact with family or friends.

As Victoria transitions to the National Disability Insurance Scheme (NDIS), a new marketised and privatised service disability services model is emerging where services will be provided on an individual basis by a mix of for-profit and not-for-profit providers. Central to people with disabilities becoming consumers in this market is the concept of choice and control in the planning and delivery of services. But will all consumers be equally able to exercise this right?

This roundtable discussion will debate and discuss the central concepts guiding the questions in this research:
1. What will the impact of a marketised disability services environment be on the human rights of people with mental illness living in SRSs?
2. What supported decision-making mechanisms will be in place to support people experiencing social and economic exclusion to engage with the NDIS?

Learning Objectives
Learning Objective 1: Researchers, consumers, carers and advocates will have an opportunity to engage in dialogue and debate about the impact of privatisation and marketisation of disability services on people with mental illness and complex needs. This discussion may help to inform future research and advocacy efforts.
Learning Objective 2: This topic and the associated research is a current issue in mental health as it examines changes to the mental health service system that are occurring with the NDIS roll-out.
Into the light - Arabic Resource Project

Jaime Comber1, Adla Abushanab1
1Being - Mental Health Consumer Advisory Group

S100: PAPERS: Partnerships and Wellbeing, Level 2 - Room 5, September 1, 2017, 1:30 PM - 3:00 PM

Biography:
Jaime Comber is a Policy Officer at Being - Mental Health & Wellbeing Consumer Advisory Group. She has a background in psychology and communications and has previous work experience implementing policy in higher education and non-profit environments. She has a passion for change based on her professional and personal experience and wants mental health policy to reflect consumers aspirations.

Adla Abushanab worked as a Project Officer with Being on the Arabic project in 2015 - 2016. Adla brought tremendous personal and professional experience to this project including telling her own story. Her background has predominantly been as an educator and she is an active member of the Arabic Community in Sydney. Adla’s commitment to share and educate others about mental illness in the Arabic community was the key to this successful project.

The video resource ‘Into the light’ offers the Arabic speaking community a tool to start having conversations about psychological health and concerns.

Adla will describe how the lack of mental health literacy in Sydney’s Arabic Communities drove the need for such a project and share experiences and learning from the project. ‘Into the Light’ is a three-part video resource in Arabic. It aims to engage the Arabic-speaking communities in NSW on psychological health, distress and seeking help. The first part is about people’s experience of mental illness, the second part highlights some learning and the third part is guidance and insights from religious leaders.

This presentation will highlight how Being worked with the partners, Metro Assist, Transcultural Mental Health Centre and Liverpool Migrant Resource Centre on this project and how the project team developed this fabulous resource.

This presentation will help others who are planning to develop resources for cultural and linguistically diverse communities.

Learning Objectives
Learning Objective 1: Highlight the issues that the audience need to consider when developing a project specifically for a culturally or linguistically diverse community.

Learning Objective 2: Mental health services are striving to be culturally competent and this presentation illustrates how this can occur in practice.
Building momentum for change - creating effective partnerships for collective impact activities for community mental wellbeing.

Stephanie Isvik

*One Door Mental Health (formerly Schizophrenia Fellowship NSW)*

S100: PAPERS: Partnerships and Wellbeing, Level 2 - Room 5, September 1, 2017, 1:30 PM - 3:00 PM

**Biography:**
Stephanie Isvik is the Development Officer for Partners in Recovery South Western Sydney (PIRSWS). She has a BSc degree and has worked in the health services sector for over 25 years. She is interested in developing systems and collaboration practices that effectively meet the needs of the community for social justice. One of her roles at PIRSWS is developing effective partnerships and system collaboration initiatives, including the No Wrong Door SWS initiative which includes a Mental Health Charter and an Access App for health service information for consumers and carers. A more recent initiative has been developing a partnership toolkit based on the experience and activities in Partners in Recovery SWS which was launched this year through One Door Mental Health. (One Door Mental Health is the new name for the Schizophrenia Fellowship NSW and is the lead agency for PIRSWS in partnership with South Western Sydney PHN)

**Background**
Working collaboratively is vital for community members and service providers, yet challenges abound within diverse and complex communities.

Partners in Recovery SWS has worked intensively in partnership building for three+ years and it seemed timely to share with others what contributed to a successful development of partnerships to promote social change and underpin collaborative work with the business sector and others to promote mental health and wellness.

**Description**
PIRSWS has produced a publication/toolkit outlining basic foundations of partnership building, collective impact principles and a practical overview of 7 steps of partnership building using PIRSWS as an example: ‘Building Momentum for Change – 7 step partnership model to create social impact’.

Each step includes examples of types of partnerships, key success factors, outcomes, challenges and practical examples of what was achieved. There are links to videos that users can access with their smartphone or tablet. In the videos we hear from people that played a vital role in forming and participating in partnership building. An animated video gives a summary visual ‘map’ of the partnerships outlined.

Can be used as toolkit for sector collaboration in promoting mental health and recovery oriented practice in multiple sectors, including NDIS.

**Learning Objectives**
Learning Objective 1: An increased understanding of foundations of partnership building and collective impact principles and examples of possible activities along with a practical knowledge of how these principles can work to create social change in a community across multiple sectors. Attendees can take away practical tools and reference material to use in partnership building.
"Reform is not only about ideas and policies. It is also about securing the commitment of organisations and individuals at all levels to invest their time, energy and resources in a long-term program of change." (Living Well report)

Learning Objective 2: Building effective partnerships is vital in creating awareness of recovery oriented practice and mental health awareness with service providers, consumers and carers. Partnerships with collective impact can profoundly change the way a community responds to people with mental health issues if their common message is recovery oriented and stigma reducing. Effective partnerships also increase the effectiveness of everyone's support to people with mental health issues by creating a 'no wrong door' approach which prevents people from falling through gaps in service provision.

References

Mental Wellbeing Impact Assessment: A tool for policy-making and program design and evaluation.

Katrina Davis¹, Andrew Ellery²
¹Mental Health Commission of NSW, ²icare (Insurance and Care NSW)

S100: PAPERS: Partnerships and Wellbeing, Level 2 - Room 5, September 1, 2017, 1:30 PM - 3:00 PM

Biography:
Katrina Davis is a Senior Advisor for the Mental Health Commission of NSW with oversight for areas including wellbeing, consumer participation, peer work and workplace mental health. Prior to this Katrina was responsible for the delivery of mental health promotion projects including Mental Health Month NSW through Way Ahead. Good work, family, friends and chocolate cake support Katrina’s mental health and wellbeing.

Andrew Ellery is Program Manager, Workplace Wellbeing for icare (Insurance and Care NSW). Andrew has a background in the social sector focused on disadvantaged communities, people with a disability and wellbeing. Playing guitar daily and walking (often at the same time) support Andrew’s mental health and wellbeing.

Living Well: A Strategic Plan for Mental Health in NSW 2014 – 2024 sets out that policy and programs in NSW should be assessed for their impact on the wellbeing of the community. Mental Wellbeing Impact Assessment (MWIA) methodology is used to assess whether government and non-government agencies’ policies, programs, projects and proposals have a negative or positive impact on the population in terms of wellbeing. MWIA uses Health Impact Assessment methods but focuses on the factors that are known to promote and protect mental well-being: enhancing control; increasing resilience and community assets; and facilitating participation and inclusion. It asks policy-makers and program-designers to consider the structural determinants of wellbeing and identify population groups that might be particularly impacted by an initiative. The Mental Health Commission of NSW has been working with a range of government and non-government partners to build capacity in implementing the MWIA tool in NSW. iCare have worked with the Commission to test the MWIA on projects designed to improve outcomes for injured workers.

Learning Objectives

Learning Objectives 1: To be introduced to the science of wellbeing and the outcomes of a capacity building program in NSW in using the Mental Wellbeing Impact Assessment methodology.

Learning Objectives 2: To understand the importance of the mental health sector working with partners across government and the community in using human-centred design and planning.

References

Down the Rabbit Hole - A Cautionary Tale. At what human cost do we continue to ignore the case against psychiatric drugs?

Debra Sobott1,2
1National Mental Health Consumer and Carer Forum, 2Mental Health Matters 2

S101: PAPERS: Safety and Stories, Level 2 - Room 6, September 1, 2017, 1:30 PM - 3:00 PM

Biography:
Debra Sobott is the parent of an adult son with a severe and enduring mental health issue. Her focus has been at the critical end of the mental health spectrum and she has worked as a mental health systems’ advocate for 10 years. Debra has been a steering group member and now Advisor to Mental Health Matters 2 and the WA Carer Rep on the National Mental Health Consumer and Carer Forum. Debra was awarded a Mental Health Good Outcomes Award for Family and Carer Involvement and Engagement and was a finalist in the Beyond Blue Inspiration Award for Wellbeing. She was invited to present at the Cairns National Seclusion and Restraint Conference and also worked with Melbourne University, contributing to the National Mental Health Commission’s Seclusion and Restraint Project. She is currently Chair of the NMHCCF working group, ‘Psychotropic Iatrogenic Disorders’ and initiated a Critical Literature Review carried out in conjunction with Curtin University on the subject ‘Adverse Effects of Neuroleptic Drugs’.

My presentation will focus on the iatrogenic effects of psychotropic medication and aim to convey an awareness of this, very important topic. The content will be derived from both lived-experience and academic research. Based on and referencing the evidence underpinning the analysis of the efficacy and ‘direct’ effects, often misleadingly referred to as ‘side-effects’ of neuroleptics. The most common misunderstanding which continues to persist today is that a ‘chemical imbalance’ exists in the brains of those with a mental health diagnosis. Despite this myth never having been supported by any scientific evidence, the misconception has validated the burgeoning use of neuroleptics in Australia today. RANZCP reported “the cost of comorbidities associated with premature death in those with serious mental illness is estimated to have been A$45.4 billion (2.8% of the GDP)”. Whilst this fact speaks primarily to the ‘economic’ burden and the financial impost on society, it does also inadvertently illustrate the human tragedy born of long term, indiscriminate psychotropic polypharmacy.

The prospect of transient mental health conditions evolving into permanent chronic diseases after long term neuroleptic treatment is more than credible. Given that neuroleptics seriously compromise both psychological and physical health, it is incumbent upon us to acknowledge these dangers and pursue treatment options that are both safe and ethical.

This critical and compelling issue sits at the pinnacle of everything we try to achieve in the sector and as such, it is our moral imperative to stop and question what we are doing. Our unwillingness to explore safe alternative treatments has created this calamitous and dire situation and, in turn, has given birth to an industry that exists entirely to fix the problems that we ourselves have created.

Learning Objectives

Learning Objective 1: The aim of my presentation is twofold, firstly to promote ‘treatment’ awareness in the public domain and secondly to encourage the clinical sector to consider a paradigm shift away from the default treatment which is focused primarily on neuroleptics.
Learning Objective 2: Speaking to the problems associated with neuroleptics is relevant to the subject of mental health by way of providing a critical evidence base to underpin ‘informed’ practice in all mental health services.

References


Illness narratives in people with lived experience of Schizophrenia.

Richard Schweizer

1One Door Mental Health

S101: PAPERS: Safety and Stories, Level 2 - Room 6, September 1, 2017, 1:30 PM - 3:00 PM

Biography:
Richard Schweizer is a consumer-researcher and consumer-advocate. His PhD, awarded in 2016, concerned the sociology of schizophrenia. His research has included ethnography, discourse analysis and semi-structured interviewing. He currently works as a Policy Officer at One Door Mental Health, and is a member of the Consumer-Led Research Network.

People with severe mental illness often develop “illness narratives” that help them understand or make sense of their illness (Bury, 2001; Williams 1984).

The presenter, a researcher with lived experience of mental illness, interviewed twelve people diagnosed with schizophrenia as part of a University of Sydney doctoral study. The study focused broadly on issues of rebuilding and maintaining identity after a diagnosis of schizophrenia. Findings relating to the development of illness narratives will be presented at TheMHS.

Illness narratives turn the experience of mental illness into a story that might be told by sufferers to relatives, friends, or mental health professionals. This story typically describes the sufferer’s pathological experience and plots his or her illness trajectory towards well-being. These stories can be important tools in helping the sufferer understand and grasp the meaning of their experience with schizophrenia, as well as healing the biographical disruption of the illness. At the same time, these stories can bear witnesses to reversals or relapses in a sufferer’s condition; there would seem to be a variety of possible narratives amongst respondents.

Illness narratives sometimes place less emphasis on the sufferer’s official diagnosis, and more on their personal understanding and explanatory models. Helping people diagnosed with schizophrenia develop their own personal illness narratives may be an integral part of their recovery journey.

Learning Objectives

Learning Objective 1: People in the audience will gain a better understanding of the ways people diagnosed with schizophrenia can understand and make sense of their illness experience.

Learning Objective 2: The topic of illness narratives is important because helping those living with the diagnosis of schizophrenia to develop such narratives may have a positive impact on their self-esteem and recovery.

References

The word is mightier than locked doors: Using consumer perspectives to change cultures of violence through the Safewards nursing model.

Indigo Daya¹, Lisa Spong¹, Rachel Gwyther²
¹Department of Health and Human Services

S101: PAPERS: Safety and Stories, Level 2 - Room 6, September 1, 2017, 1:30 PM - 3:00 PM

Biography:

Lisa Spong is a senior project officer in the Safewards Victoria team in the Office of the Chief Mental Health Nurse, DHHS, Victoria and also works at Bendigo Health as the Reducing Restrictive Interventions (RRI) Coordinator.

Rachel Gwyther qualified as a registered mental health nurse in the UK. Since coming to Australia Rachel has worked in an acute inpatient setting as a nurse, clinical nurse specialist and educator. She is a senior project officer in the Victorian Safewards team. Rachel is passionate about reducing restrictive interventions and workforce development.

Indigo Daya is a Senior Consumer Advisor at the Victorian Department of Health and Human Services, an Adjunct Research Fellow at Swinburne University, and author of a popular online blog about trauma, madness and recovery. She has worked in leadership roles across the mental health sector for more than a decade, with a particular focus on trauma-informed practice.

Everyone wants to reduce violence in mental health units: consumers, staff, managers and funders. Currently there is a common culture of coercion, compulsion and restrictive interventions towards patients and occupational violence towards staff. The concept of ‘model of care’ is not the reality for many people. How can we utilise lived experience in changing these cultures of violence and restrictive practice?

The Safewards Model is an evidence-based nursing model to reduce conflict and increase safety for patients and staff in acute units (Hamilton et al, 2016). In Victoria, Safewards is being implemented state-wide.

As part of Victoria’s Safewards implementation, a consumer advisor has been employed for the first time. The inclusion of consumer perspective in developing and delivering implementation has resulted in a range of welcomed adaptions to the model and training. Consumer perspectives have highlighted that shifting words can shift culture and ultimately improve safety. Consumer perspectives have highlighted opportunities to bring Safewards up to date with contemporary consumer perspectives, recovery research, and concepts of care rather than control.

This presentation will examine practical examples of how consumer perspectives can contribute to improvements in clinical practice, and how language use can mirror and influence the culture and violence.

Learning Objectives

Learning Objective 1: Attendees will learn about practical applications of consumer perspectives to clinical models of care, and ways that consumer perspectives can assist to address cultural issues within clinical settings.
Learning Objective 2: This presentation is relevant to any service that is invested in reducing restrictive interventions and occupational violence. It is also relevant to anyone interested in gaining an increased understanding of how lived experience can contribute to culture change.

References


FEATURED SYMPOSIUM: Embracing Wellbeing: Workplace Mental Health

Ellie Fossey, Greg Williams, Caroline Howe, Michelle Blanchard

SANE Australia, iCare, Monash University

Biography:
CHAIR: Ellie Fossey, Professor, Monash University, Australia
Professor Ellie Fossey is a registered Occupational Therapist whose academic and professional career spans undergraduate and postgraduate teaching, curriculum development and research in occupational therapy and in mental health.

Greg is no stranger to emergency services, having spent 31 years as an operational Station Officer and Firefighter within Fire & Rescue NSW, and served as a volunteer peer support member. Greg also acted within FRNSW’s Health & Safety Branch in the positions of Operational Safety Coordinator and Wellbeing Coordinator. In this role of Wellbeing Coordinator, Greg was responsible for engaging personnel and changing health culture; strategic program delivery using a risk management methodology; implementation of wellbeing projects; and facilitating and negotiating solutions to complex and sensitive issues. Greg led the On-Scene Support for the Quakers Hill Nursing Home incident on 18 November 2011; implemented the Duty Officers’ senior peers weekend CIS contact system; and delivered mental health awareness training for firefighters in fire stations throughout South Region from Berry to Eden on the Victorian border. During his career, Greg has been awarded the National Medal for Service with 1 Clasp; the NSW Fire Brigades’ Long Servicer and good Conduct Medal with 2 Clasps and the Commissioner’s Unit Commendation for Meritorious Service. Since leaving FRNSW, Greg has been consulting in Health & Safety, and working within educational institutions.

Caroline has several specialty areas which include Organisational Design for better workplaces as well as Ageing Workforce Transition programs and Research and innovations in Workers Compensation. She currently holds the position as Manager of Research and Design in icare and leads the Ufirst team. Caroline and her team create Organisational solutions for both commercial and government customers to create better systems to get better results. Developing national and international programs through research and Design that target disability and injury management systems as well as develop individualised end to end Quality Improvement, Auditing and workflow systems and new product lines. Caroline is also a qualified personal trainer. Most recently she won the award as "Institute Champion" from the Australian Institute of Fitness. Her initiative in outcome focused workplace rehabilitation led to her being awarded an excellence in industry award for innovation and excellence in personal injury management 2012 and in 2016 her business won a Workplace Excellence Award for Organisational Design. Caroline has over 20 years’ experience working in business development, specialist practitioner, teacher, advocate, facilitator, and change agent. Specialties: Ageing workforce transition, rehabilitation and fitness

Dr Michelle Blanchard is the General Manager – Policy, Research and Programs at SANE Australia, a national charity helping Australians with complex mental illness. Prior to joining SANE, Michelle was National Manager, Programs and Practice at the Butterfly Foundation. From 2011 to 2016, Michelle was Head of Projects and Partnerships at the Young and Well CRC – an international research centre which explored the role of technologies in improving young people’s mental health and wellbeing. Michelle was part of the Young and Well CRC team since its inception, project managing the bid to establish the CRC in 2010 as part
of the ReachOut Australia team. During this time Michelle was also an Honorary Research Fellow at the Centre for Youth Mental Health at the University of Melbourne. Prior to that she worked in State and Local Government on projects relating to young people’s civic and social participation. Michelle is currently a Board Member of youth mental health organisation batyr and a member of the Healthy and Cohesive Communities Grants Advisory Panel for the Lord Mayor’s Charitable Foundation. She is an alumni of the Australian American Young Leadership Dialogue and in 2015/2016 was Program Manager of this private diplomatic initiative. Michelle holds a PhD in Youth Mental Health, a Bachelor of Arts (Honours) degree with majors in Psychology and Political Science and a Graduate Diploma in Adolescent Health and Welfare, all from the University of Melbourne. In 2016, she completed a Diploma in Leadership and Management at BSchool.

Increasingly mental health and wellbeing are recognised as whole of community issues with workplaces identified as places where stress, trauma and stigma can lead to unacknowledged mental health problems. Workplaces are being encouraged to recognise these issues and to put into place programs and strategies to assist workers to maintain or regain their mental health and wellbeing. There are economic, societal and personal gains in a healthy workplace.

It is estimated that at any time 1 in 6 working aged people will experience a mental health disorder, often associated with very high personal and economic costs. Mental health problems are a leading cause of sickness, absence and long term work incapacity and some of the main health-related reasons for reduced work performance. Individuals with mental health problems and their caregivers are some of the most stigmatised and marginalised people in the workplace, often missing out on the benefits that work can offer.

This symposium highlights innovation and lived experience in an area of importance and rapid change – the workplace. It will focus on a range of workplaces and the development of innovative solutions to promote mentally healthy practices while also supporting employees with mental health issues to return to work and/or retain their position and career opportunities. The symposium will consider workplace issues such as reducing stigma, managing exposure to trauma, increasing mental health literacy and creating an open culture, through innovations such as job design and employee assistance initiatives. Factors such as identification of early signs of mental health problems through workplace initiatives and strategies will be discussed.

Topic 1: Start with your Champions – Promoting Wellbeing
Greg Williams, Station Officer 6031 (retired Fire & Rescue NSW).

FRNSW has increasingly transformed the focus of its mental health programs to be more proactive. Working with the University of NSW and the Black Dog Institute, FRNSW has developed evidence programs for firefighters, increasing manager confidence in having difficult conversations and enhancing resilience of frontline staff.

Findings from Rucker (2017) concluded that an organisation’s wellness program should start with employees’ well-being as its foundation, and employees should have a voice in the way the program is designed. Furthermore, to the extent employees can have a voice and be involved in the administration of the program, the program will likely be more effective, viable, and thrive.
To help deal with the risk of psychological injury impacting their staff, FRNSW have endeavoured to shift the focus on mental wellness from a reactive to a proactive model. If you’ve got fire fighters that are talking with other fire fighters about mental health, they’re going to listen.

The Peer Support Officer Program currently engages 91 active volunteers who act as mental health champions within their own local area commands as well as providing responsive critical incident support. Champions from within your workforce, who promote mental health, are the best way to change attitudes and cultures in an organisation.

Topic 2: Look for the change
Caroline Howe, icare

A great deal of research explores the risks of psychological injury, delves deep into the statistics of people experiencing mental health problems and tries to assist us in being able to move through the quagmire of stigma attached to mental health. The phrase “RUOK?” Is now more commonplace than ever but do we really know what to do if someone says no?

Combining the lived experience with research this session explores looking for “The Change” and the practical implications of not being ok at work for both you and your co-workers. How do you know if someone is not ok? What do you do about it? How to self-manage or support someone else and how do you protect yourself. What environments create the pressure cooker of poor mental health? How do you know if you are suddenly sliding into suicide?

This session is about opening the Pandora’s box on mental health and openly looking at practical pathways forward for individuals and businesses to create psychological safe workplaces.

Topic 3: Supporting people with complex mental illness in the workplace
Michelle Blanchard, SANE Australia

While great advances have been made in Australia in the past two decades to destigmatise conditions like depression and anxiety and to create workplace cultures that support people living with mental illness, there is still much to be done to ensure that people living with more complex mental health conditions are able to participate in the workforce free from stigma and discrimination. This presentation will explore the experiences of those with complex mental health conditions like Schizophrenia, Bipolar Disorder and PTSD in the workplace and will identify opportunities to better support their needs.

Learning Objectives

Learning Objective 1: The audience will learn about strategies and programs in several industries to promote mental wellbeing as well as decreasing stigma in the workplace

Learning Objective 2: Increasingly mental health and wellbeing are recognised as whole of community issues. The audience will gain an understanding of innovative and rigorous approaches by employers and employees to mitigate the effects of trauma and to decrease barriers in achieving better mental health.

References

Symposium - Workouts for the Brain: Brain function and technology in Mental Health

Marilyn McMurchie, Roger Gurr, Donel Martin, Jason Pace, Perminder Sachdev

S92: SYMPOSIUM 1.5 HOURS: Workouts for the Brain - Brain function and technology in Mental Health, Level 4 - Room 2, September 1, 2017, 1:30 PM - 3:00 PM

Biography:
Dr Marilyn McMurchie is a general practitioner in Darlinghurst and was asked to join TheMHS Management Committee in 2007 after presenting a conference paper entitled “General Practice is a Mental Health Service Too”. She has a long standing interest in the relationship between brain physiology and emotional life.

A/Prof Roger Gurr, Clinical Director, headspace Youth Early Psychosis Program, Uniting Recovery; Chair of the Board, the NSW Services for the Treatment and Rehabilitation of Torture and Trauma Survivors.

Dr Donel Martin is a Clinical Neuropsychologist and postdoctoral researcher in the UNSW School of Psychiatry. He is the leader of the Neurocognition research stream of the Sydney Neurostimulation Centre (SyNC) based at the Black Dog Institute, which has done pioneering work in novel treatments, conducting the first RCTs of TMS, tDCS and ketamine in Australia. He is also the senior project officer for the Clinical Alliance and Research on ECT (CARE) Network, a large network of national and international hospitals which collects a common set of clinical data with an aim to improve ECT clinical practice. Dr Martin’s research interests include non-invasive brain stimulation techniques and their associated cognitive enhancing effects, developing novel treatments for depression, and improving methods for monitoring the side-effects from ECT. He has been the recipient of two NARSAD Young Investigator Awards.

Sydney psychiatrist, Dr Jason Pace co-founded The Hills Clinic in 2004. He continues to have a busy clinical practice while developing new and innovative services to lessen the burden of mental illness in our community. In recent years he has focused his practice to the treatment of mood disorders, anxiety disorders and ADHD. In December 2014, Dr Pace launched “Sydney TMS”, Sydney’s first outpatient clinic offering Transcranial Magnetic Stimulation for the treatment of Depression.

Prof Perminder Sachdev AM MBBS MD FRANZCP PhD FAAHMS is Scientia Professor of Neuropsychiatry, Co-Director of the Centre for Healthy Brain Ageing (CHeBA), UNSW Australia, and Clinical Director of the Neuropsychiatric Institute (NPI) at the Prince of Wales Hospital, Sydney. He has published over 600 peer-reviewed journal papers and 5 books, including one for lay readers (The Yipping Tiger and other tales from the neuropsychiatric clinic).

Technological innovations are increasingly used in mental health management and are moving into mainstream clinical services especially for people with problems refractory to the usual interventions. Evidence is building for effectiveness and acceptance. These technologies are used in conjunction with medication (and sometimes as a replacement for it) which is particularly helpful to people who find the medications don’t work for them or make them physically unwell. ECT (Electro Convulsive Therapy) has been used for many years to treat depression and recently changes in the way it is administered have been delivering good results with less of the unpleasant effects such as temporary memory loss. Transcranial
Magnetic Stimulation (TMS) is a relatively new technique which is non-invasive and uses magnetic fields to stimulate the underlying brain. Biofeedback through focused EEG allows the person being treated to learn how to manage anxiety and unpleasant thoughts by being able to see changes in the brain as a result of their thoughts. Deep brain stimulation has been shown to be a viable option for some people who have depression. A doctor implants tiny electrodes in the part of the brain that regulates mood and then electrical stimulation in delivered which stimulates the mood area.

The symposium will explore each of these technologies and current results in their use. There will be time to discuss the merits and effects of these technologies with the experts who use them.

Names of speakers & topic of their talk
1. Marilyn McMurchie (chair): Introduction
2. Roger Gurr: Quantitative EEG and Neurofeedback
3. Donel Martin: Transcranial Direct Current Stimulation (tDCS): A Novel Therapeutic Treatment
4. Jason Pace: Transcranial Magnetic Stimulation (TMS) - A real alternative for Major Depression Disorder
5. Perminder Sachev: Deep Brain Stimulation (DBS) for Neuropsychiatric Disorders: The Current Status

Topic Abstract 1: Roger Gurr
Advances in technology are leading to an exponential growth in knowledge about brain structure and function. New methods of dynamic image creation, through computer processing of massive amounts of data, has enabled exploration of neural pathways and specific brain functions. Some biomarkers for mental health disorders are emerging. In turn this is enabling exploration of new treatments through influencing brain function by low voltage direct electrical current, electromagnetic stimulation and brain training through positive neurofeedback. Through functional molecular resonance imaging (fMRI) and quantitative electroencephalography (QEEG) we can measure brain changes due to psychological trauma and see the brain function return towards normal with neurofeedback and therapies such as eye movement desensitisation and reprogramming (EMDR). The presentation will report on this progress and discuss future possibilities.

Topic Abstract 2: Donel Martin
Transcranial direct current stimulation (tDCS) involves the application of a small electrical current to the brain to modulate neuronal functioning. Over the last two decades tDCS has emerged as promising novel therapy for several psychiatric and neurological conditions (e.g., depression) and has attracted widespread attention due to its excellent translation potential as a result of safety, portability and low cost. An overview of the therapeutic effects of tDCS will be provided, in addition to the challenges which need to be overcome prior to tDCS becoming accepted as a frontline treatment.

Topic Abstract 3: Jason Pace
Dr Jason Pace is a private psychiatrist who established Sydney TMS an outpatient TMS clinic service in late 2015. The presentation will outline his clinical journey with TMS and summarise where he sees TMS sitting on his treatment algorithm for treating Major Depressive Disorder. He will discuss patient selection, tolerability, effectiveness and the future of TMS.

Topic Abstract 4: Perminder Sachev
DBS involves the implantation of electrodes in the brain for the continuous delivery of weak electric current into targeted brain regions to alleviate the symptoms of severe neurological and psychiatric disorders. DBS is a well-established procedure for the treatment of advanced movement disorders, such as Parkinson’s disease, tremor and dystonia. It has also been used in the control of the movement disorder associated with severe and medically intractable Tourette syndrome. In relation to psychiatric disorders, initial research has
evaluated its use in the treatment of patients with severe and intractable obsessive compulsive disorder (OCD). It has been approved by the Food and Drug Administration for OCD treatment in the USA, but is still considered an experimental treatment for this disorder in most countries. Clinical trials into the use of DBS to depression are occurring internationally, but the benefits are not established thus far. Its use in other psychiatric disorders such as substance use disorders and anorexia is experimental. Its use in Psychiatry is controlled by legislation in many jurisdictions, and it is prohibited in New South Wales under the Mental Health Act. This talk will provide an overview of the current state of evidence for DBS in neuropsychiatric disorders and its likely place in modern psychiatric treatment.

Learning Objectives

Learning Objective 1: An Update on the use of technology in mental health care, based on physiological function.

References

Roger Gurr. Conference presentation “QEEG & Neurofeedback - Practical Benefits for ADHD, Depression, Trauma & Psychosis.” TheMHS Conference 2016, Auckland, New Zealand
Bury yourself in treasures: Explore and experience a peer-led “Buried in Treasures” group for people living with Hoarding Disorder.

Jon Kroschel¹, Cate Hale¹, Sophie Mayer¹

¹Woden Community Service

S93: WORKSHOP 1.5 HOURS: Buried in Treasures, Level 4 - Room 3, September 1, 2017, 1:30 PM - 3:00 PM

Biography:
Cate Hale has worked across public, private and not for profit sectors in marketing, events and project management. For the past two years, Cate has been the Project Coordinator of the Living Conditions Project at WCS, exploring the gaps in service and the need for a coordinated response to hoarding and squalor in the ACT. Cate has established a website for local information on hoarding and squalor, developed/delivered training for the sector, co-ordinated eight Buried in Treasures groups and organised professional development events with Professor Randy Frost and Dr. Christopher Mogan.

Sophie Mayer is a Mental Health Recovery Worker with the Personal Helpers and Mentors Program (PHaMs) and has been running "Buried in Treasures" groups for the last 18 months. Sophie holds bachelor's degrees in psychology and law and is committed to working within a responsive, person-centered framework to support participants to work towards their preferred future.

Jon Kroschel has been pro-active in the Australian Mental Health Consumer movement for over 30 years. Jon has been the Consumer Consultant for Alfred Psychiatry (Melbourne), the Director of Participatory Action Research (PAR) at Monash & Alfred Psychiatry Research Centre (Melbourne), a Director on the Board of Directors of the Quality Improvement Council of Australia and New Zealand (QIC), a Founding Member of Our Consumer Place (Melbourne) and is a member of the International Initiative for Mental Health Leadership (IIMHL). Jon facilitated the first Buried in Treasures (BIT) Groups in Canberra and has assisted staff of various organisations to establish these groups as being truly ‘Peer Led’, evaluated these groups, and supports these groups to be continuously provided for people to access.

Aim of the presentation: for participants to learn how to build a grass-roots response to excessive clutter, including running "Buried in Treasures" groups within their own communities. It is intended that the presentation will demonstrate the difference Buried in Treasures makes to a community and will allow participants to experience what it might be like to be a person living with Hoarding Disorder.

The workshop will be conducted in four distinct parts:
(1) The facilitators will walk participants of the workshop through an exercise which will allow them to experience what it's like for a person living with the challenge of Hoarding. This will give participants a deeper insight into the thoughts and feelings that often accompany this condition. The exercise will be conducted in three parts:
   a. De-role from ‘staff/manager’ to ‘person’:
      • “Please take off your name tag with your position title on it and put on a new label with your first name”.
   b. Build a reference point for the participants to receive the next lot of information:
      • “Think about some of the things that you own, which are very precious to you”. People may think of baby clothes, photos of loved ones etc.
• “Imagine that someone takes those items away from you without giving you any choice in the matter. This can be what many participants experience when faced with a clutter challenge”.

c. After the mock Information and Buried in Treasures Session, return participants to their roles:
• “Think about the role that you have in your workplace. How could you use the information you learnt today in your organisation to run a successful Buried in Treasures group?”

(2) Mock Information Session: This will allow the facilitators to provide participants with an overview of the course. The focus will be what is done differently in the Canberra “Buried in Treasures” groups. For example:
• Grassroots/ Canberra Living Conditions Network and the importance of seed funding;
• Peer led and low to no cost;
• Post groups and hands on support;
• Data collection Canberra-wide, assisting the whole community;
• Education and support for the wider community: family, friends, neighbours, workers.

(3) First session of a peer-led “Buried in Treasures” group: Finally, the facilitators will present the first “Buried in Treasures” session, adapted to cover a few small exercises, relevant to participants of the workshop. This will provide participants with practical experience of a peer-led workshop, providing insight to what people with this challenge experience in these groups.

(4) Q and A session will be provided at the end of the workshop.

Learning Objectives

Learning Objective 1: Hoarding is often misunderstood and highly stigmatised. Participants of this workshop will gain an understanding of what can be achieved through collaboration of the community at a grassroots level (for example addressing gaps in services, seed funding and network of supports), to begin addressing the impact of excessive clutter.

Participants will also understand the positive (for example, increased understanding and insight) and negative (for example, lack of experience in a group facilitator role) features of employing peer facilitators and the processes through which organisations can bring “Buried in Treasures” to their own communities.

Learning Objective 2: “Buried in Treasures” specifically supports participants to begin to understand their own predicament and what can be done to reduce their clutter. In addition, many “Buried in Treasures” participants experience a high level of comorbidity or life experiences that impact their experience of hope and recovery. They gain support from peers with the same disorder, gain a recovery focus from the peer facilitators and on-going support beyond the group (for example, continuation of group peer-support in the Golden Shovel Club or Finder/Keeper Groups) to continue to work towards their preferred future.

References


Wellbeing is everybody’s business – providing leadership for the promotion of wellbeing in NSW.

Katrina Davis\(^1\), Alex Barwick\(^1\)

\(^1\)Mental Health Commission of NSW

S94: PAPERS: Paths to Wellbeing, Level 4 - Room 4, September 1, 2017, 1:30 PM - 3:00 PM

**Biography:**
Katrina Davis is a Senior Advisor for the Mental Health Commission of NSW with oversight for areas including wellbeing, consumer participation, peer work and workplace mental health. Prior to this Katrina was responsible for the delivery of mental health promotion projects including Mental Health Month NSW through Way Ahead. Good work, family, friends and chocolate cake support Katrina’s mental health and wellbeing.

Alex Barwick is an Advisor for the Mental Health Commission of NSW where he works across the wellbeing and children and young people portfolios. Alex is also an inaugural member of the Youth Advisory Council at Orygen, the National Centre of Excellence in Youth Mental Health. He is passionate about the potential of wellbeing to reframe old problems and empowering people to shape the system that serves them.

This presentation explores the importance of wellbeing for people with lived experience, their families and carers and the broader community. The NSW Mental Health Commission was established in 2012 for the purpose of monitoring, reviewing and improving the mental health system and the mental health and wellbeing of the people of NSW. To meet the Commission’s function to improve wellbeing for the NSW community the Commission established the NSW Wellbeing Collaborative with key government and non-government partners. The Collaborative aims to promote awareness across government and the community that wellbeing is ‘everybody’s business’ and provide leadership for the promotion of wellbeing. This presentation will provide an overview of the work of the Collaborative to date and the resources it has produced. It will also explore some of the contemporary debates in wellbeing science including how wellbeing should be defined and how it should be measured and by who.

**Learning Objectives**

Learning Objective 1: To explore current debates in the conceptualisation, measurement and promotion of wellbeing and understand current activity in NSW to promote a wellbeing focus across government and the community.

Learning Objective 2: To understand the importance of cross-sectoral collaboration for the promotion of the wellbeing.

**References**

Mental Health Commission of NSW. (nd). NSW Wellbeing Collaborative https://wbcnsw.net/


DOI: http://dx.doi.org/10.1787/9789264191655-en
Snapshots: Therapeutic Photography Group Activity in Waratah Adult Mental Health Unit.

Aileen Lane\(^1,2\)
\(^1\)Waratah Adult Mental Health Unit, Campbelltown Hospital, South Western Sydney Local Health District, \(^2\)School of Nursing and Midwifery, Western Sydney University

S94: PAPERS: Paths to Wellbeing, Level 4 - Room 4, September 1, 2017, 1:30 PM - 3:00 PM

Biography:
Aileen Pamonag Lane has been a Registered Nurse for 20 years and is a Clinical Nurse Specialist in Waratah Adult Mental Health Unit in Campbelltown Hospital. She has extensive experience both here in Australia and in Ireland in specialised areas such as medical & surgical, rehabilitation, oncology, aged care and palliative care nursing. She has been working in South Western Sydney Local Health District since 2004 and joined Mental Health Nursing in 2008. Currently, she is working as a casual academic and is studying towards further research in Mental Health Nursing and photography. She is passionate about utilising and merging adult learning and creative therapies to aid recovery in mental health consumers.

Snapshots is a therapeutic photography group program which has provided the opportunity for nurses to strengthen their collaborative partnership with consumers. Photography has allowed consumers to capture moments which provide meaning to their lived experience and empowers them to share their stories amongst their peers in a therapeutic environment. Consumers were provided with a tailored photography package and were guided by nurse to explore their surroundings during supervised leave and reflect on their current mental state and recovery through the use of a journal. At the end of each week, consumers were encouraged to discuss and reflect on their week with their peers. With consumer consent, a slide show was displayed each week to showcase the work of the consumers and this was exhibited in the reception area for consumers, visitors and staff to view. During the feedback process, consumers identified that they have benefited from this program through increased socialization, improvements in physical health and psychoeducation. They have found it has enabled them to reflect on their recovery journey and better understand how their emotions and feelings were influenced by the world around them. Consumers reported that discussing their emotions and experiences with their peers and nurses was therapeutic. The program has shifted the ward culture and strengthened the partnership with consumers in their recovery journey. This project has paved the way to move forward in partnership with consumers and develop further initiatives based on the feedback received during the evaluation process.

Learning Objectives

Learning Objectives 1: The audience will be informed about the effectiveness of using photography and reflection in addressing issues such as socialisation, physical health & psychoeducation in mental health.

Learning Objectives 2: The project has significant value in mental health as it focuses on the importance of consumer-centred care and nurturing partnerships with consumers by delivering safe and quality nurse led group activities in an acute mental health unit.

References

‘A little sanctuary’: An evaluation of the impact for participants of a rooftop horticultural therapy program in inner Sydney.

Fiona Orr¹, Sara Wilkinson¹
¹University of Technology Sydney

S94: PAPERS: Paths to Wellbeing, Level 4 - Room 4, September 1, 2017, 1:30 PM - 3:00 PM

Biography:
Fiona Orr is a Registered Nurse and a lecturer at the University of Technology Sydney. Her teaching and research interests include recovery-orientated nursing practice, and the use of educational simulations to develop nurses’ communication skills and empathy for health care consumers. In 2015 she received an Australian Universities award for transforming nursing education through innovative simulations and collaborations with mental health consumers.

Dr. Sara Wilkinson is an Associate Professor at the University of Technology Sydney. She works at the intersections of sustainability, change, and urban development and transformation. Her research aims to improve outcomes of urban development in respect of the most pressing challenges: climate change, energy and water use, and a growing, increasingly urbanised global population. Sara engages in trans-disciplinary research with colleagues from science, health, business and technology as well as built environment disciplines.

Green spaces enable people to engage in activities that promote physical exercise, increase opportunities for social interaction, and contribute to reducing stress and improving mood (Lee, Jordan & Horsley 2015). Horticultural therapy (HT) is an activity that utilizes green space, plants and gardening activities to increase social interaction, improve health and wellbeing (Granerud & Eriksson 2014; Soderback et al 2004), and assist in recovery from mental illness (Gonzalez et al 2011; Granerud & Eriksson 2014).

The aim of this paper is to present the findings of a study investigating the impact for participants of a HT program conducted on a rooftop garden in Sydney. The eight-week HT program was delivered on the rooftop garden of the St Cannice’s Church, in inner Sydney. The space contained garden beds with a range of vegetables, herbs, and flowering plants. The participants had used mental health services and chose to attend the HT program.

Six participants attended semi-structured focus group interviews at the conclusion of the HT program. A thematic analysis of the interviews revealed benefits related to: health and wellbeing, social connection, knowledge and skill development, and sanctuary of the garden space.

This study identified the range of benefits of a rooftop HT program in a dense, inner city area and the positive findings highlight the need for inclusion of HT programs in health services for people recovering from mental illness.

Learning Objectives

Learning Objective 1: Participants in this session will gain an understanding of the benefits of rooftop horticultural therapy programs for participants’ health and wellbeing.
Learning Objective 2: This topic is relevant to mental health services and mental health issues as it demonstrates the need for inclusion of green spaces for horticultural therapy programs that can contribute to participants’ recovery from mental illness.

References
Consumer and Carer Engagement in Mental Health Services: Brisbane North Mental Health, Suicide Prevention, Alcohol and other Drugs Reforms.

Paula Arro 1
1Brisbane North PHN

S95: SNAPSHOTs: Partnerships with Families, Level 4 - Room 5, September 1, 2017, 1:30 PM - 3:00 PM

Biography:
Paula is the Consumer and Carer Participation Coordinator for Mental Health and Alcohol and Other Drugs at the Brisbane North PHN and a person with a lived experience of mental health, alcohol and other drugs. Her role includes coordinating all consumer and carer engagement, ensuring involvement in multiple levels of service delivery and design across the region and that best practice engagement policies and procedures are followed.

The Brisbane North Primary Health Network (PHN) has used its new role for commissioning mental health, suicide prevention and alcohol and other drug services as a challenge to take consumer and carer (C&C) involvement to the next level. This presentation is a snapshot of how the PHN has built on and embedded consumers and carers in co-design throughout the commissioning cycle.

Central to the PHN’s approach is its regional framework and peer participation network. Part think-tank, part network, every meeting is driven by the things the C&C’s want to hear more about. Guest speakers, discussion spots, and service highlights are mashed up with generous feedback time so everyone has a chance to contribute and have their voice heard.

The network has also been directly responsible for initiating and showcasing the range of opportunities it has opened up to C&C’s. These are in a number of areas and examples will be provided in two areas. The first directly supports C&C’s to develop their own skill-base via scholarship, sponsorship and subsidy initiatives. So far this has included giving C&C’s the opportunity to complete Mental Health First Aid certificates at no cost, as well as co-producing—with a leading vocational training organisation—a supported program for C&C’s to complete a Cert IV in Mental Health and Certificate IV in Mental Health Peer Work.

The second area supports C&C’s to become involved in strategic, organisational and regional development. Initially sitting on the PHN’s Partners in Recovery Governance Committee, this has since extended to include becoming lived-experience evaluators of services, along with sitting as equal members on numerous tender assessment panels, regional planning and co-design opportunities to deliberate and action the future direction of services (both existing and where new funding has become available). And all this within one year!

As the peer participation network continues to grow, this presentation is a dynamic reflection of the enthusiasm of its members, the learnings and active improvements the PHN has undertaken and a showcase of what’s possible when all are challenged to become active partners in the services that affect them.

Learning Objectives
Learning Objective 1: Strategies to build a regional framework to engage consumers and carers in all levels of the mental health system

Learning Objective 2: Strategies for building a peer workforce in a regional area to enhance mental health services

References
Health Workforce Australia (2014) Literature review: Peer Workforce
Building the capacity of Carers in advocacy and self-management.

Pauline D’Astoli

S95: SNAPSHOTS: Partnerships with Families, Level 4 - Room 5, September 1, 2017, 1:30 PM - 3:00 PM

Biography:
Pauline is a full time mental health carer for a family member and mental health advocate. Now "retired", her professional background was in education where she was a primary school principal. Pauline belongs to the carer support groups - Peninsula Carer Council and Inner South Family and Friends. Currently, she holds consumer positions with Peninsula Health on the Mental Health Community Advisory Group, and, the Consumer Participation Steering Committee. In 2018, Pauline will be presenting a course at MIND Recovery College "Reflection: A Powerful Tool for Carers".

Carers of family members with an acute chronic mental illness know full well of the many barriers and failings in a health system where there is a wide disparity between the levels of care for physical vs mental health issues. The life expectancy of people with a serious mental illness is up to 30% shorter than the general population. This needs to be changed. Over a long period of time, the carer acting in many roles, such as “advocate” and “care coordinator”, needs to find incredible reserves of strength and determination to gain appropriate services and support for the mentally ill family member whose physical health care is often neglected.

I have developed a reflective action tool to assist me work through difficult emotions to plan a course of action in dealing with professionals and services. This is a tool for me as a carer, when I encounter difficulties, challenges or adverse situations that negatively impact on me in my role of carer/advocate for my family member. I acknowledge my anger and work through this situation to gain clarity about action that addresses and possibly resolves the situation to improve my ability to act for my family member.

Learning Objectives

Learning Objective 1: To learn of a tool that will assist mental health carers record and reflect on the issues and challenges they face engaging with services, and, clarify a course of action that will lead to a better outcome for their family member and the carer.

Learning Objective 2: Because of the consequences of mental and physical comorbidity in people with a serious mental illness, all parts of the mental health system must recognise that people with a mental illness have the same rights to high quality health care as exists for Australians with a physical illness.

References

Partnering to ensure improvements in longer term outcomes for families through early recognition, intervention and support of mental health carers.

Debbie Childs¹, Julie McChesney¹
¹Helpingminds

S95: SNAPSHOTS: Partnerships with Families, Level 4 - Room 5, September 1, 2017, 1:30 PM - 3:00 PM

Biography:
Debbie Childs is CEO of HelpingMinds, a West Australian Mental Health and Carer Support organisation. Debbie leads a team of 80 to deliver quality support services to people experiencing mental ill health and their families.

Having enjoyed over 25 years in the television industry Debbie made the decision to move into the ‘not for profit’ arena.

Debbie has lived experience as a Mental Health Carer, and is a passionate advocate within the sector. She currently holds seats on several committees and, over the last two years, Debbie has been an active member of the steering committee developing the new national guide: “A Practical Guide for working with Carers of People with a Mental Illness”.

Debbie brings a wealth of experience both in the management of smaller ventures and larger corporate enterprises as well as extensive experience as a Board Director with both not for profit and commercial businesses.

About HelpingMinds and Key Partnerships.

For more than 40 years HelpingMinds has supported the whole family through their recovery journey. HelpingMinds constantly seeks to improve carers access to support and to better engage with mental health carers through different models of service delivery.

We will discuss 2 partnerships which address the need for early recognition, intervention and support of mental health carers, to ensure improvements in longer term outcomes for carers and families. We will report on these interventions and engagement strategies.

Partnership 1 – Outcare and the Start Court (Mental Health Diversion court)

HelpingMinds works with Outcare to support carers of people in the criminal justice system who have co-occurring mental health issues.

Outcare specialises in working with people prior to and after their release from prison as well as those at risk of becoming embedded in the criminal justice system.

The Start Court is Western Australia’s mental health diversion court. HelpingMinds works with the Start Court team to ensure that mental health carers are referred for support.

*HelpingMinds counsellors and peer workers to support prison visitors who are Mental health carers
*Outcare provides HelpingMinds Carer Packs to prison visitors who are Mental health carer
*HelpingMinds helped Outcare establish an effective recruitment process for their carer peer and provided a Carer Peer mentor
*Outcare and Start Court refer mental health carers to HelpingMinds for education, support groups, peer support, respite and counselling.
The Police Co-Response team is being trialled in 2 regions of Perth. It responds when there is a callout which involves a mental health episode or someone threatening self-harm and includes police who self-nominate (and receive specific training) and a clinician. HelpingMinds is working with this team:
* Provide Care Packs which the police are educated to leave when they identify a mental health carer. Police are recording when on the packs are issued.
* Care Packs include information about the Start Court, the Drug Diversion Court, carers rights under the Mental Health Act, contact details for HelpingMinds.
* HelpingMinds is recording all contacts that are initiated from the Co-response team.

**Learning Objectives**

Learning Objective 1: Lessons from HelpingMinds' work with the Mental Health Diversion Court - the Start Court - and Outcare to support carers of people in the criminal justice system who have co-occurring mental health issues.

Learning Objective 2: Outcomes and issues managed in working with the Police Co-Response team in 2 regions of Perth when callouts involve mental health or someone threatening self-harm.

**References**

We are monitoring and will report on outcomes for families as a result of these collaborations.
Overcoming a family’s mental distress.

Judith Nicholas

S95: SNAPSHOTs: Partnerships with Families, Level 4 - Room 5, September 1, 2017, 1:30 PM - 3:00 PM

Biography:
Judith has been advocating in the mental health system for the past sixteen years using the lived experience of four family members including her own. Close observation and her personal experience has become vital for her to share the journey. Working and advocating for thirty years as a trained nurse in the aged care sector has enabled her to use the acquired skills, recognising how easily the wealth of knowledge, awareness, empathy, intuition, sharing, connectedness, recognising genetic ties and most importantly love can be adapted and strengthen all areas of the health system. The learning process never ends, providing opportunities to expand the inspiration to give to others the chance to raise their awareness, reduce stigma and bring about change.

The aim of this presentation is to make known to health professionals the lived experiences of a family of four who all struggled with mental disorder. The audience will learn of the way in which domestic violence in the form of emotional abuse can become an extremely negative experience that can pervade all aspects of family life. The abuse can fuel insecurities which threaten positive lifestyles causing the family members to develop methods to counteract the force. The methods may sometimes be counter-productive as there are no rules to live by. Symptoms are at risk of being exacerbated by conflict, or by methods either overt or concealed that are destructive to a “normal” family life. The author will share how her spirituality and her drive for advocacy assisted change for a better outcome.

Learning Objectives

Learning Objective 1: To raise awareness of the problems faced by a whole family who experience the same and different symptoms of mental disorder.

Learning Objective 2: Understanding the need for a whole family to be treated simultaneously.
Diversity responsiveness and the cultural portfolio holder role in improving multicultural consumer experiences of mental health services.

Jan Cansu Kilicaslan¹, Harvey Tuck², Brigid Ryan¹
¹St Vincent’s Hospital Melbourne, ²Victorian Transcultural Mental Health

S95: SNAPSHOTs: Partnerships with Families, Level 4 - Room 5, September 1, 2017, 1:30 PM - 3:00 PM

Biography:
Jan Kilicaslan is a Senior Social Worker and Project Officer with St Vincent’s Hospital Melbourne Mental Health Department. She has worked as a mental health clinician in the United States as well as in Australia, and focuses on enhancing service delivery practices as part of her current role.

Harvey Tuck’s work at VTMH is supported by 40 years public mental health experience across culturally diverse settings in Australia and overseas. His private practice focused on male social conditioning, stereotypic roles, manifestations of power, violence and the trauma associated with that. Harvey’s approach is committed to diversity responsiveness, framed within collaborative partnerships, shaped by systems theory, informed by feminism, focused on recovery, addresses trauma and is coherent with Buddhist philosophy.

This snapshot presents clinical mental health service collaboration with Victorian Transcultural Mental Health (VTMH), a state-wide education and service development unit, forming a group of portfolio holders for the purposes of leading cultural diversity initiatives across that service. The St. Vincent’s Mental Health Cultural Portfolio Holder (CPH) network is made up of consumer and carer representatives, clinicians, psychiatrists, and project coordinators. The program addresses structural challenges and responds to a more nuanced understanding of the social determinants of health, intersectional issues, diversity, and individual mental health experiences. While seeking to provide opportunities to work in unique and effective ways to improve cultural safety in mental health services, CPHs have identified a number of limitations that are represented at systemic and organisational levels, leading to developments in diversity responsiveness which expand well beyond language, ethnicity and geographical origins. Supported by VTMH, the CPH program is designed to assist organisational capacity to implement diversity-responsive strategies. Areas highlighted in this discussion include historical markers, strategies used to embed cultural reflection into everyday mental health practice including: service review and planning, Cultural Responsiveness training, cultural conversations, secondary consultations, and initiatives that promote cultural safety. We explore how the group has evolved, shrunk, grown and adapted in response to a range of contextual factors. This service development program is in line with current Commonwealth and State Mental Health initiatives, prioritising the core value of diversity-inclusive approaches with consumers.

Learning Objectives

Learning Objective 1: Audiences will better understand the origins of the Victorian mental health Cultural Portfolio Holder program, and how it works to respond to mental health legislation, policies, standards and frameworks

Learning Objective 2: Within the context of a diverse Australian population, this topic is central to all forms of mental health practice, as it tackles the challenges related to diversity responsiveness in clinical care.

References
A lifespan of lived experience.

**Elsie Cairns**

*Southern Adelaide Local Health Network*

S95: SNAPSHOTs: Partnerships with Families, Level 4 - Room 5, September 1, 2017, 1:30 PM - 3:00 PM

**Biography:**

_Elsie Cairns is in her senior years working in Mental Health for ten years as a Peer Specialist and has been fortunate to observe many positive changes and improvements for the Peer workforce and Mental Health consumers. Is a proud advocate for consumers and the authentic value of the Peer workforce_

As a consumer I have witnessed change; services are more inclusive, seeking and valuing our views, ideas and concerns, e.g. contributing towards the development of mental health policies and reform etc.

How can I best share my lived experience with our consumers/patients contributing towards making positive recovery an outcome?

Age is not a barrier, my wealth of lived experience enables me to communicate with various ages.

Working ten years as a Peer specialist in Adelaide’s Margaret Tobin Acute Mental Health facility, I have witnessed and participated in changes to the Peer workforce. There have been challenges to overcome, e.g. stigma, attitudes, and acceptance. I now feel and see that we are recognized, valued, respected members of our multidisciplinary team and acknowledged that we can contribute to our peer’s well-being.

It’s about making connections, listening, building rapport and trust, creating opportunities for open conversations, letting people know they are not alone.

Peer workers bring a genuine response to individuals’ mental health issues and concerns, by sharing their lifespan of lived experience, truly empathizing with others, sharing mutual understanding and emotions. We are examples of resilience and hope, we exemplify that recovery is possible.

I believe we have proven our authenticity by sharing our life span of experiences, learned emotional intelligence, and we are now an integral part of the Mental Health workforce.

**Learning Objectives**

Learning Objective 1: The authenticity of the Peer Worker and their valued role in Mental Health recovery. Age is not a barrier we have a lifespan of experiences to share.

Learning Objective 2: The Peer workforce bring a non-clinical perspective to Mental Health issues in partnership with professionals to aid in Mental Health well-being and recovery.
Evaluating the teaching of mental health recovery concepts in clinical psychology training.

**Joanne E. Taylor**1, Sarah E. Gordon2

1School of Psychology, Massey University, 2Department of Psychological Medicine, School of Medicine and Health Sciences, University of Otago, Wellington

S96: PAPERS: Thinking It Through, Level 2 - State Room, September 1, 2017, 1:30 PM - 3:00 PM

**Biography:**
Jo is a Senior Lecturer in Clinical Psychology and Coordinator of Clinical Psychology Training at the Manawatu campus of the School of Psychology, Massey University.

Mental health service user perspectives are a critical part of training people to work in the various disciplines involved in providing mental health services. For example, nursing, social work, and psychiatry disciplines are increasingly engaging service users to develop, implement, and evaluate service user-led and recovery-focused teaching into their training programmes. However, the teaching of psychology has not typically included service users in this capacity, which is especially problematic when the teaching involves professional training, such as in clinical psychology. It is crucial that students who are training to become clinical psychologists are exposed to service users’ views of their experiences as well as the principles and practice of recovery. This paper briefly describes the initiatives taken in the clinical psychology training programme at Massey University since 2015 to start to address this need, and presents preliminary results from an ongoing evaluation of the outcomes of a service user-led and recovery-focused tutorial on students’ attitudes about mental illness.

**Learning Objectives**

Learning Objective 1: By attending this presentation, the audience will learn about the recovery-focused initiatives in the clinical psychology training programme at Massey University to date, and the outcomes of our tutorial evaluation on students’ attitudes about mental illness.

Learning Objective 2: This topic is relevant to mental health services and mental health issues as it relates to the education and training of clinical psychologists to work with people with experience of mental distress.

**References**


COMMUNE - coproduced mental health nursing education: A consumer perspective.

Julia Bocking¹
¹Synergy Nursing & Midwifery Research Centre

S96: PAPERS: Thinking It Through, Level 2 - State Room, September 1, 2017, 1:30 PM - 3:00 PM

Biography:
Julia has a fifteen year history of advocating for mental health consumers in a variety of community, government and now academic settings. She is a current PhD (Public Health) student at the University of Canberra. Her thesis topic explores the optimal structures for supporting Consumer Consultants in public mental health services. Julia draws on her own experiences of illness, service use and recovery to inform her work. She believes the current response to mental illness can cause harm and needs a new approach.

COMMUNE is an innovative three-year research project between five European universities and the University of Canberra. It aims to create a co-produced learning module to be taught as part of the tertiary mental health nursing curricula. The resistance to consumer participation in the delivery of services is well documented, as is the negative attitudes towards consumers held by many clinical professionals. This project is taking a different approach.

An academic from each of the universities have partnered with a consumer to ensure the entire product is co-produced. The module content is drawn from focus groups held with consumers to determine the characteristics of an ideal mental health nurse. The data was analysed thematically by a consumer academic. The team met in Iceland in May 2017 to compare our analyses and draft the module. Consumers had our own meetings as well as the formal agenda. Once the module is finalised it will be taught by a consumer educator. It is hoped this approach will embed recovery in new mental health nurses, both in attitude and practice. Consumer perspectives added huge value to this exciting research.

Learning Objectives

Learning Objective 1: The key challenges and benefits of co-produced work

Learning Objective 2: Current consumer perspectives on the features of an effective mental health nurse

References


Oh, now I get it! Helping students link theory to practice using visual guides during practice education.

Emily Price

1HNE Health Morisset Hospital Psychiatric Rehabilitation Service

S96: PAPERS: Thinking It Through, Level 2 - State Room, September 1, 2017, 1:30 PM - 3:00 PM

Biography:
Emily Price is the Occupational Therapy Team Leader at Morisset Hospital and Conjoint Lecturer at the University of Newcastle. This dual role has meant that Emily has a passion for helping students link theory and practice together.

When students attend practice education at Mental Health Services they are required to consolidate a theoretical backdrop into very real world practice. This is a challenge and will only be possible if the practice educator has a sound knowledge of adult learning styles and some practical tools to guide the student through this transition.

The Funnel Prompting Tool is a visual graded prompting guide that is used in student education as well as in the clinical setting for skills building with consumers and intervention design and communication with the multidisciplinary team.

The Clinical Reasoning Triangle is a visual tool that practice educators can use to demonstrate to students how practice models, frames of reference and scope of practice all link together.

The Frame of Reference Nutshell is a visual guide that practice educators can use with students to develop and assess the student's clinical reasoning skills further specifically in selecting a frame of reference to guide the intervention.

This paper discusses both the literature on adult learning styles as well as practical tools designed by Emily Price that are in use by Occupational Therapists at various mental health services across NSW.

Learning Objectives

Learning Objective 1: Clinicians will gain strategies to implement to meet the needs of students undertaking practice education. The wider audience will gain understanding of different types of learning styles in adult education and what current tools are being used in educating students and clinicians in practice.

Learning Objective 2: Effective training of the next generation of students embarking on their career in mental health services is critical to the quality of mental health care now and in the future. If Students are not able to link the theory to practice effectively - evidence based practice is compromised.

References


Changing minds through stories of lived experience: The impact of first person accounts of recovery during mental health training.

Alison Bell\textsuperscript{1}
\textsuperscript{1}One Door Mental Health Education and Training

S97: SNAPSHOTS: The Impact of Lived Experience, Level 2 - Room 2, September 1, 2017, 1:30 PM - 3:00 PM

\textbf{Biography:}
Alison Bell has been working in the mental health field for the past 30 years and has qualifications in Nursing and Psychology. For the past three years, Alison has been employed as the Clinical Leader with One Door Mental Health Education and Training. Alison had been involved in training and mentoring consumers and carers to share their experience of living with mental illness and their recovery journey.

It has clearly been established that people living with mental health conditions continue to be subjected to stigma and discrimination across a range of areas including media, health care and within the workforce. One effective way to reduce the misperception surrounding mental illness has been to provide increased opportunities for people to share their personal accounts of mental health recovery. Providing support for people to safely and effectively share their stories across a range of platforms and settings is essential to the process.

This paper will firstly provide qualitative evidence of the impact of including personal accounts of living with mental health conditions and recovery within a range of mental health education settings. Evaluations from participants attending mental health training will attest to the impact of story-telling on beliefs and attitudes towards people living with mental health issues. Secondly, this paper will provide suggestions on how to support people to safely and effectively share their stories of lived experience. Finally, this paper will highlight the impact of sharing personal experiences on individuals' recovery journey.

\textbf{Learning Objectives}

Learning Objective 1: By attending this presentation the audience will gain a greater understanding of the power of personal accounts as a key strategy for reducing the stigma and discrimination experienced by people living with mental health issues.

Learning Objective 2: This paper will provide some guidelines for supporting people to share their lived experience of mental illness and recovery in a safe and effective way.

\textbf{References}

Recovery in Partnership; how a husband and wife continue strong despite her struggle.

Ellie Hodges¹, Shaun Hodges

¹Ellie Hodges

S97: SNAPSHOTS: The Impact of Lived Experience, Level 2 - Room 2, September 1, 2017, 1:30 PM - 3:00 PM

Biography:
Ellie is a Counsellor & Lived Experience Practitioner. She has worked as a practitioner, manager and educator in the NGO sector and has her own Counselling Private Practice. At the heart Ellie’s life and work is her commitment to innovation and social justice. Ellie no longer remains silent about her experiences with anorexia, childhood sexual abuse and continuing to live well with complex-PTSD. She is an advocate/activist for all people affected, working from the ground up to influence change. Ellie knows that none of this would be possible without the support of her partner of 20 years, Shaun, and the two little people that they parent together.

Shaun has his own experience of being a partner to someone whose life was on the line and finding his own way through. He believes that partners need recognition and support too and is speaking up to highlight this perspective.

During their relationship Shaun and Ellie have had to manage significant mental health issues that took years to stabilise and get to the point where they felt like they had a handle on them. Ellie’s struggle with anorexia and complex-PTSD led to numerous hospitalisations and separations that took a toll on the relationship and, surprisingly, strengthened it.

Throughout their presentation Shaun and Ellie will each speak about their experiences during the toughest times, sharing what was difficult and the things that they did to get through from their own unique perspective. They will talk together about the decisions and moments that stand out as critical recovery and healing points before sharing the unknown ways that their tough times add to the life they share together now.

Through sharing their story Shaun and Ellie offer hope and guidance for other people in relationships, or those professionally supporting people with mental health issues and/or partners, with recovery and healing.

Learning Objectives

Learning Objective 1: People will gain insight into how recovery and healing happens in relationships and guidance for how they can approach it themselves, with their partners or with the people that they support professionally.

Learning Objective 2: Mental health issues do not occur in isolation or only for individuals. Many people who experience mental health issues are in relationships which are impacted by the struggles and benefit from a partnership approach. Frequently however, partners have their own experiences that are either dismissed or addressed separately and even rarer is a chance to hear from two people who have been strengthened by their shared, yet separate, experience of recovery and healing.

References
A new initiative - consumer leadership influencing mental health advocacy.

Wanda Bennetts\textsuperscript{1}
\textsuperscript{1}Independent Mental Health Advocacy/Victoria Legal Aid

S97: SNAPSHOTS: The Impact of Lived Experience, Level 2 - Room 2, September 1, 2017, 1:30 PM - 3:00 PM

Biography:
Wanda has a background in education. She has worked in consumer roles since 2000, including Consumer Consultant, researcher, educator, advisor, freelance worker and consumer portfolio holder at the Department of Health and Human Services. Her passions are: positively influencing services; staff education & training; advance Directives and consumer workforce issues. Wanda has undertaken research around the consumer workforce in Victoria and produced the report called 'Real Lives, Real; Jobs'. Her current role is Senior Consumer Consultant for the new Victorians Independent Mental Health Advocacy (IMHA) service which is the first of its kind in Australia.

Victoria Legal Aid and the new Independent Mental Health Advocacy (IMHA) service are trail blazing in respect to Consumer Leadership and engagement in a legal context.

The lawyers and advocates work within the context of the Victorian Mental Health Act 2014 that has an overarching principle of recovery focused practice. What that means from a lived experience perspective was critical to the establishment and ongoing development of IMHA and therefore, they created their first senior consumer consultant role that sits across the legal and non-legal advocacy settings. This development was driven by an acknowledgment of the importance of consumer leadership to outcomes for consumers and service design, delivery and evaluation.

This presentation aims to show how the work to date has been focused on establishing awareness of consumer leadership and building some solid foundations for ongoing work. The senior consumer consultant from IMHA will present on her experience of establishing the role, and how it is envisaged that consumer leadership will influence the services into the future. Lessons learnt regarding engaging an organisation outside of the mental health sector will also be shared.

Learning Objectives

Learning Objective 1: The audience will gain an understanding of the opportunities and challenges of establishing consumer leadership within a new legal advocacy context.

Learning Objective 2: It will also gain some understanding of what consumer leadership looks like on a practical level as the foundations are being built within this space.

References

http://recoverylibrary.unimenlb.edu.au/ accessed 1.3.17

Victorian Department of Human Services, (2009), Strengthening consumer participation in Victoria's public mental health services: Action Plan
Creating change through lived experience expertise – Wellways' use of lived experience in supporting individuals, families and the community.

Kate Higgins¹, Ben Matthews¹
¹Wellways Australia

S97: SNAPSHOTS: The Impact of Lived Experience, Level 2 - Room 2, September 1, 2017, 1:30 PM - 3:00 PM

Biography:
Kate Higgins is the Regional Manager, Quality and Service Development at Wellways Australia. Kate has over twelve years’ experience in mental health. Kate currently oversees peer workforce development, carer and consumer participation, peer and community education at Wellways.

Ben Matthews is the Manager, Peer Workforce Development at Wellways Australia. Ben has been a Chair of the Mental Health Consumer Network ACT and currently sits on the Ministers Expert Disability Panel. In 2014/2015 Ben was awarded the ACT Mental Health Week Award for Outstanding consumer contribution to sector development. Ben is currently overseeing lived experience workforce development at Wellways.

Wellways Australia is a not for profit mental health and disability support organisation, providing services across Victoria, New South Wales, ACT, and Tasmania. Wellways Community Recovery Model highlights the importance of working with individuals, families, friends and the community to support recovery and create more inclusive communities. Lived experience expertise is central to this model.

This presentation aims to provide the audience with an overview of Wellways’ approach to utilising lived experience expertise in supporting individuals, families, friends and the community. This includes providing individual peer support across all services, peer-led education programs and engaging with community groups through lived experience education and advocacy.

The paper will include a summary of the models of practice and research based approaches adopted by Wellways such as Intentional Peer Support, the CHIME model of recovery, community inclusion principles, and relational recovery. The audience will also be provided with an outline of Wellways Lived Experience Workforce framework which is central to the successful implementation of Wellways lived experience support and services.

Change in mental health must have lived experience expertise at the forefront of that change.

Learning Objectives

Learning Objective 1: Audience members will gain knowledge on how lived experience can be utilised to create change for individuals, families, friends and the community. This includes knowledge on research based approaches and models of practice that underpins this work.

Learning Objective 2: This topic is relevant to improving outcomes for people who experience mental health issues, their friends and families and in strengthening communities.

References
Problematic hoarding and learning from lived experience.

Leanne Craze<sup>1</sup>, Julie Davenport<sup>1</sup>, Judith Nicholas<sup>1</sup>, Douglas Holmes<sup>1</sup>

<sup>1</sup>Hume Community Housing Association

S98: PAPERS: Custody and Order - Using Lived Experience, Level 2 - Room 3, September 1, 2017, 1:30 PM - 3:00 PM

**Biography:**
Leanne, with a PhD (UNSW, Faculty Professional Studies), Graduate Diploma Science (Climate Change and Resource Management (UWS), and Bachelor Social Work Honours 1 (UNSW) has provided independent consultancy services since 1990.

Judy, is a nurse by training who generously commits her time to sharing from her personal experience of depression, obsessive compulsive disorder and problematic hoarding and of supporting close family members with mental illness. Judy speaks openly about her experience of hoarding.

Julie Davenport, the Coordinator of Neighbourhood Programs with Hume Community Housing Association, has extensive experience of working in Scilla housing and with people experiencing mental illness and psychological distress.

This paper has been developed by members of The Collectives, a Lived Experience Leadership Group of the Parramatta Project Uncover which was established in February 2016. The workshop will outline the experience The Collectives as a model for organisations seeking to improve the effectiveness of the practice of staff working with people experiencing problematic hoarding. Key sections of the paper will include: why Project Uncover – uncovering what for whom and why; how The Collectives was established and what it does; the importance of language in addressing stigma associated with the experiencing of hoarding and squalor; the importance of trauma informed care when seeking to assist a person with too many possessions; and the accounts of lived experience about what helps, hinders and gets in the way of recovery; helpful approaches and resources; and the group's recommendations for practice and service development.

**Learning Objectives**

Learning Objective 1: People in the audience will have the opportunity to learn about and discuss a model for including and drawing on the voice of people with lived experience of problematic hoarding. People in the audience will be able to reflect on practice skills and strategies for effectively engaging and assisting people with problematic hoarding based on the experience and expertise of a group of people who are recovering and learning to manage problematic hoarding.

Learning Objective 2: Those attending will learn from people with lived experience of hoarding disorder, the range treatment, care and support they have found helpful in recovery journeys. During the conference members of the Collectives and project team will be available to answer questions during this final session.

**References**

Police and mental health strategic conversations.

Carmel Ybarlucea¹, Stefan Preissler²
¹Queensland Mental Health Commission

S98: PAPERS: Custody and Order - Using Lived Experience, Level 2 - Room 3, September 1, 2017, 1:30 PM - 3:00 PM

Biography:
Carmel Ybarlucea is the Executive Director of Strategy, Policy and Research at the Queensland Mental Health Commission and has been central to delivering the Commission’s mental health and alcohol and other drugs reform platform. At the Commission she has been a driving force behind landmark whole-of-government, cross-sectoral and community-based initiatives such as the Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-19, and action plans on suicide prevention and mental health promotion, prevention and early intervention.

Dr Stefan Preissler is a lawyer with experience in private legal practice and twelve years’ experience in the Queensland public sector. He has worked predominantly on Aboriginal and Torres Strait Islander matters, including social and economic policy. In 2016, he joined the Queensland Mental Health Commission as Principal Policy Advisor in the areas of Alcohol and other Drugs and Human Rights.

Calls for assistance to police relating to people experiencing a mental health crisis or a mental illness have been increasing in Queensland, in other States and Territories and internationally. Many of these interactions are not related to criminal justice issues and include returning people to acute mental health wards and responding to calls for assistance from families and carers.

To achieve better outcomes for people with lived experience, police and ambulance officers, and frontline emergency staff need to work together to implement change. In 2015, the Queensland Mental Health Commission initiated a process of strategic conversations in response to police shootings involving people experiencing a mental illness or a mental health crisis. The strategic conversations brought together a range of stakeholders including police, mental health staff, ambulance and the non-government sector. They considered:

• The interaction between police and consumers in crisis;
• The intersection between police and mental health systems and services in the response to people in crisis;
• Opportunities to improve the experiences of people who come into contact with police.

Strategic Conversations used a transformational leadership approach, which enabled lived experience to influence change within the sector and between sectors. The process involved hearing the views and experience of people with a lived experience and front line service providers.

The presentation will inform delegates of a best practice example of driving system-wide change through a series of facilitated discussions involving people with lived experience, police, ambulance officers, and frontline emergency workers.

Learning Objectives
Learning Objective 1: Delegates will learn how the process of facilitated strategic conversations can be used to drive system change, especially through the participation of people with live experience. Delegates will be able to apply this model to drive reform in other areas of mental health.

Learning Objective 2: This topic is relevant to mental health services and mental health issues as violent confrontations involving people living with mental illness or experiencing a mental health crisis remain an ongoing issues and continuous change is required to achieve safer outcomes for consumers.

References

The transition from custody to community for people living with serious mental illness: multi-sectorial staff experiences and perspectives.

Nicola Hancock¹, Jennifer Smith-Merry¹, Kirsty McKenzie¹

¹The University Of Sydney

S98: PAPERS: Custody and Order - Using Lived Experience, Level 2 - Room 3, September 1, 2017, 1:30 PM - 3:00 PM

Biography:
Dr Nicola Hancock is an occupational therapist and a mental health focused academic at the University of Sydney. She is engaged in a number of mental health research projects, gaining a deeper understanding of individual journeys of mental health recovery, participation and inclusion and examining workforce and service systems designed to support recovery.

Individuals recently released from prison are at increased risk of adverse events including homelessness, suicide and drug overdose. Having a serious mental illness compounds these problems. In attempt to improve support for this population as they transition from prison to community, Sydney Local Health District’s Mental Health Team, Justice Health and Partners in Recovery have formed a collaborative inter-agency working group called Custody to Community (C2C). The University of Sydney were engaged to conduct an independent qualitative study to gain a rich understanding of stakeholder experiences. This presentation describes the experiences and perspectives of staff working at the ‘coal-face’ across custodial, community mental health and Partners in Recovery (PIR) contexts. Results highlight the complexity but importance of getting multi-sectorial partnerships ‘right’. Some current policies and practices facilitate the transition. In contrast, others create major barriers to the successful transition of a person living with mental illness transitioning from custody to community living. We will discuss obstacles faced, successes achieved, and lessons learnt.

Learning Objectives

Learning Objective 1: People attending this presentation will gain insight into the key elements that staff identify as enabling, or in contrast, preventing the successful transition of people living with mental illness from custody to community living.

Learning Objective 2: Gaining a rich multi-sectorial understanding of the experiences and perspectives of staff will facilitate future policy and practice development that could enhance outcomes for people living with mental illness transitioning from custody to community.

References