ABSTRACTS

** NOT TO BE DISSEMINATED **
“The Art Of Freedom” - Sculptural Installation

Mikarla Teague

"The Art of Freedom" by Mikarla Teague | Interactive Sculptural Installation, August 28, 2019, 08:00 - 17:00

Art is a global visual language, from cave paintings to Egyptian hieroglyphics, art is one of the oldest forms of communication known to mankind. Because visual culture is being used more than ever before as the political, art needs to continue to be used as a tool for exposing and addressing oppression and encouraging social transformation. Creative expression can foster healing and mental well-being. Art, either the process of creating it or viewing others’ artworks, is used to help people explore their emotions, develop self-awareness, cope with stress, boost self-esteem, and work on social skills.

Making art creates freedom in our lives and creates freedom for others, a powerful way to start a conversation. Something I’ve found so important and valuable in the arts is it allows us to communicate our feelings in a way that lets people who don’t necessarily agree with us see our perspective too. This can help people connect to others who don’t understand where they are coming from. That’s powerful. Art is both an act of freedom, and art has the power to set one free.

This piece invites the viewer to step into their own creative freedom, both in thought and in action. To stand with their wings outstretched in solidarity, take a picture, and dare to be creatively courageous by sharing their art. Art has the power to set one free.

Post your photographs and experience with the “Art Of Freedom” on Social Media with the hashtag #TheMHSArtofFreedom
Dual Diagnosis in Regional Victoria: Bridging the Silos

Remi Briody1, Ivan Thorne1, Sylvia Alberti1
1Uniting Ballarat (VIC / TAS), Ballarat, Australia

Biography:
Remi Briody is a registered senior Clinical Psychologist at Uniting Ballarat with 10 years experience in working in mental health in regional and rural Victoria.
Due to a strong background working in clinical services, Remi has a passion for appropriate process and policy development to support clients and their clinicians.

Ivan Thorne has worked in the Community/Health sector for 34 years, across New Zealand and Australia. He joined the Community Service sector 20 years ago in leadership roles within Community Mental Health, Victims of Crime, Disability Services, Youth Mental Health and Youth Withdrawal. This included teaching the Certificate and Diploma for AOD and Mental Health. Ivan’s interest in Dual Diagnosis work, and how this applies in youth services, has led him to present several papers on the effects of substance misuse on young people with the belief that this cohort of client needs a holistic approach to treatment. Ivan’s current role as Manager of Wellbeing Services for Uniting Ballarat overseas a Dual Diagnosis Clinic, Youth Withdrawal Service and other AOD and MH residence- and community-based treatment services.

The health services system is typically structured to respond to specific singular needs. This is problematic for individuals with co-morbid substance misuse and mental health conditions, particularly in regional/rural areas. Often people with dual diagnosis concerns face fragmented responses and have slipped between the gaps of mainstream health systems and AOD services with different parts of the system focusing on addressing each issue in isolation.

This negatively impacts client wellbeing as well as impacting treatment effectiveness. It’s further complicated in regional areas as tertiary mental health services are not required to treat AOD issues, however, are often the primary point of contact for many service users.

This challenging set of circumstances provided the impetus for the development of the Dual Diagnosis Clinic at Uniting in Ballarat. We determined that there was a significant need to establish a clear service whose primary function is to actively address both mental health and substance use issues concurrently within a multidisciplinary team.

Uniting has established the first clinic which has a Dual AOD /MH focus as the core specialisation under a bulk billing service.

Learning Objectives

Learning Objective 1: This paper aims to discuss the successes and challenges of setting up a Dual Diagnosis Clinic in regional Victoria; providing an insight into how to establish in other rural remote catchments

Learning Objective 2: The issue of comorbid health conditions is prevalent topic across healthcare & is particularly relevant for mental health- whereby issues are often addressed in isolation.
Additionally, many clients who present with comorbid conditions often have multiple clinicians involved in their care- which can be confusing and not therapeutically beneficial. The development of the Dual diagnosis, bulk billing clinic within Uniting Ballarat aims to address comorbid conditions concurrently, thereby reducing the burden on accessing services to the client.

References


Act to Connect: People for Mental Health

Jacqui Tibbits

1Consultivation, Perth, Australia

Biography:
Jacqui Tibbits is the Director of Consultivation and board member of GRAI GLBTI Rights in Ageing. Jacqui has worked in social and community services for over 15 years. She established Consultivation in 2016 believing by helping organisations and people flourish she improves the experience and outcomes of the end-user.

"There is a need for Act to Connect People for Mental Health workshop to be made available to the wider community care sector particularly home care, disability services and residential aged care", shared one participant.

Part of our Cohesive Communities Program, Act to Connect provides professional development opportunities for Social Connectors, other staff and volunteers engaged in connecting isolated individuals to people, events, resources and activities which are meaningful to them within their community. Act to Connect focuses on establishing or re-establishing connections implemented within a Wellness framework targeting individual’s needs and goals.

The aim of Act to Connect is to reconnect people who are socially isolated to their communities, through social connector support. ‘Social Connectors’ are individuals who work with the socially isolated person to map their current circumstances and barriers to connections. The Social Connector then works in partnership with the individual to develop connections and, when appropriate, withdraw from the relationship.

The e-poster will highlight the elements of Act to Connect including:

* key concepts: Wellness Philosophy, social capital; personal and community resilience
* framework: social connectors, business excellence and tailoring flexiblity
* how to build meaningful connections;

as well as outcomes of the workshop.

Learning Objectives

Learning Objective 1: What the audience will gain includes:

a. Understanding importance of person-centred services and planning
b. Identify benefit of individual and community connections to build capacity and resilience

Learning Objective 2: There is a connection between physical health and mental health; and social connections and mental health. These include but are not limited to:

• Feeling trust and safe in our community can contribute to lower levels of psychological distress
• Social ties influence good mental and physical health; and general wellbeing including mortality
• Happiness of others in our social networks may influence our own happiness
• Social connections can positively influence healthy behaviors, improve access to health services and resources
• Positive social/community cohesion can contribute to lower levels of smoking, drinking and depression
• Social connections can be influenced by economy, income and education

The importance of social inclusion
• It is a human right
• It is a feeling of being valued and having opportunities and capability to learn, work, engage and have a voice in community
• It refers to policy and programs designed to remove barriers to participation in mainstream society
• It can result in improved health, lower depressive symptoms and improved self-esteem

References


Phoenix Project (VMIAC) Trauma Informed Peer Support for consumers who have experienced sexual safety issues in mental health inpatient units

Sharon Williams, Jane Dubock

VMIAC (Victorian Mental Illness Awareness Council), Melbourne, Australia

e-Posters, August 28, 2019, 08:00 - 17:00

Biography:
Sharon has the lived experience of psychosis and Inpatient Mental Health Services including the trauma of restraint and seclusion. Sharon has a background in Peer Support in a clinical setting, Child and Adolescent Psychotherapy and Legal study and training. Sharon has also been a Stand-Up for Mental Health comedian.

Jane has worked as a Peer Support Worker, Consumer Consultant, Project Worker and has Co-ordinated a Volunteer Program supporting peer friendships. Jane highly values the positive influence peer friendships have had for her whilst navigating her own experiences of trauma, mental health challenges and the mental health system.

For many years, exposure to sexual violence has been a particular issue in inpatient units, where escaping or safety are not always possible, and people are not always believed. This trauma can impact mental and emotional recovery. DHHS is funding the Phoenix Project at the Victorian Mental Illness Awareness Council (VMIAC) in response to the Mental Health Complaints Commission (MHCC) report ‘The Right to be Safe’ (2018). Trauma Informed Peer Support Workers are holding individual sessions with adult mental health consumers who have experienced, or witnessed, sexual assault, sexual harassment, or not feeling sexually safe, while in a mental health inpatient service. A safe space is offered for consumers to tell their story, be believed, get advocacy assistance (e.g. to make a record) and collaboration accessing other supports. It is envisaged that participants will experience: being understood, believed and validated; feeling connected to peers and less alone; understanding the impacts and their personal needs; and planning the supports they want. The anticipated long-term outcomes are: Increased awareness of impacts of sexual violence in hospitals; new resources for systemic prevention and response; an ongoing peer support service; and consumers choosing dissemination of their stories to influence positive change and social justice.

Learning Objectives

1. People will become aware of the issue and service gap that our project is addressing – sexual safety in Mental Health inpatient services and the need for a safe space for consumers to share their story. Individuals may, upon becoming aware of our project, want to utilise our service or Organisations may have clients that would like to be referred.

2. Our service is for people with mental health issues who have experienced sexual safety issues in Mental Health inpatient services and are seeking Peer Support. Consumers that use our service might choose to be supported to access other supports including mental health services. An ongoing Peer Support service for Mental Health Consumers might be one of the results of our project.

References
Mental health lived experience education and teaching practices for health professionals. What are the implications for person-centred care?

Jessica Byrne\textsuperscript{1}, Mark Loughhead\textsuperscript{1}, Nicholas Procter\textsuperscript{1}

\textsuperscript{1}University of South Australia, Adelaide, Australia

e-Posters, August 28, 2019, 08:00 - 17:00

Biography:
Jessica is a student, studying her Masters of Nursing at UniSA. She has experience tutoring Registered Nursing students Mental Health and has extensive experience as a Registered Nurse, in multiple settings. Whilst finishing her studies she endeavours to connect to and learn from and with lived experience groups. She advocates for the importance of and rights of people with lived experience as educators, and the use of personal experiences and strengths to be used for positive change. Jessica values a recovery approach, wellness and ability focus. She would like to help to reduce stigma, and promote the opinions of those with lived experience as a strong evidence base to inform policy and practice. It is important to Jessica that people with lived experience are properly remunerated for their time, ideas and contributions. Jessica believes that Increasing diversity in the workplace, as well as our acceptance of differences in social settings is important to ensure people with lived experience are valued.

Background
Consumers with lived experience of mental health recovery (personal recovery) sometimes contribute to health education in university classroom settings as one strategy to meet broader legislative requirements, ethical obligations and community expectations of service user inclusion to all levels of education development. Different lived experience educators blend personal and professional knowledge to catalyse and cultivate a desire in mental health nursing students to understand the consumer perspective, encouraging skills and practices in person centred mental health care. These insider insights uncover current and past strengths and weaknesses within the mental health system in ways that otherwise would not be possible.

Objective
Identify what educational theories are used to explain lived experience teaching and learning approaches in university classroom contexts for mental health care professional and the associated student learning outcomes and represent the concepts visually in a conceptual map.

Methods
Scoping review.

Results
Sixteen learning theories were found in 12 articles, with transformative learning, critical reflection, experiential learning, and collaborative learning most frequent. The most commonly cited outcomes include valuing consumer experience respectful communication and understanding consumers, followed by diverse learning and professional roles.

Conclusions
Theoretical concepts, teaching strategies and learning outcomes are complex and multifaceted, unable to make definite associations to learning outcomes. A concept map explains concept relationships between person-centred care, values in evidence-based practice, recovery and compassion. Learning outcomes can be aligned with the themes narratives, emotions, reflection, experience and relationships. The concept map provides a useful framework for curricula planning in person-centred care.

Learning Objectives

1) People in the audience will gain an understanding and appreciation of the necessity of people with Lived Experience of mental health and recovery to be included in all aspects of education. The audience will learn about unique strategies used by Lived Experience educators and how these produce person-centred care outcomes. People will learn practical educational strategies used by Lived Experience educators and the relevance to learning theories.

2) Legislation requires Lived Experience to be included in all aspects of mental health care service. However, it is also a community and ethical expectation to include people with Lived Experience in all areas of mental health services to find out what consumers find are issues in the mental health system.

References


Qualitative Findings from the Implementation of a Community Based Mental Health Program

Debra Fast¹, Jane Cooper¹
¹Baptcare, Moonah, Australia

Biography:
Working in mental wellness is a passion for Debra, she has developed and managed Mental Health programs in Tasmania. She is excited by the findings of external research through Monash University evaluating these programs. When Debra is not working or studying, she can be found with her children and many pets.

Individuals who experience mental health concerns are more susceptible to poorer psychosocial outcomes including: unemployment, housing instability and social isolation (Slade, Johnston, Oakley Browne, Andrews & Whiteford, 2009). Furthermore, recovery from mental health issues is severely hindered when psychosocial risk factors are evident (e.g., Tol et al. 2011). Clearly, there is a societal need to provide a comprehensive package of care for those with mental illness that addresses both the presenting psychopathology and any additional risk factors. Despite this demand, there is a significant shortage of services that offer support in this comprehensive manner (Brownson, Colditz, & Proctor, 2017; Funk, 2016).

To address this, MIcare was developed in partnership with the Tasmanian Public Mental Health sector. MIcare delivers individualised packages of care that integrate both mental health support and psychosocial outreach counsel for people aged 18-64 with a persistent and severe mental illness. The program has been implemented in Tasmania for over five years. The Monash Centre for Health Research and Implementation, Monash University, was invited to conduct an evaluation of MIcare; the findings of this evaluation are reported on the eposter.

Learning Objectives

Learning Objective 1: Better understanding of the importance of individualised supports;
Learning Objective 2: The importance of both qualitative and quantitative research in developing an evidence based practice.

References

O'Donnell, R; Savaglio, M; Breman, R; Fast, D; Vicary, D; & Skouteris, H. (2018). Qualitative findings from the Implementation of a Community Based Mental Health Program.
GROW’s Odd Socks Day: Maintaining program integrity through independence

Liam Morland1, David Butt1
1Grow, Brisbane, Australia

Biography:
Mr David Butt. David has 34 years of experience in Australian health care at national, state, territory and regional levels. He is a health systems leader with almost 20 years as a CEO and many more as an executive in diverse, complex and often geographically dispersed organisations.

Dr Lesley van Schoubroeck: Lesley is well known in the mental health sector working for over five years as Queensland inaugural Mental Health Commissioner and before that, with the Mental Health Commission in Western Australia.

Changes in funding to community mental health programs arising from the NDIS and devolution across Australia, have required many community-based organisations to reconsider their business models.

GROW is a unique national community-based peer group support organisation that has helped thousands of Australians recover from mental illness. What is not unique is the challenge faced by GROW to respond to this changing funding landscape. However, research (Burke, Pyle, & Machin, 2018; Repper & Carter, 2011) shows the contribution that peer-support makes to the well-being of people with mental health issues and it is vital that organisations respond to the challenge and continue to thrive.

It is essential that trust in community organisations is not diminished by their reliance on government funding (Butcher, 2019).

Since 2013, GROW has established the first Friday in October as Odd Socks Day, originally as awareness campaign, recent partnerships with Mitch Dowd, an Australian owned underwear company is resulting in a greater emphasis on fundraising.

The challenge ahead for GROW is to maintain its unique value through wise choice of programs and partners, while thriving in a competitive mental health funding environment.

This e-poster outlines the key elements of the initiative in its first years and sets the baseline for a stronger relationship in 2019.

Learning Objectives

Learning Objective (1): It demonstrates an approach to encouraging conversation about mental health in the general community as well addressing funding solutions for community organisations.

Learning Objective (2): It is important to continually generate different and engaging ways to fund mental health programs and keep the community motivated and invested in the organisation.
References


Impact of the Music Engagement Program on Depression for People with Alzheimer’s Disease and Dementia: Study Protocol for a Pilot Trial

Amelia Gulliver¹, Georgia Pike², Michelle Banfield¹, Alyssa Morse¹, Natasha Katruss¹, Melanie Pescud³, Mitchell McMaster², Harley Valerius⁴, Susan West⁵

¹Centre for Mental Health Research, Research School of Population Health, The Australian National University, Canberra, Australia, ²Centre for Research on Ageing, Health, Research School of Population Health, The Australian National University, Canberra, Australia, ³Menzies Centre for Health Policy, School of Regulation and Global Governance (REGNET), The Australian National University, Canberra, Australia, ⁴Altius Rehabilitation Services, Canberra, Australia, ⁵School of Education / School of Theology, Charles Sturt University, Adelaide, Australia

Biography:
Amelia Gulliver is a Research Fellow at ACACIA: The ACT Consumer and Carer Mental Health Research Unit, Centre for Mental Health Research, The Australian National University. Her research interests include lived-experience research, participatory and co-design approaches to intervention development, and the promotion of mental health and help-seeking in the community.

Background: Alzheimer’s disease and dementia are highly prevalent with 1-million Australians expected to be living with these conditions by 2050.¹ These conditions are extremely disabling, and can be severely detrimental to an individual’s physical functioning, wellbeing, and mental health. Therapy using music in this population has been well documented; however, there is a lack of cost-effective, evidence-based programs with broad-scale applicability. With its highly specialised approach, and minimal cost outlay, the MEP program has strong potential for sustainability in this population.

Methods: The study aims to evaluate the specialised Music Engagement Program (MEP)² in improving depression symptoms and wellbeing, in people with Alzheimer’s disease and dementia living in a residential care home. The MEP is an established program, targeted at increasing engagement and participation in the act of making music. The MEP comprises a highly specialised approach that is informed by a social philosophy of shared, active music-making known as the Music Outreach Principle. The Music Outreach Principle involves making music with the intent of altruistically reaching out to others.

Results: The project protocol for evaluating the MEP will be presented.

Conclusion: The MEP has potential to improve mental health and wellbeing in people with Alzheimer’s disease and dementia.

Learning Objectives

Learning Objective 1: Audience members can learn about a trial for the evaluation of a specialised music program.
Learning Objective 2: This topic is highly relevant to improving mental health in care home residents with Alzheimer’s disease and dementia.

References

Exploring the worker role experiences and support needs of lived experience peer support workers in mental health care

Rosie Bruce¹,², Lisa Brown³
¹University of the Sunshine Coast & Queensland Health, Sippy Downs, Australia, ²Metro North Mental Health Services, Queensland Health, Chermside, Australia, ³University of the Sunshine Coast, , Australia

e-Posters, August 28, 2019, 08:00 - 17:00

Biography:
Rosie has 17 years experience as a mental health occupational therapist (Queensland Health) in clinical, education, workforce and policy; along with University teaching and applied research the past 4 years. She has supervised students and clinicians. She learns every day in her life roles as mother, teacher and health professional.

Lisa is an occupational therapy Research Student, supervised by Rosie, with prior experience working in nursing and health areas. Her future focus is to contribute to improving the effectiveness of occupational therapy interventions and enabling people to learn strategies easily brought into daily life to improve mental health and well-being.

The peer support workforce has been gradually established in Queensland, Australia over the past 10 years, facilitated by the Fourth National Mental Health Plan 2009-2014 and the following state mental health plan committing to improved support and utilisation of this workforce. Best practice service delivery involves working within recovery-oriented frameworks and guidelines. This paper aims to share progress of this exploratory mixed methods research. The pilot study aims to explore the worker role experience and perspectives from peer support workers themselves. Literature has identified various enablers and barriers for this worker role. Positive aspects include accessing paid employment, sense of purpose and improved overall health and wellbeing. Challenges continue and include: stigma and discrimination in the workplace; feelings of being undervalued; focus on the medical model in service delivery systems; impact of negative factors on workers’ personal recovery; variable wages and hours and limited employment opportunities. In Queensland government, non-government and charity mental health services make use of mental health peer support workers. The establishment of this workforce is still developing. Perspectives from peer support workers themselves will support services to consider how to effectively: make use of lived experience expertise and peer support, supervision, training, recruitment and retention.

Learning Objectives

Learning Objective (1): People attending the ePoster discussion sessions will learn about how research can contribute to quality improvement to enable services to make use of the benefits of having expertise knowledge from lived experience; by gaining insight into the worker role experience of peer support workers.

Learning Objective (2): This is relevant to sharing hope and resilience, by exploring worker experiences of enablers and barriers and how these may be overcome. It may provide useful information for workforce support, supervision, training, recruitment and retention.

References

Birthing Mothers: A Narrative Therapy group for birth debriefing.

Emma Ashe

Wesley Mission Queensland, Brisbane, Australia

e-Posters, August 28, 2019, 08:00 - 17:00

Biography:
Emma Ashe is a Mental Health Accredited Social Worker working at Wesley Mission Queensland in the Health and Wellbeing team. Her interest area is all facets of perinatal mental health, including birth trauma. She is currently running this group for women in Brisbane’s south.

A woman’s body is one of nature’s most amazing creations – it can conceive, grow, birth and feed a human. In a fast paced society that is arguably focused on outcomes, it’s easy to gush with excitement over a healthy baby without pausing to consider what the birth experience was like for the mother and how it impacted her mental health.

Although most women are aware of how to access support regarding the health of their baby, through promotion of child health and mother’s groups, there is little available in the way of supporting a woman who feels traumatised by her birth experience. Women can experience Post Traumatic Stress Disorder as a result of birth, but there have been limited therapeutic groups available to support women address these experiences.

Birthing Mothers: a Narrative Therapy group for birth debriefing explores the discourses surrounding birth and how they impact on our expectations and experiences of birth. Each woman then has the opportunity to share their birth story with outsider witnesses. Through this process the women of the group work together to build a health community through the sharing of stories. Utilising a Narrative Therapy lens highlights stories of strength, hope and resilience.

Learning Objectives

Learning Objective 1: Audience members will walk away with knowledge of an innovative Narrative Therapy group for women who have experienced a traumatic birth, including the six week overview of the group, examples of Narrative lines of enquiry and how Outsider Witnesses have been used. Audience members will also gain insight into what participants of the group have said about their participation in the group. It will inspire practitioners to think differently about how they deliver interventions to this population.

Learning Objective 2: All aspects of perinatal mental health are now acknowledged as being important. While awareness around postnatal depression is growing, acknowledgement of the significance of the birth experience is only recently being brought into awareness. Given the newness of the understanding of birth being a source of trauma, there are limited existing frameworks for working with birth trauma. This group offers a Narrative Therapy group approach for helping women work through their traumatic birth experience collectively.

References

Enhancing Resiliency in Recovery from First Episode Psychosis

Kim Mueser

S03: KEYNOTE PRESENTATION: Enhancing Resiliency in Recovery from First Episode Psychosis - Kim Mueser, Great Hall 2, August 28, 2019, 10:00 - 11:00

Biography:
Kim T. Mueser, Ph.D. is a clinical psychologist at the Center for Psychiatric Rehabilitation, Boston University, and Professor of Occupational Therapy, Psychological and Brain Sciences, and Psychiatry. His research interests are on the development and evaluation of psychosocial interventions for persons with serious mental illness. His work has involved a range of different treatments, including integrated treatment for co-occurring mental illness and substance use disorders, cognitive behavioral therapy for posttraumatic stress disorder, illness management and recovery, cognitive remediation, family psychoeducation, interpersonal skills training, and treatment of first episode psychosis. He has published several hundred peer reviewed publications and co-authored over ten books. His research has been supported by the National Institute of Mental Health, the National Institute on Drug Abuse, and the Substance Abuse and Mental Health Services Administration.

This presentation will begin by providing a model that conceptualizes resiliency as a product of self-determination and the cultivation of positive emotional experiences in meaningful social contexts, and the implications of the model for the treatment of young individuals who are experiencing psychotic symptoms.
Strong & Deadly Futures: Building resilience and preventing drug and alcohol use among Aboriginal and Torres Strait Islander and non-Indigenous youth.

Mieke Snijder¹, Lexine Stapinski¹, Sophia Garlick Bock¹, Briana Lees¹, Rachael Sarra², Ian Watson², Nicola Newton², Cath Chapman¹, Maree Teesson¹

¹The Matilda Centre, Sydney, Australia, ²Gilimbaa Indigenous Creative Agency, Brisbane, Australia

S04: PAPERS: Comorbidity with AOD, Great Hall 2, August 28, 2019, 11:30 - 13:00

Biography:
Sophia is a research assistant with The Matilda Centre for Research in Mental Health and Substance Use at the University of Sydney. At The Matilda Centre, she is involved in developing drug and alcohol prevention resources that are culturally appropriate for Aboriginal and Torres Strait Islander youth.

School-based prevention programs have proven effective in reducing alcohol and other drug (AOD) related harms among young people and delay substance use. However, consultations with Indigenous communities have identified a lack of evidence-based culturally-appropriate AOD prevention resources for Indigenous youth. We will demonstrate the development of a culturally inclusive drug and alcohol prevention program, based on the research literature and positive stories from secondary students.

Peer-reviewed and grey-literature databases were searched for AOD prevention programs for Indigenous youth in Australia, New Zealand, USA and Canada. In partnership with an Indigenous creative agency (Gilimbaa) we undertook a photovoice project with Indigenous and non-Indigenous students and consultations with their teachers.

The review identified 26 evaluated prevention programs, of which 14 demonstrated some evidence for effectiveness. Consistently, effective programs included combinations of cultural knowledge enhancement, skill development, AOD education, or community members’ involvement in development. Consultation feedback indicated a need for empowering and culturally appropriate AOD prevention materials that are suitable for mixed classroom settings. The story and characters in this illustrated story-based program were based on students’ positive stories gathered through photographs.

An interactive, computerised program was developed with Gilimbaa, which integrated the evidence from the literature and the consultations.

Learning Objectives

Learning Objective 1: The audience will gain a broad understanding of the strengths and weaknesses of current alcohol and drug prevention approaches for Aboriginal and Torres Strait Islander youth. They will also receive insights into a prevention program we have developed that is built on positive stories from secondary students and combines strengthening resilience and cultural strengths with teaching drug and alcohol knowledge.

Learning Objective 2: We will demonstrate practical application of a strength-based approach in the development of drug and alcohol prevention approaches for Aboriginal and Torres Strait Islander youth. These approaches can be used by others developing programs to improve wellbeing.

References

Community Evaluation of Cracks in the Ice – an online toolkit developed to support Australian families, health workers and communities affected by the drug “ice”.

Steph Kershaw¹, Cath Chapman¹, Hannah Deen¹, Louise Birrell¹, Katrina Champion¹², Lexine Stapinski¹, Frances Kay-Lambkin¹³, Maree Teesson¹, Nicola Newton¹

¹The Matilda Centre for Research in Mental Health and Substance Use, the University of Sydney, Sydney, Australia, ²Department of Preventive Medicine, Feinberg School of Medicine, Northwestern University, Chicago, USA, ³The Centre for Brain and Mental Health Research, the University of Newcastle, Newcastle, Australia

S04: PAPERS: Comorbidity with AOD, Great Hall 2, August 28, 2019, 11:30 - 13:00

Biography:
Steph is a Postdoctoral Research Fellow at The Matilda Centre for Research in Mental Health and Substance Use. Steph manages Cracks in the Ice; an Australian Government Department of Health funded project disseminating information about crystal methamphetamine in Australia via an online toolkit and mobile app.

Background: The Cracks in the Ice online toolkit (CITI, www.cracksintheice.org.au) was developed as part of a national response to crystal methamphetamine (“ice”) in Australia. CITI aims to help families, health workers, and communities better respond to people affected by ice and has reached >200K website users since its launch in Apr-17. To evaluate whether CITI is meeting the needs of the Australian community, a national online survey of > 2K people was conducted.

Methodology: The survey was conducted among Australian residents aged 18 years and over, including people who use ice, family, friends, health workers, and general community members. Participants were recruited via advertisements on the CITI website, email direct marketing, and social media. The survey took approximately 10-30 minutes and assessed participants’ knowledge and attitudes about ice as well as their perceptions of CITI (e.g. usability, navigation, utility).

Results: The survey ran from Nov-18 to Mar-19. Key findings from the study will be reported at the conference.

Conclusion: Digital information initiatives like CITI stand to overcome structural, geographical, and attitudinal barriers to AOD prevention. Community evaluations ensure these initiatives meet the needs of their end-users. The current presentation will be of interest to services, researchers and the general community.

Learning Objectives

Learning Objective 1: The audience will learn about methods of running a community evaluation of an online resource. Some audience members may also walk away with general learnings from the CITI evaluation survey that can be applied to their own digital health projects. Members of the audience who are not yet familiar with CITI will also be introduced to a national online resource that may be relevant to them, their colleagues and clients.

Learning Objective 2: People experiencing problems with ice often also experience comorbid mental health problems and are likely to seek assistance from both AOD and mental health services. CITI is a useful resource for mental health workers, providing trusted, up-to-date, evidence-based information and
resources about ice for them and their clients. The CITI evaluation survey will be particularly relevant to mental health services and organisations interested in conducting evaluations of digital mental health initiatives.
Improving Care for People Experiencing Co-Occurring Mental and Substance Use Conditions

Erin Madden, Christina Marel, Katherine Mills
The Matilda Centre for Research in Mental Health and Substance Use, University of Sydney, Australia

Biography:
Erin is a Research Officer at The Matilda Centre, working on the dissemination and online translation of the National Comorbidity Guidelines.

The high prevalence of comorbidity means clinicians are often faced with the need to manage complex psychiatric symptoms that may interfere with their ability to treat patients’ alcohol or other drug (AOD) use. To improve the ability of healthcare workers to respond to people experiencing co-occurring mental and substance use conditions, the Australian Government Department of Health funded the development of evidence-based National Comorbidity Guidelines and accompanying online training program.

577 online training program participants were recruited into the study between November 2017 - May 2019 and 117 followed-up immediately post-training. Knowledge, competence and confidence in responding to AOD and mental health conditions were assessed, in addition to whether the training program led to any specific changes in clinical practice or client outcomes.

Preliminary findings indicate that the program has improved participants’ confidence (93.3% agree/strongly agree) and capacity (94.3% agree/strongly agree) to respond to comorbidity. Moreover, 61.1% of healthcare workers reported that client outcomes improved following training completion.

These findings support the potential of e-learning as an effective training method for the AOD workforce. By increasing the capacity of healthcare workers to respond to comorbidity, it is anticipated that the outcomes for people experiencing co-occurring mental health conditions will be improved.

Learning Objectives

Learning Objective 1: The development of the Guidelines has improved our understanding of why mental and substance use disorders co-occur and why this is concerning, as well as current evidence-based management and treatment options for comorbidity. The accompanying Guidelines website and online training program has improved our understanding of e-learning as an innovative and effective dissemination tool within the AOD workforce.

Learning Objective 2: Clinicians are frequently faced with the need to manage complex psychiatric symptoms for AOD clients, with a historical lack of evidence-based resources to support clinicians in managing these conditions. The Guidelines offer this evidence-based guidance and have been distributed to mental health services across Australia, as well as translated into an accessible online training program to bridge the evidence-to-practice gap.

References

Reflections on introducing Joint Crisis Plans into clinical practice.

Theresa Williams¹,², Geoff Smith¹,²
¹Office Of The Chief Psychiatrist, Perth, Australia, ²Division of Psychiatry, University of Western Australia, Nedlands, Australia

S05: PAPERS: Pathways, M1, August 28, 2019, 11:30 - 13:00

Biography:
THERESA WILLIAMS: A Clinical Psychologist with extensive experience as a senior executive in policy and planning within WA Health. She is currently the Director of Research and Strategy, Western Australian Office of the Chief Psychiatrist and currently holds an appointment as Adjunct Associate Professor at the University of Western Australia.

GEOFF SMITH: A Psychiatrist with extensive experience as a clinician and senior executive in health. Currently Senior Psychiatrist, Research, WA Office of the Chief Psychiatrist. Special interests include person-centred care and implementation science. He has an appointment as Associate Professor in the School of Psychiatry, University of WA.

Two metropolitan and two country-based community mental health services were invited to participate in a one-year pilot to implement Joint Crisis Plans (JCPs) with a view to rolling out the program into routine clinical practice across WA.

Extensive training and support was provided to maximize staff engagement. A target of 40 completed JCPs was set for each site. Consumers experienced the process as both empowering and therapeutic and 62% of staff thought that JCPs increased their understanding of consumers’ needs. Despite the overall positive feedback, only 52% of the JCPs were completed. The most striking finding was the marked difference in the number of completed JCPs at the 4 sites; 38, 28, 17 and 0 respectively.

Despite a thorough implementation process, the results of the study highlight the critical importance of addressing context and culture in individual services when new interventions are being introduced. Our results are consistent with the literature showing that many promising improvements have little overall impact when applied more broadly. We argue that change strategies need to take account of variations between services and allow for local iterative adaptation. Quality Improvement provides a promising approach for building a culture that supports practice change.

Learning Objectives

Learning Objective 1: Gain an understanding of the challenge of introducing a standardised practice model into services and the need to take proper account of local service variations in context and culture.

Learning Objective 2: Gain an understanding of how QI can assist in addressing this challenge by engaging front-line clinicians, consumers and carers in leading clinical practice change.

References

Implementing Zero Suicide into a Public Mental Health Service: Lessons Learnt So Far

Marianne Wyder¹, Voirey Brown¹, Sarah Hamilton¹, Motamarri Balaji¹, Loretta Warburton¹, Janet Mead¹, David Lie¹, Ken Meldrum¹, Geoffrey Lau¹

¹Metro South Addiction And Mental Health Services, Upper Mt Gravatt, Australia

S05: PAPERS: Pathways, M1, August 28, 2019, 11:30 - 13:00

**Biography:**
Mrs Voirey Brown is a social worker with a background in mental health and addictions. She is currently employed as the Project Officer on the Zero Suicide initiative.

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. She is currently employed as a Senior Research Fellow in Metro South Addiction and Mental Health services.

In 2018, Metro South Addiction and Mental Health Services was chosen as one of the pilot sites to implement the Zero Suicide initiative. The foundational belief of Zero Suicide is that suicide deaths for individuals under the care of mental health care services are preventable. Zero Suicide presents an aspirational challenge and practical framework for system-wide transformation toward safer suicide care. Since the initiative has been introduced, MSAMHS has undertaken a workforce survey to identify suicide related training needs which has informed our training and supervision strategy. In addition, we have established strong links, partnerships and working groups with key stakeholders, including the Acute Care Team, the Emergency Department and local Aboriginal and Torres strait Islanders groups. Throughout the year we have also held internal forums with internal stakeholders. Based on these discussions a pathway of care and support for those who enter mental health services with suicidal behaviours has been developed. This pathway aims to improve systems and processes to enhance the care for those with suicidal behaviours. It also shifts the focus from traditional risk assessments which centres on risk stratification to prevention and safety planning. This presentation will focus on the preliminary lessons and challenges around the implementation of Zero Suicide and outline some of the mapped training needs and the Education/Supervision/Support strategies. It will also present the pathway developed for people who present with suicidal behaviours and some preliminary process evaluation data.

**Learning Objectives**
Learning Objective 1: People will learn about how different pathways in the ED can improve people’s outcome after a suicide attempt.
Learning Objective 2: Suicidal behaviours are a major concern for the community and mental health care services alike.

**References**
Shining the Light: Using a place-based approach to inform and co-commission a region wide suicide prevention and postvention service and well-being activities.

Rachel Hughes

1 Eastern Melbourne PHN, Melbourne, Australia

The Eastern Melbourne PHN, a Commonwealth funded organisation responsible for planning and commissioning a range of health services to meet the needs of our community, has co-commissioned with the Victorian government, a systems-based, regional approach to suicide prevention and postvention. This innovative model has been informed by working with the Department of Health and Human Services to trial place-based approaches in two local government areas. The trials aim to harness local skills, expertise and resources to implement innovative, tailored, evidence-based initiatives in local communities. Evidence shows a systemic, community-based approach to suicide prevention is likely to be the most effective at reducing suicide rates (Contributing lives, thriving communities: review of mental health programmes and services, NMHC, 2014).

Two models have informed the service specifications; the Integrated Wellbeing-Motivation-Action Model and the LifeSpan Model (Black Dog, 2017). The use of these two models is based on an extensive review of relevant suicide prevention literature and evidence-based practice.

This presentation will outline the learnings from the place-based trial, the co-commissioning process, and the model of service delivery.

Learning Objectives

Learning Objective 1: The audience will learn how Eastern Melbourne PHN has translated both state and commonwealth government policy along with local needs analysis to plan, design and fund suicide prevention and postvention.

Learning Objective 2: This presentation will enable mental health services to broaden their understanding that suicide prevention and intervention encompasses more than mental health; it is a population wide issue which demands a different approach.

References


Ngatti House: Partnership Model of Care. Psycho-social support for young people experiencing homelessness and/or at risk of homelessness who face complex mental health issues.

Matthew Partridge¹, Julia Devos¹, Polly McCann¹
¹Life Without Barriers, Fremantle, Australia

Biography:
Matthew Partridge - (BSc. Health and Environment, BSc. Chiropractic Science) Matthew has been working with youth for Life Without Barriers for over 5 years. Passionate about mental health, working with young people and lifestyle interventions.

Julia Devos graduated from the University in Ghent, Belgium, as an Educational Scientist. She then made her way to Australia and worked for CPFS, Richmond Wellbeing, Working to Recovery Australasia. Julia is now combining her experience by running recovery groups at Ngatti house and facilitating reflections groups for coordinators and support workers at Life Without Barriers.

Polly McCann - Mental Health Practitioner (Mental Health Nursing). Over 20 years working in public mental health services across the youth, adult and older adult age range in Western Australia (12 months working with a homelessness community mental health team in Glasgow, Scotland). Team Leader, YouthReach South, a specialist WA Health Youth Mental Health service for marginalised and disadvantaged young people (13 to 25 years) with complex mental health and psychosocial difficulties and barriers to accessing mainstream mental health services. Responsible for the provision of direct clinical services, including clinical inreach to Ngatti House, providing a unique model of care, in partnership with Life Without Barriers.

Winner WA Health Excellence Award 2016
Category 1 Improving Service Delivery

Ngatti House is a unique mental health service in Perth, Western Australia that provides psychosocial support and accommodation to 17 – 23-year-olds experiencing homelessness and/or at risk of homelessness, who face complex mental health issues. Working with young people in this crucial time of development, the program helps to foster resilient and supportive communities. Implementing the Person-centred care ethos, the program provides young people with the stability and support to heal and reflect. This safe space allows young people to identify who they are, who they want to be and what they want from life as well as empowering them to make choices to get there.

This paper will explore the different aspects of the service that make Ngatti unique, from the daily programs, clinical partnerships, key-working, projects, camps and engagement with the local community in Fremantle. It will outline the key learnings of our service, areas that we excel in, as well as some current challenges that we are working to overcome. A challenge of particular note is finding the balance of clinical, social and emotional recovery.

Learning Objectives
Learning Objective 1: The audience will get a unique insight into the operation of a successful mental health service working with young adults. This will provide learnings and solutions that they can implement into their own services. From the presentation, we hope to culture a dynamic Q&A with learnings that we can take back to our service.

Learning Objective 2: Ngatti house is a mental health service – learnings will be directly applicable to other mental health services.
Understanding Resiliency for Families at Risk of Homelessness: Family strength, social networks and service responses.

Elizabeth Conroy¹, Julie Jasprizza-Laus²
¹Western Sydney University, Penrith, Australia, ²Mission Australia, Sydney, Australia

Biography:
Dr Conroy is a Senior Research Fellow with expertise in cross-sectional and longitudinal survey methodology, mixed methods research, and program evaluation. Elizabeth’s research addresses the health inequities experienced by marginalised populations (such as the homeless) with a particular interest in the comorbidity of substance use and other mental disorder, life-course approaches to understanding trauma and resilience, and service integration and accessibility for people with high and complex needs. Elizabeth is also a registered Psychologist.

Julz grew up in Western Sydney and has spent 25 years volunteering and working within local communities. Julz initial understanding was built on experience and a hands-on approach, but she also eventually completed her Diploma of Community Services, Diploma of Counselling and is currently completing her Bachelor Degree in Community Services. In 2006 Julz became the first Child Friendly Officer for Mission Australia’s Communities for Children Program in Mt Druitt. Julz career progressed from there and she is now Mission Australia’s Area Manager in Western Sydney, leading a vibrant team of 60 who each support families and communities across all of Western Sydney. Julz has a passion for supporting communities to thrive and believes that if a community is strong, supportive and provides opportunities, then families can focus on supporting their children to dream big and to foster the belief they can do anything they dream.

Families comprise a substantial proportion of the homeless population in Australia. While structural risk factors such as poverty are strongly associated with homelessness, not all families experiencing material hardship become homeless. The MAC-K Family Homelessness Project sought to understand how families were able to resist and/or recover from homelessness despite ongoing uncertainty with their economic and social circumstances.

A mixed methods approach was used to explore individual resiliency and family strength against a background of structural risk. The narrative interviews and cross-sectional survey found lifetime homelessness and housing instability, and family breakdown and trauma, were common, regardless of participant’s current housing status. The overarching theme identified in participants’ narratives was the experience of a difficult life and the aspiration of a good life. Several factors were found to be associated with resiliency including family strengths, social problem solving skills, and how participants negotiated support.

The findings were workshopped with staff from the different MAC-K services resulting in a tool to assist staff to move towards a practice framework that supported client resiliency. This collaborative process was critical to fully understanding the study findings and will be discussed along with the learnings of how resiliency can be understood in this setting.

Learning Objectives
Learning Objective 1: The audience will gain an understanding and appreciation of how people develop resiliency despite significant risk factors such as trauma, family breakdown and poverty and the role that services play in supporting this. They will also develop an understanding of how researchers and services can collaborate to ensure study findings are translated into practice.

Learning Objective 2: Psychological distress and mental disorder are highly prevalent among people with an experience of homelessness. While the homelessness service system plays an important role in reducing distress associated with homelessness (through the provision of supported housing and case management support), longstanding mental disorder and suicide risk (perhaps linked to early life adversity) requires input from mental health services if it is to be effectively addressed. Mental health services have a responsibility to work with homelessness services to support clients. Access issues continue to be a challenge for homelessness services partly due to criteria for entry into the mental health service system, and partly related to client fear and distrust of services as well as the stigma associated with mental illness.

References


What happens behind closed doors? Mental Health Risks for Couch Surfing Young People.

Rhianon Vichta-Ohlsen¹, Katie Hail-Jares²
¹Brisbane Youth Service, Fortitude Valley, Australia, ²Griffith University Criminology Institute, Mount Gravatt, Australia

Biography:
Dr Katie Hail-Jares (PhD Justice) is a Postdoctorate Research Fellow at the Griffith Criminology Institute. She has more than a decade of experience collaborating with marginalized populations, including incarcerated communities, sex workers, and people who use drugs.

Community strength is predicated on the safety and security of a home. Youth homelessness is disproportionately associated with a range of mental and physical health issues. The idea of youth homelessness is, however, most commonly focussed on rough sleepers; those visible on street corners or under bridges. Young people who are couch-surfing, moving transiently between houses without a stable home, represent a less visible but increasingly prevalent form of homelessness. Since couch surfers are technically sheltered, if temporarily, they have not commonly been considered at as much risk as other homeless young people. Drawing upon multivariate analysis of the intake records of over 1000 young people accessing Brisbane Youth Service, as well as preliminary qualitative research with young couch surfers, this presentation fundamentally challenges assumptions about the mental health and safety of young couch-surfers. It highlights important findings that young couch surfers report significantly higher poorer mental health and connection to support than any of their peers, including those who were sleeping rough. These findings raise critical practice questions and suggest that couch surfing should be viewed as a potentially serious mental health risk factor requiring specific risk assessment as well as targeted early intervention and policy responses.

Learning Objectives

Learning Objective 1: People will have opportunity to challenge assumptions and develop a better understanding of the mental health risks and support needs of vulnerable and homeless young people. This will enable them to deliver better, more effective services to young people, as well as to be better informed in advocating for the mental health needs of young people who move in and out of homelessness.

Learning Objective 2: Young couch surfers are often hidden, lacking access and prioritisation within mental health and other youth services. This topic is directly relevant to ensuring that mental health services are available and accessible to hidden groups in our communities who are at high risk of mental health issues.

References


FEATURED SYMPOSIUM: The Role of Arts and Culture in Improving Health and Strengthening Communities

Christine Eade¹, Hannah Graham¹, Lynne Seear², Alison Kelly³

¹Coventry City Of Culture Trust, Coventry, United Kingdom, ²Queensland Hospital, Australia, ³Mind Blank, Australia

S07: FEATURED SYMPOSIUM: The Role of Arts and Culture in Improving Health and Strengthening Communities, M3, August 28, 2019, 11:30 - 13:00

Biography:
Christine Eade manages The Pod Coventry City Council’s award winning mental health social brokerage and cultural hub. The Pod builds individual, organisational and societal capacity for creativity, innovation, regeneration, compassion and activism. Their approach asserts the importance of CULTIVATING authentic CONNECTION with the city its creatives, entrepreneurs, CHANGEmakers & quiet activists.

Hannah Graham is a Producer at Coventry City Of Culture 2021 (UK). Working alongside charity organisation Grapevine, Hannah is developing creative interventions that spark social action to tackle mental health issues in Coventry. Previously she has worked closely with communities, grassroots organisations and regional cultural venues to develop co-produced art programmes.

Lynne Seear is a senior arts manager and writer. Since 2014 she has been Manager of the Arts in Health Program for Children’s Health Queensland. Previously she worked at the Queensland Art Gallery/Gallery of Modern Art where she was Deputy Director, Curatorial and Collection Development. In recent years Lynne has focused on the importance of the arts to health and well-being through the activation of transformative environments and programs, particularly within communities and healthcare.

Ally Kelly is the Chief Executive Officer & Founder of Mind Blank Ltd, aiming to reduce the risk of suicide in schools and communities through interactive theatre. Through research and program evaluation she aspires to support community arts programs and grassroots initiatives make a more sustainable impact in Australia.

Coventry City of Culture 2021 Trust is building a citywide creative programme that has a strong focus on social justice, tackling inequalities, improving mental health and strengthening communities. The programme will be outcome driven and seek to support community networks to use the spotlight of 2021 as a catalyst for change. There are many short-term initiatives for arts in health that are set up to make the case for why we need to systematically unite on issues such as mental illness. We are making the case for making no more cases. Considerable research evidences the value and benefit of culture and arts for health. Advanced research into which artforms most benefit a range of mental illnesses is underway in the UK. We can wait to know all the answers, or we can create a call to action within our city.

Our vision is of people, working together in Coventry and Warwickshire with the energy and confidence to tackle challenges and take opportunities. Working with partners across the city, we hope to help all kinds of people experiencing the impacts of poor mental health including isolation, poverty and disadvantage to build better lives. We want to get at the root causes of problems that won’t go away – not just treat the symptoms - working with systems and services like the National Health Service (NHS) and local authorities to see how together we can understand and tackle the real problems, for good.
There is ‘no health without mental health’ and yet we know that at least one in four British adults will experience some kind of mental health problem in any one year. A significant proportion of those will also experience long term conditions and that’s without mentioning that the three out of four people who do not directly experience mental illness, will undoubtedly be affected by it though a family member, loved one or a friend. Mental health problems are increasing, influenced by a wide range of social, economic and environmental factors they place an enormous strain on individuals, families and local communities. As a consequence, national policy now demands that mental health be treated on a par with physical health. We also know that good mental wellbeing plays an important role in the promotion of both physical and mental health.

In the build up to 2021 and beyond we are keen to develop greater artistic interventions that are co-designed with people in Coventry. We know that this begins with groundwork, with conversations in the community and conversations with those working at policy level. Some of our activities will begin small with a plan to spark social action and grow into bigger movements of change. We know arts funding can be unsustainable, we know that programmes with short term delivery can leave communities and individuals feeling at a loss upon completion. This is why we are keen to empower people to work with us, whether they represent the one in four or the three in four, we feel there is a part for everyone to play. We plan to design and deliver programmes that will have sustainability and lasting impact beyond 2021, led by communities who are truly committed to working together for good.

We know we cannot do it alone, so we seeking to develop new creative programmes with a Coventry wide mental health network of community agencies, charities, businesses and NHS providers, to help find creative approaches to anxiety, depression, loneliness and isolation as well as reducing stigma and widening debate and conversation, with a focus on creating greater understanding and improving lives.

The programme will be rooted in local communities and enhanced by the work of the wider producing team as well as the wider creative sector in UK. This is a long-term programme of work to engage citizens in undertaking positive activities, helping them develop their own responses to the challenges they face in their daily lives. We hope to widen the focus of activities to encompass all sections of society, at risk of exclusion from arts provision, but for whom access to arts activities could enhance wellbeing, social inclusion and strengthen communities. Through our partnership work, we want to foster an ecology of positive risk taking, encouraging people to come together to experience how social connection through arts and culture might benefit their health and wellbeing.

Locally we are working with charities who place social action and movement building at the heart of what they do. But in order for us to work across a city that faces many inequalities, we will draw on exemplary projects and frameworks that have proven results, both nationally and internationally. We are keen to build an international partnership with mental health agencies, charities and networks in Australia and have invited organisations here with us today to begin meaningful exchanges in this work between the UK and Australia.

Through the MHS Conference in Brisbane we would like to:

1) Deliver a snapshot of arts in health and communities, bringing the UK and Australia together to demonstrate the impact of innovating with art led programmes, mobilising communities and bringing arts into the health setting.

2) Provide a case study of how the local authority in Coventry (The Pod cafe) are innovating in the community with social activism, sharing a newly commissioned film to demonstrate a ‘10 years on’ impact story.
3) Share examples of art and mental health projects in the UK and beyond, considering what challenges and opportunities joint partnerships present when working across the cultural, health and voluntary sectors.

4) Initiate collaborative conversations around Social Prescribing and arts for health in the community - providing examples, academic research and personal testimonies to create provocations and a call to action for delegates.

5) Close the loop. Beyond offering a space for questions and answers, we want to help delegates to think about the tools and tips they might need to know moving forward from the symposium, signposting to research and organisations to support the next steps for those interested in taking things forward.

**Learning Objectives**

Learning Objective 1: In learning about the role that artists and the arts/culture can play to tackle issues around mental health attendees will see how the arts can help strengthen communities. Participants will gain understanding of the importance of creativity in tackling some of the connected issues around mental health, familiarise with best practice, make new partnerships, understand where to get information, why major research trusts are investing in artists and be inspired by current activities that promote social inclusion and wellness. Through participation in break out groups, attendees will develop their own arts and mental health action plan and be able to take away actions to implement.

Learning Objective 2: We want to demonstrate through this programme how embedding cultural provision and artists as part of the wider social prescribing can support delivery of better outcomes. We want to present innovation happening in local authority services, as well as explore and identify the role and best practice of artists in/the arts for national health providers. We want to push further than purely attendance or engagement with music and the arts. But show how culture can provide tools, be embedded in planning for health care environments as well as through social prescribing mechanisms.

**References**

Liz Gaulton, Director of Public Health and Wellbeing, Coventry City Council
Jonothan Neelands PhD, DSc, FRSA, Academic Director for Cultural Partnerships | Professor of Creative Education | Warwick Business School | University of Warwick
Building Belonging: Creating welcoming communities through lived experience.

Rachael Lovelock\textsuperscript{1}, Andie Coughlan\textsuperscript{1}, Mark Jackson\textsuperscript{1}, Anita Conlon\textsuperscript{1}

\textsuperscript{1}Wellways Australia, Melbourne, Australia

\textbf{Biography:}
Rachael Lovelock, Advocacy and Community Education Manager
Rachael’s a manager, advocate and family/carer leader drawing on lived experience and background in community development and project management to lead, design and implement service models, education programs and advocacy strategies at Wellways

Andie Coughlan, Consultant Program Development
Andie is a program content designer at who draws on her background in education and her own lived experience to create powerful learning opportunities. She’s lead the co-design, training and delivery of Wellways’ community inclusion workshop programs, ‘Well Together’ and ‘Well Said’, and is currently designing online coaching modules for carers.

Mark Jackson, Consultant Peer and Community Education
Mark works at Wellways as Consultant, Peer and Community Education. He trains people in lived experience storytelling, and presents from a lived experience perspective in a broad range of community and business settings. Mark was a CEO of a graphics and printing business, and has experience in counselling, health and business coaching, and in film production.

\textbf{Workshop Outline:}
Wellways were funded in 2017-18 to deliver “Well Together” – a project to develop, deliver and evaluate innovative awareness and capacity building workshops within the NDIS Information Linkages and Capacity Building (ILC) funding environment.
Goals of the project include community education and engagement packages delivered by people with lived experience of psychosocial disability. The project draws on specific expertise and skills in reducing community stigma and activating inclusive behaviour within the community in relation to people with psychosocial disability. The project also included the development of organisational self-audit tool and resources that focus on the fundamentals of community inclusion.
The workshop is targeted at community organisations, service providers, peer educators and grassroots advocates who are interested in exploring the possibility creating change and developing inclusive communities through lived experience.

\textbf{Workshop Plan}
Introduction (10 min)
- Acknowledgement of country (2 min)
- Welcome and introductions (3 min)
- Establish safe space (in line with Intentional Peer Support principles) (5 min)
  o Workshop group “discomfort agreement” on white board – designed to encourage individuals to consider their needs and to create the conditions for people grow in the space outside of their comfort zone
Acknowledging community attitudes, stigma and discrimination

Presentation (10 min)
- The Well Together project: rationale and structure (5 min)
- Well Together project learnings (5 min):
  - How to support people with psychosocial disability to engage with and access services with the mainstream service system and community organisations
  - Creating deeper and wider engagement with mainstream and community organisations
  - Creating a space in which people with psychosocial disability are valued, safe and invited in
  - Increasing organisational competency and awareness of community inclusion
  - Developing a toolkit for mainstream providers and community organisations
  - Influencing and resourcing the NDIA and the mental health service sector

Interactive Workshop (30 min)
- Small group exercise: assess and discuss what your organisation or your role would need to do to establish welcoming and inclusive communities. Components to consider:
  - Supporting community inclusion within mainstream service
  - Building organisational cultural competency
  - Addressing community attitudes, stigma and discrimination

  - Whole group exercise: reflections on possible challenges and needs for workshops to be delivered through lived experience, including:
    - Training and supervision systems – delivering best practice with limited resources
    - Sharing of lived/living experience
    - Negotiating between organisational boundaries and personal limits

  - Individual reflection and small group discussion: How can organisations deliver community education in a sustainable way?
    - How can we use our current resources differently?
    - What might need to change in the system to enable us to deliver effective community education?

  - Reflections back to the whole group

  - Whole group discussion and brainstorming: Do we need to advocate for community awareness and capacity building?
    - Key advocacy strategies for community members, community organisations, service providers and peer educators/advocates
    - Influencing big-picture change - getting involved in systemic advocacy

Q&A (10 min)

Learning Objectives

Learning Objective (1): Workshop participants will learn about the importance of supporting and training people with lived experience to provide effective community education that challenges prejudice, celebrates diversity and invites people to be part of creating a more inclusive community. Participants will draw on the example of Wellways’ development and practical application of an Intentional Peer Support program within peer and community education; and explore practical strategies to effectively support this type of work within their own organisations, professional roles and advocacy activities.
Learning Objective (2): Workshop participants will understand practical ways that community organisations can engage in education that challenges the attitudes, systems and behaviour that exclude people, ensuring they are better able to meet their legal requirements for equal access and deliver better quality services. Wellways Community Education moves beyond awareness-raising, supporting community members to become active in welcoming and including people with psychosocial disability; and enabling providers to build the systems and culture that support everyone in the community to benefit from the service.

References

In the footsteps of our Ancestors.

Cory James\(^1\), Marihi Langford\(^1\), Trey Henry\(^2\)

\(^1\)Ngati Kahu Social And Health Services, Kaitaia, New Zealand

\(^2\)S09: PAPERS: Sense of Culture, M5 & M6, August 28, 2019, 11:30 - 13:00

Biography:
Cory has been working in the addictions field for 15 years across both the DHB and NGO sector. Specialising in the Youth field he has used many different approaches from mainstream to cultural and has dedicated himself to supporting young people to find out who they are.

As a graduate of the Oranga Tangata programme, Trey demonstrates the transformation that occurs when one is reconnected to their land, ancestors and culture. Trey recently received the Hoe Rua scholarship from Te Rau Ora supporting his ambitions in the addictions sector. Trey is now employed to facilitate the programme he once graduated.

Ko Wai Au? Who am I?

Ringed by golden beaches and crystal clear oceans, Kaitaia is unconscionably pretty, dotted with flaming red pohutukawa trees and blessed by year-round blue skies. Despite this, our small town tends to be portrayed as unsafe and fuelled by drugs and alcohol, while negative stereotypes and labels such as the town being New Zealand’s murder capital does not help.

We believe our Far North Community, despite what is represented in the media and statistics has the potential to flourish, living off our own resources with a growing economy.

There is a clear desire for a better future for young people, principally focusing on suicide and mental health issues, and the need to engage youth in positive pathways.

Ngati Kahu Social and Health services works with vulnerable at risk Whanau, supporting them through their journey to wellbeing.

We know that disconnection from people, place and purpose are key drivers that impact our communities. We are providing an opportunity for our Rangatahi to reconnect to their Whenua, Tupuna, Community and their Turangawaewae.

Our presentation looks at our 'Oranga Tangata' programme, working with 18 - 24 year olds. We have taken a basic mainstream work ready contract and turned it into a programme that is specific to the needs of OUR community, targeting OUR whanau and OUR young people.

We are using Tupuna (ancestors) stories to inspire, ignite and instill values and traditions and make them relevant for our young people in the world that they live in today. We believe that if we can use these stories to engage our young people they will figure out who they are, who they want to be and become positive contributors to their Whanau and their community.

Learning Objectives

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\(^1\)Original name count: 4
Learning Objective 1: The audience will gain an understanding of the importance of 'connection' for young people who are struggling in the world they live in and how going back to basics can reconnect them to the things that matter most.

Learning Objective 2: Our youth are faced with so many barriers, our presentation looks at these barriers from the lens of a young person in our community. Disconnection, isolation, trauma, mental health, addictions and violence have become the social norm for many of our young people, affecting their mental Health and wellbeing. Our approach strips away all of those issues and attempts to rebuild young people and strengthening them using our culture and traditions.

References


Hinemoa Elder (2008) Ko wai ahau? (Who am I?) How cultural identity issues are experienced by Māori psychiatrists and registrars working with children and adolescents, Australasian Psychiatry, 16:3, 200-203, DOI: 10.1080/10398560701875199
Peau Folau - Voyaging Waves to Navigate Better Pasifika Cultural Understanding and Service

Manu Sione¹, Rufo Pupualii¹, Latu Pasa¹
¹Emerge Aotearoa, Auckland, New Zealand

Biography:
Manu Sione is of Māori (Ngāti Whātua), Samoan (Fagamalo and Luatu’anuu) and Cook Island (Pukapuka) descent and was born and raised in Auckland, New Zealand. He has over 30 years experience in senior leadership and health management roles. Currently he is National Manager - Culture for Emerge Aotearoa.

Latu Pasa has worked in the mental health and addiction field for over 10 years as a mental health support worker, mental health professional, AOD clinician, member of the pacific advisory group for Emerge Aotearoa & Service Manager. Latu is of Tongan/Fijian heritage and works in South Auckland home of 37% of NZ's pacific population.

Peau Folau will portray the concepts of “Ways of Working with Pasifika People”. This was co-designed with tagata Pasifika (Pasifika service users), families, communities and staff. The collective voice of Pasifika strengthened and enhanced the “tofā saili” (cultural wisdom perspectives) that was gathered through this process.

Peau Folau, or the ‘Voyaging Waves’ is the Pasifika community traditional navigation method captured by the group as a representational tool to evaluate the holistic principles of:
1. Moving forward learning Pasifika cultural awareness, responsiveness and competencies for enhanced service delivery
2. Pasifika people’s identities – the indigenous people of the Moananui A Kiwa, relationship to their natural environment, cosmology, ideology
3. Pasifika people’s inclusive skills, inspiration, and learning outcomes
4. A measuring and evaluation tool formed to support staff and services for professional, cultural, and personal growth.

The Peau Folau tool brings about the holistic approach of talatalanoa kainga Pasifika (Pasifika engagement), of soifua manuia (healing) and restoration. It will discuss the significance of three waves of Peau Folau and what is represented. The richness of peoples’ “tofā saili” in the Islands and New Zealand life, cultures in terms of a bio-diverse ecosystem, natural resources, social activities, environmental sacredness, spiritual uniqueness, migration and navigation opportunities and a desire for a sustainable future.

Learning Objectives

Learning Objective 1: To understand the cultural richness of working in a Pasifika way that will enhance the recovery time and long term engagement of tagata Pasifika in their communities.
Learning Objective 2: To provide a framework and evaluation tool that allows services to work in a Pasifika cultural way and track their progress against clear learning outcomes.
We don’t like the word ‘mental:’ Promoting Mental Wellbeing in Culturally and Linguistically Diverse Communities.

Doris Sant

North West Area Mental Health Service, Melbourne, Australia

The Promoting Mental Wellbeing in Culturally and Linguistically Diverse Communities (CALD) Project was undertaken by North West Area Mental Health Service and community partners over two years. The project aimed to collaboratively strengthen the capacity of these vulnerable and socio-economically disadvantaged CALD communities to improve their mental wellbeing. The project reviewed international research about modifiable psycho-social determinants of mental well-being with a view to making this important health information accessible to CALD communities. A range of creative processes were employed to engage the local communities and to form partnerships with ten organisations across different sectors. Consultations with community members provided a two-way means of discussing actions to improve their individual wellbeing and validated the acceptability of an existing mental health promotion campaign encompassing their suggestions. Importantly, the consultations enabled key messages of the campaign to be adapted to be more accessible to a culturally diverse communities. The second stage of this project has been completed with the development of new campaign resources incorporating these adaptions and with the ambition of reaching a broader audience. This presentation will describe some of the processes used, showcase some of the co-developed resources produced and share important insights that were gained.

Learning Objectives

Learning Objective 1: Session participants will also take away knowledge about the 5 Ways to Wellbeing Australia campaign, its benefits and application for improving and maintaining good mental health of individuals - inclusive of service users, their families, professionals and Australian communities.

Learning Objective 2: With 45% of Australians expected to experience a mental illness in their life-time, treatment is not a viable option to rely on and as such services look for innovative non-stigmatising ways to support communities to be healthy.

References

To improve physical health of mental health consumers with severe mental illness.

Ruffita Oey\textsuperscript{1}, Peter Woollett\textsuperscript{1}
\textsuperscript{1}Ryde Community Mental Health Service, Sydney, Australia

\textbf{Biography:}
Ruffita Oey is a clinical nurse specialist currently working at Ryde Community Mental Health and previously worked at Sydney St Vincent's Hospital PECC and mental health inpatient units. Ruffita has completed her post graduate degree in psychology and is passionate to conduct further study in the field.

Despite the significant changes in psychiatric care Australian with severe mental illness (SMI) continue to experience higher morbidity and mortality rates compare to the general public. Therefore the focus of this Physical Health Clinic Project is to create a long term integration of physical health care within community mental health service by working collaboratively with consumers, supporting clinician’s knowledge and skill development as well as strengthening relationship with local services.

In line with NSW Health Physical Health Care of Mental Health Consumers Guideline (2017) the Ryde Community Mental Health Physical Health Clinic provide consumers early screening, monitoring and physical health follow up to and to enable successful early detection of co-morbidity, assist consumer to adopt long term healthy lifestyle changes to improve quality of life. In the spirit of integrated care, close working relationships has been establish with local services including ccCHIP (Collaborative Centre for Cardiometabolic Health in Psychosis), Ryde Hospital Diabetes Services, Ryde Hospital gym centre and Exercise physiologist. Lastly in-services, staff trainings are held to improve clinician’s skills and monthly meetings are conducted to identify barriers, challenges and discuss ideas with all clinical staffs to improve systematic structures in order to deliver better care and service.

\textbf{Learning Objectives}

Learning Objective 1: The presentation goal is to discuss the inequality in physical health status for people with severe mental illness and to propose a possible solution; whole system approach in a community mental health setting to improve integration between physical and mental health care. The goal is for mental health consumers to embrace long term healthy lifestyle changes and for mental health clinicians to support these changes.

The presentation will explore the step by step planning, strategies and barriers that the service face in its journey to improve integration of physical health care.

Learning Objective 2: Mental Health Consumers are more vulnerable in terms of their physical health compare to the general population. Consumers with mental health issues whom are taking psychotropic medications are twice more likely to develop cardiovascular diseases, type II diabetes, respiratory diseases, metabolic syndrome and six times more likely to develop dental health issues.

Therefore the result and outcome of this project is highly relevant to the long term care and wellbeing of consumers with mental health issue. Should the project is effective in achieving long term change, the model is be implement to other community mental health teams that provide intensive support for mental health consumers.
References

Active8 - A Peer Lead Physical Health and Wellbeing Program

Vicki Langan¹²
¹ Neami National, Sydney, Australia, ² Coordinare - PHN, South Eastern NSW, Australia

S10: SNAPSHOTS: Physical Health, M7 & M8, August 28, 2019, 11:30 - 13:00

Biography:
Vicki began her career working in Juvenile Justice and AOD services. With a background in Sports Science, she worked with the Irish Sports Council concentrating her efforts developing strategies in disadvantaged communities engaging young people in physical activity/sport. With a lived experience and qualifications in Addiction Studies, Vicki clearly saw the link between poor mental health and the impact on physical health.

In 2012, Vicki began working as a frontline mental health outreach worker the Aboriginal homelessness service within Neami, moving into the NSW Health Promotion Officer position and then to her current position as the Health and Wellbeing Manager for NSW. Vicki has contributed to the development of several physical health programs/initiatives and research projects with UWO, Neami’s Health Literacy Project and Oral Health E-Learning with University of Melbourne. Vicki is dedicated to improving the physical health of people living with mental illness through innovation and collaboration.

There is a growing body of evidence which suggests peer coaching in recovery-oriented practice is an effective approach to supporting consumers in mental health service settings. The value of peer support in mental health recovery lies in its ability to inspire hope, motivation and an increased ability to overcome challenges.

Neami National’s Active8 program in NSW is an innovative alternative to traditional approaches. In keeping with Neami’s recovery-oriented practice framework, the program is person-centered, collaborative and designed to maximise opportunities for participants to build skills in self-management.

The Active8 program offers a combination of an individual program of Coaching for Physical Health, delivered one-to-one by a peer support worker, and Eat, Plant, Learn a group program co-facilitated by the peer workers, who promotes healthy and sustainable eating. The programs support consumers to identify and work on physical health-related goals; as well as improve their health literacy, engagement with health services, self-management and self-efficacy. Consumers participate in either Coaching for Physical Health (CPH) or Eat, Plant, Learn (EPL) or both programs according to their identified needs and goals. Everyone is offered six one-to-one coaching sessions with an introductory session and an exit support session and access to several tailored group EPL sessions, dependent on their individual needs. The CPH sessions are delivered face-to-face at the consumers home, preferred community location, or over the telephone. One-to-one sessions are scheduled at intervals of two and four weeks to allow them work on their identified goals between sessions.

Unlike a counsellor or mentor, the peer coach does not rely on offering advice but rather helps the individual brainstorm ideas and develop achievable goals, they selectively use self-disclosure to inspire hope, self-determination and reduce stigma. Neami Peer coaches understand the link between physical and mental health and are passionate about supporting people through the challenges of making behavioural changes. The Active8 peer support workers specialise in techniques to support and guide consumers to find
sustainable and meaningful strategies to achieve their physical health goals. They are skilled at keeping sessions on the topic of physical health, whilst being creative and flexible to respond to individual needs.

**Learning Objectives**

Learning Objective 1: Included Peer Workers and consumer is every aspect of developing and implementing a community mental health program.
Learning Objective 2: empowering the peer workforce to address the serious issues of peer physical health of people living with Mental Illness.

**References**

Facilitating Inclusion: Inter-service partnership, clinician engagement and consumer resilience enabling oral health access for people experiencing severe mental illness.

Nicole Brigg¹, Archana Pradhan², Susan Patterson¹²

¹Royal Brisbane and Women’s Hospital, Metro North Mental Health, Metro North Hospital and Health Service, Brisbane, Australia, ²The University of Queensland, School of Dentistry, UQ Oral Health Centre, Brisbane, Australia

S10: SNAPSHOTs: Physical Health, M7 & M8, August 28, 2019, 11:30 - 13:00

Biography:

Nicole Brigg has over 18 years of clinical experience working as an Occupational Therapist. This includes advanced clinician roles in interstate and overseas acute and community mental health settings. In her current role, Nicole has overseen the implementation and evaluation of clinical programs including the UQ Dental Screening Clinic.

Within the context of a facilitated clinical pathway, established in university-mental health service partnership, we examined factors enabling engagement with dental services. This work was novel in moving the focus from multiple barriers to access, by highlighting the strengths, resourcefulness and resilience within people with Severe Mental Illness (SMI) and establishing the importance of collaboration between services and consumers in overcoming oral health disparity. Qualitative methodology, utilising a pragmatic approach enabled development of information of value in the ‘real’ world in which services are provided and accessed. Interviews were completed with 15 consumers who attended no-cost treatment at a university clinic. Analysis employed a framework approach with a theoretical lens (COM-B) to support generalisation of findings. Findings demonstrated that; individual’s motivation was complex, focussed on either function or self or social appraisal; required resilience to overcome ‘messy’ life circumstances and the importance of social and instrumental support. The importance of inter-service partnerships to establish facilitated pathways underpins the vital role of support provided by others to enable access. Ultimately, to enhance social inclusion and health service access for SMI populations, services may need to prioritise both; identified support needs and sustainable service partnerships based on mutual goals of social justice.

Learning Objectives

Learning Objective 1: An understanding of the meaning and importance of individual social support and inter-service partnerships in addressing oral health inequality for the SMI population. The role of facilitated pathways is supported by the complex interaction of a range of enabling factors for individuals to access services such as oral health, most effectively described by application of the COM-B framework, which identifies themes of capability, motivation and opportunity within the facilitated pathway and collaborative partnership context.

Learning Objective 2: Mental Health services globally are challenged by and therefore continuing to explore and evaluate methods to address an alarming disparity in physical health outcomes for people experiencing SMI. Oral health disparity is equally confronting with significantly higher rates of total premature tooth loss compared to the general population, the personal, economic and social costs of this disparity are considerable. Broader Implications for the generalisation of these findings include applications for facilitating access to a range of health services with an overarching aim to reduce the gap in mortality and morbidity for the SMI population.

References

Making Supported Accommodation a part of a Healthier Community.

Donni Johnston

Metro South Addiction and Mental Health Services, Brisbane, Australia

S10: SNAPSHOTS: Physical Health, M7 & M8, August 28, 2019, 11:30 - 13:00

Biography:

Donni Johnston is the Senior Community Nutritionist at Metro South Addiction and Mental Health Service on the Southside of Brisbane. She’s been working in mental health services for over 9 years and is passionate about improving the physical health of people living with mental illness. Her current role involves working at an organisational and community level to establish settings that are conducive to healthy eating. Current projects focus on the supported accommodation setting and workforce development. Previous areas of interest include early life nutrition and food security.

Supported accommodation residential services in Queensland (also known as boarding houses, small group homes or hostels) house the most vulnerable people in our community; predominantly people living with severe mental illness and intellectual disabilities.

For those with a severe mental illness, life expectancy can be reduced by up to 25 years compared to the wider population, predominantly due to high rates of preventable, lifestyle-related chronic diseases (1).

Dietary risks are one of the greatest predictors of chronic disease in Australia (2). Supported accommodation provides all residents meals, every day of the year making this an ideal setting to impact residents health. The Healthy eating in supported accommodation project aimed to ensure that these sites were conducive to healthy eating as we know the places where people live are a key influencer of health.

The projects practical strategies focussed on the meals provided, the physical environment of this setting and influencing external support organisations and legislation.

This is an example of how mental health services can partner with the Department of Housing and Public Works, supported accommodation providers and other health services to positively impact the health and lives of over 4347 residents.

Learning Objectives

Learning Objective 1:The audience will gain an understanding of how mental health services can impact on the physical health of people living with a mental illness by partnering to create healthier living environments.

Learning Objective 2:This topic is relevant to how mental health services are addressing the health disparities amongst those living with a mental illness and working to reduce the current life expectancy gap.

References

Resilience in the general practice/mental health service interface.

Marilyn McMurchie

East Sydney Doctors, Darlinghurst, Australia

Biography:
Marilyn McMurchie is a general medical practitioner working in a 10 doctor practice close to St Vincent's Hospital Sydney. As well as general medicine, the practice is known to provide care for people with HIV, hepatitis B and C infections, sexually transmitted diseases, drug and alcohol problems and a spectrum of mental health conditions. St Vincent's Mental Health services and local non-government organisations providing support to people with mental health issues often refer people to East Sydney Doctors.

People with major mental health disorders usually make use of a hospital mental health service when they are acutely distressed. Once the situation has settled somewhat, people can transition to care in the community and general practitioners (GPs) are part of this community of care.

People with major mental health problems are known to have a lesser quality of life and to have a shortened life expectancy with an increased risk of many chronic diseases so referral for general medical care is appropriate. However GPs can also share the care of the mental health condition such as continuing medication prescriptions and monitoring for medication side effects.

To this end, information about the psychiatric diagnosis or diagnoses, medications and the person's history and context is essential.

Communication between the multiple silos of health care is problematic.

This paper will present a prospective snapshot of people referred to East Sydney Doctors by government and non-government organisations, especially with respect to communication about their mental health care.

Learning Objectives

Learning Objective 1: To develop an understanding of the transition from a mental health service to general practice.

Learning Objective 2: To approach a benchmark for transitional processes.

References

Building Hope and Resilience for Consumers and Carers through Early Intervention for Emerging Personality Disorders

Sheila Nicolson¹, Yooni Choi¹
¹Northshore Ryde Mental Health Service, Sydney, Australia

Biography:
Yooni Choi has extensive experience working in acute mental health settings across the lifespan offering acute and recovery services. She has practiced as a clinician and is currently in a management role. Yooni assisted in the development of the NSW Health online training module: Clinical care of People who may be Suicidal: Education and Training. She has delivered inservices to the Korean Mental Health Society and to “Woman’s Space,” a refuge in Lakemba serving Korean women who have experienced domestic violence, depression and other mental health challenges.

North Shore Ryde Mental Health Service is based in metropolitan Sydney which serves a population of 360,000. With an increasing number of referrals presenting with emerging personality disorders, specifically Borderline Personality Disorder, this paper will focus on how as a mental health service we have established ‘Brief Intervention Clinics’ (BIC) in response to the growing needs of this population. BIC is based on the Project Air Strategy for Personality Disorders which seeks to improve the capacity of mental health services to manage and treat personality disorders and to improve specialist treatment options.

The purpose of BIC has been to provide early intervention and better support for adults with emerging personality disorders and their families. It is particularly focussed on those in crisis who have complex needs by providing practical therapeutic techniques in the prevention and treatment of high risk challenging behaviours reducing presentations to the local Emergency Departments (ED). In the 2 year period BIC has been operating, only 4% of consumers re-presented to ED whilst attending the BIC program.

This paper aims to walk participants through the journey in:
• Redesigning services within existing resources
• Improving awareness and information about BPD and self-harm
• Upgrading staff skills through training
• Evaluating clinical outcomes

Learning Objectives

Learning Objective 1: Raise the profile of early intervention in treatment of emerging personality disorders within community mental health
Learning Objective 2: Promote the capacity of community mental health services to manage and treat personality disorders and to improve specialist treatment options.

References

Project Air, A Personality Disorders Strategy, Illawarra Health and Medical Research Institute
Gunderson, JG and Hoffman, PD, Understanding and Treating Borderline Personality Disorder
Storytelling and Emotional Labour: Reconciling hope and resilience with a broken system.

Terri Warner
ACT Mental Health Consumer Network, Canberra, Australia

Biography:
Terri Warner is a mental health educator and advocate. She uses lived experience to bring about positive change in health services and improve community understanding about mental illness through community education, the delivery of peer-facilitated programs and systemic advocacy. She is the Chair of the ACT Mental Health Consumer Network.

Personal stories serve a number of purposes in mental health. They are used to address stigma, to promote help-seeking, to promote services and programs, and to advocate for systemic change. Messages about hope and resilience are central to these purposes. However, sharing personal stories usually means managing conflicting emotions about the message, its purpose and the contradiction presented by the notion of encouraging people to engage with a system you are fighting to change. This presentation will explore this contradiction and draw on the expertise of lived experience storytellers and advocates to develop an understanding of the complex relationship between for-purpose personal stories and the lived experience that underpins them. Advocates, storytellers and people who work for services and programs that engage lived experience storytellers and/or use personal stories for promotional or other purposes are encouraged to attend.

Learning Objectives

Learning Objective 1: Attendees will gain a better understanding of the role of emotional labour in storytelling and will learn ways of acknowledging its presence and supporting storytellers to manage its complexities.

Learning Objective 2: Mental health services that use personal stories and develop a better understanding of the relationship between a person, their story and their lived experience can not only support those storytellers effectively but also maximise the impact of their stories.

References


Rolling out Family Connections education groups in Queensland: A collaboration between NEABPD and Metro South Addiction and Mental Health Services to improve the coping, mental health and resilience of loved ones of those with Borderline Personality Disorder to improve outcomes for all.

Kathy Madson¹, Catherine Renkin, Kylie Hayes², Mary Cantrill², Louise Watson

¹Metro South Addiction & Mental Health Services, Qld Health, Woolloongabba, Australia, ²NEA BPD Australia, Sydney, Australia

S11: PAPERS: Therapies, P2, August 28, 2019, 11:30 - 13:00

Biography:

Kathy Madson [BSW (hons); MMH (community); MAASW] Social Worker with 25 years experience in mental heath. Developed a particular interest in BPD. DBT therapist from 2003 to present in public & private comprehensive programs. Adjunct Lecturer at UQ School of Nursing Midwifery and Social Work on BPD.

Cathy Renkin is a Social Worker with passion for family inclusive practice. She has worked in public mental health for over 20 years, including 10 years focusing on the needs of parents and their families. She is currently an Adjunct Lecturer at UQ School of Nursing Midwifery and Social Work.

Louise is a dedicated Economist/ Program Governance Officer with the Australian Taxation Office. Louise resiliently supports her daughter through 8 years of her suffering with a complex emotional dysregulation disorder. In 2018 Louise participated in a NEABPD program before compassionately volunteering herself to co-facilitate program sessions in 2019 and beyond.

Life for those who love people with BPD involves high levels of distress, reduced functioning and burden. Yet it is still a highly stigmatized diagnosis and often this population are excluded or experience little benefit from accessing public mental health services. This burden has been shown to seriously affect their own mental health.

This paper presents an innovative collaboration between a public mental health service and a small NGO to roll out the Family Connections (FC) program in QLD. The FC program was developed by NEA BPD and is a manualised, educational, skills training and support programme providing: current information and research on BPD and family functioning; individual coping and family skills training; and group support via shared experience with other group members.

The collaboration incorporated flexibility and accommodation of the needs of both agencies and challenged norms of service eligibility, delivery and consumer base.

After running a number of programs family graduates have trained to become co-facilitators enhancing viability long term. They and are now delivering the program, taking the next step toward closer fidelity to the FC model of family members delivering the program to family members.

Learning Objectives
Learning Objective 1: True focus on meeting needs of families in a meaningful way allows collaboration and accommodation between services in different sectors in a genuinely innovative way. This increases in-reach of evidence based programs which enhance well being of those with BPD and those who care for them. Learning Objective 2: Loved ones of those with BPD continue to be stigmatised and excluded from public mental health services leading to their own declining mental health and resilience. This can continue or exacerbate the distress of the person with BPD also. By offering evidence based carer support programs these support systems are shown to work more effectively and increase the well being of all involved.

References

Flynn D; Kells, M; Joyce, M et al (2017) Family Connections versus optimised treatment-as-usual for family members of individuals with borderline personality disorder: non-randomised controlled study. Borderline Personality Disorder and Emotion Dysregulation 4:18
Thrive London: Bringing Communities Together

Chiara Lombardo1, Ed Davie1, Daniel Barrett2, Josefien Breedsvelt1, Antonis Kousoulis1

1Mental Health Foundation, London, United Kingdom, 2NHS England, London, United Kingdom


Biography:
Dr Lombardo is the research lead for Thrive LDN at the Mental Health Foundation, London, where she conducts prevention focused research. Chiara is completing a fellowship in Public Mental Health at the University of East London, and previously worked at Cambridge University where she conducted research on co-production of services.

Thrive London is a citywide movement for better mental health launched in 2017, part of a current global place-based agenda on mental health. The Mental Health Foundation has been supporting Thrive LDN by mapping determinants of mental health in London, and highlighting areas of highest risk for poor mental health by borough. With the aim of identifying effective ways of supporting people and agencies, allocating resources and coproducing local solutions to find ways to improving the pre-determinants of mental health, we delivered 17 community conversations with a total of 1,016 Londoners, including commissioners, providers and those who use services. Thrive LND’s six aspirations guided the conversations (communities take the lead; stigma; children and young people; healthy workforce; services that are there, when and where needed; zero suicide), providing Londoners with a canvas on where to paint their ideal city. A very rich dataset was collected. Some of the solutions proposed share common themes, namely to build resilient communities, and to acquire knowledge and skills so that people can better look after themselves and their neighbours; other solutions are specifically related to each of the six aspirations. Recommendations for partners involved have been developed.

Learning Objectives
Learning Objective 1: Participants will learn about community conversations, and how people can play a more central role in shaping their services and tackle inequalities.
Learning Objective 2: To help find collaborative ways of improving pre-determinants of mental health, in order to enable prevention for everyone and for better mental health outcomes in the community.

References

Keynote Q&A

Kim Mueser

Biography:
Kim T. Mueser, Ph.D. is a clinical psychologist at the Center for Psychiatric Rehabilitation, Boston University, and Professor of Occupational Therapy, Psychological and Brain Sciences, and Psychiatry. His research interests are on the development and evaluation of psychosocial interventions for persons with serious mental illness. His work has involved a range of different treatments, including integrated treatment for co-occurring mental illness and substance use disorders, cognitive behavioral therapy for posttraumatic stress disorder, illness management and recovery, cognitive remediation, family psychoeducation, interpersonal skills training, and treatment of first episode psychosis. He has published several hundred peer reviewed publications and co-authored over ten books. His research has been supported by the National Institute of Mental Health, the National Institute on Drug Abuse, and the Substance Abuse and Mental Health Services Administration.

Come to this informal session with the Keynote Speaker which will be facilitated by an expert chairperson. During the keynote speech first thing in the morning there is no time for questions or audience participation, so this is your chance to participate in questions and discussions with the keynote speaker in a smaller, more intimate setting.
Tina's Life Menu of Hope and Resilience

Tina Reay, Lee Martinez

1University of SA, Department of Rural Health, Whyalla, Australia

S13: SNAPSHOTS: Making Your Community Stronger, P5, August 28, 2019, 11:30 - 13:00

Biography:
Lee Martinez is a Whyalla woman and from a nursing background, who lives and works in country SA providing a lifelong experience and understanding of those residing in rural and remote areas. Lee currently works for the University of SA Department of Rural Health as the Mental Health Academic. Lee’s current research is focused on how the voice of the rural lived experience of mental health consumers and carers can influence practice and services. Their participation in education, service delivery and design can improve the health and well being of people who live with mental health illness.

Tina Reay originally from Scotland, now lives in Port Lincoln is a vibrant, funny and resilient woman. Tina’s experiences span from living with her own mental illness and caring for her children with mental illness, working with health educators to share her life learning’s with the passion to enlighten clinicians and students. Tina loves comedy and most recent string to her bow is being a Stand Up for Mental Health Comic!!

Personal stories play a big part in helping other people see and hear the same or similar thing..... if he or she hears a story from another it could put the light on for them, help them to tell their own story. We all have a story in us. In my talk I will share my story around “my brain” and how using the concept of a “menu”, I have worked within myself and with other people to stop going around the bend.

On a good day “The Menu” has helped me to see every day what I did.....in the dark times and how the light went on in my brain.

In my presentation I will share with you the impact of life events, for example being adopted as a child, developing my menu to put life in perspective, how I came up with the idea, what it does for me and how it works...I will touch on the importance of breaking down the barriers to services and what helped me to navigate the system.

I hope you will be enlightened and realise “It’s Time”! We all have our own menu and stand up and move from the “dark times” ...

The Dark is like food it eats you up....and then there is DESERT!!

It’s good for you all to know I still get the dark times but with the help of my doctors, counsellors, friends and The Menu....I can find my way back with DESERT. I pick one a week and aim to do it.

Participants will leave the presentation with the challenge of choosing an item from their own life menu that they can turn into a “desert”.

I look forward to sharing with you this easy to do way of keeping my brain intact and not going around the bend!!

Learning Objectives

Learning Objective 1: People will take away an understanding of how a person with a lived experience of mental illness can work with a simple tool to break down their story is a safe way, determine their mental health appetite and move away from overthinking. The aim being to simplify the darkness to bring in the light. Furthermore, how the tool can be used to engage in conversation and educate health workers and students.
Learning Objective 2: People will learn how the world of lived experience (LE) can be brought into the community, health education and services to decrease stigma and enable meaningful conversations. The audience will go away with ideas of how clinicians and others can use simple, uncomplicated ways of working with LE to build stories of hope and resilience.
Grass Roots Recovery Community Development: Lessons Learned and Learning

Amanda Waegeli¹, Lyn Mahboub¹³
¹Recovery Rocks Community Inc, Kwinana, Australia

S13: SNAPSHOTs: Making Your Community Stronger, P5, August 28, 2019, 11:30 - 13:00

Biography:
Amanda is a lived experience practitioner, who has worked in the Mental Health sector for ten years. It is her passion for change following her own previous experiences of psychosis and use of the mental health system which inspired her to found Recovery Rocks Community Inc (RRCi) in Perth. She is Vice Chair of the RRCi Management Committee.

What do healthy communities look like in 2019, and how can we build them? This is a question we have been asking ourselves for some time and still ask as we remain on this journey. Recovery Rocks Community’s origin is as grass roots as it can get. It was born in the backyard of the founder. In this presentation, we will highlight some of the many successes of Recovery Rocks and reflect on the trials and tribulations of working on trying to build a peer run recovery community. We will ponder the decision to become incorporated and reflect on its pros and cons, and discuss how, at times, governance and desire for instant action can work against each other. We will also reflect on the aspiration of creating trauma informed activities by and for people who have and are often still living through trauma and enacting trauma responses. We will highlight the barriers to connection that occur such as the journey of the wounded healer, urban sprawl, insufficient transportation, varied IT literacy, financial distress, trade-offs for funding, unequal access to phone and internet bandwidth and differing time zones.

Learning Objectives

Learning Objective 1: People will take away a realistic, honest reflection of the kinds of things that are involved in such endeavours.
Learning Objective 2: This is relevant to both consumers & families as well as service providers who are themselves starting out or struggling with developing healthy communities.

References

Honouring two lives and reclaiming another: A beautiful story of healing, self-acceptance and hope shared by Josephine and Jenny that shines a powerful light on the role of ritual in all our lives.

Jennifer Greenham
Spiritual Health Victoria, Melbourne, Australia

S13: SNAPSHOT: Making Your Community Stronger, P5, August 28, 2019, 11:30 - 13:00

Biography:
Jenny is the Mental Health Leader at Spiritual Health Victoria. She brings a wealth of experience working in community, clinical and forensic mental health settings over a 30 year period. Her work at SHV is supported by an Interfaith Ministry Ordination and units in Clinical Pastoral Education. Interfaith honors and celebrates the many ways to know God and has been described as ‘spirituality without borders’. In her experience this speaks beautifully to the spiritual care needs of those with a lived experience of mental illness. The intersect of spirituality and mental illness is the very fertile place where much education, advocacy and inquiry occurs in her day to day role at SHV.
Additionally, Jenny co-creates ceremony and ritual with and for people who wish to acknowledge or celebrate significant life events from her private celebrancy business. She has recently retired from the Board of the Interfaith Centre of Melbourne after seven years of service.

This case study tells the story of Josephine, a 62 year old married woman with a diagnosis of bi-polar disorder. Until a few years ago Josephine would have regular admissions to an inpatient unit in Melbourne. Underlying these admissions was the overwhelming grief associated with the death of her two daughters. Her status as a mental health patient somehow excluded her from participating in the rituals and accepted practices around death. As a consequence Josephine spent many long years in isolation with her grief, anger, confusion and despair.

During an admission in April 2015, Josephine spent time with a Spiritual Care Practitioner. A spiritual care assessment was undertaken and referral made to explore the possibility of co-creating a memorial service with Jenny that would support Josephine to acknowledge her losses as a mother and begin the healing process to reclaim her mental health and wellbeing. The memorial service took place in May 2016 at Josephine’s home with 12 close family and friends.

This presentation will explore the powerful role of ritual in our lives. The audience will meet Josephine in a short video presentation. This amazing story of courage and resilience will inspire hope and healing for others.

Learning Objectives
Learning Objective 1: Delegates will leave this presentation with an enhanced appreciation for the powerful healing role that ritual and ceremony plays in all our lives. It has the capacity to speak to the part of us that connects with something greater than ourselves and offers the opportunity to have our story witnessed and validated as meaningful and important.
Learning Objective 2: Just about all mental health clinical presentations contain some aspects of grief and loss. Sometimes those feelings need to be acknowledged in a way that is not usually found in mental health settings or treatment guidelines. Spiritual care thinks outside the box and offers an alternative way forward.

References


Healthy Communities Help Consumers Help Themselves Heal and Recover Faster and For Longer

Matthew Cheyne
Flourish Australia, Sydney, Australia

S13: SNAPSHOTS: Making Your Community Stronger, P5, August 28, 2019, 11:30 - 13:00

Biography:
Matthew Cheyne is a mature aged student based in Petersham in the Inner West of Sydney. His interests include being a consumer advocate on a LEAP committee which represents the interests of mental health consumers. His wish is to use his knowledge to become a peer-worker in the future.

Healthy communities in 2019 come in as many shapes and sizes as there are people who comprise them. Healthy communities tend to base themselves around shared values, for instance, here in Sydney, I belong to a Buddhist community and we have the shared values of wanting to pursue a healthy lifestyle using the teachings of the Buddha as our template. Healthy communities such as the Buddhist community I belong to can be created along spiritual lines or ideas or hobbies of which they find happiness and meaning. It is not so much the creation of these healthy communities being created but their maintenance and promotion of a feeling of belonging, something that many people in an acute health setting lack. The right mix of support and treatment differs per person. Early on in an acute setting, NGOs, public and private mental health services, healthy communities, need to do the heavy lifting of support until the person recovering is able to feel comfortable exercising their own agency, making positive choices that promote recovery. Personal stories of hope and resilience from consumers and carers help promote such personal agency by challenging the doubts that are in the minds of consumers.

Learning Objectives

Learning Objective 1: Belonging to a spiritual community can greatly enhance mental health and wellbeing in and acute mental health setting and also one a mental health consumer is out of hospital and back out in the community by giving them a sense of belonging and meaning.

Learning Objective 2: Meditation and other relaxation techniques are highly effective but more so when a mental health consumer is part of a spiritual community where people visit them in an acute setting and can mentor them and help them in a practical sense as well.
Together, we can flourish.

Judith Nicholas

S13: SNAPSHOTs: Making Your Community Stronger, P5, August 28, 2019, 11:30 - 13:00

Biography:
Judy Nicholas has been advocating in the mental health system for over twenty years using the lived experience of her family members including her own.

Thirty years as a trained nurse in the aged care sector has enabled her to use her wealth of knowledge, awareness, empathy, intuition, and most importantly how advocacy can be adapted to strengthen all areas of the health system.

The aim of this presentation is to make known to health professionals the lived experience of two sisters with mental health issues whose most difficult challenges came in the form of side effects to the medication designed to overcome their disorders. The audience will learn about how the methods used by psychiatrists in 1999 to treat mental illness caused excessive mental and physical pain. Today, attitudes and practices have changed so much so that their mother and primary carer would say “if only” we knew then. The author will share how together as a family, resilience grew out of hardship in the way of set-backs, severe physical ailments, increasing mental torment, lengthy hospitalisations, near death experience, symptoms of institutionalisation to herald the recovery journey through acceptance, advocacy, sharing. Finally in 2019 relief is experienced through the NDIS by way of care and social encouragement in the local community.

Learning Objectives

Learning Objective 1: To raise awareness of the severity of physical side effects to medication prescribed by psychiatrists and how wisdom is now prevailing twenty years on to put in place practices prior to the medication response and maybe even form a replacement.

Learning Objective 2: The audience will respond to the lived experience of a family in crisis with an improved outlook of understanding to increase their empathy towards the mentally disordered person and to change attitudes from the past which may have been negative and less constructive.
My Rights, My Decisions

Jennifer Adams¹, Terri Warner¹
¹ACT Mental Health Consumer Network, Canberra, Australia

S13: SNAPSHOTs: Making Your Community Stronger, P5, August 28, 2019, 11:30 - 13:00

Biography:
Terri is a mental health educator and advocate who uses lived experience to bring about positive changes in health services. She is currently completing her Masters thesis examining the paradoxical nature of psychosocial disability as constructed by the NDIS. She is the Chair of the ACT Mental Health Consumer Network.

This presentation describes the achievements of and lessons from the My Rights, My Decisions program, run from late-2017 by the ACT Mental Health Consumer Network, with senior support from Canberra Health Services.

My Rights, My Decisions redesigned three inaccessible clinical forms for mental health consumers to be consumer-friendly, freely available and supported by training. This involved co-design with consumers, carers and the community sector as well as public health, legal and human rights representatives. Consumers can now more easily express their views on treatment, care and support while they have decision-making capacity, in consultation with their treating team. These views can then be followed should the consumer have reduced decision-making capacity in the future. This gives life to the rights of consumers as outlined in the Mental Health Act 2015 (ACT).

My Rights, My Decisions is facilitated by one part-time peer educator, who will present this session, including tips for those wishing to conduct similar programs elsewhere.

My Rights, My Decisions won the Canberra Health Services Quality in Healthcare Awards 2018 – Person-centred category. It promotes resilience in consumers by providing a strong vehicle for self-directed treatment and actions at times of acute mental illness.

Learning Objectives

Learning Objective 1: Participants will understand the co-design and education processes taken to inform and develop My Rights, My Decisions, to transform the legislation about Nominated Person, Advance Agreement and Advance Consent Direction into a consumer-led reality.

Learning Objective 2: Participants will take away useful tips based on the experience of My Rights, My Decisions, which may be applied to similar programs elsewhere.

References

Hope Resilience & the right mix of supports through easy to reach community channels clearly builds wellness in people and definitely thrives in creating more healthier communities for those with Mental Health issues, as well as those without Mental Health issues in the long run.

Evan Bichara
1
1Independent Worker, Bundoora, Australia

Biography:
Evan has worked in Mental Health Consumer Advocacy for three decades, at Local, State, and Federal levels, serving Mainstream and Multicultural Communities. He has worked largely within the Victorian Transcultural Mental Health Service for 18 years, running 2 major State Wide Mental Health Support & Advocacy groups, and engaging the wider community. As a Guest Speaker he has presented on meaningful ways to explore how people receive recovery, and spoken at multiple conferences. Evan has also worked with the College of Psychiatrists (RANZCP) on multiple Committees - promoting community engagement within their wider programs.

Through this paper I wish to build on the title by exploring my many Community engagements / my overwhelming Spiritual / Emotional tie with my Religious Faith on how I / many others vastly improved the quality of life shifting closer to our upbringing ways and discovering a goldmine of supports ready to be discovered, explored and acted to; of existing talents, knowledge, a wide connection of people as we as free Spiritual guidance / counselling which was / has proven to me to be effective over the years, in conjunction with the Clinical guidance. This in itself had fostered personal resilience and allowed me with many others on similar paths to enjoy a healthier life in the Community at large, regardless of the Mental Illness burden, which did not discredit going forward with other diverse Community engagements for my Recovery. Though it was the Church engagement and its added pillars of great intense support, coupled obviously with the ongoing Clinical support that gave me potential abilities to reach to other Community engagements that accelerated my Recovery. In the wide Sporting field, my Football Soccer talents creatively expanded towards Coaching and performing School Soccer Clinics teaching young kids how to master the game. In later years this career advanced to a Soccer Referee for Soccer Australia. I also affiliated my talents in doing paid / unpaid work for many Non Profit / Profit organizations. As a Community Educator spoke to numerous Community based services about my living journey of recovery of Mental Illness and it was possible in getting better. As a Consumer Advocate for 2 to 3 decades advocated strongly for better services programs / projects throughout Australia.

The capacity to drive one’s own life, strengthen it and overwhelming self / collective enthusiasm in helping others along the way has ultimately once again has driven me in writing this paper, hoping it cultivates good energies/discussion in improving services and the quality of life for many.

Learning Objectives

Learning Objective 1: The audience will listen to my Personal Story of Mental illness and realize that it is possible for people carrying this condition at many times can easily assimilate into their Community if they
are empowered encouraged / visualize its effects to produce a much higher quality of life learning along the way their own unique coping strategies and utilizing them to go forward.

Learning Objective 2: Important for ALL Staff of MH Services to listen to Personal Stories of Recovery, from having a mental illness and not moving forward to getting engaged with the communities at any level and bridging into recovery. Authentically and most genuinely coming on board of all the overriding issues that mental illness at many times brings and strengthen people towards a healthy state of mind.
MEET THE ARTIST - GABRIELLE CONESCU, Great Hall Mezzanine Concourse, August 28, 2019, 13:30 - 14:00

Art comes from exploring the depths of my soul’s forgotten dreams, expressed as a reminder to feel, be present to our connection to nature and of the space within ourselves. I see my painting as a container for self-expression. Creating art connects me to my truth. I feel aligned with nature. My natural instincts kick in. It feels pure and about being in the present moment. Viewer participation for me is as essential as my own involvement. People are their own individuals and respond to art in different ways. I aim to touch people, in a very good way. I use acrylic medium, adding texture for interest.

Every painting is an invitation to connect with the world around you. A bridge to something beautiful, both within and without. My inspiration comes from nature. The series of waves, are tribute to the mystery and power of the sea. How is it, our oceans have existed for millions of years? I think of the ocean as a living, moving being with moods just like us. Did you know, we have salt water in our bodies, very similar in makeup to water in the ocean?

Meet Gabrielle at 1.30pm on Wednesday where she will discuss her art in more depth.
BOOK LAUNCH: From Cradle to Global Citizen - Finding Our Way in Turbulent Times

Lorraine Rose

MEET THE AUTHOR: BOOK LAUNCH - LORRAINE ROSE, M5 & M6, August 28, 2019, 13:30 - 13:55

Biography:
Lorraine Rose is a clinical psychologist, psychoanalytic psychotherapist and organisational consultant who worked in private practice for over 40 years. She lectured at a number of universities, taught in clinical training programs, establishing and teaching Infant Observation for the Institute of Psychiatry Infant Mental Health Course, NSW. Her previous book was Learning to Love.

Lorraine Rose addresses the pervasive anxiety about where the world is going. In the midst of uncertainty, we are forced back to basics to re-discover tools for living. She identifies anchors that can help us navigate our lives by understanding our needs from the early years and during our developmental path to maturity.

Bringing our pre-verbal selves into consciousness is now more possible with advances in psychological practices, and this leads to a better understanding of our nature and needs. Those who missed out on emotional milestones can, as adults, revisit their early years to resolve those issues that impact on their capacity to mature, the quality of their relationships, and their ability to regulate their emotions.

Finally, Lorraine Rose provides a commentary on recent economic and social models western society to assess whether these models align with the needs of citizens. Ways of assessing the health of our society help us better discern our needs on a personal and societal level.

The Author: Lorraine Rose has been a clinical psychologist, psychoanalytic psychotherapist and an organisational consultant and the author of Learning to Love: the developing relationships between the mother, father and baby in the first year, ACER (Melbourne), 2000 and From Cradle to Global Citizen: Finding our way in turbulent times, IP, Glasshouse Books, Queensland, 2018

Grab some lunch then head over to Rooms M5 & M6 to join Lorraine in launching her new book! There will be a copy of her book on offer as a lucky door prize to those in attendance.
Treatment Services for Trauma

Helen Milroy, Roger Gurr

1University of Western Australia, Perth, Australia, 2University Of Western Sydney, Sydney, Australia

S14: SYMPOSIUM 1 HOUR: Treatment Services for Trauma, Great Hall 2, August 28, 2019, 14:00 - 15:00

Biography:
Helen Milroy is a descendant of the Palyku people of the Pilbara region of Western Australia but was born and educated in Perth. Currently Helen is a Consultant Child and Adolescent Psychiatrist, Professor at the University of Western Australia and Commissioner with the National Mental Health Commission. Helen has been on state and national mental health advisory committees and boards with a particular focus on Indigenous mental health as well as the wellbeing of children. From 2013-2017 Helen was a Commissioner for the Royal Commission into Institutional Responses to Child Sexual Abuse.

Clinical Director of the headspace Youth Early Psychosis Program, Western Sydney, and Chair of the Board of the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS).

This session will go beyond trauma informed care to look at what services and programs are needed to treat people who have experienced trauma and have so far not responded to usual treatment programs. What can government do to put effective services in place where and when they are needed? In Paper 1, Helen Milroy will talk on what we have learnt about trauma and the effects on our mental health, and what is required to prevent and treat people who have suffered early life trauma. Helen is a psychiatrist and she sat on the Royal Commission into Institutional Responses to Child Sexual Abuse. In Paper 2, Roger Gurr will ask Why, How and When to Ask About Trauma? While there is a rapid growth in evidence of the importance of effectively addressing developmental trauma (poor attachment, neglect, emotional abuse, physical and sexual abuse), it has not been systematically assessed on intake. Most clinicians have been anxious about asking about developmental trauma, for fear of triggering consumer distress and/or personal distress from vicarious trauma. The research indicates that people should be asked as part of the initial assessment. The practical why, when and how to ask will be discussed. His talk is based on his work in the Western Sydney headspace Youth Early Psychosis Program and 30 years Board involvement with the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS).
Lived Experience Telephone Support Service

Sarah Hylton1, Amanda Mountford1, Paul Creedon1
1Skylight Mental Health, Wayville, Australia

S15: SNAPSHOTs: Pathways: Intensive Care to Community, M1, August 28, 2019, 14:00 - 15:00

Biography:
Sarah is a counsellor with a passion for supporting individuals in their mental health journey. Sarah brings her knowledge and experience of trauma informed practice and person centered approach to her work. Sarah has a strong interest in the Lived Experience workforce.

Amanda is a soon to be Social Worker with a passion for supporting clients to lead fulfilling lives. With a career history in psychology, life coaching, counselling and case management, Amanda feels strongly about supporting recovery for clients from the peer work perspective.

Paul is a Social Worker with a strong focus on human rights, social justice, capacity building, service co-design and building strong and resilient communities. He has a long history in creating and managing human services and systems in mental health and disability, and is committed to lived experience service models.

People experiencing mental health issues are often at their most vulnerable when making the transition from inpatient psychiatric care to community-based care, with suicide rates at their highest (Meehan et al., 2006). Furthermore, studies consistently show that mental health consumers are dissatisfied with the lack of post-discharge continuity of care (Meehan et al., 2006).

The lived experience Workforce (LEW) has been identified as highly effective in bridging the gap between inpatient and community-based care. Patients has identified the support form LEW to be more respectful, less restrictive, client centered, decreasing stigma and increasing life satisfactions and social involvement (Bologna et al., 2011 as sited in Grey & O’Hagan, 2015). To date however, lived experience engagement has been largely ‘tokenistic’ and partial; for example, involving people with LE in consultation, but not practice. The Lived Experience Telephone Support Service (LETSS) provides a unique exemplar of the LEW in action, through service inception, design and delivery. While in its infancy, the service has already gleaned insight into the potential benefits of a LEW in reducing reliance on crisis services, improving community connections, and promoting hope and resiliency in people experiencing mental health issues, and their carers.

The presentation will highlight the potential of the LEW to improve the mental health outcomes of people transitioning from acute to community-based care, using LETSS as a case study.

Learning Objectives

Learning Objective 1: By attending this presentation the audience will gain a new perspective or have an opportunity to enhance their perspective about the LEW and the value of LEW in delivering mental health services. This presentation is also aimed to increase their awareness of the benefit of LEW in improving mental health outcomes during transition from acute care to the community. The audience will also have a broader understanding of LEW beyond consultation. We are also hoping to stimulate ideas about new service developments across Australia

Learning Objective 2: How is this topic/issue relevant to mental health services and mental health issues? LEW is the new frontier in mental health service delivery and has the potential to make a difference in the consumers’ lives.
References


“You get what I’m going through” Research Findings: Expanding Post Discharge Support Initiative

Emma Cadogan\textsuperscript{2}, Emily Castagnini\textsuperscript{1}
\textsuperscript{1}NorthWestern Mental Health Victoria, Melbourne, Australia, \textsuperscript{2}Department of Health and Human Services, Melbourne, Australia

S15: SNAPSHOTS: Pathways: Intensive Care to Community, M1, August 28, 2019, 14:00 - 15:00

Biography:
Emily Castagnini, Co-Design Officer (NorthWestern Mental Health) & Research Assistant (The University of Melbourne/Orygen Youth Health). Emily began working for NorthWestern Mental Health in a Consumer Peer Support Worker role whilst completing her Master of Public Health, focusing on evaluation and human rights in mental health. This led to Consumer Researcher roles for La Trobe University and DHHS. In alignment with her passion originally ignited by her lived experience, she is now working on projects in both mental health service improvement and youth mental health research.

Emma Cadogan, Senior Policy Advisor, Department of Health and Human Services Victoria

Emma has had the privilege of holding the lived experience workforce portfolio at the department for three years. Together with workforce partners, Emma has been exploring collaborative ways of working including co-production and co-design to identify, develop and create access to learning and development and practice supports for lived experience workers. Emma has a background in learning and development, experience of working in Mental Health Community Support Services and is recent social work graduate.

The Expanding Post Discharge Support Initiative (the Initiative) commenced in Victoria in 2016, and is a new approach to providing post-discharge support for consumers in Victorian mental health services. The initiative sees additional support for consumers provided by a new peer workforce following discharge from a specialist mental health service. Peer support workers are employed under the Initiative because they have a lived experience of being a consumer of a mental health service, or carer of someone experiencing mental health issues and they draw on their lived experience to provide support.

The intent of the Initiative is promote recovery and resilience, assist with consumers with their transition to the community, and reduce the risk of re-admission. It is a first of kind program that sees peer support workers in all adult clinical services across Victoria.

In 2018, the Centre for Evaluation and Research at the Department of Health and Human Services (the department) was asked by the Mental Health, and the Health and Human Services Workforce branches to undertake research to answer some key questions about the Initiative. The research explored the main benefits, challenges and enablers of the introduction of a lived experience workforce into a clinical setting. The questions were explored using interviews and focus groups with peer support workers, managers and coordinators and clinicians in three Victorian mental health services implementing the Initiative. This presentation will detail findings from that research.

Learning Objectives

Learning Objective 1: People attending the session will be able to:
* Learn the challenges, enablers related to implementing peer support in clinical services
* Describe some of the outcomes for peer support workers and services involved in the initiative
ICU of the Future - how redesigning the ICU environment can improve patient outcomes.

Oystein Tronstad, Dylan Flaws, John Fraser, Sue Patterson

1The Prince Charles Hospital Critical Care Research Group, Chermside, Australia, 2Royal Brisbane and Women's Hospital, Herston, Australia, 3Metro North HHS Mental Health, Brisbane, Australia

S15: SNAPSHOTS: Pathways: Intensive Care to Community, M1, August 28, 2019, 14:00 - 15:00

Biography:
Stein is a physiotherapist with a special interest in patient-centred care, investigating how the multidisciplinary team can maximise short and long-term recovery of ICU survivors. He is currently leading a project investigating how the ICU environment and design is affecting patient outcomes, aiming to redesign the ICU bed-space.

Dylan is a psychiatry registrar. The EDACS score, produced as part of his PhD, is standard practice throughout New Zealand. He was awarded a Junior Doctor Research Fellowship, and the Metro North “Rising Star” Junior Researcher of the Year. He is now collaborating with the CCRG to reduce ICU delirium.

Intensive Care Unit (ICU) survival rates have increased significantly, however survival sometimes has a cost. Survivors commonly have ongoing physical, cognitive and psychological complications, including a much higher prevalence of depression, anxiety and PTSD than the general population, and many never return to their premorbid level of function. Delirium, an acute confusional state experienced by up to 80% of people admitted to ICU, substantially increases the risk of PTSD, reduced cognitive functioning, and other long-term mental health problems. With robust evidence demonstrating that the noisy, bright and busy ICU environment negatively affects patient recovery, experience and longer-term outcomes, it is critical that the environment is improved.

This presentation describes a ground-breaking project combining the technical expertise of designers and experience-based knowledge of clinicians, patients and their families to co-design an improved and innovative ICU bed-space aiming to fundamentally redesign the environment to not only achieve survival, but provide a superior hospital experience, optimised outcomes of care and quality of life beyond. We describe the process of co-design and outcomes from the mixed-methods research integrated in the project, highlighting learnings of relevance to mental health inpatient settings.

Learning Objectives

Learning Objective 1: Attendees will learn about the mental health complications most commonly seen after an ICU stay, how the physical environment and patient experience contributes to these complications, and if anything can be done to prevent this.

Learning Objective 2: Mental health complications during and after an ICU admission are often poorly assessed and diagnosed, and therefore many former ICU patients are not receiving adequate follow up and treatment for their condition. This will help highlight the most common complications seen in this patient cohort. Also, some of the strategies to prevent these in an ICU setting might also be applicable in other hospital environment, such as mental health units.

References
What are the short and long-term impacts of an ICU admission on the patient?

Oystein Tronstad\textsuperscript{1}, Dylan Flaws\textsuperscript{1,2}, John Fraser\textsuperscript{1}, Sue Patterson\textsuperscript{3}

\textsuperscript{1}The Prince Charles Hospital Critical Care Research Group, Brisbane, Australia, \textsuperscript{2}Royal Brisbane and Women’s Hospital, Herston, Australia, \textsuperscript{3}Metro North HHS Mental Health, Brisbane, Australia

S15: SNAPSHOTs: Pathways: Intensive Care to Community, M1, August 28, 2019, 14:00 - 15:00

\textbf{Biography:}

Stein is a physiotherapist with a special interest in patient-centred care, investigating how the multi-disciplinary team can maximise short and long-term recovery of ICU survivors. He is currently leading a project investigating how the ICU environment and design is affecting patient outcomes, aiming to redesign the ICU bed-space.

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'Your new heart is working fine'. I tried to explain that I wasn’t fine, with flashbacks and nightmares, and struggles coming to terms with constraints on my life'. To the team, I’m a success; I’m extraordinarily grateful for their care but when my thoughts return to ICU, I relive the terror.

As ICU survival rates increase, attention focuses on the quality of the survival, recognising that ongoing cognitive and psych-emotional impairment (depression, anxiety and PTSD) are common, and collectively identified as ‘Post ICU syndrome’. This syndrome is linked to delirium, experienced by approximately 80% of people admitted to ICU.

Drawing on literature and findings of a mixed-methods study, this presentation describes the deleterious effect of the ICU experience on mental wellbeing and shares the perspectives of 17 patients interviewed to inform design of the Intensive Care Cocoon. We highlight the profound impact on recovery of delirium, Post-ICU Syndrome and the impact on individuals, families and communities.

Our purpose is to encourage collaboration among services tasked with attending (separately) to mind and body and mount a compelling case for collaboration between mental health and all health sectors to address a growing need.

\textbf{Learning Objectives}

Learning Objective 1: Attendees will learn about the mental health complications most commonly experienced by patients admitted to ICU, and how this affects them in both the short and long term.

Learning Objective 2: Mental health complications during and after an ICU admission are often poorly assessed and diagnosed, and therefore many former ICU patients are not receiving adequate follow up and treatment for their condition. This will stimulate debate about the role Mental Health Services could have in ensuring these patients are treated holistically throughout their journey and ensuring that the recovery of both mind and body are considered for this patient cohort.

\textbf{References}

Developing a seamless service transition that supports care of individuals in communities. An integrated approach to peer support and professional services in the context of an online and face to face environment.

William Campos

Community Options Australia, Artarmon, Australia

Biography:
Bill is an experienced clinician with extensive senior management experience across several sectors including disability, mental health, primary health, education and community/social support services. Bill is presently the CEO of Community Options Australia, a not-for-profit organisation, with the purpose of providing innovative solutions to connect and enable people to access community care choices, to remain independent in their own homes. Previously, Bill was the Head of mental health service at WentWest - the Western Sydney PHN responsible for commissioning a number of mental health, suicide prevention and alcohol and other drug services to support system reform at a regional level. Bill was also the founding member of Helplines Australia a national association for supporting the work of telephone helplines and counselling. Bill has completed a number of research projects and has published a number journal of articles relating to telephone and online psychological services. He has contributed to a number of media articles relating to the impact of technology on mental health.

Recovery is an individual journey and mental health conditions does not necessarily prevent individuals from leading a fulfilling and a meaningful life.

This paper explored into people's subjective experience of mental illness with an objective to better understand the barriers and facilitating factors which helped them in adapting, coping and recovering in the community.

This paper identified various clinical and non-clinical factors related to person and social factors that played a role in the persons' well-being. It raises a point of discussion regarding how care should be accessible, seamless and importantly delivered in the community to sustain long term outcomes. Furthermore this paper argues that coordinated care provided by community facilitator, can enhance care, particularly with the dynamics of peer workers, family and carer engagement as well as clinical and case management services.

Narratives from consumers indicate that this long term management of care by a single contact point is preferred, although the system structures does not support such a process.

Learning Objectives
Learning Objective 1: The complexities of individual care, require services to be operating with a strong focus on the quality of care, flexible arrangements and to be cost effective.
Learning Objective 2: The utilization of a number of services, professionals, including peers workers as well as a number of environments (online and telephone) within a context of individualized care requires considerable service coordination for the consumer to receive accessible and seamless care in the community.
References

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https://doi.org/10.1377/hlthaff.2011.0041
A Foot In Both Camps

Michele Orr¹, Kathy Collet¹
¹Eastern Health, Mental Health Program, Melbourne, Australia

S16: SNAPSHOTs: Social Inclusion and Housing, M2, August 28, 2019, 14:00 - 15:00

Biography:
Michele is a Mental Health Nurse Practitioner and a mother of two adult children, one of whom lives with mental ill health. Her adult child is recovering with the support of the service in which she is employed.

Kathy is a Carer Consultant for Eastern Health and has been the prominent Carer voice in the Mental Health Program. Kathy has been integral in creating and maintaining many Carer programs in Eastern Health Mental Health, one of which is A Foot in Both Camps.

One in five people will be affected by mental ill health in the life time, hence chances are you have clinicians in your health service supporting a loved one who lives with mental ill health. Carers want to feel safe to share their experiences in relation to the caring role. Clinicians who are carers are no different, yet accessing support groups in the community in which they practice may be a challenge; especially when the clinician's loved one is treated in the service in which the clinician works. Clinicians at our service often prefer to support their loved one to stay in the region in which they live, which may be the region in which they work.
A Foot in Both Camps offers a support group for those clinicians who find themselves caring for of a loved one who is recovering in the service in which they are employed.

We would like to share our experience in creating this group and the story so far, including what's worked and what we did differently.
Recently Eastern Health obtained a Family/Carer-led Workforce Innovation Grant from the Victorian Department of Health and Human Services to document and evaluate this group.

Learning Objectives

Learning Objective 1: People will be able to consider an innovative approach which promotes resilience for workers in their organisation whose loved one is recovering in the service in which they work.
Learning Objective 2: To consider promotion of the mental health of employees who are carers of loved ones living with mental illness through the development of an internal carer support group.
How people with a lived experience of mental illness and carers of a person with mental illness who are employed within a mental health service conceptualise social inclusion, their views on its application in mental health service provision and their views on the clinical utility of the Living in the Community Questionnaire.

Paul Hickey¹,²
¹Metro South Addiction And Mental Health Service, Brisbane, Australia, ²University of Queensland - School of Nursing, Midwifery and Social Work, Brisbane, Australia

Biography:
Paul is a PhD Candidate at the University of Queensland and is the Allied Health Professional Lead in Social Work at Metro South Addiction and Mental Health Service in Brisbane. He has been working in public mental health for over 20 years and has a strong interest in the impact of social inclusion on a persons recovery.

The literature shows that people with a lived experience of mental illness are amongst the most socially excluded groups in society (Berry, Gerry, Hayward, & Chandler, 2010; Cobigo & Stuart, 2010; Huxley & Thornicroft, 2003) and face exclusion within multiple domains such as employment, housing, education and health and experience ongoing social isolation (Vicserve, 2008). This presentation will discuss a component of a PhD research project looking at how the lived experience workforce within a public mental health service conceptualise social inclusion, their views regarding the role of social inclusion in mental health service provision and this groups views on the clinical utility of the Living in the Community Questionnaire will be presented. The audience will take away the challenges involved in providing mental health services that promote social inclusion, be prompted to consider their attitudes towards the clinical utility of standardised measures and examine how they conceptualise social inclusion.

Learning Objectives

Learning Objective 1: The audience will be prompted to consider their attitudes towards the clinical utility of standardised measures and examine how they conceptualise social inclusion.
Learning Objective 2: The audience will take away the challenges involved in providing mental health services that promote social inclusion and be challenged to consider the service provision implications and individual practice issues of working with people with a lived experience of mental illness from a social inclusion framework.

References

Hunting Unicorns, Trying to be Normal, and other Futile Life Goals.

Karen Jurss

Flourish Australia, Sydney, Australia

S16: SNAPSHOTs: Social Inclusion and Housing, M2, August 28, 2019, 14:00 - 15:00

Biography:
Karen Jurss is an autistic woman who is on a journey to recovery. Self-diagnosed in her 40s, she has since then researched and read widely from a wide variety of academic sources, as well as lived experiences of other in order to understand herself and other autistic people better.

As an autistic woman, I have spent the greater portion of my life trying to be ‘normal’, in a futile wish to be accepted. I believe that in order to build a healthy and inclusive society where everyone can thrive, we need to change our focus on conformity and rejecting those who are different. Drawing on my lived experience, I will talk about the price paid by those people with mental health issues who are encouraged by family, friends and health professionals to change in order to be ‘normal’ – and the false promise that if they achieve this goal happiness will follow. Instead, the community as a whole needs to strive for true acceptance of all people as themselves.

Learning Objectives

Learning Objective 1: Support and recovery are best provided by a community who truly accept a person as themselves.
Learning Objective 2: When you tell someone (either implicitly or explicitly) that they need to change in order to be ‘normal’, are you telling them that their true authentic self is not okay, which will have a huge impact on their self-esteem and resilience
Citizenship for All

Magdel Hammond1, David Burnside2
1Emerge Aotearoa, Auckland, New Zealand, 2Odyssey, Auckland, New Zealand

S16: SNAPSHOTs: Social Inclusion and Housing, M2, August 28, 2019, 14:00 - 15:00

Biography:
Magdel Hammond has been involved in the New Zealand mental health and addiction peer support sector since 2006. Her work includes service design, development and implementation, in both community and residentially based services, peer led training and other workforce development initiatives. She has supported organisations with the development of policy and procedures and frameworks that support effective peer service delivery and include the facilitation of collaborative relationships between clinical and peer frameworks. Magdel has also offers professional supervision for the peer workforce. Magdel is passionate about building resilient communities and see citizenship as a key ingredient to healthy communities.

Dave Burnside is a recovering addict, who worked as a Peer Support worker for the Alcohol and Other Drug Treatment Court for over five years. He then moved on to manage a new Peer Support team based at the Odyssey Adult residential Centre and is now Consumer Advisor for Odyssey.

The Citizenship Project originated from the Yale Program for Recovery and Community Health (PRCH), using a citizenship framework - a model for social inclusion developed by PRCH.

Each citizenship project develops its own character, based on the people involved and the local culture, resources and other factors. Emerge Aotearoa, Odyssey House and Auckland University of Technology (AUT) partnered with Yale to bring the project to New Zealand.

Emerge Aotearoa is a large mental health and social services provider and Odyssey House is a prominent provider of addiction services – both committed to ensuring people have a strong sense of belonging to their community and society. Together the two organisations have worked alongside AUT to adapt the program to the New Zealand environment, and honouring our partnership with the indigenous people of New Zealand.

The citizenship framework acknowledges that people who experience mental distress, addiction and homelessness often have difficulty negotiating acceptable roles and a niche for themselves in society. The project is a six-month program, addressing social isolation, lack of valued social roles, and involves group intervention with wraparound peer support and is designed to support people who are marginalised, to build productive and fulfilling lives in their communities.

Learning Objectives

Learning Objective 1: Gain an understanding of the Citizenship program and its key features and the learning gained by the implementation of the project and adapting this to the New Zealand cultural context

Learning Objective 2: Marginalised communities, particularly those who live with mental distress, addiction, forensic histories and homelessness often have difficulty experiencing a strong sense of belonging in their community and society. This program addresses the dilemma faced by people from such marginalised groups in terms of social isolation and lack of valued roles ad skills for successful community living.
References

Rowe, M., Bellamy, C., Baranoski, M., Wieland, M., et al. (2007) A peer Support, group intervention to reduce substance use and criminality among persons with severe mental illness. Psychiatric Services, 58(7) 955 - 962. PMID: 17602012
A Collaborative Approach to Community Wellbeing

Nicholas Powell1, Hazel Dalton2

1Centre For Rural And Remote Mental Health - University Of Newcastle, Orange, Australia

S17: WORKSHOP 1 HOUR: Collaborative Community Wellbeing, M3, August 28, 2019, 14:00 - 15:00

Biography:

Nicholas Powell is a research assistant at the Centre for Rural and Remote Mental Health (CRRMH). He has a diverse range of research experience and interest. He has spent the past two years developing the idea of community wellbeing initiatives through working with communities and examining the broader evidence.

Dr. Hazel Dalton is the research leader at the CRRMH. She is interested in translational research, providing evidence to support programs and inform policy. She has extensive and diverse research experience across university and health sectors, with skills in conceptual modelling, quantitative and qualitative research approaches.

Community mental health and wellbeing is complex and multifactorial. We favour a local, collaborative approach which can bring together the necessary networks, resources, skills and experience to make a meaningful impact on the wellbeing of a community.

We have worked with rural several communities who have developed and are developing wellbeing initiatives in their area. These groups include the Lithgow Mental Health Taskforce, in the Central Tablelands of NSW, Muswellbrook Healthy and Well, in the Hunter Valley, and Our Healthy Clarence, on the northern coast of NSW. These coalitions are composed of local community members, service providers, health service representatives, council, and NGOs and are tasked with creating and enacting a mental health and wellbeing plan, based on the will and needs of the community.

In the remit of each of these community collaboratives is a commitment to improve the quality of life for the local people, through action and advocacy. This means that these communities are striving to build on what already makes people mentally healthy, and are working to decrease the impact of the conditions that erode mental health.

We have combined the experience from these initiatives with evidence published on other similar initiatives to create a guide for communities who wish to develop a wellbeing initiative. The guide splits action into four iterative stages: purpose and rationale, plan with partners, implement and engage, and embed and evaluate. Key throughout the whole initiative is the need for community consultation, participation, representation and, ideally, ownership. There is good evidence to suggest that empowerment and sustainability are influenced by the level of community involvement. We will discuss the role we think wellbeing initiatives can have in developing a socially integrated community, promoting positive mental health, and reducing the incidence of mental illness and suicide.

Ultimately, many of the factors that go into building a well community are context dependent. In the workshop, we wish to learn the view of the participants when it comes to taking steps towards community wellbeing, gauging wellbeing and progress, building a coalition, and where responsibilities lie when it comes to community building and wellbeing.

Brief agenda (topics will be based on the issues listed above)

15 mins - Setting the context and presentation of our guide
15 mins - Presentation on wellbeing + discussion on community wellbeing, what it means, how to measure it etc.
15 mins - Presentation on collaboration + discussion on collaboration, actions, methods of practice etc.
15 mins - Open discussion and questions (including open menti feedback)

Participants will be given the chance in the discussions respond to the issues raised in the presentation and to share their own experiences and reflections on these.
In summary, we believe that community collaboratives can have an influence on the mental health and wellbeing of the local population through approaches that foster community involvement and are responsive to the will and needs of the community.

**Learning Objectives**

Learning Objective 1: Participants will gain a perspective on rural community initiatives based on our research over the last three years. This will highlight facets of successful wellbeing initiatives such as bottom-up community agency and top-down support. We will highlight the components of these initiatives that have made them successful, with particular focus on the case studies we have conducted. This information is translatable, and may be used by participants as tools in their own community.

Learning Objective 2: Community wellbeing initiatives are based on prevention and promotion of mental health and wellbeing. They focus on the upstream determinants in the social environment on mental health and wellbeing and, in part, seek to improve these conditions, and thereby increase the quality of live of local citizens. These initiatives can also play a vital role in increasing the accessibility of pathways to care.

**References**

Building Healthy Aboriginal Communities

Angela Hanslip\textsuperscript{1}, Sharene Kocsis\textsuperscript{1}, Cliff Collard\textsuperscript{2}, Sumi Paull\textsuperscript{2}

\textsuperscript{1}Mental Health Commission, Perth, Australia, \textsuperscript{2}Strong Spirit Strong Mind Aboriginal Programs, Perth, Australia

S18: SYMPOSIUM 1 HOUR: Building Healthy Aboriginal Communities, M4, August 28, 2019, 14:00 - 15:00

Biography:
Angela Hanslip is the Registered Training Organisation (RTO) Manager of Strong Spirit Strong Mind Aboriginal Programs, WA Mental Health Commission. A solid clinical background in Mental Health and alcohol and other drugs and a Cert IV in Training and Assessment has supported the design and delivery of nationally recognised training for Aboriginal workers.

Sharene Kocsis is a proud Yamatji woman (Ryan family in Geraldton, WA). Sharene is a Senior Workforce Development Officer in Strong Spirit Strong Minds Aboriginal Programs at the WA Mental Health Commission who has a passion for increasing understanding about Alcohol and other drugs and mental health issues to the sector.

Strong Spirit Strong Mind Aboriginal Programs (SSSMAP) is a program area within the Drug, Alcohol and Prevention Services directorate of the Mental Health Commission of Western Australia (MHC), a government department that reports to the Minister for Health and Mental Health. The vision of the MHC is a WA community that experiences minimal alcohol and other drugs and other related harms and optimal mental health. Supporting Aboriginal people and communities to address issues associated with alcohol and other drug use, and maintaining good social and emotional wellbeing (mental health) is a priority. One way of doing this is through the provision of training and skills development opportunities for the WA Aboriginal alcohol and other drug workforce and those in the broader health sector.

SSSMAP offers culturally secure nationally recognised training programs including a Certificate III in Community Services and a Certificate IV in Alcohol and Other Drugs. Both programs are aligned to national training packages and competencies and have been customised to meet the needs of Aboriginal workers supporting Aboriginal individuals, families and communities affected by alcohol and other drug use and mental health issues. These programs are open to Aboriginal workers across the State and regional, rural and remote participants are supported to attend by ABSTUDY. This program is fully funded for participants ensuring equitable access for all Aboriginal participants regardless of where they live and work.

SSSMAP became an RTO in 2003 as part of the Drug and Alcohol Office. The Commonwealth government funded a National Workforce Development Project which supported a roll-out of a Certificate III in Community Services Work training programs across WA and other states including SA, QLD, NT and the ACT. It has been widely acknowledged that this program and the subsequent Certificate IV in Alcohol and Other Drugs and has contributed to the development of a nationwide sustainable Aboriginal Workforce since the program started. Last year marked the 15th Anniversary of the Certificate III in Community Services offered by this program area.

SSSMAP is staffed predominantly by Aboriginal people (70\%) in dedicated 50D positions who have a diverse range of skills and experience which supports the culturally secure delivery of the program, as well as providing broader consultation, advice and support to the Mental Health Commission. These programs are developed by Aboriginal people for Aboriginal people to ensure culturally secure practice and service
delivery. This leads to the provision of a culturally safe learning space to discuss issues that are pertinent to Aboriginal individuals, families and communities.

These programs continue to be in high demand across the WA AOD and broader human services sector indicating that we are meeting the needs of Aboriginal workers and services, and subsequently then, the broader needs of Aboriginal communities across Western Australia.

SSSMAP’s culturally secure nationally recognised training has contributed significantly to the development of a skilled Aboriginal workforce in WA and a network of experience Aboriginal workers. To date 196 Certificate III and 22 Certificate IV participants have successfully gained nationally recognised qualifications.

Whilst the obvious measurement of success is the attainment of a full qualification or statements of attainment, SSSMAP believes that the more important measure of success is the impacts at a community level. Once a participant receives their qualification and return to their workplace and community, the training and skills they have developed have ripple effects throughout their families, workplaces and wider communities. This whole process is a very empowering one. The SSSMAP training model is based on a strengths-based approach which not only empowers individuals, but it also has the ability to empower whole Aboriginal communities resulting in people being more connected and aware about alcohol and other drug and mental health issues. Consequently, this in turn builds the hope and resilience of the whole community and creates better health and mental health outcomes for all.

**Learning Objectives**

Learning Objective 1: The audience will gain an understanding of how the delivery of culturally secure training and resources, purpose-designed for Aboriginal workers, not only empowers them but their workplaces and communities, leading to self-determination, hope and resilience. They will hear success stories and stories of improved self-belief, self-worth and hope.

Learning Objective 2: Statistics show that nearly one in every three Aboriginal adults experienced high levels of psychological distress, more than twice the rate for non-Indigenous Australians. Our culturally secure and culturally appropriate training deals directly with the issues like mental health, social and emotional wellbeing and alcohol and other drug issues in a holistic approach so that participants and graduates get a better understanding of the issues facing their clients and communities, and that they are skilled and empowered to address these often co-occurring issues in a culturally sensitive and empowering manner. "Strong Spirit Strong Mind" embodies the concept of good mental health and good physical health and suggests that they are intertwined and interconnected.

In 2008, high levels of psychological distress, which includes feelings of depression and anxiety, were experienced by 31% of Aboriginal and Torres Strait Islander adults.

**References**


Casey W, & Keen J, 2005, Strong Spirit Strong Mind, Aboriginal Alcohol and other drugs Worker Resource: A guide to working with our people, families and communities, Aboriginal Alcohol and other Drugs Program, WA Drug and Alcohol Office.

Media Award Winners Roundtable; 2 ECR Award Winners Snapshots

TheMHS Mental Health Awards

S19: Media Award Winners Roundtable & Early Career Research Winners Snapshots, M5 & M6, August 28, 2019, 14:00 - 15:00

(2.00-2.40 pm)
Fascinating insights into the world of journalism and mental health as the three award winning journalists share the creative challenges and accountability inherent in their work.

Key Topics: Employment and Neurodiversity, Suicide Connecting, Prevention and Community Support, Rural communities building resilience.

Cian O’Clery – Employable Me. Breaking barriers of ignorance and discrimination; building connections; celebrating the everyday courage of young people who just want to work.

Lisa Wachsmuth- Care to QPR Campaign. Collaboration with community to build mental health literacy about suicide prevention with strategies of genuine listening and help-seeking.

Simon Royal – The Boy Who Disappeared. Youth suicide veiled in the past, communicating today the value of openness and giving support.

TheMHS MEDAL Winner will discuss their outstanding win.

(2.40-3.00 pm)
Two Early Career Researcher Winners will give a brief presentation of their award winning research.
Key Topics: Lived experience roles within mental health service delivery and the design and delivery of a suicide prevention model
Sharing Clay for Recovery

Rowena Strain

Kimberley Mental Health And Drug Service, Broome, Australia

S20: ROUNDTABLE: Sharing Clay for Recovery, M7 & M8, August 28, 2019, 14:00 - 15:00

Biography:
Rowena Strain developed mental health problems seven years ago. Following inpatient treatment, she studied ceramics as she was unable to work. She now teaches privately, exhibits her work and has, for over two years, run a clay group in Mabu Liyan, the Inpatient Mental Health Unit in Broome, Western Australia.

My recovery path was supported by clay. Not long after the first of two hospitalisations, feeling brighter after a long, deep depression, I started learning ceramics at TAFE.

Six years later, I run a weekly clay group at Mabu Liyan, an inpatient unit in Broome, Western Australia. It’s been going for over two years now and staff tell me that my group has the highest level of engagement with patients. It’s not all me! I think clay itself has a lot to offer mental health recovery.

The people who participate in my clay group are patients, clinical staff, Aboriginal workers, cleaners and the Clinical Director. My aim is that we can let go of our roles. I actively discourage staff from taking up space at the table to “observe” patients. I like it to be a peaceful place, where people don’t have to answer questions or interact; where holding a piece of clay and being in the room equals full participation.

The intimate roundtable discussion will recreate the clay group experience and allow for discussion and self-reflection while each participant interacts with their ball of clay. Experience just how peaceful holding clay can be.

**THIS WORKSHOP WILL BE LIMITED TO 10 PARTICIPANTS**

Learning Objectives

Learning Objective 1: People will experience using clay to bring together a small diverse group in a peaceful, creative activity.

Learning Objective 2: This topic is relevant to mental health services as it has been shown to be effective in an inpatients setting for over two years. Staff have observed that patient engagement in this activity is higher than in other activities.
Local Heroes by INSPIREFLIX

Gabor Kukucska, Scarlett Chaturvedi

INSPIREFLIX, Australia

S21: SHORT FILMS: Local Heroes by INSPIREFLIX, P2, August 28, 2019, 14:00 - 15:00

Biography:
Gabor is a creative filmmaker, driven entrepreneur, and a tech savvy visionary. He simply loves shooting people (pun intended). He has produced, directed, and filmed myriads of TV and Youtube commercials, corporate and music videos, and short documentary films. He is extremely passionate about creating a media channel that will aid the social cohesion of humanity.

The Jill of all trades. Scarlett is your (not-so) regular creative mind, a master of social work and a fitness trainer. She is a published writer, ravenous reader, and an autodidact who majors in sassy poetry. Scarlett currently divides her time between Inspireflix and working in mental health for kids in care. She is extremely passionate about human rights, travelling, and spicy food.

We are a “Globally Distributed Social Impact Film Studio” made up of a bunch of kickass filmmakers and creative misfit that believe in the mighty power of storytelling. We help global charitable organisations to not only capture content from all around the world but also to do it ethically. We always hire local filmmakers and pay them no less than the Australians rate. Every time we produce a film for a charitable organisation we use part of the budget to shoot an unrelated story of an unrelated local hero, to produce a short form of personal documentary film that showcases their life for everyone to see and be inspired by. We hope you enjoy these stories.

This session will feature 4 short films, with commentary from filmmaker and founder/CEO of INSPIREFLIX, Gabor Kukucska.

The following films will be shown and discussed:
- Reasons to Live
- Life of Kylie
- Elysian Dreams
- A Stroke of Poetry
Impact of Cumulative Trauma Experience, Performance and Well-being in Female First Responders

Helen Frazer

1 University Of Adelaide, Adelaide, Australia

The potential cumulative burden of stress on First Responders (FRs) is well documented. FRs consist of various populations including: ambulance, fire, police, defence force and emergency department personnel. FRs are frequently exposed to high levels of traumatic presentations which vary in type and intensity. If the FR is unable to reconcile traumatic events and debrief, their feelings can develop into accumulated stress, culminating in Post-Traumatic Stress Disorder (PTSD).

The emergency response population contains a smaller number of females compared to males. A literature review in the area of cumulative stress and first responders is extensive. The majority of authors identify the key indicators of cumulative stress and general overall management strategies, without reference to specific gender effects.

A literature review has identified research which explores the impact of stress on the first responder workforce, but is not gender specific. This limitation makes it difficult to determine if males and females react differently to stress and challenges in emergency situations. Identifying differences may assist in tailoring identification, management and treatment of cumulative stress in individuals. This presentation will outline the current research being undertaken in this area, with a focus on the lived experience of female FR performance and well-being.

Learning Objectives

Learning Objective 1: The audience will learn about current literature available on this topic and the current research project being undertaken. They will take away knowledge on the particular challenges females face in first responder workforces and how additional stressors (family, violence, bullying etc.) can impact their long term health and well-being.

Learning Objective 2: This topic is relevant to mental health services and mental health issues as it explores an area where there is to date, very little research available. First Responders are increasingly being exposed to hazards outside of their control. The long-term impact of cumulative trauma that is not addressed frequently leads to PTSD. Providing information on how these impact occur and long-term effects will better equip the mental health workforce to identify and work with first responder organizations and individuals affected by ongoing trauma exposure.

References

Obosi, A & Oxinowo, H (2016). 'Posttraumatic Stress Disorder Among First Responders: Role of Personality Traits and Category of Responder', Research on Humanities and Social Science, vol. 6, no. 10, 80-86
The Currency of Suffering

Brittany McVeagh¹, Caroline Lambert¹,²
¹Forensicare, Melbourne, Australia, ²RMIT University, Melbourne, Australia

S22: Challenging Experiences, P4, August 28, 2019, 14:00 - 15:00

Biography:
Brittany McVeagh is a conscientious, discerning and tenacious Consumer Consultant at Forensicare. Brittany now uses her own lived experience of mental illness to help consumers turn their experience into power and motivation. She is studying a Bachelor of Criminology with a view to transferring into social work. Brittany loves the outdoors.

Dr Caroline Lambert cares for a child with a mental illness. In her spare time, she is also the Social Work and Lived Experience Clinical Educator at Forensicare, and an Industry Fellow at RMIT. Caroline holds a PhD in social work, and is passionate about inclusivity, anti-oppressive practices and kindness.

Both presenters are in jobs where they are expected to use their own mental health lived experiences as a resource to assist others by connecting, supporting, empathising, mentoring or making evident the possibilities of recovery. In the scope of these roles, we have noted that amongst some lived experience workers, and indeed humans in general, there is a currency of sorts found in the amount that one is perceived to have suffered. This presentation aims to start a conversation about Lived Experience identities, the hierarchy of suffering, and ‘currency’ sometimes attached to trauma or distress. The presentation will further explore the idea that lived experience workers (LEW) could be at risk of lateral violence from other LEW, based on their perceived lack, or depth of suffering. De-identified case studies will be used to illustrate the concepts, and theories of oppression and lateral violence will be explored.

Learning Objectives

Learning Objective 1: People in the audience will gain an insight into some of the challenges that can occur within a mental health lived experience workforce, as well as how theories of internalised oppression, lateral violence and microaggression might go some way to explaining these particular challenges.

Learning Objective 2: This issue is relevant to mental health (MH) services and mental health as a broad topic. As MH services are, increasingly employing lived experience workers, it is important that employers, other employees, and allies of lived experience workers are aware of these potentially adverse and complex dynamics.

References


Human Rights & Mental Health Services: A Double-Whammy Recolonisation for Marginalised Populations?

Neeraj Gill1,2, Alan Rosen3, John Allan, Helen Milroy

1 Griffith University, School of Medicine, Southport, Australia, 2 Gold Coast Hospital and Health Service, Gold Coast, Australia, 3 University of Wollongong, Wollongong, Australia

S23: SYMPOSIUM 1.5 HOURS: Human Rights & Mental Health Services, Great Hall 2, August 28, 2019, 15:30 - 17:00

Biography:
Neeraj Gill is a psychiatrist at Gold Coast Health and Associate Professor and Clinical Lead, Mental Health, Griffith University, Gold Coast. He has previously been the Clinical Director of Toowoomba/Darling Downs Mental Health Service (2010-2014) and Medical Director of Gold Coast Mental Health Service (2015-2017). He worked as consultant to the Queensland Mental Health Commission in 2015 and acted as the Chief Psychiatrist, Queensland Health in 2017 and 2018. He is doing his Doctorate of Public Health (DrPH) at University of New South Wales on ‘human rights of people with mental disabilities.

Alan has close to 30 years of experience as a Senior Specialist Psychiatrist, Service Director, and then Director of Clinical Services of the Royal North Shore Hospital and Community Mental Health Services. In March 2013, he was appointed Deputy Commissioner of the Mental Health Commission of New South Wales. He has reviewed mental health services for governments and administrations in 5 Australian states and the ACT. He has been invited speaker and/or performed consultancies on service development in several Australian states and territories, UK, Ireland, Netherlands, Sweden, Denmark, Italy, USA, Canada, China, Thailand, Hong Kong, Argentina, Spain and New Zealand. He is the author or co-author of more than 120 published and submitted journal articles or chapters on studies of 24 hour community based alternatives to acute and long term inpatient care, rehabilitation and recovery, assertive case management and integrated mental health service systems; more inclusive interdisciplinary mental health teams, including peer workers, early intervention in psychosis; psychiatric stigma; dual disorders, deinstitutionalization, consumer issues, family interventions, Aboriginal, developing country, rural and remote mental health, cultural influences on mental health service systems, qualitative and quantitative outcome measures, recovery measurement, impaired doctors, research and evaluation in mental health, service standards, the National Mental Health Strategy, Global community psychiatry, Human Rights of individuals with severe and persistent mental illnesses, international comparisons between Mental Health Commissions, and the history of Australian Psychiatry. Alan has been involved with TheMHS since 1991 as a founding committee member. He has presented at the TheMHS Conferences and Summer Forums on a wide variety of topics since its inception.

John Allan is Executive Director of the Mental Health Alcohol and other Drugs Branch in Queensland Health and President of the Royal Australian and New Zealand College of Psychiatrists. He has previously been Chief Psychiatrist in both Queensland and New South Wales.

Helen Milroy is a descendant of the Palyku people of the Pilbara region of Western Australia but was born and educated in Perth. Currently Helen is a Consultant Child and Adolescent Psychiatrist, Professor at the University of Western Australia and Commissioner with the National Mental Health Commission. Helen has been on state and national mental health advisory committees and boards with a particular focus on
Indigenous mental health as well as the wellbeing of children. From 2013-2017 Helen was a Commissioner for the Royal Commission into Institutional Responses to Child Sexual Abuse.

The modern human rights framework, based on respect for inherent dignity of all humans, was crystallized by the United Nations through Universal Declaration of Human Rights in 1948. The UN Convention on the Rights of Persons with Disabilities (CRPD) 2006 embedded the rights of individuals with disabilities, including mental disabilities, into the international law. However, people with mental disabilities, especially the most disadvantaged groups e.g. Indigenous peoples, the homeless, prisoners, refugees and asylum seekers continue to face gross violation of their human rights. For example, Maori people in New Zealand and Aboriginal and Torres Strait Islander people in Australia are significantly more likely to be subject to compulsory psychiatric treatment and experience seclusion. This double whammy of having a mental disability and being marginalized has been called ‘re-colonization of marginalized populations’.

Minimizing/eliminating involuntary treatment and seclusion/restraint require systematic voluntary options e.g. community-based and recovery-oriented mental health services and legislation that incorporates a respect for individual autonomy through advance health directives and supported decision-making principles. In addition, the government policies at all levels must promote empowerment, social inclusion and economic participation of individuals with mental disabilities and vulnerable population groups by promoting positive rights to housing, healthcare, education and employment. Most importantly, society at large has to commit to inclusive human development and social equity, especially for disadvantaged individuals facing capability deprivation.

This symposium will discuss the violations of human rights faced by vulnerable populations and identify potential solutions to ‘close the gap’ by focusing on legislation, policy and practice.

**References**


Brisbane North Safe Space Network

Shele Liddle\textsuperscript{1}, Caitlin Chapman\textsuperscript{2}, Claire Jorgensen\textsuperscript{3}, Tania Schmakeit\textsuperscript{4}, Juliet Middleton\textsuperscript{4}

\textsuperscript{1}Wesley Mission Queensland, Chermside, Qld, Australia, \textsuperscript{2}Richmond Fellowship Queensland, Annerley, Australia, \textsuperscript{3}Queensland Health, Kippa Ring, Australia, \textsuperscript{4}Aftercare, Kippa Ring, Australia

S24: PAPERS: Pathways assisting people in distress, M1, August 28, 2019, 15:30 - 17:00

\textbf{Biography:}
Shele Liddle, Wesley Mission Queensland
Shele is an Occupational Therapist with 15 years of experience in the mental health sector, working across a broad range of advanced clinical and senior management roles in Australia and the UK. She is currently working as the Mental Health Services and Practice Manager for Wesley Mission QLD.

Caitlin is a grateful person, forging a path with purpose and passion. She has a lived experience of mental health challenges, substance abuse and is a survivor of suicide. In her previous career she held various senior positions in fashion retail while battling mental health and addiction challenges. In recovery and exploring a new vocation, Caitlin has focused on opportunities in the Mental Health and Alcohol and Other Drugs space, including being actively involved with the Safe Space pilot. She currently works for an NGO as a Senior Recovery Support Worker. Caitlin is driven by a commitment to ending the stigma of addiction and mental health issues, and influencing systems change. She is passionate about the power of peer work and is actively involved with the Peer Participation in Mental Health Services network and developing a framework for the Lived Experience Workforce.

The Safe Space Initiative in North Brisbane has been a process of utilising community collateral to create an integrated system of locations - both public and private, traditional and innovative - that allow people who are experiencing psychological distress to identify and choose alternatives to emergency department presentations.

Safe Space is a community development and collaborative ownership movement rather than a Service Delivery Response. It is based on the premise that people in distress should not have to navigate complex service systems – they need choice, immediate, accessible and quality individualised responses ranging the full clinical and non-clinical spectrum in their local communities.

The strategy allows existing spaces to offer a graded level of response to someone in distress: Tier 1 – a place to sit safely, Tier 2 – a place to talk to someone and access service/referral information, Tier 3 – a place to receive some intervention – safety planning, sensory modulation, referrals.

This paper will provide an overview of the tiered Safe Space strategy, an exploration of the roll out of 2 x Tier 3 safe space sites and discussion on collaborative community responses to demonstrate how the model has been designed to be scaled and replicated, allowing for local communities to find local solutions and presenting it’s potential to become a national approach

\textbf{Learning Objectives}

Learning Objective 1: The Safe Space Panel presentation will demonstrate how a collaborative and innovative community solution aimed at providing safe and welcoming clinical and non-clinical responses for people experiencing psychological distress and suicidality can be achieved.
Understanding the process of co-design and implementation can help build healthier communities through relevant and consumer focused responses.

Learning Objective 2: Participants will receive an understanding of the safe space model and collaborative regional strategy that has evolved into a new way of approaching the issue of crisis response options. We will reveal our learnings from the journey we have travelled as a community over the past 3 years, partnerships developed, funding avenues and where to from here.
Partners in Prevention: Understanding and Enhancing First Responses to Suicide Crisis Situations

Ed Heffernan1,2,3, Carla Meurk1,3

1Queensland Forensic Mental Health Service, Brisbane, Australia, 2Queensland Centre for Mental Health Research, Wacol, Australia, 3The University of Queensland, St Lucia, Australia

S24: PAPERS: Pathways assisting people in distress, M1, August 28, 2019, 15:30 - 17:00

Biography:
Ed Heffernan is Director of the Queensland Forensic Mental Health Service, Stream Lead of the Forensic Mental Health Group at Queensland Centre for Mental Health Research, and Associate Professor at The University of Queensland. He is the lead investigator of Partners in Prevention.

Carla Meurk is Principal Researcher within the Forensic Mental Health Group at Queensland Centre for Mental Health Research and an Honorary Senior Fellow at The University of Queensland. She is the project manager for Partners in Prevention.

Police and ambulance officers are often the first to respond to individuals in the community who experience mental health or suicide crises, and they play a crucial role in providing acute care and facilitating onwards referral to health services. In many cases, and without viable alternatives, police and ambulance officers transport those in crisis to hospital emergency departments (EDs), where they are less likely to be seen within clinically recommended waiting times than other types of presentation. This is occurring despite a lack of compelling evidence to suggest that EDs are an optimal therapeutic environment for those in crisis, and many individuals with lived experience vocalising the inappropriateness of EDs in meeting their needs.

In this presentation, we describe the results of Partners in Prevention: Understanding and Enhancing First Responses to Suicide Crisis Situations, a holistic research programme that combines insights from a globally unique data linkage study with the perspectives of individuals with lived experience of suicide. Based on qualitative and quantitative research, we hypothesize that there are viable and effective person-centred approaches to dealing with mental health crises.

Learning Objectives

Learning Objective 1: The audience will gain a contemporary understanding of evidence-informed opportunities to enhance responses to mental health and suicide crises.
Learning Objective 2: This study demonstrates a successful co-design initiative that embeds data driven insights within a meaningful partnership between stakeholders, including those with lived experience of suicide.

References

Creating a Living EDge: The design, testing and evaluation of a peer support service for people experiencing suicidal distress.

Eschleigh Balzamo1, Helen Glover2, Katherine Gill2
1Brook RED, Mt Gravatt, Australia, 2enLIGHT’ened Consultants, Redlands Coast, Australia

S24: PAPERS: Pathways assisting people in distress, M1, August 28, 2019, 15:30 - 17:00

Biography:
Eschleigh Balzamo is the General Manager of Brook RED, a Lived-Experience governed, managed, and operated organisation delivering services to people who experience mental health concern and/or suicidal distress. Eschleigh is passionate about working into the nexus of experience and evidence and delights in working collaboratively to find creative solutions to challenges.

Kate Gill is a research scientist, a Registered Occupational Therapist and Mental Health Consumer Researcher. She is the Chair and founding member of the Consumer Led Research Network, now based at the Brain and Mind Centre, University of Sydney. Kate is also the President and Founder of FND Australia Support Services.

Traditionally when people experience suicidal distress people find themselves referred to acute health settings that are not ideally suited to respond in a timely way. Peer support can intentionally add value to people lives and is potentially a new frontier for traditional crisis services to work in partnership with peers.

The Living EDge project has designed, tested and evaluated a proof of concept peer service that aimed to (i) provide alternative pathways for people experiencing suicidal distress, and (ii) reduces the pressure on acute settings. The project utilised a Design Thinking approach and collaboratively designed with people who access and provide services to answer, “How might we design a service that uses peer wisdom to pivot suicidal distress into being a catalyst to live?

The Living Edge service design emerged as multi-pronged, offering lived experience curated experiences that are both an alternative and adjunct to the emergency department as well as access to short term individual, group and self management supports.

This paper explores the critical elements of the design and testing phases and presents its preliminary model evaluation. Being a proof of concept project the scalability issues to extend the project’s scope or replication are discussed.

Learning Objectives
Learning Objective 1: Participants will be able to:
1. Identify the critical process and partnerships required to design, implement and scale a lived experience service response for people experiencing suicidal distress.
2. Critically evaluate the contribution that lived experience service models offer people experiencing suicidal distress.
Learning Objective 2: Critically evaluate the potential that lived experience service models can offer the wider mental health service sector as an alternative and adjunct supports for those experiencing suicidal distress.

References


This Is My Brave Australia Inc. presents Films and Film Makers on Mental Health

Tim Daly1, Jennifer Leonforte
1This Is My Brave Australia Inc., Ngunnawal, Australia

S25: FILM 1.5 HOURS: Films and Film Makers on Mental Health, M2, August 28, 2019, 15:30 - 17:00

Biography:
Tim Daly has been the Executive Officer/Producer of This Is My Brave Australia Inc. since 2017. TIMBA uses its arts based activities to tell stories of lived experience of mental illness to help break stigma and aid suicide prevention. Tim uses his own lived experience to inform the organisations activities. He is also involved in other lived experience/peer support organisations, Red Flag Canberra which advocates for increased lived experience and peer support within the ACT mental health system, Safe Harbour, a peer led support group and Mr Perfect, a support group that focuses on men's mental health through its series of free bbq events each month through out Australia.

Jennifer Leonforte is an internationally award-winning director and burgeoning sound editor currently working in the local television and film industry. She graduated from QUT in 2017 with a Bachelor of Fine Arts in Film, Television and New Media Productions and was lucky enough to use her documentary assessment to help explore deep personal stories between herself and her best friend. Her film But Honey, You Look Fine, (winner of the NYC Mental Health Film Festival Best Youth Film 2018) follows the first steps to recovery her best friend Gabby must take in her self-authored take on life with Bulimia, and follows their journey together into their childhood to look at the social conditioning that caused it to develop in the first place.

"....... 90% of the people they surveyed in the US reported learning about mental health problems from the movies and go on to argue that more progressive portrayals would help to challenge stigma, reduce public fears of dangerousness, and promote social inclusion. In a study of the impact of the Scottish Mental Health Arts and Film Festival there was an increase in positive attitudes, for instance relating to recovery, ...

"In particular, the arts can change negative attitudes through constructing shared meanings, engaging audiences at an emotional level and diminish perceptions of " otherness " through personal identification with characters or artists"

Using Film to Reduce Stigma.

We propose to show the following films as our abstract.
These are films submitted to the first Canberra Mental Health Film Festival presented by This Is My Brave Australia Inc.

What It Feels Like 00:03:00
A short animated documentary that investigates voice hearing. Small boxes that contain flip book style animation are presented to show the emotion that people who hear voices feel.

Gentle Mentals - 00:02:19
We created these animated relatable animals with issues to lighten this heavy conversation
James is Grandiose - 00:05:32
An autobiographical short about James's attempt to make a feature film and instead making a film about his mental illness

Beware of the Sad Man - 00:03:50
A man battling depression faced with a happy-go-lucky whose attempts at cheering him up don’t seem to be making any difference

 Neighborhood - 00:03:47
The neighbor showing up at 8 o'clock in the morning in a bathrobe, that's normal for you?

Panic Attack - 00:03:00
You know the nagging thought that start with "did I leave the iron on?" and turn into " am I pregnant with a devil-baby?"

But Honey, You Look fine - 00:10:11
Follows the first steps to recovery Gabby must take in her self-authored take on life with bulimia

DocumenTRATE (Slovenia) - 00:24:00
Documents the camp The Art of Deinstitutionalisation that was organised in the spring of 2017 at the castle Cmurek that gave voice to the residents of mental health institutions. For a week they were not patients but artists.

Running Time - 00:55:39

Q&A with film maker Jennifer Leonforte (But Honey, You Look Fine)

Learning Objectives

Learning Objective 1: The screening of these films is intended to increase the audiences positive attitudes to mental health and decrease the level of stigma through personal indentification with characters and their situations.

Learning Objective 2: Stigma is a large barrier to overcome for consumers and carers in reaching out for self help pathways, either clinical or informal, these films are all based around mental health themes and can give an insight that may not have been explored or seen by the audience.

References


Partners in Diversity: Collaboration between a Transcultural service and a Community mental health service to build organisational cultural responsiveness.

Shehani De Silva¹, Peter Warden², Susan McDonough¹

¹Victorian Transcultural Mental Health, Melbourne/ Fitzroy, Australia, ²Neami National, Melbourne/ Heidelberg, Australia

Biography:
Shehani De Silva is an Education and service Development Consultant at the Victorian Transcultural Mental Health. She holds an honours in Psychology and has worked in Sri Lanka with a number of mental health organisations including UNICEF (Sri Lanka). She has worked in the refugee and migrant mental health sector in New Zealand and coordinated the Transcultural Mental Health Access Program at ADEC.

Peter Warden Peter currently oversees Neami National’s community mental health programs in the Eastern Region of Melbourne. Peter has over 10 years of experience in the community mental health sector. He has worked as a support worker and manager across a variety of programs in Metro Melbourne and Regional Victoria.”

Susan McDonough is an Occupational Therapist and has worked in international development, community and correctional mental health, and also in education and service development roles in early psychosis, recovery-oriented practice and transcultural mental health. She has completed a BA and a MA (Research) in Anthropology and has taught undergraduate Sociology, including Health Sociology, and Anthropology. Sue is currently completing a PhD at La Trobe University that explores the work of practitioners who assist people experiencing mental health issues with whom they share a similar cultural, linguistic or faith background. Sue has worked at VTMH since 2010

Neami National (a community mental health service provider) and Victorian Transcultural Mental Health (VTMH) (a state-wide transcultural service) commenced a partnership in 2015 with the aim of developing and implementing organisation-wide cultural responsiveness strategies to improve outcomes for culturally diverse individuals, families and communities.

The presentation will focus on the processes and outcomes of the three-year partnership including indicators of a successful and effective partnership. It will also demonstrate the important role of a state-wide service in helping agencies to develop culturally responsive plans whilst working with services over an extended period to implement these plans, providing services such as education and learning opportunities. The presentation will also highlight sustainability plans that were undertaken to consolidate gains and sustain outcomes.

A retrospective evaluation of the partnership was conducted to explore the features of the collaboration, strategies that were used, and identify what changes occurred. The findings of this review will be presented along with its implications for mental health service providers undertaking cultural responsiveness and system reform more broadly.

Learning Objectives
Learning Objective 1: The presentation will examine the key principles and methods of forming effective, flexible, adaptive and collaborative partnerships, whereby increasing inclusivity within Community Mental Health organisations.

Learning Objective 2: The presentation will demonstrate progress that can be made by mental health services to improve cultural responsiveness and whilst sustaining these changes, integrating them into strategic direction of the organisation while also adapting to significant system change and reform.

References

The Healing Portal - A culturally appropriate, world first healing online resource hub for workers involved in providing services for Aboriginal and Torres Strait Islander people.

Michelle Elwell

1Australian Indigenous HealthInfoNet, Perth, Australia, 2The Healing Foundation, Canberra, Australia

Biography:
Michelle Elwell is a Central Arrernte Aboriginal woman from Alice Springs in the Northern Territory. Michelle works as a Senior Research Officer for the Australian Indigenous HealthInfoNet. The HealthInfoNet is a free to access web resource that contributes to ‘closing the gap’ in health between Aboriginal and Torres Strait Islander people and other Australians by developing and maintaining the evidence base to inform practice and policy. Michelle joined the team in 2012 and has research responsibility for several health areas including Aboriginal and Torres Strait Islander Health Workers, healing, cultural ways, diabetes, nutrition and physical activity. Michelle’s involvement in these areas of health is based on her tertiary qualifications which include a Masters in Public Health and a Certificate in Diabetes Education.

Many Aboriginal and Torres Strait Islander people have unresolved trauma that has been passed down from generation to generation following colonisation and subsequent policies in Australia. This trauma contributes significantly to their social and health disadvantage and therefore there is a need for a well-informed workforce to address their healing needs.

In 2015 the Australian Indigenous HealthInfoNet and The Healing Foundation collaborated to develop a Healing portal to support people working in healing, health, justice, child protection, education and family violence.

This paper highlights and showcases the innovative and unique resources available on the portal, including the latest research and best practice healing initiatives in Australia. Resources are at the fingertips of health professionals ensuring they are well informed and up to date. For example the Stolen Generations resource kit for teachers and students and the Australian Institute of Health and Welfare’s studies on the Stolen Generations and their descendants.

Learning Objectives

Learning Objective 1: Audience members will gain an understanding of the depth of information available on the Australian Indigenous HealthInfoNet’s Healing Portal. The audience will take away an understanding of how to access the most up to date and relevant key resources, policies and reports, health promotion and health practice resources to assist them in their daily work practice.

Learning Objective 2: This topic is most relevant to those workers who are working to support Aboriginal and Torres Strait Islander people who have been impacted by trauma from colonisation and past government policies. This trauma still impacts Aboriginal and Torres Strait Islander people today and having a well-informed workforce is essential so they are supporting in their healing journey. The Portal aims to support workers working in healing, health, justice, child protection, and education and family violence.

References

Using the re-developed Framework for Mental Health in Multicultural Australia- a resource for all service providers

Ruth Das

Mental Health Australia, Canberra, Australia

S26: PAPERS: Transcultural Perspectives, M3, August 28, 2019, 15:30 - 17:00

Biography:
Ruth Das is the National Project Manager for the Embrace Multicultural Mental Health Project. The Project aims to bring a national focus on multicultural mental health and work towards an equitable mental health system which reflects and responds well to the needs of Australia's multicultural population. Ruth has worked in the health sector for around 20 years in a number of community, multicultural, policy and project capacities and has a Masters of Public Health.

The Embrace Project is funded by the Australian Government Department of Health to provide a national focus on mental health and suicide prevention for people from culturally and linguistically diverse (CALD) backgrounds. It builds on the important work of previous national multicultural mental health projects, and works towards an equitable mental health system which reflects and responds well to the needs of Australia’s multicultural population. The Project builds on the achievements of previous national projects and aims towards an equitable mental health system and improved mental health and wellbeing for Australia’s multicultural population. The Project provides a coordinated approach to meeting the unique needs and challenges faced by people from CALD backgrounds. This includes providing a platform to increase national networking and collaboration opportunities for mental health practitioners working with people from CALD backgrounds. Crucially, the Project works to improve the cultural responsiveness of mainstream mental health services to meet the needs of the diverse Australian population. This is being achieved through further development and implementation of the Framework for Mental Health in Multicultural Australia. (The Framework) The Framework for Mental Health in Multicultural Australia was developed to help services and individual workers to evaluate and enhance their cultural responsiveness. It includes self-assessment against cultural competency standards along with implementation guidance and supporting resources. It is a free national resource and available to any service provider. The Framework has been piloted across Australia and an independent review was undertaken in 2016. This paper will provide a step by step overview of how services can use the Frameworks multiple resource to strengthen, enhance and increase their response to the cultural needs of individuals, families and communities.

Learning Objectives

Learning Objective (1): People attending this presentation will gain information and guidance on how to use the Framework for Mental Health Services in Multicultural Australia and the redeveloped modules available online and free to all services.

Learning Objective (2): This topic is relevant for services, and individuals who want to refine, develop and design strategies to respond to cultural diversity. It will provide a national framework for how to systemically and effectively engage with individuals, families and communities form CALD backgrounds.
References

2. PHN Advisory Panel on Mental Health Final Report.
Pictorial Physical Health Prompt: A Co-Design Process

Whitney Lee, Vicki Langan
Neami National, Sydney, Australia

Biography:
Whitney completed a Bachelor of Psychology and began her career working at a non-government mental health organisation, Neami National. It was here, that as a support worker, she witnessed the gap in physical health for people living with a mental illness. As she has always taken an interest in physical health and is passionate about leading a healthy lifestyle, she undertook a Master of Public Health (Health Promotion), to be able to work in the space to prevent poor health and promote physically healthy lifestyles for people living with a mental illness. Her role as Health and Wellbeing Officer at Neami National allows her to tie in both her passions to promote physical health for people living with a mental illness. She works closely with mental health consumers to co-design strength-based initiatives to improve physical health opportunities, access and health literacy for people living with a mental illness.

Vicki began her career working in Juvenile Justice and AOD services. With a background in Sports Science, she worked with the Irish Sports Council concentrating her efforts developing strategies in disadvantaged communities engaging young people in physical activity/sport. With a lived experience and qualifications in Addiction Studies, Vicki clearly saw the link between poor mental health and the impact on physical health. In 2012, Vicki began working as a frontline mental health outreach worker the Aboriginal homelessness service within Neami, moving into the NSW Health Promotion Officer position and then to her current position as the Health and Wellbeing Manager for NSW. Vicki has contributed to the development of several physical health programs/initiatives and research projects with UWO, Neami’s Health Literacy Project and Oral Health E-Learning with University of Melbourne. Vicki is dedicated to improving the physical health of people living with mental illness through innovation and collaboration.

The Physical Health Prompt (PHP) is a tool consisting of 28 strengths based close-ended (yes or no) questions developed primarily to guide conversations between staff and consumers to address health care needs. The PHP adheres to the National Health guidelines and was written through a co-design process in response to the poor physical health needs of individuals accessing Neami services. The PHP is intended to facilitate conversations where physical health concerns can be identified and then addressed through improving health literacy and engagement with primary health care providers, GPs, allied health professionals, alternative practitioners or relevant services.

Following the introduction of the original PHP in a boarding house program, staff discovered approximately 65% of residents identified as illiterate. In response, a co-design process was implemented involving mental health consumers and staff to develop an innovative version of the PHP tool to cater for different learning styles. The outcome was a Pictorial Physical Health Prompt (PPHP) designed specifically by consumers for consumers in community mental health setting using images to support the comprehension of each written question.

There is a growing awareness of the need to identify successful models of co-design in mental health services and useful strategies to support consumer participation in developing services and practice tools.
The PPHP demonstrates how consumer participation can result in a collaborative and dynamic partnership to create meaningful outcomes. This presentation explores the learnings from the co-design process to develop the PPHP including benefits, challenges and mitigating strategies used during the process. This contributes to the growing body of knowledge around methods to implement consumer participation when developing resources for people living with a mental illness.

**Learning Objectives**

Learning Objective 1. Learning and strategies for successful and effective co-design
Learning Objective 2. Physical Health screening tool for people living with mental illness designed by people living with mental illness.

**References**

Understanding Participation: Measuring the value and impact of consumer and carer voices in services and policy.

Alyssa Morse\textsuperscript{1}, David Lovegrove\textsuperscript{1}, Amelia Gulliver\textsuperscript{1}, Michelle Banfield\textsuperscript{1}

\textsuperscript{1}ACACIA: The ACT Consumer and Carer Mental Health Research Unit, Canberra, Australia

S27: PAPERS: Co-design, M4, August 28, 2019, 15:30 - 17:00

Biography:

Alyssa is a Postdoctoral Fellow at ACACIA: The ACT Consumer and Carer Mental Health Research Unit. In this role, Alyssa contributes to a variety of research projects that are relevant to and for the benefit of mental health consumers and carers in the ACT.

Lived experience perspectives have an essential role to play in developing healthy communities. Are these voices being heard and integrated at the level of health policy and services? And how are they valued by the people who are listening? The thoughts, insights and experiences of consumers, carers, service providers and policy makers can help develop our understanding of how lived experience participation is valued in the health sector, and of what “value” means from different perspectives. ACACIA: The ACT Consumer and Carer Mental Health Research Unit is currently working in partnership with representatives from Health Care Consumers’ Association, The ACT Mental Health Consumer Network, Carers ACT, and ACT Health, and independent consumer and carer representatives to explore these concepts. Our project aims to understand the current nature of consumer and carer participation in the Australian Capital Territory and to explore the concept and meaning of value in the context of lived experience participation. Our long-term goal is to co-create a set of consumer- and carer-developed principles for participation, value and impact, and an accompanying set of indicators that can be used by the health sector for measurement. In this presentation, we will discuss the preliminary findings of the project and reflect on the process of working in partnership to design and conduct a research project.

Learning Objectives

Learning Objective 1: From our early findings, audience members will gain insights into the changing landscape of lived experience participation and the meaning of “value” in this context. This presentation is also an opportunity to learn about co-creation and involvement processes from the experiences and reflections of the research team.

Learning Objective 2: Australian Government policies emphasise a key active role for consumers and carers in the development of health policies and services, including mental health services. The ultimate goal of this project is to co-create a set of consumer- and carer-developed principles for participation, value and impact, and an accompanying set of indicators that can be used by the health sector for measurement.

References

‘Partners not just participants’: Integrating lived experience into suicide prevention research.

Jo Riley

Black Dog Institute, Sydney, Australia

Biography:
Jo Riley is the Black Dog Institute’s first Lived Experience Participation Manager and working to embed the meaningful involvement of lived experience across the organisation. Jo provides guidance on the implementation of Black Dog’s Lived Experience Framework as well as undertaking research to examine the impact of lived experience participation on individuals and systems. In addition to a decade plus experience working in suicide prevention, Jo brings to this role insights drawn from her own lived experience of depression, suicidal thoughts and bereavement by suicide.

In 2017 the Black Dog institute commissioned an evidence-based Lived Experience Framework for use within suicide prevention research trials. The Framework has been widely utilised across Australia and has enabled Black Dog to reimagine its own relationship with people who have lived experience of mental illness and suicide. This presentation will shine a spotlight on how the Framework is being used in the Centre for Research Excellence in Suicide Prevention (known as CRESP2.0), launched in 2019. Designed in partnership with a team of lived experience advisors, CRESP2.0 features a Lived Experience Resource Centre and a dedicated Lived Experience research stream, both directed by people with lived experience of suicide. Designated lived experience positions are included throughout the governance structure and resources allocated for the development and implementation of lived experience-led tools and training. Recognising this is a significant evolution from past practice, we are aiming to build a culture of ‘partnership not just participation’ across CRESP2.0. The presentation will cover facilitators and barriers encountered as well as highlight opportunities to join CRESP2.0 and be part of a vision to establish and evaluate a best practice model for partnership between researchers and people with lived experience of suicide.

Learning Objectives

Learning Objective 1: Describe how an evidence-based Lived Experience Framework is put into practice in a research environment and explain how people with lived experience can utilise their insights, hope and resilience to contribute to research and advance our understanding of suicide prevention.

Learning Objective 2: Shaping the ‘right’ research questions in mental health—ones that will best advance our understanding and improve outcomes for individuals and communities—involves incorporating the insights of people with lived experience. This presentation will build an understanding of how evidence (traditional and lived experience) can be used to inform research practice. Principles and processes outlined in the presentation can be used by mental health services to strengthen their engagement with people with lived experience.

References

Consumer and Carer Experience of the Victorian Mental Health Tribunal: Tribunal Hearing Experience (THE) Survey

Ali Pain¹, Cheryl Reed², Jan Dundon¹

¹Mental Health Tribunal, Melbourne, Australia, ²Health and Community Consulting Group Pty Ltd, Chelsea, Australia

Biography:
Cheryl Reed is an evaluation and social researcher who has been working in co-design and the measurement of healthcare consumer experience for over two decades.

Ali Pain is the Consumer & Carer Engagement Officer at the Mental Health Tribunal.

Attending a mental health tribunal hearing can be a very stressful time for consumers and carers. We know the importance of consumer and carer lived experience as an indicator of how well a system is working and the outcomes it delivers for participants (Hansson, Bjorkman, & Priebe, 2007; Mohan & Kumar, 2011), but is it possible to obtain meaningful information from people who attend a tribunal hearing, or does their illness or attitude to the hearing decision overwhelm other aspects of their experience?

In 2015, the Victorian Mental Health Tribunal started a project to co-design an experience of hearing survey using the lived experience of the Tribunal Advisory Group and the Consumer and Carer Forum, as well as feedback from consumers and carers attending hearings and mental health service providers. The project has involved ethics approval to conduct qualitative research with consumers and carers who attended a hearing and a pilot test of the draft Tribunal Hearing Experience (THE) Survey. With the first implementation of THE Survey in late 2018, the results show the resilience of hearing attendees, their hopefulness for the future and opportunities for all service providers to work with consumer and carers to build better services.

Learning Objectives

Learning Objective 1: Co-design can be used effectively in developing research tools and methods as well as in reviewing recommendations and workshop implementation.

Learning Objective 2: This topic shows that the level of psychological distress a person is experiencing does not necessarily limit their right or ability to provide meaningful feedback on the services they receive.

References

Does the coronial process meet the needs of grieving families?

Ros Williams

Coronial Reform Group, Australia

This paper will focus on the lived experience of 3 families who, as a result of the death of family members, became involved in traumatising coronial processes in the ACT. As a result of that experience the families established the Coronial Reform Group, to advocate for improved processes across Australia to ensure that the families and/or carers of those who have lost their lives can have an equal voice in the coronial process. The group sees reform as essential to ensure systemic failings can be identified and acted on in a timely manner so lives can be saved.

The paper will look at the journeys of these resilient families preparing for and participating in the coronial process and its aftermath and examine the question of whether the coronial process is therapeutic for grieving families.

The key areas for reform that the group has highlighted will be outlined, including the need for better support for families, an end to the adversarial approach and issues relating to how governments respond to coronial recommendations. The Coronial Reform Group is calling for national oversight of the learnings that come from coronial processes and sees this as essential when planning suicide prevention measures.

This paper will briefly explore the options for coronial reform though restorative practice and the groups efforts to initiate a trial that will give families and other community members an equal voice based on the principles of participation, voice, validation, vindication, accountability and prevention.

Learning Objectives

Learning Objective 1: The audience will learn about the key areas for reform that the Coronial Reform Group considers are necessary to give families and/carers an equal voice in the coronial process and how it could fulfil a better preventative function.

Learning Objective 2: A high percentage of the full coronial inquests in Australia are inquests into the death of a person with a mental illness. The paper will explain the urgency for reform so the coronial process can be less traumatic for families more cost effective and provide valuable input into suicide prevention measures across the country.

References


Promoting Human Rights - A Story of Hope

Julie Anderson

DHHS Mental Health Branch, Melbourne, Australia

Biography:
Julie Anderson is Senior Consumer Advisor in the Office of the Chief Psychiatrist, Victoria, working in the Chief Mental Health Nurse Team. She has had 20 years experience in community and clinical mental health services. Julie has advised both State and Federal Governments on new mental health Acts and the 5th National Mental Health and Suicide Plan. Julie has presented on consumer participation and peer education at conferences both Nationally and Internationally. Julie indicates the best part of her job is the privilege of working with people with mental illness and hearing their stories.

One of the four statutory roles of Victoria’s Office of the Chief Psychiatrist is:
‘to promote the rights of persons receiving mental health services’ (s120, MH Act, Vic, 2014)

The Victorian Office of the Chief Psychiatrist is undertaking a project that explores mechanisms to support the statutory obligation to effectively promote the rights of people with mental illness. The aim of this paper is to present data collected from consumer, nurse, and psychiatrist consultations of promoting human rights and demonstrate the imperative of the promotion of rights on inpatient units. The data will show that variance between the three perspectives is minimal so raises the question; “what are the system barriers to the effective promotion of human rights”.

Promoting the protection of human rights will support empowerment and citizenship for people with mental illness and build healthy communities by reforming mental health services in Victoria to have a rights perspective rather than focus on limiting people rights. The paper will outline the way the Office of the Chief Psychiatrist will use data collected, sector consultations and advisory group processes to analyse and make recommendations to the Chief Psychiatrist to continue to promote the rights of persons receiving mental health services.

Learning Objectives

Learning Objective 1: The audience will learn that promoting the protection of human rights is a common objective between consumers nurses and psychiatrists and that legal and system barriers prevent that common objective to be realised.

Learning Objective 2: This topic is relevant to mental health services to gain understanding how to support empowerment and citizenship from the perspective of consumers, nurses and psychiatrists.

References


Broome Recovery College: Grassroots Collaboration in Action

Kerri Boase-Jelinek\textsuperscript{1}, Emily Cole\textsuperscript{1}
\textsuperscript{1}Kimberley Mental Health And Drug Service, Broome, Australia

Biography:
Emily and Kerri have been working in partnership in developing the Broome Recovery College since 2016. Emily became involved as a teenager and is now the Recovery College’s first peer educator. Kerri is Recovery Lead at Kimberley Mental Health and Drug Service, and has coordinated the Broome Recovery College’s journey from inception to opening its doors and becoming established in the community.

Workshop Background
A small group of people came together in 2015 to share a dream of opening a Recovery College in Broome, which is located in the remote north-west region of Western Australia. Broome is a multi-cultural community which also supports many Aboriginal people from remote regions across the Kimberley. The catalyst for this dream followed a visit by Rachel Perkins (from the UK). Rachel introduced the community to the Recovery College concept - an alternative method of using education and collaboration to create courses that focus on exploring ideas and developing skills to reach personal goals and aspirations (Perkins, Meddings and Repper, 2018). She sparked a curiosity about the potential of workers and people with lived experience sharing their expertise.

The dream became reality at the end 2016 when we opened the doors to offer our first courses. The College has offered several rounds of courses each year since then, and it is still evolving. The development of possibly the world’s only remote Recovery College is guided by a network of collaborative partners, which includes people with lived experience, community members together with workers from state government and non-government organisations. Our evolution is guided by the nature of our combined history, our relationships, the remoteness of our location, our communities’ needs and adapting to the diversity of local cultures. Community development principles and the recovery approach inform our strategies and actions.

Workshop Outline
In this workshop Kerri and Emily will share their experience of the journey in establishing the Broome Recovery College and reflect on both highlights and challenges. They will also identify grassroots strategies used to directly involve people from a broad range of backgrounds, examine the effectiveness of those strategies, and the role of hope and resilience.

Running in parallel with the facilitators’ stories, participants will be invited to explore their own personal dream of ways of working with mental health and wellbeing. Discussions will focus on establishing sound foundations for taking dreams forward and working at a grassroots level. We plan to cover the following areas:

- sharing your dream and making connections
- knowing the resources and strengths of your community
- harnessing and maintaining energy and excitement
- being well equipped with skills and knowledge
• dealing with obstacles and challenges
• managing shifts in relationship dynamics between groups of people.

Participants will be provided with a workbook to record thinking and reflections that resonate with their dream and any connections made with others to support their dream. The workbook could be used as a personal resource to continue work after the conference.

Proposed Workshop Plan
This plan is based on 55 minutes of useable time of a 60 minute workshop.

• Introduction - 5 minutes
• Icebreaker related to personal dreams - 5 minutes
• Presentation of context: Broome Recovery College - 10 minutes
• Discussion about context with participants - 5 minutes
• Individual reflection activity to identify personal dream - 5 minutes
• Small group discussion to workshop grassroots strategies in relation to personal dream - 15 minutes
• Reflections and conclusion - 5 minutes.

Learning Objectives
Learning Objective 1: Through the story of the Broome Recovery College, workshop participants will learn more about grassroots strategies to directly involve people from across the community in developing alternative mental health and wellbeing programs.
Learning Objective 2: This workshop aligns with a guiding principle of the recovery approach, that people with lived experience are to be actively involved in design, development and delivery of services. This may occur with their peers and/or in collaboration with workers and the community.

References
Independent Evaluation of the Western Sydney Recovery College

Nicola Hancock¹, Justin Scanlan¹, Karen Wells¹, Anne Honey¹, Jennifer Smith-Merry¹

¹The University Of Sydney, LIDCOMBE, Australia

S30(A): PAPER: Recovery College; S30(B): WORKSHOP 1 HOUR: Recovery College, P2, August 28, 2019, 15:30 - 17:00

Biography:
Dr Nicola Hancock’s extensive clinical background is as a mental health occupational therapist. She is a senior lecturer at the University of Sydney and she strives in her teaching and research to enhance mental health service delivery and the genuine participation and inclusion of people living with mental illness.

Dr Justin Scanlan is a senior lecturer at the University of Sydney with a clinical background in mental health. He is currently course director for the undergraduate occupational therapy program.

Recovery College is a relatively new and innovative approach to supporting people’s mental health recovery and simultaneously supporting the learning and development of carers, family members, friends and workers. In 2017, One Door Mental Health in collaboration with WentWest (Western Sydney Primary Health Network) established the Western Sydney Recovery College (WSRC). Courses were available to consumers, families, friends, mental health workers and other interested individuals and courses were delivered by peer educators and mental health professional educators.

A group of researchers were engaged to conduct an independent evaluation of the first year of the Recovery College. The evaluation was guided by principles of co-production, cyclical feedback and improvement and a multiple-methods approach.

Over 200 students attended courses with 56.5% of these individuals identifying as consumers or carers. Students expressed high levels of satisfaction with courses and particularly valued the sharing of lived experience as part of the courses. The contribution of lived experience educators was especially highlighted by students.

While student experiences were very positive, recommendations for improvement included the development of opportunities for clearer communication between lived experience and professional educators and the establishment of a central “hub” for students to gather and collaborate outside of formal classes.

Learning Objectives

Learning Objective 1: Attendees will gain an understanding of how Recovery College programs can support recovery and how the WSRC delivered positive outcomes for students.

Learning Objective 2: Recovery Colleges provide are an innovative approach to supporting recovery and should become an increasingly important element of mental health services in Australia other countries.

References


When two wholes make a right – North West Area Mental Health Service – Hume Community Team – Wellness and Recovery

Deborah Carrin

1North West Area Mental Health Service, Melbourne, Australia

Biography:
Deb Carrin (MSW) – Manager, Hume Wellness and Recovery Team - North West Area Mental Health Service. Deb passionate about community development, health promotion and prevention. Deb has worked in psych disability, CCT, MST, (Project 300), Triage/CATT roles in Queensland and Victoria, with 25 years’ experience in mental health.

As a whole of life, whole of spectrum of care team, Hume Community Team – Wellness and Recovery (HWRT) is an innovative mental health service. HWRT treats people as young as three and as old as 87, in our clinics, in partnership with schools, aged care facilities, neighbourhood houses and in service user homes. We offer intake, crisis (community and police), duty, consultation, clozapine, intensive, self-leadership, recovery and therapy service. Our clinical services are rounded out through peer workforce, orientation, CALD access project participation, psychoeducation, community education (in local libraries), family psychoeducation, family work, sexual health and NDIS portfolios. Service users, their families and residents, in the case of promotion and prevention are engaged at multiple levels, inclusive of service leadership. The Hume Moreland Mental Health Promotion and Prevention Plan, of which 5WaystoWellbeing is our universal primary prevention strategy, supported by our Connect4Wellbeing program. As a large team of 65 individuals it takes a shared belief in the possible, balanced with acceptance of our limitations. This presentation will outline the evolution of the service, highlight the range of work undertaken, describe the structure and systems utilised to produce real outcomes for service users, their families and community.

Learning Objectives

Learning Objective 1: Participants will gain an understanding of:
• The philosophy underpinning the service delivery,
• The service operations and how activities are balanced
• How the service partners with service users and their family in decision making, design and evaluation.

Learning Objective 2: Explores an alternative service delivery model that embraces both principles of wellness and recovery.
Wellness SA: Overcoming the Challenges of Mental Health in Rural and Remote Australia.

David Lam1,2,3, Lauren Martinez1
1Wellness SA, Port Lincoln, Australia, 2Lincoln Medical Centre, Port Lincoln, Australia, 3Adelaide Rural Clinical School, University of Adelaide, Adelaide, Australia

Biography:
Dr David Lam is a rural general practitioner in Port Lincoln, South Australia, and is passionate about mental health. He has previously worked in the mental health unit at Flinders Medical Centre in Adelaide. He is also a senior lecturer and the Rural Medicine coordinator at University of Adelaide School of Medicine.

Lauren Martinez is an accredited mental health social worker in Port Lincoln, South Australia. Her organisation, “Wellness SA”, provides evidence-based psychotherapy to treat and empower people suffering from mental health issues in rural Australia. She has also completed a Diploma in Addiction and Mental Health at the University of Adelaide.

Mental health care in rural and remote areas is tough and mental health issues can often be dangerous for both consumers and their treating clinicians alike. Responding to “Code Blacks” (personal threats) in small hospitals without security staff and avoiding medical complications from occurring when a consumer requires sedation for air transport to a tertiary metropolitan hospital are but a few of the challenges of tackling mental health in rural areas. Suicide rates are higher in country towns across the nation compared to rates observed in metropolitan areas and yet access to mental health services is far scarcer in the very areas that need them the most.

In early 2019, Mental Health Social Worker, Lauren Martinez, and General Practitioner, David Lam, founded Wellness SA in the South Australian town of Port Lincoln, 650km away from Adelaide, to provide outpatient psychotherapy to those suffering from mental health issues. This presentation details how Wellness SA utilises an interdisciplinary approach and early interventions targeting mild to moderate mental health issues to overcome the challenges and nullify mental illness in remote South Australia.

Learning Objectives

Learning Objective 1: The audience will gain insight into both the unique challenges of treating mental health issues in rural and remote areas and the strategies that the presenters have implemented to ensure an integrated interdisciplinary approach to mental health care in these areas.

Learning Objective 2: This topic is relevant as the burden of mental health and suicide is immense in rural and remote Australia and yet, counterintuitively, mental health services in these areas are far fewer than in metropolitan areas. Strategies aimed to optimise country mental health services, such as those adopted by the presenters, are therefore vital in ensuring basic health care in rural Australia.

References

Ross Beckley, Veronique Moseley

1Behind The Seen, Wyongah, Australia

Biography:
Ross Beckley: A first responder with 20 years of frontline experience and diagnosed with PTSD, Ross speaks from a Lived Experience perspective. In 2013, he and his partner launched Behind The Seen, presentations and campaigns aimed at first responders and their families, leading to several meaningful collaborations with researchers and community organisations.

Veronique Moseley has 25 years of experience as an AASW accredited social worker and is the co-founder of Behind The Seen. As the partner of a first responder with PTSD she has a unique dual insight from both a professional perspective and the lived experience perspective.

Programs which address mental health work on a continuum – from conception to evidence base to practice – and that continuum involves several roles including those with lived experience, practitioners and researchers.

Comments such as: “Researchers are textbook nerds living in their ivory tower” “On the ground practitioners just don’t see the bigger picture” and “those with lived experience simply don’t understand the need for an evidence base” are unfortunately still common reflections during private conversations. Maintaining negative stereotypical views about each other’s roles diminishes our capacity for effective collaboration. This presentation will remind the audience of each role’s unique strengths and acknowledge each role’s systemic constraints in order to quell some of the myths that still live on in “careless whispers” between workers in the sector and highlight ways in which the sector can build more effective, respectful and resilient relationships to ensure streamlined responses to the issues faced by those with mental health issues.

The presentation is delivered by Ross Beckley, a past serving decorated firefighter with PTSD and his partner Veronique Moseley, an accredited social worker. Their experience is based on 5 years of work (from both lived experience and practitioner perspectives) with a range of stakeholders to heighten awareness of mental health and reduce the suicide rate among emergency services responders.

Learning Objectives

Learning Objective 1: The audience will learn from a practical perspective what obstacles stand in the way of meaningful collaborations between those with lived experience, practitioners and researchers, and what strategies and strengths can be used to overcome those obstacles.

Learning Objective 2: To improve mental health services along the continuum of prevention to intervention to postvention we must address some of the real-life obstacles to meaningful collaboration between different stakeholders in the mental health arena.

References
1. Suomi, B. Freeman, M Banfield Centre for Mental Health Research, ANU, (2016) Framework for the engagement of people with a lived experience in program implementation and research Final Report for LifeSpan
Stretch2Engage: It is not about getting you to engage with us, but how we, as organisations, engage better with you!

Helen Glover¹, Sue Pope², Jacklyn Whybrow³, Deborah Bailey⁴
¹Enlightened Consultants, Redlands Coast, Australia, ²QNADA, Brisbane, Australia, ³Queensland Alliance, Brisbane, Australia, ⁴Toowoomba Clubhouse, Toowoomba, Australia

S32: PAPERS: Engaging and Recovering, P5, August 28, 2019, 15:30 - 17:00

Biography:
Jacklyn Whybrow has worked across public and non-government sector in trauma and mental health. Jacklyn brings an advanced scope of practice in early intervention, acute care, early psychosis and older person’s mental health. She is passionate about the community mental health sector that build sustainable and meaningful systems for people to access.

Debbie has spent the last 20 years working in Government and For purpose management roles in a variety of sectors. As CEO of Toowoomba Clubhouse for the past 2 years, Debbie’s focus has been on building on the Clubhouse recovery focussed programs in line with the transition from block funding to NDIS and competitive tendering. Debbie believes the success and strength of the Toowoomba Clubhouse is the engagement between staff and members and the sense of community that is built from this shared ownership.

The Stretch2Engage Framework provides a fresh perspective for organisations to effectively engage with people who access their service, their families and the wider community. It has been developed with a wide range of stakeholders across the Queensland mental health and AOD sectors. This is the first project that the Queensland Mental Health Commission has undertaken conjointly across both sectors.

Stretch2Engage has unashamedly been developed from the standpoint that engagement, for the purposes of service improvement, is an action and responsibility of the organisation and not of those accessing services. Instead of asking the question, ‘how can we get people to engage with us?’ it flips the question to ‘how can we more effectively engage with people?’

The framework’s seven domains guide mental health and AOD services to strengthen their organisational engagement culture: Curious; Clear; Creative: Collective; Comprehensive; Champion and Committed. It is currently being tested with 7 mental health/ AOD services. Workshops, organisational coaching and resources have been provided to assist each organisation implement the framework over 12 months.

The external evaluation provides evidence as to the framework’s effectiveness in strengthening organisational engagement culture and ultimately delivering services that are relevant and responsive to people and the wider community’s needs.

**Learning Objectives**

Learning Objective 1 & 2: This paper will assist participants to:
(i) Understand how the stretch2enagge framework can support organisations to strengthen their engagement culture with people who access services, families and the wider community.
(ii) Stretch the way the mental health sector undertakes and leads engagement initiatives and culture, ensuring that relevant mental health service delivery is responsive to peoples needs.
References


http://www.mentalhealthcommission.gov.au/media/253244/Sit%20beside%20me,%20not%20above%20me%20Supporting%20safe%20and%20effective%20engagement%20a....pdf (online access 11th March 2019)
When Mental Health Is Actually About Health.

Joy Barrowman¹, Deborah Carrin¹, Doris Sant¹
¹North West Area Mental Health Service (NWAMHS), Melbourne, Australia

S32: PAPERS: Engaging and Recovering, P5, August 28, 2019, 15:30 - 17:00

Biography:
Doris Sant, Population Health and Community Partnerships Coordinator - North West Area Mental Health Service. Doris is passionate about addressing health inequalities and building healthier communities using community development/health promotion approaches. She has a B.A in Youth Affairs and a Post Graduate Diploma in Health Promotion with over 25 years’ experience.

Deb Carrin (MSW) – Manager, Hume Wellness and Recovery Team - North West Area Mental Health Service. Deb passionate about community development, health promotion and prevention. Deb has worked in psych disability, CCT, MST, (Project 300), Triage/CATT roles in Queensland and Victoria, with over 25 years’ experience in mental health.

Joy Barrowman – Area Manager- North West Area Mental Health Service. Joy has a nursing and health services management background in New Zealand and Victoria. With 38 years, experience in clinical mental health, hospital and health care roles including skills in research, strategic planning, organisational development and change management.

The north western suburbs of Melbourne is home to some of Australia’s most socially and economically disadvantaged people and, not surprisingly, residents also experience high to very high rates of psychological distress with high demand for clinical mental health and other support services. It is in this context, 10 years ago, a public mental health service took the bold step of complementing its treatment role with a mental ill-health prevention and mental wellbeing promotion approach. This presentation will describe the evolving evidence informed, multi-layered prevention and promotion strategies offered to those providing and receiving clinical treatment, and to the wider community. This will include examples of the resources that were developed and how they are being used. The process of engaging and collaborating with ‘internal’ stakeholders (clinicians, managers, consumers and carers) and external stakeholders (local government, ethnic communities and community agencies) will be described. This will include a frank reckoning of some of the successes, challenges, opportunities, limitations, strengths and hard-won learning that has come from such an ambitious endeavour. The presentation will conclude by addressing the question, ‘what is the role of clinical mental health service in building mentally healthy communities?’

Learning Objectives

Learning Objective 1: Those attending will gain an understanding of conceptual frameworks, research literature, community engagement processes, educational tools used by a public mental health service and our communities, to augment its usual treatment role, with mental health promotion and prevention approaches, to help build mentally healthier communities for all.

Learning Objective 2: Building mentally healthy communities is identified as a social policy imperative and yet examples of attempts to achieve this are rare and the role of area mental health services in this process needs to be considered.
References

If we value lived experience, why is disclosure still fraught, and what can we do about it?

Louise Byrne

School of Management, RMIT University, Melbourne, Australia

S33: KEYNOTE PRESENTATION: If we value lived experience, why is disclosure still fraught, and what can we do about it? - Louise Byrne, Great Hall 2, August 29, 2019, 09:00 - 10:00

Biography:
Dr Louise Byrne is a researcher with deep knowledge of organisational issues relevant to ‘lived experience’ mental health employment. Louise’s work is informed by her own experiences of mental health diagnosis, service use and periods of healing.

Louise is currently employed as a Vice Chancellor’s Postdoctoral Fellow at RMIT University, in the School of Management. Louise was awarded a Fulbright Postdoctoral Scholarship in 2017 to conduct research on lived experience employment in the United States. During her Fulbright research, Louise was a visiting scholar within the Yale Program for Recovery and Community Health. Louise is currently leading the development of a Framework for Lived Experience Workforce Development, funded by the Queensland Mental Health Commission.

In recognition of her work in this area, Louise has received several industry and academic awards and been featured on respected national media, including Radio National ‘Life Matters’ and ABC’s ‘Q&A’.

Increasingly, mental health policy and plans for systems transformation highlight the valuable role of lived experience perspectives. However, despite attempts to challenge persistent prejudicial attitudes towards people with a lived experience, barriers to acceptance are still commonly found.

This presentation includes key findings from four studies in Australia and the United States. The studies sought perspectives of people employed in management positions, non-lived experience mental health roles, corporate roles and designated lived experience roles.

My research indicates the prevalence of barriers to the acceptance of lived experience within services. Some managers expressed concern that employing people in designated roles exposes them to stigma and poses risks to their future employment opportunities. Likewise some lived experience practitioners describe being so accustomed to prejudicial attitudes they have become de-sensitised, seeing professional defensiveness and avoidance from colleagues as a ‘normal’ part of their work experience.

Many people in non-designated mental health roles, including mental health professionals, also have a personal lived experience. However disclosure of these experiences is still relatively rare across the sector and can pose risks to the individual and their livelihood. Disturbingly, some mental health professionals describe colleagues dying by suicide because they were too afraid to seek help and risk having their lived experience known.

These clearly unacceptable conditions, further raise the question, how ‘safe’ and effective our mental health system can be for people accessing services, while negative attitudes about and towards people with a lived experience are still endemic?
The good news is, there’s much that can be done. Strategies to raise the perceived value of lived experience and facilitate a culture of safe disclosure will be discussed. I will also speculate on why resistance is still so persistent and touch on issues such as shame, self-doubt and fear of not belonging.

Ultimately we will consider what it is we can do, both individually and collectively, to challenge these barriers within ourselves and within our service system.
A Systems Approach to Suicide Prevention – Lessons Learnt from Health Care System Reviews into Suicide Deaths.

Marianne Wyder1, Samara Russell1, Jeremy Van den Akker1, Manaan Kar Ray1, Michael Daly2, David Crompton1
1Metro South Addiction And Mental Health Services, Upper Mt Gravatt, Australia, 2Metro South Health, Brisbane, Australia

S34(A):PAPER: Suicide Prevention; S34(B): FEATURED SYMPOSIUM: Suicide Prevention;, Great Hall 2, August 29, 2019, 10:30 - 12:30

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. She is currently employed as a Senior Research Fellow in Metro South Addiction and Mental Health services.

Ms Samara Russell is a Registered Nurse with a background in critical care and clinical governance. Over the past 10 years she has worked in various clinical and non-clinical positions and is currently employed as a Nurse Manager Clinical Governance at Metro South Addiction and Mental Health Services.

Many of those who die by suicide have had contact with mental healthcare services either as an inpatient or outpatient prior to their death. In Australia such deaths are assessed and where deemed appropriate are reviewed by Human Error and Patient Safety or Root Cause Analysis methodologies. These approaches take a ‘no blame’ approach and focus on system factors that may have contributed to these deaths. MSAMHS has developed an audit tool which allows for the systematic review of all of people who died through suicide who had recorded contact between 2014 and 2016 within 30 days of their death. In response to some of the issues raised, the Clinical Governance Unit has designed a serious incident triage tool and process to determine the most effective analysis methodology for serious clinical incidents (SITCAP). This presentation will present an overview of the last contact with the mental health services and service recommendations, highlight critical points where issues are more likely to occur. We will also present the serious incident triage tool developed.

Learning Objectives
Learning Objective 1: There are critical points within the mental health care system were system errors are more likely to occur

Learning Objective 2: A systems approach to suicide prevention has the potential to improve knowledge and understanding of factors that could contribute to suicide prevention.

References

FEATURED SYMPOSIUM: PROTECT: A Novel Approach to Support People in Suicidal Crisis

Marianne Wyder, Chiara Lombardo, Sepehr Hafizi, Manaan Kar Ray

Biography:
Dr Lombardo is the research lead for Thrive LDN at the Mental Health Foundation, London, where she conducts prevention focused research. Chiara is completing a fellowship in Public Mental Health at the University of East London, and previously worked at Cambridge University where she conducted research on co-production of services.

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. She is currently employed as a Senior Research Fellow in Metro South Addiction and Mental Health services.

Dr Sepehr Hafizi is a Consultant Psychiatrist in General Adult Psychiatry at Fulbourn Hospital in Cambridge. He is also an Associate Lecturer and a College Research Associate at the University of Cambridge. His interests include the interface between medicine and literature.

Dr Manaan Kar Ray is Clinical Director for Mood and Psychosis Academic Clinical Unit in Metro South, Brisbane. He trained as a Psychiatrist in Oxford and worked as the Clinical Director for Adult Mental Health Services in Cambridge for a decade. He has extensive experience in working with suicidal people and in his leadership role has carried out radical redesign of mental health care pathways to improve access to services for suicidal people. These include 333 acute care delivery, 24-7 crisis services, transformation of community based care, establishing PRISM (PRImary care Service for Mental health). Training professionals to strike a balance between risk and recovery is very close to his heart. He is the architect of the PROTECT (PROactive deTECtion) model (www.progress.guide) that brings together novel approaches to suicide risk detection, mitigation and documentation. He has been a prolific presenter and has done keynotes in prestigious conferences and has won a UK national award for improving patient experience.

One of the most difficult challenges for a mental health professional is supporting the recovery of a person in suicidal distress. In them the psychological pain is such that suicide becomes the salient solution to the entrapment of life. Walking in the shoes of that person is immensely difficult.

The goal is to help them see that suicide is a permanent solution to temporary problems. To achieve this clinicians have to establish a deeply empathic relationship and act as hope vendors. This is a challenging enterprise that needs training and development.

Conventional assessment and management involves taking over control in order to maintain safety. Is there another way? Can safety be enhanced by empowering the person and their natural circle of support as equal partners on the road to recovery?
Training of staff, both mental and non-mental health, is a core prevention strategy. However, the pressures at the frontline make translating training into enhanced assessment and better care for suicidal patients, a difficult prospect. Furthermore, research has also shown the futility of risk stratification in risk assessment tools as potential guide for interventions.

This symposium elaborates on these challenges and proposes a theoretical model, PROTECT (PROactive deTECTion). Based on the current literature, the model operationalises the concept of relational safety, a deeply empathic therapeutic relationship between the professional and the person that seeks to address the psychological pain of the suicidal mind.

The symposium begins with:
1. A brief overview on the futility of risk stratification and how classification of low, medium and high achieves little in terms of prediction of fatal events (Dr Marianne Wyder, Brisbane, Aus).
This will be followed by presentations that capture the essence of each of the four PROTECT frameworks:
2. AWARE (Self-awareness framework): How to balance facts and feelings and make clinical decisions mindful? (Dr Chiara Lombardo, London, UK)
3. DESPAIR (Assessment framework): How to ground risk thresholds using the DESPAIR map? (Dr Sep Hafizi, Cambridge, UK)
4. ASPIRE (Management framework): How to co-create a safe and empowering recovery journey? (Dr Manaan Kar Ray, Brisbane, Aus)
5. NOTES (Documentation framework): How to capture meaningful narratives that enhance safety both for the person and the professional? (Dr Manaan Kar Ray, Brisbane, Aus)

A range of novel concepts and adaptations of well-established therapeutic approaches will be discussed to create self-awareness of mental short cuts, ground risk threshold and introduce rigour into detection, treatment and documentation. The goal is to provide professionals with a range of tools and skills that would enable them to strike the balance between risk and recovery.

**Learning Objectives**

Learning Objective (1): PROTECT provides a structured approach to mindfully manage ones thinking, feelings and responses that are needed to steer a person amidst intense suicidal distress towards safety.

Learning Objective (2): The symposium will translate the latest research on suicide risk mitigation into practice and is applicable across all age groups and diagnostic categories.

**References**


Strengthening the foundations for consumer work – the consumer perspective supervision framework.

Cath Roper1, Vrinda Edan1, Krystyn Smale2
1Centre for Psychiatric Nursing, University of Melbourne, Melbourne, Australia, 2Centre for Mental Health Learning, Melbourne, Australia

S35: SNAPSHOTS: Diversity and Change, M1, August 29, 2019, 10:30 - 12:30

Biography:
Cath held one of four pioneering consumer consultant positions in mental health services in Victoria between 1995 and 1999, later becoming the first consumer academic in Australia, at the Centre for Psychiatric Nursing. Cath’s research and teaching interests are informed by experiences of involuntary service use. She is studying Open Dialogue.

Vrinda Edan is a consumer researcher, educator, PhD student at the University of Melbourne, and currently Acting CEO of VMIAC.

Roles in mental health services where workers declare their lived experiences and use this perspective intentionally in their work have existed in Victoria for over two decades, however, it is only relatively recently that consumer perspective has been promoted as a discipline in the mental health landscape. It is critically important that consumer workers have access to members of their own discipline for supervision.

Access to high quality, consumer perspective supervision is fundamental to developing and sustaining consumer workers in rewarding and productive careers.

A consumer-led and co-produced project has seen the development of the Consumer Perspective Supervision Framework. The Framework describes the values and principles underpinning consumer perspective supervision and explores some of the unique challenges experienced by consumer workers.

The development of the Framework will underpin further activity such as development of training and practice supports for consumer perspective supervisors, with the aim of creating a larger, more sustainable and better supported pool of consumer perspective supervisors in Victoria.

Learning Objectives

Learning Objective 1: After this presentation, participants will be able to:
* Describe the values and principles underpinning the Consumer Perspective Supervision Framework.
* Gain an insight into activity undertaken and explored in Victoria to support access to consumer perspective supervision.
Gender Transition: Supporting change, naturally darlink!

Peter Farrugia¹, Spencer McGill¹
¹Flourish Australia, Sydney, Australia

S35: SNAPSHOTs: Diversity and Change, M1, August 29, 2019, 10:30 - 12:30

Biography:
Peter Farrugia is the Manager Peer Work at Flourish Australia. Peter understands the value of social justice and equality, working towards positive change for people who identify within the Rainbow community, as well as for those people managing mental health issues. Peter identifies as an out-and-proud gay man and brings lived experience into his many diverse roles. Outside of work, Peter enjoys travelling, walking for fitness and gardening.

Spencer McGill is a female-to-male transman, having been medically transitioned for over a decade and brings lived experience to his role as a Peer Support Worker at Flourish Australia. As a rural Flourish worker, he is a passionate advocate for the LGBTI community alongside being a proud Father and Husband.

Flourish Australia values diversity and inclusion and through its Diversity policy, acknowledges a range of priority populations, including people from the LGBTI community. Disclosing someone’s transgender status is a decision solely for that person. Flourish Australia recognises that people who work with us or who access our services may identify as transgender. Some may also commence or be in the process of transition. Gender transitioning is a profound journey of self-discovery, acceptance and evolution. It is a uniquely individual and deeply personal process. Whenever it occurs, Flourish Australia will support the person throughout this period.

Flourish Australia’s Transgender Transitioning policy guides staff to embrace a person’s transition. It enables an open and inclusive culture by establishing guidelines and provisions of support. Flourish Australia’s Manager Peer Workforce, Peter Farrugia will outline the process of establishing the policy and detail provisions that support inclusion. Hear about the approaches to create equality and ways to support understanding across the organisation. The discussion will include some of the challenges that were faced, including ways to respond to traditional beliefs and perceptions. In addition, Spencer McGill will give a personal account as a staff member and how the policy effected change and proclaimed equality.

Learning Objectives

Learning Objective 1: Audience will understand the purpose of the policy; the methods of consultation to ensure relevance and most importantly, the challenges that emerged following the endorsement of the policy.

Learning Objective 2: Transgender people experience higher-than-average rates of discrimination, violence, mental health issues and suicide. Establishing a position of inclusion for transgender people, enabling a culture of understanding and enacting change can lead to a shift in attitudes and perceptions within local communities that bring opportunities and hope for people who are or will experience gender transitioning.
Bridging the Gap in Psychological Service Provision

Andrea Schilder, Dylan Lane

Lower North Shore Community Mental Health Team, Sydney, Australia

Biography:
Andrea Schilder is a Clinical Psychologist with more than 15 years experience working with a wide range of consumers who have mental health issues in both the public and private sectors.

Dylan is a psychologist with the Royal North Shore’s Acute Mental Health Team, for the last 3 years he has been working with clients who have severe mental illness, and often experience social isolation. His work in this area has provided insight into the importance of community and social participation. Psychological strategies aimed at increasing social functioning and interpersonal skills have become an important focus of his research and practice.

These have been selected by group facilitators from a combination of Cognitive Behavioural Therapy, Acceptance and Commitment Therapy and Dialectical Behaviour Therapy.

The Lower North Shore's Community Mental Health Team have been running a Psychotherapy Support Group over the past year.

The goal of this treatment program include-

1. To provide Psychological Intervention to consumers unable to access this privately, often because of financial constraints and mental health symptoms preventing engagement outside of the service.
2. To encourage the development of mutually supportive friendships between consumers outside of the group.
3. To provide psycho-education and psychological interventions which are protective and preventative for a wide range of mental health problems.
4. To improve the physical and mental health of consumers through increased social support.

Group Structure-

1. Introduction and ice breakers
2. 30 minutes of psycho-education and skill practice
3. Group activity/ sharing
4. Morning tea

Psychological interventions-
Week 1- Group Rules, Measures, Why Social Support?
Week 2- Mindfulness
Week 3- Relaxation Training
Week 4- Social Skills training
Week 5 - Problem Solving
Week 6 - Behavioural Activation
Week 7 - The importance of Physical Health
Week 8 - The Role of Emotions and Distress Tolerance
Week 9 - Values
Week 10 - Group Picnic, measures

Learning Objectives

Learning Objective 1: The audience will learn about the barriers typically faced by consumers of public mental health services, with severe mental health issues, who are often in need of both psychological intervention and social support.

Learning Objective 2: The audience will learn about the importance of social support for mental health, as well as psychological interventions which can be preventative and increase resilience in a wide range of mental health conditions. This group therapy program can be replicated in other outpatient and inpatient settings.

References

Cruwys, T., Dingle, G. A. et al. (2013). Social group membership protects against future depression, alleviate depression symptoms and prevent depression relapse. Social Science Medicine, 98,179-86.


Lived Experience Engagement: Recruiting, supporting, training and building the capacity of those living with complex mental illness to share their experience.

**Natalie Rutstein**

1SANE Australia, Melbourne, Australia

Biography:

Natalie Rutstein is the Lived Experience Lead at SANE Australia, a national charity working to promote the wellbeing of people affected by complex mental illness. Natalie manages the SANE Peer Ambassador Program, training and supporting those affected by mental illness to share their experiences in order to drive social change.

Peer Ambassadors work alongside SANE Australia and the community, sharing their journeys of recovery to raise awareness, reduce stigma associated with complex mental illness and advocate for policy and social change.

This presentation will explore the duty of care framework and principles followed by the Peer Ambassador Program to specifically support those with lived experience of complex mental illness, and/or those conditions with lower prevalence, such as schizophrenia or personality disorders.

This presentation will pay close attention to how SANE Australia uses a trauma informed approach to support both Peer Ambassadors, and community organisations to ensure that lived experience engagement is a positive and meaningful experience for all.

**Learning Objectives**

Learning Objective 1: Those attending will learn specific duty of care process and procedures for lived experience engagement and participation, particularly for those living with complex mental health challenges.

Learning Objective 2: This will ensure that this engagement is both a safe and positive experience for individuals whose lived experience of mental health issues may be more complex and episodic. This will then empower consumers to safely draw on their lived experience to inform improvements in services and supports to better meet their needs.
Building Resilience Toward Recovery - Transforming Perceptions through presenting Diverse Lived Experience Perspectives on Community Radio.

Áine Tierney¹, David Lovegrove¹
¹Transforming Perceptions & ACTMMHN, Canberra, Australia

S35: SNAPSHOT: Diversity and Change, M1, August 29, 2019, 10:30 - 12:30

Biography:
Áine Ní Tighearnaigh is a national mental health advocate, multicultural mental health consultant, educator, community radio broadcaster and published poet. As Executive Producer of Transforming Perceptions she presents diverse lived experience perspectives and focuses on de-stigmatising mental illness and promoting mental health & well-being awareness in multicultural and mainstream communities.

David Lovegrove is an interviewer and presenter with Transforming Perceptions radio show. He is a mental health and well-being advocate in the ACT and nationally. He is passionate about developing deeper dialogue around issues affecting people who are disadvantaged in our society. David is also a practicing Stretch Therapist.

Transforming Perceptions, a community radio show in the Canberra region is presented by people with lived and living experience who are active in the mental health and community sector. We offer different viewpoints on subjects that may have direct or indirect links to social, emotional and mental well-being and aim to promote de-stigmatisation of mental illness in the community. The radio show format takes an educative approach with presenters discussing mental health and well-being in a way that does not further entrench negative perceptions of mental illness, cause listeners to feel ashamed, fearful or discouraged from accessing services, treatment and care for themselves or their family members. Our target audience are people of multicultural, migrant and refugee backgrounds living in the ACT and surrounding region. Since the show commenced in September 2010 we now have people listening from across Australia and round the world as far away as Canada, Iceland, Afghanistan, Macedonia, America and Ireland. And, what is more remarkable is how participation in the show has increased the resilience, skills and capacity of the lived experience presenters. We have discovered that by speaking out, sharing our experiences, and hearing others stories we journey together on a path to recovery.

Learning Objectives

Learning Objective 1: The audience will gain a greater appreciation for how the most disadvantaged in the community can be empowered through the medium of community radio to speak out about issues they are passionate about, share stories of hope, challenge ideas, perceptions and views around mental well-being and mental health and increase the knowledge of their communities.

Learning Objective 2: The audience will have a renewed sense of the transformative nature of grass roots engagement and how those with lived experience from diverse cultural backgrounds can bring their perspectives to facilitate a deeper dialogue on topics that are significant for the consumers, carers, their families and mental health services.
From Hopelessness to Hope

Kesia Chabros
Flourish Australia, Sydney, Australia

Biography:
Kesia Chabros is a 20 year old female with a lived experience story that speaks of overcoming adversity in pursuit of hope and resilience. She currently lives in a supported environment facilitated by Project Youth while she completes her cert IV in youth work. She is working closely with Flourish Australia on her goal to become a lived experience advocate and peer worker. She is engaged in work experience and about to commence volunteering as a peer support worker in her local community.

I am Kesia. I was born in a small country town in NSW and lived there until age 19. I struggled with drug addiction, homelessness and mental health issues. It was unsafe to stay at home so I moved out at a young age into a youth refuge and moved between temporary places until I was 18. At this time I moved into an adult women’s refuge and eventually was granted my own place.

Living in a small town had many challenges, including limited mental health services and drug and alcohol counselling. In addition, being a tiny isolated town, drugs were a big thing in many people’s lives. It was like being behind bars, I could not see a way out. It would take countless hospital visits and eventually a drug overdose before I was ready to accept I could not do this on my own.

I started my recovery journey at 19 when I entered a rehabilitation facility – it was a rude shock. They took my phone and gave me a mop and bucket... For the next 6 months my time was not my own, but if it had been I would not be where I am today. Having known too well what it was like to be on my own, this introduction to community taught me the value of support in the journey towards recovery. Even now community continues to restore and strengthen my belief in myself.

Learning Objectives

Learning Objective 1: Participants will walk in another’s shoes on the road from hopelessness to hope, despairing in the dark times and rejoicing in the light.

Learning Objective 2: Participants will come to understand the emphasis on community embrace as integral to a recovery journey which includes the role of mental health services to support transformational change.

References


‘Building Foundations’ - Updates on QLD Lived Experience Workforce developments - One Year Later

Paula Arro¹, Eschleigh Balzamo²
¹Brisbane North Phn, Brisbane, Australia, ²Brook RED, Mt Gravatt, Australia

S36: PAPERS: Workforce and Organisational Change, M2, August 29, 2019, 10:30 - 12:30

Biography:
Eschleigh’s career has focused on working into the nexus of evidence and experience. Eschleigh is currently CEO of Brook RED where she has the incredible privilege of working in a team of Lived Experience practitioners delivering a range of mental health and suicide prevention services from a peer framework.

Paula Arro is the Consumer and Carer Participation Coordinator for Mental Health and Alcohol and Other Drugs at the Brisbane North PHN. This 'identified' lived experience coordination role includes Consumer and Carer engagement within the PHN and working externally to build the capacity for a coordinated and collaborative approach that is person centred and where there is 'nothing about us without us'. One key priority area of work is building the Lived Experience Workforce.

Following on from the 2017 TheMHS conference, a diverse group of Lived-Experience Practitioners began meeting to discuss their experiences, concerns, and the potential for collaboration to address issues facing the Peer Workforce in QLD. The roundtable is hosted by Brook RED and Brisbane North PHN and identified several shared issues impacting all regions across a range of services in QLD:

1. Peer Work Leadership involvement is insufficient
2. No clear benchmark or standards exist for the Peer Workforce
3. The quality of training for Peer Workers varies considerably and is often inadequate
4. Limited supervision and supports exist for the Peer Workforce
5. There is a lack of an active Consumer Advocacy Peak Body

The roundtable resolved to continue working together on a number of priority actions.

- Identification of resources to support sustainable regional representation in the Roundtable
- Mapping Peer Workers and networks and workers in the state to support inclusive communication and consultation
- Supporting the establishment of peak body and/or advisory structure to support the Peer Workforce and hosting a Lived Experience Leadership Forum to shape Statewide structures.

The consultations have supported the view that a peak body is a vital component of supporting the ongoing development and growth of the lived experience workforce across Queensland. Considering this, the establishment of a peak body known as Queensland Lived Experience Workforce (Q-LEWN) will be explored.

Formation of Q-LEWN Recommendations

1. Move forward with the establishment of Q-LEWN as a peak for Lived Experience workers across Queensland Mental Health Services
2. Develop Expression of Interest (EOI) process for recruiting an advisory group
3. Provide a detailed report to Queensland Mental Health Commission (QMHC) on the outcomes of consultations and seek in principle support for a peak body.
4. Explore potential funding mechanisms
5. Establish Q-LEWN as a formal association
6. Recruit to board of directors and operational executive
7. Evaluate the establishment and first 6 months of operation

This presentation will provide an update and share the experience of an organic process of a grass roots approach to having a collective Lived Experience Workforce Voice

**Learning Objectives**

Learning Objective 1: Explore a community development, grassroots approach to getting Lived Experience Workforce on the agenda
Learning Objective 2: Successes, challenges and learnings from trying to create a collective voice without a 'peaky' type body/organisation or network

**References**

National mental health commission - Literature review and recommendations for a National Lived Experience Peak Body (2019)
QLD Mental Health Commission (2017) Identifying Barriers to Change report
Recovery From The Status Quo - the transformative challenge for mental health services.

Rob Warriner¹
¹Walsh Trust, Auckland, New Zealand

Biography:
Rob Warriner has worked in the community-based NGOs (non-government organisations) since 1993. Since 2003 he has been employed as the Chief Executive of WALSH Trust in Auckland, New Zealand.

Rob is a Board member of Platform (Platform is the national association of non-government mental health and addiction services).

In 2019, the NZ Government initiated a Ministerial Inquiry into Mental Health and Addictions; they heard from many about a broken system. My own organisation echoed the sentiments in suggesting that the mental health system is flattered by use of the word “system”. In truth it represents more, a disaggregated, complex body of well-intentioned, discrete interests and priorities. We described a “system” that is convoluted and expensive; a system that, not uncommonly, is experienced as deeply dissatisfying at best, inaccessible and irrelevant at worst.

The Inquiry’s conclusions recognised the need for a transformation in how we conceive, think about, define, and respond to mental distress in our communities. “New Zealand’s mental health and addiction problems cannot be fixed by government alone, nor by the health system.” “We can’t medicate or treat our way out of the epidemic of mental distress and addiction...”

This paper argues an assumption that recovery-focused, peer-led, trauma-informed service responses that are based upon social determinants of health and well-being, delivered in partnership with engaged communities, have the greatest potential to make a positive difference to people struggling to live their lives. Achieving this potential is contingent upon the transformation spoken of in the Inquiry report.

Learning Objectives

Learning Objective 1: People will take away an insight of both the challenges and opportunities that the New Zealand Ministerial Inquiry into Mental Health and Addictions has revealed.
Learning Objective 2: People will be asked to reflect on the challenges of shifting from an old system (designed to meet last Century’s needs and priorities) to a new system that is responsive to rapid changes in communities, how people engage and relate, people’s lives, and their expectations.

References

Authentic HR: Nurturing a mentally, healthy workplace.

Maxine Corbett
1

1 I am a Human Resource Consultant (Visionary HR Solutions) who works to support not for profit organisations in New Zealand, Auckland, New Zealand

Biography:
Maxine has a Bachelor of Business in Human Resource Management, a post Graduate Diploma in Human Resource Management and Occupational Safety and Health, and a Post Grad Diploma in Not for Profit Management. Maxine trained in mediation early on, and has recently reignited that passion and upgraded those skills, receiving certification from, and associate membership with, AMINZ (Arbitrators and Mediators Institute of New Zealand).
Maxine has worked in Human Resource Management for over 25 years, with 15 of those years supporting not for profit organisations. Maxine believes in positive, authentic HR; following a strengths based model and truly believing that all people deserve to be treated with dignity and respect.
Maxine prides herself in her work and her extensive knowledge of the not for profit sector; achieving the best outcomes for each not for profit in a way that respects and supports their values, vision and culture.

Coaching, partnership, collaboration - whatever it takes to empower people to deliver great results.

50-80% of New Zealanders will experience mental health and/or addiction challenges in their lifetime. Around 1 in 5 adults will experience mental illness or significant mental distress in any year.

The Mental Health Foundation of New Zealand talks about the four dimensions of mental health, on the vertical, we have mostly flourishing opposing mostly languishing, and on the horizontal, we have a lack of mental distress/illness opposing mental distress/illness. New Zealanders roughly sit as 25% flourishing, 25% doing okay, 30% languishing and 20% currently experiencing mental distress. It is also important to note that people move between these experiences over time and can experience more than one state simultaneously.
Given those statistics, how do we create a mentally healthy workplace?
Well, first we acknowledge them and acknowledge that we haven’t been the best at supporting mental health at work.
Now we invest in practices that will support and engage some truly wonderful people that have been traditionally stigmatised, treated with impatience, intolerance and tiresome disdain.
So how do we do it?
1. Change our language in policy and practice:
   - refer to people as people first and add specific characteristics only as required.
   - avoid referring to people as their illness
   - don’t extend the nature of the person’s illness with terms such as chronic, persistent or severely
   - avoid emotionally negative terms such as victim or suffering from
   - emphasize abilities not limitations
   - avoid offensive expressions such as psycho or crazy
   - avoid metaphoric references to illnesses, such as a schizophrenic situation
   - refer to people as contributing members of the team, rather than a burden or a problem
2. Challenge the old ways
3. Promote “wellbeing” at work
- connect
- give
- take notice
- keep learning
- be active
4. Role model wellbeing as a priority in our own work life
5. Engage in practices for working "well"
- take a holistic approach
- promote communication within teams
- include your team in policy development and practice for positive mental health
- incorporate individual wellness plans into your annual calendar
6. Address mental health problems
7. Acknowledge and minimise workplace stress
8. Eliminate bullying

Make a change today!

Learning Objectives

Learning Objective 1: Small but do-able changes that will start a progressive and positive ripple effect in the working lives of people with mental health concerns.
Learning Objective 2: A process for long-term, sustainable change in the promotion of positive mental health.

References


'The Hub' - A Story of Allyship

Caroline Lambert¹,², Julie Dempsey¹, Lisa Wright¹, Brittany McVeagh¹
¹Forensicare, Fairfield, Australia, ²RMIT, Melbourne, Australia

Biography:
Ms Julie Dempsey
A recipient of the Victorian Public Healthcare Minister’s Award for 'Outstanding Achievement by an Individual or Team in Mental Health Care'. Julie is the Forensicare Senior Consumer Consultant. Julie is also involved with the women's Mental Health Network Victoria. Her work is informed by extensive personal experience as a mental health consumer.

Ms Lisa Wright
After finishing her teaching degree, Lisa originally enrolled in human resources, but soon realised that the classes she was attending didn’t talk enough about humans. Lisa is Chief Social Worker at Forensicare, where she started as a new graduate in 2005. Lisa loves politics, is passionate about human rights, social justice and animals.

Dr Caroline Lambert
Caroline supports both of her children, one of whom lives with mental distress. In her spare time, she is also the Social Work and Lived Experience Clinical Educator at Forensicare, and an Industry Fellow at RMIT. Caroline holds a PhD in Social Work, and is passionate about inclusivity, anti-oppressive practices and kindness.

Ms Brittany McVeagh
Brittany is a conscientious, discerning and tenacious Consumer Consultant at Forensicare. Brittany now uses her own lived experience of mental illness to help consumers turn their experience into power and motivation. She is studying a Bachelor of Criminology with a view to transferring into social work. Brittany loves the outdoors.

This presentation will focus on the innovative approach that the Forensicare Social Work and Lived Experience teams take in collaboratively building a mutually strong, effective, and sustained workforce, within a forensic mental health system. Presentation aims include exploration and description of how the partnership was co-developed, the influence of existing research and external service delivery models, as well as how personal experience helps to keep clinical work human-centred. Exploration and description of values, processes, personnel and practices that underpin our team will also be explained. The lessons learnt along the way, as well as the advantages and challenges of our model will also be discussed. We consider that our model of allyship is contributing to a healthy, respectful workplace space. In turn, our collaborative approach allows us to do meaningful work in a system which can be complex and testing for service providers and service users alike.

Learning Objectives

Learning Objective 1: It is anticipated that audience members will gain an increased understanding of how our lived experience workforce and social work model functions. Audience members will also learn that
there are collaborative approaches to mental health service delivery, which may contribute to a robust, sustainable, effective and healthy workforce environment.

Learning Objective 2: Our topic is relevant because it explores the development and implementation of a service model collaboration between a workforce of people with lived mental health experiences and a discipline that delivers clinical services to forensic mental health consumers.

References


The Mental Health of LGBTIQ People and Communities

Sally Morris
Wendybird, Sydney, Australia

Biography:
Sally Morris is on a mission to prevent suicide and improve the mental health of LGBTIQ people and communities. With an academic and professional background in human services, Sally has been working in the LGBTIQ communities since 2005 when she began as a volunteer peer telephone counsellor. Over the last 15 years, Sally has worked and volunteered in numerous LGBTIQ organisations, including Diverse Voices, Open Doors Youth Service, the Queensland AIDS Council, and the National LGBTI Health Alliance where she implemented LGBTIQ mental health and suicide prevention sector development and community capacity building activities.

With this commitment to developing supportive LGBTIQ communities, Sally co-founded Wendybird in 2014 that brings together a passionate and skilled group of LGBTIQ people that build and facilitate community spaces that foster belonging for those who are so often excluded. Sally brings together a unique combination of knowledge of LGBTIQ communities, along with expertise in suicide prevention and community development, to provide insight to the role that social inclusion has in improving mental health and wellbeing of LGBTIQ people.

Lesbian, gay, bisexual, transgender and intersex (LGBTI) people have disproportionate rates of poorer mental health than their peers, and have heightened rates of mental health diagnosis of anxiety and depression along with increased rates of suicidal behaviours. This elevated risk of mental ill-health is due to psychological distress that occurs as a result of experiences of exclusion, stigma, discrimination, prejudice, abuse and violence that LGBTI people experience in our society.

Many mental health services do not feel confident in supporting LGBTI people due to a lack of knowledge and so endeavour to ‘treat everyone the same’. However the mental health of LGBTI people does not benefit from this framework as it does not create room for specific lived experiences of LGBTI people, nor does it redress the barriers that reduce the ability of LGBTI people to access mental health services. Consequently LGBTI people are inadequately supported by mental health services, and in many cases actively avoid seeking support due to fear and expectations of stigma.

As a safe, supportive and interactive space, this workshop session will support participants to gain an understanding of LGBTI people, their lived experiences, and how this impacts on their mental health. This introductory information will support mental workers and programs begin to provide inclusive and accessible services to LGBTI people and communities.

The learning objectives of the workshop are:
- Gain a basic understanding of LGBTI people and communities, including understanding terminology and inclusive language
- To have an appreciation of the lived experience of LGBTI people and communities
- Improved knowledge of the mental health outcomes of LGBTI people
- Understanding of barriers that impact on LGBTI peoples ability to access services and receive mental health support
- Increase access to services, support and resources for LGBTI people

The workshop outline will be:

15 minutes: Understanding who are LGBTI people and communities
10 minutes: Gaining an awareness of the social and cultural experiences of LGBTI People
10 minutes: Mental health outcomes of LGBTI people
15 minutes The role of service providers in supporting the mental health of LGBTI people
10 minutes: Further questions and discussion

**Learning Objectives**

Learning Objective 1: To gain awareness of the mental health outcomes of LGBTI people and communities, and to understand the the underlying contributing factors that result in poor mental health outcomes of LGBTI people

Learning Objective 2: To understand the barriers that prevent LGBTI people from accessing mental health services, and identify how mental health service providers can support LGBTI people in their mental health.

**References**


A major step towards professionalising the peer workforce: The creation of national Peer Workforce Development Guidelines.

Daya Henkel1, Tim Heffernan
1National Mental Health Commission, Sydney, Australia

S37(A): WORKSHOP: The Mental Health of LGBTI People and Communities; S37(B): WORKSHOP 1 HOUR: Peer Workforce, M3, August 29, 2019, 10:30 - 12:30

Biography:
Daya Henkel - Daya is a Senior Policy Officer with the Mental Health Reform team of the National Mental Health Commission. Daya has worked in the mental health sector for 13 years in a range of consumer advocacy and peer roles. Daya is a strong advocate for the development of the peer workforce and for recovery-oriented and trauma-informed services.

Tim Heffernan is an experienced consumer peer worker and the Mental Health Peer Coordinator for COORDINARE, South Eastern NSW PHN. He is a Deputy Commissioner for the Mental Health Commission of NSW. Most recently Tim has taken on the role of Consumer Co-chair for the National Mental Health Commission’s Peer Workforce Development Guidelines Steering Committee.

The National Mental Health Commission (NMHC) is leading the development of national Peer Workforce Development Guidelines (the guidelines) under the Fifth National Mental Health and Suicide Prevention Plan. This project will support the peer workforce through the development of formalised guidance for governments, employers and the peer workforce about support structures that are required to sustain and grow the workforce. Although local and regional peer workforce frameworks exist, the development of national guidelines will ensure consistency across Australia. National guidelines will also be a step towards professionalisation of the peer workforce.

The purpose of the workshop is to create a space for open discussion about what is most needed to develop the peer workforce. This workshop is intended to bring together peer workers, consumers, carers, mental health professionals, employers, policy makers, academics and researchers to explore a range of topics for inclusion in the guidelines. The intention is that participants will take away a greater collective understanding from members of the TheMHS community of what the peer workforce is, what it requires to develop and a greater sense of camaraderie in the promotion of peer work as a discipline.

Potential topics for exploration during the interactive workshop include:
- role delineation
- key roles and functions
- minimum training
• career progression pathways
• peer supervision and mentoring
• organisational readiness
• principles for employment (such as reasonable adjustment, remuneration and safe workplaces)
• and more.

The workshop will take the following format:
• Introduction to the Peer Workforce Development Guidelines project and outline for the workshop
• Introductions and getting to know you in groups
• Group discussion session
• Next steps and conclusion of workshop

Learning Objectives

Learning Objective 1: Participants will leave the workshop with a greater understanding of the support structures required to develop the peer workforce and take away new connections with people interested in developing the peer workforce. In addition, participants will play a role in influencing the development of the national Peer Workforce Development Guidelines.

Learning Objective 2: The peer workforce is an integral part of the contemporary mental health workforce and requires appropriate supports to be implemented to ensure sustainability and growth. The peer workforce role models stories of recovery and hope, and supports consumers and carers in their recovery journey leading to better outcomes and healthier communities.

References

References not included as per submission guidelines. References for the evidence base for peer workforce can be included if considered essential by the organising committee.
Choosing Mental Health Apps and Online Resources: How Do We Know If They Are Safe To Use?

Heidi Sturk¹, Ruth Crowther¹

¹Queensland University Of Technology, Brisbane, Australia

S38(A): PAPERS: Youth Online; S38(B): WORKSHOP 1 HOUR: E-Mental Health, M4, August 29, 2019, 10:30 - 12:30

Biography:

Heidi Sturk is the Deputy Director of eMHPrac (e-Mental Health in Practice) at QUT. Heidi delivers national training and support on digital mental health resources to allied health practitioners, GPs and service providers working with Aboriginal and Torres Strait Islander people.

New mental health apps and online resources are being released regularly. However, how do we know whether these are evidence-based or safe to use? Many of us are keen to use or recommend technology for mental health and wellbeing but are unsure where to start and how to best use these resources.

The Australian Government has funded the E-Mental Health in Practice (eMHPrac) project to raise awareness of evidence-based digital mental health resources. The project provides free nationwide training and support to health practitioners about digital mental health and how to use these resources with clients. This training is in high demand and includes face-to-face workshops, awareness presentations and online webinars and modules. The project is led by Queensland University of Technology in collaboration with Black Dog Institute, Menzies School of Health Research and University Centre for Rural Health, University of Sydney.

Digital mental health resources can provide an easily accessible method of help for people who are not receiving face-to-face help or need support out of hours. There are also some excellent online programs that offer free practitioner support. Many of these resources are listed on Head to Health, a digital mental health gateway launched by the Government in October 2017. The gateway provides a quick and easy way for Australians to access many trusted online and phone based mental health services.

This workshop will outline how to find evidence-based mental health apps and online programs and resources. It will demonstrate some useful features of the Head to Health website and also outline how to assess and evaluate other apps and resources that you come across. The workshop will provide examples of apps and programs that focus on mental health issues and staying mentally well.

Learning Objectives

Learning Objective 1: Greater awareness and understanding of how to choose safe mental health apps and online resources
Learning Objective 2: Mental health apps and online resources are an easily accessible method of help for mental health issues and can provide hope and empowerment for clients.

References

Kids Helpline Circles: Building a Healthy Online Community for Youth Mental Health Support

Brian Collyer¹, Andrew Campbell², Pablo Navarro¹
¹yourtown, Brisbane, Australia, ²University of Sydney, Sydney, Australia

S38(A): PAPERS: Youth Online; S38(B): WORKSHOP 1 HOUR: E-Mental Health, M4, August 29, 2019, 10:30 - 12:30

Biography:
Brian Collyer is a Senior Researcher with yourtown and has a particular interest in online therapies, better understanding help-seeking, and improving Kids Help Line responses to vulnerable young people.

Pablo Navarro is a counselling psychologist and accredited psychosexual therapist with over 10 years experience working with young people and adults of all abilities and identities. He is currently completing a PhD in clinical psychology, where he is investigating the effectiveness of text-based online counselling when working with young people.

This paper will outline how Kids Helpline’s delivery of emotional and mental health support has evolved to meet the changing needs and preferences of young Australians. We will focus on Kids Helpline Circles, an innovative mental health initiative to engage youth aged 13-25 across Australia in group counselling via a purpose-built social network.

First conceptualised in 2014 in collaboration with The University of Sydney Cyberpsychology Research Group, Circles is now undergoing its second phase of Participatory Action Research with client and counsellor centred evaluation, leading to an evidence-based design of how to engage young people at risk of self-harm, and who have lived experience with depression and anxiety. In addition to the provision of peer support, by facilitating a one to many model of care whereby a small team of mental health professionals can support a large cohort of participants, Kids Helpline Circles is a mental health intervention with greater reach, efficiency and potentially effectiveness than other interventions.

Findings will be presented on the effectiveness of this intervention and how feedback from participants has been incorporated to design a platform and service to best support young people.

Learning Objectives
Learning Objective 1: The audience will understand how youth help-seeking preferences have evolved from Kids Helpline’s experience and how innovative technology can be deployed to meet those preferences.
Learning Objective 2: The audience will understand how mental health services can build healthy online communities that engage young people for group counselling and peer support through secure social media networks.

References
Meme-ingful Consumer Engagement - Connecting Online with Young People who use Mental Health Services.

**Tanya Blazewicz¹,²,³,⁴, Oliver Keane¹,²**

¹Sonder, Adelaide, Australia, ²Headspace, Christies Beach, Australia, ³Office of the Chief Psychiatrist, Adelaide, Australia, ⁴SANE Australia, Melbourne, Australia

S38(A): PAPERS: Youth Online; S38(B): WORKSHOP 1 HOUR: E-Mental Health, M4, August 29, 2019, 10:30 - 12:30

**Biography:**
Tanya Blazewicz - Peer Ambassador for SANE Australia, Deputy Chair of the SA Office of the Chief Psychiatrist Lived Experience Reference Group - first experienced symptoms of mental distress at age 11, but did not seek help until age 24. Now she is an advocate for early intervention in mental health (be that clinical or non-clinical), and uses her lived experience as a Peer Worker at emerge – a step up from headspace program for young people who need extra help and support.

Oliver Keane - Oliver Keane is currently working as headspace Onkaparinga’s Community Engagement Leader. Before this, he completed his Bachelor of Education and Arts, and is a registered Primary School teacher. He has a special interest in education and resources around youth wellbeing, particularly within marginalised groups.

Advocates are using social media more than ever, yet it still remains a relatively unexplored avenue for consumer, carer and community engagement in Mental Health. In other areas of health, online activity has become more organised, allowing it to inform service delivery. This empowers young advocates to use their voice. We know that young people with mental illness are Tweeting, Gramming, and Facebooking about their journey, but very few services are tapping into this resource as a way to promote recovery and inform policy change. Research has shown that young people prefer helping their peers with their mental health struggles rather than "burdening" others with their own story. As such, forums and online support groups are often utilised. Improving health literacy, and developing multimedia skills, can be applied to other areas of life and assist in recovery. So why aren't we jumping on board with technology?

In this talk, Tanya Blazewicz a peer worker for headspace describes how she uses Twitter to consult with, get buy-in, and feedback from, young people with lived experience on various projects - including a distress tolerance tool for self harm. Oliver Keane, community engagement leader, describes how to tailor posts to increase Facebook engagement, and how to go viral.

**Learning Objectives**

**Learning Objective 1:** People in the audience will take away new ways to involve younger advocates in consumer engagement at all levels, be it grass roots, state health services consumer and carer groups, statewide or even nation wide policy change. Furthermore, those looking to attract young people to their service or events will be exposed to a variety of ways to do so.

**Learning Objective 2:** Sharing stories is a great way to provide hope for recovery, this is what makes peer work successful. With the internet, we have a thousand stories at our fingertips. Human connection is just a click away. Why not use this for good? We are not suggesting that online is the future of mental health, but that in partnership with face to face it could help complete the picture in a gap-filled system.
References


Individual Placement and Support (IPS): A program for fostering hope, personal recovery and inclusive workplaces.

Suzanne Dawson¹, Jessica Muller³, Vic Renigers¹, Lisa Varona¹, Jocelyn Kernot³
¹Central Adelaide Local Health Network, Adelaide, Australia, ²Flinders University, Adelaide, Australia, ³University of South Australia, Adelaide, Australia

Biography:
Suzanne has 20 years experience working in senior clinical roles as an Occupational Therapist in adult community mental health care settings in Australia and the UK. She is currently working across inpatient rehabilitation and community mental health settings in Adelaide, and is in a PhD candidate at Flinders University.

Jessica is a recent Occupational Therapy Honours graduate from the University of South Australia and is currently working in a research and academic capacity in rural South Australia.

People with a severe mental illness (SMI) are seriously under-represented in the workforce in Australia, with financial concerns and social isolation frequently experienced challenges. Employment goes a long way towards addressing these issues, however in Australia, if individuals with a SMI access traditional segregated employment services, very few will find paid work. As a solution to this problem, Individual Placement and Support (IPS) is an evidence-based intervention that co-locates an Employment Specialist, often from a NGO, in a public mental health community service. The program model aims to collaboratively support people with a SMI with their goal of finding work, and has had significant success internationally and nationally. While research has focussed on outcomes of IPS, fewer studies have explored stakeholder experiences of the program. In this study, IPS participants (n=11), mental health professionals and an employment specialist (n=11) were interviewed about their experiences of the program, with a focus on how the care planning relationship supported individuals to find and maintain work. Results indicated that the IPS program process was a catalyst for the development of supportive environments and relationships for IPS participants, and supported the enactment of care that was individualised, collaborative and recovery focussed.

Learning Objectives
Learning Objective 1: An understanding of how implementation of IPS can be empowering and rewarding to both IPS participants, as well as participating mental health professionals who want to be working in ways that promote recovery.

Learning Objective 2: This findings from this study is relevant given the paucity in uptake of effective evidence-based programs such as IPS in Australia.

References
Creating Healthy Communities for Learning: Vocational Education and Training (VET) in NSW.

Jennifer Smith-Merry\textsuperscript{1}, John Buchanan\textsuperscript{1}, Ivy Yen\textsuperscript{1}, Ally Drinkwater\textsuperscript{1}

\textsuperscript{1}University Of Sydney, Sydney, Australia

S39: PAPERS: Employment, M5 & M6, August 29, 2019, 10:30 - 12:30

Biography:
Dr Jennifer Smith-Merry is Associate Professor in the Faculty of Health Sciences at the University of Sydney. Jen is Director of the Centre for Disability Research and Policy (CDRP). The CDRP is a multi-disciplinary centre whose mission is to make life better for people with disability by developing research and translating this to policy and practice through involvement in partnerships and policy development. Jen also leads the Mental Health and Disability research in the Faculty.

Jen has a PhD in policy from the University of Queensland (2005) and her academic research has focused on policy and service development, primarily in mental health and the study of adverse events. Prior to her current position she was Research Fellow at the University of Edinburgh and Postdoctoral Research Fellow at the Menzies Centre for Health Policy at the University of Sydney.

Jen is Chief Investigator on multiple grants, mainly in the field of mental health services and has led the successful evaluation of large scale interventions including of Partners in Recovery in Western Sydney (with Jim Gillespie). Current research partners include the NSW Government, the NSW Mental Health Commission and the National Mental Health Commission. Jen has a strong interest in recovery-oriented practice and in the experiences of mental health consumers. She has a strong belief in the importance of the knowledge of consumers for service development and research and works in collaboration with several consumer researchers.

Jen’s academic outputs are focused on academic, policy and service audiences. She has published over 60 peer-reviewed articles and book chapters. Jen recently led the development of the Mind the Gap report into the NDIS and psychosocial disability. This report drew attention to the significant problems faced in delivering NDIS in the context of mental health.

Vocational education and training (VET) has the potential to provide very significant benefits for the social inclusion of people with mental ill-health through inclusion in a community of learning within a context which allows the flexible acquisition of new skills and through courses which focus on job-readiness (Best et al 2008; Suijkerbuijk et al, 2017).

In NSW people with disability, including people with mental ill-health, receive fee reductions and funding which is paid to providers to support their learning. It has been unclear until now what that has meant for the learning experience of people who receive support through the scheme.

Over the last decade there has also been a Federal Government-driven revolution in the way that VET is structured and funded. This has brought an increased market competitiveness to the VET sector and caused an influx of small and private providers in a market formally dominated by the publicly-funded TAFE system.
This has raised questions about the ability of small providers to effectively provide support for people with additional needs.

Our paper draws on data from research with individuals with lived experience, carers and providers from this new environment. We conceptualise a model which develops an effective community of learning inclusive of the needs of people with mental illness and allows them to successfully complete their vocational education.

Learning Objectives

Learning Objective 1: Those attending this presentation will come away with an understanding of what an effective vocational education and training community inclusive of people with mental illness would look like.

Learning Objective 2: Vocational education and training can be an important facilitator of social inclusion for people with mental ill-health.

References


Suijkerbuijk, Y. B., et al. (2017). "Interventions for obtaining and maintaining employment in adults with severe mental illness, a network meta-analysis." Cochrane Database of Systematic Reviews(9).
Finding hope and resilience within the context of the recent Australian Government Disability Employment Services reforms.

**Alexandra Devine**\(^1\), Cathy Vaughan\(^1\), Anne Kavanagh\(^1\), Lisa Brophy\(^1,2\)

\(^1\)Melbourne School Of Population And Global Health, University Of Melbourne, Melbourne, Australia, \(^2\)School Of Social Work and Social Policy, La Trobe University, Bundoora, Australia

**Biography:**
Ms. Devine is a researcher with the Nossal Institute for Global Health, University of Melbourne. Her research focuses on mental health and disability inclusive development. Ms. Devine is currently undertaking a PhD exploring the life circumstances of people with mental health conditions engaged with Disability Employment Services.

Work is a fundamental human right that facilitates recovery for people who experience mental health conditions, by supporting health and well-being, socio-economic conditions and social participation [1, 2]. Having choice and control over one’s decision-making processes is also a vital component of an individual’s personal recovery [3]. Recent reforms to the Australian Federal Government’s Disability Employment Services implemented in July 2018, aim to achieve both enhanced participant choice and control and improve employment outcomes for people with disability, including the 38.3% of current participants whose disability is associated with their lived experience of mental health conditions. This presentation presents their stories of engagement with DES and the labour market, describing factors within and external to DES which influence hope and resilience. In doing so, we hope to highlight how DES providers can work with participants to better support hope and resilience, despite the challenges encountered under the recent reforms. The paper draws on findings from the Improving Disability Employment Study - a quantitative survey of 350 people with disability currently engaged with employment services, as well as findings from 60 qualitative interviews with participants engaged with DES providers specialised in working with people with mental health conditions.

**Learning Objectives**

Learning Objective 1: This presentation will support the opportunity for the audience to learn from the perspectives of participants on: 1) factors influencing their hope and resilience with the context of the DES reforms, and 2) how DES providers could enhance their engagement with participants, employers, and mental health services and other systems relevant to supporting access to work.

Learning Objective 2: The changing policy and funding landscape that impacts on mental health services and Disability Employment Services requires these services to understand the challenges and opportunities that they each experience. This will enable these services to identify how they can collaborate together to improve employment, life circumstances and hope and recovery for people living with mental health conditions.

**References**

WISE Ways to Work: A seamless pathway from vocational rehabilitation through to employment.

**Anne Miles**, **Ellen Strochnetter**, **Sally Whitehead**

Wise Employment, Melbourne, Australia

*Biography:*
Senior Occupational Therapist, Anne has overseen the delivery of a key program of WISE Ways to Work, Employ Your Mind, (EYM) since 2015. EYM is a vocational rehabilitation program developed in Scotland. Anne has a Masters of Occupational Therapy from California State University and extensive experience in community and forensic mental health, social enterprises, and social firms, in Australia, USA, and UK.

Ellen is a registered Occupational Therapist and has worked as a Vocational Coach in the WISE Ways to Work program since its inception in February 2018. Ellen has assisted in the facilitation and ongoing design and development of Employ Your Mind which is WISE Ways to Work’s primary rehabilitation program.

Sally was one of the first graduating participants from the Employ Your Mind program (EYM) at WISE Ways to Work, North Melbourne. As one of the pioneering participants, her feedback and reflections assisted the ongoing moulding of EYM delivery. Sally is also a member of WISE Champions, a group focussed on peer leadership, and has presented on her lived experience at a number of recent public functions.

WISE Ways to Work is an initiative of WISE Employment and has been designed and developed to increase the social and economic inclusion of people with mental illness through creating sustainable employment. It includes Employ Your Mind, a 6 month vocational rehabilitation program with cognitive remediation therapy embedded and a graded pathway to paid employment. A network of partner employers provides a range of work exposure opportunities as well as paid work. St Vincent’s Mental Health and University of Melbourne are evaluating WISE Ways to Work.

A healthy community is one in which everyone is able to contribute. However, many people with mental illness are disempowered and disconnected from the community due to isolation, poverty, and unemployment. Employment can address this disadvantage; having a job provides a sense of identity, wellbeing, status, and economic and social inclusion.

Despite significant investment in employment support services, the employment outcomes for this group are poor. Reasons for this include:

- The gap between psychosocial rehabilitation services and disability employment support
- Lack of tailored vocational rehabilitation services
- Increasing complexity of workplaces.
- Anxiety about disclosing because of stigma regarding mental illness

WISE Employment’s innovative WISE Ways to Work program provides a seamless continuum of support bridging the gap between rehabilitation and employment. The 7-month, evidence-based Employ Your Mind vocational rehabilitation program builds participants’ skills for work, including key cognitive functioning and communication skills. There is gradual exposure to work environments through ‘work orientation’
opportunities with a network of partner employers which also provide responsive supportive employment opportunities for this group.

St Vincent’s Mental Health and Melbourne University are evaluating the program, with encouraging results so far, feedback from current WISE Ways to Work participants has also been positive.

**Learning Objectives**

Learning Objective 1: The audience will gain a deeper understanding of:
- the role employment plays in recovery
- the importance of vocational rehabilitation
- the key role of employment-focused partnerships in the mental health service system.

Learning Objective 2: Vocational rehabilitation can play a critical role in recovery, yet is greatly under-utilised. A program focusing on cognitive skills, translated into real-world employment related situations can be a valuable complement to clinical and community treatment and support.

**References**

S R McGurk and H Y Meltzer (2000). The role of cognition in vocational functioning in schizophrenia. Schizophrenia Research 45 (3); 175-184
The Benefits of Peer Workers within the NDIS.

Mark Chapman1, James Smith1
1Wellways Australia, Warrnambool, Australia

Biography:
Mark Chapman manages NDIS services for Wellways across the Great South Coast. He lives in Warrnambool Victoria and has worked as an employment agent, child protection worker, farmer, shearer, men’s group facilitator, mental health worker and more. He has a lived experience and considers himself very fortunate to have accumulated these life skills.

James Smith is a Peer support worker for Wellways who lives in Warrnambool. He rides a Harley motorbike and has a vintage car that never leaves the garage. He has worked in disability services for 18 years and is currently furthering his studies and works in a few different jobs, all of them within mental health system.

Providing peer services is one of the most effective ways of connecting people, strengthening families and transforming communities. The introduction of the NDIS has presented many challenges to this approach, including limited access to person-centered recovery orientated support. To address some of these challenges and to continue building healthy inclusive communities, Wellways is strengthening its NDIS workforce in Western Victoria by offering training to all NDIS staff with a lived experience to work within a peer model. This has had a significant impact on NDIS participant outcomes and satisfaction. This presentation will provide an overview of the delivery of peer support within the NDIS across the regional center of Warrnambool and rural surrounds. It will focus on the unique benefits of peer work such as the building of connection through the sharing of world views and the power of mutuality in creating opportunities for people to move forward in their lives and achieve their goals. It has become clear that NDIS participants supported by peers are more satisfied, engage more in community and move towards their goals much quicker and will ultimately strengthen our communities. The presentation will also include a peer support workers perspective.

Learning Objectives

Learning Objective 1: That thinking outside the square and not being afraid to try something can bring about a positive culture within the community
Learning Objective 2: This is a topic that will help mental health services improve participant and staff’s mental health by offering a way to feel included, empowered and give hope.

References

Connecting2community: A case study in co-design, the lived experience workforce and service delivery.

**Rick Corney¹, Jane Measday¹**

¹Ballarat Community Health, Ballarat, Australia

**Biography:**
Rick Corney is a mental health peer worker who uses his lived experiences of schizophrenia to inform his practice. Rick’s passion for his work is driven by his belief that if he can live successfully in recovery, then with the right supports, others can too. Throughout his career, Rick has worked to support and develop the consumer workforce and he is currently a member of the DHHS (Vic) Consumer Workforce Development Group. In 2017, Rick was employed at Ballarat Community Health as the organisation’s first peer worker.

Connecting2community is a new community mental health program being delivered in regional Victoria by Ballarat Community Health and Grampians Community Health. Co-designed by consumers and delivered by peer workers; Connecting2community provides tailored, client-centred support to assist participants achieve their mental health goals. The model is recovery focused and maximises identified benefits of lived-experience peer workers; including self-determination, empowerment, social inclusion and hope (1). Supported by co-design specialists, The Australian Centre Social Innovation (TACSI), Connecting2community was developed and prototyped over 18 months. Underpinning this process was the mind-set that people are experts in their own lives and should be active participants in decisions that shape their lives, and evidence that involving people with lived experience in the identification of challenges and solutions is critical to the development of successful programs (2). In January 2019, Connecting2community was funded by the Western Victoria PHN for 30 months under the National Psychosocial Support Measure (3). During this presentation, the General Manager and Peer Worker will share their journey in co-designing Connecting2community and the outcomes and lessons of the first months of delivery.

**Learning Objectives**

Learning Objective 1: An understanding of co-design
Learning Objective 2: The value of lived experience in the mental health workforce

**References**

Kindness, Compassion and Clinical Supervision

Kate Thwaites

Office of the Chief Mental Health Nurse, Australia

S40: SNAPSHOTs: Workforce, M7 & M8, August 29, 2019, 10:30 - 12:30

Biography:
Kate Thwaites is a mental health nurse working as the Principal Clinical Advisor in the Victorian Office of the Chief Mental Health Nurse. Kate’s professional vision is a health care system which provides evidence based care, nurtures, values and develops clinical staff to provide kind compassionate care.

What does reflection and kindness mean to you? What does it have to do with clinical supervision? Is it helpful if we can we think about one of these actions or feelings influencing the other.
This presentation is about my journey as a nurse and supervisor and the reflections I have come to about clinical supervision across a number of settings.
The clinical supervision I am involved with is in its essence a reflective practice for the person to be guided to enhanced understanding of their response to and from themselves in their work role, it does not involve managers or clinical practice mentoring or direction setting. Rather, my call is that relationship building that is at the essence of the effectiveness of the supervision.
How we provide clinical supervision in a safe space of reflection and kindness makes an impact. Our reflections and the way we do the work we do improves our understanding of how we do what we do, but of course, an increased understanding of ourselves, our self-care and kindness to self and enhances our responses to others.

Learning Objectives

Learning objective 1: The audience will learn that kindness and compassion through provision of clinical supervision can be promoted as an identified goal and skill in providing clinical supervision and supporting recovery journeys with consumers, families and colleagues.
Learning Objective 2: The intention of supporting hope and resilience through kind compassionate clinical supervision in the workforce is relevant to mental health services and mental health issues.

References

Youngston, R (2016) Hearts in Healthcare
Stories of Recovery

Joy Laloli, Peter White
Flourish Australia, Sydney, Australia

Biography:
Joy Laloli has a lived experience of schizophrenia, has volunteered and worked at Flourish since 2014. Joy has studied Millinery, Fashion, Hospitality and Art at Newcastle TAFE, participating in a group exhibition at the Lake Macquarie Art Gallery in 2017. She has hopes and dreams of living a creative life.

Peter White has been diagnosed with reactive depression and anxiety. He has survived multiple physical and emotional traumas, from being hit by a bus to being bullied and harassed in the workplace. He is presently doing what he can to overcome these limitations and challenges, so he can achieve recovery.

As members of Flourish Australia, Newcastle we have been attending Flourish services for several years, which has greatly assisted our wellbeing and recovery opportunities. We have a lived experience of schizophrenia, anxiety and depression although we do not let diagnosis define or stop us!

Whilst we have similarities in our recovery stories we each have very unique personal experiences and needs. We would like to discuss how these shared experiences with Flourish have become our proud life stories of resilience and hope.

From a client perspective, Flourish has been a positive and beneficial experience on so many levels; from completely valuing our lived experience, managing our physical wellbeing and along with the effectiveness of the programs and support the organisational staff provide has all assisted us on a course which goes beyond the achievements of recovery and wellbeing, to expanding our education goals and increasing meaningful employment opportunities. Last year we completed a Cert II in Hospitality and we are currently enrolled in the Cert III Hospitality.

Flourish has enabled us to regain hope in claiming a positive future and has been a game changer to our lives as life would’ve been much more challenging without Flourish and its individuals.

Learning Objectives

Learning Objective 1: Learning how to run services from the perspective of people with a lived experience
Learning Objective 2: How services and communities can best facilitate and support a relevant ‘person-centred’ approach towards recovery, fostering hope and strengthening resilience in individuals who then contribute to building a healthier community.

Jeremy Bramston¹, Dimity Pond¹, Parker Magin¹

¹Newcastle University, Newcastle, Australia

Biography:

Dr Jeremy Bramston M.B. B.S. BSc. Med. is a current Lecturer at Newcastle University. He is involved in graduate and undergraduate training and research in ‘Mindfulness in Medicine’. Jeremy has also been a general practitioner for 30 years in the same community and runs and owns his own general practice.

Aim: Explore the vastly heterogeneous array of mindfulness interventions to produce a suite of useful and reliable tools for implementation in future medical courses and research. This scoping review into undergraduate medical courses found three commonly used interventions: the Mindfulness Based Stress Reduction course, the Mind Body Intervention course as designed by Georgetown University and Mindfulness Meditation. Four reliable and validated questionnaires were frequently used to measure the effects of these interventions: the Depression Anxiety and Stress Scale, the Jefferson Scale of Physician Empathy, the Perceived Stress Scale and the Five Facet Mindfulness Questionnaire. Interventions generally produced significant ‘P values’ in all four questionnaires. It is suggested that for future research, all of the above interventions and measurement tools can be used to estimate effects of mindfulness interventions. The Scoping review also identified five evidence gaps that could be targeted for future research.

1. Harm caused by mindfulness interventions.
2. Cost and numbers needed to treat of mindfulness interventions.
4. Research into selection bias in mindfulness interventions.
5. Triangulation of different measurement tools in the measurement of mindfulness interventions.

Learning Objectives

Learning Objective 1: To gain a clearer understanding of range of ‘mindfulness interventions’ available and their utility.
Learning Objective 2: To take away an overall picture of the state of mindfulness research and the gaps in the current research that may be worth exploring.

References

Co-Design Projects at NorthWestern Mental Health

Michelle Swann
Northwestern Mental Health, Melbourne, Australia

Biography:
Michelle is the Carer Advisor for NWMH and the Women's Mental Health Consultant for NAMHS in Melbourne. She is a qualified social worker. Michelle is the Chair of the Board for Tandem (representing Victorian mental health carers) and a member of the Board for the Mental Health Carers Australia (MHCA).

In the past 18 months NWMH have embarked on several significant co-designed projects that draw upon the expertise of mental health consumers, carers, educators and clinicians within NWMH. These projects range from training for lived experience workers and clinicians to the development of health literacy resources for consumers and carers and the development of infrastructure and new models of care. Lived experience workers have led the processes for these co-design projects and many of the participants have received co-design training.
Specifically, the co-designed suite at NWMH includes 'Understanding and Responding to Suicidality for Peer Workers' training; the development of 'Recovery Stories', videos of consumers and carers for the NWMH internet site; and infrastructure design and an innovative model of care for the proposed NWMH Women's Prevention and Recovery Centre.

Learning Objectives

Learning Objective 1: Audience members will gain an understanding of co-design principles, the experiences of co-design participants within a clinical mental health setting and an appreciation of the final products created as a result of the co-design process.

Learning Objective 2: Co-design projects within a clinical mental health setting challenge the dominant medical model paradigm and create rich, holistic and responsive outcomes for mental health consumers, carers and clinicians.

References


Empowers Peers to Thrive: Building a Community of Lived Experience Workers in the Brisbane South Region

Brett Stevens, Karalee Busniak, Lara Kruizinga  
Brisbane South PHN, Eight Mile Plains, Australia

Biography:

Brett has over 20 years direct experience in the development, implementation and evaluation of Health, Education, Support, and Community Engagement initiatives including LGBTIQ Health, Sexual Health and Mental Health.

Karalee works for Footprints Brisbane as a Group Lead Peer Support Worker. She is passionate about peer support work and believes that lived experience workers are a crucial part of the mental health sector. She believes in using her lived experience in an intentional way to bring hope to people and show that there is life beyond the dark.

Lara commenced paid and unpaid work in the HIV Sector around 2002, with a focus on advocacy and women. She has held representative positions at State and National levels; on the Board of Qld Positive People, and as a member of Femfatales – the National Network of Women Living with HIV. Lara commenced work in 2017 in Qld Positive People’s new Peer Navigator Program – a role she enjoys immensely.

Australia’s mental health system is undergoing a period of reform at a National, State and local level. As the mental health system transitions, it is important to ensure services are best placed to respond to changing needs. Mental health services and community organisations must seek a better understanding of consumers experiences in order to design and develop services that better meet their needs.

The Fifth National Mental Health and Suicide Prevention Plan 2017-2022 commits to a nationally agreed set of priority areas and actions, designed to achieve a stronger, more transparent, accountable and effective mental health system.(1). PHNs alongside Hospital and Health Services are identified as driving effective service integration at a regional level and work towards achieving core actions outlined in the Plan. Fundamental to this approach is placement of consumers at the centre of how services are planned, delivered and evaluated.

In working towards delivering these outcomes, the presentation will profile the establishment of a Community of Practice to engage with peer workers, and workers with a lived experience within our region. The Community of Practice focussed on how Brisbane South PHN can build the capacity and expertise of practice through strengthening partnerships to support Peer Workforce Development.

Learning Objectives

Learning Objective 1: Provide an overview of the project and proposed framework for a Lived Experience Workforce Community of Practice to grow in the Brisbane south region. This will be interspersed with a digital stories component of the project.

Learning Objective 2: Mental health services and community organisations must seek a better understanding of consumers experiences in order to design and develop services that better meet their
needs. Fundamental to this approach is placement of consumers at the centre of how services are planned, delivered and evaluated.

References

Exploring mental health consumer involvement in occupational therapy curricula across Australia and New Zealand.

Justin Scanlan1, Alexandra Logan2, Karen Arblaster1,3,4, Kirsti Haracz5, Ben Milbourn6, Ellie Fossey7, Jayne Webster8, Tawanda Machingura9, Genevieve Pepin10, Ellice Willcourt11

1The University Of Sydney, Sydney, Australia, 2Australian Catholic University, Melbourne, Australia, 3Western Sydney University, Campbelltown, Australia, 4Nepean Blue Mountains Local Health District, Penrith, Australia, 5The University of Newcastle, Newcastle, Australia, 6Curtin University, Perth, Australia, 7Monash University, Melbourne, Australia, 8Otago Polytechnic, Dunedin, New Zealand, 9Bond University, Gold Coast, Australia, 10Deakin University, Geelong, Australia, 11Flinders University, Adelaide, Australia

Biography:
Justin Scanlan is co-chair of the Australian and New Zealand Occupational Therapy Mental Health Academics (ANZOTMHA) network. He is also senior lecturer and course director for undergraduate occupational therapy at The University of Sydney. Justin is passionate about enhancing the involvement of consumers in mental health education.

Meaningful consumer participation in the education of future mental health professionals is a key strategy to support the development of recovery oriented practice capabilities. While accreditation standards require consumer participation in the design, delivery and evaluation of curricula, little is known about how mental health consumers are engaged in occupational therapy education programs.

An online survey was designed to explore the specific ways in which consumers were engaged in the design, delivery and evaluation of mental health curricula in occupational therapy programs as well as barriers and facilitators to consumer involvement.

Responses were received from 23 programs across Australia and New Zealand (representing an 83% response rate).

Results suggest that most programs value the contribution of consumers and the value of lived experience educators. However, numerous barriers were identified, including access to adequate remuneration, organisational barriers and challenges associated with access to consumers and lived experience educators. While programs generally reported consumer participation at the lower ends of the participation ladder, there was an almost universal desire for this to be enhanced.

Several initiatives to deepen consumer involvement in occupational therapy education will be described as stimulus for achieving the goal of meaningful consumer participation in all occupational therapy programs.

Learning Objectives

Learning Objective 1: Attendees will gain an understanding of how consumers are contributing to the education of occupational therapy students and strategies that can be implemented to enhance the level of consumer involvement in education programs, both within occupational therapy and other health professional programs.
Learning Objective 2: To achieve the aim of recovery oriented service provision, students need to learn from individuals with lived experience. This presentation will describe how this is currently happening and how this can be enhanced.

References

How do we improve access to therapies for people who hear voices?

Gordon Kay

1Metro South Addiction And Mental Health Services, Australia, 2Griffith University, Cleveland, Australia, 3The University of Queensland, Brisbane, Australia

S41: PAPERS: Therapies, P2, August 29, 2019, 10:30 - 12:30

Biography:
Gordon Kay is a senior Social Worker and a Cognitive Behavioural Therapy practitioner with an interest in improving access to therapies for people who hear voices. He has worked within community mental health services, rehabilitation settings, forensic and correctional services. He is currently a PhD student at Griffith University and adjunct lecturer at the University of Queensland.

The research project I am involved in is broadly focused on improving access to therapy for psychosis, but more specifically I am interested in a guided self help approach to group based therapy that integrates cognitive behavioural therapy for psychosis (CBTp) with the knowledge and values of the peer led hearing voices networks (HVN). There is some evidence for group based CBTp, there is also evidence for low intensity forms of CBTp that focus on the key component parts of therapy, and the HVN has modified some of the low intensity CBTp strategies that makes them more acceptable to voice hearers and widely accessible. The aim of my research is to bring together the common elements of CBTp and the HVN, and integrate them into something new. A group-based ‘Coping with Voices’ intervention so we can determine its perceived benefits, acceptability and feasibility within the Metro South Addiction and Mental Health Service. Between 2013 and 2017 our mixed methods multi-site study received well over 100 participants and 63 voice hearers agreed to take part in the research. I am now in the write up phase of the study and am pleased to be presenting the preliminary results at this year’s TheMHS conference.

Learning Objectives

Learning Objective 1: The prevalence of voice hearing is between 2% and 10%. Generally, voice hearers perceive their voices to be intrusive and distressing, and many voice hearers are socially excluded. There is robust evidence for the positive impact of Cognitive Behavioural Therapy for psychosis (CBTp) for voice hearers. Improvement has been demonstrated in both formal research trials and routine services, with persistence of effects at follow-up and high service user satisfaction with therapy. CBTp has been found to be cost-effective, and capable of producing net savings in healthcare costs. However, only small numbers of voice hearers access CBTp meaning that many potential benefits are not realised unless better means of delivery are found.

Learning Objective 2: The audience will take away from this session an understanding of why improving access to therapy for voice hearers is important. What are the most effective component parts of therapy for voice hearers and how to deliver group work that integrates CBTp techniques.

References


Stepped-care low intensity psychological therapy: Comparing UK and Australia models

Chris May¹, Sophie Dodd²
¹Mayden, Bath, United Kingdom, ²Beyondblue, Melbourne, Australia

Biography:
Chris May is Mayden’s founder and Managing Director. Chris is passionate about maximising the opportunities presented by the internet both to provide joined-up healthcare, and to increase the cost-effectiveness of healthcare IT. This is now his primary area of interest. Formerly from a manufacturing background, Chris has dedicated the last 27 years of his career to the healthcare sector, initially as a hospital manager and information lead, and then as a management consultant specialising in information analysis and modelling. At Mayden, we’re building the kind of company we want to work for. For us, that means an agile, open working culture; a flat structure and shared responsibility; and reward for our success.

Sophie leads the NewAccess team at Beyond Blue and oversees the rollout of NewAccess in Australia through the Primary Health Networks. Sophie joined Beyond Blue in 2017 bringing experience from her diverse management and consulting background across health regulation, education, financial and government sectors. She is passionate about ensuring everyone has access to the mental health care they need and is driving the change and evidence base needed to underpin services that will achieve this.

The UK’s IAPT programme is world renowned in enabling mass participation in low intensity psychological therapies for common mental health conditions such as depression and anxiety.

Australia was the first to emulate IAPT at a similar scale, with the national roll-out of the NewAccess programme facilitated by beyond blue. Other countries, including Norway and Canada, are at different points in developing their own population level programmes of community-based access to psychological therapy.

Both IAPT and NewAccess offer support via standardised care pathways delivered by a novel and specially trained workforce - Psychological Wellbeing Practitioners in IAPT, and Coaches in NewAccess. The hallmark of both programmes is routine collection of patient reported outcome measures. This provides unique levels of transparency about recovery rates, and therefore the effectiveness of the model of care and practitioner roles.

In this conference presentation we will compare and contrast the IAPT and NewAccess models using the data and individual client and practitioner stories of recovery. We will consider what they tell us about the impact of these innovative approaches to the delivery of psychological therapy at scale, and how they may adapt in the future.

Learning Objectives
Learning Objective 1: What will attendees gain - Insight into how psychological therapy is most effectively delivered at scale in the community.
Learning Objective 2: Relevance to mental health services and mental health issues - Addresses how to meet unmet demand from very high volume mental health conditions, including mild to moderate anxiety and depression.
SSCOT: A sustainable program to provide strengths based assessment, and implement coordinated wellness recovery action plans.

**Russell Roberts**, Rowena McCauley, Matt Thomas, Rachel Rathbone, Marijka Brennan, Oliver Burmeister

1Charles Sturt University, Orange, Australia, 2Marathon Health, Dubbo, Australia, 3Western NSW Local Health District, Orange, Australia

**Biography:**
Associate Professor Russell Roberts is the Editor in Chief of the Australian Journal of Rural Health, Chairs the Australian Rural Mental Health Symposium. He is the Director the Australian Equally Well project team. Russell has extensive experience as a clinician, academic and service director of a rural mental health of over 1,000 staff.

The Specialist Support Coordination Team (SSCOT) model provides a ‘step-in, step-out’ assessment, to inform the development of a Wellness and Recovery Action Plan. The Plan is developed in partnership with the consumers and carers. With a strong emphasis on combining consumers’ goals, with specialist psychology, social work, nursing, occupational and speech therapy assessments, the team develops a comprehensive individualised Wellness and Recovery Action Plan based around 13 domains of health (CDS, 2005). The final plan comprises a detailed day-to-day wellness and recovery program that can be implemented by carers, NGOs, community organisations and public health teams. A core function of SSCOT is effectively engaging local services to partner and commit to deliver the Plan in a way that is coordinated across services.

The evaluation method was co-designed by consumers, carers, service partners and the SSCOT staff. The evaluation revealed high levels of service satisfaction from consumers, carers and service partners, and consumers showed significant improvements on measures of mental health. This model appeared sustainable and generalisable. The key challenges centred on the ability of each partner to reliably deliver their part of the care package. This model would be particularly pertinent for people living with mental illness eligible for the NDIS.

**Learning Objectives**

Learning Objective 1: Participants will gain an understanding of how to integrate consumer goals and specialist assessment with a commitment of service partners to help deliver a detailed Wellness and Recovery Action Plan.

Learning Objective 2: The model provides examples of how comprehensive assessment and the development of practical and detailed Wellness and Recovery Action Plans can support partner services (who often don’t have the capacity or specialist staff) to provide the support that is desired, needed and cost effective.

**References**

Dialectical Behaviour Therapy in the Private Sector: Making it Work

Rebecca Medway

DBT Brisbane, Brisbane, Australia

S41: PAPERS: Therapies, P2, August 29, 2019, 10:30 - 12:30

Biography:
Rebecca is a passionate social worker, wife, mother, stepmother, daughter-in-law, amateur football player and reality tv enthusiast. She has over 20 years experience in the mental health sector working for government, non-government and private organisations in Qld, NSW and the UK. Rebecca has been a practitioner of Dialectical Behaviour Therapy for 10 years and has completed both Intensive and Advanced Intensive training through Marsha Linehan’s training company BehavioralTech. She has gone on to further specialist training in DBT with Adolescents (Jill Rathus), using DBT to treat Difficult Problems, such as emptiness, anhedonia, and relationship chaos (Alan Fruzzetti) and DBT-PE - Prolonged Exposure, to treat PTSD (Melanie Harned). Since 2012 Rebecca has, with a group of dedicated colleagues, operated a comprehensive DBT program in the private sector. Rebecca works as a group facilitator and individual therapist across both DBTBrisbane’s Adult, and Young Person and Family Program working with clients from the age of 14. She also enjoys working with family members to assist them to develop strategies and skills to support their family members. Rebecca’s other passion is to train other staff to be able to utilise DBT strategies and skills to work effectively with complex and challenging clients.

Dialectical Behaviour Therapy is an evidenced based treatment for challenging behaviours associated with emotional dysregulation such as suicide, self harming, substance abuse, chaotic relationships. Developed and widely researched in the United States of America by Marsha Linehan the treatment is widely available across America in government settings and in the private sector. In Australia, DBT has been widely recognised as an effective treatment, but not so widely available to consumers. Those consumers who are ineligible for public sector programs, where they are available, can usually only access hybrid or "DBT informed" programs which have variable outcomes. This paper outlines the essential ingredients for successfully delivering a comprehensive, evidenced based, DBT program in the private sector, how to make it sustainable, lessons learned, and some of the outcomes achieved.

Learning Objectives

Learning Objective 1: A snapshot of a successful comprehensive DBT program operating in the private sector, enthusiasm and hope for innovation or persisting with delivering services without relying on government mental health services or to meet the needs of a different population.
Learning Objective 2: DBT treats a life-threatening, serious mental health issue. Services need to be provided accross communities and accounting for and addressing the barriers to people receiving treatment. This model of service delivery provides flexibility and compliments mental health services.
Turning lived experience stories into vehicles for social justice. Explore the pitfalls of unhelpful narratives, learn a new method, and re-frame your messages for greater impact.

**Cassy Nunan**, **Mark Jackson**

*Wellways Australia, Fairfield, Australia*

S42(A): KEYNOTE Q&A: Louise Byrne; S42(B): WORKSHOP 1 HOUR: Turning Lived Experience Stories into Vehicles for Social Justice., P4, August 29, 2019, 10:30 - 12:30

**Biography:**
Dr Cassy Nunan works at Wellways as Consultant, Advocacy and Leadership. She has also been responsible for researching, co-producing, writing and facilitating various versions of the award winning My Recovery program. Her PhD focussed on the value of intentional storytelling as vehicle for mental health recovery and social change advocacy.

Mark Jackson works at Wellways as Consultant, Peer and Community Education. He trains people in lived experience storytelling, and presents from a lived experience perspective in a broad range of community and business settings. Mark was a CEO of a graphics and printing business, and has experience in counselling, health and business coaching, and in film production.

For people living with mental health issues, stigma and discrimination lead to exclusion and disadvantage, posing significant barriers in multiple life domains. Research confirms this and demonstrates the vast extent of the problem in the wider population. We also know that many people a can’t access the services and supports they need. people in our communities intrinsically value fellow citizens having a ‘fair go’. All of these issues must and can be challenged through lived experience advocacy.

Lived experience storytelling has shown to be an effective modality for influencing people in becoming more aware, caring and inclusive of people who experience distress, difference and disadvantage. It is also integral to systemic change. Researchers like Patrick Corrigan have found that it decreases stigmatising and discriminatory beliefs and actions.

Stories by lived experienced leaders have demonstrated the power of influence over governments and policy makers in ways that have resulted in substantial and important change; one example being campaigners against institutional child sexual abuse - with support of families, communities and friends - being instrumental in the establishment of the Australian Royal Commission.

However, the story-framing method we often use isn’t necessarily the best for achieving our intended purpose. We might get caught up in sharing stories that feed socially constructed stereotypes - even in our best efforts to represent ourselves as regular people who’ve faced extraordinary challenges. In addition, some environments won’t always be conducive to our stories being well received or our aims met. And there are risks to consider about content that might traumatisce ourselves and others.

Participants of this workshop will explore and develop an understanding of ways to minimise such risks. They will learn about research and best practice approaches to lived experience storytelling, and together reflect on and begin to develop stories for social change. Participants will be invited to create the building
blocks of lived experience stories for future use. Important considerations will be: ‘what are the issues you want to address?’, ‘what changes do you want to see’, and ‘who will your audience be’?

**Learning Objectives**

Learning Objective 1: Participants will gain an understanding of different styles of storytelling based on lived experienced, through exploring the merits and risks. They will learn what styles can be most effective in connecting empathically and influencing audience perspectives and actions, while mitigating against the risks.

Learning Objective 2: This workshop is relevant because stories can be powerful in influencing social and systemic change, and people can do this more effectively if better equipped. This workshop will impart a framework for purposefully preparing stories. Participants will learn about key fundamentals of effecting storytelling, and using these develop the basis of a change motivating story.

**References**

Keynote Q & A

Louise Byrne

S42(A): KEYNOTE Q&A: Louise Byrne; S42(B): WORKSHOP 1 HOUR: Turning Lived Experience Stories into Vehicles for Social Justice., P4, August 29, 2019, 10:30 - 12:30

Biography:
Dr Louise Byrne is a researcher with deep knowledge of organisational issues relevant to ‘lived experience’ mental health employment. Louise’s work is informed by her own experiences of mental health diagnosis, service use and periods of healing.

Louise is currently employed as a Vice Chancellor’s Postdoctoral Fellow at RMIT University, in the School of Management. Louise was awarded a Fulbright Postdoctoral Scholarship in 2017 to conduct research on lived experience employment in the United States. During her Fulbright research, Louise was a visiting scholar within the Yale Program for Recovery and Community Health. Louise is currently leading the development of a Framework for Lived Experience Workforce Development, funded by the Queensland Mental Health Commission.

In recognition of her work in this area, Louise has received several industry and academic awards and been featured on respected national media, including Radio National ‘Life Matters’ and ABC’s ‘Q&A’.

Come to this informal session with the Keynote Speaker which will be facilitated by an expert chairperson. During the keynote speech first thing in the morning there is no time for questions or audience participation, so this is your chance to participate in questions and discussions with the keynote speaker in a smaller, more intimate setting.

Frances Sanders

1Department of Health and Human Services, Melbourne, Australia

Biography:
Frances Sanders is the Senior Carer Adviser with the Office of the Chief Psychiatrist in Victoria. Prior to this she has worked as a senior executive leading business development, strategy and operations in the NDIS, mental health, eating disorder and employment sectors since 1995.

The new Victorian Chief Psychiatrist Guidelines for working together with families and carers was delivered alongside an implementation and evaluation strategy to support services to comply with best practice. Contemporary understanding of recovery based approaches highlight the need to work with an individual in the context of their support community. In addition, there is a growing understanding of the impacts of caring on an individuals health, well being and resilience. This paper explores rationale, outputs and success of initiatives that were developed to support practice in 4 main domains that have been identified as critical to supporting resilience and hope for families and carers. these include identifying and engaging families in planning, development of processes and practices for information sharing, privacy and confidentiality; supporting families, carers and children with their own individual needs and engaging families and carers in organisational governance. Implementation was co designed with engagement and collaboration between the office of the chief psychiatrist, carers, carer peer workers, senior clinical leaders and consumers to gather a deep understanding of the barriers and enablers to better support families, carers and children in routine practice.

Learning Objectives

Learning Objective 1: This paper will provide the audience with an understanding of the 4 domains identified as critical for improving outcomes for families, carers and children; and practical implementation strategies

Learning Objective 2: For services, working with families, carers, children and the individuals broader support community is critical to enabling recovery.

References

Cummins, R.A et.al. (2007), Australian Unity Well being Index, Survey 16.1. Special report - groups with the highest and lowest well-being in Australia, Australian Centre on Quality of Life, Melbourne.
Implementing carer inclusive practice which underpins the approach taken in the Practical Guide for Working with Carers of People with a Mental Illness builds inclusion and resilience of carers with flow-through benefits to their families, friends and wider community.

**Katrina Armstrong**, **Debbie Childs**, **Maxine Griffiths**

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**Biography:**

Maxine Griffiths AM is CEO of Mental Health Carers Tasmania. Her career as CEO across the not for profit community sector includes Lifeline Tas, Council on the Ageing Tas and Volunteering Tasmania. Maxine has a long history in advocacy and lobbying for and with families and people living with a disability which has concluded in being awarded an Order of Australia Medal for her work.

Debbie Childs is CEO of HelpingMinds, a West Australian based Mental Health and Carer Support organisation. With experience as a mental health carer Debbie is a passionate advocate determined to find innovative ways to break down barriers of discrimination around mental ill health for our future generations.

Katrina Armstrong joined MHCA in 2019 following a thirty-year career in the NSW Government delivering disability services and leading on policy and funding reform projects. Katrina also led the establishment of the NDIS Local Area Coordination program at St Vincent de Paul Society NSW. Katrina is interested in how people can be better supported to have meaningful engagement in social and economic life.

Implementing carer inclusive practice which underpins the approach taken in the Practical Guide for Working with Carers of People with a Mental Illness builds inclusion and resilience of carers with flow through benefits to their families, friends and wider community.

Listening to carers about their needs in supporting someone with a mental illness, we are told time and time again that carer inclusive practice is an integral component of carer well-being. Resilient carers that are acknowledged and respected by health providers are better equipped to continue their caring role with flow on impacts to their wider community as they are more likely to engage or re-engage in social and economic life. In 2015 the Practical Guide for Working with Carers of People with a Mental Illness (the Guide) was released, which aimed to promote carer inclusive practice across the mental health sector.

The concept of the Triangle of Care model and carer inclusive practice is also well established across the broader disability sector. In his paper ‘the Natural Authority of Families” Dr Michael Kendrick states that families regularly find themselves having to confront professionals, bureaucrats and others in roles of authority, which can result in an imbalance of power and authority. Dr Kendrick argues that the community accepts the natural primacy of families and that they have the authority to be highly engaged in decision-making processes because they have greater responsibility for the well-being of their family members.
In 2017-18 demonstration projects were conducted across Victoria, South Australia, Western Australia and Tasmania to test approaches to the implementation of the Guide. Each project was evaluated to obtain critical feedback from mental health service providers and carers to inform a national roll-out strategy.

In our presentation, HelpingMinds and Mental Health Carers Tasmania will provide an overview of their demonstration projects and how they contributed to inclusive carer practice that recognises their natural authority in the person’s life. We will also explore how carer inclusive practice builds resilient families and carers, which provides positive impacts across their wider communities.

**Learning Objectives**

Learning Objective 1: Mental health practitioners and service providers will understand the critical importance of carer inclusive practice as a way of building carer engagement, resilience and hope

Learning Objective 2: Carers often feel marginalised in the decision making processes that occur across the mental health sector. This paper aims to provoke discussion about the natural role and authority of families and carers in the decision-making process and how the implementation of the Practical Guide to Working with Carers of People with a Mental Illness can build carer inclusive practice, improve outcomes for carers and consumers with flow-on positive benefits to their extended networks and communities

**References**

Kendrick, M 1996, The Natural Authority of Families, 1p
A practical guide for working with carers of people with mental illness, March 2016, Mind Australia, Helping Minds, Private Mental Health Consumer Carer Network (Australia), Mental Health Carers Arafmi Australia and Mental Health Australia.
E-Health and Co-Production: Methods, strategies and tools to develop innovative carer support services.

Rachael Lovelock¹, Andie Coughlan¹, Ashleigh Craig-Smith¹, Tammy Bruecher²

¹Wellways Australia, Melbourne, Australia, ²TAFE SA, Adelaide, Australia

543(A) PAPERS; 43(B) WORKSHOP 1 HOUR: Carers Co-design & Practice, P5, August 29, 2019, 10:30 - 12:30

Biography:
Rachael is a manager, advocate and family/carer leader drawing on lived experience and background in community development and project management to lead, design and implement service models, education programs and advocacy strategies at Wellways.

Andie is a program content designer at who draws on her background in education and her own lived experience to create powerful learning opportunities. She’s lead the co-design, training and delivery of Wellways’ community inclusion workshop programs, ‘Well Together’ and ‘Well Said’, and is currently designing online coaching modules for carers.

Ashleigh is an Engagement and Support Officer at Wellways, who holds a Bachelor of Applied Science, Psychology and draws on her own lived experience to ensure co-production methodologies and eHealth digital standards are at the fore of our innovative carer support service design.

Tammy Bruecher is a Community Services lecturer within TAFESA. Her background includes working in Disability, Community Development and Community Service Management. She is currently completing a Degree in Social Science and draws upon her lived experience for both her work within the Co-Production team and the workplace.

Workshop Outline
In 2018 Wellways was contracted to design, pilot and evaluate innovative Carer Coaching and In Person Peer Support services as a part of the broader Australian Government initiative, Integrated Carer Support Service (ICSS). This workshop will focus on the design, development and testing of the online carer coaching service which aims to support carers to sustain in their caring role focusing on carer health and wellbeing in an eLearning environment.

One of the early challenges faced by the design team was to ensure the eLearning system was co-produced with carers whilst complying to the Commonwealth Digital Transformation Agency (DTA) Standards, set by the Australian Government to ensure that all agencies build high quality government services that meet user needs.

Wellways has co-produced an eLearning system with over 70 carers that encompasses 3 tiers of coproduction to ensure the 13 DTA standards and service design and delivery process of Discovery, Alpha, Beta and Live are utilised to rapidly prototype and test online carer coaching sessions.

We will discuss how co-production members have created their own community of support and influenced their caring networks to gain a greater understanding of current carer reform and new service design, resulting in regained hope for the future direction of carer support.

This workshop is targeted at people with lived/living experience and service providers interested in eHealth and innovative design that are required to meet DTA standards.
Workshop Plan

Introduction (5 min)
- Acknowledgement of country
- Welcome and introductions

Presentation (20 min)
- Carer Coaching Project: rationale and structure (5 min)
- Project learning (15 min):
  o Importance of co-production policies and procedures
  o Introducing prototyping – discovery, alpha, beta and live to co-production
  o Testing environments and persons
  o Data collection, evidence and decision matrix tools
  o Communities of support
  o Influencing and resourcing the Commonwealth government to understand and further utilize co-production

Interactive Workshop (30 min)
- Small group exercise: discuss what your organisation or your role would need to do to establish Co-Production in E-Health service design. Components to consider:
  o Co-production policies and procedures
  o Building organisational capacity
  o Organisations interest in innovation and design

- Whole group discussion and brainstorming: what do organisations need to better understand co-production and ensure the methods are included in service design:
  o Key strategies for service providers
  o Influencing big-picture change - getting involved in systemic advocacy

Q&A (5 min)

Learning Objectives

Learning Objective 1: Workshop participants will learn about co-production methodologies designed to work with large numbers of carers with varying levels of commitment. Our Wellways Co-Production Policy will be discussed, and the process of implementing this policy into a tender process. The participants will explore how to recruit to differing co-production levels to create a service that meets the needs of all cohorts within the intended audience, and how to run co-production workshops.

Learning Objective 2: Workshop participants will gain a greater understanding of the 13 DTA standards and design and delivery process. Participants will walk away with strategies and tools for rapid prototyping, personas (user experience), journey maps, testing guides and decision matrix tools.

References


I’m Marek Coleman, a Scientist and Artist that enjoys the interplay of the two. My poetry has been a way to conceptualise and understand my mental health journey. In particular I struggled to accept my sexuality and this shaped my adolescence and adulthood with severe depression. But I’ve climbed my way out of the pit and I have seen the hope on the other side. The poetry explores this journey and is ambiguous enough that I hope others can see themselves in it too. I have also created artwork that reflects the worlds I describe.
Rebecca Haley is an 18 year old psychology student with a passion for learning about life and the uniqueness of humans. They love crafting and creating, and enjoy the challenge of translating the beauty and wonder they see in the world into something of their own creation. Poetry has always been a tool they have used to make sense of, and reconcile with, strong emotions. Sometimes this is love, sometimes joy, but also, sometimes pain. Throughout their high school years, Rebecca struggled with many mental health challenges. This led to admissions to a psychiatric ward, which is where much of the poetry you’ll hear today was born. While their life has significantly changed since that time, their poetry remains as a reminder of both the darkness and hope that they experienced.
BOOK LAUNCH: The Firing Line: A Memoir of a Family Ablaze

Liz Newton

Biography:
Liz Newton was born in Australia, has three adult children and currently lives in Sydney.

Liz has worked in mental health services including drug and alcohol, in a variety of roles, as well as teaching and tutoring at universities and involvement in health research and ethics.

Her academic background is in Anthropology and Comparative Sociology. Research has included exploring issues of indigenous suicide, and a PhD doctoral thesis on the ethnography of deinstitutionalisation for people with mental illness, resulting in many peer reviewed publications.

More recently Liz has enjoyed the freedom and creativity of fiction writing, and has published two fiction novels, Faraway on an Island, and Jagged Edge of Joy, as well as Meandering; a selection of short stories. The Firing Line is her first memoir.

The Firing Line: A Memoir of a Family Ablaze is the compelling true story of a girl growing up with her family from mid 1950s. The ensuing few decades become a time when everyday life for her mother, herself, brother and sister changed when their father Rob, became mentally ill with Manic Depressive Psychosis [now Bi-polar disorder], then addicted to prescribed barbiturates washed down with alcohol.

Anecdotes of happy and tragic times are dotted with spot-fires, and actual fires. Striving for a ‘normal’ family the reader is taken on a journey through the vagaries of childhood, and turbulent teens into adulthood.

An emotional rollercoaster of pathos, aggression and fear, is juxtaposed against humorous coping skills. Dreams, love and loss, collateral damage and resilience, uncovers the truth about nearly forgotten times ultimately pierced by indelible memories.

<b>The Author</b>: Liz Newton was born in Australia, has three adult children and currently lives in Sydney. Liz has worked in mental health services including drug and alcohol, in a variety of roles, as well as teaching and tutoring at universities and involvement in health research and ethics. Her academic background is in Anthropology and Comparative Sociology. Research has included exploring issues of indigenous suicide, and a PhD doctoral thesis on the ethnography of deinstitutionalisation for people with mental illness, resulting in many peer reviewed publications. More recently Liz has enjoyed the freedom and creativity of fiction writing, and has published two fiction novels, Faraway on an Island, and Jagged Edge of Joy, as well as Meandering; a selection of short stories. The Firing Line is her first memoir.

<b>Grab some lunch then head over to Rooms M5 & M6 to join Liz in launching her new book! There will be a copy of her book on offer as a lucky door prize to those in attendance.</b>
How embedding a clinical staging approach into a mental health stepped care model enables provision of more tailored, responsive and effective care.

Joel Robins¹, Emma Newton¹
ⁱEMPHN, Australia

Biography:
Joel is an Accredited Mental Health Social Worker has a background in managing community mental health and AOD services. Joel’s interests are in service redesign and innovation. Joel’s current role involves planning a commissioning mental health and AOD services for EMPHN.

Dr Emma Newton is a Clinical Psychologist with extensive experience in clinical service delivery. Her research background includes a focus on early childhood and adolescent development and mental health. Emma has been involved in service re-design of mental health services in acute and more recently primary health and community settings.

Eastern Melbourne PHN Stepped Care Model is an evidence-based, staged system of care, comprising a range of support options of varying intensity to match the complexity and level of need for any given consumer. Once an assessment is complete, the most appropriate, cost effective level of care is provided, and then continually re-calibrated to the consumer’s changing needs. The model provides clear pathways between these care options as individuals’ needs change.

Utilising clinical staging, allows for more appropriate, responsive and effective care. The model offers a range of modalities or ‘suite of services’ suitable for each clinical stage to reflect the spectrum of services from lowest to highest intensity.

In addition to defining the clinical stage, concurrent interventions can then be targeting associated needs in relation to physical health, education and employment, alcohol and other drug harm reduction, family and social functioning and suicide and self-harm reduction, considering ‘whole-person care and facilitating a person to live a ‘meaningful and contributing life’.

Learning Objectives

Learning Objective 1: How mental health stepped care model can drive more tailored, flexible and responsive interventions using multi disciplinary clinical and peer workforce
Learning Objective 2: Delivering mental health reform and person centered care

References
Cross SP1, Hermens DF1, Scott EM1, Ottavio A1, McGorry PD1, Hickie IB1. A clinical staging model for early intervention youth mental health services. Psychiatry Services. 2014 Jul;65(7):939-43
Mabu Liyan Inpatient Unit Back To Country Program

Dianna Wright
Kimberley Mental Health And Drug Service, Broome, Australia

Biography:
Dianna Wright is a young Aboriginal woman from Bidyadanga, a remote community in WA’s Kimberley Region. Dianna began her career in health as an Aboriginal Health Worker, in the early stages of her career she harnessed her passion and drive for Aboriginal Mental Health and went on to study nursing at Notre Dame University. Upon completion of her Bachelor in Nursing, Dianna completed the Pilot RN graduate program at Mabu Liyan, where she has gone on to become the Aboriginal Mental Health coordinator within the Mental Health unit.

Culture is central to the WA Aboriginal Health and Wellbeing Framework. It states that health needs to be inclusive of Aboriginal needs as part of core business. The Back to Country Program (BTC) provides Kimberley Aboriginal people, in the Mabu Liyan inpatient Unit the opportunity to connect with culture and Country.
BTC activities take place on a weekly basis and are planned by the Aboriginal Mental Health Workers (AMHW). Activities take place on Country and include hunting, fishing and visiting places of cultural significance. The AMHW is the cultural navigator and navigates the balance between hospital protocols and client cultural needs.
The hospital is a foreign environment for many Aboriginal clients and does not promote their optimal function. BTC provides clients with cultural and spiritual healing and provides the appropriate environment for clinicians to perform culturally appropriate client assessments. BTC allows non-Aboriginal staff and patients gain exposure to Aboriginal culture and develop cultural awareness and appreciation.
The benefit of this program is that it provides clients with a sense of self-worth and removes the stigma of being a patient because they are on Country. Recognition of culture and the two-way learning between Aboriginal and non-Aboriginal participants enhances cultural security.

Learning Objectives

Learning Objective 1: Understand how to develop culturally appropriate services into inpatient services without additional funding.
Learning Objective 2: Recognise how to enhance cultural security into a service.
The Hospital to Home Program (H2H) - Working Collaboratively to Keep People Healthy in the Community

Sarah Childs, Kingsley Bedwell
1RFQ, Brisbane, Australia

Biography:
Sarah is an Occupational Therapist who has many years of experience managing mental health teams in the UK and Queensland. Sarah has expertise in the application and supervision of evidence-based programs and services. She has lead and contributed to several mental health research and evaluation projects on topics including employment, housing support, various clinical programs, physical health interventions and consumer and carer experiences of care. She currently manages Clinical and Service Delivery at RFQ.

Kingsley is chief executive of Richmond Fellowship Queensland (RFQ). His career has developed across professional service delivery; public health administration and policy reform; consultancy; community sector service delivery; peak body; research and evaluation and, voluntary roles. Kingsley has had the opportunity to contribute to high level strategic health policy reform and system improvement and was acknowledged for his achievements by the award of a Centenary Medal “for distinguished services to health”.

The Hospital to Home Program (H2H) was developed and implemented in partnership with Metro North Mental Health (MNMH) in 2016. The program is an intensive integrated support service for people transitioning from an acute mental health ward back to their home in the community. The service targets clients occupying a bed without clinical reason, supporting them to successfully transition back to the community and reduce their risk of hospital readmission. RFQ staff are integrated with the clinical team on the ward and support the client with discharge preparation followed by six weeks of post discharge recovery support. The service works collaboratively with community treatment services, ensuring people remain connected with the clinical follow up required. RFQ engaged Associate Professor Yvette Miller to develop and conduct an independent evaluation of the program over a 12 month period from May 2016 to May 2017. The evaluation indicates successful implementation over this period, with significant impact on recovery and acute health service use for clients referred to the program. Clients experienced improved service integration and reported that the program helped them stay out of hospital and have their needs met in the community. This presentation will share details of our evaluation findings.

Learning Objectives

Learning Objective 1: People will learn about an innovative integrated model of service delivery that supports: a successful transition back to the community; improved recovery outcomes; and reduces the likelihood of hospital readmission.

Learning Objective 2: H2H demonstrates clinical (government) and nonclinical (community) services working collaboratively to improve recovery outcomes for people with mental health concerns.

References

Richmond Fellowship Queensland, 2018, Hospital to Home (H2H) Pilot Evaluation Findings
Codesigning: Resource Sector Mental Health & Wellbeing - A Proactive Initiative in WA

Jacqui Tibbits
1
1Consultivation, Perth, Australia

Biography:
Jacqui Tibbits, Director of Consultivation. Jacqui, has over 20 years’ experience and qualifications in business management, community services; and training and evaluation. She established Consultivation with the belief that by helping organisations and people flourish she improves the experience of the end-user contributing to safe, inclusive and viable communities.

In September 2018 the Centre of Transformative Work Design report on the 'Impact of FIFO work arrangements on the mental health and wellbeing of FIFO workers' produced for the WA Mental Health Commission was released.

The report highlighted among other things:

1. psychological distress, including feelings of anxiety and depression, scores were significantly higher for FIFO workers compared to the benchmark group and than males in an Australian norm sample
2. burnout was found to be significantly higher
3. transitions were difficult times with family wellbeing and functioning being negatively impacted during the phases of the FIFO worker leaving and returning home
4. 26% of FIFO workers could not recall any available mental health support options on-site

In response to this report the Chamber of Minerals and Energy (CME) and Lifeline WA formed a partnership to collaborate and codesign resources, products and activities specifically designed for the FIFO workforce, their families and on-site supervisors.

Codesign is gaining recognition as a best practice approach to designing mental health services. Consultivation is proud to be involved with this project as the codesign facilitator with Lifeline WA and the Chamber of Minerals and Energy who are working with industry and other stakeholders to better support mental health and wellbeing of people in the resources sector.

Consultivation has incorporated design thinking processes into a codesign methodology to support Lifeline WA, CME, industry and families to generate ideas and initiatives together. A series of engagement activities are being held with relevant stakeholders across the industry to help identify and design a range of support options fit for purpose.

The first forum held on 18 February 2019 with Lifeline WA, CME, their members, Beyond Blue and Mates in Mining was an interactive, discussion-lead session helping to prioritise what the CME-Lifeline WA partnership will focus on, generating interest and ideas in how to better support workers and families.
In May we are due to travel to regional locations to engage with OSH managers on-site before holding forums with resource industry workers and their families which will most likely include engaging with children.

The outcome of this process is an industry-lead and whole-of-industry approach to improving mental health and wellbeing of sector workers with a focus on fly-in, fly-out (FIFO) and drive-in drive-out (DIDO) workers and their families. The second outcome will be identification of or development of resources codesigned with all levels of the industry to better support mental health and wellbeing of workers and families.

This presentation will provide an overview of the co-design methodology used, successes, challenges, lessons learned and outcomes to date.

**Learning Objectives**

Learning Objective 1: Understanding how codesign can be flexible to meet the needs of stakeholders.
Learning Objective 1: Awareness of the successes, challenges and lessons learned to applying codesign methodology to a whole-of-sector initiative.

Learning Objective 2: Recent research indicates:
1. psychological distress, including feelings of anxiety and depression, scores were significantly higher for FIFO workers compared to the benchmark group and than males in an Australian norm sample
2. burnout was found to be significantly higher
3. transitions were difficult times with family wellbeing and functioning being negatively impacted during the phases of the FIFO worker leaving and returning home
4. 26% of FIFO workers could not recall any available mental health support options on-site

This is the latest research (2018) which supports previous research in WA, Queensland, South Australia and other regions nationally and internationally. Rates of psychological distress, workplace bullying, stigma and burnout are often found to be higher in FIFO workers than their non-FIFO counterparts. Codesigning strategies and supports with FIFO/DIDO workers, their families and other stakeholders may help to improve the mental health and wellbeing of all workers in the resources industry.

**References**


Education and Health Standing Committee (2015) The impact of FIFO work practices on mental health. Legislative Assembly, Parliament of WA
'Talkin' Together' - how to practice meaningful co-design.

Alisha Bourke, Debbie Hamilton

Being | Mental Health & Wellbeing Consumer Advisory Group, Sydney, Australia

S45: PAPERS: Co-design, M2, August 29, 2019, 13:30 - 15:00

Biography:

ALISHA BOURKE | PROJECT COORDINATOR | BEING
Alisha’s recent works at Being include collaborating with NSW Fair Trading on co-designed workshops across NSW; leading the NSW Mental Health Consumer Peer Workers Forum; developing Being’s upcoming peer training and employment programs. Alisha has a living experience of mental health issues and this understanding underpins everything she works on.

DEBBIE HAMILTON | LIVED EXPERIENCE PEER | TALKIN' TOGETHER PROJECT
Debbie works as peer advocate to improve the NDIS for people with a psychosocial disability. She is a member of the 'National Register of (mental health) 'Consumers and Carers' and is enrolled in a masters by research on the NDIS at Uni of Sydney. She has a B.Med (Hons) Dip. Bioethics.

The Talkin' Together project was an innovative state government and NGO collaboration in 2018 involving a series of peer led and designed workshops on consumer rights for people with psychosocial disabilities navigating the NDIS. The project also included redesigning some of NSW Fair Trading’s disability-g geared written resources, as well as designing a series of brand-new resources to ensure that consumer voices were leading the conversation.

The project was delivered in Sydney, Newcastle and Broken Hill ensuring that a diversity of mental health, community and NDIS experiences were shared. Talkin’ Together recently placed second in the 2018 NSW Department of Finance, Services & Innovation – Secretary’s Award in the category of Excellence in Regional Community Contribution

Although this project was overseen by BEING & NSW Fair Trading, the project planning, design and facilitation was entirely led by a group of lived experience peers in each location – several of whom had no experience in speaking, presenting, research and workshop design prior to the project.

This paper will explore the co-design framework of the Talkin’ Together project; discuss the innovative workshop techniques that our team of lived-experience peers employed and hear perspectives and experiences from those peers who led the charge – particularly the impact that this project had on their confidence, capacity and skillset.

Learning Objectives

Learning Objective 1: WHAT WILL PEOPLE FROM THE AUDIENCE GAIN FROM ATTENDING THE PRESENTATION?
A thorough understanding of the Talkin' Together co-design framework and how peer involvement must be in every aspect of project delivery for co-design to be meaningful.
Learning Objective 2: HOW IS THIS TOPIC/ISSUE RELEVANT TO MENTAL HEALTH SERVICES AND MENTAL HEALTH ISSUES?

This project shows how imperative the perspectives and experiences of people with mental health issues are to the design of resources and the delivery of services, as evidenced by participant engagement and peer satisfaction.

References

The Consumer and The Clinician, Complimentary Partnership; Our Lived Experience.

Lee Martinez¹, Tina Reay
¹University of SA, Department of Rural Health, Whyalla, Australia

S45: PAPERS: Co-design, M2, August 29, 2019, 13:30 - 15:00

Biography:
Lee Martinez is a Whyalla woman and from a nursing background, who lives and works in country SA providing a lifelong experience and understanding of those residing in rural and remote areas. Lee currently works for the University of SA Department of Rural Health as the Mental Health Academic. Lee’s current research is focused on how the voice of the rural lived experience of mental health consumers and carers can influence practice and services. Their participation in education, service delivery and design can improve the health and well being of people who live with mental health illness.

Tina Reay originally from Scotland, now lives in Port Lincoln is a vibrant, funny and resilient woman. Tina’s experiences span from living with her own mental illness and caring for her children with mental illness, working with health educators to share her life learning’s with the passion to enlighten clinicians and students. Tina loves comedy and most recent string to her bow is being a Stand Up for Mental Health Comic!!

Bringing the stories of the lived experience of mental illness into the learning space of health science students (nursing and allied health), rural health practitioners and community significantly increases the knowledge participants walk away with.

The personal stories bring the theory to life as one student commented it is like seeing the person in 3D, makes it real.

In our presentation we will share our journey of developing and implementing co facilitated (mental health consumer, clinician and or academic) mental health educational workshops for rural health clinicians and health science students on rural placement.

We will cover what’s worked, the challenges including systems that don’t accommodate some difference, like how will we pay the consumer, payment v’s volunteering. The impact of a person sharing their life stories for learning and how we keep each other safe. The learning’s from the clinician, what we sometimes assume and take for granted and how working alongside a person with a lived experience of mental illness and using the system can open one’s eyes to the most obvious in place barriers. The overwhelming feedback received from participants says it all really, however one still needs to fight the system to make this model of education happen.

I look forward to sharing with you this easy to do way of keeping my brain intact and not going around the bend!!

Martinez L 1
1 University Of SA Department Of Rural Health, Whyalla SA, Australia

Tina Reay; Person with Lived Experience of mental illness facilitator

Learning Objectives
Learning Objective 1: People will gain insight into the what it takes to bring the lived experience to the learning space. How we have overcome the barriers and the techniques used for example the challenges of presenting in rural locations and the use of video conferencing. Further people will learn the importance of keeping the presenters and participants safe.

Learning Objective 2: The topic of people with a lived experience working in equal partnership with mental health clinicians / academics to deliver education to rural clinicians, mental health workers, community and health science students helps shape the service, impacts on how a clinician approaches their practice and brings the importance of compassion in care alive. The lived experience facilitator can talk and demonstrate through their lived experience what works and what doesn’t, the things that made an impact on the life and their journey towards having a better life. This model helps demystify the myths, reduces fear and stigma.

References


Fong, T, Stratford, A (Editor), Meagher, J (Editor), Jackson, F (Editor), Jayakody, E (Editor) (2018) Peer Work in Australia: A New Future for Mental Health
FEATURED SYMPOSIUM: Cognitive Enhancement for Recovery – Methods and Applications

Frances Dark, Kim Mueser, Geoff Lau

S46: FEATURED SYMPOSIUM: Cognitive Remediation, M3, August 29, 2019, 13:30 - 15:00

Biography:
Kim T. Mueser, Ph.D. is a clinical psychologist at the Center for Psychiatric Rehabilitation, Boston University, and Professor of Occupational Therapy, Psychological and Brain Sciences, and Psychiatry. His research interests are on the development and evaluation of psychosocial interventions for persons with serious mental illness. His work has involved a range of different treatments, including integrated treatment for co-occurring mental illness and substance use disorders, cognitive behavioral therapy for posttraumatic stress disorder, illness management and recovery, cognitive remediation, family psychoeducation, interpersonal skills training, and treatment of first episode psychosis. He has published several hundred peer reviewed publications and co-authored over ten books. His research has been supported by the National Institute of Mental Health, the National Institute on Drug Abuse, and the Substance Abuse and Mental Health Services Administration.

Dr. Frances Dark has worked for the Princess Alexandra Mental Health Service as a Consultant Psychiatrist for 27 years. She has a strong interest in psychosocial rehabilitation for consumers with mental illness, and has pioneered innovative programs in Queensland such as social cognition and cognitive remediation groups. Dr. Dark has a strong research history, including a publication in Nature genetics. She has been actively involved in community organization's including being an advisor to Headway, and on the boards of Open Minds and the Queensland branch of the Mental Illness Fellowship Australia. She has previously worked on the Princess Alexandra Hospital Disaster Committee and ran training workshops on psychological aspects of disaster for staff with the assistance of the senior social worker and other employees. Dr. Dark is currently the Director of the Rehabilitation Academic Clinical Unit for Metro South Mental Health Services, and the Director of the statewide Deafness and Mental Health Service.

Geoff is the Director of Therapies and Allied Health at Metro South Health and the Occupational Therapy Delegate for Mental Health Australia. Geoff completed his undergraduate OT training at the University of Queensland in 1991 and post graduate social science training at the Queensland University of Technology. Geoff is a graduate of the Australian Mental Health Leadership Program, University of Melbourne and is currently a PhD candidate with the School of Health and Rehabilitation Sciences, University of Queensland.

Paper 1
Presenter: Kim Mueser (on behalf of Susan McGurk)
Title: Thinking Skills for Work – cognitive enhancement for successful employment
Abstract: The Thinking Skills for Work (TSW) program combines computerized practice of cognitive skills and self-management strategies to help people with serious mental illnesses enhance their thinking skills and use them to their full advantage in getting and keeping work. This presentation will provide a brief overview of the components of this program, evidence supporting its beneficial effects on cognition and work, and clinical vignettes illustrating participant experiences in the TSW program.
Paper 2
Presenter: Frances Dark
Title: Social Cognition – navigating the social world
Abstract: There is now a greater understanding of how our brain processes social information. There is also more known about how we can all make social “thinking errors”. If we routinely make these thinking errors our ability to form and maintain interpersonal relationships can be affected. Therapies have been developed to help train people in routine social behaviours, social skills training. There are also therapies targeting the social thinking processes underlying our social behaviours. One example of this approach is called Social Cognition and Interaction Training (SCIT). Dr Dark will present her research on SCIT and how services can assist people navigate the social world.

Paper 3
Presenter: Geoff Lau
Title: Supported Employment in Australia
Abstract: People with severe mental illness experience additional barriers to gaining and maintaining employment. Strong evidence indicates that participation in Individual Placement Support (IPS) models, particularly in early stages of illness, has demonstrated successful vocational outcomes for individuals. This presentation will highlight the estimated national return on investment by facilitating successful employment outcomes for people with mental illness, and outline the challenges that prevent consistent access to evidence-based models, such as IPS in publicly-funded mental health services.

Lisa McDonald
Self Employed, Brisbane, Australia

S47(A): PAPER: Art Therapy as Healing; S47(B): WORKSHOP 1 HOUR: Trauma Informed Art Therapy and Drama Therapy, M4, August 29, 2019, 13:30 - 15:00

Biography:
Lisa McDonald is an activist, artist and art psychotherapist with a strong interest in sexual violence trauma, neurobiology and First Nation healing practices. She is currently self-employed through Live Live Revolution.

I collaborated with First Nation Women of Quandamooka Country (Redlands, Queensland) by teaching and participating in “Telling Story”, a fibre arts course in which women expressed, through weaving, their past, present and future about the impact of sexual violence on their lives. This course helped to improve the women’s sense of wellbeing and connection with others by:
- Connecting and Preparing: Researching First Nation story-telling practices and fibre arts, and connecting to Quandamooka women, to create a supportive micro community.
- Creating the Art Therapy Space: Creating a culturally supportive space for the participants with multiple areas for participant autonomy, time out and peer to peer sharing.
- Travelling the Pathway to Self in Community: Forming culturally respectful and supportive processes, both as a group and individually. Issues included duty of care, ethics, and culturally appropriate therapeutic processes.
- Reflections: Experiencing the power of fibre arts to harness the generational wisdom of First Nation women helped the participants to understand trauma memory, and to feel seen and heard. The woven fibre art works of the Quandamooka teachers and participants were shown at an exhibition hosted by Redlands Performing Arts Centre to raise awareness about sexual violence and its impacts.

Learning Objectives
Learning Objective 1: The audience will gain an understanding of art psychotherapy and knowledge of First Nation wisdom in healing modalities; how we can respectfully recognise and incorporate this into options for mental health clients; build and support communities; and raise awareness of sexual violence in an inclusive way.

Learning Objective 2: Mental health services providers will gain from learning about arts-based, culturally appropriate practices informed by First Nation traditions and philosophy to support and ease the pain and isolation of those suffering mental health trauma arising from sexual violence.

References
A Body of Work and Play: Trauma-informed Art Therapy and Dramatherapy

Joanna Jaaniste

Western Sydney University, Sydney, Australia

S47(A): PAPER: Art Therapy as Healing; S47(B): WORKSHOP 1 HOUR: Trauma Informed Art Therapy and Drama Therapy, M4, August 29, 2019, 13:30 - 15:00

Biography:
Joanna Jaaniste, PhD, AThR (Drama) is a registered dramatherapist and Career Development Fellow at Western Sydney University where she teaches on the MA Art Therapy course. She is Principal of the Dramatherapy Centre, Sydney, is a board member of the World Alliance of Dramatherapy and has lectured and published extensively on dramatherapy.

The workshop provides an opportunity for participants to develop practical skills in using these methods in the workplace for themselves or for clients. Participants will be invited to consider their own level of safety and participation, developing an understanding of the qualities and application of various art media and drama materials within a trauma model of care.

Experiential work using art and drama materials will be informed by theoretical information on creative arts therapy (CAT) in dealing with client trauma (Edwards, 2017). Trauma-informed art therapy (T-IAT) and dramatherapy (T-IDT) delivered by qualified therapists represent useful elements for training CATs. Recent WHO research shows that interpersonal violence traumas carry the highest Post Traumatic Stress Disorder (PTSD) risk lifetime population burden: 77.7 person-years per 100 respondents across surveys (Kessler et al., 2017, 12).

Little has been published on T-IAT and T-IDT and their combined effect in competence training for CATs. Stand-alone AT and DT courses in Australia around the world do not bring the two disciplines together. Joanna and Suzanne’s research project with therapists using interviews/grounded theory, fill a gap in the literature and investigate the experience of professionals working with trauma undertaking a workshop in T-IAT and T-IDT that may help clients. Their research has been approved by Western Sydney University Ethics Committee and its results will be published in ANZJAT, the journal of the Australian, New Zealand and Asian Creative Arts Therapies Association in 2019/2020.

T-IDT can overcome denial, acknowledging trauma and healthy interaction with others in the healing journey. Dramatherapist (DT) Robert Landy (2010) applied his ‘preventative’ role theory technique to assisting clients after the 9/11 disaster in New York. (Landy, 2010, 7). T-IAT Malchiodi (2018) believes that art therapy gives people the experience of showing others what they have created themselves, and experience the power of having others witness it. Clinicians working with clients who have histories of trauma may at times find that words alone are not enough to give expression to people’s experiences and feelings. Leading trauma specialists such as van der Kolk (2006) suggest that the process of trauma requires expression that engages the whole body and mind. The therapeutic focus is on engaging clients through creating, and making meaning within a culturally sensitive artistic process.

Workshop Plan:
Introduction
Ice breakers and warm-ups
Participants are offered a large range of images to choose from which connect them to stories of hope and resilience.

Participants discuss their choice in dyads.

Participants are offered art media to make their own brief response to the image.

Participants share their image and art work with a different partner.

Optional opportunity to present one of their stories briefly, together with their partner, using dressups, sound and movement and/or speech.

The whole group reflects upon the voluntary presentations.

Joanna presents theoretical ideas behind the workshop.

General discussion.

**Learning Objectives**

Learning Objective 1: Participants will take away from the session an understanding of how art and drama applied within a trauma model can connect clients with their creative, self-giving expression to new stories of courage, vulnerability and resilience through the re-authoring stories of oppression and adversity. They can harness their creativity and re-frame their experience.

Learning Objective 2: This topic is relevant to Trauma Informed Care and Practice in Mental Health Services, which addresses difficulties many service users experience which disrupt their overall functioning: mental, physical, social, emotional or spiritual wellbeing.

**References**


FEATURED SYMPOSIUM: Innovations in Community Services

**Daniel Angus, Alison Clements, Patrick Livermore, Ed Heffernan, Jemima Isbester**

S48: FEATURED SYMPOSIUM: Innovations in Community Services, M5 & M6, August 29, 2019, 13:30 - 15:00

**Biography:**

Daniel Angus is the Psychosocial Support Manager at CanTeen Australia’s National office in Sydney supporting the needs of young people who have been impacted by cancer. Prior to Canteen, Daniel worked in the community sector as manager of Headspace Services in Mt Druitt where he oversaw the Headspace Youth Early Psychosis Program and the Primary Care programs. Whilst working here, Daniel also managed the operations of Headspace Penrith and the adult LikeMind centres.

Ali Clements has experience in social policy, community engagement and mental health services. She is a psychologist with a keen interest in systems thinking. Ali is Manager of the Perth Metropolitan Suicide Prevention Coordinator program at Neami National. The SPC’s are funded by the Mental Health Commission of WA to initiate, coordinate and facilitate the development of improved community responses to suicide in Perth WA. Their work relies on community engagement, networks and capacity building to improve awareness and reduce risk of suicide.

Patrick Livermore is Coordinator, Promotion / Prevention, Central Coast Specialist Mental Health Services for Older People (SMHSOP). Patrick’s work and research interests include peer work, group programs, elder abuse and suicide in later life. For Patrick ageing is everyone’s future, a journey as awe inspiring, terrifying, magnificent, melancholy and mysterious as the unfolding of the universe itself. He has been privileged to work with and share this journey with so many who have come before him. Their experience is a gift if we are just patient enough to unwrap it.

Ed Heffernan is the Director of the Queensland Forensic Mental Health Service and an Associate Professor with the School of Medicine, University of Queensland. He has been working as a psychiatrist for over two decades across the criminal justice system with people suffering mental health problems. In this symposium he is talking about two service innovations, the first related to Aboriginal and Torres Strait Islander people in custody and the second related to 000 mental health crisis calls to first responders. The Queensland Forensic Mental Health Service (FMHS) provides care, assessment and treatment to individuals with mental health problems who come into contact, or at risk of coming into contact with, the criminal justice system. FMHS’s are delivered across a variety of settings throughout Queensland including prisons, courts, watch houses, hospitals and the community. The five major clinical programmes include: Court Liaison Services, Prison Mental Health Services, The High Security Inpatient Services, Community Forensic Outreach Services and Mental Health Liaison Services with Police and Ambulance. The FMHS also works collaboratively with the Queensland Centre for Mental Health Research to undertake nationally leading FMHS research.

Jemima Ibester is a Senior Peer Worker in the Sydney Local Health working in the Community Mental Health teams. As a Senior peer worker Jemima supports people with lived experience to maximize their abilities and create adaptive supportive relationships with leaders to ensure the success of her team. Jemima is a strong believer in leadership through lived experience and leads a committee of consumers and carers that directly influence service delivery in the LHD.
A self confessed self help addict Jemima is trained in hearing voices group facilitation, intentional peer support and purposeful self disclosure.

Jemima looks forward to a future in mental health centered around self determination and social justice.

Examples of community activities that demonstrate an ability to meet the needs of local people in managing their mental health issues. These services may be organised by people with lived experience, by people who have or are caring for people with mental health issues or by NGO or public health services. A variety of examples will be presented in the first hour allowing time for questions and discussion.

Using a Pech Kucha presentation style (20 images are shown for 20 seconds each (6 minutes and 40 seconds in total). Six examples community services employing innovative approaches will be described and their effectiveness outlined. Following these presentations there will be guided questions and discussion about the benefits and possible shortfalls of these models.

The session will provide attendees with the opportunity to hear about some new and different approaches to community mental health care and to guage their effectiveness in maintaining and improving mental health in people who have been experiencing severe mental health problems often involving time in hospital.

Presentations include:

Petspace; this program teaches young people how to enhance the lives of vulnerable animals and as a result improve their own. Presented by Daniel Angus

Daniel Angus is the Psychosocial Support Manager at CanTeen Australia’s National office in Sydney supporting the needs of young people who have been impacted by cancer. Prior to Canteen, Daniel worked in the community sector as manager of Headspace Services in Mt Druitt where he oversaw the Headspace Youth Early Psychosis Program and the Primary Care programs. Whilst working here, Daniel also managed the operations of Headspace Penrith and the adult LikeMind centres.

Using a systems approach to suicide postvention: a co-design project with funeral service staff. Presented by Ali Clements

Ali Clements has experience in social policy, community engagement and mental health services. She is a psychologist with a keen interest in systems thinking.

Ali is Manager of the Perth Metropolitan Suicide Prevention Coordinator program at Neami National. The SPC’s are funded by the Mental Health Commission of WA to initiate, coordinate and facilitate the development of improved community responses to suicide in Perth WA. Their work relies on community engagement, networks and capacity building to improve awareness and reduce risk of suicide.

‘Partners in Peer Work; an innovative approach to supporting older people with mental health concerns in the community’ Presented by Patrick Livermore

Patrick Livermore is Coordinator, Promotion / Prevention, Central Coast Specialist Mental Health Services for Older People (SMHSOP). Patrick’s work and research interests include peer work, group programs, elder abuse and suicide in later life. For Patrick ageing is everyone’s future, a journey as awe inspiring, terrifying, magnificent, melancholy and mysterious as the unfolding of the universe itself. He has been priveliged to work with and share this journey with so many who have come before him. Their experience is a gift if we are just patient enough to unwrap it.

The Older Persons Peer Support Program is a partnership established in March 2016 between Central Coast Primary Care (CCPC) and Specialist Mental Health Services for Older People (SMHSOP). CCPC employ Peer Workers with lived experience of ageing and mental health concerns who provide an exclusive service to consumers of SMHSOP including instilling hope and support throughout treatment, identifying strengths, coping strategies and sense of identity, regaining independence, achieving goals, being active, social and
involved in the community, supporting love and friendships, and accessing resources, programs and services.

The Indigenous Mental Health Intervention Service: culture matters; Presented by Ed Heffernan
Ed Heffernan is the Director of the Queensland Forensic Mental Health Service and an Associate Professor with the School of Medicine, University of Queensland. He has been working as a psychiatrist for over two decades across the criminal justice system with people suffering mental health problems. In this symposium he is talking about two service innovations, the first related to Aboriginal and Torres Strait Islander people in custody and the second related to 000 mental health crisis calls to first responders.

The Queensland Forensic Mental Health Service (FMHS) provides care, assessment and treatment to individuals with mental health problems who come into contact, or at risk of coming into contact with, the criminal justice system. FMHS’s are delivered across a variety of settings throughout Queensland including prisons, courts, watch houses, hospitals and the community. The five major clinical programmes include: Court Liaison Services, Prison Mental Health Services, The High Security Inpatient Services, Community Forensic Outreach Services and Mental Health Liaison Services with Police and Ambulance. The FMHS also works collaboratively with the Queensland Centre for Mental Health Research to undertake nationally leading FMHS research.

Mental Health Crisis: Achieving communication and collaboration in real time; Presented by Ed Heffernan

Peer worker clinicians; people with lived experience working in community mental health and acute care. Presented by Jemima Ibester
Jemima Ibester is a Senior Peer Worker in the Sydney Local Health working in the Community Mental Health teams. As a Senior peer worker Jemima supports people with lived experience to maximize their abilities and create adaptive supportive relationships with leaders to ensure the success of her team. Jemima is a strong believer in leadership through lived experience and leads a committee of consumers and carers that directly influence service delivery in the LHD.
A self confessed self help addict Jemima is trained in hearing voices group facilitation, intentional peer support and purposeful self disclosure.
Jemima looks forward to a future in mental health centered around self determination and social justice.

**Learning Objectives**

Learning Objective 1: Presentation will provide examples of different and innovative ways of providing services doing more with less in many instances.
Learning Objective 2: Community support and treatment is central to the well being of people who have mental health issues, hopefully as an alternative to inpatient care.
Building Healthy Communities through Multidisciplinary Community-Based Lifestyle Interventions

Justin Chapman1,2,3, Sarah Childs1, Stephen Tillston2, Greg Pratt1, Joe Petrucci5
1QIMR Berghofer Medical Research Institute, Brisbane, Australia, 2PCYC Queensland, Brisbane, Australia, 3Metro South Addictions and Mental Health Service, Brisbane, Australia, 4Richmond Fellowship Queensland, Brisbane, Australia, 5Neami National, Cairns, Australia

Biography:
Dr Chapman is a Research Officer with QIMR Berghofer Medical Research Institute, Consumer Consultant with Metro South Addictions and Mental Health Services, and a Program Manager with PCYC Queensland. His work is in implementing and evaluating interventions to improve the physical health of people with mental health issues.

Physical inactivity and poor diet contribute significantly to the increased risk of preventable physical conditions in people with mental illness. National mental health plans promote early intervention to improve physical health outcomes. Healthy Bodies, Healthy Minds (HBHM) is an exercise and nutrition program for people with mental illness, delivered by exercise physiologists and dietitians. The program is held at PCYC Queensland and co-delivered with a non-government mental health organisation. Since 2015 we have implemented a total of 31 programs at 13 PCYC sites across Queensland, benefiting 269 participants. Richmond Fellowship Queensland (RFQ) have been the strongest partner in these initiatives, co-delivering 18 of these programs for 130 participants. Median program attendance is 62.5%. This program is an example of integrating services for community-based multidisciplinary care, and is currently being evaluated in a randomised controlled trial with QIMR Berghofer Medical Research Institute, Metro North Mental Health and Metro South Addictions and Mental Health Service. PCYC Queensland received the 2018 Open Minds Not-for-profit Large Mental Health Week Achievement Award, and Program Manager Dr Justin Chapman received the 2018 Individual Achievement award for work associated with this program. An overview of the program and future directions will be presented.

Learning Objectives
Learning Objective 1: Awareness of current community-based initiatives, and knowledge of an innovative cross-sectoral model of care for addressing the physical health of people with mental illness
Learning Objective 2: Addressing the poor physical health of people with mental health issues is an international priority, and finding cost-effective and acceptable ways of providing services to consumers is a priority for mental health services.

References
Duggan M. Beyond the Fragments: Preventing the costs and consequences of chronic physical and mental diseases. Australian Health Policy Collaboration. (2015)
Equally Well in Victoria - Physical Health Framework for Specialist Mental Health Services

Anna Love\(^1\), Julie Anderson\(^1\), Frances Sanders\(^3\), Randolfo Obregon\(^1\)
\(^1\)Department of Health and Human Services Victoria, Melbourne, Australia

Biography:
Randolfo Obregon is Senior Project Officer at the Office of the Chief Mental Health Nurse in the Victorian Department of Health and Human Services. Randolfo has ten years’ experience in public service, with a focus on workforce development policy and translation of policy into practice.

Each time a consumer engages with a clinical mental health service provides an opportunity to explore physical health issues, consider how they might impact on recovery goals and offer help.

The Physical health framework for specialist mental health services is the first of its kind in Victoria. It describes a range of initiatives for organisations and clinicians to work in partnership with consumers and carers to discuss physical health in the context of a recovery plan. This framework provides information to help mental health services and clinicians to think about how to tailor treatment and strategies to the realities of the daily lives of consumers.

Under the leadership of Victoria’s Chief Mental Health Nurse, Chief Psychiatrist, in partnership with peak organisations Victorian Mental Illness Awareness Council and Tandem, the framework was developed as Victoria’s response to the Equally Well National Consensus Statement. The framework describes consumer, carer and clinician’s perspectives on how physical health issues can be worked on by mental health services. An Expert Reference Group comprised of mental health consumers and carers, experts from mental health, general practice, community health and peak health organisations guided the approach and content of this document.

Five interconnected domains support physical health care in Victorian specialist mental health services. They are:

- Consumer physical health needs
- Collaborative planning and therapeutic interventions
- Healthcare setting
- Workforce considerations
- Supporting safety

The framework describes the necessary elements at the organisation and clinical practice levels to guide implementation of physical health in a consistent way across Victoria. It asks services and clinicians to use a recovery approach to physical health, and offer help to consumers that extends beyond biomedical screening, diagnosis and treatment. It asks clinicians to work in an interprofessional manner to understand each person’s recovery journey and using collaborative recovery plans to enquire about the person’s physical health, appreciating the complex interplay with mental illness and how this operates in the context of the person’s life.
The framework is an important first step for Victorian mental health services. Presented by Victoria’s Department of Health and Human Services Chief Mental Health Nurse, this presentation will describe the framework in detail, as well as implementation plan for Victoria over the coming years.

Learning Objectives

Learning Objective 1: An understanding of Victoria's vision for addressing physical health in government funded specialist mental health services, through a framework that describes a range initiatives for organisations and clinicians to work in partnership with consumers and carers to discuss physical health in the context of a recovery plan.

Learning Objective 2: An understanding of the process undertaken in partnership with consumers, carers and clinicians to develop the framework.
Building Healthy Communities by embedding smoking care within mental health care: A research trial of an organisational change framework in community managed mental health organisations.

Laura Twyman1,3, Scott Walsberger2, Amanda L Baker3, Billie Bonevski3, Tackling Tobacco Mental Health Advisory Group
1Cancer Council NSW, Woolloomooloo, Australia, 2Heart Foundation, East Sydney, Australia, 3School of Medicine and Public Health, Faculty of Health and Medicine, University of Newcastle, Callaghan, Australia

S49: FOCUS PAPERS: Physical Health, M7 & M8, August 29, 2019, 13:30 - 15:00

Biography:
Laura is a behavioural scientist who works across tobacco cessation and policy issues at Cancer Council NSW. Laura's PhD thesis focussed on tobacco use and the social determinants of health. Laura’s passion lies in optimising the delivery of tobacco cessation support within health and community sectors through systems approaches.

Embedding smoking care within community managed mental health organisations (CMOs) requires organisational and workplace culture change. This research trial explored the effectiveness of an organisational change program at increasing the provision of smoking care in CMOs.

The trial was conducted in 26 CMOs in New South Wales. Following the development of draft guidelines, all services developed tailored project plans identifying organisational changes required to address tobacco. Organisational strategies utilised included leadership, data collection, policy, supportive systems, training and provision of consistent quit support. Services received a high or low intensity version of the organisational change program over six months.

This paper will report on the successes and challenges experienced in embedding smoking care, including the impact on staff and consumers' smoking status, attitudes and preferences for support (captured at baseline, six and nine-month follow up). Process measures will be reported including services' performance against their project plans and draft guidelines.

The results of this trial demonstrate that organisational change programs increase services' capacity to provide smoking care through adherence to draft guidelines for the CMO sector. The learnings from this trial inspire hope and contribute to building healthy communities by improving the physical health of people living with mental illness.

Learning Objectives

Learning Objective 1: Attendees will be able to articulate the evidence for organisational change approaches to embedding smoking care within mental health care and name at least two practical and measurable strategies that support this organisational change

Learning Objective 2: Attendees will be able to describe the contribution of tobacco use to the disparity in the physical health and wellbeing of people living with mental illness and the concept of addressing tobacco as a social justice issue

References

Engaging patients with serious mental illness (SMI) in self-management care planning-based physical health interventions: what works (or not) and why?

Sara Zabeen¹, Sharon Lawn¹, Anthony Venning¹, Kate Fairweather-Schmidt¹, David Smith¹
¹Flinders University, Adelaide, Australia

Biography:
Ms Sara Zabeen is a second year PhD student and a casual Research Fellow at Flinders Human Behaviour & Health Research Unit (FHBHRU). Her doctoral research investigates the acceptability and feasibility of Flinders Program in people with serious mental illness. Her other research interests are: health promotion, and community development.

Flinders Program is a self-management based intervention, currently being trialled among patients with SMI and cardiovascular risk factors in South Australia [Battersby et al., 2018]. This presentation will describe initial findings of a longitudinal qualitative investigation of the program’s acceptability and feasibility, conducted alongside the quantitative component. Preliminary themes derived from 29 patients’ and carers’ in-depth interviews suggest patients’ historical relationship with mental health services is a key contributing factor underpinning patients’ lack of trust and interest in engaging in new interventions. This includes traumatic experiences at tribunals, medication-reliant treatment, and lack of continuity in care. Critical Realism-based analysis [Bhaskar, 1979] of seven mental health staff interviews identifies current service culture and change fatigue are key reasons hindering staff from providing quality care. Despite these challenges, the Flinders Program seems to potentiate a positive influence among patients who are: a) mentally stable; b) motivated; c) have encouraging family; and/or d) have non-government organisations’ support. Patients also conveyed that trial nurses’ genuine interest in their wellbeing and empathy, and one-to-one delivery processes were prime motivational factors of engagement into the program. Early indications are suggestive of the need for structural change at systems level, to promote cultural change towards recovery-oriented service.

Learning Objectives

Learning Objective 1: Self-management based physical health intervention WORKS for people with SMI- but under certain circumstances
Learning Objective 2: A structural level change will take long time but desirable. Meanwhile, all service providers (mental health staff, GPs, NGOs) and community members (especially family members) need to be more empathetic and encouraging in promoting HOPE- even these small steps can eventually change the bigger picture

References


Delphi study to update the mental health first aid guidelines for psychosis.

Kathy Bond¹
²Mental Health First Aid Australia, Parkville, Melbourne, Australia

Biography:
Dr Kathy Bond is the Senior Research Officer at Mental Health First Aid Australia and holds an honorary fellowship at the University of Melbourne. She conducts Delphi expert consensus studies that inform MHFA curriculum and conducts pilot evaluations on newly developed courses.

The aim of this presentation is to introduce an updated resource that can be used to provide initial support to a person who may be experiencing psychosis, and discuss the research that informed its development.

The presentation will outline a Delphi study that was undertaken to update the mental health first aid guidelines for psychosis, which was undertaken by Mental Health First Aid (MHFA) Australia and the University of Melbourne. The original guidelines were developed in 2008 and have been updated based on current evidence. They guidelines are intended for use by people without a counselling or clinical background and were informed by the consensus views of people with people with expertise in psychosis, including people with lived experience, carers and professionals.

The guidelines outline what a person should know and do in order to provide initial support to a person who may be experiencing psychosis, until professional help is received. The presentation will briefly describe the research methodology used to develop the guidelines, discuss key differences from the original guidelines, and summarise the advice provided in the new guidelines. This includes:

- How to be supportive to a person who is experiencing psychosis
- How to communicate with a person who is experiencing psychosis
- How to respond to hallucinations, delusions and paranoia
- How to support the person if they are in crisis
- How to encourage the person to seek professional help and other supports

The guidelines are available to the public and will be used to inform the Mental Health First Aid courses curriculum.

Learning Objectives

Learning Objective 1: To develop an understanding of the purpose and general content of a mental health literacy resource for psychosis.
Learning Objective 2: To learn a way to systematically use the lived experience voice alongside the professional voice when developing resources for psychosis or other mental health problems.

References

Mental Health First Aid for the Suicidal Person: An Uncontrolled Trial.

Kathy Bond\textsuperscript{1,2}, Fairlie Cottrill\textsuperscript{1}
\textsuperscript{1}Mental Health First Aid Australia, Parkville, Australia, \textsuperscript{2}University of Melbourne, Parkville, Australia

This presentation will report the final results of an uncontrolled trial of the Mental Health First Aid for the Suicidal Person course. This course is based on guidelines developed using the Delphi research method (1); a systematic way of determining expert consensus. The experts in this study were people with a lived experience of suicidal thoughts or attempts, and mental health professionals.

Mental Health First Aid Australia and the University of Melbourne invited approximately 300 course participants to complete pre-course and post-course surveys. The surveys measure beliefs about suicide, intentions and actions taken to assist a suicidal person, suicide stigma and course satisfaction. The measures were based on other previous Mental Health First Aid courses (2).

Preliminary analysis showed that after completing the course, participants demonstrate increased confidence to help a person who is suicidal and increased likelihood of asking:

• direct questions about suicidal thoughts
• about current plans for suicide
• about past suicidal thoughts and behaviours.

Participants were less likely to wait and see if things got worse before speaking to the person and less likely to make unhelpful comments.

This presentation will report on the final results of this study.

Learning Objectives

Learning Objective 1: Will answer the question: What is one method for evaluating a suicide prevention intervention?

Learning Objective 2: Will answer the question: How can suicide prevention programs be informed by a consensus driven evidence-base, incorporating the expertise of people with lived and professional experience of suicide?

References


Development of a Nationally Consistent Consumer Rated Self Report Measure

Cheryl Reed¹, Tim Coombs², Rosemary Dickson²
¹Health and Community Consulting Group Pty Ltd, Chelsea, Australia, ²Australian Mental Health Outcomes and Classification Network (AMHOCN), Parramatta, Australia

S50: SNAPSHOTs: Research Evaluation Focus, P2, August 29, 2019, 13:30 - 15:00

Biography:
Cheryl has a long history in mental health sector research and evaluation. She has been working with the Mental Health Information Strategy Standing Committee and AMHOCN for the last 8 years developing measures and resources to support national reporting of consumer and carer experience, social inclusion and psychological distress.

Since the establishment of the National Mental Health Policy in 1992 (Australian Health Ministers), Australian governments have committed to national monitoring of the effectiveness of public mental health services. The Mental Health National Outcomes and Casemix Collection (NOCC) provides a national set of standardised measures of consumer symptoms and functioning to support this monitoring. A review of the NOCC in 2013 identified the need to develop a nationally consistent consumer rated measure for adults and older persons (National Mental Health Information Development Expert Advisory Panel, 2013). The review recommended that the new instrument include a brief measure of psychological distress as a foundation (such as the Kessler-10 or a component thereof) and should also incorporate domains that are important to consumers and reflect contemporary practice.

The Mental Health Information Strategy Standing Committee (MHISSC) tasked the National Mental Health Information Development Expert Advisory Panel (NMHIDEAP) with the development of this new measure using a co-design approach. This paper will report on the development of the measure and the results of a trial conducted in Victoria.

Learning Objectives

Learning Objective 1: The audience will learn that a new self report measure has been developed, as well as the future steps required in its development and endorsement.
Learning Objective 2: The new self report measure has the potential to offer consumers and their service providers improved information for the quality of care, service development and performance monitoring.

References
Development of a Short Measure of Social Inclusion – The Living in the Community Summary (LCQ-S)

Cheryl Reed1, Tim Coombs3, Rosemary Dickson1
1Australian Mental Health Outcomes and Classification Network (AMHOCN), Parramatta, Australia, 2Health and Community Consulting Group Pty Ltd, Chelsea, Australia

S50: SNAPSHOTS: Research Evaluation Focus, P2, August 29, 2019, 13:30 - 15:00

Biography:
Cheryl Reed is a program evaluator and social researcher who has been working in co-design and the measurement of social inclusion for over two decades. She has been involved in the LCQ and LCQ-S projects since their early development, leading the qualitative research, psychometric analysis and reporting.

The Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan) has identified improving social inclusion for mental health consumers as a key priority. The Fifth Plan includes specific performance indicators on employment, housing, connectedness, meaning in life and social and community participation. Measures are available for these topics from national population surveys. However, there is no current source of this data for consumers of specialist mental health services, for whom barriers to social inclusion may be greatest. No data source exists for indicators of Connectedness and meaning in life and Proportion of mental health consumers in suitable housing.

The Living in the Community Questionnaire (LCQ) (Coombs, Reed, & Rosen, 2016) has been identified as a potential measure that may be suitable for reporting of Fifth Plan indicators (Australian Health Ministers, 2017). Expert feedback has suggested that the utility of the LCQ would be improved through the creation of a summary form with a smaller number of questions and simplified scaling.

The paper will report on the development of the LCQ-S and its testing with an online panel. The paper will also discuss the future development and availability of the LCQ-S.

Learning Objectives
Learning Objective 1: The audience will learn of the development of the LCQ-S, including its suitability, validity and reliability.
Learning Objective 2: The LCQ-S provides a summary form that can be used to measure consumer social inclusion. It has both clinical and policy utility.

References

The STELLER Study: Supporting the Transition into Everyday Life of Lived Experience Research.

Helen Glover¹, Katherine Boydell², Katherine Gill₆, Barbara Tooth⁷, Anne Honey², Francesca (Franca) Coniglio⁴,⁵, Justin Scanlan²

¹Enlightened Consultants, Redlands Coast, Australia, ²University of Sydney, Sydney, Australia, ³Black Dog Institute, University of NSW, Sydney, Australia, ⁴Southeast Sydney Local Health District, Sydney, Australia, ⁵North Sydney Local Health District, Sydney, Australia, ⁶Foundation for Success, Sydney, Australia, ⁷The Mental Health Services (TheMHS) Learning Network, Sydney, Australia

Biography:
Barbara is a Clinical Psychologist. She began working in mental health in 1985 on the Mental Health Crisis Team in the Illawarra region and has also worked in clinical psychology roles in a variety of clinical mental health settings. Barbara has also held academic roles. She is passionate about lived experience research informing mental health care and assisting others with lived experience of mental health challenges.

Kate Gill is a research scientist, a Registered Occupational Therapist and Mental Health Consumer Researcher. She is the Chair and founding member of the Consumer Led Research Network, now based at the Brain and Mind Centre, University of Sydney. Kate is the President and Founder of FND Australia Support Services.

Mental health lived-experience research illuminates the perspectives and experiences of people who live with mental illness. However, little is known about how useful consumers might find lived-experience research, nor what the best formats are to bring it to their attention. This study explores the translation of lived-experience research in the lives of people living with mental illness. The aims are to: develop a range of user-friendly formats to disseminate lived-experience research and evaluate the accessibility and usefulness of these resources via peer workers.

A staged design thinking approach was used to develop a translation strategy for lived experience research. Stage 1 consulted with consumers to understand their perspectives on lived experience research. Stage 2 involved refining the design aim and the research questions. Stage 3 generated ideas with consumers and mental health professionals. Stage 4 The team has worked with design students and peer workers to prototype a suite of resources tailored to individual settings and clients for the testing phase.

This study is the first to investigate the feasibility and usefulness of bringing the findings of lived-experience research to consumers. It will provide evidence about a potentially important source of information that can be used to facilitate their recovery.

Learning Objectives

Learning Objective 1 & 2: This paper will enable those present to
(i) Identify the potential role that lived experience research has in contributing to and being accessible to people' in their recovery journey.
(ii) Understand how lived experience research, through arts based knowledge translation contributes to the wider mental health sector's body of knowledge.
References

(i) Walsh, J. and J. Boyle, Improving acute psychiatric hospital services according to inpatient experiences: A user-led piece of research as a means to empowerment. Issues in Mental Health Nursing, 2009. 30: p. 31-38.

Person-centre care and meeting needs for mental health care: Results from the Australian survey of psychosis.

**Christine Migliorini**, Carol Harvey, Ellie Fossey

1The Psychosocial Research Centre, Melbourne, Australia, 2Department of Psychiatry, The University of Melbourne, Melbourne, Australia, 3Department of Occupational Therapy, School of Primary & Allied Health Care, Monash University, Frankston, Australia

S50: SNAPSHOTS: Research Evaluation Focus, P2, August 29, 2019, 13:30 - 15:00

**Biography:**

Christine Migliorini PhD, is a Social Worker, Social Scientist and the Research & Evaluation Coordinator at the Psychosocial Research Centre, North West Area Mental Health Service. Over the last 19 years, Christine’s research has focused on the connection between mental health and the social environment.

Background: A large population-based survey of Australian adults living with psychotic illness (Morgan et al 2012) provided the opportunity to understand the perceived needs of individuals living with psychosis. Questions included:

- What types of needs were reported by persons living with psychosis?
- How well were mental health (MH) services perceived to meet those needs?
- Over the previous year, who has spent the most time providing help and who has been most helpful?

Main outcome measure: Perceived Need for Care Questionnaire (PNCQ; Meadows et al 2000) domains include Social Support, Work/Time Use Support, Financial Assistance, Housing Assistance, Self-care Support, MH Information, Medication Information & Counselling.

Results: MH Professionals, and for the most part GPs, were perceived to be most helpful in Work/Time Use Support, support for Selfcare, MH Information and Counselling but not in the domains of Social Support, Financial Support, Housing Assistance, or Medication Information. Family and friends were perceived as good sources of MH information. Females thought medication information needs were not adequately met. Participants experiencing significant impairment in functioning believed their financial and medication information needs were inadequately met. Who individuals spent more time with was not necessarily found to be the most helpful in meeting needs.

**Learning Objectives**

Learning Objective 1: Key areas of need likely to be present in the person with psychosis are highlighted to guide MH services in their efforts to support the person in addition to providing symptom relief

Learning Objective 2: The audience will learn that while the amount of time spent with consumers is important, how that time is spent is more important when meeting perceived needs.

**References**


Who are the users of Prevention and Recovery Care Services in Victoria? Characteristics of the participants in the statewide PARCS Project.

Lisa Brophy\textsuperscript{1,2,3}

\textsuperscript{1}La Trobe University, Melbourne, Australia, \textsuperscript{2}University of Melbourne, Melbourne, Australia, \textsuperscript{3}Mind Australia, Heidelberg, Australia

Prevention and Recovery Care (PARC) services are recovery-oriented sub-acute residential facilities that involve a partnership between mental health community support services (MHCSS) and clinical mental health service providers. They have become an important component of the matrix of services to support and enable recovery in Victoria. Most PARC services have 10-beds in a home like environment where people can stay for up to 4 weeks. The primary aims of the PARC services are to improve mental health outcomes, and to prevent avoidable acute hospital admissions. While there are early signs that Victorian PARC services promote positive outcomes, the evidence base is limited and has tended to focus on ongoing service use (1). In a partnership with MHCSS, we have undertaken a state-wide evaluation of the PARC services, to assess the appropriateness, effectiveness and efficiency of PARC services in Victoria. One aspect of this study is to document the experiences and outcomes of 291 PARC consumers over a 12-month period. Although aspects of PARC consumer characteristics have been reported on previously (2), we aim to provide further insight into who is accessing PARCs by gathering information about their wellbeing, personal recovery, social inclusion and community participation.

Learning Objectives

Learning Objective 1: The audience will gain a thorough understanding the people who use PARC services at a level that has not yet been reported.

Learning Objective 2: It is vital when providing mental health services that the consumer population using these services is understood. Exploring the above mentioned aspects of PARC services users will allow providers to more thoroughly know the specific needs of this population, and therefore may be able to provide more appropriate care and support, aiding in overall recovery.

References

How a PEERspective on Psychiatry is helping teach the language of therapy to men.

Christopher Grumley¹, Michael Griffiths²
¹Flourish Australia, Sydney, Australia

S51: PAPERS: Bringing Together Collaboration, Hope and Mind, P4, August 29, 2019, 13:30 - 15:00

Biography:
Christopher Grumley, Senior Peer Worker for Flourish Australia is actively involved in evolving peer work to better support people in the community and mentoring workers with a lived experience of mental health issues. Christopher is a passionate advocate of lived experience and brings a wealth of knowledge to the role.

Michael Griffiths a 21 year old man from Western Sydney is currently accessing the Primary Care Psychiatry Liaison Service through Flourish Australia. Michael reflects on his journey and experiences throughout his time in the program, and likes to share how it has shaped his outlook for a bright future.

Flourish Australia’s innovative collaboration between psychiatry and peer work brings new thinking to support people who access the Primary Care Psychiatry Liaison Service (PC-PLS) in Western Sydney. For the past 18 months, outcomes have demonstrated a strong correlation between these practices becoming an integral component to support personal recovery.

Understanding the goals, practices and methods of one another, each practitioner is able to leverage from the other. This evolves into a way of working that helps overcome previous challenges, create new pathways for services and for people to manage their mental health.

Men in particular have achieved outstanding outcomes accessing this support, and are a prime example of how this model of holistic practice can make a difference in varying demographics.

Christopher Grumley, Senior Peer Worker in Flourish Australia will describe this collaborative practice, with reflections of the process and methods to support its success.

Michael Griffiths who currently accesses the PC-PLS service, will reflect on his experience with the program and share how he believes it brought him to a place in his recovery he didn’t think he could otherwise achieve.

This is an innovative and ground-breaking collaboration that will set the standard for interagency cooperation in the future.

Learning Objectives

Learning objective 1: The implementation of integrated and holistic practices between peer working and psychological intervention/therapies enable new possibilities and ways of providing one on one support. It reinforces the effect and value of peer work and the enhancement it can offer to psychiatry and other clinical practices, showcasing new pathways to care.
Learning Objective 2: Within the current culture of mental health services there is a differing approach between clinical/psychiatric services and community based psychosocial/peer support, even amongst those which are in partnership. This presentation will show an approach that strives to and successfully uses innovation and the common elements between the two practices to formulate a strong cohesive support system for people accessing mental health services.
Mental Wellbeing with the Brain in Mind

Nada Wentzel

The Jonah Group, Byron Bay, Australia

Biography:
Nada is a highly sought-after Global Executive Coach and thought partner. She works with global organisations to design and deliver integrated solutions that achieve sustainable change in safety, leadership and mental wellbeing.

She is co-founder of The Jonah Group and has over 25 years of experience in Transport, Oil, Gas, Mining, Power and Explosives manufacturing. She started her career as an Offshore Engineer with ExxonMobil and played a senior role in the Longford Crisis Management Team in 1998.

In 1998 she was involved in serious fire incident which resulted in 35% burns to her body. This led her to re-evaluate her career and pursue a Master’s in Social Ecology and Organizational Change and later, her Masters in Neuroleadership.

She loves Japanese whisky, dark chocolate and lounge room dancing. She is happily married with two children and lives in Byron Bay.

Human Beings can cope with stress, in fact we need a certain amount of stress to function at our peak. However, being exposed to too much stress for too long a period can have a serious impact on our physical and mental health.

Our brain is complex. It does a lot for us without us putting a lot of thought in. We are not conscious to much of what, how or why we do things. We are also very reactive. The Limbic part of our brain continually looks for threats which are either very real or perceived. As such, we can react emotionally in the moment. We are more easily triggered, or threats are even dismissed, if we are already under stress. This can cause irrational thinking or reactions.

Our mindset has a massive influence over who we are and how we show up. How aware are you of your mindset in any given moment or over a longer period of time? We will show that there is a way to interrupt and choose, in the moment, a better version of yourself. Being aware and knowing how you can change your mindset is a powerful tool at work or home.

Learning Objectives

Learning Objective 1: People who attend will gain insight into how our brain works, what causes stress, how this impacts decisions, our mental health and what leaders can do to create a mentally healthy workplace.

Learning Objective 2: Stress has a significant impact on mental health. By understanding stress through the lens of neuroscience, people will gain insight into evidence-based strategies to reduce stress and create a mentally healthy workplace for self and others.

References

“I felt... hopeful. The world seemed like a better and safer place”: The voices of seventy-two people living with mental illness.

Nicola Hancock¹, Wing Shan Yeung¹, Anne Honey¹, Karen Wells¹, Justin Scanlan¹
¹The University Of Sydney, Lidcombe, Australia

Biography:
Dr Nicola Hancock is a mental health occupational therapy academic at The University of Sydney. Her research focuses on understanding mental health recovery and wellbeing, participation and inclusion. She also examines the mental health workforce and service systems designed to support participation, inclusion and recovery.

Karen Wells has worked in the Community Sector for decades including as the Consumer Coordinator at Partners in Recovery. It was in this capacity that she developed the “ECT-Let’s talk about it!!” project. Karen brings her personal experience of ECT to inform her work and research at Sydney University.

Hope is repeatedly reported as central to initiating and sustaining the process of mental health recovery. However, while rhetoric abounds, there is limited investigation of consumer-identified experiences or sources that promote hope. Our aim was to develop a deeper and practical understanding of hope-promoting experiences from consumers themselves.

Data were collected through an anonymous online questionnaire. Two open-ended questions elicited reflective personal accounts. Seventy-two consumers participated. Qualitative data were coded thematically. Frequency calculations provided further insights.

Fifteen diverse experiences were identified, forming two broad categories. The first category, interactions and experiences involving others, included: a) knowing I am loved/ cared about; b) feeling supported; c) knowing others believe in my ability to recover; d) feeling respected, listened to and believed; e) witnessing/hearing stories of recovery; f) learning helpful strategies/information; g) connecting and belonging, and h) contributing or helping others. The second category, internal experiences, insights and actions, included a) finding effective self-help strategies; b) recognising my progress; c) self-acceptance/love; d) doing things I love/am good at; e) finding/using helpful services and medications; f) finding a spiritual connection, and g) connections with an environment. Peers, family and friends, practitioners and the person themselves were variable sources of these experiences.

Learning Objectives

Learning Objective 1: The audience will gain insights into the practical experiences that consumer-participants identified as hope-promoting, as well as the different roles that peers, families, practitioners and consumers themselves play.

Learning Objective 2: Peer workers and other practitioners can better support people living with mental illness or distress to find hope when they have insights from those with lived experience to guide them. This presentation provides those insights.

References

Carer Lived Experience Development and Implementation of Carer Peer Support model into a clinical mental health service: The model, challenges, benefits and learnings.

Annette Mercuri¹, Anna Epifanio¹
¹Inner West Area Mental Health Service, Melbourne, Australia

Biography:
As a Carer Consultant in MH for over 11 years, Annette Mercuri has worked to effect systemic change that ensures a partnership approach between consumers, family/carers and clinicians wherever possible and that supporting family/carers in their caring role becomes core practice within mental health services.

As a Carer peer support worker /Carer peer support co ordinator, Anna Epifanio utilises her lived experience as a mental health carer to support other carers and advocate for a greater awareness of the vital role of mental health carers. Ensuring the carer perspective is incorporated at all levels including planning, development, evaluation is her vision.

The impact of mental illness is enormous for the person with the mental illness, as well as for their carer/family/support people, as it has significant repercussions on all aspects of life. Carers often experience isolation, a lack of knowledge and are often not included or neglected within the clinical setting. Connection to a Carer Peer Support Worker (CPSW) can empower/support carers as well as promote collaboration with clinicians and consumers which can lead to better outcomes for all. Uniquely, this CPSW program was developed and implemented by Carer Lived Experience (LE), workers within a clinical setting. Provided is an overview of the model, and the key elements necessary to develop and implement a successful CPSW program within a clinical mental health setting. Outlined are the principles and the frameworks underpinning the program, the training, skills and attributes required by the CPSW, and staff, as well as the support and supervision required. The underpinning collaborative leadership approach employed by Carer LE discipline seniors with clinical and consumer leads to sustainable systemic processes. The intricacies and challenges in developing the role within the clinical context are identified and the predominant themes/issues/barriers experienced by carers within the service contribute to clinical service development.

Learning Objectives
Learning Objective 1: Audience will gain an understanding of carer peer support in a clinical setting and the boundaries that guide the work as well as gaining an insight into the benefits, challenges, supports and processes required to implement a successful carer peer support program in a clinical setting as opposed to a community setting.
Learning Objective 2: Topic is relevant with the DHHS funding of post-discharge carer peer support recently and the difficulties and variations that have resulted without guidelines on implementation. The model of
carer peer support is successful and upholds both consumers and carers rights as well as assists in obtaining better outcomes for consumers.

References


Marianne Wyder¹, Rowena Jonas², Jastine Barratt¹, Anita Conlon², Robert Bland³
¹Metro South Addiction And Mental Health Services, Upper Mt Gravatt, Australia, ²Wellways, Australia, Fairfield, Australia, ³Australian Catholic University, Banyo, Australia

S52: PAPERS: Carer & Family Experience, P5, August 29, 2019, 13:30 - 15:00

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. She is currently employed as a Senior Research Fellow in Metro South Addiction and Mental Health service.

Rowena is a devoted advocate for driving legislative and social change to ensure people can exercise their human right to participate fully in their community. Formal training and a living experience of caring has informed Rowena’s work over the past ten years with individuals, families and communities seeking meaningful lives.

While the recovery journey of the person living with the mental illness’ is described in much detail, the role and journeys of families remains ambiguous and ill described. Most often it is simply defined as being supportive of a person’s recovery. In 2014, we attempted to extend the recovery framework to understanding families’ experiences of mental illness and distinguished the family’s recovery task by: recovery-oriented support and the family’s own recovery journey (Wyder and Bland, 2014). In 2019, we engaged in in-depth discussions with the carer peer support workers from Wellways to further this framework.

The discussions focussed on how families understand and define the experience of caring and recovery as well as what personal recovery represents for carers. In these discussions we used a consensus building process to develop a framework for family and carer recovery, which focuses on the tensions between the roles of providing recovery focussed care and carer recovery and how these roles may change over time. This presentation will expand on the existing literature and focus on the concept of relational recovery; how these findings may inform service delivery; and, how relational recovery may be integrated into practice so that mental health care is more inclusive and meets the needs of and empowers both consumers and carers. A greater awareness of how recovery can extend beyond individualistic approaches will allow for a framework which acknowledges the complexity of consumers as well as families’ relational roles and identities.

Learning Objectives

Learning Objective 1: People will gain a greater understanding of relational recovery and how to best support families in their recovery journey
Learning Objective 2: while families can be critical to a person’s recovery, their recovery journeys remain ambiguous and ill described

References
Lived experience voices of family & friends: What a safe holistic system supporting wellbeing could look like.

Marie Piu¹, Melissa Petrakis²
¹Tandem, Melbourne, Australia, ²Department of Social Work, Monash University, Melbourne, Australia

Biography:
Marie Piu MAPS, Chief Executive Officer Tandem
Marie has been supporting her migrant mother with serious mental illness since she was a young child. She is a registered psychologist and a member of the Australian Psychological Society. She believes her postgraduate studies in Applied Psychology provided her with the theoretical underpinning for her future focus on systemic advocacy. She is passionate about advocating for a compassionate health system supporting relational recovery for service users with mental health issues alongside their family, friends and service providers. Marie has held senior roles, in Community and Mental Health, Trade Union and Policing, with a focus on working with marginalized communities.

Dr Melissa Petrakis is a Senior Lecturer at Monash University, Department of Social Work. She has worked in mental health services for over 20 years, as a clinician then practice-based researcher. She has authored over 50 publications; delivered over 80 national/international conference presentations. She is Chief Investigator of a longitudinal study into evidence-based early psychosis treatment, St Vincent's Hospital (Melbourne). In 2016 she was awarded The Tom Trauer Evaluation and Research Award, Australian and New Zealand TheMHS Awards, acknowledging excellence in her approach to research, championing co-design, co-production and co-authorship, with clinicians and people with lived experience of mental illness.

The current Victorian State Government, as an election pledge, promised to establish a Royal Commission into Mental Health. As the trusted voice of mental health carers, state peak body Tandem was invited to sit on a ministerial roundtable into the Terms of Reference and to prepare a submission of family and carer perspectives. To represent potential diversity in carer views, a consultation with members was held. Open-ended questions were utilised to facilitate discussion regarding: What does a mental health system that safely and holistically supports mental health and wellbeing for consumers and their family/friends/carers look like? What does better support for family/friends/carers mean to you? The findings were rich and we look forward to bringing the diversity of voices to the vibrant conference theme of 'Building Health Communities - Stories of Hope and Resilience'. Initial analysis has focused on 5 broad themes that emerged: need for adequate resourcing impacting on service offerings; importance of the physical environment; staff training and retention; governance of services; and broadening and integrating models of care. Tandem will bring to the fore voices of families who have shared in advocacy during 2018-2019, working to design a safe, funded, inclusive and fair mental health system.

Learning Objectives

Learning Objective 1: From attending this presentation people in the audience will learn what carers have stated they believe would make a safe, holistic supportive mental health system supporting health and wellbeing for consumers and family/carers.
Learning Objective 2: This topic/issue is relevant to mental health services and issues because – in a recovery-oriented paradigm – the stories of hope and vision from both consumer and carer lived experience perspectives, for the future direction of services and the system, are and should be paramount.
Listening To Voices Theatre: If someone would listen, really listen, what would you say? Theatre that places lived experience centre stage to challenge stigma and inspire hope, connection and recovery.

**Ros Thomas**, **Kate Fiske**, **Catherine Simmonds**, **Benjamin Pearson**, **Kelly Bayley**, **Sarah Sewell**, **Jain Thompson**

*Gateway Health, Australia, Listening to Voices Theatre Group, Wodonga, Australia*

**S53: FILM, PERFORMANCE, DISCUSSION 1 HOUR:** Listening To Voices Theatre: If someone would listen, really listen, what would you say?, M1, August 29, 2019, 15:30 - 17:00

**Biography:**

Ros Thomas has spent over 40 years working in mental health services, clinical and then community. Ros has witnessed many changes in this time, none more influential and inline with her values, than meeting people through The Hearing Voices Network. In retirement, Ros continues to support Listening to Voices and is passionate about creating a paradigm shift in mental health services by sharing her experience and knowledge in trauma informed practice and the hearing voices approaches.

Kate is the project manager for Listening to Voices Theatre. Kate has worked for 20 years in variety of fields, from vocational employment service, community based mental health support to early intervention in mental health for children. Kate has studied, worked and lived in Albury, Wodonga for most of this time. Her passion for diverse narratives to "mental illness" was seeded through her studies in anthropology and sociology and inspired with the Hearing Voices Movement. Her desire is to see diverse compassionate responses to human distress and also healing through empowered individuals and communities.

Catherine Simmonds: As the artistic director, her focus is the space between the lived experience of communities and the language of art. For more than 2 decades she has provided marginalised people with the creative space in which to 'discover the need to speak and speak the unspoken". Community become the actors and protagonists of their own and each others story.

Ben Pearson: Growing up in the small town of Glenrowan, Victoria, Ben discovered his love of storytelling at an early age. His love of heroic narrative became a source of strength through being bullied. Performing with Listening to Voices brings Ben’s affinity for story, together with the opportunity to tell an authentic human tale, in a forum that can change minds and inspire hearts

Kelly Bayley: Performer, advocate and expert by experience. Kelly joined Listening to Voices with a purpose of helping those who were less able to speak up about their experiences, particularly childhood trauma. Kelly is a talented flautist and adds her music and her determination to delivering the pertinent messages in this arts/health work.

Sarah Sewell: Performer, advocate and expert by experience. Sarah is both an original member of Listening to Voices and the lead facilitator of the Albury, Wodonga Hearing Voices Group. Sarah has contributed her lived experience and further training to the pursuit of inspiring and educating others.

Jain Thompson: Performer and expert by experience. Jain came to the project as a peer mentor based on her other projects with director Catherine Simmonds. Jain travels regularly from Melbourne to Wodonga for the purpose of spreading hopeful messages through creative means.
A collaborative project produced by Gateway Health, involving community members with lived experience working with nationally renowned director Catherine Simmonds (Brunswick Women's Theatre, Asylum Seeker Resources Centre, Act of Translation, Three Sides of the coin). Drama methods, creativity, collaboration and willingness form the foundations on which the performers own stories become a powerful antidote to stigma, while inspiring connection, reflection, hope and recovery. The lived experience shared through performance has proven a powerful tool of advocacy, education, peer support and change. Through removing barriers to understanding in audiences who witness the work, perspectives shift and through community conversation following performances innovation can begin to transform existing responses and attitudes.

"honest, confronting, but ever so powerful"
"This was so enlightening. Thank you everyone for sharing your pain but also providing hope".
"You can’t get this sort of learning in any textbook"
"This message needs to get out there again and again".
"This gives Hope and Hope lets you seek Help"!
"I brought my family along, as you say in performance what I would I can’t explain in words".

Join Listening to Voices Theatre Group in an interactive workshop. In this session you will have an opportunity to watch the short documentary made about this project, witness some vignettes from the larger production and be introduces to the methods that have supported this successful collaboration between health, the arts and people with lived experience.

Learning Objectives

Learning Objective 1: People will have the unique opportunity to have powerful performances create a genuine place of personal reflection of mental health systems and person centred practice.
Learning Objective 2: The workshop will include a chance to discuss changes/ actions that are needed for the future in the area of mental health.

References

https://www.dropbox.com/s/g9m409vpgmn5o0w/00049.MTS?dl=0
https://vimeo.com/300229963/b28f6a771e
Youth Suicide – Activating and Unifying Communities – The role of Postvention Protocols.

Joel Robins

1EMPHN, Box Hill, Australia

Biography:
Joel is an Accredited Mental Health Social Worker has a background in managing community mental health and AOD services. Joel’s interests are in service redesign and innovation. Joel’s current role involves planning a commissioning mental health and AOD services for EMPHN.

Suicide is the leading cause of death among young people in Australia. 403 people aged 15-24 years died by suicide in 2016, accounting for over one-third of deaths among young people (35.4%).

In 2017, Eastern Melbourne PHN and Eastern Health together with key community organisations and agencies collaborated to develop a coordinated response to suspected or confirmed youth suicide.

A communication response protocol was created with the following aims:
1. To ensure and provide a coordinated and effective immediate response to suspected and possible suicide incidents
2. To strengthen community capacity to minimise the risk of contagion following a youth suicide event

The target population is young people (aged 12-25), their families and social networks, and broader community within eastern Melbourne region.

Through a steering committee providing expert oversight, the region’s improved capacity to both respond to, and intervene in, incidents of suicide through the activation on the protocol has been evidenced in stakeholder feedback and partnership evaluation over the past 12 months.

This protocol approach is now being replicated and tailored to reflect unique local need and service infrastructure in the north eastern metropolitan region of Melbourne.

Learning Objectives

Learning Objective 1: Develop an understanding of how a youth suicide response communication protocol facilitates prevention, early intervention, intervention and postvention activities
Learning Objective 2: How to partner with local key organisations and agencies to critically coordinate community respond to youth suicide

References

The Establishment of the Ballarat Youth Services Network (BYSN); A professional support network for workers providing services to young people in Ballarat and the Victorian Grampians regions.

Janelle Johnson1,2,3
1headspace Ballarat, Ballarat, Australia, 2Ballarat Community Health, Ballarat, Australia, 3Highlands LLEN, Ballarat, Australia

S54: SNAPSHOTS: Youth, M2, August 29, 2019, 15:30 - 17:00

Biography:
Janelle is a Clinical Psychologist with over 20 years’ experience working with infants, youth, adults and families within mental health, education and disability support organisations. Janelle currently Manages headspace Ballarat, is a passionate advocate for supporting those who support others, and provides supervision and mentoring to clinical and community workers.

Staff are a critical ingredient for quality youth services and research demonstrates that community connection and collaboration can enhance the skills and energy of both new and long-term clinicians (1). In response to increasing requests from the Ballarat sector to reestablish a Youth Services Network, the Highlands LLEN and headspace Ballarat collaborated to survey the Ballarat Youth Worker cohort in 2017. Whilst we anticipated approximately 30 responses, there was a total of 71 respondents. The data collated, both rich and interesting, we believe is a first in our community. BYSN has been running for more than 12 months now with 40 participants on average attending each meeting. Its aim is to bring together a diverse range of professionals, strengthen worker relationships, provide professional development and promote new services, programs and staff. Evaluation and future planning processes are underway.

BYSN has been an extremely successful collaboration of Highlands LLEN and headspace Ballarat, with active support from BGT Jobs + Training and The Smith Family. This presentation will focus on how to collaborate, developing a new network with limited funding, gaining the support of management and community stakeholders, and creating innovative responses to the challenge of rural and remote Youth Workers.

Learning Objectives

Learning Objective 1: Attendees will learn how to establish a professional support network in their location, strategies for gaining diverse youth worker input into development of professional support goals, and attaining management and stakeholder support from competing youth service agencies. Attendees will learn how to improve organisation and worker collaboration, decrease possible duplication of services and reduce worker isolation in a rural setting.

Learning Objective 2: We recognise that staff are a critical ingredient for vibrant youth services; positive staff mental health has an impact on the quality of service and support they can offer their clients, and reduces worker burnout. Programs often attribute their success to effective youth workers, and the research shows that community connection and collaboration can enhance the skills and energy of both new and long-term clinicians.

References
Supporting Strong Social Networks in Youth Mental Health

Danielle Sui-Man Lam, Yasmin Talavera, Carol Harvey, Christine Migliorini
Psychosocial Research Center, Melbourne, Australia

Biography:
Danielle is an Occupational Therapist graduated from the Masters of Occupational Therapy Practice at Monash University with an interest in working in the field of mental health. She took part in fieldwork with the PRC researching online interventions for the friends and family of young people with mental health issues.

Background: Young people with mental health issues identify friends and family (FAF) as preferred avenues of support. Potentially, online interventions can be useful tools to strengthen the knowledge and skills-base of FAF, which will in turn benefit young people with mental health issues. With today’s emphasis on evidence-based best practice, what is the evidence for the efficacy of online intervention for FAF?

Method: A scoping literature review identified best practice concerning online interventions for FAF of young people aged 12-25 with a mental health issue.

Results: The review identified evidence of acceptability and efficacy of online interventions. User adherence and access are major challenges to sustaining online interventions. Structural disadvantage, such as no internet access and poor computer literacy were rarely acknowledged in the review despite their necessity in successful implementation. FAF value the peer support offered in online interventions, however, want to retain clinical support.

Conclusion: Online interventions have potential for wider implementation to build stronger community support networks. Maximising adherence rates by catering for diverse users and offering incentives, building in flexibility of use such as unstructured modules and customizability, and decreasing structural disadvantage are key considerations for implementation.

Learning Objectives

Learning Objective 1: The audience will better understand the optimal mix of peer and clinical support recommended for online interventions for family and friends of young people with mental health issues.
Learning Objective 2: The audience will appreciate the need to develop strategies to address the structural disadvantages experienced by some target service users so as to improve utilisation of online interventions.
Spiroartis: Using an art-based animation incentive spirometry platform to address self-esteem and anxiety issues in adolescent asthma and cystic fibrosis patients.

Dusan Bojic
Queensland University Of Technology, Brisbane, Australia

Biography:
Dusan Bojic is an ArtScience Researcher and currently a Doctoral candidate in Creative Industries and Design at the Qld University of Technology where he is developing a commercialisation framework for knowledge management and health technology transfer in ArtScience research.

Asthma is a chronic condition that causes inflammation and narrowing of the bronchial tubes, the passageways that allow air to enter and leave the lungs. Cystic fibrosis is a multi-organ disease affecting mucous secretion, and often badly effects the lungs of sufferers. Both conditions are diseases of childhood. Spirometry is an indispensable technique employed in the initial diagnosis to detect and quantify the degree of airflow obstruction, assessment of severity, and follow-up of chronic respiratory diseases such as asthma and cystic fibrosis. It is not unexpected that many children with asthma tend to be anxious and have low self-esteem. The chronically ill child with many limitations may have difficulty developing a healthy self-concept, but it has been found that Spirometry treatment for respiratory patients has also been found to exacerbate mood disorders and self-esteem issues. The SpiroArtis doctoral research project, as an example of the first art-based interactive health technology platform, will be developed and employed not only to increase respiratory patient cooperation and facilitate consistently high performance of target behaviours in spirometry, but also to motivate positive behaviours through the generation of unique and novel artwork, and foster positive mental health and self-esteem in adolescent participants undergoing spirometry testing.

Learning Objectives

Learning Objective 1: An understanding of how the SpiroArtis platform, as an art-based gamification application, will give adolescent respiratory patients a sense of creative accomplishment, decrease anxiety and depression and promote self-esteem whenever they produce an artwork with their breath in carrying out a successful spirometry test.

Learning Objective 2: It addresses issues of depression, anxiety and self-esteem in adolescent patients (asthma / cystic fibrosis) undergoing lung function testing

References

Barton, C., Clarke D., Sulaiman, N., Abramson, M., 2003, “Coping as a mediator of psychosocial impediments to optimal management and control of asthma”, Respiratory Medicine 97, 747-761.

Using the Recovery Assessment Scale – Domains and Stages (RAS-DS) with young people: examining measurement properties, relevance, acceptability and feasibility.

Nicola Hancock¹, Justin Scanlan¹, Michelle Knightley², Anthony Harris¹²
¹The University Of Sydney, Lidcombe, Australia, ²Western Sydney Local Health District, Sydney, Australia

S54: SNAPSHOTS: Youth, M2, August 29, 2019, 15:30 - 17:00

Biography:
Dr Justin Scanlan is an occupational therapist with a clinical and research background in mental health practice. He is currently a senior lecturer and course director for the Bachelor of Applied Science (Occupational Therapy) at The University of Sydney.

Michelle is an Occupational Therapist working as the Team Leader of the Blacktown Early Access Team in Western Sydney Local Health District and a Mental Health Facilitator with the University of Sydney. She has experience working in a number of different areas of mental health including inpatient, community and NGO’s.

The Recovery Assessment Scale – Domains and Stages (RAS-DS) is an Australian developed, internationally used self-report measure of mental health recovery. While this instrument has demonstrated good measurement properties and acceptability to practitioners and consumers in adult mental health services, this study examined the measurement properties, feasibility and acceptability of RAS-DS in a NSW youth mental health service context (Prevention, Early Intervention and Recovery Service [PEIRS]). Fifty-eight young person-clinician dyads participated. As well as completing the RAS-DS, young people and their clinician independently completed a ‘usefulness’ questionnaire. Analysis of RAS-DS data demonstrated that RAS-DS has acceptable measurement properties. Data from the usefulness questionnaire suggest that RAS-DS is deemed useful, relevant and easy to use by both young people and clinicians. Ninety-one percent of young people completed the RAS-DS in less than 15 minutes. There was less measurement precision for those further along their recovery journeys. Additionally, the data highlights some potential differences in the recovery journeys of younger Australians, and this will be discussed.

Learning Objectives

Learning Objective 1: The audience will leave with an understanding of the usefulness and relevance of using a recovery self-report measure with young people.
Learning Objective 2: While internationally, mental health services are called to pivot towards a more recovery-oriented approach, less attention has been given to the acceptability and relevance of this approach and tools to measure this approach within youth mental health services. This study does just that.

References

Open Dialogue - Practice & Science: A Conversation

Kim Mueser, Alan Rosen, Maree Teesson, Paul Denborough, Deborah Warner

Boston University, Boston, USA, Brain Mind Centre, Sydney University, Sydney, Australia, Matilda Centre, Sydney University, Sydney, Australia, Alfred Hospital & Community MHS, CAMHS & Young Person's Early Psychosis Team, Melbourne, Australia, Illawarra Institute of Mental Health, University of Wollongong, Wollongong, Australia, National Mental Health Commission of Australia, Sydney, Australia

SS6: SYMPOSIUM 1.5 HOURS: Open Dialogue - Practice & Science: A Conversation, M4, August 29, 2019, 15:30 - 17:00

Biography:

Kim T. Mueser, Ph.D. is a clinical psychologist at the Center for Psychiatric Rehabilitation, Boston University, and Professor of Occupational Therapy, Psychological and Brain Sciences, and Psychiatry. His research interests are on the development and evaluation of psychosocial interventions for persons with serious mental illness. His work has involved a range of different treatments, including integrated treatment for co-occurring mental illness and substance use disorders, cognitive behavioral therapy for posttraumatic stress disorder, illness management and recovery, cognitive remediation, family psychoeducation, interpersonal skills training, and treatment of first episode psychosis. He has published several hundred peer reviewed publications and co-authored over ten books. His research has been supported by the National Institute of Mental Health, the National Institute on Drug Abuse, and the Substance Abuse and Mental Health Services Administration.

Alan Rosen is Professorial Fellow, Illawarra Institute of Mental Health, University of Wollongong, and Clinical Associate Professor, Brain & Mind Centre, University of Sydney. He has 40 years of experience as a Senior Consultant Psychiatrist, Service Director, and Director of Clinical Services of the Royal North Shore Hospital and Community Mental Health Services. In March 2013, he was appointed Deputy Commissioner of the Mental Health Commission of New South Wales. He has reviewed Mental Health Services for governments and administrations in 5 Australian states and the ACT. He has been invited speaker and/or performed consultancies on service development in several Australian states and territories, UK, Ireland, Netherlands, Sweden, Denmark, Italy, USA, Canada, China, Thailand, Hong Kong, Argentina, Spain, Portugal and New Zealand. He is the author or co-author of more than 150 published and submitted journal articles or chapters on studies of 24 hour community based alternatives to acute and long term inpatient care, rehabilitation and recovery, assertive case management and integrated mental health service systems; more inclusive interdisciplinary mental health teams, including peer workers, early intervention in psychosis; psychiatric stigma; dual disorders, deinstitutionalization, consumer issues, family interventions, Aboriginal, developing country, rural and remote mental health, cultural influences on mental health service systems, qualitative and quantitative outcome measures, recovery measurement, impaired doctors, research and evaluation in mental health, service standards, the National Mental Health Strategy, Global community psychiatry, Human Rights of individuals with severe and persistent mental illnesses, international comparisons between Mental Health Commissions, and the history of Australian Psychiatry. Alan has been involved with TheMHS since 1991 as a founding board member. He has presented at TheMHS Conferences and Summer Forums on a wide variety of topics since its inception. Alan is completing training as a trainer in open dialogue. Alan was conferred as Officer of the Order of Australia in the Queen's Birthday Honours, 2014.

Maree Teesson is Professor and Director of The Matilda Centre for Research in Mental Health and Substance Use, Director of the NHMRC Centre of Research Excellence in Prevention and Early Intervention
A structured conversation about Open Dialogue (OD), its practice and research underpinnings. The conversation between the presenters will be based on a number of questions and comments as set out below. The chair-person will draw the audience into the debate. The evidence base for Open Dialogue is inadequate, so is more rigorous research needed (Freeman et al, 2019) or should we stop researching it now (Mueser K, 2019)? How does the evidence stack up? Research of OD so far has had problems defining the key operational variables. Authors have seen the more subjective aspects and theoretical constructs of OD as fidelity criteria, rather than the more practical variables of the OD method, eg: a) regular home visits by the same 2 familiar practitioners, b) involving the nuclear and extended family, c) engaging a local resource network in regular meetings, and d) applying more simplified and hence more operationable versions of the reflective dialogical method e) including peer worker OD training & enhancement to the team. While OD may or may not prove to be effective in the long run, the argument for its potency is sometimes confounded by ideological commitment to the argument that it may be a viable alternative to most or all medication usage (particularly anti-psychosis meds) but this has never been established by good quality research. Does the practice reflect the theory? Is the evidence less compelling than the promise? What is the opportunity-cost with regard to investment of time and resources?

Learning Objectives

Learning Objective 1: The audience will gain an understanding of the debates around the evidence for the Open Dialogue method.
Learning Objective 2: Open Dialogue is a promising method of treatment and care, but how should or should not it be implemented in mental health services?

References

Healing language that builds connection, trust and collaboration with individuals, families and the community.

Maurice 'Mozzy' Wilkinson1, Scott Gourlay1, Fay Jackson1, Grant Macphail1, Kim Jones1, Simon Swinson1

1Flourish Australia, Sydney, Australia

S57: WORKSHOP 1.5 HOURS: Healing Language Building Connection, M5 & M6, August 29, 2019, 15:30 - 17:00

Biography:
Grant Macphail, Flourish Australia’s Senior Policy and Planning Coordinator has worked in community/mental-health services since 2000. Grant’s thought-provoking presentations advocate improved service-delivery, system change, and innovative approaches. Qualifications: B Arts (Hons) Psychology, B Arts (Sociology/Anthropology), B Bus (HRM/IR), Grad.Cert Business Research, Grad.Cert Social Change, Grad.Dip Psychology (current: M Professional Psychology).

Kim Jones Project Officer, Inclusion, Flourish Australia and has worked in mental health for more than twelve years. She has worked in disability sectors with extensive experience working with people experiencing Autism. In her current role, Kim uses lived experience to enable her to further contribute to Community led organisations.

Maurice (Mozzy) Wilkinson is Chair for the Flourish Community Advisory Council, participates in the Parkes service and is a member of the Co-design Guidelines and Local Champions Group ToR Committee. Before retiring for medical reasons, he worked in building maintenance, raced speedway cars and was the president of a motorcycle enthusiast group.

Scott Gourlay had a career in IT and management positions, who now provides leadership and advocacy for those with lived experience of Mental Health Issues. Scott is the Deputy Chair of the Flourish Community Advisory Council, has served on various working groups including developing the Flourish Australia Co-Design policy and guidelines.

Simon Swinson is a Lived Experience expert and advocate of people with lived experience who has been active in this field for over a decade. He publicly speaks of his experiences living with Schizophrenia and has been involved in the Flourish Community Advisory Council and numerous policy design groups.

Research indicates services need to change and improve to meet the needs of people with mental-health issues, their families and the communities they contribute to. The dominant use of clinical and business languages and other related cultural symbolisms are two key protagonists of the continuing stigma/discrimination felt by people with mental-health issues. We know low numbers of persons experiencing mental-health issues seek supports that may assist them. Research indicates people avoid accessing services due to issues of stigma, discrimination and lack of understanding. Therefore, if mental-health service providers are to contribute to healthy and resilient people and communities, they must first offer a culture and space that help people overcome concerns they have regarding accessing services.

Language shapes culture and the way we engage in society; it influences our perceptions, both implicitly and explicitly. It is difficult to engage in meaningful ways when you don’t understand their language. Organisational policies-and-procedures, and everyday interactions in support settings, must utilise co-
designed language to be more approachable, respectful and inclusive to encourage improved access and support. Flourish Australia intrinsically understands and utilises the voices of people we support to co-design our services.

Well-meaning words can have detrimental effects. Interpersonal and ideological power attached to phrases such as “you need to lower your expectations of what you can achieve in life” and the meanings these phrases may have to people, can adversely impact motivation for personal-growth and potential to contribute within communities. Words such as ‘schizophrenia’, ‘bipolar’, ‘psychosis’, ‘disorder’, ‘diagnosis’ may contribute to threat/fear surrounding mental-health, for those experiencing mental-health issues, their families and others. Likewise, categorisations, labelling ‘diagnosis’ and statements about ‘behaviours’ and ‘limited abilities’ further contribute to stigma and discrimination. Clinical terminology and business rhetoric say very little about any given person’s particular needs; they are engrained in higher-level systems of power and threat with little relevance to particular individuals.

These forms and uses of language are far from person-centred, let alone person-led. They negate connection, hope, identity, meaningful engagement and empowerment; the recovery framework.

Adopting a culturally aware lens further emphasises these arguments. Many Indigenous and non-English speaking background cultures do not relate to clinical language and terms such as ‘mental-health’. We know the importance of engaging people in these communities to help decrease suicide and improve the wellbeing of individuals, families and communities. If we are to achieve this, we must change our language and in-turn, change the culture within our services to better meet the needs of people and communities.

Our workshop will critically explore specific examples with the audience to demonstrate how co-designing language for use in policies and the provision of support is a powerful tool for changing culture and promoting healthy, resilient people and communities. Small break-out group discussions and larger workshop activities will discuss the challenges involved followed by discussion about solutions and approaches to help overcome these challenges.

(25%) of workshop will be dedicated to discussion about a phrase that could be considered controversial to highlight our point. This phrase seeks to provide a brave, respectful, real-life, example of why language is so important. We will also discuss how truly inclusive/person-led language has been empowering for people involved in the co-design process, our Community Advisory Council and our service as a whole. 50% of the workshop will be allotted to discussions with the entire audience and small group discussion. 25% of the workshop time will be allotted for question and answer, at 3 different points throughout the workshop, and again at the end.

When developing our co-design policy/guidelines, co-designers regularly stated that clinical and business terminology was a key deterrent to confidently engaging with support services; it perpetuated the us-them divide being partly driven by language. It continues to be a key contributor to mental-health stigma and discrimination. It is the responsibility of service providers to design and build supportive services through the use of person-centred/led language in order for people to more readily access services.

Aims
This workshop offers reflective discussion and sharing of strengths-based-language that goes beyond the current common vernacular commonly used in mental-health services and communities. It will critically explore the inclusion/exclusion of particular words/phrases in Flourish Australia’s Strengths-Based-Language-Guide, Co-design Policy and Co-design Guidelines. Examples will be drawn from audience members to further highlight the importance of person-centred/led language.
The workshop will encourage greater understanding and awareness of service-providers role in promoting health, resilient persons and communities by avoiding clinical and business rhetoric when engaging with persons accessing services, including written materials, unless essential. We will show that there are very few instances where it is essential.

Delegates will gain a ‘next level’ appreciation of the power of language and its impact on stigma, discrimination and its propensity to hinder people from accessing supports. Delegates will have an applied understanding of inclusive language and its relationship to co-designed supportive environments.

Learning Objectives

Learning Objective 1: Delegates will learn about and take away:
• A greater appreciation for the power of language
• Usable examples of language changes
• An empowerment tool to improve culture, engagement of people who access services, and their families and carers.

Learning Objective 2: The topic is relevant to mental health services and issues because it will:
• Guide services to utilise new and respectful language that will be more inclusive and enable people with MH issues and their families to better engage with services.
• This will lead to breaking down barriers, stigma and discrimination
• Lead to greater opportunity for hope and recovery.

References


From Little Things, Big Things Grow – Nothing About Us Without Us

Paula Arro¹, Tim Heffernan²
¹Brisbane North PHN, Brisbane, Australia, ²Coordinare, Australia

S59: SYMPOSIUM 1.5 HOUR: Co-Design and Lived Experience Engagement, P2, August 29, 2019, 15:30 - 17:00

Biography:
Paula Arro is the Consumer and Carer Participation Coordinator for MHAOD at the Brisbane North PHN. The role includes Consumer and Carer engagement within the PHN and working externally to build the capacity for a person centred system and where there is 'nothing about us without us'. Paula currently chairs MHLEEN.

Tim Heffernan is an experienced consumer peer worker and the Mental Health Peer Coordinator for COORDINARE, South Eastern NSW PHN. He is a Deputy Commission for the Mental Health Commission of NSW. Most recently Tim has taken on the role of Consumer Co-chair for the National Mental Health Commission’s Peer Workforce Development Guidelines Steering Committee.

This symposium, led by people with a lived experience currently working in ‘identified’ lived experience roles, will cover three areas:
• Why I chose to disclose my lived experience
• How we can get a collective lived experience voice at a local and regional level, and
• How our learnings are now being rolled out across Australia to support the work of PHNs.

Part 1 - Why I chose to disclose and learnings
In the first part of the symposium the co presenters will share the pro’s and con’s of becoming a lived experience worker in a mainstream health organisation ... warts and all! Some updates will be shared on current policy, programs and research to set the scene about why the lived experience workforce is a hot topic at the moment. The co-presenters will share their experiences with dealing with work/life balance, negotiating reasonable adjustments, dealing with conflicts of interest, clinical/professional attitudes and wearing multiple hats as community activists, representatives as well as being an employee in a bureaucracy.
This part of the presentation will include a discussion around the questions,
• What would be different if my role was to become one that designated lived experience as a job criteria? and
• What has been the effect of disclosure/ non-disclosure on my career path?

Part 2 - How we can get a collective lived experience voice at a local and regional level
In this part of the symposium two local examples of lived experience participation will be presented:
1. Paula Arro will explore the experiences of the Brisbane North Peer Participation in Mental Health Services (PPIMS) Network – a group of People with Lived Experience (PLE) in Brisbane North PHN who have met monthly since 2016.
2. Tim Heffernan will explore how his position, unique to PHN’s, as a Mental Health Peer Coordinator has resulted in the development of peer work networks for all peer workers in South Eastern NSW

1. Peer Participation in Mental Health Service (PPIMS)
The purpose of the Network is to ‘work collaboratively to actively participate in mental health systems and reforms’. PPIMS aims are to have a collective voice, support other PLE to get involved, have regular updates, recommend strategies to improve PLE engagement, provide advice on emerging issues and participate in co-design opportunities. Membership includes a range of PLE who live in the region (eg. peer workers, other General Mental Health Workers who are also PLE, Volunteers, PLE Trainers, Educators, Students and academics, C&C representatives). PPIMS collects quarterly membership profile data that assists in identifying who we are as a network and gaps in representation and special interest/expertise areas of members to support particular program areas. Activities linked with the PPIMS meetings have included scholarship programs for PLE, showcasing at a local, state, national and international forums/conferences and the process, learnings and outcomes from the PPIMS partnership with the system in developing the Brisbane North Mental Health, Suicide Prevention and Alcohol and other Drugs Treatment Regional Plan. From ‘Blue Sky Dreaming through to implementing.

2. Peer Work Networks
In NSW, COORDINARE, the South Eastern NSW PHN, established the position of Mental Health Peer Coordinator in 2017 following on from comprehensive engagement processes to develop their stepped care approach to suicide prevention and mental health. A priority action from these engagement process and needs assessment was ‘exploring options and opportunities for developing the peer workforce’. As well as proactive commissioning of the peer workforce in the PHN, the MH Peer Coordinator was a key component of the peer workforce action. Significantly the Peer Coordinator has helped establish and convene three physical peer work networks that cover the entire PHN. These networks meet quarterly for half a day for co-reflection and professional development. They are the Illawarra Shoalhaven, South Coast and Southern Tablelands Peer Worker Networks. Issues to be resolved will be explored and how learnings can be shared and potentially adopted with other PHN’s and commissioned services. Having a person in an identified lived experience position is engagement at the highest level. A network of peer workers then provide pathways for engagement with consumers in the community. Senior peer workers from each of the two LHD’s and the PHN were on the planning group for the development of our Regional Mental Health and Suicide Prevention plan for instance. The presentations will be followed by a discussion around the question,

• What other examples of structures that support the lived experience voice are important to you? What are the gaps?

Part 3 - How our learnings can be shared and rolled out across Australia

The final part of the symposium will focus on the creation and ongoing role of the National PHN Mental Health Lived Experience Engagement Network (MHLEEN).

In recognition of the contribution of people with a lived experience of mental illness and/or suicide as central to the mental health system, the Department of Health has developed guidelines for Primary Health Networks (PHNs) that set out a clear framework for consumer and carer participation and more recently Peer Workforce.

In June/July 2018, Brisbane North PHN was invited by the Department of Health to chair and provide secretariat support to a newly established the National PHN MHLEEN to assist in improving and embedding 'lived experience' engagement within the PHNs, commissioning cycles and commissioned services.
The key purpose of the MHLEEN is to provide support to PHNs in a way that enables them to create an enhanced operational environment that supports not only lived experience and co-design within commissioning mental health and suicide prevention services but also is mobilised from within PHNs themselves.

Membership is open to all PHNs and relevant staff with responsibility for Consumer, Carer and Lived Experience Engagement. Results from the stocktake report of current engagement activities and case studies from around Australia will also be shared.

A discussion will focus on the question:
• What is happening with consumer and carer participation in your PHN?

Tim Heffernan (Mental Health Peer Coordinator – Coordinare, South Eastern NSW PHN, Deputy Commissioner – LE, NSW Mental Health Commission), and Paula Arro (Consumer and Carer Participation Coordinator, Brisbane North PHN, Chair National PHN Mental Health Lived Experience Engagement Network)

A panel of people with a lived experience that are currently participating and leading mental health reforms will share their learnings and insights. There will also be opportunity to table discussions.

Learning Objectives

Learning Objective 1: Current status of consumer and carer engagement across Australia in relation to Primary Mental Health care and good practice case studies
Learning Objective 2: An opportunity to have discussions and share, learn from each other in terms of co-design and co-production

References

Department of Health (2016) PHN Guidance for Consumer and Carer Engagement
Department of Health (2019) PHN Guidance for Peer Workforce Development in Mental Health and Suicide Prevention
How Should Courts Treat People? An integrated service delivery model within a community justice centre.

Scott Nelson¹,², Mathew Cocomazzo²
¹Neami National, Melbourne, Australia, ²Neighbourhood Justice Centre, Melbourne, Australia

Biography:
Scott Nelson: BEH (Emergency Health)
Scott is employed by Neami National and has spent the past four years developing and implementing the Intensive Mental Health Outreach Support Service at the Neighbourhood Justice Centre. He has been employed in various roles in the community mental health sector for the past 10 years with a recent focus on supporting people who come into contact with the criminal justice system.

Mathew Cocomazzo: MAPS, Master of Psychology, Post Grad Dip Psychology, B App Sc (Psychology)
Mathew is a psychologist currently employed at the Neighbourhood Justice Centre, where for the last five years, he has occupied the dual role of Team Leader of Client Services and drug and alcohol clinician. Mathew has spent the last 18 years working in public and private settings working with people presenting with addiction and mental health concerns.

Providing a unique approach to criminal justice in Australia, the Neighbourhood Justice Centre (NJC) in Collingwood, Victoria combines a court with a variety of support services and community initiatives. As Australia’s only community justice centre, it is designed to prevent and reduce crime, improve safety and increase access to the justice system.

Central to the model is the Client Services Team, consisting of a variety of co-located and integrated agencies based at the NJC providing streamlined access to support such as mental health, drug and alcohol and housing. These services work in partnership to provide coordinated and comprehensive case management addressing underlying factors that contribute to offending.

This collaborative approach to supporting clients at the NJC is illustrated using an extended case study example of a client with a range of complex needs including criminal matters, undiagnosed cognitive impairment, mental health issues, homelessness, poorly managed physical health and substance dependence.

Over a period of 2 years, significant outcomes were achieved in addressing these issues. This case study will demonstrate an integrated service model in action and highlight the benefits of this approach for clients, services, the justice system and the community.

Learning Objectives
1. Participants will gain an understanding of an effective integrated service model for supporting people with complex needs.
2. Given the prevalence of mental illness and comorbidity in the criminal justice system, collaboration between services is essential to manage the level of complexity and provide targeted support to vulnerable people.

References


From Custody to Community: The Indigenous Mental Health Intervention Program

Ed Heffernan¹,²,³, Penny Dale¹, Yasmin Muller²
¹Queensland Forensic Mental Health Service, Brisbane, Australia, ²Queensland Centre for Mental Health Research, Wacol, Australia, ³The University of Queensland, St Lucia, Australia

Biography:
Ed Heffernan is Director of the Queensland Forensic Mental Health Service, Stream Lead of the Forensic Mental Health Group at Queensland Centre for Mental Health Research, and Associate Professor at The University of Queensland. He is the lead investigator of Partners in Prevention.

Penny Dale and Yasmin Muller are Project Managers for the Indigenous Mental Health Intervention Program, Queensland Forensic Mental Health Service

Aboriginal and Torres Strait Islander people have the highest rate of incarceration of any population in the world and are thirteen times more likely to be imprisoned than non-Indigenous Australians. Poor social and emotional wellbeing (SEWB) and mental illness are endemic among this group. Despite this, there are very few programs developed with and for Indigenous Australians to address mental health problems in custody and in transition to the community. In this presentation we describe the findings of culturally informed research and demonstrate how this translated into meaningful outcomes for Indigenous people in custody through the development of the Indigenous Mental Health Intervention Program (IMHIP). Our reflections on the process from research to translation, that facilitated the successful development and implementation of IMHIP, will also be presented. The prevalence of mental disorder, psychological distress, trauma experiences and suicidal thoughts and attempts is extremely high among incarcerated Indigenous Australians. These findings, while adverse, have led to meaningful changes through the development of a highly successful Indigenous-led model of mental health and SEWB care. Opportunities exist to significantly improve outcomes for Aboriginal and Torres Strait Islander people in contact with the criminal justice system through culturally informed models of care.

Learning Objectives

Learning Objective 1: The audience will gain an understanding of the Indigenous Mental Health Intervention Program, and the research that informed it.

Learning Objective 2: This study demonstrates how findings from culturally informed research can be successfully translated into culturally competent models of mental health and social and emotional wellbeing care.

References


‘I know why the caged bird sings’ - incorporating the voices of lived experience in a National Quality Improvement Project to eliminate seclusion by 2020.

Shaun MacNeil1
1Health Quality & Safety Commission New Zealand, Wellington, New Zealand

Biography:
Shaun MacNeil is employed as a National Consumer (and Family) Engagement Advisor and has a history of more than 30 years working and volunteering in mental health and suicide prevention. He has a background in mental health nursing, leadership roles in independent advocacy and NGO services and significant consumer activism.

To achieve truly healthy communities, we must have mental health services which have fully completed the transformation from coercion to compassion. In 2017 the Health Quality and Safety Commission commenced New Zealand’s first ever Mental Health and Addiction Quality Improvement Programme. The programme’s first project seeks to eliminate the practice of seclusion, from all mental health and addiction environments, by the end of 2020. Seclusion is when a person is placed by themselves in a room or area from which they cannot freely exit. In other settings it is known as solitary confinement. Consumers experience the most significant trauma from being subject to seclusion and therefore their voice has been central to our work from the outset. We set out to model good practice in consumer and family/carer involvement, so that the project teams, involving front line health professionals, also included the lived experience voice at the centre of their efforts to reduce, and eventually eliminate, this practice. The presenter will discuss our findings to date and the implications, not only for health professionals and organisations/services, but also for communities and individuals.

Learning Objectives

Learning Objective 1: Participants experiencing this innovative presentation will take away the importance of engaging and including the lived experience of people who may be traumatised by aspects of their mental health care. This includes co-designing alternative approaches to people in acute distress, thus creating safer environments for all.

Learning Objective 2: This topic is a controversial one where the practice of seclusion is often driven by risk and unconscious bias rather than health professionals striving towards safer environments for all. Connections must be established, trust built and conflict reduced, until seclusion becomes no longer required, seclusion rooms are converted to other uses and the practice is permanently consigned to the past.
Is the 'care' missing from treatment? Reflections, stories and lived experiences in Victoria

Jennifer Black¹, Keir Saltmarsh¹, Emma Bohmer¹
¹Mental Health Complaints Commissioner Victoria, Melbourne, Australia

S61(A): PAPER: Experiences of “Care”; S61(B): SYMPOSIUM 1 HOUR: Transforming Psychosocial Support Services, P5, August 29, 2019, 15:30 - 17:00

Biography:
Jennifer Black is the Deputy Mental Health Complaints Commissioner for Victoria. Originally trained as an Occupational Therapist she has held many clinical mental health leadership roles her and in the UK. Most recently she was the Operational Director for Barwon Health.

Emma has been active in the mental health recovery space for over 10 years and uses her own personal experience of mental ill-health to help others. Emma has sought help over decades, and has spent a total of nine months as an inpatient in mental health hospitals during this time. From these experiences, Emma has in-depth understanding of the isolation, psychic pain, despair and internalised shame that comes with struggling to find a pathway from mental illness to recovery. At the same time, Emma strongly believes in the power of hope and human rights and is passionate about recovery. Emma is heavily involved in systems advocacy and promoting the consumer perspective in mental health service delivery. Emma is currently the Senior Adviser Lived Experience and Education for the Mental Health Complaints Commissioner, on secondment from her role as Consumer Consultant at St Vincent’s Hospital Melbourne. She has extensive involvement in lived experience advisory groups and committees and has been a Project Lead for St Vincent’s LGBTIQA+ inclusivity in mental health project. She is also a member of the Victorian Mental Health Interprofessional Leadership Network. Emma is an experienced public speaker, and has shared her story and presented to organisations including Public Transport Victoria, Wilson Security Asset Management and Launch Housing, as well as medical students in Melbourne, health professionals and consumers. She advocates for equity in health care and the right for everyone to have recovery and a good life.

This presentation will draw on five years of data from the Victorian Mental Health Complaints Commissioner into people’s individual experiences of care and treatment. The Mental Health Act 2014 (the Act) outlines a set of principles including one that states; persons receiving mental health services should have their rights, dignity and autonomy respected and promoted. Our office deals with complaints where individuals describe a lack of compassion in the context of treatment and this goes to the heart of whether people are treated with dignity and respect. The presentation will provide some case studies of individual experiences and the impact this has had on them and their families. The presentation will explore how some services have been open to hearing these experiences to create a genuine understanding of cultural and systemic change that is needed within their service. In addition, the presentation will include some personal reflections of the Deputy Commissioner who has moved from a position of a Clinical Service Director into this statutory oversight role.

Learning Objectives

Learning Objective 1: To provide participants with 5 years of thematic data from the Mental Health Complaints Commissioner in Victoria about people’s experiences of the ‘care’ that is delivered within Mental Health Service and Communities.
Learning Objective 2: To provide insight into how service leaders can use stories and experiences to understand what needs to change within their own mental health service and community.

References
Transforming Psychosocial Support Services in the Community

Emma Newton1, Simon Jones1, Stuart Wilson1, Lynda Watts1, Peter Warden2

1Eastern Melbourne Primary Health Network, Melbourne, Australia, 2Neami National, Australia

S61(A): PAPER: Experiences of “Care”; S61(B): SYMPOSIUM 1 HOUR: Transforming Psychosocial Support Services, P5, August 29, 2019, 15:30 - 17:00

Biography:
Simon Jones is a Mental Health and AOD Manager and PhD student at Monash University exploring, “The benefit of spirituality in nature for mental health, wellbeing and recovery for people living with a mental illness”.

Dr Emma Newton is a Clinical Psychologist with extensive experience in clinical service delivery. Her research background includes a focus on early childhood and adolescent development and mental health. Emma has been involved in service re-design of mental health services in acute and more recently primary health and community settings.

Peter Warden- Neami National- Eastern Regional Manager Victoria
Peter currently oversees Neami National’s community mental health programs in the Eastern Region of Melbourne. Peter has over 10 years of experience in the community mental health sector. He has worked as a support worker and manager across a variety of programs in Metro Melbourne and Regional Victoria.

Stuart Wilson is a social worker who has worked in various programs since 2007, including homeless outreach support, disability employment, and care coordination. For the last 5 years Stuart has worked for Eastern Melbourne Primary Health Network in service planning and redesign.

Lynda Watts has been a mental health carer for 16 years and a consultant in mental health since 2010. She is the carer representative for the NDIS Transition Support Project, as well as the Northern Melbourne Partners in Recovery Consumer & Carer Reference Group, with whom she developed an NDIS guide for carers.

2019 presents an extraordinary opportunity to transform psychosocial support services and integrate mental health services in the community. The National Mental Health Commission set an ambitious agenda with its review and recommendations laid out in its 2014 report: “ Contributing lives, thriving communities: report of the national review of mental health programmes and services”.

Following the introduction of the NDIS, and the closure of some national mental health programs Partners in Recovery (PIR), PhaMS and Day to Day Living (D2DL) this year, two new psychosocial programs emerge nationally and in Victoria, the National Psychosocial Support (NPS) Measure and the Early Intervention Psychosocial Support Response respectively.

Primary Health Networks (PHNs) play a key role in collaborating with all stakeholders in the community – consumers and carers, clinical and community mental health services, Local Hospital Networks, stepped care providers, GPs, and the NDIA, in shaping the mental health service system to provide the right type of mental health support locally.
In this Symposium, Eastern Melbourne Primary Health Network will present three papers in relation to integrating, transitioning and developing mental health services in the community; the challenges we have experienced, successful collaboration and partnerships, reimagining new psychosocial support services, and service delivery on the ground.

1. Towards an integrated mental health service system – working with many moving parts to improve the consumer experience.

This year presents significant challenges for mental health consumers and carers, and service providers. While people living with a mental illness access the NDIS, national mental health programs are closing, at the same time as new psychosocial programs are beginning; and Local Hospital Networks (LHNs) and stepped care providers continue to play their role in the mental health service system. Changes in the mental health system naturally carries anxiety for all stakeholders, especially consumers navigating the system and accessing necessary supports.

However, this changing mental health landscape provides an opportunity to redesign services informed by lived experience, co-design and research; explore new innovations; provide flexible service models based on the unique needs of consumers; and integrate services and partnerships to provide the right type of care at the right time.

As a primary health network, Eastern Melbourne PHN will present our experience of integrating mental health stepped care and psychosocial services - state and federal (programs), LHNs and the NDIS in our community. This includes supporting transition of consumers into new services; providing continuity of support; new service and service system development; collaborating across mental health providers, networks and communities; co-creating consumer pathways and consistent referral and access; and managing safety and risk.

2. Transitioning Partners in Recovery - providing stability through change

The 2018-2019 financial year marks the end of the Partners In Recovery (PIR) program with participants either transitioning to the NDIS or Continuity of Supports (CoS) program, or exiting the program. A successful program providing support facilitation for many years, the end of PIR presents significant uncertainty and anxiety for participants, families, support facilitators and providers alike.

As lead agency for one of the largest PIR programs in Australia, Eastern Melbourne PHN presents our experience of supporting transition of more than 1000 PIR participants. Representing our organisation, PIR providers, staff, consumers and carers, we outline the collective transition experience for all stakeholders: transition planning, supporting people in transition, working in uncertainty and ambiguity, communicating change, and focusing primarily on positive outcomes for consumers.

A key feature of our transition plan is the PIR pilot that provided direct support for PIR participants who have not transitioned to the NDIS. With support facilitation, this pilot provided flexible support based on the needs of participants, informed our new psychosocial support service design, and a measure of stability for PIR staff, providers and consumers.

3. Reimagining a Psychosocial Support Service
Earlier this year Eastern Melbourne PHN commissioned a new psychosocial support service provided by Neami National, funded primarily by the National Psychosocial Support (NPS) Measure.

In this paper, we present our process of designing a new mental health service informed by lived experience, community consultation and research, and our experience of delivering the new service.

This presentation will outline our unique model and design that provides flexible, time-limited, tiered support within a stepped care approach, where consumers receive practical help, are supported and get connected. With consumer stories and journeys, we present preliminary outcomes of the program: challenges, successes and shared learnings.

**Learning Objectives**

Learning Objective 1: Delegates will learn about our experience of transitioning, developing and integrating mental health services in our community

Learning Objective 2: Delegates will learn how integrated mental health services across the community provide the right support at the right time for consumers in their recovery journey.

**References**


The meeting is to continue the conversation about developing a National Consumer Run Organisation across Australia. Consumer and others with an interest in supporting the development of a National Consumer Run Organisation are welcome to attend the meeting. Zoom (More information about Zoom meetings www.zoom.us) will allow access to people not able to be in Brisbane to participate in the meeting by signing up through this link Registration URL: https://uonewcastle.zoom.us/meeting/register/0d7faf5db0a755bed746f627e8486654
Listening to Voices Theatre: Placing lived experience centre stage.

Ros Thomas¹, Kate Fiske¹, Catherine Simmonds, Ben Pearson², Jain Thompson², Kelly Bayley², Sarah Sewell², Yomal Rajasinghe²

¹Gateway Health, Wodonga, Australia, ²Listening to Voices Theatre Group, Wodonga, Australia

Listening To Voices Performance, M1, August 29, 2019, 17:15 - 18:30

Biography:
Ros Thomas has spent over 40 years working in mental health services, clinical and then community. Ros has witnessed many changes in this time, none more influential and inline with her values, than meeting people through The Hearing Voices Network. In retirement, Ros continues to support Listening to Voices and is passionate about creating a paradigm shift in mental health services by sharing her experience and knowledge in trauma informed practice and the hearing voices approaches.

Kate is the project manager for Listening to Voices Theatre. Kate has worked for 20 years in variety of fields, from vocational employment service, community based mental health support to early intervention in mental health for children. Kate has studied, worked and lived in Albury, Wodonga for most of this time. Her passion for diverse narratives to "mental illness" was seeded through her studies in anthropology and sociology and inspired with the Hearing Voices Movement. Her desire is to see diverse compassionate responses to human distress and also healing through empowered individuals and communities.

Catherine Simmonds: As the artistic director, her focus is the space between the lived experience of communities and the language of art. For more than 2 decades she has provided marginalised people with the creative space in which to 'discover the need to speak and speak the unspoken". Community become the actors and protagonists of their own and each others story.

Ben Pearson: Growing up in the small town of Glenrowan, Victoria, Ben discovered his love of storytelling at an early age. His love of heroic narrative became a source of strength through being bullied. Performing with Listening to Voices brings Ben's affinity for story, together with the opportunity to tell an authentic human tale, in a forum that can change minds and inspire hearts.

Kelly Bayley: Performer, advocate and expert by experience. Kelly joined Listening to Voices with a purpose of helping those who were less able to speak up about their experiences, particularly childhood trauma. Kelly is a talented flautist and adds her music and her determination to delivering the pertinent messages in this arts/health work.

Sarah Sewell: Performer, advocate and expert by experience. Sarah is both an original member of Listening to Voices and the lead facilitator of the Albury, Wodonga Hearing Voices Group. Sarah has contributed her lived experience and further training to the pursuit of inspiring and educating others.

Jain Thompson: Performer and expert by experience. Jain came to the project as a peer mentor based on her other projects with director Catherine Simmonds. Jain travels regularly from Melbourne to Wodonga for the purpose of spreading hopeful messages through creative means.

Listening to Voices Theatre offers is a dynamic and engaging presentation that delivers unique and honest performances born from the question “If someone would listen, really listen, what would you want to say".
A powerful and unique experience for audiences; this performance is infused with compassion and honesty so that it is relatable to a wide audience. Tough topics of trauma, mental health systems and the personal experience are balanced with humour and energy.

Since 2016, from initial creative workshops, this group of individuals with lived experience have powerfully presented at national and international conferences, been engaged by regional health services and universities and continue to raise the bar on community conversation and consultation regarding suicide, bullying, mental illness, trauma and recovery. The Listening to Voices Theatre performance, inspires and educates, simultaneously imbedding pride and purpose within the lives of the performers, placing them as both visible advocates for changing community and system responses to mental health issues and as the key drivers of the project to further deliver its message.

“A powerful and enlightening performance that engages one into reflecting on the role we all play in stigma and discrimination”.

“The most profound, moving, authentic and non-simplistic artistic expression of the lived experience of mental health issues I have ever been privileged to witness”.

Understanding Participation: Measuring the Value and Impact of Consumer and Carer Voices in Services and Policy

Alyssa Morse, Amelia Gulliver

Australian National University, Australia

Understanding Participation: Measuring the Value and Impact of Consumer and Carer Voices in Services and Policy, M7 & M8, August 29, 2019, 17:15 - 18:30

Biography:
Alyssa is a Postdoctoral Fellow at ACACIA: The ACT Consumer and Carer Mental Health Research Unit. In this role, Alyssa contributes to a variety of research projects that are relevant to and for the benefit of mental health consumers and carers in the ACT.

This meeting is an opportunity for conference delegates to reflect on and discuss how lived experience participation is valued by different stakeholders in the health sector. Lived experience perspectives have an essential role to play in developing healthy communities. Are these voices being heard and integrated at the level of health policy and services? And how are they valued by the people who are listening? The thoughts, insights and experiences of consumers, carers, service providers and policy makers can help develop our understanding of what value means from different perspectives. ACACIA: The ACT Consumer and Carer Mental Health Research Unit is currently working in partnership with representatives from Health Care Consumers’ Association, The ACT Mental Health Consumer Network, Carers ACT, and ACT Health, and independent consumer and carer representatives to explore these concepts. Our project aims to understand the current nature of consumer and carer participation in the Australian Capital Territory and to explore the concept and meaning of value in the context of lived experience participation. Our long-term goal is to co-create a set of consumer- and carer-developed principles for participation, value and impact. By engaging in dialogue and discussion, meeting attendees will contribute to the knowledge-gathering stage of the project.

Please note: The meeting will be recorded for research purposes. All attendees will be required to provide written informed consent to participate.

This meeting will form part of a research project being conducted at The Australian National University. The project is funded by a Research School of Population Health (RSPH) Excellence in Population Health Research Award. The proceedings of the meeting will be recorded and attendees will be required to provide written informed consent to participate.
Music In Mind

Peter Morris¹, Peter Spinks, Musicians from the Queensland Conservatorium¹

¹Queensland Conservatorium Griffith University (QCGU), Brisbane, Australia

Music in Mind, Great Hall 2, August 29, 2019, 18:30 - 20:00

Biography:
Associate Professor Peter Morris is Head of Ensembles and Acting Deputy Director (Learning & Teaching) at the Queensland Conservatorium Griffith University, where he also leads the orchestral conducting program. Prior to immigrating to Australia in 2002, Peter performed in the US and internationally on trumpet and as a conductor in Los Angeles for a wide variety of genres, including film and television. Peter complements his academic work in Australia as a guest conductor with professional, educational and community ensembles. Peter has an enthusiasm for exploring artistic collaborations to create performances that matter.

Music in Mind
Live, interactive and at TheMHS!

Presenters:

Peter Morris
Author and Deputy Director Queensland Conservatorium Griffith University (QCGU) & musicians from the Queensland Conservatorium.

Peter Spinks
Science Presenter

Description:
We will explore the power of music. From effects on the developing brain, to current research around the potential of music in clinical and therapeutic settings, this event will truly take the audience on a real journey of music and sound through the ages with an emphasis on identifying how various elements have historically aligned with science and mental health, and more importantly, what all this means today.

Research around music and the brain in relation to mental health shows it has a lot do with participation, that is, beyond listening. As such, Music in Mind will be interactive and will encourage audience participation.

Music in Mind will include live chamber orchestra excerpts performed by students from the Queensland Conservatorium Griffith University. The audience will get to hear excerpts such as Mozart Symphony, Beethoven Symphony, Debussy, and Strauss throughout the event in conjunction with stimulating discussions; iconic excerpts from film to demonstrate the connection we have with certain music types and what they represent, and also, singing bowl demonstration along with a short discussion around its qualities in meditation, prayer etc.

The event is from 6.30 – 8.00pm on Thursday 29 August 2019 and is included in the conference registration fee. Registration is required.
Building a Healthy Community in a City that Cares

Ofelia Altomare

S62: KEYNOTE PRESENTATION: Building a Healthy Community in a City that Cares - Ofelia Altomare, Great Hall 2, August 30, 2019, 09:00 - 10:00

Biography:
Ofelia Altomare is the director of District No.3, Health Services Agency of Trieste. She manages the project Habitat Micro – Areas, an innovative model of integration between services and communities, and has worked for 37 years in nursing and in the management of health services, both in hospitals and in local services. Ofelia comes from Trieste, a city in northern Italy, where Franco Basaglia started the great transformation of practice in mental health.

On 13 May 1978, the Italian Parliament approved Law 180, universally known as ‘Basaglia Law’ after the name of the leader of the anti-institutional movement which promoted this radical community mental health care reform. The reform of mental health in Trieste has permeated all health care, particularly the system of territorial health.

Accessible health services, income security, decent living/working conditions, the development of social and human capital are universal conditions for promoting healthier, more equitable and prosperous societies. However, inefficiency and/or social exclusion problems are context dependent and require interventions which are tailored to the characteristics and needs of different places. Therefore, a sustainable development policy aiming to provide opportunities for all – with access to basic services, housing, energy, transportation etc. – requires place-based long-term strategies.

I will focus my talk on The “Habitat-Microareas Programme” (HM) which has been running in Trieste since 2006, implemented by Local Health Authority of Trieste (ASUITs), local Municipalities of Trieste and Muggia, and the Public Housing Agency. These are a relevant example of integrated action to improve health and living conditions in a vulnerable urban neighborhood. Microareas are aggregated territories (quarters, districts or group of houses) incardinated in the four Health Districts of the Public Health Authority, with between 500 and 2500 inhabitants and most of the houses are public housing. Currently in Trieste there are sixteen Microareas. Each Microarea has a coordinator, identified as Community Health Manager with a specific Job Description.

The HM Project allows the production of bundles of innovative, integrated, place-tailored public services. The public services are designed and implemented by aggregation of local agents and knowledge, through participatory community building approaches.

The HM Programme is targeted to the local community as whole; a community that lives in a quantitatively defined socio-demographic contexts, territorially delimited, in which all the resident population is proactively involved and not only the population that presents specific social and health problems. In this perspective, the HM objectives concern a complexity of issues related both to the organization and supply of services, and more generally to the activation of processes of empowerment and inclusion, which impact both the individual and the community.
Individual objectives are:
- support people in accessing health, social health and social services, paying particular attention to the most vulnerable (monitoring of situations at risk);
- strengthen health protection through the proximity of social and health services, to which the residents can easily access and with the presence of different professionals in the sector (monitoring and individualized health facility);
- consolidate the coordination between several services that act on the same individual or a family.

Community objectives are:
- strengthen home care and reduce hospitalisation, and in healthcare protected structures through the implementation of preventive services;
- prevent distress through the care and assistance of the most vulnerable social groups (school children, young people and old age group);
- promote social cohesion and social capital development and mutual cohesion through strategies and initiatives of mutual-aid between non professional actors, so as to reinforce the individual skills and overcome the personal and family related problems;
- facilitate the development of collaboration and proactive participation of the citizens through, for example, initiatives such as neighborhood committees or collaboration with associations or other social entities operating in the urban community.

Overall, the approach adopted aims to develop the Community, enhancing the local welfare boosting the synergies between the services request and the public and/or private resources available at micro level.

We had a conference on this topic in Trieste recently. The conference was a great opportunity to compare other National and International experiences, starting from the presentation of the outputs of two researches carried out to evaluate the health and social efficiency of HM Program. In fact, Local Health Authority of Trieste (ASUITs), local Municipalities of Trieste and Muggia, and the Public Housing Agency and the research promoters signed The Trieste Declaration: The Healthy Community.

The outputs demonstrate that the programme has activated positive relations that can better address the social, relational and residential issues that could jeopardise health. It has generated health-producing social capital. More social capital is generated, the better problems can be resolved, and therefore less undesirable effects such as inappropriate hospitalizations can be expected.

[Local Health Authority in Trieste – ASUITs - is organized in 4 Health Districts, Departments (Prevention, Mental Health, Dependence, Cardiovascular Diseases) and Cattinara Teaching Specialized Hospital]
FEATURED SYMPOSIUM: Turning the Spotlight on Community Mental Health Systems

Jennifer Black¹, Leanne Geppert², Jane Carpenter³, Chris Burns⁴, Maree Teesson⁵, Catherine Lourey⁶, Jennifer McGrath⁷

¹Mental Health Complaints Commissioner, Australia, ²Queensland Mental Health Commission, Australia, ³Office of the Health and Disability Commissioner, New Zealand, ⁴SA Mental Health Commission, Australia, ⁵National Mental Health Commission, Australia, ⁶Mental Health Commission of NSW, Australia

S63: FEATURED SYMPOSIUM: Turning the Spotlight on Community Mental Health Systems, Great Hall 2, August 30, 2019, 10:30 - 12:30

Biography:

Jennifer Black is the Deputy Mental Health Complaints Commissioner for Victoria. Originally trained as an Occupational Therapist she has held many clinical mental health leadership roles her and in the UK. Most recently she was the Operational Director for Barwon Health.

Dr Leanne Geppert was appointed Executive Director, Queensland Mental Health Commission in September 2018 and brings extensive experience in the planning, delivery and improvement of mental health, drug and alcohol services. Dr Geppert is a registered psychologist with endorsement in clinical psychology, and a member of the Australian Psychological Society and the Australian College of Clinical Psychologists. She brings to the Commission more than 20 years’ experience in developing, delivering and improving high quality mental health services, most recently as the Executive Director of Mental Health and Specialised Services at West Moreton Hospital and Health Service. Her clinical and executive leadership experience spans child, youth, young adult and adult consumer groups, while her corporate roles have been relevant to all age groups and all types of mental health service delivery across the state, including non-government organisations, and the private and public sectors. As the Commission’s Executive Director, Dr Geppert oversees the implementation of Shifting minds: Queensland Mental Health Alcohol and Other Drugs Strategic Plan 2018-2023 and shapes the development of policies and strategies that support and guide its implementation. She also provides high-level analysis and advice regarding the strategic policy and program direction for mental health and substance misuse reform in Queensland.

Jane Carpenter was the lead author of the New Zealand Mental Health Commissioner’s 2018 report into mental health and addiction services and lead architect of the monitoring framework underpinning it. Jane has a policy background. Her expertise is in weaving information strands together to tell a cohesive story.

Chris Burns: An experienced advocate and strategic planner, Commissioner Burns is a former military officer and consultant in defence and international relations. Most recently, he was the CEO of South Australia’s defence industry association successfully campaigning for the Australian Navy’s next fleet of submarines and surface ships to be built in Australia. He has a passion for improving services and ensuring people with lived experience of mental illness, their families and carers are central to the Commission’s work and ongoing mental health reform. Commissioner Burns is taking a whole-of-person, whole-of-life, whole-of-community and whole-of-government approach to the development of South Australia’s Mental Health Strategic Plan. In leading this key task of the Commission, his focus is firmly on strengthening the mental wellbeing of South Australians.
Maree Teesson is Professor and Director of The Matilda Centre for Research in Mental Health and Substance Use, Director of the NHMRC Centre of Research Excellence in Prevention and Early Intervention in Mental Illness and Substance Use (PREMISE) and NHMRC Principal Research Fellow at The University of Sydney. Maree was announced as a Companion of the Order of Australia in the Australia Day 2018 Honours List. She is also a Fellow of the Australian Academy of Health and Medical Sciences and the Australian Academy of Social Sciences, a National Mental Health Commissioner and Member, National Health and Medical Research Council. She is also a founding member of TheMHS Board since 1991. Maree’s vision is to build the world’s leading dedicated translational research program for the prevention and treatment of co-occurring mental health and substance use problems. She seeks to increase our understanding of substance use and mental health problems, prevent these where possible and improve treatment responses.

Appointed as NSW Mental Health Commissioner in August 2017, Ms Lourey leads the work of the NSW Mental Health Commission, together with people with lived experience, carers and families, and other stakeholders, to achieve its overarching goal for people with mental health issues to live well in the community, on their own terms, having the services and supports they need to live a full life. As Commissioner, Ms Lourey is focussed on whole of government strategic planning to collaboratively set the agreed priorities for improving mental health. The Commission’s role extends to keeping government and the sector accountable for progress with mental health reform through monitoring and reporting, and ongoing advocacy to ensure improved outcomes for people with lived experience and their families and carers. Ms Lourey has over 30 years’ experience leading and delivering major strategic and complex mental health projects, at the state and national level. She has a commitment to improving outcomes for people with lived experience of mental health issues in NSW and will focus on improving effectiveness of health and social support systems to meet the needs of local communities.

As the Acting Commissioner of the Mental Health Commission, Jennifer is responsible for planning and commissioning Western Australia’s mental health, alcohol and other drug services. Ms McGrath has worked in the Western Australian public sector for 14 years, holding senior executive positions in the Departments of Education, Premier and Cabinet, Finance, and the former Department of Child Protection.

In January 2019 the Productivity Commission inquiry into mental health looked at The Social and Economic Benefits of Improving Mental Health, as “many people are still not getting the support they need to maintain good mental health or recover from episodes of mental ill-health” (Issues Paper, January 2019). As a follow on from TheMHS Summer Forum held earlier this year this session will focus on several issues that were highlighted by Forum participants.

Community mental health systems are founded upon universal human rights, with emphasis on respect, integrity and compassion. Community mental health care should be accessible when and where needed, be non-traumatising and enable continuity of care. TheMHS is pleased to welcome each of the Mental Health Commissions (Australia and New Zealand) to the conference where they will turn the spotlight on one or more of the following issues:

1. Roles for people with lived experience of mental ill-health
   Develop a standardised support/training for peer workers, prioritising recruitment and support from all life stages, including youth, in peer working roles.

2. Respect for human rights, equality and diversity
   Community mental health workers can reduce the power imbalance in mental health systems by understanding the multiple intersections of experience that make up the whole person at the centre of

3. How to develop the workforce
Building leadership capabilities within the community mental health system so that all voices can be heard.
A priority should be placed on active outreach to all life stages, including youth.

4. Longer-term funding
Longer-term funding for contracts and research that enable collaboration rather than competition to ensure better continuity of care and research development.

5. Service integration and collaboration
Service integration should be consumer-focussed, not provider-focussed, working towards objectives specific for each person.

6. Community Engagement
Priorities include an ongoing presence in schools at all levels of education; the expansion of existing Mindframe guidelines for media discussion around mental health issues; and making space in public dialogue for people with lived experience to tell their stories.

7. Research – what, when, whom
The development of a national body could enable the timely distribution of research findings, encourage collaboration, and set national research priorities. Research questions should be determined in consultation with people with a lived experience of mental ill-health, including consumers whose recovery has taken place ‘outside’ of existing mental health services.

8. Coordinating national, state and territory community mental health systems
This must be based on the understanding that a thriving community mental health system is complementary to hospital-based approaches to mental health care.
Collaboration not Competition

Natalie Alfonso

S64(A): SNAPSHOTS: NDIS, Collaboration & Recovery; S64(B): PAPERS: Post NDIS Consumer Transitions, M1, August 30, 2019, 10:30 - 12:30

Biography:
Natalie is a Social Worker with lived experience of complex mental illness. She is also in the process of studying Psychology at the University of Melbourne. Her experience has extended across community development, community mental health services and currently as a support coordinator within the National Disability Insurance Scheme.

Mental health treatment is not a competition. The purpose of this paper is to address stigma, isolation and disjointed practice in mental health by challenging individual practitioners and organisations to critically evaluate the following four questions: What is particular to their role/business? What is their relationship with other professionals/organisations? What could they be doing better or differently to collaborate rather than compete? Finally, what broader vision of healthy and resilient communities do they see themselves trying to achieve? Two case studies will elaborate these questions and provide context for reflection. The first case study is a personal reflection on the treatment process for complex mental illness. The second case study focuses on the implementation of the National Disability Insurance Scheme (NDIS), and discusses the benefits and pitfalls of a competitive business environment for building healthy communities. This paper contends that individuals and organisations must collaborate and dismantle hierarchical approaches to professional collaborations in order to achieve healthy and resilient communities.

Learning Objectives

Learning Objective 1: This presentation will stimulate critical self-reflection on professional and organisational roles in the mental health field. Attendees will walk away with provocative questions about relating established and emerging disciplines within the mental health field (such as Psychiatry and Peer Work respectively). Organisational representatives should feel equipped to consider their role within the broader context of mental health services, and will be provoked to build collaborative relationships with other providers and services around a common vision of healthy communities.

Learning Objective 2: This presentation draws upon personal and professional experience in engaging mental health service delivery. This has led to a recognition of a particular pattern within the mental health field of individuals and organisations competing for authority and decision-making power – often to the detriment of the individual seeking support. The examples, case studies and personal reflections will all draw specifically on the topic of mental health.

References


Reconstructing mental health post-NDIS: Examining contemporary narratives and frameworks.

Terri Warner
ACT Mental Health Consumer Network, Canberra, Australia

S64(A): SNAPSHOTS: NDIS, Collaboration & Recovery; S64(B): PAPERS: Post NDIS Consumer Transitions, M1, August 30, 2019, 10:30 - 12:30

Biography:
Terri is a mental health educator and advocate who uses lived experience to bring about positive changes in health services. She is currently completing her Masters thesis examining the paradoxical nature of psychosocial disability as constructed by the NDIS. She is the Chair of the ACT Mental Health Consumer Network.

The argument that mental health does not sit comfortably with the NDIS is increasingly supported by evidence reported by both the community managed mental health sector and the academic literature. Much of this evidence positions the NDIS as the problem without examining the deeper issues of how mental health is constructed and whether frameworks such as the medical, recovery and biopsychiatry models are the premises on which mental health services and supports should be based. By foregrounding psychosocial disability, the NDIS has unwittingly contributed to the unmooring of mental health from its seemingly fixed position relative to both disability and physical health. Taking a structural approach, this presentation will position the NDIS within a broader discussion about how mental health conditions should be conceptualised within the context of existing and emerging counternarratives voiced by disability studies and mad studies scholars, and by voices from the consumer/survivor/ex-patient movement. This conceptualisation has implications for what treatment and support should really look like, and how and when recovery narratives are useful. We may need to think very differently about mental health in order to create systems and services that meaningfully address it.

Learning Objectives
Learning Objective 1: The audience will develop an understanding of the different narratives that exist and are emerging in mental health, and of how they can be applied to bring about innovations in treatment, care and support.
Learning Objective 2: By learning about and critically examining narratives and conceptual frameworks, and asking if what is dominant is still suitable or useful, services can develop ways to position themselves as thought leaders in mental health reform and advocate for lasting positive change across all areas of mental health.

References

Tracking consumer transitions (or not) to the NDIS: A national four-phase study.

**Nicola Hancock**, **Connie Digolis**, Amanda Bresnan, Jacinta Borilovic, Jennifer Smith-Merry

1The University Of Sydney, Lidcombe, Australia, 2Community Mental Health Australia (CMHA), Australia, 3Mental Health Council of Tasmania, Australia

S64(A): SNAPSHOTs : NDIS, Collaboration & Recovery; S64(B): PAPERS: Post NDIS Consumer Transitions, M1, August 30, 2019, 10:30 - 12:30

**Biography:**
Dr Nicola Hancock is a mental health occupational therapy academic at the University of Sydney. Her research focuses on understanding mental health recovery and wellbeing, participation and inclusion. She also examines the mental health workforce and service systems designed to support participation, inclusion and recovery.

Connie is the CEO of the Mental Health Council of Tasmania and is the Community Mental Health Australia (CMHA) project lead for this project. Community Mental Health Australia (CMHA) is a coalition of the eight peak community mental health organisations from each State and Territory and was established to provide leadership and direction to promote the importance and benefits of community mental health and recovery services across Australia, providing a unified voice for over 800 community-based, non-government organisations who work with mental health consumers and carers across the nation. Connie has a wealth of experience in community sector management, advocacy, health promotion and policy.

Federal policies, funding decisions and time-frames for funding reallocations are all being made based upon an assumed number of people transitioning from federally funded programs into the NDIS and an assumed speed or rate of transition.

Community Mental Health Australia (CMHA) and The University of Sydney partnered in a National Mental Health Commission funded project. The aim was to provide publicly available, accessible national data to facilitate policy and funding decisions to be made in-line with actual practice and help ensure that reallocations of funding do not occur too rapidly, leaving those not yet ready to test their eligibility, not choosing to do so, or found ineligible, without needed community-based mental health services and supports.

The project is currently mid-way and will have concluded prior to August. We will report on the rich, longitudinal data that evidences the NDIS transitional journeys (or not) of thousands of Australians living with serious mental illness. Alongside this data, we will reflect upon current federal responses and approaches to their commitment that no one will be worse off whether or not they are accepted or engage with the NDIS.

**Learning Objectives**
Learning Objective 1: The audience will leave with an understanding of the national NDIS transition experiences of Australians living with severe and persistent mental illness as well and an informed assessment of the adequacy or otherwise of federal responses to this evidence.
Learning Objective 2: Sharing of national NDIS transition data facilitates an informed sector including policy makers, funders, service providers, consumers and families. An informed sector enhances advocacy, informed discussion and ultimately evidenced-based decision making.

References


Mental Health Supports: The Victorian Picture

Tania Curlis1, Jenny Bretnall2, Neil Turton-Lane3

1Tandem, Melbourne, Australia, 2Independent Mental Health Advocacy, Melbourne, Australia, 3Victorian Mental Illness Awareness Council, Melbourne, Australia

S64(A): SNAPSHOTS: NDIS, Collaboration & Recovery; S64(B): PAPERS: Post NDIS Consumer Transitions, M1, August 30, 2019, 10:30 - 12:30

Biography:
Tania Curlis has experience in human services governance, research and program design, with an interest in family centred practice and peer-led approaches. Her social work background and personal experience of family mental health issues lends a practical approach to her work with carers and consumers, and her research interests. Tania’s work as the NDIS Engagement Consultant for Tandem, the Victorian peak organisation representing mental health family and friends (carers) follows 10 years in direct practice, project work and workforce development across health and community services.

Jenny Bretnall has over 25 years’ experience as a project manager, practitioner and educator in the social welfare field. Having worked as VMIAC’s NDIS educator; training and producing resources for people with a lived experience of mental health issues, Jenny currently works at IMHA developing peer facilitated NDIS self-advocacy training.

In recent years, the Victorian mental health system has faced the introduction of marketised approaches to service provision under the NDIS, a reduction in community mental health funding, and a reduction in direct support to a consumer’s family or family of choice (carers). Changes have brought barriers, but also, renewed opportunity for collaboration between lived experience organisations.

This paper shares insights from combined efforts of Tandem and VMIAC in NDIS engagement with the mental health community across Victoria, including examples of creative approaches to improve outcomes for consumers within the scheme. Presenters will then share the work of IMHA in developing self-advocacy resources, including insights from the collaboration with VMIAC and Tandem to produce co-designed self-advocacy workshops.

Inter-organisational responses to emerging needs from sector change convey hope and solidarity. Presenters will share highlights from emerging lived experience work, which demonstrate united commitment to mental health advocacy.

Learning Objectives

Learning Objective 1: The audience will take away a sense of what is possible through collaborative practice and placing lived experience at the centre of service design, and will hopefully feel energised that these approaches do not necessarily take more effort to put in place.

Learning Objective 2: This paper provides an example to mental health leadership that a united consumer and family approach may lead to fresh insights and approaches, validating the experiences of each group. Utilising existing relationships and networks can improve the capacity of organisations to meet the needs of those they represent and support.
Relational Recovery: What would create an ordinary life for families and carers?

Tania Curlis1, Amaya Alvarez2
1Tandem, Melbourne, Australia, 2Future Social Service Institute, RMIT, Melbourne, Australia

S64(A): SNAPSHOTS : NDIS, Collaboration & Recovery; S64(B): PAPERS: Post NDIS Consumer Transitions, M1, August 30, 2019, 10:30 - 12:30

Biography:
Tania Curlis has experience in human services governance, research and program design, with an interest in family centred practice and peer-led approaches. Her social work background and personal experience of family mental health issues lends a practical approach to her work with carers and consumers, and her research interests. Tania’s work as the NDIS Engagement Consultant for Tandem, the Victorian peak organisation representing mental health family and friends (carers) follows 10 years in direct practice, project work and workforce development across health and community services.

Amaya Alvarez has worked across a wide range of areas from rural sustainability to healthy ageing and peri-urban planning. Her work in applied research has always been motivated by a commitment to just social change. Amaya Alvarez is currently enrolled in a PhD in the Future Social Service Institute, RMIT University. Her project is interested in how mental health carers’ are experiencing the NDIS, in the context of their own lives and within a relational frame. Amaya is a mental health carer and her lived experience plays an important role in her research.

Mental health recovery requires a feeling of safety; a sense of a future, and a place to thrive. The NDIS concept of the ‘ordinary life’ applies for eligible consumers. Research shows that sustaining family involvement is critical to recovery outcomes for consumers. Key relational supports (carers) also need this opportunity of an ‘ordinary life’, where health systems acknowledge challenges inherent in supporting someone in their recovery. This paper will introduce with an NDIS backdrop, that the need for mental health family and friends (carers) to attain an ordinary life is little understood.

Tandem NDIS Engagement Consultant Tania Curlis works as an advocate and educator to improve outcomes for mental health families within the NDIS. Future Social Service Institute researcher Amaya Alvarez explores supports provided by mental health carers within the NDIS and impacts of the scheme on the family experience.

Drawing on lived experience, current literature and ongoing engagement with families, presenters will explore challenges for families and carers to meet their needs in their own right with supports that sustain everyone’s mental health. This paper proposes the possibility of relational supports that are meaningful to the whole family, linked to the goal of personal recovery for the consumer.

Learning Objectives

Learning Objective 1: Importance of relational resilience, and whole of family approach.
Learning Objective 2: Mental health carer supports – lived experience lessons from current practice.

References


(and others - can provide at a later stage if required)
Living Well: introducing an innovative recovery-oriented program using photovoice.

Nastaran Doroud1, Ellie Fossey2, Tracy Fortune1, Lisa Brophy1, Louise Mountford1
1La Trobe University, Australia, 2Monash University, Australia

Biography:
Dr Nastaran Doroud is a lecturer and early career researcher in Occupational Therapy within La Trobe Rural Health School. Nastaran’s research focuses on recovery and community participation for people with mental health issues. Nastaran is interested in innovative and participatory research approaches and co-production in mental health care.

The emergence of the recovery paradigm proposed a new era to mental health care. It urged development of recovery-oriented programs to encourage hope, resilience, choice, empowerment and partnership (Le Boutillier et al., 2011). This presentation introduces an innovative recovery-oriented program (Living Well) that is being developed as part of a participatory research project based on Freire’s critical consciousness theory, occupational therapy models and photovoice method (Doroud, 2018). Co-produced in collaboration with a co-facilitator with lived-experience of mental health issues at Mind Australia’s Recovery College, Living Well aims to enable consumers to reflect on their recovery journey in the contexts of their everyday lives and develop strategies to enhance living well.

Living Well has five key phases: 1) identifying consumers’ values, interests, capabilities and resources; 2) identifying consumers’ perspectives on their recovery journey; 3) reflecting on current activities and everyday life patterns that support recovery. Phase 3 encourages consumers to reflect on how their everyday lives help them develop a sense of hope, meaning, positive identity, choice and empowerment; and connection with other people; 4) developing resilience and strategies; and 5) structured reflection. This presentation suggests that Living Well has potential for recovery-oriented practice and merits further development and evaluation.

Learning Objectives
Learning Objective 1: The audience will gain knowledge about the application of photovoice in practice.
Learning Objective 2: The audience will identify how fostering choice, empowerment and partnership contributes to collaborative recovery-oriented mental health services.

References
Doroud, N. (2018). Constructing recovery through occupational engagement: a participatory photovoice study with people experiencing mental health issues. Thesis - La Trobe University,
Delivery and evaluation of the Music Engagement Program for people with Alzheimer’s disease and dementia

Amelia Gulliver¹, Georgia Pike², Michelle Banfield¹, Alyssa Morse¹, Natasha Katruss¹, Harley Valerius³, Susan West⁴

¹Centre for Mental Health Research, Research School of Population Health, The Australian National University, Canberra, Australia, ²Centre for Research on Ageing, Health, and Wellbeing, Research School of Population Health, The Australian National University, Canberra, Australia, ³Altius Rehabilitation Services, Canberra, Australia, ⁴School of Education / School of Theology, Charles Sturt University, Adelaide, Australia

S65: PAPERS: Creating and Expressing Wellbeing, M2, August 30, 2019, 10:30 - 12:30

Biography:
Amelia Gulliver is a Research Fellow at ACACIA: The ACT Consumer and Carer Mental Health Research Unit, Centre for Mental Health Research, The Australian National University. Her research interests include lived-experience research, participatory and co-design approaches to intervention development, and the promotion of mental health and help-seeking in the community.

Background: Alzheimer’s disease and dementia are prevalent conditions globally. People with Alzheimer’s disease and dementia commonly experience mental health problems, negative emotional states, and behavioural disturbance. Music therapy has previously been used in this population to improve symptoms of mental health problems; however, there is a paucity of evidence-based programs that also explore positive outcomes such as overall quality of life, social outcomes, as well as the acceptability and sustainability of these programs.¹

Methods: This project aims to evaluate the effectiveness of the specialised Music Engagement Program (MEP)² in improving quality of life, wellbeing, and depression symptoms, in aged-care residents with Alzheimer’s disease and dementia. The project also aims to determine how the MEP could be applied and maintained on a broader level throughout the aged-care community. The intervention will take place over 8 weeks in an aged-care facility for people living with dementia in Canberra, Australia. Weekly 45-60-minute group singing sessions will be led by a music facilitator.

Results: The program will be delivered over 8 weeks, commencing in February 2019.

Conclusion: This study can provide an indication of the feasibility of the MEP in enhancing the mental health and wellbeing of individuals with Alzheimer’s disease and dementia.

Learning Objectives

Learning Objective 1: Audience members can learn about a specialised music program, and what effects it may have for an aged-care residential facility.
Learning Objective 2: This topic is highly relevant to the implementation of programs to enrich and improve mood, and quality of life in care home residents.

References

Going from Strength 2 Strength: Parents Writing for Resilience

Susan Hunt¹, Claire Walsh

¹Mater Health Service, Brisbane, Australia

S65: PAPERS: Creating and Expressing Wellbeing, M2, August 30, 2019, 10:30 - 12:30

Biography:
Susan is an Accredited Mental Health Social Worker and PhD candidate at the University of Queensland. Her research is on consumer and family participation in public mental health services. Susan has over twenty years experience in clinical, management and education roles. Her primary field of practice is mental health, alcohol and other drugs. Susan is currently employed as the Family Support Counsellor and Allied Health Lead at Clarence St, Mater Young Adult Health Centre (previously ADAWS). She provides family support, counselling, psycho-education and support on an individual and group basis for family members affected by mental health, alcohol and other drugs problems.

Claire Walsh is a senior Social Worker currently employed as the State wide Triage and Referral Coordinator at Clarence St, Mater Young Adult Health Centre (previously ADAWS). She provides counselling, psycho-education and support to young people with alcohol and other drug problems, as well as support and counselling to family members. Prior to this role, Claire worked in a hospital setting providing brief crisis interventions to individuals presenting to an emergency department which has fostered a strong interest in mental health / trauma and the impacts there of upon individuals and their families.

The Clarence Street 'Strength 2 Strength: Writing for Resilience' project was developed in February 2018 for a group of mothers affected by mental health, alcohol and other drug problems. These mothers had requested ongoing support after their participation in a six-week 'Strength 2 Strength: Growing Family Resilience' group program. It was proposed that as a group, they might like to meet and write a book about their lived experience. The purpose in writing such a book was to further grow their resilience and provide a resource to support other families in a similar situation. In a supported environment, five mothers have met regularly and shared their stories of stress, fatigue, fear, stigma and discrimination. They have also shared their stories of resilience, change and hope for the future. “The Good Mother’s Club” continues to meet, share stories and write with a view to publishing their book for other parents who ask the question “where did I go wrong?” Through writing about lived experience, this book seeks to challenge the notion of ‘bad mothers’ and blaming the family. Instead, it focuses on parents learning new skills, gaining new knowledge and growing their resilience in the interests of strengthening families.

Learning Objectives

Learning Objective 1: Attendees will learn about growing resilience for family members affected by adolescent/young adult mental health, alcohol and other drug problems. They will also learn about how supporting parents in care and treatment is in the interest of the whole family. An example of partnering with parents is provided by sharing the unique experience of parents writing through the 'Strength 2 Strength: Writing for Resilience' book project.

Learning Objective 2: This topic is relevant because family members affected by mental health, alcohol and other drug problems can develop their own mental health problems due to carer burden and carer stress. Yet there are few supports available for families in these situations. Family support is much needed because
family members can experience stigma and discrimination and, they are often the primary source of support for young people living with mental health, alcohol and other drug problems.

References


Art for Inclusion

Ross Vaughan

1 Enable WA, Bunbury, Australia, 2 Bunbury Regional Art Gallery, Bunbury, Australia, 3 Pathways Southwest, Bunbury, Australia

S65: PAPERS: Creating and Expressing Wellbeing, M2, August 30, 2019, 10:30 - 12:30

Biography:
Ross has been practicing as a Fine artist and Photographer since 1994. He has also acted as a Support Worker with Enable WA, is a presenter and consultant with CAG, Southwest, and currently runs art classes for people with disabilities and mental health issues at the Bunbury Regional Art Gallery.

My lived experience, my story as an artist and advocate.

I have been a member of the Southwest Consumer Advisory Group for 3 years. I have presented at two Mental Health Conferences, with an ongoing relationship with the Western Australian Country Health Service to attend forums, meetings and planning days, and speak publicly.

Since January 2018 I started running an art class for people with Mental Health issues or disabilities as an art facilitator. Support workers and carers attend and get their roles reversed. Despite myself living with bi-polar, and the stigma associated with it, it’s an all-inclusive art class.

I run the classes cost neutrally at Bunbury Regional Art Gallery which is ongoing for 1 ½ years.

In 2017 I exhibited in Bunbury for Mental Health Week. After which I decided to do a full group exhibition at the BRAG in October 2018. It was the opening event for Mental Health Week in WA.

I was able to get the Mayor of Bunbury to open the exhibition. Opening night had over 120 people attending.

This loose framework sustains my art classes, by an individual. My background as a fine artist and photographer has me on solid ground.

Learning Objectives

Learning Objective 1: The audience will see that someone with lived experience (Bi-Polar) can contribute to the community and facilitate art groups to engage people who may have withdrawn from life. Also that a lived experience person with Mental Health can be a valuable asset to NGO’s and Government Health Services to improve service delivery specifically in Mental Health. Both to clinicians, hospitals, government agencies to create programs to meet the immediate needs of consumers.

Learning Objective 2: Everything I do in life for the past 4 years has been tied with mental health services, service delivery, improvement of systems, such as via ED (Emergency Departments. I fight the stigma at the coal face, using art as a mechanism to remove the pressure from Carers, Support Workers and Clients. My Monday Open Art Group is all inclusive, everyone is equal.
Alternative and conventional help for stress and emotional problems:
Getting help from psychics, friends, medical practitioners, and psychologists.

**John Farhall**1,2, Chris Pepping1, Scott Miller3, Lynne Johnson4, Ru Cai5
1La Trobe University, Melbourne, Australia, 2NorthWestern Mental Health, Epping, Australia, 3International Center for Clinical Excellence, USA, 4Private Practice, USA, 5RMIT University, Melbourne, Australia

Biography:
John Farhall is an Associate Professor in Psychology and Counselling at La Trobe University and Consultant Clinical Psychologist at NorthWestern Mental Health. He has extensive clinical and research experience in psychological approaches to assisting people living with psychosis, and in mental health service systems.

Psychotherapies are effective for many mental health problems yet only a minority of people with a diagnosable disorder receive any mental health conventional treatment, much less a psychotherapy. Some seek help from alternative sources, including friends, and healing practitioners with no ‘scientific’ evidence base, such as psychics. The extent to which alternative help should be tolerated, sanctioned or utilised within a health system is rarely directly addressed, and little is known about the comparative effectiveness of such consultations. We set out to compare self-reports of the nature, and effectiveness, of help for stress and emotional problems from conventional, informal and alternative helpers. Targeted online advertising recruited 566 adults who had sought help from either a psychic or similar helper, a psychologist, a medical practitioner; or friends/relatives. A questionnaire asked about characteristics and perceived effectiveness of the service received. Costs for paid helpers were similar across groups, but duration of treatment differed, and there were some differences in the problems brought. Psychics were rated as significantly more effective than medical practitioners and friends, but no more effective than psychologists. We raise two issues about building healthy communities: how help works; and, should alternative healing be supported as a public health measure.

Learning Objectives

Learning Objective 1: Participants will learn about similarities and differences in how help for stress and emotional problems is experienced by those seeking informal, professional and alternative helpers
Learning Objective 2: This presentation challenges conventional views about the distinction between conventional and alternative healing practices and prompts thinking about what help should be available to the population

References

Mental Health ‘Recovery’ in Australia measured by social capital or economic benchmarks.

Peter Hall

Bioami National, Adelaide, Australia

Biography:
Peter has worked in the Mental Health sector over the past 10 years, holding positions ranging from Support worker through to Service Manager. Peter embraces Recovery and draws on his lived experience to guide his practice working toward the empowerment of Consumers and to create healthy and supportive communities.

‘Recovery’ has its genesis within the Psychiatric Survivor’s Movement of the 1970’s, with ‘Recovery’ and associated dialogue voicing a challenge to the dominant institutionalised psychiatric medical model of care at the time. It is argued that the new Consumer movement, had links with civil rights and the concept of the individual as seen in the work of Chamberlin (1978) and Chomsky (1988).

In later years the Consumer movement influenced the ‘Recovery Oriented Practice’ model. This model contends that rather than the prescriptive nature of the psychiatric model, the Consumer has input into the decision-making process of their recovery. In the time since deinstitutionalisation in Australia, Recovery Orientated Practice has become the prevailing ethos in modern mental health care delivery.

Whilst this is the case, we argue the philosophical ethos of ‘Recovery’ has been politicised and compromised in Australia, where the relative success of an individual’s recovery is now evidenced by reductions specific economic benchmarks. This has been reinforced by the introduction of an insurance model that arguably regulates the system based on monetary outcome measures not measures of social capital. Furthermore, we argue ‘Recovery’ in its purest forms cannot be measured in specific outcomes because it cannot be generalised.

Learning Objectives

Learning Objective 1: This session will allow participants to hear a brief overview of Recovery originating in the human rights movement and how modern interpretations of the language of Recovery has moved away from this.

Learning Objective 2: Recovery and how it is determined has been a contentious issue for many years with the argument of language being debated. This paper argues that the current interpretation of Recovery now removed from its roots in social justice instead now sits within economic drivers.

References

ECT and the consumer - what about peer support?

Karen Wells¹, Nicola Hancock¹, Anne Honey¹, Justin Scanlan¹, Lisa Gomez

¹University Of Sydney, Sydney, Australia

Biography:
Karen Wells has worked in the Community Sector for decades including as the Consumer Coordinator at Partners in Recovery. It was in this capacity that she developed the “ECT-Let’s talk about it!!” project. Karen brings her personal experience of ECT to inform her work and research at Sydney University.

ECT is perhaps the mental health intervention with the greatest stigma and greatest controversy. This presentation will report on two consumer-led studies, that highlight the impact that the stigmatized nature of ECT has on isolating people and limiting opportunities for peer communities of sharing and support.

The role of peer workers in mental health is a recent, increasingly evidence-based addition to mental health services. However, the voices of lived experience regarding ECT is lacking and the potentially powerful role that peers could provide in this context is ignored. People with lived experience of ECT report a lack of opportunity to connect with peers to discuss, learn about others experiences of ECT and to share and learn about strategies others use to manage ongoing impacts and navigate life following ECT. They describe being lonely and isolated in their ECT experience.

The healing power of peers (promoting strength, hope and personal autonomy) could support a paradigm shift from individual pathology and illness to communities of empowerment, resilience and wellbeing. It would also bring the treatment of ECT more in-line with principles of recovery-oriented practice and trauma informed care.

Learning Objectives

Learning objective 1: The audience will learn about the issues important to those with lived experience of ECT from their own stories and what they say helps or hinders their recovery. Most notably the support opportunities in peer relationships.

Learning objective 2: This topic is relevant to mental healthy services because it exposes a gap in the system – the potential role of peers and peer workers to support needs of consumers receiving or contemplating ECT.

References


Developmental Trauma and Psychosis

Roger Gurr¹
²University Of Western Sydney, Sydney, Australia

Biography:
Clinical Director, headspace Youth Early Psychosis Program, Western Sydney, and Chair of the Board of the NSW Service for the Treatment And Rehabilitation of Torture and Trauma Survivors.

There is strong evidence that developmental trauma has a major role in the emergence of psychosis, and yet it has rarely been properly assessed or treated. Many of the features of psychosis (e.g. voices, delusions, functional deterioration) may be due to brain dysregulation caused by the different types of trauma (e.g. neglect, emotional abuse, physical and sexual abuse) at different stages of brain development. There is also evidence that QEEG guided neurofeedback can have a major role in treating psychosis, but ignored by mainstream psychiatry. These issues need to be further investigated in early psychosis programs.

Learning Objectives
Learning Objective 1: To inform the audience on probable causes of psychosis and possible new effective therapies.
Learning Objective 2: The new knowledge may lead to major changes in the provision of mental health services to assess and treat psychosis.

References
A Carer's Charter of Resilience

Maxine Griffiths
1Mental Health Carers Tas, Glenorchy, Australia

Biography:
Maxine is CEO of Mental Health Carers Tas, a systemic organisation representing mental health carers. She has extensive CEO experience in past roles with Council on the Ageing Tas, Lifeline Tas, Volunteering Tas and Advocacy Tas. Maxine's lived experience as a long-term family carer for her foster son who lives with multiple disabilities offers unique insight to the lived experience of caring in a world where the role is sometimes misunderstood and at times disregarded.

In October 2016 in Mental Health Week mental health carers joined together and developed a Charter of Resilience. The Charter contains reflections, thoughts and promises from a range of carers across Tas. The group wanted to think outside their usual label of 'carer', they wanted to look at themselves as a person/s outside of caring, outside of responsibility for others.

Carers were invited to reflect on what keeps them resilient.

The Carer's Charter of Resilience with its 10 promises will challenge service providers to consider carers as whole human beings who have lives beyond caring. Conference participants will be asked to consider how, in their working and leadership roles, can remind carers, families and friends of their resilience. Especially when times are tough. Healthy communities start with healthy individuals. Within communities there are thousands of mental health carers who donate their time, money, homes, emotional and physical support to people they love. People living with mental illness.

How can we listen to the Carer's Charter of Resilience and live it within our work culture. How can we ensure that policies and practices understand the Charter and what it means for families and carers?

Learning Objectives

Learning Objective 1: the audience will understand how to support families and carers to recognise what keeps them resilient.

Learning Objective 2: There is evidence to suggest that mental health families and carers if not supported are at risk of developing a mental illness themselves. The Charter identifies themes and points of resilience for mental health carers.

References

Mental Health Carers who attended the workshops are the authors of the Charter.
Perinatal Mental Health and Peer Support Work: Complexities, rewards, and challenges...

Vivianne Kissane¹, Rani Farmer¹, Aleksandra Staneva¹
¹Peach Tree Perinatal Wellness, Brisbane, Australia

S67: SNAPSHOTs: Families, Consumers, Resilience, M4, August 30, 2019, 10:30 - 12:30

Biography:
Aleksandra Staneva Research PhD (Psych), MRes (Psych), BA Hons. (Psych). Aleksandra’s research explores the experience of distress during pregnancy and early motherhood with a focus on the ‘perfect’ and ‘bad mother’ social constructs, and how they affect women’s experiences of mental illness. She is interested in developing meaningful, sensitive, and matro-centric programs to support women with complex needs in the perinatal period, drawing extensively from women’s input, after having dealt with postnatal distress herself. Aleks teaches courses in Health Psychology and Public Health at UQ; she has published widely on the topic of mothering in numerous Psychology, Midwifery, and Nursing journals, and is the Lived Experience Research Lead at Peach Tree Perinatal Wellness.

Rani Farmer is Operations Manager of Peach Tree Perinatal Wellness, a Brisbane-based, Peer-led charity supporting families experiencing perinatal mental health challenges. Rani is a strong advocate for perinatal emotional wellness and is committed to raising awareness through clinician and community education, delivering lived-experience workshops and presentations to a broad range of audiences. Passionate about fostering secure attachment relationships between caregivers and their children, Rani is a registered Circle of Security Parent Educator and is currently completing a Master of Primary Maternity Care.

Community-based peer support work (PSW) has been demonstrating great promise in facilitating recovery in mental health care settings. We will explore a background of the literature on the role of PSW specific to the perinatal and infant mental health space, drawing on our own experience of providing peer-led support to mothers in a community-based organization in Brisbane (Peach Tree Perinatal Wellness). Specific focus will be placed on exploring the nature of PSW, the values underpinning such service delivery, and the enablers and barriers to both consumers (mothers) and peer support workers themselves. Mothers experiencing perinatal mental health issues do not seek help until they ‘cannot cope anymore’ (COPE, 2017) primarily due to stigma. Peer-led support has been shown to reduce feelings of isolation and overwhelm, while reinforcing hope and social connection. Despite some challenges related to providing PSW, both mothers and peer facilitators share the unique benefit of ‘being heard’ and ‘not alone’ in their recovery journeys.

Learning Objectives

Learning Objective 1: This presentation will provide in-depth knowledge of the complexity of PSW’s role in the perinatal and infant mental health area, including the rewards and challenges it presents;
Learning Objective 2: This topic is relevant to perinatal mental health services providing care to a particularly vulnerable and ‘hard to reach’ population struggling with not only stigma associated with mental illness but also societal expectations related to mothering.

References
Development of the YES PHN Survey

Cheryl Reed¹, Tim Coombs², Rosemary Dickson²

¹Health and Community Consulting Group Pty Ltd, Chelsea, Australia, ²Health Outcomes and Classification Network (AMHOCN), Parramatta, Australia

S67: SNAPSHOTS: Families, Consumers, Resilience, M4, August 30, 2019, 10:30 - 12:30

Biography:
Cheryl Reed is a program evaluator and social researcher who has been working in co-design and the measurement of healthcare consumer experience for over two decades. She has been the lead researcher on the Your Experience of Service (YES) project since its inception in 2011.

Consumer satisfaction with mental health services has long been recognised as important in the monitoring and evaluation of services as well as in driving quality improvement (Al-Abri & Al-Balushi, 2014; Callander et al., 2010; Donabedian, 1997; Woodward, Berry, & Bucci, 2017). There has been strong interest from Australian governments in the development of standardised, national measures of mental health consumer experience of care which could support quality improvement, service evaluation and benchmarking between services. Responding to this need for information, over the last eight years a number of measures of consumer and carer experience have been co-design for use in public and community managed mental health services. Called the Your Experience of Service (YES) surveys, this suite of measures includes items structured around four content categories (Experience, Outcomes, Open Ended and Demographics). These surveys have been implemented or trialled in most states and territories. This paper will report on the latest survey developed in the suite for Primary Health Networks – The YES PHN Survey.

Learning Objectives

Learning Objective 1: The audience will learn of the development and properties of the YES PHN survey.
Learning Objective 2: The YES PHN survey can be used across a range of primary health program types and service settings.

References


Building Resilience in Carers: Our Values and Vision for the Future

Pauline D’Astoli
Peninsula Carer Council, Balnarring, Australia

S67: SNAPSHOTs: Families, Consumers, Resilience, M4, August 30, 2019, 10:30 - 12:30

Biography:
Pauline is a mental health carer and advocate. Pauline is a member of carer support groups Peninsula Carer Council and Inner South Family and Friends. The complex experience of being a mental health carer has changed her life and she is deeply committed to Mental Health reform and redesign. She is a consumer representative on Mental Health Community Advisory Group with Peninsula Health and Physical Health Portfolio Group with Alfred Health to address improving the physical health of people living with a mental illness. Pauline is a member of Tandem’s Speaker Register.

Caring for someone with a mental illness is complex and demanding and can build up over time. It is a very personal experience. Carers provide substantial and often under recognized value to their community with sub-optimal support and a lack of appropriate services. This can be overwhelming for a carer. Our core values and vision for the future of the person we care for underpin what we want to achieve in our role as carers. Being clear about our core values helps sustain and guide us on this journey. Having a structured process for clarifying our vision contributes to the resilience and effectiveness of the carer. How can we think big and start small?

Using an ordinary object like Russian nested dolls, the presentation will visually clarify powerful but simply worded aims in moving from what might be described as our "world peace" idea to examining what our area of significant influence might be in our own current situation. For example, mental health reform and redesign may well be our "world peace" idea, but it would lead to paralysis unless we can connect with an immediate, achievable, smaller level of action.

Learning Objectives

Learning Objective 1: Participants will learn of a process for "big picture thinking" to promote resilience in a carer
Learning Objective 2: Carers need to reflect with clarity and purpose on their role of mental health advocacy as they deal with mental health services and providers

References

Dr Graham Mackenzie (http://twitter.com/gmacscotland)
The Impact of North Shore Ryde Family Information Evenings: Encouraging Family/Carer Participation and Support in Recovery from First Episode Psychosis.

Amanda Mason1, Vida Istenic
1Lower North Shore Early Intervention Service, Sydney, Australia

S67: SNAPSHOTs: Families, Consumers, Resilience, M4, August 30, 2019, 10:30 - 12:30

Biography:
Amanda is an early career Clinical Psychologist who has worked with the LNS Early Intervention Service since 2014. She is passionate about ensuring our services respond effectively to the needs of CALD communities, particularly within the challenges of responding to early psychosis.

Vida is an experienced Social Worker. In 2000 she became one of the original members of an Early Intervention service in Sydney. She still appreciates how Early Intervention can make a difference to people’s prognoses. Vida works hard to give them a positive first contact with the mental health system.

It is impossible to eradicate disability. Instead, healthy communities are those where people are supported to live full lives in spite of disability. Sole focus on providing treatment to the identified patient is no longer considered adequate to minimise functional disability. The Australian Clinical Guidelines for Early Psychosis (2nd Ed) acknowledge the need for family psychoeducation as part of an effective early psychosis intervention in order for the whole family to understand and respond effectively as supporters of their loved one affected by psychotic illness.

The Family Education Evening intervention presented in this paper is key to satisfying three of the Clinical Guidelines within the Lower North Shore Early Intervention Service. We review evaluations of our recent November program and discuss the rationale for offering this service, participants’ experience of the intervention as conveyed through evaluation forms and clinician accounts of how the Family Information Evenings fit into a longer-term intention to engage family carers on an initial, continuing and ‘as needed’ basis throughout the young person’s engagement with the service. We consider how needs for psychoeducation differ between families and the additional challenge of providing education to a culturally and linguistically mixed group of parents in a single setting.

Learning Objectives

Learning Objective (1): The audience will observe an example of one aspect the Australian Clinical Guidelines being implemented. This encompasses practical challenges, proposed solutions, and feedback about the lived experience of the intervention by clinicians and participants. Through qualitative participant feedback, the audience will observe the impact of an intervention aiming to provide reliable information for family decision-making upon family functioning in recovery from early psychosis.

Learning Objective (2): The promotion of carer participation and support in mental health care is crucial to mitigate the impact of psychosis (emergent and established) upon the family system.
The Advance Health Directive for Mental Health and Other Substitute Decision Maker Options: Improving Clinicians’ Confidence in Engaging Patients and Families In Advance Care Planning In a Public Adult Mental Health Setting

Helen McDonald1
1Queensland Health, Brisbane, Australia

Biography:
Dr Helen McDonald is a senior social worker in Older Persons Mental Health, Princess Alexandra Hospital, Brisbane. She has a PhD in History (Australian child removal policies) and has worked in mental health services in the UK and Australia since 2004. Her interests include trauma-informed and person-centred care.

In Queensland, assisted decision making in mental health care can be overwhelming for patients and families and only a minority of patients have a formal advance directive (White et al, 2014). The new Mental Health Act 2016 provides for an advance health directive for mental health, however this type of directive can take time for clinicians to accept and promote (Maylea et al, 2018). These barriers to a more inclusive decision-making process can have a negative impact on patient outcomes and family satisfaction with their engagement with health services. In response to these issues, I conducted a project in the Older Persons Mental Health team at the Princess Alexandra Hospital in Brisbane to improve the team’s awareness and knowledge of the different decision-making options. I put together ‘how to’ information to be able to share with families and carers to better support them in caring for their relative particularly in relation to documenting their wishes for treatment. Part of this project was included in an updated hospital policy on advance care planning. As a result, staff felt more confident to engage patients and families around assisted decision making, which in turn aids promotion of inclusive practices and improved patient outcomes.

Learning Objectives
Learning Objective 1: I will demonstrate how I facilitated improved team awareness and knowledge of advance care planning barriers and pathways, and how all adult mental health services can promote advance care planning on an ongoing basis.
Learning Objective 2: This topic is relevant because it addresses changes implemented by the new Mental Health Act and the promotion of the advance health directive for mental health document. It promotes health services’ engagement with people to have more say over their mental health care. It also addresses basic differences between the various decision-making documents for a health professional to be able to refer to.

References
Consumer/Carer Experiences of FND: The Abyss between Brain, Mind and Body.

Katherine Gill¹

¹FND Australia Support Services, Davidson, Australia

S67: SNAPSHOTS: Families, Consumers, Resilience, M4, August 30, 2019, 10:30 - 12:30

Biography:
Kate is a research scientist, a Registered Occupational Therapist and Mental Health Consumer Researcher. She is the Chair and founding member of the Consumer Led Research Network, now based at the Brain and Mind Centre, University of Sydney. Kate is also the President and Founder of FND Australia Support Services.

Functional Neurological Disorder [FND] is classified in the DSM-V, but involves a variety of disabling, distressing and debilitating neurological symptoms, including paralysis, gait disorder, tremors, fatigue, chronic pain, seizures and blindness. Recent fMRI studies have identified abnormalities in the functioning of the brain [1]. Functional disorders are one of the most common diagnoses in neurologic practice [2], but this is not reflected within mental health services, or the level of public awareness, funding and services available to people with FND.

This presentation will highlight the key outcomes of a recent study involving 179 consumer and carers and their experiences of FND in Australia. The outcomes identified significant gaps in regards to knowledge, attitudes and services for FND. Many people [79%] reported distressing experiences when seeking care. Many struggled to obtain a diagnosis of FND. Failure to diagnose early, after onset of symptoms, can lead to iatrogenic harm, repeated testing and significantly worse outcomes. After diagnosis, treatment was difficult to access; only 36% of consumers accessed any form of treatment in the six months post-diagnosis, significantly increasing the risk for permanent disability. Increasing awareness of FND is important to break down the barriers that many people face in daily life and in accessing services.

Learning Objectives

Learning Objective 1: The audience will gain insight into the lived experience of FND, a common but mostly unheard of illness that crosses the divide between physical and mental health.

Learning Objective 2: FND often develops in the presence of emotional or physical trauma, injury, illness or accident, yet awareness across physical and mental health is low. This is reflected in the lack of services, and poor awareness and knowledge of FND across health services and the community. The system gaps are having devastating consequences on the mental and physical wellbeing of consumers.

References

Building wellbeing and resilience in communities: Using a co-facilitation model to build mental health and addiction literacy across workplaces and communities.

**Angela Gruar**¹, **Patrice Dennis**¹

¹Te Pou o te Whakaaro Nui, Wellington, New Zealand

Biography:
Angela Gruar is the Manager for Learning and Development across Te Pou o te Whakaaro Nui and Blueprint for Learning. Angela oversees a range of mental health, addiction and disability learning and development products and programmes which support an overarching workforce development approach for people working in those areas. Blueprint for Learning is a NZQA PTE and they work closely with Te Pou o te Whakaaro Nui which is a national evidence based workforce development centre for the mental health, addiction and disability sectors. The work Te Pou and Blueprint undertakes is to realise the potential of the workforce to support the wellbeing and mental health of all New Zealanders. Prior to her current role, Angela worked in the public sector across a range of organisations, including the Ministry of Health.

Patrice Dennis has worked as a registered nurse in the mental health and addiction sector in Aotearoa for 15 years, in a number of nursing and education roles. In her current role, she provides leadership for the successful delivery of MH101 workshop. MH101 is a one-day workshop that is designed to increase the confidence of frontline government and social agency staff who will encounter people with experience of mental distress and/or addictions. It is now delivered to a variety of organisations and communities across Aotearoa. She has always been committed to working in partnership with people, their whānau and communities, acknowledging and valuing peoples’ personal experiences as well as her own. She is passionate about continuing to improve mental health care and understanding in Aotearoa.

Building wellbeing and resilience in communities is essential in being able to prevent or reduce mental distress. Within communities, it is essential that all people have an understanding of how they might recognise that someone is experiencing distress, how they might relate to someone and how they might respond. If people are supported well in communities, we can sequentially build resilience within people and across communities.

By increasing the mental health literacy of communities, we can also address attitudes, stigma and discrimination against people with mental health and substance use issues.

MH101, a mental health and addiction literacy workshop, has been designed and delivered in New Zealand for over 10 years to frontline government and social agency staff, and communities. The workshop is co-facilitated by a person with lived experience and also someone with experience working in the mental health and addiction sector. Direct contact with facilitators who have lived experience challenges discriminatory perceptions and stigma. This is very powerful in shifting attitudes, and is routinely commented on in workshop evaluations.
An impact evaluation in 2017 shows that people's increased confidence in recognising, relating and responding to people with mental health and substance use issues is sustained after six months.

**Learning Objectives**

Learning Objective 1: People will learn how they can take a co-facilitation approach to delivering workshops and training to address and challenge attitudes, stigma and discrimination, and to build mental health literacy, wellbeing and resilience in communities.

Learning Objective 2: Availability of mental health and addiction literacy workshops, such as MH101, support a population health approach to mental health and addiction. If people address their own attitudes, stigma and discrimination and gain knowledge and skills in respect to recognising distress, being able to relate to people, and providing an appropriate response, people will be able to receive support within communities. It opens up conversations to raise awareness and people become more confident talking about their own struggles. It may lead to someone seeking help or just by reaching out and being supported without judgement may be all people need. If people are better supported by those around them in their own communities, it may ease demand on primary and secondary services. This approach was evident in He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction (New Zealand). Increased awareness opens opportunities to have conversations around mental health.
Quality Mental Health Support from the Point Of View of People Accessing Mental Health Support Services.

Simon Swinson, Grenville Rose, Michael Wren, Kate Ball

1Flourish Australia, Sydney, Australia

S68: PAPERS: Community Resilience and Wellbeing, M5 & M6, August 30, 2019, 10:30 - 12:30

Biography:

Grenville Rose is pleased to have been working in the community managed mental health sector for over 10 years following a decade or so working in Food Science before becoming a registered psychologist and finding more rewarding work. Grenville’s main interests are in attitudes and the barriers they can create.

Michael Wren is an Expert by Experience, Lived Experience Systemic advocate. He is an Emeritus member of the Flourish Australia Community Advisory Council and member of the Social Citizenship Think Tank. He holds certificates in IT and is a valuable member of the Flourish Australia community.

Simon Swinson is a Lived Experience expert and advocate of people with lived experience who has been active in this field for over a decade. He publicly speaks of his experiences living with Schizophrenia and has been involved in the Flourish Community Advisory Council and numerous policy design groups.

There have been a number of published works that have investigated the differential attitudes of mental health professionals towards people with mental health issues, including two recent Australian studies, (Reavley, Mackinnon, Morgan, & Jorm, 2014) (Rose, von Hippel, Brener, & von Hippel, 2018). There have, however, been fewer works coming from the point of view of the people accessing their services. There is a particular paucity of information regarding whether people accessing the services of a number of health professions perceive the attitudes of the different professionals to be comparable and what any differences might mean. The Australian studies cited and qualitative work conducted at Flourish Australia in 2018 suggest that better quality support is a function of: service collaboration, empowerment, and the service being seen as individualised and humanising. Further, the humanising and individual nature of support appeared to be in conflict with medicalisation of the support. Further quantitative work was conducted at Flourish Australia in 2019 to determine whether the requirement of individual humanising care is broadly being met by different categories of mental health professionals, specifically: psychiatrists, psychologists, support workers, and peer support workers. Results from the qualitative and quantitative work at Flourish Australia will be presented.

Learning Objectives

Learning Objective 1: The audience will take away an enhanced appreciation of what makes for quality humanising support in a collaborative multidisciplinary environment.

Learning Objective 2: Particularly in the current context of the publication of the Power Threat Meaning model of psychological support by the British Psychological Society and the implications of the ‘Dodo Hypothesis’ of Bruce Wampold and others there is an opportunity for non-government psychosocial support services to further demonstrate the tremendous value of the provision of humanising psychosocial support in the provision of quality mental health services.

References

Words from the Wise: Community recovery following disaster; lessons from the community of Strathewen. A short film and discussion.

Nicola Palfrey

1Australian Child & Adolescent Trauma, Loss & Grief Network, Canberra, Australia

Biography:
Nicola Palfrey is a Clinical Psychologist and researcher who works clinically with adolescents and adults who have experienced significant adversity and trauma. In her current role as Director of the Australian Child & Adolescent Trauma, Grief & Loss Network at the ANU she is responsible for developing and delivering resources, training and interventions based on the latest evidence base to support individuals and families affected by adversity and trauma. She is the ANU's project lead for the National Workforce Centre for Child Mental Health, an initiative to support workforces identify, assess and support children under 12 years who are at risk of experiencing mental illness.

In November 2018 the National Workforce Centre for Child Mental Health team visited the Strathewen Primary School, almost 10 years on since the devastating fires of 2009. The aim being to learn about their community, their school and their experiences. The staff at the school welcomed us with open arms, as did all the members of the community. Staff and families shared their stories and wisdom about what happened in 2009, how they got themselves and their school back up and running in three days, and the journey they have been on in the decade since. This short film highlights the amazing resilience of this community but also provides fascinating and enlightening insights and advice that other communities, schools or families that are on their recovery journey will find invaluable. This film shares the lived experience of staff members at the local school, as well as young people who were only Primary school aged when the fires tore through the community.

The suggested format for this session is a screening of selections of the film (15 Minutes) followed by conversation with the audience regarding the themes, learnings and where to from here.

Learning Objectives

Learning Objective 1: What are the impacts of a community trauma event on children and young people’s mental health and wellbeing.

Learning Objective 2: Understand the lived experience of people surviving community trauma, what impacted and supported their mental health, in the immediate aftermath, short term and long term recovery periods.

References


Poutama - A Stairway to Improved Māori Culture and Competencies in Services

Manu Sione¹, Marama Kire²
¹²Emerge Aotearoa, Auckland, New Zealand

S68: PAPERS: Community Resilience and Wellbeing, M5 & M6, August 30, 2019, 10:30 - 12:30

Biography:
Manu Sione is of Māori (Ngāti Whātua), Samoan (Fagamalo and Luatu’anuu) and Cook Island (Pukapuka) descent and was born and raised in Auckland, New Zealand. He has over 30 years experience in senior leadership and health management roles. Currently he is National Manager - Culture for Emerge Aotearoa.

Since February 2016 over 750 Emerge Aotearoa staff have attended the 2 day Takarangi Competency Framework wānanga (course). This is a best practice framework which has its' 14 competencies based on Te Ao Māori (Māori worldview) and Tikanga Maori (Māori processes and traditions). Māori are tangata whenua (people of the land) of Aotearoa/New Zealand and make up 21% of the tangata whaiora in Emerge Aotearoa services. New Zealand also has the Treaty of Waitangi and Emerge Aotearoa are committed to better meeting the needs of Māori and their whānau who access our services.

Staff are currently compiling their individual portfolio’s showing how they evidence each of the 14 best practice Takarangi competencies in their services. Also to better improve Māori responsiveness in services the Poutama was developed and piloted in 2017 to ensure services were delivering the Māori competencies as a team not just as individuals.

This presentation of the Poutama will provide practical examples of what services have done to improve engagement and understanding not only with Māori service users but all other ethnicities in the service. This presentation will also provide feedback from tangata whaiora and whānau about their experiences in the services.

Learning Objectives

Learning Objective 1: That using a cultural approach as well as a medical/clinical approach will provide much better and sustainable outcomes for the wellbeing and recovery of tangata whaiora (Māori service users).

Learning Objective 2: Practical examples and feedback from tangata whaiora and whānau of how the Poutama has improved the staff cultural awareness and responsiveness in services.
Connecting with Communities: Use of Personal Electronic Devices (PEDs) in Inpatient Mental Health Services.

Helen Lowy¹

¹Department Of Health And Human Services, Melbourne, Australia

S69: SNAPSHOTs: Therapies, Treatment Programs, M7 & M8, August 30, 2019, 10:30 - 12:30

Biography:
Helen is a pharmacist, counsellor, project manager and change manager. She has enjoyed a varied career as a health professional, practicing in both the UK and Australia, specialising in child health, mental health, medicines optimisation and workplace wellbeing.

Helen works part-time in the Mental Health Branch, Victorian Department of Health and Human Services and part-time in private practice as a speaker, workshop facilitator and coach.

Helen is passionate about bringing together diverse stakeholder groups to identify contemporary healthcare challenges and creating innovation in the fields of trauma informed practice, resilience and workplace wellbeing.

Despite widespread diffusion of electronic communication devices in society and strong legislative protection for consumers rights to both communication and privacy, a considerable number of inpatient mental health services apply a universal ban on consumers using personal electronic devices (PEDs).

This presentation outlines rights to privacy and communication in inpatient mental health services, from legislative and best practice perspectives. It will also explore the difference between consumer and staff perspectives on the risks and benefits of the use of PEDs in inpatient mental health services.

The presentation will provide guidance on the principles, frameworks and approaches to developing policies to support safe and appropriate use of PEDs in inpatient mental health services.

Approaches outlined incorporate co-production and interprofessional collaboration and align with patient-centred, recovery focused, trauma informed, family inclusive and human rights frameworks. Their implementation integrates the right to supported decision making.

This presentation will inform consumers of rights to communication and privacy and will provide guidance to mental health professionals for developing local policy on the use of PEDs in inpatient mental health services.

Learning Objectives

Learning Objective 1: Benefits, risks and rights of using PEDs in mental health services (consumer and staff perspectives).

Learning Objective 2: Principles and frameworks to be considered when developing guidelines for use of PEDs in inpatient mental health services to support recovery.

References
1. Dudgeon, P., Milroy, H., Walker, R., & Calma, T., Department of the Prime Minister and Cabinet, Australia, Department of Health and Ageing, Australia, Telethon Institute for Child Health Research, Kulunga Research Network & University of Western Australia. (2014). Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice. [West Perth, Western Australia]: Kulunga Research Network

**Revised Mental Health First Aid Guidelines for Depression**

**Kathy Bond**

1. Mental Health First Aid Australia, Parkville, Australia, 2 University of Melbourne, Parkville, Australia

**Biography:**

Dr Kathy Bond is the Senior Research Officer at Mental Health First Aid Australia and holds an honorary fellowship at the University of Melbourne. She conducts Delphi expert consensus studies that inform MHFA curriculum and conducts pilot evaluations on newly developed courses.

The aim of this presentation is to inform the audience about a recently revised resource called Depression: Mental Health First Aid Guidelines (Revised 2018). Mental Health First Aid Australia and the University of Melbourne conducted a Delphi study to revise and update the mental health first aid guidelines for depression. The guidelines cover what a person needs to know and do when providing mental health first aid to a person they think might be depressed. The guidelines include:

- Recognising the signs of depression in someone you know.
- Talking to the person about your concerns.
- How to be supportive, including treating the person with respect and dignity, good communication skills, having realistic expectations of the person and giving hope for recovery.
- What to do if you experience difficulties when talking to the person.
- Encouraging the person to seek professional help.
- What to do if the person doesn’t want help.
- What to do if there is risk of harm to the person or others.

This presentation will describe the research methodology used to revise the guidelines (1), summarise the advice given in the guidelines and compare it to the previous version of the guidelines (2).

**Learning Objectives**

Learning Objective 1 will answer the question: “What is one potential mental health first aid resource for depression?”

Learning Objective 2 will answer the question: “What is a way to systematically use the lived experience voice, alongside the professional voice, when developing first aid resources for depression?”

**References**


Attitudes Matter: What are community mental health staff attitudes towards consumer participation and peer workers?

Melissa Aguey-zinsou, Joanne Sommer, Elisa Yule
1ACU, North Sydney, Australia, 2South Eastern Sydney Local Health District, Australia

Biography:
Melissa Aguey-Zinsou and Elisa Yule are occupational therapists who are very passionate about mental health after both working in the field for more than 15 years. Melissa and Elisa are lecturers at ACU in Sydney and aim to motivate students as the future mental health workforce about recovery oriented, strengths and consumer focused mental health practice.

Peer workers are a vital part of the mix of contemporary recovery oriented mental health services, and play an important role in supporting and enabling hope and resilience for people on their recovery journey. Peer workers often face challenges working in mental health services including barriers created by the attitudes of other mental health service staff (Vandewalle, Debyser, Beeckman, Vandecastelee, Van Hecke & Verhaeghe, 2016). There is room for improvement in areas that can impact on the success of the peer workforce, including staff attitudes to consumers. This presentation describes a research study which sought to investigate attitudes of community mental health staff towards consumer participation and peer workers.

The Mental Health Participation Questionnaire (Happell, Pinikahana & Roper, 2002) was completed by 82 staff at a Sydney Metropolitan Community Mental Health Service. Results indicated that there were some mixed attitudes, although overall there were positive attitudes to consumer participation. The strongest theme to emerge was lived experience, what it is and the contribution it makes.

Full results will be presented as well as recommendation and rationale for future research measuring attitudes of consumers and mental health staff based on the findings of this study.

Learning Objectives
Learning Objective 1: Participants will be able to describe attitudes of community mental health staff towards consumer participation and peer workers
Learning Objective 2: Participants will be able to explain ways that lived experience perspectives contribute to community mental health services

References
Perspective Enhancement Therapy: A Holistic Framework for Mental Health

Carolyn Perry
1
1Station View Wellness, Laidley, Australia

Biography:
Carolyn is a Mental Health Social Worker /meditation teacher in private practice in Laidley. She has facilitated a well-being hub for mental health in a rural area combining a range of modalities. These include focused psychological strategies, yoga, meditation, health programs, group therapy, reiki and shiatsu to promote community well-being.

This presentation will provide mental health practitioners with an overview of the framework of Perspective Enhancement Therapy which was inspired by the concept of therapeutic landscapes. It will demonstrate how 4 key domains of life (sense of self, relationships, environment and activities of every day life) can be mapped on a continuum from disillusionment to having an enhanced perspective on life. In each domain, 11 key concepts are mapped to client well-being and therapeutic approaches are then matched to the domain/s in the clients life that require most attention.

The methodology for the development of this framework in based on grounded theory with the notion that principles for enhanced mental health must go beyond the medical paradigm into the fields of hospitality, well-being and natural therapies to fully capture ideas such as rejuvenation, replenishment, transformation and healing.

Tools have been developed for therapists to utilise the framework. These include a perspective enhancement questionnaire, a meditation CD, a set of therapeutic cards and a facilitators manual and participant handbook around how to deliver a Perspective Enhancement Therapy Group.

Reflections around using the framework in individual and group work practice will also be shared

Learning Objectives

Learning Objective 1: Participants will gain an understanding of how Perspective Enhancement Therapy can be applied in practice to encourage a language of wellness.

Learning Objective 2: Participants will become aware of additional resources and tools that they can utilised combining which combine cognitive and experiential techniques to promote mental health and well-being

References


Sarah Childs¹, Anneliese Russell²
¹RFQ, Brisbane, Australia

S69: SNAPSHOTS: Therapies, Treatment Programs, M7 & M8, August 30, 2019, 10:30 - 12:30

Biography:
Anneliese Russell is an experienced Occupational Therapist with a Postgraduate Diploma in Community Mental Health. She has worked for over 20 years in mental health with experience in private, public and non-government sectors across inpatient, residential rehabilitation and community settings. Throughout this time, she has enjoyed working in clinical, case management, leadership and management roles. Anneliese is currently working as the Allied Health Services Manager at RFQ.

Sarah is an Occupational Therapist who has many years of experience managing mental health teams in the UK and Queensland. Sarah has expertise in the application and supervision of evidence-based programs and services. She has lead and contributed to several mental health research and evaluation projects on topics including employment, housing support, various clinical programs, physical health interventions and consumer and carer experiences of care. She currently manages Clinical and Service Delivery at RFQ.

Sensory modulation is an evidence based intervention which improves the way you feel or function using your senses. Emerging literature suggests that sensory modulation is an effective intervention in mental health services. Significant benefits of this practical approach include its ability to be used effectively when people have challenges with talking or thinking therapies. It can provide effects rapidly, be relatively inexpensive and provide opportunities for building resilience whilst increasing community engagement in healthy roles and relationships.

RFQ Occupational Therapists have been piloting the use of sensory strategies in community settings. Workshops funded through PHN programs have enabled people with both mild levels of anxiety and depression and those with severe and complex mental health concerns to access group and individual sensory interventions. Collaboration with other service providers across a number of different communities has resulted in the delivery of sensory programs to younger participants from organisations such as Headspace and Epilepsy Queensland, as well as a growing demand among carers/parents to also build their own resilience. Recently developed communities such as Ripley, have also identified sensory modulation as relevant for improving health and resilience among families moving to a new environment. Key achievements, learnings, challenges and future plans will be discussed.

Learning Objectives
Learning Objective 1: The audience will learn about the benefits of sensory modulation in building healthy and resilient communities
Learning Objective 2: Sensory modulation is relevant to communities of all ages experiencing both mild and more complex mental health challenges while also being relevant to building resilience among mental health service providers as well as those caring for people with a lived experience.

References
LOSE YOUR MIND - Using VR for Empathy.

Leanne Butterworth¹

¹Lose Your Mind, Brisbane, Australia

S69: SNAPSHOTs: Therapies, Treatment Programs, M7 & M8, August 30, 2019, 10:30 - 12:30

Biography:

Leanne Butterworth is a mother of two, Rowan (8) and Zara (6), has a degree in Exercise Physiology and a Graduate Certificate Business - Nonprofit Studies. She is a George Alexander Foundation Scholar and was invited to showcase LOSE YOUR MIND to His Royal Highness Prince Andrew, Duke of York.

Imagine a world where nobody was afraid to discuss mental illness; where young people could tell their truth without fear of being judged, ridiculed or ostracised; where teenagers could seek the help they needed, when they needed it. Imagine if everyone knew how to talk to someone showing signs of mental illness and made them feel safe and loved. Feeling heard and understood is a basic human need and empathy is the connection with our feelings that gives us an emotional understanding of those around us. Virtual reality is an effective and efficient tool for building empathy. Using fully immersive, 360-degree video, LOSE YOUR MIND immerses community members in the experience of someone suffering psychosis by taking them outside their comfort zone and making them feel confused, afraid and disconnected, so they embrace those who may be suffering with enhanced kindness and curiosity. We believe participation in the LOSE YOUR MIND simulation and active mental health literacy workshops may reduce the effects of poor mental health such as social isolation, school drop-out, self-harm and suicide by allowing those who are struggling to feel safe enough to open up, tell their truth and be guided toward the help they need sooner.

Learning Objectives

Learning Objective 1: The learning objective for the audience is to recognise the importance of empathy in fuelling connection with their students, patients or clients as well as reducing the stigma of mental illness in our community.

Learning Objective 2: To seek help, someone struggling with their mental health needs to talk and to talk they need to feel safe to share their truth. By equipping the community and care providers with greater empathy, understanding and compassion, we create safe spaces for open communication.

References


A Parenting Program with a Difference. A program which helps parents living with a mental health issue increase their confidence and capacity.

Jayne Parish, Suzanne Heppell
1Anglicare Victoria, Capel Sound, Australia, 2Mentis Assist, Mornington, Australia

Biography:
Jayne Parish, Manager, Mentis Assist Mental Health Services, Mornington, Victoria
Jayne started her Community Mental Health career working with complex clients. Transitioning from support facilitator, to now the Services Manager at Mentis Assist. Jayne has a Masters; degree in Women’s’ Health, Bachelor Degree in Health Science (Naturopathy), Diploma of Herbal Medicine, Diploma of Nutrition, and currently undergoing a Masters of Healthcare Leadership.

Suzanne, Anglicare Victoria’s Program Co-ordinator of the Parenting Program for those with a Mental Illness in Frankston and Mornington Peninsula, Victoria. It was initiated in 2018 in partnership with Mentis Assist, Mornington. Suzanne established and co-ordinated the Champs Program in Frankston and Mornington Peninsula in 2010.

Parents with a mental illness can have an impaired capacity to meet the needs of their children. This is because their illness can touch multiple facets of their lives, and it unfairly and negatively impacts their loved ones the most. Research suggests that parents with a mental illness often have poor relationships with their children, resulting from poor attachment. The negative outcomes from poor attachment and bonding are well known and can have life-long societal impacts for these children. As such, building the parenting capacity of those parents with a mental illness is paramount. Unfortunately the vulnerability of these parents often shows that the feelings of being judged by other parents can turn them away from universally available parenting programs. This is a significant gap in service provision that requires a program with a mental illness lens.

To address this need on the Victorian Mornington Peninsula, Anglicare Victoria in Rosebud has partnered with Mentis Assist Mental Health Services Mornington to produce a Parenting Program with a mental health focus. The program aims to improve parenting skills and increase their knowledge about how to manage their mental illness more effectively. An evaluation was conducted in 2018 using qualitative methods. It was found that the program made significant changes in the clients’ attitude and behaviour with their children.

Learning Objectives

Learning Objective 1: To improve the consumers’ parenting skills and increase their knowledge of coping strategies to better manage their mental illness
Learning Objective 2: To showcase a collaborative model of two community organisations working together to improve the mental health and family relationships of their clients

References
Given the potential adverse impact of parental mental illness on parenting capacity and, in turn, outcomes for children, engaging this population in parenting training is of importance (Isobel et al., 2011; Phelan, Howe, Cashman & Batchelor, 2012; Phelan, Lee, Howe & Walter, 2006). Unfortunately, however, parents tend to be reluctant to access generic parenting programs (Ackerson, 2003; Isobel et al, 2016; Phelan et al., 2012).
Implementing Cognitive Adaptation Training - an approach to bypassing cognitive difficulties - into routine practice.

Justin Scanlan¹, Nicola Hancock¹, Anne Honey¹, Megan Still², Jessica Heikkinen³
¹The University Of Sydney, Sydney, Australia, ²Sydney Local Health District, Sydney, Australia, ³Nepean Blue Mountains Local Health District, Penrith, Australia

Biography:
Dr Justin Scanlan is an occupational therapist with a clinical background in mental health practice. He is currently a senior lecturer and course co-director for the undergraduate occupational therapy program at the Faculty of Health Sciences, University of Sydney.

Cognitive Adaptation Training (CAT) is an approach designed to bypass the impact of cognitive difficulties experienced by individuals living with mental illness. CAT uses environmental modifications to assist individuals to improve their independence in a variety of valued daily activities. While there solid evidence for CAT, it has not been adopted as routine practice in mental health services within Australia.

Staff from two government and two community-managed organisations will receive training in CAT and ongoing support and mentoring to implement this approach with services users. Information will be collected in terms of mental health workers’ perceptions of the usefulness of CAT and their initial reflections on barriers and enablers to its implementation.

Cognitive difficulties can create significant barriers to achieving optimal participation in valued daily activities and roles. CAT provides a potentially useful approach to overcoming these barriers and enabling healthier communities by supporting more meaningful community participation for individuals living with mental illness.

This presentation will provide an overview of the principles of CAT and how this can support improvements in wellbeing and daily functioning.

Learning Objectives

Learning Objective 1: Participants will gain an understanding of the key components of CAT and how this can support improvements in wellbeing and daily functioning for individuals living with mental illness.

Learning Objective 2: Cognitive challenges can create significant barriers to optimal community engagement, participation and citizenship. CAT is one way that these barriers can be overcome.

References


John Maher¹, Donna R¹, Ian Hodgon¹, Belinda Hanger¹, Marianne Wyder¹, Neil Barringham¹
¹A Place to Belong, West End, Australia

S70(A): KEYNOTE Q&A: Ofelia Altomare; S70(B): FOCUS PAPERS: Healthy Communities, P4, August 30, 2019, 10:30 - 12:30

Biography:
Place to Belong is a small organisation working to build inclusion for people who experience mental health challenges. We do this by encouraging and developing the capacity of the community to welcome and include others. Our vision is to facilitate inclusive community through building networks of contact and friendship.

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. She is currently employed as a Senior Research Fellow in Metro South Addiction and Mental Health services.

Donna Russell is passionate about connecting with people in the community. She currently is engaged with Place to Belong on different projects. She has a background as a Change Analyst.

John Maher has been involved in community mental health services for thirty five years, as a participant, volunteer and peer support worker. Currently he is a participant, volunteer and member of the Ripple Group at a Place To Belong. John's main interests are painting and poetry.

Belinda Hanger has a background in working with people with disabilities. She started by working in Education (Special Education) before going on to study Counselling and is currently studying Social Work. Belinda has worked as a Disability support Worker since 2009 at various agencies. She became involved with Community Mental Health last year at a Place to Belong as part of her placement and is currently volunteering as part of the Ripple Group at a Place To Belong.

In 2018, Anglicare started a nationwide project using an appreciative enquiry into community transformation on how to develop more inclusive and accepting communities. A Place to Belong, a small community organisation with a focus on inclusion for people who experience mental health challenges was selected as one of the five of the demonstration sites to illustrate this concept.

Appreciative enquiry is a process of discovery which focuses on factors that give life to a community. It is a circular methodology where people define and discover what is, dream about what might be, focus on what could be and design what will be.

Over the past year, a small group of peers have engaged in dialogues with the wider A Place to Belong Community. These discussions focussed on people’s experiences of working in an inclusive manner and what lessons can be learnt from this work. Key themes that emerged from these discussions include the importance of companionship and the value of quality relationships; the gifts and opportunities of being
seen; the trust and belief in each other; and, our shared humanity. This presentation will focus on key learnings of this process and how these concepts can be fostered.

**Learning Objectives**

Learning Objective 1: People will learn about the importance of community cohesion and how we can evolve community attitudes around how people view people living with a mental health

Learning Objective 2: Community cohesion and belonging are critical to a person’s recovery.

**References**


Growing and strengthening our friendship community: Group61 expanding our befriending model.

Ketayoon Bhathena¹

¹Wesley Mission Qld, Brisbane, Australia

Biography:
Kat is a passionate advocate for social justice and a firm believer in the value of community. Coming from a creative background Kat believes there is an undeniable link between arts, inclusion and wellness and is a champion of the importance of arts to health and wellbeing. Kat is keen to build and support a strong active and representative network of artists in health and community in and around Brisbane. (So please come and chat to me if this is of interest!) As the Inclusion Coordinator at Wesley Mission QLD, Kat has managed the Group61 program for the last three years and overseen program growth of +100%. "The wisdom and commitment I have been blessed to witness within this program is a true inspiration".

At TheMHS 2018 we introduced our befriending program Group61. Now we share our experiences and learnings as we have grown and diversified this wonderful community initiative.
Group61 joined Wesley Mission QLD in 2016 and in that time has successfully rolled out across Southeast Queensland, our purpose is to see the social inclusion of all our Friends, our mantra, hope and joy through friendship. 2019 is an exciting and challenging year as we expand our community befriending model to reach older community members through Group61Companions and young people through Group61Youth. This paper will identify how Group61 is expanding its innovative social inclusion program model, broadening its reach and inclusivity to support more diverse populations. The presentation will discuss the findings from the evaluation of our main Group61 program, how and who we chose to expand the program to and how the differing needs and preferences of the new program members have impacted our model of service for each new program. The presentation will conclude by reflecting on the increased and improved resilience of friends and volunteers and how this translates within their own communities in regards to challenging stigma and improving wellness.
"Building hope and resilience through friendships and connection".

Learning Objectives

Learning Objective 1: The audience will be presented with both quantitative and qualitative evidence of the importance of friendship and social connection to health and wellbeing. They will be presented with a grass roots community based program model and walked through the process and learnings of how to diversify a model of service to reach a broader cohort of the community. Group61 is a program that is recovery based, aspirational and full of hope and joy. The sustained contribution from our volunteers will leave the audience feeling inspired and uplifted.

Learning Objective 2: This is a grass roots program with the Lived Experience at its heart. The program recognises and champions the importance of a broader community understanding of mental health and actively promotes greater awareness across south east Queensland through an extensive and empowered volunteer base. The new Group61Youth program works specifically with young people attached to Child
Safety who are in psycho-social crisis and we will reflect on our learnings of supporting volunteers to support these young people.
Keynote Q&A

Ofelia Altomare

S70(A): KEYNOTE Q&A: Ofelia Altomare; S70(B): FOCUS PAPERS: Healthy Communities, P4, August 30, 2019,
10:30 - 12:30

Come to this informal session with the Keynote Speaker which will be facilitated by an expert chairperson. During the keynote speech first thing in the morning there is no time for questions or audience participation, so this is your chance to participate in questions and discussions with the keynote speaker in a smaller, more intimate setting.
Equally Well: Backbone Team - working collaboratively to improve the physical health of people living with mental illness.

Rachel Kapeli¹, David Peters², Russell Roberts³, Chris Maylea⁴, Helen Lockett⁵,⁶

¹Te Pou o te Whakaaro Nui, Auckland, New Zealand, ²Neami National, Melbourne, Australia, ³Charles Sturt University, Australia, ⁴RMIT University, Melbourne, Australia, ⁵Wise Group, Hamilton, New Zealand, ⁶University of Auckland, Auckland, New Zealand

S70(A): KEYNOTE Q&A: Ofelia Altomare; S70(B): FOCUS PAPERS: Healthy Communities, P4, August 30, 2019, 10:30 - 12:30

Biography:
Rachel Kapeli is a project management aficionado, certified by PMI as a Project Management Professional in 2017. She joined Te Pou 2-years ago where her time is shared across multiple projects. In the New Zealand Equally Well backbone team, Rachel herds cats and wears multiple hats to keep the team on track.

Russell Roberts is the Editor in Chief of the Australian Journal of Rural Health, Chair of the Australian Mental Health Symposium. He is the Director the Australian Equally Well project team. Russell has extensive experience as a clinician, academic and service director of a rural mental health service he led an organisation of over 1,000 staff.

Dave Peters is a current service-user of mental health services and has recently returned to regular part time work after being out of the workforce for 13-years. He has experience in lecturing in Occupational Therapy and Service Development in the community mental health sector, as well as currently working on several projects involving the National Disability Insurance Scheme (NDIS).

The NZ Equally Well backbone team have supported the collaborative to where it stands today. Equally Well Australia has adopted a similar model and in August, 2018 the UK Equally Well collaborative commenced. In New Zealand and Australia our approach is based on the Tamarack Institute’s, and Surman and Surman’s constellation model of collective impact. This approach seeks to address the multiple drivers contributing to people living with mental illness dying up to 25 years prematurely.

This presentation will focus on the backbone team’s role in Equally Well NZ and Australia. We will reflect on the wins and what plans are ahead to further grow and enhance the impact. The presentation will overview the similarities, differences and collaboration between the two countries.

The NZ Government’s inquiry into mental health and addiction services cited Equally Well because of how we work collaboratively toward a common goal. In Australia, the implementation of Equally Well is an action the Fifth National Mental Health and Suicide Prevention Plan.

Backbone support is an essential component of successful collective impact initiatives. Our experience and learning, and their implications for good practice and application to other complex and entrenched issues affecting the mental health and addiction sectors will be explored.

Learning Objectives
Learning Objective 1: Participants will gain an awareness of how to work collaboratively, by gaining insight into the Tamarack Institute phases for collective impact, and how it is being used by the Equally Well collaboratives.
Learning Objective 2: Learning to work collaboratively is an essential skill for anyone working in the mental health and addiction sector. This is particularly important because co-occurring issues are the rule, not the exception. Collaboration is essential to maximise the impact that can be made through individual and organisational expertise, and to develop and deliver support services that meet the needs of the whole person.

References

Te Pou o te Whakaaro Nui. (2014). The physical health of people with a serious mental illness and/or addiction: An evidence review. Auckland, NZ

Te Pou o te Whakaaro Nui. (2017). The physical health of people with mental health conditions and/or addiction. An evidence review. Auckland, NZ.
Women’s need for safety when recovering from mental health issues: A scoping review investigating the links between safety and recovery.

Karen Dixon¹ ², Ellie Fossey¹, Melissa Petrakis¹
¹Monash University, Frankston, Australia, ²Ermha, Dandenong, Australia

S71(A): SNAPSHOTS: Trauma & Safety; S71(B): SYMPOSIUM 1 HOUR: Reclaiming Lives from Sexual Violence, P5, August 30, 2019, 10:30 - 12:30

Biography:
Karen Dixon is a Lecturer at Monash University, Occupational Therapist and support worker at Ermha in the Women’s Prevention and Recovery Care Service in Springvale Melbourne

Objectives: Feeling safe and recovery from mental health issues are concepts which seem to be interrelated. This is a scoping review of the existing literature to identify current knowledge and knowledge gaps regarding women’s experiences of mental health services. In particular, studies that explored women’s feelings of safety were sought.

Results: This scoping review identified 12 studies. Findings across the studies indicated that a sense of feeling safe is crucial to the process of recovery for women with mental health issues. The results showed that there is little existing literature on women's safety when accessing mental health services.

Conclusion: This scoping review investigated the link between recovery and a sense of safety for women with mental health issues, who are consumers of mental health programs. Some progress appears to have been made in offering programs that provide a sense of safety for women. Both safety from assault or harassment and finding safety in supportive connections with others were found to be important. A deeper and greater awareness of gender sensitivity in designing and building mental health programs would have the potential to improve the quality of mental health services for women and may advance theory on recovery oriented practice.

Learning Objectives

Learning Objective 1: Following this presentation, the audience will have a knowledge of the existing literature on women’s mental health programs and in particular how a sense of safety and recovery are interrelated and addressed in this literature.

Learning Objective 2: How is this topic relevant to mental health services and mental health issues? More knowledge is required on how to deliver safe and supportive mental health programs for women. A review of the existing literature is essential before generating further knowledge through research projects.

References


Somewhere to be safe: Women's experiences of a women-only Prevention and Recovery Care (PARC) service.

Karen Dixon¹², Consumer from WPARCS²
¹Monash University, Frankston, Australia, ²Ermha, Dandenong, Australia

S71(A): SNAPSHOTs: Trauma & Safety; S71(B): SYMPOSIUM 1 HOUR: Reclaiming Lives from Sexual Violence, P5, August 30, 2019, 10:30 - 12:30

Biography:
Karen Dixon is a Lecturer at Monash University, an Occupational Therapist and a support worker at Ermha Springvale Women's Prevention and Recovery Care Service.

In response to concerns that not enough was being done to protect women's safety whilst recovering from mental health issues, Victoria's first women-only Prevention and Recovery Care (PARC) service was begun in February 2014. The presenters will deliver feedback from the women who accessed the service over the past five years to inform the further development of the program and other future service provision. Data revealed striking levels of appreciation from the residents for being in a women-only PARC and overwhelmingly high satisfaction with their stay at Springvale PARC. The themes that consistently emerged from the data were around feeling comfortable, safe and relaxed in a women-only environment. The women reported that this led to more honest and in-depth discussions around their needs and contributed to positive peer support experiences during recovery.

Learning Objectives

Learning Objective 1: The audience will learn about the women's experiences of a women only mental health program and the significance of gender specific programs.
Learning Objective 2: This is relevant as not enough has been done to ensure women are safe from harassment and assault when accessing mental health services, particularly residential or inpatient.

References

Re-claiming lives from sexual violence.

Tim Donovan, Dale Johns
Greenesteps Australia, Alice Springs, Australia

S71(A): SNAPSHOTS: Trauma & Safety; S71(B): SYMPOSIUM 1 HOUR: Reclaiming Lives from Sexual Violence, P5, August 30, 2019, 10:30 - 12:30

Biography:
Dale Johns is a 57 years old, married father of three grown up children, and just recently became a grandfather. He has worked in pastoral care for the past 19 years, and has also worked in social work and community advocacy for 5 years.

Tim Donovan is a father of 3 children, a husband and a mental health social worker, who enjoys the outdoors and spending time with family. Currently he works at a secondary college as a counsellor in the Northern Territory. Tim met Dale while working in the area of sexual assault.

Purpose: This presentation will demonstrate the application of the theory and practices of narrative therapy to counselling men who have been subject to childhood sexual violence. It presents an illustrative case of the author’s work with a man who was sexually abused as a child by a clergy member at his church and school. A narrative approach supported the man to gain new understandings of his experiences of sexual violence, and also of the values and skills he had maintained and developed through these experiences. He was able to move from feeling that the abuse defined him to seeing himself as a person of integrity who was able to use his experiences to contribute to the lives of others.

At the end of the presentation there will be an Outsider Witness response, which will be interactive. This will involve an interview with Dale, where the audience will be invited into reflect on how they were moved by what they heard and what they will take away from hearing Dale's story. There will be a structured response format provided to all audience members prior to the interview.

Abstract: Challenging myths about childhood sexual abuse and helping survivors to identify their hard-won knowledge and values, enables survivors to contribute to others who have experienced abuse. By confronting dominating masculinities about childhood sexual violence, we can create openings for survivors to resist the silencing effects of shame, gain distance from a problem-saturated life story, and identify values and commitments that can provide the basis for a meaningful life that is no longer defined by the experience of abuse.

There are many effects of dominant masculinities on men’s experiences of childhood sexual violence, for example:
- men and boys should be able to defend themselves;
- people can say no and fight back to stop sexual abuse from happening; which isn’t just isolated to men’s experiences but also women
- men cannot and should not share their feelings openly.
Social acceptance of these dominant masculinities silences people who have experienced sexual violence and obscures the reality of abuse.

At the end of the presentation you will be able to participate in a Definitional Ceremony, outsider witness exercise with Dale (who I previously counselled), who will be at the centre of the conversation.
By confronting dominant masculinities about childhood sexual violence, we can create openings for survivors to resist the silencing effects of shame and to gain distance from a problem-saturated life story. Identifying values and commitments that can provide a basis for a meaningful life that is not defined by the experience of abuse.

Learning Objectives

Learning Objective 1: Using narrative therapy in this way may be suitable if you are seeking a respectful and non-pathologising way of working with the effects of shame that have stemmed from a person’s experiences of oppression.
Learning Objective 2: The experience of inputting into the lives of others using narrative therapy practices can be the catalyst to reduce the effects (or transform the nature) of the suffering in the person’s life. This can bring a sense of their suffering has not been for nothing, which has the potential to ignite a sense of possibility that can swell over to other aspects of their life.

References

Sexual health and safety conversations are important: How training in a trauma-informed sensitive enquiry approach can support clinician and consumer conversations about sex.

Lori Leach1,2
1Queensland Health - Queensland Centre For Mental Health Learning, Brisbane, Australia, 2University of Queensland Faculty of Medicine and School of Psychology, Brisbane, Australia

S71(A): SNAPSHOT: Trauma & Safety; S71(B): SYMPOSIUM 1 HOUR: Reclaiming Lives from Sexual Violence, P5, August 30, 2019, 10:30 - 12:30

Biography:
Lori is a Principal Project Officer at the Queensland Centre for Mental Health Learning and currently leads the Sentinel Events Review team which specialises in risk assessment and management training. Lori is concurrently a University of Queensland staff associate with 15 years’ experience in health communication and patient safety research.

Up to 48% of mental health consumers have been victims of sexual abuse. How clinicians think and talk about sexual health and safety is important because it can influence their behaviour towards consumers. As talking about sex is socially taboo, clinical conversations about sexual abuse can be unsettling and sometimes avoided. This paper explores health professional perceptions of sexual health and safety conversations and training needs to support these. Queensland Health mental health and alcohol and other drugs service clinicians across the state (n = 737) completed a mixed methods questionnaire, and a sub-group of these (n = 22) participated in semi-structured interviews. Findings showed that the perceived importance of communication and clinical skills was systematically higher than perceived proficiency; but also, that clinicians were confident that their service provided appropriate safe care. Interview data revealed the importance of the skilled application of trauma-informed care and sensitive inquiry in fostering safety and wellbeing. The findings are currently being employed by the Queensland Centre for Mental Health Learning to inform training that aims to upskill clinicians in open sensitive inquiry. Upskilling clinicians is likely to support consumer engagement, consumer sexual health and safety, and their psychological wellbeing.

Learning Objectives

Learning Objective 1: Develop a deeper understanding of the importance of sexual health, safety and stigma in mental health services, and how upskilling in a trauma-informed sensitive inquiry approach can build confidence in sensitively supporting consumer needs and destigmatise sexual health and safety conversations.

Learning Objective 2: Gain awareness of how to incorporate consumer sexual health and safety into the risk assessment and management plans for consumers. The presentation will include an overview of a Queensland Centre for Mental Health Learning risk assessment and management training program under redevelopment.

References

Women's Healthy Relationships Program

**Jasmine Phillips**, Chantal Paton, Nicole Opoft

1Kimberley Mental Health And Drug Service, Broome, Australia, 2Broome Youth and Families Hub, Broome, Australia, 3Community Member, Broome, Australia

S71(A): SNAPSHOT: Trauma & Safety; S71(B): SYMPOSIUM 1 HOUR: Reclaiming Lives from Sexual Violence, P5, August 30, 2019, 10:30 - 12:30

**Biography:**

Jasmine Phillips is a Djugan Yawuru woman from Broome. She has worked for Kimberley Mental Health and Drug Service for the past six years running groups and programs from the Broome Community Recovery Centre in partnership with non-government organisations. Jasmine facilitates a women’s group and the Women’s Healthy Relationship Group.

Chantal Paton has Diplomas in both Community Services and Children’s Services, an Associate Degree in Arts, Business and Science, and has almost completed a social work degree. She consulted local Yawuru women accessing Broome Youth and Families Hub in the initial stages of developing the Women’s Healthy Relationship Group.

Nicole Opoft, a single parent, joined the Women’s Healthy Relationship program because she felt at her lowest suffering chronic depression and PTSD. After completing two programs she is now a mentor. Nicole is completing a Diploma of Community Service and is a West Kimberley Family and Domestic Violence Partnership member.

The Women’s Healthy Relationship Group is a collaboration between Broome Youth and Families Hub and the Kimberley Mental Health Drug Services team. This program addresses Family and Domestic Violence (FDV) and the impacts of FDV on mental health, parenting, power and control.

This program was developed over two years in consultation with Yawuru women, who assisted with the planning process and the program implementation. The program is delivered over eight weeks, engaging up to 10 women per cycle.

Service delivery combines use of local language, art to express individual strengths, along with providing a safe environment that offers women the courage to share their lived experience. This process supports empowerment within the group. Peer support is a major component of this program.

Participants develop skills in identifying risks and safety planning and they also gain an understanding of the impact of trauma on the individual and the family group as a whole. The success of this program is confirmed through program evaluations and recognition in the local community. Community response to the program has shown an increase in self-referrals, and family/friend referrals. Partnerships have been strengthened with the Western Australian Police Force and other non-government organisations.

**Learning Objectives**

Learning Objective 1: The audience will learn about collaboration between Yawuru women to establish Women’s Healthy Relationship Group, and the different learning approaches implemented in the program.
Learning Objective 2: This trauma informed program contributes to building a healthy community by deepening participant’s understanding of mental health, communication and empowerment at a personal and family level.
Artwork Series By Mikarla Teague

Mikarla Teague

MEET THE ARTIST - MIKARLA TEAGUE, Great Hall Mezzanine Concourse, August 30, 2019, 12:45 - 13:15

This series of artworks challenge the viewer to discard the external conditionings of the Status Quo, and everything you are conditioned to believe in, to be co-dependant on. Raise your consciousness - your personal happiness, success, emotions and purpose in this lifetime is an entirely personal and individual journey. It hurts my heart that the sum of an individual’s "worth" in this society is determined by how much money they have in the bank, their job, their age, gender, clothing brands, sexuality etc. Never allow any exterior influences to dictate how you live your life, your life is too precious to give your power away so easily. Question the reality you are "presented' with, right now. Educate others to be happy, so they'll truly know the value of things, not the price. You don't take your possessions and material shit with you when you die. Rebel against hypocritical houses of God, against people whose minds are closed to others' ideas, - No longer be afraid to die, but be afraid of accepting a stagnant Status Quo.

Meet Mikarla at 12.45pm on Friday where she will discuss her art in more depth.
Virtual Environments and the Therapeutic Space: Exploring the Potential of Virtual Reality to Evaluate Mental Health Service Facilities.

Stephanie Liddicoat1,2, Xuan Xie1

1University Of Melbourne, , Australia, 2School of Design; Faculty of Health, Arts and Design; Swinburne University of Technology, Melbourne, Australia

S72: PAPERS: Innovative Healing Environments, M1, August 30, 2019, 13:30 - 15:00

Biography:

Xuan Xie (Charis) is a Master of Information Systems student that is specialising in E-health at the University of Melbourne, Australia. Xuan’s research interest targets utilising emerging technologies to deliver improved mental health services in the treatment of mental illness, within an E-health context.

There is an extensive body of research which affirms the links between mental wellbeing and good design practice. However, there is a lack of design guidance available for designing mental health facilities specifically. There is a gap in existing knowledge bridging the understanding of mental health conditions, aspects of building design which contribute positively to consumer outcomes and experiences, and the ways in which these positive effects can be integrated into built environments. Further, there is a paucity of research and tools for how to positively engage consumer voices in co-design and evaluation processes relative to designing supportive built environments providing mental health care.

This paper discusses findings from a study where we explored how mental health facilities can be designed to enhance consumer outcomes and experiences, and contribute to healthy and sustainable communities. We evaluate the use of virtual reality (VR) as a co-design approach to capture mental health consumer voices. Two mental health facility designs, which integrated design strategies derived from consultation with mental health consumers, their carers, therapists, architects, and design researchers, were evaluated by participants using VR. We discuss the opportunities and limitations of VR as an iterative co-design research tool within the mental health sector.

Learning Objectives

Learning Objective 1: The audience will gain a greater understanding of the potential uses of virtual reality as a way to visualise mental health service facilities, the advantages we have uncovered relative to the medium of virtual reality in co-design processes with consumers and their families, implications for mental health service delivery and suggestions for future researchers.

Learning Objective 2: This topic is relevant to mental health services and mental health issues as it specifically addresses how to capitalise on new technologies to innovate service delivery, and to meaningfully integrate the consumer voice into co-design processes; a relatively under-explored research area. This topic also contributes to the dialogue advocating for the inclusion of consumer voices in architectural design processes, as a means to facilitate an enhanced recovery journey and more healthy and resilient communities.

References

It makes sense, therapeutically: Creating sensory spaces in mental health inpatient units.

Samantha Bicker¹, Susan Patterson¹, **Sally Mercier¹**, Danielle Manolis¹

¹Metro North Mental Health, Brisbane, Australia

**Biography:**
Sally Mercier is a Senior Occupational Therapist of the Inner North Brisbane Mental Health Service. She is currently implementing a Sensory Modulation Project in an acute in-patient setting at the Royal Brisbane & Women’s Hospital. Sally has worked in community case management since 2009, before which she worked in forensic mental health in London.

Danielle Manolis is a Senior Occupational Therapist of the Inner North Brisbane Mental Health Service (Metro North). Danielle has over ten years of experience across a range of mental health settings and utilises sensory approaches within her clinical practice to enhance the health and wellbeing of consumers.

The physical environment and design of mental health facilities shape the therapeutic space, affecting wellbeing and engagement of consumers and staff, and influencing outcomes such as length of stay (Connellan et al., 2013). The physical environment is shown to affect consumer arousal levels, especially when they are acutely unwell (Jenkins, Dye & Foy, 2015). Barren and artificially lit environments can be distressing and increase boredom and agitation, whereas contact with natural environments is universally regarded as health promoting. Gardens designed intentionally to stimulate and soothe the senses can reduce stress, and improve attention (Naderi & Shin, 2008).

Recognising the benefits of optimising environments using principles of sensory modulation, The Mental Health Alcohol and Other Drugs Branch (MHAODB) funded refurbishment of two large balcony spaces in the psychiatric unit of a tertiary hospital. The proposed refurbishments include garden spaces, visual art, and opportunities for physical and cognitive activity.

This presentation will describe the process and outcomes of a mixed-methods evaluation involving analysis of qualitative and quantitative data collected using questionnaires, observation and consultation with staff and consumers, before and after refurbishment. We will draw on learning that could inform similar work elsewhere. Our aim is to encourage and inform development of environments that promote recovery and enable access to spaces that are therapeutic.

**Learning Objectives**

Learning Objective 1: To understand how the physical environment of an inpatient unit can impact on staff and consumers

Learning Objective 2: To understand how the environmental refurbishments occurred and how this could be applied in other hospital environments.

**References**


People and Their Places - Creating better mental wellbeing in the community by thinking creatively, collaboratively and compassionately.

Peta Dampney
1
2From Me To You, Brisbane, Australia

S72: PAPERS: Innovative Healing Environments, M1, August 30, 2019, 13:30 - 15:00

Biography:
Peta is a Mental Health First Aid Australia instructor and a lived experience spokesperson for The Gidget Foundation, Suicide Prevention Australia and Roses in the Ocean. She has shared her experience of living with anxiety and depression, as well as having been bereaved by suicide and surviving her own suicide attempt via national media and at conferences. Peta has a keen interest in code of conduct and duty of care for lived experience workers as well as community based mental health and suicide prevention education programs and services. She has contributed to the rollout of national suicide prevention and mental health projects and programs.

This paper will explore the concept of creating more mentally well and connected communities by addressing the following questions: - Who are the people in our community? - What are the places in our community that can be utilised positively for enhancing mental wellbeing? - Why is creativity so critical for community wellbeing and mentally healthy placemaking? - Who are the stakeholders in mentally healthy community placemaking? - How do we do placemaking compassionately and non-condescendingly? This discussion will refer to Bristol in the United Kingdom as an example of a community that has led the way internationally with its community placemaking initiatives. A proposed set of guidelines will be presented to stimulate attendees into action to contribute to the creation of mentally healthy community placemaking initiatives in their own communities.

Learning Objectives

Learning Objective 1: Participants will reflect upon their use of community spaces to positively contribute to their own and others’ mental wellbeing and how they can help influence positive change and development in their own communities.

Learning Objective 2: This topic is relevant as it focuses on the significant role that community spaces can have on promoting positive mental wellbeing and healthy relationships. It is an essential factor in early intervention, prevention and community resilience and morale.

References


Community of Diarists for Mental Health

Sepehr Hafizi¹ ²
²CPFT, Cambridge, UK, ²University of Cambridge, Cambridge, UK

S73(A): PAPER: Community of Diarists; S73(B): WORKSHOP 1 HOUR: Community Theatre Project, M2, August 30, 2019, 13:30 - 15:00

Biography:
Dr Sepehr Hafizi is a Consultant Psychiatrist in General Adult Psychiatry at Fulbourn Hospital in Cambridge. He is also an Associate Lecturer and a College Research Associate at the University of Cambridge. His interests include the interface between medicine and literature.

Communities are formed not just in space, but also in time. There is much to be learnt from the past, especially from the lived experience of writers with a history of mental illness. An example of a celebrated writer is that of Virginia Woolf who was a major contributor to the modernist cultural movement of the early 20th Century. Not only was she a writer of diaries, but she was also an avid reader of diaries such as that of the Somerset Rector John Skinner. She saw herself positioned in a ‘community of diarists’ where the reading and writing of diaries is much valued. Her own diary writing can be split into three phases with the last phase particularly valuable to the reader in understanding the struggles and coping mechanisms of a mind tortured by depression. Although the study of a diary is very much a qualitative effort, some researchers have examined diaries using more quantitative methods, e.g. the analysis of the journals of Sylvia Plath. Both approaches are likely to benefit interested patients and healthcare workers. Thus, modern healthy communities are not only created in physical space or virtual space, but also may be sought in ‘time’ space.

Learning Objectives

Learning Objective 1: There is value in reading the diaries of celebrated writers from the past as it allows access to the rich workings of the inner mind of the mentally ill.
Learning Objective 2: A ‘community of diarists’ represents another form of healthy community for tackling mental health issues.

References

Empowering Individuals and Communities through Storytelling and Creative Play: Community Theatre Project.

Kathryn Dekker¹, Ketayoon Bhathena²
¹Communify Qld, Brisbane, Australia, ²Wesley Mission Queensland, Brisbane, Australia

S73(A): PAPER: Community of Diarists; S73(B): WORKSHOP 1 HOUR: Community Theatre Project, M2, August 30, 2019, 13:30 - 15:00

Biography:
Kat Dekker is a Community Engagement worker with Communify Queensland with a background in theatre and arts facilitation. Kat has worked extensively with marginalized groups using Theatre of the Oppressed methodologies as a tool for community voice and cultural change. Kat holds a Bachelor of Creative Arts (Honours) from the UQ and a Graduate Diploma in Community Development (Griffith U)

Ketayoon Bhathena
Kat is a passionate advocate for social justice and a firm believer in the value of community. Coming from a creative background Kat believes there is an undeniable link between arts, inclusion and wellness and is a champion of the importance of arts to health and wellbeing. Kat is keen to build and support a strong active and representative network of artists in health and community in and around Brisbane. (So please come and chat to me if this is of interest!) As the Inclusion Coordinator at Wesley Mission QLD, Kat has managed the Group61 program for the last three years and overseen program growth of +100%.

"The wisdom and commitment I have been blessed to witness within this program is a true inspiration".

In 2013 the National Arts and Health Framework was released, endorsed by the then Ministers for Health and Culture. The framework highlights the importance The Arts make to the health and wellness of individuals and communities and lists Arts and Health as inclusive of
• Health promotion – to improve population health outcomes and reduce health inequities (for example, by promoting healthy lifestyles, discussing sensitive health issues, communicating health-related concerns and increasing health literacy)
• Healthcare – to improve the quality of services and the experiences of consumers and staff (for example, by increasing staff satisfaction and communication skills and improving healthcare environments)
• Community wellbeing – to develop community capacity and wellbeing (for example, by building community cohesion and resilience, cultural maintenance for Indigenous and other population groups and promoting cultural diversity). [National Arts and Health Framework, https://www.arts.gov.au/national-arts-and-health-framework]

Within the framework, three pathways were identified whereby the documented effects of the arts in promotion and prevention directly address some of the most important causes of disease burden [Craemer, R. (2009) The Arts and Health: from economic theory to cost-effectiveness, UNESCO OBSERVATORY e-journal, Vol1, no4, University of Melbourne.]
• Mental health – addressing anxiety and depression and developing coping strategies
• Physical and mental activity – reducing risk of heart disease; maintaining brain health (vital with increased longevity in the population)
• Social connection – alleviating social isolation which is associated with morbidity and mortality and a range of lifestyles risk factors [National Arts and Health Framework, https://www.arts.gov.au/national-arts-and-health-framework]
The Community Theatre Project seeks to work specifically within this area of arts and health by using forum theatre as a platform for social connection and inclusion of otherwise marginalised community members. Forum theatre, born out of the philosophy of Theatre of the Oppressed, is a way of working with communities through storytelling and dramatic play. The philosophy of this theatrical method lies in transformational change and its foundations reside in community development, empowerment, and resilience.

The collaborative Community Theatre Project between Australian Red Cross, Communify and Wesley Mission QLD, was born from our collective recognition of the adverse impacts of exclusion and loneliness to our clients that include; reduced longevity and quality of life for individuals and for society in general, less social capital and increased health and community care service costs. The project invites community participants with lived experience of social isolation and mental health issues to investigate and challenge experiences of oppression within a wider social systems context, using theatrical games and exercises. This participant-led process builds towards the identification of a common community theme related to lived experience and attitudes, stigma, and discrimination. The development of stories within these themes culminates into a piece of forum theatre.

This project addresses the need to hear and be responsive to client voice, a need that is now well documented. The project provides an opportunity to challenge, in a safe and creative space, common social and cultural (mis)understandings and engage in proactive theatrical experimentation to bring about change. The use of forum theatre creates opportunities for individuals and communities experiencing social isolation to be heard, to hear others’ perspectives and be challenged, to explore other personas and in doing so identify that there are alternatives and choices to be made. It challenges the broader community to confront these real life stories and become an active participant in trying to identify avenues for change to bring about different and positive outcomes for the individual / community.

This workshop will discuss the Community Theatre Project, and demonstrate the methodology and impact through inviting participants to actively engage in theatrical games and activities. Please note this workshop will require clear floor space for active participation.

Learning Objectives

Learning Objective 1: In learning about the Community Theatre Project the workshop participants will gain understanding of the importance of client voice and proactive experimentation to journeys of social inclusion and wellness. Through discussion and direct participation in theatrical games, workshop participants will see the practical implications of creative engagement with communities, and will feel empowered to work in collaborative creative play within their own communities.

Learning Objective 2: The Community Theatre Project recognises that loneliness and social isolation are an emerging public health issue, and have significant impact on mental health outcomes. This project actively addresses issues such as (self) stigma, discrimination and marginalisation that can lead to people losing their sense of self-worth, voice, and power to speak up. While also challenging the audience to consider the real world impacts of broader systemic barriers people with ongoing health and wellness issues face, such as unemployment, poverty and isolation. This project provides a creative platform for clients stories to be presented, offers an innovative platform for support workers to engage and work with and an accessible platform for community audiences to learn. Programs such as this Community Theatre Project present proactive and innovative ways of connecting with communities and combatting these issues.

References
Featured Symposium: Mental Health, Substance Use and Discrimination - Three Key Issues for Australian Young People.

Cath Chapman¹, Ally Nicolopoulos², Jennifer Debenham¹, Hannah Deen¹
¹The Matilda Centre for Research in Mental Health and Substance Use, Sydney, Australia, ²Black Dog Institute, Sydney, Australia

S74: FEATURED SYMPOSIUM: Mental Health, Substance Use and Discrimination - Young People., M3, August 30, 2019, 13:30 - 15:00

Biography:
Cath is an Associate Professor at The Matilda Centre for Research in Mental Health and Substance Use at the University of Sydney, where she is also Program Director of an NHMRC Centre for Research Excellence in Prevention and Early Intervention in Mental Illness and Substance Use (PREMISE). She began her career at St Vincent’s Hospital in Sydney conducting mental health services research and evaluation before moving to the Clinical Research Unit for Anxiety and Depression (CRUFAD) to conduct population mental health research with a focus on anxiety disorders. Her current research focuses on the epidemiology of mental health and substance use problems and the way in which data from large scale population surveys and clinical trials can inform research, prevention and treatment.

Ally recently completed her PhD investigating self-reported motives for suicide in young individuals, and currently works as a postdoctoral researcher investigating links between bullying and suicidal ideation in young people. Ally is passionate about working with youth, and strongly advocates for the inclusion of lived experience in mental health research.

Ms Jennifer Debenham is a Doctor of Philosophy candidate at the Matilda Centre for Research in Mental Health and Substance Use at the University of Sydney. Jennifer is interested in developing and evaluating neuroscience-based AOD harm minimisation programs for older adolescents so to nurture a drug literate youth population.

Hannah Deen is a Research Assistant at the Matilda Centre, University of Sydney. Hannah assists with the maintenance and dissemination of a national online toolkit (Cracks in the Ice: www.cracksintheice.org.au) funded by the Australian Government Department of Health that disseminates evidence-based information about the drug ‘ice’.

A recent survey by Mission Australia of over 28,000 young Australians aged 15-19 found that mental health, alcohol and drugs and equity and discrimination were the three top ranked issues of concern for young people. Similarly, Triple J’s “What’s up in your World Survey?” in late 2018 found that mental health was rated as the most important issue facing young people. The same survey also found that only around a third of people who felt they needed help for alcohol or drug problems actually got it. This symposium will feature three brief presentations by young researchers and students related to each of these three topics. The first will investigate lived experience of mental health issues and suicide attempts among youth, the second will explore the effects of substance use on the adolescent brain, and the third will present data from a recent community survey about stigma, discrimination and barriers to help-seeking for young people who use crystal methamphetamine. High school students from a local QLD school will participate in the
symposium and offer their own perspectives on these issues and on the information presented in the talks. There will also be opportunity for interaction and discussion with the audience.

This symposium has been co-ordinated by Lauren Gardner, Steph Kershaw and Cath Chapman at the NHMRC Centre of Research Excellence in Prevention and Early Intervention (PREMISE CRE) and the Matilda Centre for Research in Mental Health and Substance Use. It will feature young presenters from these organisations as well as the Black Dog Institute at UNSW and Scots PGC College, QLD.

Presenters/Topics:
Ally Nicolopoulos
“In their own words”: Capturing lived experience of mental health issues and suicide attempts among young people

Jennifer Debenham
Adolescent substance use: what does the brain think about this?

Hannah Deen
I was afraid to seek help: stigma and discrimination among young people who use crystal methamphetamine

Learning Objectives

Learning Objective 1: Attendees of this symposium will gain insight into the three most important issues to Australian young people today: mental health, substance use, and equity and discrimination. With a specific focus on youth, speakers will explore these issues, presenting evidence from their research and, if relevant, their lived experience. Moreover, attendees will have the opportunity to observe and participate in an interactive discussion with the speakers and high school students. Students will offer commentary on the three presentations and pose questions to the speakers. It is expected that the session will be a thought-provoking and valuable session for all involved.

Learning Objective 2: Topic 1 is directly relevant to mental health and will primarily focus on improving our understanding of depression, anxiety and suicide among youth. Topics 2 and 3 extend to substance use, which is commonly comorbid with mental health conditions. Together, substance use and mental disorders are the leading global causes of burden of disease in young people. Additionally, topic 3 centres on stigma and discrimination associated with substance use which impacts mental health and wellbeing.

References


https://www.abc.net.au/triplej/programs/hack/whats-up-in-your-world-the-census-for-young-people/10051266
Dual Diagnosis in Regional Victoria: Bridging the Silos

Remi Briody¹, Ivan Thorne¹, Sylvia Alberti¹
¹Uniting Ballarat (VIC / TAS), Ballarat, Australia

S75: SNAPSHOTs: Bridging the Gaps, M4, August 30, 2019, 13:30 - 15:00

Biography:
Remi Briody is a registered senior Clinical Psychologist at Uniting Ballarat with 10 years experience in working in mental health in regional and rural Victoria.
Due to a strong background working in clinical services, Remi has a passion for appropriate process and policy development to support clients and their clinicians.

Ivan Thorne has worked in the Community/Health sector for 34 years, across New Zealand and Australia. He joined the Community Service sector 20 years ago in leadership roles within Community Mental Health, Victims of Crime, Disability Services, Youth Mental Health and Youth Withdrawal. This included teaching the Certificate and Diploma for AOD and Mental Health. Ivan’s interest in Dual Diagnosis work, and how this applies in youth services, has led him to present several papers on the effects of substance misuse on young people with the belief that this cohort of client needs a holistic approach to treatment. Ivan’s current role as Manager of Wellbeing Services for Uniting Ballarat oversees a Dual Diagnosis Clinic, Youth Withdrawal Service and other AOD and MH residence- and community-based treatment services.

The health services system is typically structured to respond to specific singular needs. This is problematic for individuals with co-morbid substance misuse and mental health conditions, particularly in regional/rural areas. Often people with dual diagnosis concerns face fragmented responses and have slipped between the gaps of mainstream health systems and AOD services with different parts of the system focusing on addressing each issue in isolation.

This negatively impacts client wellbeing as well as impacting treatment effectiveness. It’s further complicated in regional areas as tertiary mental health services are not required to treat AOD issues, however, are often the primary point of contact for many service users.

This challenging set of circumstances provided the impetus for the development of the Dual Diagnosis Clinic at Uniting in Ballarat. We determined that there was a significant need to establish a clear service whose primary function is to actively address both mental health and substance use issues concurrently within a multidisciplinary team.

Uniting has established the first clinic which has a Dual AOD /MH focus as the core specialisation under a bulk billing service.

Learning Objectives
Learning Objective 1: This paper aims to discuss the successes and challenges of setting up a Dual Diagnosis Clinic in regional Victoria; providing an insight into how to establish in other rural remote catchments

Learning Objective 2: The issue of comorbid health conditions is prevalent topic across healthcare & is particularly relevant for mental health- whereby issues are often addressed in isolation.
Additionally, many clients who present with comorbid conditions often have multiple clinicians involved in their care- which can be confusing and not therapeutically beneficial. The development of the Dual diagnosis, bulk billing clinic within Uniting Ballarat aims to address comorbid conditions concurrently, thereby reducing the burden on accessing services to the client.

**References**


Strengthening the Workforce and Community with a Framework for Clinical Supervision for Mental Health Nurses.

Kate Thwaites¹, Randolfo Obregon¹
¹Office Of The Chief Mental Health Nurse, Melbourne, Australia

Biography:
Kate Thwaites is a mental health nurse working as Principal Clinical Advisor in the Victorian Office of the Chief Mental Health Nurse. This work encompasses her role in nursing leadership and working with lived experience experts. Kate’s professional vision is a health care system which provides evidence based care, nurtures, values and develops clinical staff and provides kind and compassionate mental health care to consumers and families.

Randolfo Obregon is Senior Project Officer at the Office of the Chief Mental Health Nurse in the Victorian Department of Health and Human Services. Randolfo has ten years’ experience in public service, with a focus on workforce development policy and translation of policy into practice.

Strengthening the workforce and community with a Framework for Clinical Supervision for Mental Health Nurses

In response to our workforce need, the Victorian Chief Mental Health Nurse developed a framework for clinical supervision for Victorian mental health nurses.

The Office of the Chief Mental Health Nurse provides leadership to, and advocacy for, consumers, the mental health sector and mental health nurses. The Office drives best practice to deliver positive and recovery-focused outcomes for consumers who access Victorian mental health services.

The Office provides practice leadership and evidence-informed directions and recommendations for mental health nursing practice, policy and service design that has an impact on the workforce, to promote continuous improvement in client outcomes.

The Chief Mental Health Nurse recognises the support and need for nurses to have a regular safe space to reflect on practice, as part of their professional development and career structure. Though there were examples of good practice and training models over the years, there remained a lack of uniformity or standards in Victoria to support the mental health nursing workforce.

Despite industrial support through EBA’s there remains difficulty with state-wide support and widespread uptake of the practice within mental health services.

The following areas will be discussed in relation to the evolution of the Framework:
• Identification of 5 Principles critical to the provision of effective clinical supervision
• Articulation of modes and models
• Consultation models for state-wide engagement
• Learning and development training programs engagement
• National engagement
• Development of best practice standards for supervision and training programs
• Lived experience supervision pilot
• Evaluation – first steps

Importantly, an implementation and sustainability plan to support ongoing leadership within services has also been developed.

**Learning Objectives**

Learning Objective 1: The audience will be provided with an outline of the workforce strengthening project for Victoria, the Clinical Supervision Framework and the resilience building that can be suggested from support in the workplace for mental health nurses

Learning Objective 2: This topic is relevant to mental health services to support development of similar frameworks and also to engage in a implementation and sustainability program of work over 5 years.

**References**


Making a space for people with intellectual disabilities and mental health issues in our communities, moving forward not backwards.

Julia Hennessy\textsuperscript{1}, Frances Hughes\textsuperscript{2}  
\textsuperscript{1}Auckland Institute of Studies, Auckland, New Zealand, \textsuperscript{2}Cutting Edge Oceania, Brisbane, Australia

S75: SNAPSHOTs: Bridging the Gaps, M4, August 30, 2019, 13:30 - 15:00

Biography:
Julia Hennessy, RN, PhD.  
Julia has held a number of senior positions within health and education and has undertaken a number of consultant roles in her home country of New Zealand and internationally. She, along with her colleague Frances have undertaken research in the areas of mental health and intellectual disabilities. Julia was the Executive Director of Teaching and Learning with a Wellington-based tertiary education institute, is currently President of the Auckland Institute of Studies, a Trustee for an industry training organiser, national moderator for the funeral and embalming industry and a Director of a private tertiary training institute.

Frances Hughes, RN, DNurs, ONZM  
Frances has worked for non-government organisations (NGOs) in the areas of disability and service evaluation and mental health. She held the position as Executive Officer in a national disability group and established an NGO that provided community residential support to individuals with complex mental illness. Currently, she serves as Executive Director of Cutting Edge Oceania, where she works for northern hemisphere organisations representing their interests in Australia and New Zealand. For two years prior, she held the position of Chief Executive Officer of the International Council of Nursing in Geneva, Switzerland. Before that, Frances has worked for the World Health Organization as the Facilitator for the Pacific Island Mental Health Network, where she worked with 16 governments to help develop policies to improve mental health.

There is a growing awareness for the needs of consumers with high and complex mental health and intellectual disabilities, however, this awareness has not gone far enough. Being a group, small in numbers, many are accessing support through mental health secure facilities.

It is important that this group are supported by the philosophy of disability and normalisation. Being part of developing a healthy community requires acknowledgement of all those that could be a part of that development. Across the board, those people with ID/MH issues are for the most part forgotten and invisible, and their overall needs frequently are unmet. Their general health needs including dental, physical and social needs are not well understood and therefore are often failed to be diagnosed, thereby missing out on having even their basic needs treated.

This presentation is an attempt to raise the awareness for this group and to provide an avenue for their stories to be told as well as heightening the awareness of health professionals, funders and planners of their unmet needs.
Hennessy and Hughes (2018) stated that “given the health inequalities experienced by individuals with intellectual disabilities, a key consideration for the profession should be how these individuals obtain access to appropriate mainstream health services” p5.

**Learning Objectives**

Learning Objective 1: Understand the invisibility of people with intellectual disabilities and mental health within our communities.
Learning Objective 2: Reflect on what would our communities look like if there was normalisation for ID/MH consumers

**References**

Hughes, F and Hennessy, J (2018) Assisting Individuals With Intellectual Disabilities: Do We, as Nurses, Still Have a Role? Journal of Psychosocial Nursing and Mental Health Services. 2018;56(10):2-5  
https://doi.org/10.3928/02793695-20180920-01
The LEEN Community of Practice – enhancing the engagement of and support for those with lived experience of mental illness through knowledge sharing.

**Natalie Rutstein**

*SANE Australia, Melbourne, Australia*

S75: SNAPSHOTS: Bridging the Gaps, M4, August 30, 2019, 13:30 - 15:00

**Biography:**

*Natalie Rutstein is the Lived Experience Lead at SANE Australia, a national charity working to promote the wellbeing of people affected by complex mental illness. Natalie manages the SANE Peer Ambassador Program, training and supporting those affected by mental illness to share their experiences in order to drive social change.*

The Lived Experience Engagement Network ("LEEN") is a Community of Practice led by SANE Australia, bringing together fifteen national organisations and their respective team members responsible for lived experience and community engagement.

The network collaborates to celebrate achievements, learn from best practice and utilise shared expertise to respond to emerging challenges when meeting advocacy needs of the communities we support. This presentation will share the impact that the LEEN has had on each member in their practice - the learning gained and common challenges faced whilst managing, supporting and celebrating lived experience engagement in their respective organisations.

**Learning Objectives**

Learning Objective 1: Those attending will learn effective strategies in building and sustaining an engaged Community of Practice in the mental health sector, as well as an understanding of the shared challenges we all face in lived experience engagement.

Learning Objective 2: This session will highlight the importance of addressing emerging challenges in mental health advocacy in a shared rather than remote way. It will also equip participants who lead mental health programs and services with an enhanced understanding of how to collaborate better with partner organisations to ensure that consumer advocacy is a positive, supported and meaningful experience.
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Training development to support clinician preparedness for the Violence risk assessment and management framework – mental health services policy implementation: Project report.

Lori Leach¹,², Ben Walters¹

¹Queensland Health - Queensland Centre For Mental Health Learning, Brisbane, Australia, ²University of Queensland Faculty of Medicine and School of Psychology, Brisbane, Australia

Biography:
Lori is Principal Project Officer at the Queensland Centre for Mental Health Learning and currently leads the Sentinel Events Review team which specialises in risk assessment and management training. Lori is concurrently a University of Queensland staff associate with 15 years’ experience in health communication and patient safety research.

A number of fatal sentinel events involving persons with a known or suspected mental illness have been reported in Queensland in recent years. While the number is very low, the effects of these events are devastating for the victims, families, the community and the perpetrators. This paper reports on a training development project to advance violence risk assessment and response in mental health services to support positive consumer and carer outcomes. The project was sponsored by the Queensland Health Mental Health and Alcohol and Other Drugs Branch and conducted by the Queensland Centre for Mental Health Learning. Throughout the project key stakeholders met and discussed: the review and development of training courses and evaluation proposals; project progress; and how training would support clinical engagement with consumers who pose a risk of violence and promote timely comprehensive assessment and response. Collaborative engagement between these agencies informed directions for the review and development of training for a pilot implementation and evaluation phase, and training course finalisation. Statewide roll out of the training courses will support clinicians apply a prevention-oriented approach to violence risk assessment and response.

Learning Objectives

Learning Objective 1: Understand how the collaborative relationship between policy developers and clinical education developers informs health professional training and education and how this improves consumer outcomes downstream.

Learning Objective 2: Gain awareness of how Queensland Centre for Mental Health Learning training modification and development supports clinicians in their application of the Violence risk assessment and management framework – mental health services (the Framework) to practice. The presentation will include an overview of the project (its aims, process and outcomes), a brief introduction to the Framework, and an overview of the training courses that support clinician understanding of their role.

References

"I am a whole person that happens to have an injury": The effectiveness of social prescribing as an intervention for people with work-related injuries and psychosocial difficulties.

JR Baker\(^1\), Theresa Caruana\(^2\), Christina Aggar\(^3\)

\(^1\)Primary & Community Care Services Limited, Thornleigh, Australia, \(^2\)School of Health & Human Services, Southern Cross University, Lismore, Australia, \(^3\)Southern Cross University & Northern NSW Local Health District, Lismore, Australia

S76: PAPERS: Building Healthy Communities, M5 & M6, August 30, 2019, 13:30 - 15:00

Biography:
Dr J.R. Baker is the CEO of Primary & Community Care services and a registered psychologist. He has extensive experience in health innovation, the management of community-based health and mental health programs, population health planning, education and training, program design and development, primary care engagement, and stakeholder management. He completed a BA in Psychology from Brown University, a Graduate Diploma in Public Sector Innovation from the University of Technology Sydney, a Postgraduate Diploma in Psychology from Monash University, a Master of Psychology from Swinburne University and a PhD in Psychology from Swinburne University. His publication record includes papers and presentations on ICT and productivity, human factors, ICT usage and wellbeing, workforce development and training, capacity and capability building in primary and community care, cross-sectoral partnership building, and patient journey modelling and service redesign.

Theresa is a Research Officer in the School of Health and Human Services, Southern Cross University. She has postgraduate qualifications in Social Work, Psychology, and Public Health, and has a background in mental health and community services work, policy, and education.

Psychosocial interventions that encourage optimism and connectedness have been shown to promote workplace injury recovery and improve overall wellbeing. [1,2] Plus Social for injured workers with psychosocial difficulties is a pilot twelve-week social prescribing program operating in the greater Sydney area that aims to increase social and economic participation, improve psychological functioning and quality of life, and decrease health service utilisation. This presentation will describe the model of care and discuss the findings of a mixed-methods exploratory study involving pre- and post-intervention participant data (n = 175), activity reports, and participant interviews. A person-centred, holistic care approach to assisting injured workers can contribute to meaningful improvements in wellbeing that include greater self-awareness, reduced pain and distress, stronger social connections, reduced welfare needs, and improved motivation and capability to recover from injury and employment loss.

Learning Objectives

Learning Objective (1): People in the audience will gain an understanding of what social prescribing involves, and how it can meet the unmet health and wellbeing needs of injured workers with psychosocial difficulties.

Learning Objective (2): This topic is relevant to mental health services and mental health issues because psychosocial support services can promote coping skills and strategies to limit and manage negative health and wellbeing impacts of workplace injury and status loss, including pain, distress, and loneliness.

References

Strong partnerships are needed for healthy communities: mental health support workers working in partnership with mental health consumers / tangata whāiora.

**Julia Hennessy¹, Abbie Ranui²**
¹Auckland Institute Of Studies, Mount Albert, New Zealand, ²Wellington Institute of Technology & Whitireia New Zealand, Porirua, New Zealand

**Biography:**
Julia Hennessy, RN, PhD. Julia Hennessy, has held a number of senior positions within health and education and has undertaken a number of consultant roles in her home country of New Zealand and internationally. She has undertaken research in the areas of mental health and intellectual disabilities. Julia was the Executive Director of Teaching and Learning with a Wellington-based tertiary education institute, is currently President of the Auckland Institute of Studies, a Trustee for an industry training organiser, national moderator for the funeral and embalming industry and a Director of a private tertiary training institute.

Abbie Ranui, M.Prof Prac, BA (Counselling). Abbie’s clinical background is as a mental health counsellor and support worker. Abbie was a member of the advisory board for the development of Māhuri Tōtara: National support worker summit in December 2018 at Te Papa Museum in Wellington, New Zealand. Abbie is an academic staff member teaching in the New Zealand Certificate of Health and Wellbeing, and the therapeutic communications papers for Bachelor of Nursing Māori and Bachelor of Nursing Pasifika, in the Wellington Institute of Technology and Whitireia New Zealand.

Strong partnerships are one of the foundations for building healthy communities. Those same strengths within those partnerships are just as important for people with mental health issues living within those communities. This presentation centres on the partnerships between mental health support workers and mental health consumers / tangata whāiora and how these partnerships contribute to our healthy communities.

Much of the information about the health reforms in New Zealand since the 1990s relied on quantitative data, focused on reducing health disparities through meeting key performance indicators. Mental health knowledge, on the other hand, places importance on qualitative indicators and seeks to understand the importance of relationships and partnerships from the perspectives of those involved.

The understanding of mental health support work and the role of the people that undertake this work usually comes from the perspective of other health professions. Mental health support workers and mental health consumers have powerful narratives about their partnerships, however, these stories remain unheard.

Hennessy (2015) and Ranui (2018) separately researched the world of mental health workers (MHSW). Both researchers identified that the work they undertake is special, unique, and different than other areas in health work.

Partnership through the eyes of mental health support workers is about acknowledging the lived experience of the mental health consumer. It is about negotiated relationships based on trust and knowing each individual. It is a two-way process which involves both the mental health support worker and tangata whai ora and is dependent on the time they spend with each other.
It is about the depth of these relationships which is developed through the unique setting in healthcare that is occupied by support work, and the mindfulness perceived in this relationship by the support workers themselves which tells a story of a different type of therapeutic connection worthy of further exploration.

Learning Objectives

Learning Objective 1: Gain an understanding of the importance of partnership in a relationship & gain a better understanding of the role of mental health support workers.
Learning Objective 2: Explore different types of therapeutic connections between mental health support workers and mental health consumers / tangata whāiora.

References


Fostering Mental Health in North Queensland: A PHN partnership to improve access and experience for the community.

Karen Thomas¹, Gillian Yearsley¹
¹Neami National, Brisbane, Australia, ²Northern Queensland PHN, Cairns, Australia

S76: PAPERS: Building Healthy Communities, M5 & M6, August 30, 2019, 13:30 - 15:00

Biography:
Karen has over 20 years’ experience working in the Community Sector; across Victoria, Tasmania and for the past 12 years in Queensland. Karen’s experience includes leadership roles in mental health, youth and homelessness services. Karen considers responsible leadership is based on creating robust, supportive, respectful and trusted working relationships.

Gill is a Registered Mental Health Nurse and holds a Masters Degree for Advanced Professional Practice in Health Care. Gill has over 30 years’ experience in mental health, primary health and hospital based services. Gill is committed to the development of a regional partnership approach to primary health commissioning.

Australian communities, consumers and service providers are reorienting to Stepped Care approaches in mental health. Community mental health funding is now flowing through the 31 Primary Health Networks (PHNs) who are tasked with understanding local community needs and then commissioning appropriate services.

This paper will describe what is happening in North Queensland - Cairns, Townsville, Mackay, Cape York and the Torres Strait - where the Northern Queensland PHN is working collaboratively to better understand and meet local mental health needs. With fierce commitment to improving mental health in their community the PHN has been prepared to think creatively and try new approaches to improve links between primary care and specialist mental health supports for people experiencing mental ill-health across the spectrum. Partnering with Neami National they have reoriented access to psychological and psychosocial supports in the Connect to Wellbeing program. In eight months of operation this program has eliminated waiting lists, increased access to support, directed people to more appropriate services, used online supports to service remote areas, improved feedback to referrers, and built a better understanding of need and resource availability across the region.

This program is demonstrating how authentic partnerships can deliver on hope, resilience and health.

Learning Objectives

Learning Objective 1: The audience will learn about innovative service reform, that is informed by collaborative partnering between NQPHN, service providers, primary care and specialist mental health services. How committed, robust and honest partnerships can lead to improved services that result in better outcomes.

Learning Objective 2: NQPHN identified that to improve community mental health outcomes it was critical to improve timely access to people with mental ill-health across the region and that collaboration was key to achieving this.

References

Skillness – an empowering approach to the ‘mental illness in work’ conversation.

JR Baker¹, Amira Vijayanayagam¹

¹Primary & Community Care Services Limited, Sydney, Australia

Biography:
Dr J.R. Baker is the CEO of Primary & Community Care services and a registered psychologist. He has extensive experience in health innovation, the management of community-based health and mental health programs, population health planning, education and training, program design and development, primary care engagement, and stakeholder management. He completed a BA in Psychology from Brown University, a Graduate Diploma in Public Sector Innovation from the University of Technology Sydney, a Postgraduate Diploma in Psychology from Monash University, a Master of Psychology from Swinburne University and a PhD in Psychology from Swinburne University. His publication record includes papers and presentations on ICT and productivity, human factors, ICT usage and wellbeing, workforce development and training, capacity and capability building in primary and community care, cross-sectoral partnership building, and patient journey modelling and service redesign.

Amira Vijayanayagam BA(Hons) MCrim, is Innovation Manager for Primary and Community Care Services Ltd. She is a project management and service design professional, specialised in the development and delivery of innovative solutions to complex social and organisational problems. Before joining PCCS, she trained and worked with the Designing Out Crime and Design Innovation Research Centres (UTS) for a number of years, focusing on the application of Human Centred Design principles to achieve innovation outcomes for government departments, social enterprise organisations, and public companies. Her career has spanned the finance, Government, higher education and community sectors.

Skillness is an innovative new community awareness campaign that aims to reduce the internalized and public stigma associated with mental illness and work. It challenges traditional discourses and imagery on the topic, taking a strengths-based approach to a subject that is historically deficit-based.

This presentation explores the concept development and community engagement processes employed in the development and delivery of Skillness, highlighting the value that can be achieved through a methodological approach to self-reflection, analysis, and by defining key objectives through the lens of empowerment.

Learning Objectives
Learning Objective (1): A case-study approach to a design-led, values-based approach to campaign development.

References
Creating a Home: The Foundation for Health and Belonging.

Beth Fogerty¹, Rosalie Frankish¹, Cassandra Green¹
¹Wellways Australia, Warragul, Australia

S77: SNAPSHOTS: Housing, Employment and Funding, M7 & M8, August 30, 2019, 13:30 - 15:00

Biography:
Cassandra Green is the Senior Practitioner of the Doorway Program, a specialist mental health and homelessness program delivered by Wellways Australia. Cassie has been employed in the community welfare and mental health sector for 12 years. Cassie is passionate about designing and delivering best practice mental health and homelessness services to ensure such services are afforded to all individuals as a human right.

Australia is facing a growing number of individuals who are experiencing homelessness. The 2016 census results indicated that 116,426 individuals experienced homelessness. This is an increase from 102,439 in 2011. It is acknowledged that a significant number of individuals who experience homelessness also experience mental health and or a disability. Having a safe, affordable home is essential to positive mental and physical health. While the availability of affordable housing options is one solution to addressing homelessness, supporting individuals to address the issues and situations faced that lead to homelessness is just as important in breaking the cycle of homelessness.

Programs, such as Doorway, which take a Housing First approach, effectively integrate housing and health needs in the creation of a home. Doorway supports individuals who experience mental health and homelessness into a home within the private rental market. Participants are supported to create a home, laying the foundations to improve their mental health, build community connections and economic participation. This presentation will highlight the final evaluation and economic findings of the Doorway program over the last 4 years.

Learning Objectives
Learning Objective 1: The audience will be informed of the key learnings and outcomes of the Doorway program (2014-2018).
Learning Objective 2: This paper highlights the outcomes of Doorway, a program that supports individuals who are homeless and experience mental ill health.

References
Are we having the right conversations about employment? Rethinking success beyond employment outcomes.

Michael Shartrand
1Neami National, Preston, Australia

Biography:
Michael currently manages all IPS informed WorkWell programs at Neami. He has 20 years of employment/recruitment and human resources experience within not-for-profit and corporate environments.

Job outcomes, job starts, sustaining employment for thirteen and twenty-six weeks; all these make sense as outcomes for employment programs. There is momentum building behind Individual Placement and Support (IPS) and no doubt that it is delivering positive employment outcomes for many people experiencing mental ill-health, distress or other challenges related to employment.

Yet, strong job starts or sustaining a position for 13 weeks speaks to only part of the issue and for only part of the population with mental ill-health who want to work. At Neami we have been thinking about the people who might be statistically described as a “negative outcome” – they don’t get work immediately, or they don’t sustain a role to 13 weeks – but we know they too, are experiencing success in many ways.

This presentation will seek to illuminate questions that require further exploration, pick apart assumptions and share example of success from our WorkWell programs that will not be captured in statistics. It will challenge the audience to re-image the real essence of IPS and elements that are more or less important within an Australian context. We may not have the answers yet, but the conversation is worth having.

Learning Objectives

Learning Objective 1: The audience will gain insights, approaches and a fresh view of how to guide the employment journey through the experience of the consumer. Employment programs without compliance can offer a person centric approach that builds upon fundamental communications such as trust, commitment and partnership thus creating a context of personal preference for the consumer. These choices are nurtured within the consumer’s vision of employment and recovery. The audience will also take away that the IPS model utilised by Neami is adaptable to different programs. By adhering to components of the IPS model with the flexibility to deliver in a consumer-focused manner.

Learning Objective 2: Mental health services that deliver an employment program understand that employment can be a powerful piece to a consumer’s recover. Purpose, confidence, dignity, inclusiveness, community engagement, earning a good wage, these are just a few things that the employment journey offers, and all can contribute to personal recovery. Wrap-around employment supports provided within community mental health contexts can and will address barriers that can get lost in the Job Provider compliance model.
Not for Profit but Fit for Purpose - A guide to helping donors make informed decisions when donating to Mental Health Not for Profits and to ensure Not for Profits are using donations ethically, sensibly and productively.

Peta Dampney¹, Ken Loftus²
¹From Me To You, Brisbane, Australia, ²The Sunlight Centre, Brisbane, Australia

S77: SNAPSHOTS: Housing, Employment and Funding, M7 & M8, August 30, 2019, 13:30 - 15:00

Biography:
Peta Dampney is a Mental Health First Aid Australia instructor and a lived experience spokesperson for The Gidget Foundation, Suicide Prevention Australia and Roses in the Ocean. She has shared her experience of living with anxiety and depression, as well as having been bereaved by suicide and surviving her own suicide attempt via national media and at conferences. Peta has a keen interest in code of conduct and duty of care for lived experience workers as well as community based mental health and suicide prevention education programs and services. She has contributed to the rollout of national suicide prevention and mental health projects and programs.

Ken Loftus is the Clinical Director and Founder of The Sunlight Centre in Brisbane. The Sunlight Centre provides free face to face counselling for young people and adults experiencing suicidal crisis with no referral from a health professional required. Ken is an accredited counsellor, CBT therapist, psychotherapist and workshop facilitator. He has a keen interest in promoting ethical charity practice and management. He is a proud dad to a young son and incorporates his Canadian and Irish heritage to enrich his work philosophies.

How can Australians determine whether the money they have donated is actually being used effectively? This brief paper will outline some of the issues concerned with mental health and suicide prevention charity practices:
- Where does donated money go?
- How do we stop multiple NFPs doing the same thing?
- How do we keep ego out of the equation?

The case study of the establishment of The Sunlight Centre in Brisbane as a NFP and registered charity will be used to illustrate how NFP founders should be thinking ethically, creatively and productively to cater to gaps in the system. The challenges of competing with other loud voices in the sector will be discussed. Attendees will learn how to better evaluate their donation choices by learning via first hand examples and experience. NFPS will also learn how to better meet their donors’ expectations by becoming aware of the need to be more transparent, make informed marketing and branding choices as well as re-identify their NFPS core values, assets and resources.

Learning Objectives

Learning Objective 1: Audience members will gain a set of skills to reflect upon their own values and opinions in regards to what not for profit organisations provide to the Australian community and how they can ensure that these organisations are accountable, effective and productive.
Learning Objective 2: Audience members will learn ways to make their involvement in not for profits more transparent by learning from a case study of how a charity communicates with their donors and service consumers.

References


Casa Venegas - from good works to evidence based.

Bronwyn Howlett1, Leanne Craze2
1St John Of God, Sydney, Australia

Biography:
Bronwyn Howlett has over 20 years management experience in the mental health and disability sector and has worked in both government and community managed organisations. She is currently Director of Casa Venegas at St John of God Social Outreach, is an Occupational Therapist and has a Masters of Business Leadership.

Leanne Craze has a PhD in Social Work and a well-established reputation in providing sound and inclusive consultations, research and report writing services including the development of the National Framework for Recovery Oriented Services and the National Engage and Participate in Mental Health Project for the National Mental Health Commission.

Casa Venegas, a program at St John of God, is on a journey from reaching out to homeless people by providing accommodation and housekeeping to providing an evidence based contemporary service. Following a review, the program is currently articulating a new model of care and service design. This presentation reports findings from the literature about a mix of housing, support and treatment that assists people on their journey of recovery journey and living a contributing life. An initial finding discussed is the importance of building a diverse property portfolio that enables the offering of a range of flexible tenancy options. Highlighted is the critical role played by the quality, amenity, “look” and location of housing stock. Key learnings about the interplay between tenancy support, psychosocial and recovery support and clinical treatment are also shared. The analysis includes a discussion of the interrelationship between the practice of supporting social inclusion and the practice of working in partnerships. We will conclude the presentation with an overview of the new service design and our plans for further evaluation and future research.

Learning Objectives
Learning Objective 1 answers the question of what I the importance to recovery of the quality, amenity, “look” and location of housing stock for an accommodation program.

Learning Objective 2 answers the question of what is the critical perspective on the inter-relationship between the practice of supporting social inclusion and the practice of working in partnerships

References

doi:10.1111/j.1744-6163.2006.00054.x
Reflecting on homelessness, rough sleeping and mental illness: Using data to better understand the connection and drive action.

Priscilla Ennals¹, Shannon O'Keefe¹
¹Neami National, Adelaide, Australia

Biography:
Shannon is a teacher, counsellor and community services professional who currently holds the Regional Manager (Complex Needs) portfolio with Neami National. Shannon (on behalf of Neami National’s Street to Home team) has lead responsible for the implementation and management of the Adelaide Zero Project By Name List.

Increased visibility of homelessness through people sleeping rough in major cities is driving Australian debate about the potential causes and solutions to homelessness. In Adelaide, a collective action project – Adelaide Zero Project – is aiming to end rough sleeping by the end of 2020. Using the internationally used functional zero approach we aim to know of everyone who is rough sleeping in inner city Adelaide “by name” and “by need” and to use this knowledge to centrally prioritise housing and support.

This presentation will describe the approach used, the development of a central “By Name List” (BNL) and how this list is driving coordinated responses to the people who are most vulnerable. Further, it will share what we are learning about the role mental illness is playing in relation to people rough sleeping, their hospital and emergency department usage, and co-existing health and drug and alcohol issues. This data is providing refined understandings of the drivers into rough sleeping and guidance to support housing people effectively. For the first time in Adelaide, comprehensive data is informing understanding of the issue, testing the effectiveness of the actions taken, and supporting advocacy for structural changes that are required to move towards ending homelessness.

Learning Objectives

Learning Objective 1: The audience will gain an understanding of how Adelaide is gathering data about how mental illness intersects with a range of other factors for many people who are rough sleeping and using this to drive more effective action to both prevent rough sleeping and house people who have been sleeping rough.

Learning Objective 2: Mental ill-health is understood to be a driver into homelessness and a factor that can add to the complexity in housing people, but exactly how, why and to what extent this impacts, is not fully understood. This project is delivering new and more nuanced understanding.

References

Accelerated Nurture Group

Mel Cooke¹, John Maratos¹
¹Department For Education, Adelaide, Australia

S78: PAPERS: Youth & Trauma, Intervening Early, P4, August 30, 2019, 13:30 - 15:00

Biography:
Mel Cooke is the Manager of Targeted Learning Services which consists of managing Access for Learning as well as a state-wide consultancy role working alongside schools to support students with mental health concerns. Mel collaborated in the development of the Access for Learning Program, an early intervention program for students with trauma background and mental health needs.

John Maratos is statewide Manager, Learning & Behaviour which consists of three service groups that provide restorative educational services for students with social, emotional, behavioural, health and mental health needs. He has led the re-development of these services including the initiation of a teacher-directed mental health service.

The classic Nurture Group pedagogy was designed over 30 years ago for teachers to assist young children presenting at school with attachment disorders, related developmental trauma and generally poor mental health. In South Australia an accelerated Nurture Group model has been operating for over two years with considerable success. Access for Learning is a unique educational program designed by teachers to support children’s mental health, and is part of a larger intervention service that advocates for prevention of student disengagement through early intervention. Access for Learning applies an intentional practice model of personalised learning across educational and developmental domains, that measures growth against specific indicators translatable to the work of schools. Access for Learning challenges traditional fear-based, restrictive practices in education to manage students with mental health problems, while continuing to respect professional boundaries between education and therapy. Results from a recently completed preliminary review of Access for Learning are strong, and a further evaluation is currently underway.

Learning Objectives

Learning Objective 1: The audience will learn about the way teachers can research and design practical interventions within a Positive Behaviour Support framework in response to students with mental health problems. Access for Learning illustrates the effectiveness of prevention and early intervention when combined with personalised planning through specific growth intent targets. The audience will learn how schools can meet the challenge of educational/developmental programming in order to build predictability, connection, trust and the primary relationship that may assist children to access and benefit from therapy.

Learning Objective 2: The central topic of the paper is therapeutic pedagogy and it illustrates an accessible and practical way in which the work of education and therapy can collaborate in effective wraparound. School is mandated for children. It is therefore important that teachers have a sophisticated pedagogy that will assist the early, productive and sustained inclusion of students with mental health problems. For mental health issues this paper offers a platform for school to be a significant protective factor for children and
families that will assist mental health services to carry out their work. The paper provides data and evaluation that inform the importance of developing a strong relationship between teaching and therapy.

References

Filling The Gap - A co-produced Peer/Clinician venture into the Youth addiction space.

Supriya Maharaj\textsuperscript{1}, Simon Hughes\textsuperscript{2}
\textsuperscript{1}Emerge Aotearoa, Auckland, New Zealand

Biography:
Simon Hughes is a District Manager for Emerge Aotearoa mobile community based services. Simon was also involved in the development of EaseUp from an operational perspective. Originally from the UK, Simon has qualifications in social work and has worked in health service delivery and management for over a decade.

Supriya Maharaj is a Service Manager, formerly leading the Phoenix Centre which EaseUp drew inspiration from. Supriya was involved in development from concept testing through to inception. With over a decade of experience in addiction, health and social services settings, Supriya has qualifications in public health, addiction treatment and clinical supervision.

Emerge Aotearoa’s vision is Realising Potential “tautokohia te mana tangata”- we are an organisation that seeks to build deep wellbeing and resilience in vulnerable communities. Our Board of Trustees identified a gap for rangatahi (young people) with alcohol and drug challenges and decided to invest in a two-year pilot.

Applying learning from the successful Phoenix addiction service for adults in South Auckland, New Zealand, Emerge Aotearoa set about exploring how the model could be adapted for rangatahi. Drawing inspiration from co-production, and collaborating with various stakeholders led to the establishment of EaseUp.

EaseUp offers an assertive outreach, community based, peer/c clinical addiction service for rangatahi aged 13-20 years, and their whānau. The service endeavours to explore and co-construct recovery in holistic and developmentally appropriate ways, incorporating harm reduction and abstinence approaches. Ultimately, EaseUp is about providing rangatahi and their whānau with skills and resources to enable them to live their best life and make positive choices.

As the pilot is self-funded, Emerge Aotearoa has the creative freedom to see how the programme evolves, with curiosity and innovation actively encouraged.

Learning Objectives

Learning Objective 1: This topic is relevant as the service model demonstrates how to put lived experience in the centre of service development and delivery, and balancing interventions with supporting self efficacy.

Learning Objective 2: Following this presentation, the audience will take away an example of a community based peer/c clinical partnership which provides a holistic matrix of services. A reflection on the process of the service development will also be incorporated. This example can be applied or adapted in other settings as appropriate.
Update on Treating Developmental Trauma

**Roger Gurr**

1University Of Western Sydney, Sydney, Australia

S78: PAPERS: Youth & Trauma, Intervening Early, P4, August 30, 2019, 13:30 - 15:00

**Biography:**

Clinical Director of the headspace Youth Early Psychosis Program, Western Sydney, and Chair of the Board of the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS).

Recent publications have shown an increasing consensus on the need to treat developmental trauma, beyond trauma informed care, due to it being a major factor in the severity of many psychiatric diagnoses. There is now strong evidence that the brain is dysregulated by developmental trauma and mostly not responsive to talking therapies or medications. There are 4 phases of treatment and the new key realization is that we should deal with brain dysregulation early, to expedite somatic and talking therapies. Treatment methods will be discussed and resource connections provided.

**Learning Objectives**

Learning Objective 1: The presentation will provide an update on current knowledge.
Learning Objective 2: Recommendations for resources and further learning will be made

**References**


The Tree of Life Project - Exploring your history of contributing to others.

Tim Donovan¹, Dale Johns
¹Greenesteps Australia, Alice Springs, Australia

S79: WORKSHOP 1 HOUR: The Tree of Life Project, P5, August 30, 2019, 13:30 - 15:00

Biography:
Dale Johns is a 57 years old, married father of three grown up children, and just recently became a grandfather. He has worked in pastoral care for the past 19 years, and has also worked in social work and community advocacy for 5 years.

Tim Donovan is a father of 3 children, a husband and a mental health social worker, who enjoys the outdoors and spending time with family. Currently he works at a secondary college as a counsellor in the Northern Territory. Tim met Dale while working in the area of sexual assault.

Purpose: In understanding what motivates us to work in the area of mental health. Using a tree as a metaphor you will be labelling the different parts of the tree to reflect your past, present and future experiences in contributing to others. You will not only begin to discover (or perhaps rediscover) aspects of yourself shaped by the past, but you can then begin to actively cultivate your tree to reflect the kind of person you want to be moving forward. This will be an interactive workshop promoting ongoing dialogue between participants and the presenters throughout the workshop

Session Length: 60 minutes inclusive of discussion time.

Suggested maximum number of presenters: 2 (Tim Donovan and Dale Johns)

Abstract: Using the following parts of the tree you will draw your own tree of life in small discussion groups. You will learn how to discover and highlight alternate paths through your past—which in turn create new horizons in your future.

The Roots (textual heritage i.e. past history of experiences)
- The roots of the tree are a prompt for you to think about and write on your tree where you come from (village, town, country), your family history (origins, family name, ancestry, extended family), names of people who have taught you the most in life, your favourite place at home, a treasured song or dance.

The Ground (your present landscape of action i.e. what are you doing now)
- The ground is the place for you to write where you live now and activities you are engaged with in your daily life. The ground represents where you live at present; some of the activities that you choose to do each day. Include some of the things that you are doing re learning.

The Trunk (what is valued / skills)
- The trunk of the tree is an opportunity for you to write your skills and abilities (i.e. skills of caring, loving, kindness) and what you are good at.

The Branches (horizons)
- The branches of the tree are where you write your hopes, dreams and wishes for the directions of your life.

The Leaves of the Tree (Re-membering lives)
- The leaves of the tree represent significant people in your life, who may be alive or may have passed on i.e. how have/had they contributed to your life, your sense of self....how have/had you contributed to their life, sense of self.

The Fruits
- The fruits of the tree represent gifts you have been given, not necessarily material gifts; gifts of being cared for, of being loved, acts of kindness.

The Flowers / Seeds (legacies we wish to leave)
- The flowers of the tree represent thoughts, actions, contributions you wish to leave for people. Changes you want to make to/for others who have experienced oppression, been marginalised i.e. tips to reveal you’re no longer being silenced. For example, How would you like to contribute to others, in a meaningful way, knowing what you now know about your own experiences of the shame?

The Compost heap
- Write down anything in your compost heap that would normally go in the other sections described above but which are now things you no longer want to be defined by. You can write down places, people, problems, experiences. Whatever you need to.

There will then be an open discussion and reflection on the process. Participants will then be encouraged to place their trees together in a shared space, promoting a forest of life. We will then go around highlighting learnings we have gained from seeing other people’s trees.

Learning Objectives

Learning Objective 1: A hopeful and inspiring approach to working with children, young people and adults who have experienced hard times. A practical therapeutic tool that can be facilitated with individuals, groups and/or families.
Learning Objective 2: This therapeutic tool enables people to speak about their lives in ways that are not re-traumatising. It hopes to strengthen their relationships with their own history, their culture, and significant people in their lives.

References