



Looking Back – Moving Forward

Conference Handbook



HOLIDAY INN – GOLD COAST WED 12TH – FRI 14TH AUGUST 2009

www.anzmf.asn.au/conference9



Australia and New Zealand Mental Health Association Inc.

**Over a million people
in Australia
live with depression.**

**With the right treatment,
most people recover.**

Find out about depression, what to do about it
and how to help someone at www.beyondblue.org.au
or phone **1300 22 4636**.

For counselling or urgent assistance,
call Lifeline on **13 11 14** or
Mensline Australia on **1300 78 99 78**





Professor Philip Morris



Conference Convenor

Dr John Clarkson



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10th International Mental Health Conference

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The Venue:

Holiday Inn Surfers Paradise is located on the Gold Coast in the heart of Surfers Paradise; surrounded by shops, restaurants, cafes, nightlife, attractions and only 100 metres to patrolled beaches. After a \$15 million revitalisation in early 2007 the hotel offers guests modern facilities in a fun, fresh and vibrant atmosphere. All of the hotels 404 refurbished accommodation rooms boast space and style and feature a large flat screen television with selected free Foxtel channels, a generous work area with high speed internet connection, red earth amenities, pillow menu, free in-room safe and a private furnished balcony with Surfers Paradise or ocean views.



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10th International Mental Health Conference

The conference theme this year is 'Looking Back – Moving Forward'.

The conference will canvass future developments in treatment approaches for these conditions. The keynote stream will bring in Australian, New Zealand and overseas experts to review the 'state of play' in knowledge and practice for the main high prevalence disorders.

Each presentation will also include guidelines as to where the field will move over the next 5 years. The workshop stream will cover new developments in practical assessment, management and prevention of common and not so common anxiety, mood and substance abuse conditions.

This conference will include:

- Non-government organisations
- Private health services
- Nurses
- General Practitioners
- Allied Health
- Educational Institutions
- Commonwealth Government
- Patient advocate groups
- Public health services
- Private practitioners
- Psychologists
- Counsellors
- Psychiatrists
- Local/State/Governments
- Carers

General Information

The following information is offered to make your attendance at the 10th International Mental Health Conference as pleasant as possible. If you require help, please call the registration desk on 0432 614 548 and we will do everything to assist you with your enquiry.

Registration and Information Desk

Wednesday 12 August – 12:00pm to 5:00pm

Thursday 13 August – 8:00am to 5:00pm

Friday 14 August – 8:00am to 4:30pm

Accommodation

Accommodation accounts must be settled with the Holiday Inn on check out. The Committee, ANZMH and or the Secretariat are not responsible in any way for outstanding accommodation accounts.

Name Badges

Each Conference delegate will be issued with a Name Badge on registering. The Name Badge must be worn at all times as it is your official pass to all sessions, exhibition, lunch, morning tea and afternoon tea.

Mobile Phones

Please ensure all mobile phones are turned off during all Conference Sessions.

Speakers Preparation Room

Speakers are requested to attend the Speakers Preparation Room at least 2 hours prior to your scheduled time of presentation with your presentation either on a CD or USB drive.

Australian Outback Spectacular

To celebrate the 10th Anniversary of the International Mental Health Conference all Full Registered delegates (excludes student and day registrants) or additional purchased tickets will be taken to Australian Outback Spectacular on Thursday 13th August.

Tickets to the Australian Outback Spectacular will be available for collection from the Holiday Inn Hotel Lobby from 5:15pm on Thursday 13th August.

Please meet in the lobby of Holiday Inn at 5:45pm for return transfers. Coach will depart Holiday Inn at 6:00pm sharp. Smart Casual dress is appropriate.

Telephone Directory

Registration: 0432 614 548

Gold Coast Hospital: 5519 8211

Taxi Service: 131 008

Holiday Inn: 5579 1000

Virgin Blue: 136 789

Jetstar: 131 538



The Destination Population

Gold Coast City spans across 1,402 square kilometres (approx. 541 square miles) featuring 70 kilometres of coastline from South Stradbroke Island to Rainbow Bay.

Population Climate Transport

As at 30 June 2006, the population for Gold Coast City was estimated to be 497,568 persons, being the second largest Local Government Area (LGA) in Australia in terms of numbers. The population is expected to increase to 683,568 residents in the year 2021.

For information on the social demographics of Gold Coast City – housing, income, education, families and households – please visit our social research page at www.goldcoast.qld.gov.au

Climate

Gold Coast City's climate is sub-tropical with 287 days of sunshine annually. **Average Summer Temperatures:** 19 to 29 degrees Celsius (66 to 83 degrees Fahrenheit). **Average Winter Temperatures:** 9 to 21 degrees Celsius (48 to 69 degrees Fahrenheit).

Transport Environment

The region is served by Gold Coast International Airport, with frequent domestic services from Melbourne, Sydney, Adelaide and Hobart, and International services from New Zealand, Japan and Asia. Brisbane's International Airport also provides links with the USA & Europe.

Gold Coast Airport has undergone refurbishment, which has positioned it as the South Pacific's leading leisure destination. A rail link and Pacific Motorway connects Brisbane to the Gold Coast. Visit our transport page at www.goldcoast.qld.gov.au for details of how to get around.

Environment Attractions & Features

In 1998, research highlighted that Gold Coast City is the most biologically-diverse city in Australia.

Its vegetation ranges from mountain rainforest to coastal wetlands and is home to more than:

- 34 species of amphibians
- 323 birds
- 72 mammals
- 71 reptiles
- and 25 species of fish.

Attractions & Features

Gold Coast City is a dynamic city with a wide variety of built and natural attractions including:

- 70 kilometres of beaches with an average water temperature of 22 degrees celsius
- A large broadwater and five major river systems
- Major shopping centres as well as numerous boutiques, specialty shops and markets
- More than 500 restaurants and cafes offering cuisine from around the world
- Nightlife entertainment from nightclubs, restaurants, clubs, hotels and Conrad Jupiters Casino to Broadway musicals, ballet and theatre
- Theme parks including Warner Bros. Movie World, Sea World, Dreamworld, and Wet 'n' Wild as well as several wildlife parks such as Currumbin Wildlife Sanctuary
- Rural hinterland stretching to the west and north of the City encompassing many natural wetlands
- Tropical rainforest with abundant wildlife and numerous bush walks
- Large sugar cane farms and a wealth of industry in the northern districts of the City
- World-class sporting and recreational facilities
- A huge range of accommodation from five-star international resorts to camping grounds
- The Gold Coast Seaway providing safe ocean access and over 270 kilometres of navigable waterways

Keynote Speakers

Professor Gordon Parker



Prof. Gordon Parker is the Scientia Professor of Psychiatry, University of New South Wales and Executive Director of the Black Dog Institute, Sydney. He has had a number of responsibilities for the Royal Australian & New Zealand College of Psychiatrists, including being Editor of the Journal and Chair of the Quality Assurance Committee. He is an active researcher, principally focusing on mood disorders, and in 2004 received a Citation Laureate Award as the Australian Scientist most highly cited in the field of 'Psychiatry/Psychology'.

Professor Sandy McFarlane



Professor McFarlane is currently the Head of the University of Adelaide Node of the Centre of Military and Veterans Health. He is an international expert in the field of the impact of disasters and post traumatic stress disorder. He is a Past President of both the International Society for Traumatic Stress Studies and the Australasian Society for Traumatic Stress Studies. He is the recipient for the Robert Laufer Award for outstanding scientific achievement in the study of the effects of traumatic stress

He is currently the Senior Adviser in Psychiatry to the Australian Defence Force and the Australian Centre for Posttraumatic Mental Health. He holds the rank of Group Captain in the RAAR specialist reserve. He has acted as an advisor to many groups in post disaster situations, including the Kuwait Government, and the United Nations. He has lectured and run workshops in Europe, United States of America, Asia and South Africa.

Apart from his interest in post traumatic stress disorder in relation to disaster victims, military personnel and other civilian accidents, he has broadened the relevance of this knowledge to the area of those suffering severe mental illness. His research has focused on the epidemiology and longitudinal course of PTSD as well as the neuroimaging of the cognitive deficits in this disorder.

He has published over 250 articles and chapters in various refereed journals and has co-edited three books.

He is a member of several international advisory boards in the field of traumatic stress. He has also been involved in a medico legal cases in a number of jurisdictions on matters relating to traumatic stress. He frequently appears in the media as a commentator on the impact of war and disaster.

Doctor Nicole Highet



Dr Nicole Highet: is the deputy CEO of beyondblue: the national depression initiative. Nicole has a Doctorate in clinical psychology, specialising in the treatments for depression.

In her role at beyondblue, Nicole's portfolio includes the management of beyondblue's community awareness and destigmatisation portfolio. This includes campaign development, monitoring and evaluation across the Australian community.

Nicole also manages beyondblue's consumer and carer portfolio. To date, this has included conducting extensive research with people who live with, or care for persons with depression and related illnesses, together with the management of beyondblue's consumer and carer reference group blueVoices.

Other areas of specialisation include education and training programs including the development and evaluation of the beyondblue national depression in the workplace program. Policy work in includes the national screening for postnatal depression and discrimination in insurance.

Professor Graham Martin



Professor Graham Martin has been dedicated to suicide prevention since 1987. As a result of over 20 research projects into Early Detection and Prevention of Depression and Suicide, he was appointed to the Advisory Council of the Australian National Youth Suicide Prevention Strategy and the Evaluation Working Group (1994 -1999), and the National Advisory Board for Suicide Prevention (2003-8). He has recently been appointed as National Advisor on Suicide Prevention to the Australian Government.

He was National Chair for Suicide Prevention Australia from 1995 to 2001, led the team that developed the first Media and Suicide Resource Kit ('Achieving the Balance') for the Commonwealth Department of Health in 1998, and contributed to the national 'LiFe' Strategy documents as a member of the development group in 2000 and again with the rewrite in 2007.

Graham was made a Life Member of Suicide Prevention Australia in 2004, a Gold Companion for the Australian Rotary Health Research Fund in 2005, awarded a Medal of the Order of Australia in 2006, awarded a 'Jackstar' award for his 10 years of contribution to Inspire Foundation's 'Reach Out' program in 2007, and is the 2008-9 Travelling Scholar for Catholic Education Queensland.

Graham Martin is Professor of Child and Adolescent Psychiatry at The University of Queensland, and Clinical Director of Royal Children's Hospital and District Child and Youth Mental Health Service. He has over 100 peer reviewed academic published papers, and is one of the editors of "Mental Health Promotion and Young People: Concepts and Challenges" (McGraw Hill, Sydney), recently published in Italian and Korean.

Professor Grant Devilly



Grant is a Clinical Psychologist with a wealth of experience in the field of Trauma assessment and treatment. He was awarded a PhD from the University of Queensland in 1999 for his thesis “an investigation into the treatment of Post Traumatic Stress Disorder”. He has worked in a variety of clinical settings and in academia. He is currently an Associate Professor at Griffith University. He also conducts a private practice and has worked as a senior psychologist at the Park Royal Campus of the Royal Melbourne Hospital and also at Belmont Private Hospital in Brisbane.

Grant has been invited to present both nationally and internationally on the topic of PTSD and, in particular, on psychological aspects of intervening with victims of crime, disaster and war. He has published a number of articles relating to PTSD and was part of the NH&MRC endorsed panel which wrote the Australian guidelines for the treatment of PTSD. More recently his research has focused on early interventions following trauma and resilience training for those most at risk of experiencing trauma.

Professor Diego De Leo



Professor De Leo is Professor of Psychiatry and Director of the Australian Institute for Suicide Research and Prevention at Griffith University, Brisbane, where he also directs the World Health Organization (WHO) Collaborating Centre for Research and Training in Suicide Prevention.

Professor De Leo is Past President of the International Association for Suicide Prevention (IASP) and co-founder and Past President of the International Academy for Suicide Research (IASR) of which he co-founded the journal *Archives of Suicide Research*. Prof. De Leo has been the initiator of the World Suicide Prevention Day (2003). Member of the Editorial boards for several internationally renowned refereed journals. He is Editor-in-Chief of the journal *CRISIS*.

Professor De Leo has published extensively with more than 220 refereed journal articles, 140 book chapters, and 30 books published in the past 25 years and over 150 conference presentations in total. Winner of 6 international awards, in 2007 he was given the title of Doctor of Science by Griffith University for his work on suicide and psychogeriatrics.

Professor Richard Bryant



Richard Bryant is Scientia Professor of Psychology, University of New South Wales, and Director of the Traumatic Stress Clinic, Westmead Hospital, Sydney. He has published over 250 peer-reviewed journal articles on trauma, anxiety, and treatment. He has co-authored the leading text on acute stress disorder. He has received multiple research grants, including from the NHMRC (National Health Medical Research Council) and ARC (Australian Research Council). His work has focused on the assessment and treatment of acute and chronic trauma reactions, as well as the cognitive and biological mechanisms underpinning traumatic stress. He has conducted multiple

randomised controlled trials on posttraumatic stress populations, including integrating treatment outcome with neuroscience measures

Doctor Claire Gaskin



Dr Gaskin is a Consultant Adolescent Forensic Psychiatrist & Clinical Director Adolescent Mental Health, Justice Health. Dr Gaskin qualified in medicine from St George's Hospital Medical School, University of London in 1991 and completed Advanced Training in Child and Adolescent and Forensic Psychiatry at the Maudsley Hospital, London. Dr Gaskin has worked as a consultant in specialist adolescent forensic services since 2003 and has been with Justice Health since 2006. She has a research interest in the effects of trauma in young offenders and has collaborated internationally on projects to enhance the provision of mental health care to the young offender population.

Professor Ian Hickie



In October 2006, the Australian Financial Review included Professor Hickie in its list of the top 10 cultural influences. The specific comments noted his role as a “long-term campaigner”, “the person who orchestrated the campaign” that led to the COAG announcements (\$4 billion dollars over five years). In October 2000 he was appointed as the inaugural CEO of beyondblue: the national depression initiative and from 2003–06 served as its Clinical Advisor. In 2003, he was appointed as the inaugural executive director of the flagship Brain and Mind Research Institute at the University of Sydney. In 2006, Professor Hickie received the Australian Honours

Award of Member (AM) in the General Division; for services to medicine in the development of key national mental health initiatives and general practice services in both the public and non-government sectors. In 2007, he was appointed to the Prime Minister's Australian National Council on Drugs and has led the BMRI as a founding member of the new National Youth Mental Health Foundation (“headspace”). In 2007, Professor Hickie was elected as a Fellow of the Academy of the Social Sciences in Australia. From 2008–13, Professor Hickie is one of the first round of new NHMRC 2008 Australian Fellows; recognising excellence in Australian Medical Research. His research, clinical and health services development work focuses on expansion of population-based mental health research and development of international mental health strategies. In July 2008 he was appointed to the Federal Health's Minister's new National Advisory Council on Mental Health.

Conference Program

Wednesday 12th August 2009

12.00pm – 1.00pm	Registration – Level 2 Holiday Inn, Surfers Paradise	
	Boulevard 1 Dr John Clarkson	Boulevard 2 Dr Ian Curtis
1.00pm – 3.00pm	Adult ADHD & Attentional Disorders – Update 2009	Forensic Psychiatry & Addictions in Medicine

Optional Workshops

3.00pm – 3.30pm	Afternoon Tea	
3.30pm – 5.00pm	Workshop Continued	Workshop Continued

Thursday 13th August 2009

8.00am – 9.00am	Registration - Level 2 Holiday Inn, Surfers Paradise		
9.00am – 9.45am	Prof Graham Martin – <i>An Update on Self-Injury: A largely hidden disorder with high prevalence and major implications</i>		
9.45am – 10.30am	Dr Nicole Highet – <i>Depression Monitor research and community awareness</i>		

10.30am – 11.00am	Morning Tea			
	Boulevard 1 Chair: Prof Justin Kenardy	Boulevard 2 Chair: Ms Jodie Landstra	Boulevard 3 Chair: Prof Philip Burgess	Palm 1 Chair: Mr Paul Zdrojewski
11.00am – 11.30am	Prof Justin Kenardy Paediatric medical traumatic stress: Prevalence, risk and prevention	Mr Gareth Daniels Creating Inclusive Mental Health Services in Queensland	Dr Tim Slade Trends in the prevalence of mental health disorders in Australia, 1997 – 2007: Results of the National Mental Health and Wellbeing Surveys	Dr Anthony Dinnen Posttraumatic Stress Disorder – Fact and Fantasy
11.30am – 12.00pm	Ms Tahlee Marian The course of posttraumatic stress disorder: An exploration of recovery trajectories of children and their parents following accidental injury	Dr Mark Boschen Clinical Effectiveness of a Group Treatment Program for Anxiety Disorders: A Benchmarking Study	Prof Philip Burgess Service use for mental health problems: Findings from the 2007 National Survey of Mental Health & Wellbeing <i>continuation from Dr Slade session.</i>	Dr Arun Naik Group CBT approach to treatment of anxiety and depression in rural mental health settings
12.00pm – 12.30pm	Ms Liz Temple The Cannabis Experience & Everyday Functioning: Who needs treatment?	A/Prof Larry Svenson The Treated Prevalence of Mental Health Disorders Among Status First Nations in Alberta, Canada: Results from a Population-Based Surveillance System	Ms Lois Dugmore & Jackie Channell Sexual abuse and substance misuse hidden issues for primary mental health services	Mr Paul Zdrojewski Development of a Therapy Program working alongside an Emergency Mental Health Service
12.30pm – 1.30pm	Lunch			
	Boulevard 1 Chair: Ms Liz Temple	Boulevard 2 Chair: A/Prof Lynne Harris	Boulevard 3 Chair: Mr Mike Cahill	Palm 1 Chair: Prof Kuruvilla George
1.30pm – 2.00pm	Ms Nemu Lallu Future Development of Primary Mental Health in New Zealand and Implementation of Mental Health Guidelines for Primary Care	Dr Tracie Hendriks The GP Psych Support Service	Dr Annemaree Bickerton Connecting with Carers is everybody's business: a training resource for family friendly mental health services	Ms Stephanie Deeley Emotion self-confidence and hopelessness appraisals as predictors of suicidal ideation in adolescents
2.00pm – 2.30pm	Ms Diane Keesman Factors Influencing Vocational Outcomes for Anxiety Disorders: Clients' Perspectives	Ms Karen Gibson E-Health: Australia Moving Forward	Ms Jodie Landstra Acceptance and Commitment Therapy (ACT) applied to patients with chronic health issues and anxiety: A case study	Dr Steve Hyde The use of Cranial Electrotherapy Stimulation in the treatment of anxiety, mood disorders and substance abuse

2.30pm – 3.00pm	Ms Etty Matalon Guidelines on the management of cannabis use disorder	Dr Trisha Groth The utility of school based cognitive-behavioural intervention for preventing and reducing anxiety in children	Ms Kim Ryan The Mental Health Nurse Incentive Program – a primary mental health care success	Ms Andree Sellars An Evaluation of the Dual Diagnosis Reciprocal Rotations Project
3.00pm – 3.30pm	Afternoon Tea			
	Boulevard 1 Chair: Ms Andree Sellars	Boulevard 2 Chair: A/Prof Larry Svenson	Boulevard 3 Chair: Mr Gareth Daniels	Palm 1 Chair: Ms Stephanie Deeley
3.30pm – 4.00pm	Prof Kuruvillea George Depression Training Program for Caregivers of Elderly Care Recipients	Dr Mark Boschen Treatment of Severe, Treatment-Refactory Obsessive Compulsive Disorder: A Study of Inpatient and Community Treatment	Ms Etty Matalon Cannabis – An overview of evidence based interventions	A/Prof Lynne Harris Working with Barriers: improving workforce participation for those with mental illness and problematic substance use
4.00pm – 4.30pm	Dr Sally Hunter Breaking down the silos – mapping the mental health competencies in order to develop an interprofessional curriculum at a rural university	Ms Candace Bagnall thelowdown.co.nz – young people seeking help for depression online	Dr Juliane Allan Indigenous Women in Substance Abuse Treatment: Access and equity of outcomes	Ms Kristine McConnell The cloak of Invisibility – The Challenge of Identifying and Supporting Young Carers
4.30pm – 5.00pm	Ms Lorraine Waters & Dr Jennifer Wells Self-reported Substance Use among Police Detainees	Dr Maja Hadzic Application of data Mining Technology within Mental Health: An Intelligent Tool to Help us Advance with Knowledge Rapidly	Mr Mike Cahill A Tapestry of Care: An Evolving Person Centred Approach to Mental Health Care	Dr Charles Alpren & Ms Teresa Luland The GP Clinic – Two Years On
5.45pm – 10.30pm	10th Anniversary Dinner (included in all full registrations) – Australian Outback Spectacular (Attendees to meet at Holiday Inn lobby for Bus Departure/ 6.00pm sharp)			

Friday 14th August 2009

8.00am – 9.00am	Registration
9.00am – 9.45am	Prof Gordon Parker – <i>the need for patient management to combine 'outside in' (practitioner skills) and 'inside out' (patient wisdom strategies)</i>
9.45am – 10.30am	Prof Diego de Leo – <i>Advances in suicidology over the past decade and implications for future prevention</i>
10.30am – 11.00am	Morning Tea
11.00am – 11.45am	Prof Richard Bryant – <i>The Biology of Posttraumatic Stress Disorder</i>
11.45am – 12.30pm	Dr Claire Gaskin – <i>Beyond Bars – the management of mentally ill young offenders in NSW</i>
12.30pm – 1.30pm	Lunch
1.30pm – 2.15pm	A/Prof Grant Devilly – <i>Waiting for Godot: Addictions in the trauma field looking for a fix</i>
2.15pm – 3.00pm	Prof Ian Hickie – <i>An early intervention agenda for treatment of depressive disorders</i>
3.00pm – 3.30pm	Afternoon Tea
3.30pm – 4.15pm	Prof Sandy McFarlane – <i>Integrating the Past and Present: PTSD as an information processing disorder</i>
4.15pm – 4.30pm	Official Close of Conference

Poster Presentations (Available on Level 4 in Exhibitor Area)

Dr Neeraj Dhawan

Correlation between IQ, temperament and depression in children and adolescents with mental retardation

A/Prof Eriko Mizuno

A Literature Review on Spouses of Schizophrenic Patients

Dr Shamsaddin Niknami

Sensation seeking and perceived needs: Two major causes of risk taking behaviours among the Iranian motorcyclists

Mental health literacy: Awareness of teenager's emotional changes among the Karaj high school teachers in 2007

Dr Catherine Segan

Evaluation of a tailored Quit line call-back service for smokers with a depression history

Mental Health Nursing Vacancies

The Forensic Hospital, Malabar Adult & Adolescent Mental Health

**Safe, secure
environment**

**Ongoing
training**

**Highly skilled
team**

12-hour shifts

The first of its kind in NSW, the Forensic Hospital is a 135-bed, high-security mental health facility. We provide the ideal working environment for delivering innovative patient care and for ensuring your safety, and the safety of our patients and the community.

We are currently recruiting Registered Nurses and Endorsed Enrolled Nurses with Mental Health experience.

Located in Malabar in Sydney's eastern suburbs, the hospital is a low-rise, spacious campus with state-of-the-art facilities for male, female, adult and adolescent patients.

Our training is second-to-none and Justice Health provides ongoing opportunities for advancement and research in this specialised field.

If you are looking for a career that is truly special, then you should look at Justice Health.

Phone us on: **1300 734 842**

Apply to come to our Open Day on:

Friday, 11 September 2009.

Bookings are essential.

Phone us or download an application:

www.jobsatjusticehealth.com.au

The Forensic Hospital is a totally smoke-free environment



JUSTICE HEALTH
STATEWIDE SERVICE
NSW HEALTH

Editorial

Mental Health & the Criminal Justice System

Justice Health's vision is to provide international best-practice health care for those in contact with the criminal justice system in New South Wales. Although Justice Health works very closely with the Department of Corrective Services, and the Department of Juvenile Justice, it is actually a division of the NSW Health Department.

Many people who come into contact with the justice system in New South Wales suffer from poor physical health, and about half of them (42 per cent of males, and 62 per cent of females in a recent Justice Health survey) suffered from a diagnosed mental illness 12 months prior to being incarcerated.

Justice Health has a long history of working with this population to identify and treat high risk individuals, and to divert the mentally ill offender away from prison where appropriate. However, until recently in NSW, there has been a lack of suitable hospital accommodation for mentally ill people in custody.

Opened in November 2008, the Forensic Hospital is a stand-alone 135 bed high secure mental health facility for adult and adolescent, male and female forensic patients. Patients at the hospital may have been found not guilty by reason of mental illness, or unfit to plead, or may be transferred from correctional or detention centres, or be patients admitted from the community.

The Hospital has five accommodation units covering the full clinical spectrum from high dependency through to continuing care, long stay and rehabilitation. The hospital also has specialised units for adolescents and women.

The Adolescent Unit is the first dedicated, secure, adolescent forensic mental health unit in Australia, and will provide comprehensive mental health care to some of the state's most vulnerable adolescents. Dr Claire Gaskin heads up the Adolescent Unit at the Forensic Hospital, after gaining significant experience in similar facilities in the United Kingdom.

Dr Gaskin became interested in the relationship between adolescent criminal behaviour and mental illness early in her career and trained in Adolescent Forensic psychiatry under the supervision of Professors Gunn and Taylor at the Maudsley Hospital in London. "Many adults in the criminal system are labelled as Conduct Disordered in adolescence but it is quite possible that a number of them had undetected psychiatric problems contributing to their behavioural disturbance. Early intervention with adolescents demonstrates that with appropriate treatment there can be a different outcome". In fact Dr Gaskin is aware that "Recidivism rates within the forensic patient population are quite low compared to those in general offender group".

Dr Gaskin believes that it is during the adolescent stage of development where appropriate mental health care can make a significant difference to the future of the individual. "If the young person can start to reflect on their behaviour and develop internal coping skills and empathy (rather than acting egocentrically), then they are more likely to be able to function effectively in society as adults and avoid a return to the criminal justice system".

The patient's mental illness, rather than their crime, will determine admittance to the Forensic Hospital. The multi disciplinary teams at the Forensic Hospital will provide intensive treatment to manage very complex mental illness and developmental disorders. The treatments provided may include family as well as individual work, and specialised treatment of co-morbid disorders. The units will also encourage the continuation of education and training to help prepare patients for re-integration to the community.

The opportunities for staff are many, including the potential to specialise in various areas such as forensic mental health, Aboriginal health, women's health, and drug and alcohol treatment.

Shona MacLeod is a Scottish nurse who quit her job at home and travelled halfway around the world to pursue a career in forensic mental health. "I found I enjoyed the challenge," she says. "It was a very different use of my skills, trying to be therapeutic with patients involved in the justice system. It's about being sympathetic and non-judgemental and treating them as patients and individuals."

Before joining Justice Health, the most common concern people have is about Safety. However, what many of our staff say after they join us, is that they feel safer working for Justice Health than they did working in any other hospital environment. This is because security and safety are built in to every aspect of work; and Justice Health's training is second to none.

As Shona says: "There is very thorough risk assessment and management of patients. Staff are trained to identify these risks very quickly and are able to put strategies into place to minimise them. The aim is to engage with patients and establish trust and rapport. We are trained to minimise escalation, identify warning signs and act proactively rather than wait for an incident to occur."

"The new Forensic Hospital represents a major step forward in our ability to provide safe, humane and appropriate care for forensic patients. I'm very excited about working there."

As well as providing health services in Long Bay Hospital and the Forensic Hospital, Justice Health offers a remarkably diverse range of roles, including:

- employment in crisis intervention and response teams to assess high-risk individuals in the Metropolitan Reception and Remand Centre
- assessment and treatment in male and female mental health screening units
- ambulatory mental health roles in correctional centres throughout rural and metropolitan NSW
- employment at over 20 rural, metropolitan and children's courts to provide advocacy, liaison and diversion from the prison system for mentally ill offenders where possible.

Whether based in Sydney or in regional New South Wales, Justice Health provides training, on-going education support and career progression opportunities to nursing, medical and allied health professionals in a challenging and unique environment.

There are many opportunities right now for nursing staff and registrars at the Forensic Hospital.

For more information, take a look at our website:
www.jobsatjusticehealth.com.au

Conference Floor Plan (Level 4)



Exhibitor Details

Organisation	Booth
Queensland Health	1
National Cannabis Prevention and Information Centre	2
LIFE Communications	3
Justice Health	4 & 7
beyondblue	5
Griffith University	6
Multicultural Mental Health Australia	8
Pfizer Australia	9
Alpha-Stim®	10
AstraZeneca	11
Commonwealth Respite & Carelink Centre	12
Wyeth Pharmaceuticals	13
HealthCare	14
Clintel – HealthSolve	15

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Exhibitors Profiles

Queensland Health

Queensland's major investment in mental health infrastructure and services offers unprecedented career opportunities for skilled and qualified mental health professionals to deliver a better quality of life for people who live with mental illness.

As part of this growth, over 140 new acute and extended treatment beds will be opened across Queensland in 2010 and 2011.

The commissioning of these new facilities provides an excellent opportunity for experienced mental health professionals to be involved in supporting consumers with acute and ongoing mental illness towards recovery.

Queensland Health is looking for mental health professionals to join our multi-disciplinary teams in a variety of locations across the state.

As Queensland's population continues to grow, so do the opportunities and incentives for exciting careers for mental health professionals. Competitive remuneration packages and incentives can include:

- Competitive base salary, superannuation of 12.5% and leave loading from 17.5%
- Shift and on-call allowances
- Salary sacrifice (tax break options)
- Accruing recreation leave and family leave
- Paid maternity and parental leave
- Bonuses to work in rural and remote areas.

Visit the Queensland Health stand #1 or visit www.health.qld.gov.au/mh for more information about exciting mental health careers.



National Cannabis Prevention and Information Centre

The National Cannabis Prevention and Information Centre's (NCPIC) mission is to reduce the use of cannabis in Australia by preventing uptake and providing the community with evidence-based information and interventions. It has a website (www.ncpic.org.au), provides free training on cannabis-related issues and has a free helpline (1800 30 40 50).



LIFE Communications

Living Is For Everyone (LIFE) is an initiative of the Commonwealth Government Department of Health and Ageing's National Suicide Prevention Strategy (NSPS). The LIFE resources are designed to inform those working in the suicide prevention sector and include:

- The LIFE Framework – the national reference for suicide prevention activities in Australia;
- LIFE Research and Evidence – a review of statistics, trends, comparisons and issues in suicide and self-harm prevention; and
- LIFE Fact Sheets – a set of 24 practical fact sheets that provide plain-language summaries and advice about suicide prevention.

These documents can be downloaded or ordered for free from the LIFE website: livingisforeveryone.com.au.

The LIFE website is a world-class resource dedicated to providing the best available evidence and information on suicide prevention and it features:

- LIFE News: a bi-monthly newsletter of the NSPS;
- The LIFE Professional Development Network: a secure online area for discussion between stakeholders via forums and live chat;
- An extensive clearing house of research and resources
- Profiles of NSPS projects.

Visit livingisforeveryone.com.au today so you can join the Professional Development Network, order resources, find information and share your expertise. For more information contact LIFE Communications on 03 8398 8408 or email life@crisisupport.org.au



Justice Health



Justice Health's vision is to provide international best-practice health care for those in contact with the criminal justice system in New South Wales. Although Justice Health works very closely with the Department of Corrective Services, and the Department of Juvenile Justice, it is actually a division of the NSW Health Department.

Justice Health has a long history of working with this population to identify and treat high risk individuals, and to divert the mentally ill offender away from prison where appropriate. However, until recently in NSW, there has been a lack of suitable hospital accommodation for mentally ill people in custody.

The first of its kind in New South Wales, Sydney's state-of-the-art forensic mental health facility is a stand-alone 135 bed high secure mental health facility for adult and adolescent, male and female forensic patients. Patients at the hospital may have been found not guilty by reason of mental illness, or unfit to plead, or may be transferred from correctional or detention centres, or be patients admitted from the community.

The Hospital has five accommodation units covering the full clinical spectrum from high dependency through to acute care, continuing care and long stay and rehabilitation. The hospital also has specialised units for adolescents and women.

beyondblue: the national depression initiative

beyondblue is a national, independent, not-for-profit organisation working to address issues associated with depression, anxiety and related substance use disorders in Australia.



beyondblue is a bipartisan initiative of the Australian, State and Territory Governments with the key goals of raising community awareness about depression and reducing stigma associated with the illness.

beyondblue works in partnership with health services, schools, workplaces, universities, media and community organisations, as well as people living with depression, to bring together their expertise.

beyondblue's five priorities

1. Increasing community awareness of depression, anxiety and related substance misuse disorders and addressing associated stigma.
2. Providing people living with depression and their carers with information on the illness and effective treatment options and promoting their needs and experiences with policy makers and healthcare service providers.
3. Developing depression prevention and early intervention programs.
4. Improving training and support for GPs and other healthcare professionals on depression.
5. Initiating and supporting depression-related research.

For information on depression, available treatments and where to get help visit www.beyondblue.org.au or call the **beyondblue** info line on 1300 22 4636.

Griffith University



Health research at Griffith University is working towards sustaining healthy communities, from children to the elderly, and at local, national and international levels. Research is aimed at improving our understanding of disease, and developing better treatments and health services to improve people's lives and reduce the impact of disease.

Griffith Health hosts the Australian Institute for Suicide Research and Prevention (AISRAP), an organisation at the forefront of national and international suicide research. Under the leadership of Professor Diego De Leo, the Institute is a World Health Organization Collaborating Centre for Research and Training in Suicide Prevention, and a National Centre for Excellence in Suicide Prevention.

The Griffith Institute for Health and Medical Research also supports other health related research across five programs including:

- Molecular basis of disease
- Cardiovascular (Heart Foundation) research
- Behavioural and psychological basis of health
- Population health
- Clinical and community practice innovation

Major research has been conducted into cancer, multiple sclerosis, migraine, cardiovascular disease, vaccine development, injury prevention, rehabilitation, psychological health and neurodegenerative disorders.

New research programs in population health, child health and healthy ageing are also developing in addition to research into health law and ethics, clinical education and health services. Health research at Griffith University is working towards sustaining healthy communities, from children to the elderly, and at local, national and international levels. Research is aimed at improving our understanding of disease, and developing better treatments and health services to improve people's lives and reduce the impact of disease.

Multicultural Mental Health Australia

Multicultural Mental Health Australia is the national program focusing on multicultural mental health and suicide prevention, funded under the National Mental Health Strategy and National Suicide Prevention Strategy by the Commonwealth Department of Health and Ageing. MMHA provides national leadership in mental health and suicide prevention for Australians from culturally and linguistically diverse (CALD) backgrounds and works to promote better mental health and well-being for a diverse community.



MMHA works closely with the multicultural and mainstream mental health sector and with non-government ethno-specific and multicultural agencies to increase awareness of mental health issues for people of CALD backgrounds and the importance of culture in the provision of appropriate and accessible mental health care. MMHA also works with both ethnic and mainstream media to promote good mental health to CALD communities using a number of medium including radio and print.

MMHA also produces resources for CALD communities and the mental health workforce and provides a range of mental health promotion, information and communication services, including Synergy, MMHA's regular magazine, the MMHA website, e-mail bulletins and a clearing house and information service on multicultural mental health and suicide prevention. MMHA organises and supports conferences (including the national Diversity in Health Conference), workshops, symposiums and other educational programs around Australia to showcase new and creative responses to the challenges of providing quality mental health care to Australia's multicultural communities.

www.mmha.org.au

Ph: 02 9840 3333

Fx: 02 9840 3388

Em: admin@mmha.org.au

Post: Locked Bad 7118, Parramatta BC NSW 2150



Did you know that *reflexology* can help improve the lives of those suffering from mental illness?

International reflexology programs & research show it can assist in the treatment and management of a wide range of conditions as diverse as: ADHD/attention disorders; anxiety; depression; substance abuse; paediatric medical trauma stress; and post-traumatic stress disorder.

For more information, contact the Reflexology Association of Australia via its website or by phone:

www.reflexology.org.au

National Ph: 1300 733 711

Commonwealth Respite and Carelink Centre

MENTAL HEALTH RESPITE PROGRAM

SUPPORTING PRIMARY CARERS OF A PERSON WITH A MENTAL ILLNESS

Our objective is to provide planned, short term and emergency respite when carers are having difficulty coping or need to attend to other urgent matters.

We aim to tailor respite to suit both the carer and the person with the mental illness so that respite is a positive experience for both.

Call 1800 052 222 to discuss your needs – you will reach your local Commonwealth Respite and Carelink Centre

Pfizer Australia

Pfizer Australia is the nation's leading provider of prescription medicines and animal health products. For more than 50 years, Pfizer Australia has partnered with Government, healthcare providers and local communities to expand access to our medicines and to provide better quality health care. We develop, manufacture and market safe and effective medicines.



Alpha-Stim®

Alpha-Stim® cranial electrotherapy stimulation device is a personal, medical microcurrent device for the management of anxiety, depression, stress, insomnia and pain. Easy-to-use in clinical settings or by patients at home. Has over 55 published, research studies. Alpha-Stim®'s proprietary waveform activates particular groups of nerve cells located at the brainstem. It appears to amplify activity in some neurological systems, and diminish activity in others.. This neurological 'fine tuning' is called modulation, and occurs either as a result of, or together with the production of a certain type of electrical activity pattern in the brain known as an alpha state which can be measured on electroencephalogram (EEG) recordings. Such alpha rhythms are accompanied by feelings of calmness, relaxation and increased mental focus.



The neurological mechanisms that are occurring during the alpha state appear to decrease stress-effects, reduce agitation, stabilize mood, and regulate both sensations and perceptions of particular types of pain. Alpha-Stim® works to normalise the electrical and chemical processes within cells and to bring the body and brain back into homeostasis. These effects can be produced after a single treatment, and repeated treatments have been shown to increase the relative strength and duration of these effects. Now available in Australia.

AstraZeneca

As one of the world's leading pharmaceutical companies, AstraZeneca is engaged in the research, development, manufacture, and supply of medicines that make a difference for patients in important areas of healthcare.

AstraZeneca excels in providing healthcare solutions designed to fight diseases in seven major therapeutic areas including cardiovascular, neuroscience, gastrointestinal, infection, oncology, anaesthesia (including pain management) and respiratory products.



Locally, AstraZeneca has spent over \$250 million over the last decade on R&D, and is currently involved in over 50 clinical trials at over 200 sites across Australia.

AstraZeneca's Sydney manufacturing facility is a key part of the global manufacturing network, employing more than 500 people and providing niche products to 37 international markets.

Globally, the Company spends more than \$16 million every working day on R&D, with more than 13,000 researchers dedicated to the discovery and development of innovative new medicines that meet the needs of patients worldwide.

AstraZeneca believes that it has a global responsibility to its customers and the communities they live in.

Through financial support and representation, AstraZeneca recognises the work and commitment of patient care and advocacy groups. These important partnerships are central to our commitment to improve the quality of people's lives.

AstraZeneca Australia also has a proud history of supporting the local community. Since 2005, AstraZeneca's support has assisted Redkite in providing children and their families battling with childhood cancer, with fundamental services, both financial and emotional.

Every day, more than 1.5 million Australians benefit from AstraZeneca medicines.

Commonwealth Respite and Carelink Centre

Commonwealth Respite and Carelink Centre provides a Mental Health program for those who care for a mentally ill or intellectually disabled person in the community. We provide carer respite, emergency respite, and assist with a respite plan and services for the future. For further information contact 1800 052 222



Wyeth

Wyeth is a research driven, innovative healthcare company dedicated to developing and providing medicines that lead the way to a healthier world. Active in Australia for over 70 years, Wyeth has carried a legacy of innovation in Infant Nutrition and Health, Women's Health, Mental Health and Gastroenterology.

Through our focus on biotechnology and vaccines, as well as traditional pharmaceutical medicines, we are committed to medical research and development that addresses unmet medical needs.

Wyeth is currently introducing important new medicines in areas such as Rheumatoid Arthritis, Haemophilia, Transplantation, and the prevention of serious infectious diseases.

Our people at Wyeth work in collaboration with patients, doctors, the government, and other healthcare providers to make an enormous and varied contribution to a healthier Australian community.



Healthe Care

As the largest privately owned network of private hospitals in Australia, Healthe Care take pride in delivering premium care to all its valued clients and patients through specialist services, facilities and medical technology.

Healthe Care employs over 2,500 people across a portfolio of 12 hospitals throughout Queensland, New South Wales, Victoria and Tasmania. Operating two private mental health facilities in Queensland means that we can deliver a comprehensive range of treatments to the South Eastern Region.

Belmont Private Hospital located in Brisbane and Currumbin Clinic located on the Gold Coast, work together to deliver a range of specialist inpatient and day patient programs. Our treatment units and programs include:

- Acute Admission & Assessment
- Generalised Psychiatric Programs
- Brisbane Centre for Post-Natal Disorders Unit
- Cognitive Behaviour Therapy
- Outreach Community Service
- Trauma and Dissociation
- Dual Diagnosis
- Mood & Anxiety Disorders
- Drug & Alcohol Programs
- Psychogeriatric Programs
- Outpatient Assessment Services

Healthe Care is focused on supporting relationships between patients, doctors, nurses and allied health professionals to enhance the quality of care and maximise positive patient outcomes.

Our facilities accept both private and self-insured patients. We also welcome eligible veterans' and war widows under our provider relationship with the Department of Veterans Affairs (DVA). For further information visit www.belmontprivate.com.au or www.currumbinclinic.com.au



Clintel – HealthSolve

Clintel – HealthSolve is an Adelaide based company that provides clinical management software to hospitals, aged care, community care and Medical Specialists. Our suite of products are used by a range of specialties including surgical, medical, mental health, prison health and psychiatrists. Clintel – HealthSolve provides a full service to clients from implementation through to ongoing support and off site data backup.



Presenter Abstracts (in alphabetical order)

Dr Julaine Allan

Indigenous Women in Substance Abuse Treatment: Access and equity of outcomes

Indigenous Australians are particularly concerned about drug related harm within their communities. Drug use in combination with poverty, poor housing and limited educational attainment is identified as a key reason for the seventeen year gap in life expectancy between Indigenous and non-Indigenous Australians (Gray, Saggars, Atkinson & Wilkes 2007). Indigenous drug use, primarily alcohol, is described as the cause of serious health problems, imprisonment for drug related offences and endemic family violence (e.g. Brady 2007, Weatherburn 2006).

Access to treatment has been identified as the most significant factor in reducing drug related harm for high risk populations. A significant gender disparity in access to treatment exists with women underrepresented in treatment populations. An examination of the National Alcohol and Other Drug Minimum data set found that Indigenous women access treatment at significantly higher rates than non-Indigenous women. This is in spite of the perception that Indigenous people find access to services difficult and outcomes are generally poor.

This paper reports on the health and social circumstances of a cohort of Indigenous women who accessed substance treatment services in rural NSW. The research found that this group are frequent service users with multiple and chronic life problems unrelieved by health and welfare interventions.

The implications of these findings for health services are discussed.

Ms Candace Bagnall

www.thelowdown.co.nz – Young people seeking help for depression online

Young New Zealanders have high rates of depression (12-month prevalence for major depressive disorder amongst 16-24 year olds is 8.7%, compared with 5.7% for the total population), and tend not to seek professional help for mental health issues, or use phone help lines. Research indicated that internet-based options might provide a more effective approach for reaching young people.

Young people had significant input to the design of www.thelowdown.co.nz, launched in December 2007. High-profile musicians, sportspeople, media celebrities and other young people with experience of depression gave their time freely to be interviewed on video for the site. Feedback from young people resulted in a new set of online and text-based services being established. Online advertising, together with youth media communications strategies have promoted the site over the first 12 months.

Both the website and Lowdown Team support services, have been well utilised by young people. In the first 12 months, there have been over 100,000 unique visitors to the site. 43,000 text messages and 2,140 emails were received and responded to. The Lowdown Team of trained counsellors made 26 emergency service contacts due to concerns about suicide risk. A new webcam service is being trialled based on structure problem solving.

The Lowdown website and support services appear to be providing a helpful addition to existing youth services. It seems that young people with serious illness are being picked up who might not otherwise be helped. The new services are being evaluated as part of the NDI's research programme, and results will be discussed.

Dr Annemaree Bickerton

CONNECTING WITH CARERS IS EVERYBODY'S BUSINESS: a training resource for family friendly mental health service

The literature, health policy and, most recently, the amended 2007 NSW Mental Health Act, all stipulate family and carer partnership in the best practice treatment of adults with serious mental illness. Yet many adult mental health services continue to struggle to provide a family-friendly culture.

Our Working with Families Program was established in 1997 in our then small, poorly-resourced, suburban adult mental health service to address such issues. Following the local success of our program, our team was funded to take a lead roll in training public mental health professionals across the state as part of the NSW Family and Carer Mental Health Program. In 2007 we developed the CONNECTING WITH CARERS IS EVERYBODY'S BUSINESS training resource, which comprises a DVD and handbook. It emphasises the key role that all clinicians have in connecting with carers through interviews with clinicians and carers. It proposes a hierarchical intervention framework and models skills in engaging families in helpful partnerships through the journey of a "mock" family through a family-friendly mental health service. 500 copies of this resource have been distributed statewide to date and another print run planned.

Dr Mark Boschen

Clinical Effectiveness of a Group Treatment Program for Anxiety Disorders: A Benchmarking Study.

Previous research has established the efficacy of cognitive behavioural therapy (CBT) for anxiety disorders, yet it has not been widely assessed in routine community clinic practices. Efficacy research sacrifices external validity to achieve maximum internal validity. Recently, effectiveness research has been advocated as more ecological valid for assessing routine clinical work in community clinics. Furthermore, there is a lack of effectiveness research in group CBT. This study therefore, to extend existing research on the effectiveness of CBT from individual therapy into group therapy delivery. It aimed also to examine outcome using not only symptom measures, but also measures of related symptoms, cognitions and life quality and satisfaction. Results from two cohorts of patients with various anxiety disorders demonstrated that treatment was effective in reducing anxiety symptoms in all cases, and to an extent comparable with other effectiveness studies. Despite this, only 16 to 23 percent of individuals were 'recovered' from their anxiety symptoms, and the post-treatment measures were still significantly different from the level of anxiety symptoms observed in the general population.

Treatment of Severe, Treatment-Refractory Obsessive Compulsive Disorder: A Study of Inpatient and Community Treatment

Background: This research reports on a prospective outcome study of two cohorts of patients with severe, chronic, resistant obsessive-compulsive disorder (OCD).

Method: One cohort consisted of a total of 52 patients treated in an inpatient setting, while the second group comprised 65 patients treated in a community outpatient setting. Treatment consistent primarily of intensive graded exposure and self-imposed response prevention augmented with cognitive restructuring.

Results: Both groups demonstrated significant improvement over the course of treatment. In both the inpatient and community groups there was significant improvement over the first 12 weeks of treatment, and further improvement between 12 and 24 weeks.

Conclusions: These results suggest that even for patients who have demonstrated treatment-resistance, there may be benefit in intensive behavioural treatment of OCD. In addition it was found that even for those patients with the most profound refractory OCD and complicating factors inpatient stays of up to 24 weeks were effective in reducing symptoms.

Prof Philip Burgess

Service use for mental health problems: Findings from the 2007 National Survey of Mental Health and Wellbeing

In 1997 and 2007, National Surveys of Mental Health and Wellbeing (NSMHWB) were conducted. Both Surveys were designed to provide reliable estimates of the prevalence of high prevalence disorders including anxiety, affective and substance use disorders among the Australian adult population. Both Surveys were based on the World Mental Health version of the Composite International Diagnostic Interview (WMH-CIDI). The Surveys were tailored to ensure that information regarding patterns of service utilization properly reflected the Australian practice.

In 2007, approximately 1 in 8 of the general Australian adult population made use of services for mental health problems in a 12-month period. About one third of people meeting criteria for a mental disorder did so. Females with mental disorders were more likely to use services than males. People in the youngest age group made relatively less use of services than older adults. Those with affective disorders were most likely to make use of services, than those with anxiety and substance use disorders. Most persons were likely to consult general practitioners or psychologists. There was a clear dose-response effect between severity of disorders and rates of service use. There was also a relationship between co-morbidity of mental disorders and service use.

Comparisons between 1997 and 2007 suggest that policy efforts can improve rates of service use. Nonetheless, rates of service use for mental health problems among those with mental disorders in Australia are less than optimal.

Mr Michael Cahill

A Tapestry of Care: An Evolving Person Centred Approach to Mental Health Care

The Tapestry of Care has a myriad of threads and by its very nature is a work in progress. This presentation aims to set the framework for further studies that have the potential to evolve into a workable model of care. This is a tripartite model that involves Consumers, Carers and Health Professionals as equal partners in care. Its focus is the wellness of the consumer and their willingness to accept a tripartite care path. Each has a definite role and is supported by the other two, consumers (wellness), carers (coping strategies) and Health Professionals (recognition of their skills and status). Each supports the other in care pathways and in helping the consumer to build on their 'locus of control'. The framework includes Focus groups to draw those who are willing to work towards wellness together with their nominated carer. From the Focus groups Carer/Consumer Support Groups will be formed. The Support Groups will be time limited and will have pre/post and follow up testing to measure Wellness, DASS, and Locus of Control. This program allows consumers and carers to gain control of their lives and work towards wellness. Pilot studies will be completed in 2009.

Ms Jackie Channell

Sexual abuse and substance misuse hidden issues for primary mental health services

Substance misuse, mental health and sexual abuse are all terms that we find difficult to deal with alone but together require a great deal of skill and expertise to enable the client to develop and change their life. One of the main issues for individuals in access help for these issues is professional's lack of understanding of the content matter. In training staff to deal with sexual abuse as part of an assessment package it can enable the client to accept what has happened and know that it no longer has to be a secret and they are free to explore and move on. When working with drug using populations it is clear that a number of clients have experienced trauma and abuse at a very young age and may not have been able to talk about it or ever been asked and when entering services by asking the question can lead to acceptance by the client and understanding by staff of the clinical presentation. By offering a training package to all staff to develop the clinical skills can make the difference.

Mr Gareth Daniels

Creating Inclusive Mental Health Services in Queensland

The Queensland Association for Healthy Communities (QAHC), with funding from Queensland Health, offered training in Creating Inclusive Services to all Mental Health clinicians statewide. The six hour/one day training introduces mental health clinicians to the particular mental health and drug and alcohol issues that surround lesbian/gay/bisexual/transgender (L/G/B/T) people. Drawing on research conducted by the Australian Research Centre for Sex, Health and Society (ARCSHS) at the La Trobe University (2005, 2006, 2007), Roy Morgan Research (2005) and the National Centre in HIV Epidemiology and Clinical Research (2004) it is considered that L/G/B/T people suffer a higher incidence of anxiety, depression and substance abuse than the general population. L/G/B/T young people not only experience suicide ideation and attempts earlier and more often but also start using drugs and alcohol at a younger age than members of the general population. Drug and alcohol use, anxiety and depression for young L/G/B/T people is often associated with the experiences of social isolation, heterosexism and internal and/or external homophobic abuse as well as association with the commercial L/G/B/T scene. One of the other main factors relating to patterns of drug and alcohol use is the prolonged patterns of high usage in the L/G/B/T community. With age, the rates of use do not decline at the same rates as the general population. This may be influenced by the social lifestyles within the commercial L/G/B/T scene as well as the continuing experiences of being lesbian/gay/bisexual/transgender in a heterosexist society. The session will present some of the factors that influence poor mental health in the L/G/B/T communities and the ways that mental health services can encourage inclusive services and address the common issues of heterosexism. Preliminary findings from the evaluations of this training will be presented.



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Ms Stephanie Deeley

Emotion self-confidence and hopelessness appraisals as predictors of suicidal ideation in Adolescents

An Emotion Self-Confidence Model of Suicidal Ideation (ESC-SI Model) was examined in naturally occurring suicidal, and non-suicidal, specific negative emotional experiences (SI- & NSI-experiences), in an Australian adolescent sample. Investigation was via a semi-structured interview encompassing the model within a broader Stress-Coping Paradigm (Lazarus & Folkman, 1984) and including Beck and colleagues' (1974) hopelessness construct. The hypotheses were that emotion self-confidence (coping expectations with respect to negative emotionality) would be lower and hopelessness higher in SI-experiences. In addition, the motivation for suicide was hypothesised to be a desire to escape the aversive experience of negative emotionality. Seven male and 26 female participants described the cognitive-behavioural phenomenology of 21 SI-experiences and 27 NSI-experiences. All hypotheses with respect to the model were supported. However, interpretation remained tentative in recognition of some methodological weaknesses. Results indicate some validity of the ESC-SI Model. Nonetheless, the amount difference in emotion self-confidence across experiences was small. Even when combined with hopelessness, which showed a greater difference, other factors are required to fully explain why suicidal ideation occurs.

Dr Anthony Dinnen

Posttraumatic Stress Disorder - Fact and Fantasy

A recent article in 'Scientific American' entitled 'The Post-Traumatic Stress Trap' focussed on criticisms of the syndrome of posttraumatic stress disorder (PTSD). According to the author, "the defining criteria are too broad leading to rampant overdiagnosis", the concept itself is flawed in that it mistakes natural processes for dysfunction, and the misdiagnosis of soldiers leads to them becoming mired in the Veterans Administration system which encourages chronic disability.

The facts and fallacies of that article, in particular as they apply to the Australian scene, are examined in light of lengthy and extensive experience in treating veterans and others with PTSD, and selective review of the vast research literature on the syndrome which has accumulated over the past 25 years.

Ms Lois Dugmore

Sexual abuse and substance misuse hidden issues for primary mental health services

Substance misuse, mental health and sexual abuse are all terms that we find difficult to deal with alone but together require a great deal of skill and expertise to enable the client to develop and change their life. One of the main issues for individuals in access help for these issues is professionals lack of understanding of the content matter. In training staff to deal with sexual abuse as part of an assessment package it can enable the client to accept what has happened and know that it no longer has to be a secret and they are free to explore and move on. When working with drug using populations it is clear that a number of clients have experienced trauma and abuse at a very young age and may not have been able to talk about it or ever been asked and when entering services by asking the question can lead to acceptance by the client and understanding by staff of the clinical presentation. By offering a training package to all staff to develop the clinical skills can make the difference.

Ms Karen Gibson

E-Health: Australia Moving Forward

The National E-Health Transition Authority Limited (NEHTA) was established by the Australian Commonwealth, State and Territory governments in 2005.

NEHTA will discuss the governments commitment to developing a sustainable, national e-health infrastructure that will underpin the success of e-health programs nationally as e-health becomes more visible to patients. NEHTA's work will not only improve clinical and administrative efficiency but will streamline the care of people with long term illnesses, such as Mental Illness.

NEHTA will outline it's work which will enable:

- better ways of electronically collecting and securely exchanging health information
- improving clinical and administrative efficiency, by standardizing certain types of healthcare information to be recorded securely in electronic systems
- uniquely identifying patients, healthcare providers and medical products

With e-health, clinicians will have access to a dynamic health summary, being able to access the right information when they need it, where they need it. It means a transition from institution-based care to patient-centric care which, ultimately, leads to better medication and illness management.

Prof Kuruvilla George

Depression Training Program for Caregivers of Elderly Care Recipients

The prevalence of untreated depression is high among older adults who receive care in residential facilities or in their own homes and is associated with reduced quality of life and other medical conditions. Research has suggested a number of reasons for the low detection and treatment rates for this problem, including lack of knowledge and efficacy among those who provide direct care and poor communication between these caregivers and senior staff, and between senior staff and general practitioners. In this study, we report on the implementation of a training program for care staff that aims to address these issues and recommendations for the future.

Dr Trisha Groth

The utility of a school-based cognitive-behavioural intervention for preventing and reducing anxiety in children

Aim: Although cognitive behavioural therapy (CBT) is highly effective for treating child anxiety disorders, much of this evidence comes from highly controlled studies. Current research is investigating the effectiveness of CBT for reducing and preventing anxiety problems in children in real-world settings. The purpose of this study was to examine the effectiveness of an 8-week CBT program with children in Grade 5 at a local primary school on the Gold Coast.

Method: It is expected that approximately 80 children will form the active treatment condition, while the control group will consist of 80 children who will complete the program two months later. Anxiety, depression and social skills of children in both conditions are being assessed at pre- and post- treatment, and at a two-month follow-up interval. Children's interpretation bias towards ambiguous stories will also be assessed at each assessment interval.

Results: Three groups of children are being followed based on their Spence Children's Anxiety Scale (SCAS) scores at pre-treatment: (1) children scoring within the clinical range (High Anxious; HA); (2) children scoring within the non-clinical and clinical range (High Risk; HR); and (3) children scoring within the non-clinical range (Low Anxious; LA). Results will be discussed in relation to the hypotheses that symptom reduction will be observed in HA children and that increases in anxiety will be offset in HR children, relative to controls whose symptom severity will not change over time. Gender differences and the effects of depression and social skills functioning will also be examined.

Dr Maja Hadzic

Application of Data Mining Technology within Mental Health: An Intelligent Tool to Help us Advance with Knowledge Rapidly

Mood disorders have emerged as one of the major problems of our society. The World Health Organization predicted that depression would be the world's leading cause of disability by 2020 [1]. Mental health is a complex phenomenon. It is not only influenced by genetical factors but also by physical, social, emotional, financial and spiritual wellbeing of an individual [2]. If we are to examine mental health effectively, we must take into account the multidimensional nature of the mental health. Interesting patterns can emerge in this way.

This multidimensional analysis approach requires powerful data analysis techniques that go beyond statistic analyses. In this work, we explain data mining processes and present a number of data mining algorithms, successfully developed and evaluated at our research centre, which can be applied on mental health knowledge. Data mining algorithms are powerful tools for mental health studies as they help extract information, find hidden patterns and knowledge, and make predictive models [3]. Data mining draws work from areas including database technology, machine learning, statistics, pattern recognition, information retrieval, artificial intelligence, high-performance computing and data visualization.

Data mining is the way how we can truly 'advance with knowledge' within mental health domain. We believe that our data mining tools are strongly needed by the mental health community to enable studies of multi-factorial nature. We are excited about collaborations and synergies that will emerge as we make our tools freely available to mental health researchers and practitioners.

1st Australian Rural and Remote Mental Health Symposium Canberra - Australia 2009

Monday 2nd and Tuesday 3rd November 2009

MENTAL HEALTH SERVICES AND TREATMENTS IN THE AFTERMATH OF DISASTER IN RURAL AND REMOTE COMMUNITIES: LESSONS FROM RECENT EVENTS

Keynote Presenters include:

Prof Beverley Rachael – University of Western Sydney

Dr Helen Stain – University of Newcastle

Prof Don Gorman – University of Southern Queensland

A/Prof Sabina Knight – Centre for Remote Health in Alice Springs

Prof Peg Le Vine – Monash University

Prof Gavin Andrews – University of New South Wales

Dr Keith Miller – Flinders University

A/Prof Lynne Harris

Working with Barriers: improving workforce participation for those with mental illness and problematic substance use

Mental illness is common, with 18% of adult Australians meeting criteria for a 'mental disorder' within a 12 month period (National Survey of Mental Health and Wellbeing of Adults, 1997). Workforce participation for Australians with mental illness remains low, although improved work status reduces symptoms, improves self-efficacy, and improves life satisfaction (Arns & Linney, 1995; Bryson & Bell, 1999). The Mental Health Council of Australia (2007) described strategies to improve workforce participation among those with mental illness as the "way forward to address one of the most important productivity and health issues in Australia".

Almost half of those with mental illness also have difficulties with substance use (Henderson, Andrew, & Hall, 2000), and for these people workforce participation rates are very low (Crompton et al., 2005). The study aimed to understand the additional barriers to employment resulting from drug and alcohol use among people with mental illness, and to develop strategies to support employment service providers to identify and address the needs of these clients.

This paper presents the perspectives of clients of a specialist Disability Employment Network provider with mental illness and additional drug and alcohol issues, their support persons, and employment consultants concerning personal, social and organizational barriers to joining the workforce. The findings highlight the importance of education and training in achieving improved employment outcomes for those with mental illness and problematic substance use, and for addressing barriers to communication between health and employment service providers to facilitate access to specialist services.

Dr Tracie Hendriks

The GP Psych Support Service

It is acknowledged that there is a paucity of psychiatric services available to GPs and their patients especially in rural and remote areas. The GP Psych Support Service has been set up in response to this need and aims to support GPs in their management of patients with mental health problems.

The GP Psych Support is funded by the Australian Government and is managed by the Royal Australian College of General Practitioners. The GP Psych Support service is a free 24/7 patient management advice service. Patient information is de-identified and the service is run from a password protected website.

Objectives: There are many benefits of using the service. Patient management advice is offered in the following areas of psychiatry:

- general adult
- child and adolescent
- drug and alcohol
- psycho-geriatric
- perinatal

Methods: This paper will present a description of the service including data about the populations of GPs who use the service, the types of queries that the service manages, the psychiatrists who provide the service and methods of quality assurance. Measures include demographics of the population of GPs who use the service and results from satisfaction surveys of these GPs.

Findings and Conclusions: Data from feedback gained after each query/response instance shows that the majority of GPs are highly satisfied with the Service. The service may also assist GPs who are still establishing their network of psychiatric contacts or, may not be as knowledgeable with the Australian mental health care system.

Dr Sally Hunter

Breaking down the silos - mapping the mental health competencies in order to develop an interprofessional curriculum at a rural university

Interprofessional practice is promoted as the way forward in mental health and yet there are few enabling formal educational opportunities at Australian universities. However, mental health practitioners come from various professional backgrounds. The mental health workforce consists of nurses, GPs, social workers, psychologists and psychiatrists, counsellors, and other complementary and allied health practitioners. These clinicians need to work together to support people with mental health issues and their carers. Indeed, one of the guiding principles of the National Mental Health Strategy (2002) is the 'integration of mental health services to enable access to services, and provide continuity of care through integration and partnerships between service providers'.

At the University of New England (Armidale, Australia) cross-disciplinary practice is encouraged through the development of an interprofessional training program for those entering the mental health workforce. This paper describes the process of mapping mental health competencies in order to develop the curriculum for this interprofessional award. It covers the mental health competencies in the National Practice Standards for the Mental Health Workforce in the National Mental Health Strategy, September 2002, and for GPs (GPMHSC 2008-2010), nurses (MHNET 2008) and social workers (AASW 2008).

The process challenged those involved in the curriculum development process to become more aware of the similarities and difference between the ways in which various health disciplines practice and to break down our silos in order to communicate more effectively. This presentation will outline the lessons learned and the successes involved in working across disciplines to further mental health education.

Dr Stephen Hyde

The use of Cranial Electrotherapy Stimulation in the treatment of anxiety, mood disorders and substance abuse.

I have been using Cranial Electrotherapy Stimulation [CES] in the treatment of my patients with psychiatric disorders including anxiety, mood disorders and substance abuse over the past 18 months.

CES involves the passage of very small amounts of electrical current [typically 100-600 microamps] through the brain using earclip electrodes attached to an ipod-sized medical device. CES is FDA approved [since 1977] and has been both TGA and Medsafe listed for the treatment of anxiety, depression, insomnia and pain. Patients initially use their own units for 20-60 minutes a day at home and typically reduce their usage once improved.

I will present results and follow-up from an observational study on my first 10 patients and expand the results to include some 50 patients who have now used the device, most with measurable benefit. I will explore the experiences of other Australian Medical Professionals with CES.

I will review the history of CES focussing on the body of research which has become available over the past 40 years over which time there have been more than 130 trials carried out in humans with 40 being double-blind placebo controlled studies.

Ms Diane Keesman

Factors Influencing Vocational Outcomes for Anxiety Disorders: Clients' Perspectives

Qualitative interviews were conducted with eight previous Australian vocational rehabilitation agency clients with an anxiety disorder to gain an understanding of their perceptions and experiences of the vocational rehabilitation process after they obtained employment.

Some themes identified were that withdrawal from society and relationship breakdown, both prior and after diagnosis, were extremely common. Most of the interviewees also identified a specific point in time when they decided to turn their lives around and seek treatment or return to work. The vast majority of participants had received psychiatric treatment for their anxiety prior to coming to the vocational rehabilitation agency. Very limited psychological treatment was accessed both before and during the participants' programs.

Three of eight interviewees believed that their vocational program could be improved with the majority of interviewees reporting they found the interactions with their case managers to be helpful. Most participants felt they did not need support once they had started employment. While over half of the interviewees had discussed their disorder with a colleague, most participants had not disclosed information about their disability to their employer, except when specifically asked to provide information about any conditions they may have. The majority of participants reported no longer taking medication for their anxiety, however, over half continued to avoid certain places and situations which they believe would trigger an anxiety response.

The study has implications for practitioners and vocational rehabilitation agencies, raising a number of issues which could be useful to consider when working with people with anxiety disorders.

Prof Justin Kenardy

Paediatric medical traumatic stress: Prevalence, risk, and prevention

Paediatric medical traumatic stress is a term used to describe a set of psychological and physiological responses of children and their families to pain, injury, medical procedures, and invasive or frightening treatment experiences. Many aspects of illness and injury are stressful and may be painful or difficult to deal with, and may place strain on an individual's and family's coping resources. Some aspects are also potentially traumatic, and are extremely frightening or horrifying for the child and their parent, are potentially life-threatening and can be sudden, painful, or overwhelming.

This paper explores the prevalence, risk, and prevention of paediatric medical traumatic stress in children and their parents presenting data from a number of Australian and international paediatric studies including accidental injury and admission to hospital, oncology, and head injury. Perceptions of what is traumatic in children and their parents are compared. Diagnostic criteria for post traumatic stress for children is presented and discussed in relation to proposed changes for the DSM-V.

Current literature and statistics on the prevalence of PTSD and associated symptoms in children and their parents following medical trauma are presented. Risk factors for the development of post traumatic stress and the course of symptoms are also explored using latest data. Advances in the early detection and treatment of post traumatic stress symptoms in the paediatric population within the family context are also discussed.

Ms Nemu Lallu

Future Development of Primary Mental Health in New Zealand and Implementation of Mental Health Guidelines for Primary Care

This paper describes the New Zealand primary mental health initiatives targeting patients with mild to moderate mental health problems primarily depression, anxiety disorders and alcohol and other drugs. Service delivery models that are funded by Government (\$19.1m) include: (1) extended GP consultations (2) primary mental health co-ordinators (3) primary mental health practitioner supervision (4) practice staff training and (5) packages of care (eg brief talking therapies). An evaluation (Dowell et al 2008) showed the initiatives were very successful, 80% of service users improved with benefits maintained at 6 month follow-up.

The Ministry of Health is implementing the recently published Guideline for identification of Common Mental Disorders and Management of Depression in Primary Care. It emphasises the “stepped care” approach for managing depression, choosing the least intensive intervention required to achieve clinical change for patients. It guides treatment using a combination of evidence-based principles and continuous clinical assessment. Progression through levels of care is determined on the basis of patient response, with support for self-management.

Four implementation components include: an electronic Decision Support Tool (DST) for all general practices that is fully integrated into practice computer systems and provides easy access to management pathways in the Guideline. It will include advanced technological features to support better patient outcomes. Four journals will be published over 2 years to support guideline implementation, workforce development, and monitoring and evaluation to measure impact at practice level and tracking utilisation patterns.

Mrs Jodie Landstra

Acceptance and Commitment Therapy (ACT) applied to patients with chronic health issues and anxiety: A case study

ACT has been growing in use over the last 5 years in Australia. The data from ACT outcome studies are showing promising results. ACT aims to enhance psychological flexibility in order for individuals to live meaningful and vibrant lives even in the presence of distressing thoughts, feelings, memories or body sensations.

This presentation will outline an ACT approach to anxiety, highlighting the six core processes of therapy; Acceptance, Cognitive Defusion, Being Present, Self as Context, Values, Committed Action and the skills taught to enable patients to live with their anxiety and have active, meaningful lives. Two case studies will be used to demonstrate this treatment model.

Mrs Teresa Luland and Dr Charles Alpren

The GP Clinic – Two Years On

Both international and local studies conclude that mortality rates from physical illnesses for those with mental health issues is significantly higher than the general population. Clinicians would agree that often routine health checks, follow up of tests results and monitoring of medications are often overlooked whilst mental health workers and GPs concentrate on crisis management and mental health checks. This situation is often exacerbated in rural areas where there is less access to clinical services. The GP clinic was set up in order to rectify these issues. The objectives of the clinic were to:

1. Improve the general medical care of people with mental disorders
2. Address access and equity issues
3. Use standardised measures to track mental and physical health issues
4. Empower clients in the maintenance of their own health.

Clients are seen with both the GP and clinic nurse present. 110 clients were seen in the first year – 71% of these had no previous engagement with a GP. Attendance was 95%. Physical health issues treated included abnormal ECGs, hypertension, hypercholesterolaemia and osteopenia. Seasonal checks such as skin checks, influenza shots were offered as well as tobacco cessation. Drug and alcohol issues and lifestyle issues such as obesity were also identified. Results continue to indicate that there are a number of benefits for clientele, mental health workers and the GP in conducting a clinic

Ms Tahlee Marian

The course of posttraumatic stress disorder: An exploration of recovery trajectories of children and their parents following accidental injury

Objective: Trajectory analyses were used to empirically differentiate patterns of posttraumatic stress symptoms (PTSS) in parents following child accidental injury and to explore the relationship between parent and child recovery patterns.

Method: Parent (n=189) self reported symptoms from acute to 2 years post child injury were examined to i) identify distinct parent symptom trajectories; ii) identify risk factors affecting trajectory group membership; and iii) explore the patterns of children and parents together.

Results: Analysis predicted three distinct symptom trajectory groups for parents: Resilient (78%); recovery (8%) with clinical level acute symptoms that declined to below clinical level by 6 months; and chronic subclinical (14%). Child serious injury and pre-injury internalizing behaviour predicted parent symptom group. Children of resilient parents were most likely to also be resilient. Children of chronic subclinical parents were most likely to have chronic trajectory patterns.

Conclusion: Parents with subclinical level symptoms and their child are at risk for ongoing PTSS following child accidental injury. The ability to identify distinct PTSD trajectories post child trauma and the correlates of these trajectory groups has critical clinical implications for the early identification of individuals who may be at risk.

Ms Etty Matalon

Guidelines on the management of cannabis use disorder

As the demand for cannabis interventions increases internationally, and specialist cannabis clinics are being made available in Europe and Australia, there is a need for evidence-based guidelines to inform best practice.

This workshop will introduce participants to the recently developed guidelines for the management of cannabis related problems (Copeland, Frewen & Elkins). These aim to provide a range of clinicians with a reference point for the range of skills required to intervene with cannabis related problems. Healthcare practitioners may be confronted with a range of presentations of cannabis use disorder including sometimes complex clinical profiles which include mental health symptoms and acute behavioural disturbances such as psychosis and aggression. This workshop is suitable for health care practitioners who work in a variety of settings where clients present with cannabis use disorders.

Participants will be made familiar with the various aspects of the guidelines including assessment, withdrawal, psycho-education and interventions.

Cannabis - An overview of evidence based interventions

ACCU: The Adolescent Cannabis Check-up

Cannabis is the most commonly used illicit drug by adolescents in Australia. In 2004 more than one in four (26%) Australians aged 14-19 reported having used cannabis. There are, however, few interventions developed specifically for this group. This workshop presents the Adolescent Cannabis Check-up (ACCU); a brief (2 or 3 session) motivational and cognitive-behavioural intervention designed for young cannabis users, irrespective of their treatment seeking status. The intervention is based on the findings of a randomised controlled trial conducted by staff from the National Cannabis Information and Prevention Centre (NCPIC).

The study showed that participation in the intervention resulted in a significantly greater reduction in the quantity and frequency of cannabis use, and a reduction in the symptoms of dependence and associated problems among young people, compared with a control condition. The intervention is comprised of an individual assessment session followed one week later by a personalised feedback session delivered in a motivational interviewing style. An optional third component is offered which focuses on skills and strategies for making behavioural change. Workshop participants will be taken through the structured ACCU intervention process and familiarised with the various assessment tools used. They will be provided with a copy of the treatment manual and the educational materials used in the intervention trial. The objective of the workshop is to enable participants to implement an evidence-based motivational enhancement intervention with their own client population.

The presentation will also cover:

Quitting Cannabis?: A Brief Intervention for cannabis use disorder

This intervention provides primary health care practitioners with an introduction to a brief intervention suitable for individuals presenting with cannabis use disorder or misuse. This intervention is based on the findings of an Australian randomised-controlled trial conducted by NCPIC staff. This study found that, even among a severely dependent sample of cannabis users seeking treatment, one session of assessment and cognitive-behavioural therapy led to a significant reduction in the amount and frequency of cannabis use with associated reduction in the levels of dependence and associated problems. The intervention consists of behavioural self-monitoring, withdrawal symptom management, lifestyle modification and relapse prevention. The intervention is supported by brief guideline for the clinician and a booklet for the client. These materials will be demonstrated in the workshop and circulated to participants.

Ms Kristine McConnell

The Cloak of Invisibility – The Challenge of Identifying and Supporting Young Carers

From the limited research undertaken in Australia to date, it is estimated that there are between 350,000 and 1.2 million young Carers under the age of 25 years. Children as young as 5 years old, have been acknowledged as being Carers. The vast majority of these young Carers remain unidentified and without services supporting them.

Identifying young Carers is challenging for many reasons including the fact that this is 'normal' for them; they are concerned about possible ramifications of any intervention if they are identified; and sometimes their care recipient does not acknowledge their level support.

The Young Carers Program is an Australian-wide program which provides support to young Carers, who might be at risk of not completing their secondary education or vocational equivalent, by providing them with access to respite services. The program can help young Carers who provide significant care and support for a parent, child, partner, relative or friend who has a disability, is frail aged, or who has a severe mental or physical condition.

Approximately 80% of the young Carers we are currently supporting are caring for a parent with a mental health issue. Many of these young Carers also either have or develop their own mental health issues.

This presentation highlights case studies demonstrating how to identify young Carers, the types of support provided by the Young Carers Program and the level of care coordination often required to appropriately support young Carers.

Dr Arun Naik

Group CBT approach to treatment of anxiety and depression in rural mental health settings.

This paper will present data gathered from CBT anxiety depression groups in a rural mental health outpatient setting. Patients were invited by letter to voluntarily participate in the anxiety depression groups after identification by their case manager. The group structure follows 8 closed sessions where participants meet in a health service owned house used as a rehab facility once a week for 8 weeks. Topics involved in the groups are learning about anxiety and depression, learning CBT techniques and stress management strategies, self esteem and communication, medication mindfulness and relapse drills. Each participant in recent times has been scored pre group and post group using the DASS and K10. This data will be presented in the context of a discussion around the need to educate consumers using self monitoring strategies which they can use as interventions, rather than relying predominately on medication and case management.

Ms Kim Ryan

The Mental Health Nurse Incentive Program - A primary mental health care success

As a part of the COAG reform agenda in 2006 the then Prime Minister announced a significant boost to support mental health care in Australia. \$1.9 billion over 5 years was committed. Part of this reform was the allocation of \$191.6 million of new funding for providing services by credentialed mental health nurses in collaboration with general practitioners and psychiatrists. An incentive payment was established so that general practices, private psychiatrists, and other appropriate organizations (eligible organisations) would be able to engage or retain mental health nurses to assist in the provision of coordinated care for people with severe mental disorders.

The Mental Health Nurse Incentive Program (MHNIP) was implemented 1 July 2007. While initially there was slow take up of the program, many mental health nurses persevered in promoting the program to potential eligible organisations as they saw the benefit to clients. Using information from focus groups, surveys and conferences conducted by the Australian College of Mental Health Nurses, this paper will highlight developments and outcomes since implementation of the MHNIP, and propose improvements for its continuing success.

Mrs Andree Sellars

An evaluation of the Dual Diagnosis Reciprocal Rotations Project

Aims: The current study sought to evaluate the efficacy of the Dual Diagnosis Reciprocal Rotations Project. It was hypothesised that the program would increase knowledge, skills and confidence in working with clients with dual diagnoses. The sample consisted of 73 practicing clinicians from Victoria (29 rotatees; 21 managers of host organisations; 23 managers of parent organisations).

Results: Results revealed significant increases in all outcome measures over the course of the study. In addition, while workers from the alcohol and other drug sector reported the greatest increase in mental health knowledge, skills and confidence, the greatest gains in dual diagnosis measures were reported by rotatees and managers of the organisations hosting them.

Discussion: Clients with both mental illness and substance use issues often experience sub-standard treatment as they are referred between the mental health and alcohol and other drug service sectors. In an effort to train staff to operate within a dual diagnosis capable framework, the Victorian

Dual Diagnosis Initiative introduced the Dual Diagnosis Reciprocal Rotations Project. This project involves staff from the mental health and alcohol and other drug sectors engaging in a work placement in the opposite sector for a three month period. Positive, significant improvement in knowledge, skill and confidence levels in dual diagnosis were found as a result of Rotations.

Implications for policy, delivery or practice: As the Reciprocal Rotations Project improves dual diagnosis knowledge skill and confidence in clinicians, it may be concluded in line with much past research into integrated treatment, that the project will also improve treatment outcomes for consumers by encouraging information sharing, collaborative treatment and a no-wrong-door philosophy in dual diagnosis service providers.

Dr Tim Slade

Trends in the prevalence of mental disorders in Australia, 1997 to 2007: Results of the National Mental Health and Wellbeing Surveys

It has been over ten years since the 1997 Australian National Survey of Mental Health and Wellbeing

(NSMHWB) was carried out. The findings of the 1997 NSMHWB have contributed greatly to mental health policy and practice in Australia. A second Australian NSMHWB was carried out in 2007 to gain a more detailed understanding of the epidemiology of mental disorders with a particular focus on the issue of health service utilisation. The aim of this talk is to present descriptive epidemiological findings from the 2007 NSMHWB. This will include data on the prevalence and correlates of the major

DSM-IV mental and substance use disorders as well as a detailed examination of the feasibility and outcome of comparing estimates of prevalence over time. The 2007 Australian NSMHWB was carried out by the Australian Bureau of Statistics between August and December 2007. Data were collected via computerised personal interview using the World Mental Health version of the Composite International Diagnostic Interview (WMH-CIDI). At the time of writing this abstract the data files for the 2007 NSMHWB had not been released by the ABS. Preliminary results obtained through negotiated extract tables indicate that around one in five Australians experience DSM-IV mental disorder in the 12 months prior to interview. The results of the 2007 NSMHWB will be discussed both as a snapshot of the mental health of Australians circa 2007 as well as in the context of the findings from the 1997 survey.

A/ Prof Larry Svenson

The Treated Prevalence of Mental Health Disorders among Status First Nations in Alberta, Canada: Results from a Population-Based Surveillance System

The purpose of this project was to assess the burden of mood, anxiety, and substance abuse disorders among status First Nations (FN) in the province of Alberta, Canada. The province of Alberta maintains a publicly funded, universally available health care system. As part of this system, a population based health insurance registry is maintained and individuals who hold status under the Indian Act of Canada are identified. Data were extracted from all physician encounters in the province between 1995 and 2007. Physician may provide up to three diagnostic codes per service event using the 9th revision of the International Classification of Diseases.

In 2007, among FN 10.1% of females and 4.5% of males were treated for a mood disorder compared with 8.4% and 4.2% of non-FN females and males. Between 1995 and 2007, there was a 5% and 15% increase in the proportion of the FN and non-FN being treated for mood disorders, respectively. Females were more likely to be diagnosed with a ratio of 2.25:1 among FN and 2.0:1 among non-FN. In 2007, 15% of FN females and 8% of FN male were treated for an anxiety disorder. For non-FN, it was 10.1% and 7.9% for males and females, respectively. For substance abuse disorder, 4.5% of FN males and 10.1% of FN females were being treated compared to 0.5% of non-FN males and 0.3% of non-FN females. Both mood and anxiety disorders showed a decrease between 1995 and 2007 while substance abuse disorders remained stable.

Diagnosed mental health problems are elevated among FN relative to the general population with substance abuse disorders showing the greatest difference.

Dr Liz Temple

The Cannabis Experience & Everyday Functioning: Who needs treatment?

With approximately 159 million users, cannabis is widely cited as the most commonly used illicit substance in the world. Although the vast majority of cannabis users are non-treatment-seeking, this group of users is relatively under researched. It is probable that the disparate cannabis use-related effects seen in society are in some way related to the heterogeneity of these users and their divergent patterns of cannabis use. To investigate this premise, 989 participants (62% male; age range: 18-73 years) were recruited to complete an Internet-based questionnaire assessing everyday functioning, with a specific focus on mental health and cognitive function. Participants were 16 years old on average when they first used cannabis and had been using for a mean of 13 years, 42% were current daily users, and 13% met criteria for proxy cannabis dependence. High levels of psychopathology and cognitive failures were evident in the sample population (i.e., 19% depression, 6% high psychotic symptomology, 14% high cognitive failures); with 28% of participants likely to experience some level of impairment in their everyday functioning. Five cannabis user types were identified and found to differ in relation to patterns of cannabis use, demographics, current and childhood lifestyles, and, everyday functioning. The high level of impairment evident in the sample population indicates that these individuals would benefit from psychological treatment. However, the detailed user typology developed in this study suggests that such treatment should be tailored to the type of cannabis user.

Ms Lorraine Waters

Self-reported Substance Use among Police Detainees

This paper explores self-reported substance use, mental ill-health and offending behaviour in a sample of police-detained adults. It is based on data collected by Court Liaison officers of Queensland Health's Community Forensic Mental Health Service at Magistrate's Courts and watch houses in S.E. Queensland over a 3 month period, July - September, in 2008.

The assessment tool and procedures routinely employed by Court Liaison officers are briefly described. Preliminary findings with a special focus on the 73% of detainees who reported recent consumption of any psychoactive substance are then outlined. The type and nature of reported substance use among this group is summarized, providing evidence of a trend for cannabis, often used in conjunction with other substances including alcohol, to continue as the latest drug-of-choice among detainees. In addition, analyses exploring more complex patterns of consumption in relation to the current charges, the diagnoses, and treatment-seeking behaviours of the detainees are reported.

Despite the limitations of this study, the paper concludes that the findings confirm the widespread use of psychoactive substances among those confronting the criminal justice system as police detainees, and that the link between the nature of the charges faced by police detainees and their current consumptive habits warrants further, more rigorous investigation. The paper also highlights the need for special handling of this potential client group, especially to ensure their equal access to interventions designed to encourage initial acknowledgement and subsequent successful management of any mental health or drug and alcohol issues.

Dr Jennifer Wells

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Mr Paul Zdrojewski

Development of a Therapy Program working alongside an Emergency Mental Health Service

In 2006 Noarlunga Emergency Mental Health Service (NEMHS), developed the Brief Therapy Program (BTP). This program works along side NEMHS (an emergency/crisis response mental health service) and pulls clients from the service that are experiencing depression, anxiety or stress due to life circumstances.

While engaged with the BTP, clients have full access to the NEMHS services, including after hours support and access to a consultant psychiatrist/mental health medical officer.

The Brief Therapy Program provides a service to clients who are experiencing emotional/psychological crisis. The clinicians within this service offer a client centred, time limited therapeutic approach which enhances the clients' ability to cope with their crisis and develop techniques to better manage such situations in the future.

This program prevents attendance at hospital emergency departments or the seeking of mental health inpatient admissions.

The program has proven useful to clients that require more long term therapy by way of an introduction as to what can be achieved and the benefits of the therapy process. Other outcomes have been to assist in the development of improved quality of life, linking in with appropriate community services and assisting the client to take control of managing crisis situations or areas of their life that causes them distress.

The service is a Regional program that accepts referrals from both the Inner and Outer Southern Adelaide Health Service catchment areas. Referral sources have also included the local hospital emergency departments, GPs and Community Health Centres. Since inception, 70% of clients registered have completed the program.



Graduate Diploma in Youth Mental Health

The field of youth mental health has recently seen an exponential growth in the development of innovative mental health strategies, psychological therapies, pharmacological treatments as well as more broad interventions focusing on rebuilding the lives of young people experiencing mental health difficulties.

The Graduate Diploma in Mental Health Sciences (Young People's Mental Health) is an online course developed by Orygen Youth Health in partnership with the University of Melbourne to provide health professionals with up-to-date and specialised knowledge in this dynamic field as well as providing an opportunity to explore approaches to early intervention.

Contact details and further enquiries:

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