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MANAGING THE PSYCHOLOGICALLY INJURED WORKER
RESEARCH KNOWLEDGE AND PRACTICE.

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Conference Handbook

HOLIDAY INN – GOLD COAST THURS 14TH, FRI 15TH & SAT 16TH AUGUST 2008
WWW.GCIMH.COM.AU/CONFERENCE/



The Gold Coast Institute of Mental Health in collaboration with Queensland Health, Griffith University, Bond University, University of Queensland and Private Practitioners are pleased to present the 9th International Mental Health Conference.

†As monotherapy treatment. Please review the Product Information before prescribing Seroquel. Full disclosure Product Information is available from AstraZeneca on 1800 805 342. Streamlined authority numbers: 1589 (treatment of schizophrenia), 2765 (monotherapy, for up to 6 months, of an episode of acute mania associated with bipolar I disorder). Indications. Treatment of schizophrenia. As monotherapy for the short-term treatment of acute mania associated with bipolar I disorder. Dosage and administration. Twice daily, with or without food. **Adults: Schizophrenia.** Daily dose at start of therapy: 50 mg (Day 1), 100 mg (Day 2), 200 mg (Day 3) and 300 mg (Day 4). Usual effective dose is 300 to 450 mg/day. **Monotherapy – Acute Mania in Bipolar I Disorder.** Daily dose at start of therapy: 100 mg (Day 1), 200 mg (Day 2), 300 mg (Day 3) and 400 mg (Day 4). Usual effective dose is 400 to 800 mg/day. Contraindications. Hypersensitivity to any component of the product. Precautions. History of: cardiovascular disease, cerebrovascular disease, other conditions predisposing to hypotension, *cardiac patients; orthostatic hypotension; *QT prolongation history, when prescribed with drugs that prolong QTc interval, concomitant neuroleptics, congenital long QT syndrome, congestive heart failure, heart hypertrophy, hypokalaemia or hypomagnesaemia; seizures *or conditions that lower the seizure threshold; *high suicide risk patients; EPS; tardive dyskinesia; NMS; *conditions contributing to elevation in body temperature; neutropenia; hepatic enzyme inducers; CYP3A4 inhibitors; hyperglycaemia and diabetes mellitus, elderly patients with dementia-related psychosis; *aspiration pneumonia; lipids increases; lactose intolerance. Gradual withdrawal is advisable. Pregnancy (Category B3) and lactation. Adverse reactions. Very common: dizziness, somnolence, dry mouth. *withdrawal symptoms, serum triglycerides and total cholesterol elevations. Common: leukopenia, tachycardia, *vision blurred, constipation, dyspepsia, mild anaesthesia, peripheral oedema, weight gain, liver enzymes elevation, *neutrophil count decreased, blood glucose increased to hyperglycaemic level, syncope, rhinitis, orthostatic hypotension. For all other adverse events refer to the full Seroquel PI. *Please note changes in the Product Information. Date of TGA approval: 29 August 2006. Date of most recent amendment: 13 February 2008. PBS dispensed price: 25 mg (60) = \$52.45; 100 mg (90) = \$141.73; 200 mg (60) = \$191.37; 300 mg (60) = \$271.10. References. 1. Kasper S, Attarbaschi T. *Clinical Approaches in Bipolar Disorders* 2004; 3:24–32. 2. Young AH. Poster presented at the International Review of Bipolar Disorders. Rome, Italy, May 2007. 3. Vieta E et al. *Curr Med Res Opin* 2005; 21:923–934. 4. Seroquel Approved Product Information. 5. McEvoy JP et al. *Am J Psychiatry* 2007; 164:1050–1060. 6. Tandon R, Jibson MD. *Psychoneuroendocrinology* 2003; 28:9–26. 7. Buckley PF. *Curr Med Res Opin* 2004; 20:1357–1363. 8. De Nayer A et al. *Int J Psych Clin Pract* 2003; 7:59–66. 9. Zhong KX et al. *J Clin Psychiatry* 2006; 67:1093–1103. 10. Emsley RA et al. *Int Clin Psychopharmacol* 2000; 15:121–131. AstraZeneca Pty Ltd, ABN 54 009 682 311, Alma Road, North Ryde NSW 2113, Australia. AstraZeneca Medical Information: 1800 805 342. ©Seroquel is a trademark, the property of the AstraZeneca group. Saatchi & Saatchi Healthcare HAZ0120 05/08



Signs of mental well-being.*

*Seroquel's efficacy helps the physical, cognitive, emotional and social dimensions of acute bipolar mania^{1-4†} and schizophrenia⁴⁻¹⁰ patients.



PBS Information: Authority required (STREAMLINED). Treatment of schizophrenia. Monotherapy, for up to 6 months, of an episode of acute mania associated with bipolar I disorder.



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Conference Secretariat

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Welcome

The Gold Coast Institute of Mental Health, in collaboration with Queensland Health, Griffith University, Bond University and Private Practitioners, are pleased to welcome you to the 9th International Mental Health Conference.

Fuelled by a rapidly growing and developing economy there is increasing competition for meaningful employment and striving towards attaining and maintaining a meaningful, affluent lifestyle.

Pressures of modern life have increased the emphasis on status, income, professional development and the struggle to balance these pressures with those of family, leisure activities and the pursuit of other interests.

Ever increasing societal pressures at the contextual, environmental, socio-emotional and performance levels often leave workers physically and emotionally vulnerable.

Moreover, there increasingly appear to be problems with inter-personal communication in the workplace due to enforced interaction with individuals whose agendas and sometimes difficult personalities, promote discord and disharmony.

We all work for a large proportion of our adult lives and it is within the context of work that we are likely to suffer psychological injuries.

- What are the causes of these injuries?
- What types of psychological injuries are most common and how are they manifested and identified, treated and managed?
- What systems are in place for initial interventions and treatment to recovery?
- How should re-integration into the workforce be best conducted? What treatments are most efficacious, for whom, and when?
- What clinical skills and medications are efficacious?
- How can mental health care workers work more effectively with each other, insurance companies, doctors, employers and agencies?

We extend a warm welcome to attend the conference and hope you find the program both stimulating and helpful with your professional development.

Dr Philip Morris
Conference Chair



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 hotel's 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.

General Information

The following information is offered to make your attendance at the 9th Gold Coast 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

Thursday 14 August – 12:00pm to 5:00pm
Friday 15 August – 8:00am to 5:00pm
Saturday 16 August – 8:00am to 4:30pm

Accommodation

Accommodation accounts must be settled with the Holiday Inn on check out. The committee, GCIMH 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, the exhibition, lunch, morning tea, afternoon tea and cocktail function.

Mobile Phones

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

Speakers Prep Room

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

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

Committee Members for 9th International Mental Health Conference

Dr Philip Morris

Conference Convenor, Consultant
Psychiatrist, Executive Director,
Gold Coast Institute of Mental Health

Dr Kate Fritzon

Associate Professor Director
MPsych Forensic Program
Faculty of Humanities and
Social Sciences Bond University

Christine Randall

School of Human Services
Griffith University

Peter Sugg

Gold Coast Institute of Mental Health

Keynote Speakers

Elizabeth Benson-Stott



As a Psychologist, Elizabeth has worked in both USA and Australia in the fields of Psychology, Mental Health, Human Resources, Education, Workplace Health, and Management. She has also travelled extensively gaining knowledge of a broad range of cultural aspects.

Elizabeth has been a guest speaker at national and international conferences on Suicide Intervention & Prevention, Management, Counselling, Leadership and Psychology. In 2004 Elizabeth won the National Award for Youth Suicide Intervention and Prevention, presented by Suicide Prevention Australia and Hyundai. In 2005 Elizabeth was recognised by the Queensland Government as a semi-finalist for the Queenslander of the Year Awards. Her ongoing contribution to mental health was recognised by her peers in 2006 through being awarded the Donald Cohen fellowship, presented by the International Association of Child and Adolescent Psychiatry, and Allied Professions.

In 2006 Elizabeth was awarded the Sunshine Coast Regional & Rural Manager of the Year Award by Australian Institute of Management.

Elizabeth is currently a member of the Queensland Health Expert Reference Group, sits on the Queensland Children's Services Tribunal, is a member of the Queensland Psychologist Board Panel of Assessors, sits on the Health Quality and Complaints Commission Clinical Advisory Committee, is a Board Member of Suicide Prevention Australia, and is the CEO of Psychological consultancy Betterlife Directions.

Elizabeth has been invited as a guest speaker to the World Mining Conference in Poland to speak on Psychological injuries in the workforce and implementing effective treatments to promote recovery.

Dr Peter Cotton

BA(Hons), MA(Clin/Psych), PhD(Melb), FAPS

Director of Psychology Services Health Services Australia, Peter is a clinical and organisational psychologist with specialist expertise in how organisational factors influence employee mental health and wellbeing. He has published a number of book chapters and research papers in the fields of organisational behaviour and workplace mental health. He works regularly with public and private sector organisations around the strategic balance between employee wellbeing and performance imperatives, and evaluating the effectiveness of a range of employee support functions.



Peter has held numerous professional appointments including as a subject matter expert in workplace mental health with the National Occupational Health & Safety Commission and as a consultant with Comcare conducting a three year organisational prevention program with large agencies across the Commonwealth. He has also worked with the Australian Public Sector Commission including, most recently, as a consultant on the development of absenteeism management guidance materials for Commonwealth agencies.

Peter has consulted with most Australian compensation authorities on the assessment and management of work-related psychological injuries. Most recently, he has worked with the Victorian WorkCover Authority on the development of a range of quality assurance initiatives to improve the delivery of mental health services provided to injured workers across Victoria. Peter served three terms as a Director on the Board of Directors of the Australian Psychological Society and was appointed a fellow of the Society in 2002.

Evelyn M. Field (FAPS)



Evelyn Field is a practising psychologist and an Accredited Speaking Member of National Speakers Association of Australia. She has spoken in New Zealand, Belgium, Spain, USA, Vietnam, Israel and Italy. In June 2004 she presented a four-hour workshop and a paper at the International Conference into Workplace Bullying in Norway.

Evelyn has developed a social survival skills model from her personal and professional experience. It has been presented to adolescents, parents, teachers, health professionals and organisations.

Her unique presentations are regarded as entertaining, ethical and educational. She uses a variety of techniques eg cases, stories, cartoons, magic, role-plays, to engage participants and help them develop new skills.

She has been appointed a Fellow of the Australian Psychological Society and is one of their media spokespersons and was nominated for a Telstra Business Women's award. She has done over 600 media interviews on a wide range of topics, appearing on the "Today show", "Good Morning Australia", "A Current Affair", "Seven thirty Report", "Today Tonight Show", Channel Seven News and Ribena Light. She was Resident Psychologist for Channel Ten's "9 AM" show with David and Kim and is a regular with Channel Seven.

Her first book, 'Bully Busting' (Finch 1999) a self-help book for parents, children and educators is based on her six social survival skills has sold over 22,000 copies and was translated into three languages. The updated version named 'Bully Blocking' was released February 2007 in Australia and the international version was released May 2007. She wrote a chapter on parenting for "Bullying Solutions" for the National Coalition Against Bullying. She's currently completing a book on dealing with workplace bullying.

She is on the advisory panel of the National Centre Against Bullying. She was on the board of VOCAL for 5 years, [Victims of Crime Assistance League, in Victoria] and spent 20 years as a Board Member of the Mental Health Foundation of Victoria and 11 years as Honorary Secretary of the Australian Association for Mental Health.

Michael Hilton Ph.D

Michael Hilton is a Director of the WORC Project which is part of the Policy and Economics Group's Health Research team, located at the Queensland Centre for Mental Health Research (QCMHR), The Park, Centre for Mental Health, Wacol, Brisbane.

Michael leads a research team investigating the impact of mental health problems on the workforce and the economy. Michael has engaged over 67 large national employers, representing 520,000 employees in mental health programs. Prior, to his repatriation to Australia he was involved in sleep and circadian rhythm research at Harvard University

Michael graduated from Queensland University in 1988 with a Bachelor of Sciences. The University of Warwick UK awarded his PhD in 1999. Following this, he held a post-doctoral position at the School of Sleep Medicine, Brigham and Women's Hospital/Harvard Medical School, Boston, MA, USA. He currently consults with Harvard University, and many public and private sector organisations on occupational mental health.



Prof 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.

Dr Peter Stebbins - Partner, PsyCare Clinical and Organisational Psychologist – Member APS College of Clinical Psychologists

Dr Peter Stebbins is a Clinical and Organisational Psychologist specialising in workplace psychological issues including the assessment and treatment of work-related stress disorders, organisational health consulting and leadership development, work/life balance issues and human resources management. He completed his Honors Degree at Deakin University and both his Masters Degree and PhD in Clinical Psychology at the University of Queensland researching in the area of chronic stress.



Peter has extensive experience in counselling, assessment, case management, supervision, staff training and development. He provides medico-legal assessment services and work related stress investigation services. Peter has also had extensive experience in the development of behaviour modification strategies with individuals with special needs and has implemented such programs with a wide range of consumers and staff across community and inpatient settings. Peter's specialist area of counselling is in the use of cognitive behavioural and existential treatments for anxiety, mood and adjustment disorders.

Peter is a regular keynote speaker and workshop leader at a range of management and health psychology conferences, and the author of *You Can Cope - Turning Stress Into Success*, *Wholly Coping*, *Work Related Stress Injury*, *Carers in Contemporary Australia*, *Stress Free Living* and a number of research papers, government reports and other self-help literature.

Peter is a Partner with PsyCare - a specialist clinical and corporate consulting firm.

Dr Edward White is the Professor of Nursing at the University of the Sunshine Coast in Queensland.



He is a Conjoint Professor at the School of Psychiatry, University of New South Wales. Immediately prior to this, he was Professor and Faculty Director of Research at the University of Technology Sydney. Before that, he was the Professor of Nursing at Keele University, England, having previously been Senior Research Fellow at both The University of Manchester and Kings College, University of London.

In 1996, he co-directed the largest study of Clinical Supervision at that time in England and Scotland. With Joint Chief Investigator Associate Professor Julie Winstanley, he is presently conducting an even larger randomised controlled trial, to test the relationship between Clinical Supervision, staff well-being, quality of care and patient outcomes, funded by the Queensland Treasury and the Golden Casket Foundation, Australia, with a ¼million dollar research grant.

Prof Harvey Whiteford

Prof Whiteford is the Kratzmann Professor of Psychiatry and Population Health at the University of Queensland, Australia. He has held senior clinical and administrative positions, including those of Director of Mental Health in the Queensland and Federal Governments in Australia and at the World Bank in Washington DC.

His expertise and research interests are in mental health policy, financing and service delivery.



Anna Wise



Anna Wise is a Policy Officer at the Mental Health Council of Australia (MHCA), the peak national non-government organisation representing and promoting the interests of the Australian mental health sector. Her work at the MHCA has focused primarily on the insurance experiences of people with a mental illness and their carers, but has also covered a number of other key policy areas.

Anna's academic background is in medical sociology, with a particular focus on historical examples of stigma and discrimination in medical research and health policy. Prior to joining the MHCA she was employed in the Commonwealth Public Service, where she was heavily involved in the development of a Learning and Development Framework for a central agency.

Conference Program

Thursday 14th August 2008

12.00 - 1.00pm	Registration - Level 2 Holiday Inn		
	Boulevard 1	Boulevard 2	Boulevard 3
1.00 - 3.00pm	Ms Lauren Coates Crisis Support Services: Engaging & working with Men	Ms Evelyn Field (FAPS) Treating targets of workplace bullying: the role of health professionals	Mr Justin Rowe Don't let the pigeon drive the bus: management strategies in the mental health sector
3.00 - 3.30pm	Afternoon Tea		
3.30 - 5.00pm	Workshop Continued	Workshop Continued	Workshop Continued

Friday 15th August 2008

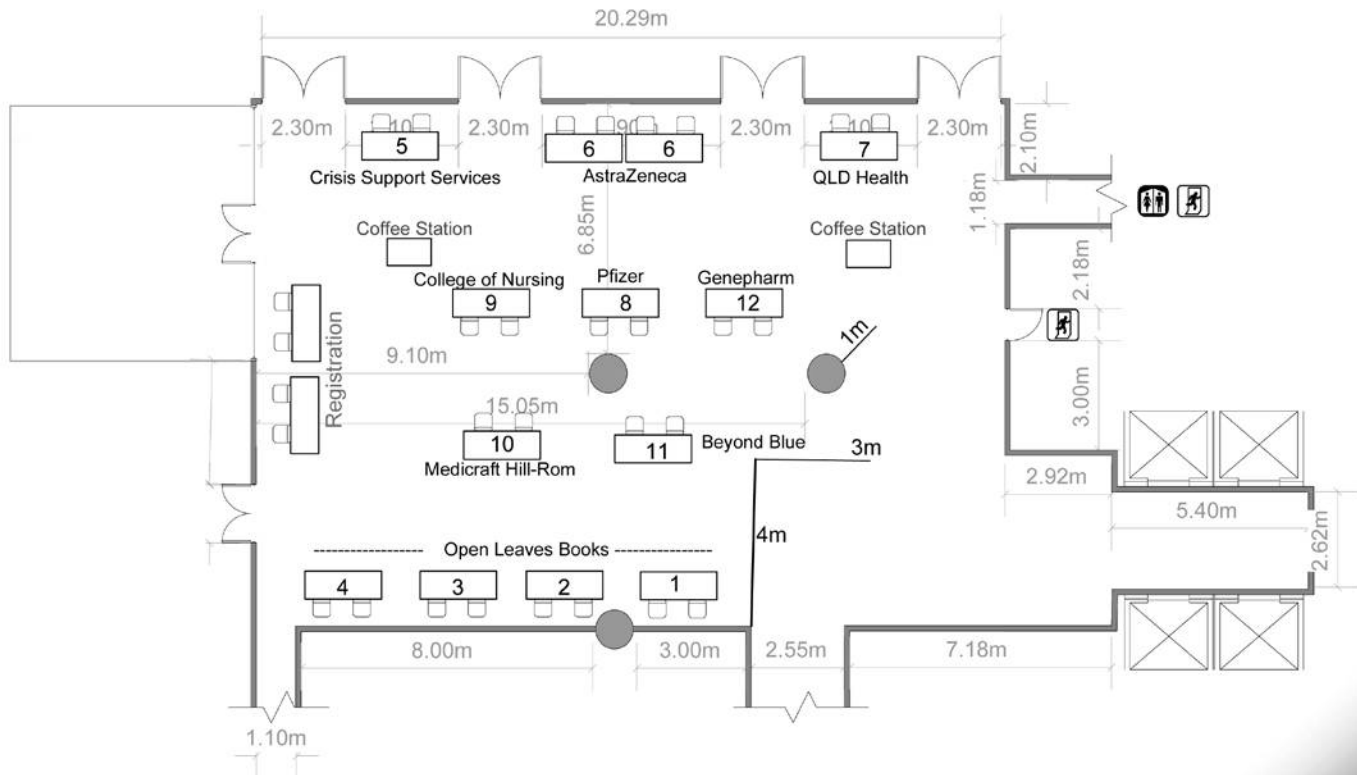
8.00 - 9.00am	Registration			
9.00 - 9.45am	Sandy McFarlane – Managing Trauma in the workforce			
9.45 - 10.30am	Elizabeth Benson-Stott – A Lesson from the Poison Arrow Frog – Prevention of psychological injuries in the workplace and importance of self-care			
10.30-11.00am	Morning Tea			
	Boulevard 1	Boulevard 2	Boulevard 3	Palm 1
	Chair: A/Prof Les Koopowitz	Chair: Dr Helen Cameron	Chair: Mrs Lorette Venables	Chair: Dr Tracey Hunter
11.00 - 11.20am	Tony McHugh Psychologically treating the injured worker – the VPTTS and Police	Dr Keryl Egan The Psychopath at Work	Dr John Clarkson Addictions in the Modern World – Understanding Lifestyle and Drugs Addictions (Part one)	Ms Jackie Burke Preventing Psychological Injury From Vicarious Trauma: A Case Study
11.25 - 11.45am	Ms Rachel Clements Occupational stress in Australian organisations: Who is at risk and individual interventions	Prof Richard Hicks Maladaptive perfectionism, depression and 'occupational stress' in university students	Dr John Clarkson Addictions in the Modern World – Understanding Lifestyle and Drugs Addictions (Part Two) <i>Continued session</i>	Mr Owen Pershouse MENDS and Relationship Crisis: The Silent Sickness
11.50 - 12.10pm	Ms Debra Pamula Occupational stress in Australian organisations: Organisations at risk and workplace interventions	Ms Chai Yan Lin Elaine Effects of Attendance Pattern on Vocational Status at the 3 Day Centres of the Institute of Mental Health, Singapore: A Comparative Study	Mr Marko Turner Leadership and communication in the workplace: how they improve wellness	Mr John Cheetham Preventing Psychological Injuries in the Workplace (Part One)
12.15 - 12.35pm	Mr Christopher Harrison The management of work- related psychological problems in Australian general practice	Ms Cheryl McFadyen Evidence-Based practices in helping people return to work and retain employment following onset of a serious mental illness	Ms Chelsea Todd The development of a randomised controlled trial of a preventive intervention for managing psychological strain and burnout	Mr Chris Pearson Preventing Psychological Injuries in the Workplace (Part Two) <i>Continued session</i>
12.40-1.30pm	Lunch			
	Boulevard 1	Boulevard 2	Boulevard 3	Palm 1
	Chair: Mr Jonathan Gaston	Chair: Ms Fay Jackson	Chair: Mr Shane Stockill	Chair: Ms Jackie Burke
1.30 - 1.50pm	Dr Tracey Hunter Key Challenges for Professionals and Stakeholders in Managing Psychological Injuries Caused by Workplace Conflict	Therese Fitzpatrick Managing Depression in the Workplace	Mr Andrew Gardner Superficial supervision – Are we placing mental health professionals and clients at risk?	Ms Nicole Hughes & Ms Kasrynne Huolohan The application of a multi- faceted approach to early intervention to prevent psychological injury/illness within a State Government Agency – outcomes and experiences
1.55 - 2.15pm	Ms Jacqueline Yoxall Patterns of non-credible symptoms in Queensland worker's compensation stress claims	A/Prof Les Koopowitz "Neurocognitive" Therapy for Acquired Brain Injury	Ms Cindy Wall Psychological vulnerability for secondary disability in workers returning to, or remaining at work post injury	Ms Vikki Dearie & Ms Cathy Thornely What have we learned about an approach to Clinical Aggression within a busy Acute General Hospital?

2.20 - 2.40pm	Mrs Sharon Booth Psychological stress in the workplace: Mental Health Nurses in Private Practice making a difference.	Ms Etty Matalon A brief intervention for cannabis related problems within the workplace	Ms Kirsten Way Identifying and managing psychosocial factors in Queensland workplaces: Development of a risk assessment tool	Mrs Lorette Venables Better Mental health in the workplace
2.45 - 3.05pm	Dr Simon Kennedy Evaluation of work-stress responses and treatment in the compensation domain: Assessing the validity of psychological presentations.	Mr Michael Mitchell "Preventing and resolving mental health crisis situations by working collaboratively" Mental Health Intervention Project	Dr Wendy McIntosh Shame, workplace bullying, professional boundary crossings and the importance of the breath	Miss Vicki Rostron Traveling Strong - Resilience in Evolving and Revolving Care Systems. The Personal Journeys of Nursing Staff in Providing 3 Decades of Mental Health Care
3.10 - 3.40pm	Afternoon Tea			
	Boulevard 1 Chair: Dr Wendy McIntosh	Boulevard 2 Chair: Dr Kate Fritzon	Boulevard 3 Chair: Dr Philip Morris	Palm 1 Chair: Dr Keryl Egan
3.40 - 4.00pm	Prof Jacinta Hawgood Type of occupation and suicide: data from the Queensland Suicide Register	Dr Heinz Albrecht Getting Tasered: Lights out or back to work?	Mr Christopher Harrison The Management of Work Related psychological problems in Australian General Practice	Dr Helen Street Working Well: understanding goal setting and pursuit as a means of reducing stress and increasing professional satisfaction
4.00 - 4.20 pm	Mrs Rosemary Tristram Job Satisfaction in a Culturally Competent Service	Mrs Ying-Tzu Chang Changes in Beliefs towards Medication-taking – Examples from The Compliance Therapy Group of Schizophrenic people in Eastern Taiwan	Mr Jonathan Gaston Burnout in a sample of Australian allied Health Professionals	Ms Kirsten Way Supervisor Responses to Workgroup Conflict: Predictive effects of response type and justice climate on employee health and organisational effectiveness
4.20 - 4.40pm	Mrs Deborah Hogg Don't cry mummy, I love you!	Mr Ahmad Al-Sagarat Patients; Nursing Staff and Patients Relatives Perceptions of ward atmosphere in four Jordanian Psychiatric Hospitals	Dr Philip Morris Getting chronically mentally ill patients back to work – the role of supported employment	Mr Shane Stockill The Queensland Psychosocial Initiative: New approaches to old problems
4.40 - 5.00pm	Mrs Libby Holden The impacts of anxiety on the productivity of Australian workers	Dr Helen Cameron Students' Work & Mental Health – Pains & Gains in University Study	Ms Fay Jackson Tips and Tools: The practical way of managing mental health as a HR, OHS and performance issue in the workplace	Ms Raelene Bond Evaluation of Pace Heart Lifeskills: A program for the prevention of psychological ill health in the workplace
5.00pm - 6.00pm	Cocktail Function – Level 2 Foyer Holiday Inn - included in all full registrations			

Saturday 16th August 2008

8.00 - 9.00am	Registration
9.00 - 9.45am	Dr Michael Hilton – The Economic Impact of Mental Health Difficulties on the Workforce
9.45 - 10.30am	Dr Peter Stebbins – Depression, Anxiety, Stress in the Workplace
10.30 - 11.00am	Morning Tea
11.00 - 11.45am	Ms Evelyn Field – Workplace bullying: a Second Generation Approach Towards Understanding Individual Injuries, Trauma and Organisational Damage
11.45 - 12.30pm	Dr Peter Cotton – The Organisational Prevention of Psychological Injuries
12.30 - 1.30pm	Lunch
1.30 - 2.15pm	Dr Edward White – Clinical Supervision: the Contribution to Mental Health Staff Well Being
2.15 - 3.00pm	Anna Wise – Personal Insurance and Psychological Injury
3.00 - 3.30pm	Afternoon Tea
3.30 - 4.15pm	Professor Harvey Whiteford – The Economic Argument for Increased Treatment of Mental Disorders in Australia: Government and Employer perspectives
4.15 - 4.30pm	Official Close of Conference

Floor Plan



Pre Function
SECOND FLOOR

Exhibitor Displays Floor Plan and Display List

- 1 – 4 Open Leaves Books
- 5 Crisis Support Services
- 6 AstraZeneca
- 7 Queensland Health
- 8 Pfizer
- 9 College of Nursing
- 10 Medicraft Hill-Rom
- 11 Beyond Blue
- 12 Genepharm



Exhibitors Profiles

AstraZeneca – Global

Through the research, development, manufacture and marketing of pharmaceuticals around the globe, AstraZeneca strives to achieve its mission to make the most meaningful difference to patient lives through great medicines.

With more than 60,000 employees worldwide, the Company invests billions of dollars in research and manufacturing. We spend over \$16 million every working day on the research and development of new medicines that meet patient needs. (Total R&D spend in 2006: \$3.9 billion). Our broad product portfolio includes many world leaders and a number of high potential growth products: Seroquel (schizophrenia and bipolar), Arimidex (cancer), Crestor (cardiovascular), Nexium (gastrointestinal disease) and Symbicort (asthma and chronic obstructive pulmonary disease).

www.astrazeneca.com.au



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.

beyondblue: opening our eyes to depression across Australia

www.beyondblue.org.au



College of Nursing

College of Nursing

The College of Nursing is a national professional member nursing organisation representing nurses across Australia. The College is the largest, longest established and most innovative provider of quality clinical specialty development and postgraduate nursing education in Australia.

The College is registered as a Higher Education Institution with a suite of accredited Graduate Certificate courses which, under the Australian Qualifications Framework, are equal to those offered by universities.

In addition, the College offers an extensive range of Continuing Professional Development courses and a Customised Education and Consultancy Service that provides educational programs tailored to meet specific requirements.

The College also conducts programs for internationally educated nurses and midwives who are referred by the Nurses and Midwives Board NSW for orientation to the Australian health system and assessment of clinical practice.

Members and Fellows of the College play a leading role in the direction of national nursing policy and the provision of quality health care.

www.nursing.edu.au.

Crisis Support Services Inc (CSS)

Crisis Support Services Inc. (CSS) is Australia's leading professional telephone counselling and training provider. Operating 24 hours a day, seven days a week, CSS is the only organisation in Australia to be accredited by the American Association of Suicidology in counselling and suicide prevention, and has a 50 year history of helping people in crisis.

CSS manages more than 10 professional help-lines, including Mensline Australia, Suicide Call Back Service and SuicideLine (VIC). CSS works with over 100,000 people each year, providing them with support, information and training services.

CSS draws upon its extensive counselling experience to develop its tailored range of training packages. The Child Support Agency's training partner of choice, CSS has assisted organisations such as the Australian Federal Police, Family Relationship Centres, Country Wide Media, Australia Post and the MFB and IBM with their training needs.

www.crisissupport.org.au



Genepharm

Genepharm is committed to continuous quality improvement. With ongoing education and service Medico Medication Management System provides:

- Enhanced quality of care
- Improved staff efficiency and reallocation of time to quality care activities
- A best-practice management model
- Support to meet Medication Management Standards

The Medico Management System involves proper medication management or quality use of medications, includes the appropriate use and storage of the medication prescribed, correct dispensing and administration and the provision of appropriate information. The quality use of medications can have a positive impact on health outcomes and can contribute to an improvement in quality of life. Further cost savings may also result from an improved use of medications.

Advantage of Medico

- Fully disposable pack
- Front label includes non packed items
- A full description of pack contents printed on the back of the pack
- Each blister is fully labelled with:
 - Patient's Name
 - Day / Time
 - Medication strength and dose
- Tear off **One dose** or **One day; sealed secure dose every time.**
- Deep blisters eliminate the use of a secondary container

www.genepharm.com.au



Medicraft Hill-Rom

Medicraft Hill-Rom was established in October 2006 when Hill-Rom, the global leader in hospital beds and furniture, partnered with Medicraft, the leading Australian manufacturer of hospital beds and furniture. This has created an organisation that is determined to make a positive difference in the lives of patients and those who care for them.

Medicraft Hill-Rom brings the following to the Australian marketplace:

- The 'Continuum of Care', offering products and services that cater for all health facilities
- A large range of Australian made and designed products ensuring that the marketplace receives the quality and high standard of product it deserves





- Access to a global range of products, ensuring that the standard of healthcare and safety provided to patients and their caregivers is on par with that of the rest of the world
- Market leaders in innovation and technology, ensuring that the Australian marketplace has immediate access to the latest and most exciting technology available.

www.medicrafthillrom.com.au

Open Leaves Books

Open Leaves Books has a reputation throughout Australia as the premier bookseller in the areas of psychotherapy and mental health. Our Brisbane shop stocks a wide range of titles across six subject areas and our mail order service sends books Australia-wide.

We are regular exhibitors at major and regional conferences throughout Australia.

www.openleaves.com.au



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Abstracts

Dr Heinz Albrecht

Organisation: Gold Coast Hospital **Suburb/City:** Southport

Paper Title: Getting Tasered: Lights out or back to work?

Abstract: The 20 minutes 40 slide PowerPoint multimedia presentation including sound and animation is intended to be presented on 2 screens simultaneously, one screen for text, the other screen for photos, graphics, pathways. The presentation will be in the form of an extended First Announcement format providing an early introduction to a study in progress. The initial stages of the presentation will move from an introduction regarding the neurophysiological effects of tasers, to the use of, and experience with tasers overseas. The core of the presentation will highlight the first clinical data of currently 5 patients, including 3 patients under my direct care as of the events in the community, at the time leading to police involvement and getting tasered. This was followed by admission to the acute inpatient services of the Mental Health Service MHS, Gold Coast Hospital GCH, Queensland, Australia. The emphasis will be on the initial medical effects of getting tasered, and the subsequent psychiatric risk management of mentally severely disturbed and violent patient in the Intensive Care Area ICA of the MHS, GCH. Hostage and siege situations as well as murder-suicide and suicide by cop scenarios on the Gold Coast will be addressed. Psychiatric co-morbidity especially in relation to non-prescribed and illicit substance and drug abuse including alcohol, benzodiazepines, amphetamines/ICE, and Nitrous Oxide inhalants, will be covered. Holistic multi-faceted rehabilitation efforts will be outlined. This will address amongst others, clinical, medico-legal and forensic issues. Possible longer term medical and psychological as well as psychiatric effects of getting tasered will be discussed. Particular emphasis will be on areas of cardiology, post traumatic stress disorder, and paranoid delusional states relating to stalking and revenge killing after being tasered.

Mr Ahmad Al-Sagarat

Organisation: University of Wollongong **Suburb/City:** Lakemba

Paper Title: Patients; Nursing staff and patients relatives perceptions of ward atmosphere in four Jordanian Psychiatric hospitals

Abstract: Background Treatment for people with mental illness is complex and has many components such as therapeutic interventions, psychosocial education and support. The atmosphere of the ward itself is one crucial dimension in the treatment and process of recovery from mental illness. Ward atmosphere is composed of a unique set of characteristics that give the setting unity and coherence and relates to the internal environment of an organisation as perceived by staff, patients and visitors (Ajdukovic 1990). These properties are assumed to have a major influence on behaviour and therefore on recovery. By measuring ward atmosphere, changes can be made which will ultimately result in better patient outcomes. Significance Ward atmosphere has been well researched internationally over many years and in a variety of settings. The tools have been tested and have validity and reliability (Moos 1974). However, no studies of ward atmosphere have previously been undertaken in Jordan. Therefore, the aim of this study was to describe how staff, patients and their relatives in 4 Jordanian psychiatric hospitals perceive ward atmosphere, and to determine the extent to which the patient and the staff perceptions of the ward atmosphere match or differ from each other. Methods A Ward Atmosphere Scale consisting of two measures, the Real form, which requires participants to rate their ward as they perceive it, and the Ideal form which requires participants to rate their ward on how they would like to see it were distributed to 267 mental health patients, their relatives and nurses in four Jordanian Psychiatric hospitals. Results Participants in all hospitals expressed the opinion that many changes could be implemented to improve the atmosphere of the wards. They recommended higher levels of involvement by patients, including more group activities and skills to assist them to rehabilitate back into the community. The participants also recommended that more support should be given patients by nurses and other patients. Importantly, they felt that anger and aggression could be minimized and that organisation and programme clarity should be improved. Conclusion this study demonstrates that ward atmosphere is an important component in the treatment and rehabilitation from mental illness. By listening to patients, their relatives and staff and implementing relatively minor changes to treatment programmes could result in better patient outcomes, may reduce aggression and make the ward more cohesive and productive. Ultimately, by offering better treatment it could result in shorter hospital stays for patients and improve ward atmosphere for both staff and patients.

Ms Raelene Bond

Organisation: BP Australia Pty Ltd **Suburb/City:** Melbourne

Paper Title: Evaluation of PaceHeart Lifeskills: A program for the prevention of psychological ill health in the workplace

Abstract: Authors: Ms Raelene Bond, Dr Catherine Hamilton, Dr Ciaran Pier and Ben Richardson. Background: Mental health disorders are a significant issue in the communities from which BP recruits in Australia, with one in five people in the general community experiencing clinically significant depression. Furthermore, there is convincing evidence of increased risk of cardiovascular illness among people with depression and poor social support. Therefore, there is a need to take action to reduce the risk of mental health problems in the workplace, to identify those at higher risk and ensure that those struggling with mental health problems are effectively supported and managed at work. The PaceHeart Program: PaceHeart, a mental health educative and intervention program, was developed in 1999, and re-developed in 2006. The program involves two 1:1 meetings with the facilitator, a group workshop and a six-week internet-based program. The program teaches employees about the association between psychological and physical health. The internet program also provides strategies for managing psychosocial health, with an emphasis on preventing or improving depressive symptoms and increasing social support. Participants completed a range of validated psychological questionnaires and had their heart rate and blood pressure measured at baseline, three-month and six-month time-points. Through a collaborative relationship with Deakin University these data were analysed to provide confidential individual feedback to participants from their questionnaire responses. Results: Repeated measures MANOVAs on seventy-three participants revealed statistically significant decreases in scores on measures of depression, anxiety and stress and a significant increase in perceived social support. These improvements were sustained at follow-up. Conclusion: These results indicate that a multi-faceted program was effectively implemented to improve psychosocial wellbeing. The improvement in perceived social support is particularly interesting in that this change occurred solely in the individual, without any change within the workplace.

Mrs Sharon Booth

Organisation: NSCCAHS **Suburb/City:** Hamlyn Terrace

Paper Title: Psychological stress in the workplace: Mental Health Nurses in Private Practice making a difference.

Abstract: Dealing with work related stress and helping clients to manage their mental health problems and return to productive working lives is a challenge faced by GP's every where. Now Mental Health Nurses working in private practice can provide much needed expert advice to our medical colleagues and give ongoing support to patients allowing them to experience sustained recovery from their illness or work related stress. An over view of how private practice mental health nurses work and case presentations of real situations will depict the value of having mental health nurses and other allied health professionals working together to ease the burden of work stress, compensation and sick leave. Recent recognition through the process of credentialing has raised the profile of Mental Health Nurses. The value of helping clients deal with work related stress and mental illness highlights the expanding contribution that mental health nurses are making in the community. Combating mental illness and stress in the workplace is a challenge faced by employers, insurers, rehabilitation agencies and the medical community. This paper will discuss these issues and how private practice is the new face of mental health nursing.

Ms Jackie Burke

Organisation: NSW Rape Crisis Centre **Suburb/City:** Drummoyne

Paper Title: Preventing Psychological Injury From Vicarious Trauma: A Case Study

Abstract: Triggered by analysis of attrition rates in frontline trauma workers, NSW Rape Crisis Centre identified psychological injury resulting from vicarious trauma as the primary OH&S hazard for employees. A package of policies and practices that consistently and comprehensively identifies and manages this risk has been developed. Work has focused on building a culture of vigilance about vicarious trauma within the workforce. These steps have resulted in no psychological injury claims from trauma work in over 5 years and the NSW Rape Crisis Centre being awarded the Work Cover 2007 SafeWork Award for Best Solution to an Identified Workplace Health and Safety Issue.

Dr Helen Cameron

Organisation: Hawke Research Institute for Sustainable Societies, University of South Australia **Suburb/City:** SA

Paper Title: Students' Work & Mental Health – Pains & Gains in University Study

Abstract: University students face more stress and pressure than in previous decades, primarily due to combining paid work and study. Many also strive to manage the demanding work related to their study whilst also struggling with the impact of their mental illness. A variety of papers address the range of support services for university students with mental health issues and this paper also addresses some key themes from this literature. This paper has as its centre however, a discussion of some results from a survey about the special challenges faced by students with mental health concerns who take on university study. It reviews students' other life commitments and how these impact on their management of their mental health condition and their study success. The paper takes a final position of strong support for those with mental health problems also taking on university study in terms of their general mental health and related self esteem.

Mrs Ying-Tzu Chang

Organisation: The Buddhist Tzu-chi College of Technology **Suburb/City:** Hualien

Paper Title: Changes in Beliefs towards Medication-taking: Examples from The Compliance Therapy Group of Schizophrenic people in Eastern Taiwan

Abstract: Compliance therapy has been shown to improve compliance in medication-taking. The relevant literature has mainly addressed the efficacy of compliance therapy regarding relapse prevention and cost-saving by quantitative research. However, there is a lack of knowledge regarding how schizophrenic peoples' beliefs towards medication have been changed by compliance therapy. The purpose of this study was to understand the nature of these changes in beliefs towards medication-taking in the therapy. In this qualitative study, eight Taiwanese participants from psychiatric ward of the Armed Forces General Hospital were recruited to form a compliance therapy group. All participants were initially assessed on their beliefs towards medication-taking using a 14 item scale designed by the researchers. The group had eight sessions. Each session ran for 60 minutes for eight weeks and was recorded by audio tape. The data was analyzed by the content analysis method. The Four themes which emerged from the data were (1) Seeing no reason to attend and then expecting something different from the group than what it was; (2) Repressing and then arousing the expressions of experience of medication-taking which involves physical, mental and social consequences; (3) Raising doubts and then shifting attention to the reasons why there is a need to take medication and be admitted, and (4) Making a breakthrough and then redefining the relationship between the meaning of medication-taking and self. This information could offer health workers a deeper understanding of the nature of changes in beliefs towards medication when they employ compliance therapy.

Mr John Cheetham & Mr Chris Pearson

Organisation: Cheetham Consulting Group **Suburb/City:** Moorabbin

Paper Title: Preventing Psychological Injuries in the Workplace

Abstract: An integral part of Occupational Health and Safety is to educate management and workers to the importance of creating a psychologically safe and healthy environment. Key components of psychological health and wellbeing include: freedom from duress, freedom from micro-management, appropriate time and

support in order to implement change, recognition of the dignity of each individual and an interpersonal communication style that is respectful. Long established habits of older management can be a barrier to the implementation of more positive policies. Consultation and shared responsibility by management and workers is critical to effective strategies being adopted. This workshop will examine techniques for reshaping the culture of organisations in order to encourage good practices that will enhance the wellbeing of all workers.

Dr John Clarkson

Organisation: Neurodiagnostic Centre **Suburb/City:** Cottesloe

Paper Title: Addictions in the Modern World – Understanding Lifestyle and Drug Addictions

Abstract: Today's world, with its advancing technologies, has changed how we communicate, study, work and indeed, behave. The workplace is now being faced with an ever-increasing band of new addictions, the effects of which impinge on the individual's performance at work or continue to be 'played out' during working hours. This new breed of addictions, I have chosen to call - "lifestyle" addictions. "Lifestyle" addictions are many and varied, but include computer addictions, mobile phone addictions and Gym addiction -- to name, but a few. Throw into this mix -- illicit drugs [the stockbroker, who 'snorts' cocaine in the weekends or the IT analyst, who smokes a minimum of five "joints" a day], tranquilisers and alcohol and the true impact of addictions, particularly the workplace, can only 'begin to be comprehended'. Statistics reveal staggering figures in relation to "lifestyle" addictions, such as the 1.5 million "Net" addicts currently undergoing treatment in China or the 10% of mobile phone users, who have a full-blown addictive disorder. Inevitably, these addictions will affect, not only people's personal lives, but also their ability to perform, at an appropriate and sustained level, within the workplace. Addictions in the Workplace is a practical and interactive workshop which will allow attendees to acquire a basic understanding of neuroscience and functional brain imaging (SPECT and fMRI) and how the changes within the brain affects those with addictions. In addition, other psychiatric disorders will be touched on, as psychologically, addictions rarely exist within the individual alone. Finally, attendees will be better equipped to deal with the multifactorial issues involved in addressing addictive behaviours in their day-to-day practice.

Ms Rachel Clements

Organisation: Centre for Corporate Health **Suburb/City:** Sydney

Paper Title: Occupational stress in Australian organisations: Who is at risk and individual interventions

Abstract: WorkCover claims citing stress and psychological injury remain at a consistently high rate in NSW, with associated large claim costs and time off work. Such high rates of psychological injury highlights the need for a comprehensive understanding of the specific individual or personal causes of psychological injury, so that highly tailored interventions for individual employees can be implemented in order to reduce future claims. Through the conduct of Pre-Liability Stress Assessments, the Centre for Corporate Health assists workers' compensation insurance companies to evaluate individual vulnerability factors that contribute to psychological injury. Our research highlights that mere exposure to an occupational stressor is not predictive in determining a claim for psychological injury, rather there are a number of psychological variables that seem to be more indicative of claim submission. Based on data gathered in the course of undertaking Pre-Liability Stress Assessments over a seven year period, this presentation explores characteristics of those who experience occupational stress and lodge claims, addressing issues such as; * The proportion of stress claims that are deemed to be related to factors other than work. * The impact of personality style and psychological variables, such as vocational discontent. * The role of demographic variables, such as age. * The personal factors impacting on individuals, such as life stressors. * The role of perceived constructive and supportive leadership as a protective factor in psychological injury claims. * Recommended preventative action for employers aimed at the individual level to minimise the risk of psychological injury in the workplace.

Ms Lauren Coates

Organisation: Crisis Support Services. **Suburb/City:** Footscray

Paper Title: Engaging and Working With Men

Abstract: Masculinity.... Is traditionally associated with certain values in Western Culture. According to these traditional values, men must appear to be highly independent, super competent, experienced, rational, invulnerable, unemotional, in-authority, tough.... (Alan Jenkins – An owners guide to Male Sexuality) Consequently, when difficulties arise either in the workplace or at home, men are less likely to disclose their distress and access help. This puts them at higher risk of both physical and psychological distress including stress, anxiety, depression and substance abuse.

Professionals and those responsible for work place well being should be aware of the barriers that men face in terms of help seeking due to learned gender roles, and have practical strategies using non-deficit approaches to engage men in order to assist them when they are faced with difficulties in their lives. Using a “gendered approach” this workshop explores male socialisation & gender roles, the consequences of this in relation to male well being and how practitioners can actively engage men to address the challenges & stresses in their lives.

In an interactive and practical format, participants will have the opportunity to identify and explore their own attitudes and perceptions that may impact on how they engage with men, identify gender appropriate strategies for engaging and working with men and recognise how individual experiences may facilitate or impede effective care.

Dr Keryl Egan

Organisation: Stormont Consulting Suburb/City:

Paper Title: The Psychopath at Work

Abstract: “This paper describes how psychopathic activity in organisations or covert, serial bullying not only undermines and annihilates individuals but also creates a toxic corporate environment which diminishes team effectiveness and impacts upon productivity. A risk management approach to conquering workplace psychopathy is briefly outlined.”

Ms Chai Yan Lin Elaine

Organisation: Nanyang Polytechnic **Suburb/City:** Singapore

Paper Title: Effects of Attendance Pattern on Vocational Status at the 3 Day Centres of the Institute of Mental Health, Singapore: A Comparative Study.

Abstract: Mental health services in Singapore are moving towards community-based treatment. In addition, the Supported Employment model is adopted in vocational rehabilitation. These changes have resulted in a need to review psychiatric Day Centres, with the aim of identifying strategies to maximize their effectiveness and complement current vocational rehabilitation programmes. Singapore’s 3 Day Centres run on a hybrid model comprising of sheltered employment, cottage industry and day care centre services. Important objectives of the centres include optimizing the current functional level of patients and facilitating their eventual return to work. The primary aim of this study is to investigate the effects of attendance pattern at the Day Centres on vocational status. 368 patients attending the Day Centres from January 2004 to March 2005 were categorized into 3 groups, namely regular, non-regular and under attendees. Their hospital admissions and length of stay 2 years before and after attending Day Centres were compared. Results show that non-regular attendance is the best predictor of obtaining competitive employment. Findings also suggest that the first year of Day Centre treatment yields the most improvement and Day Centres have a value in facilitating Supported Employment. Keywords: attendance pattern, employment, hospital admissions, mental health, psychiatric day centres, vocational rehabilitation.

Therese Fitzpatrick

Organisation: Beyond Blue – The National Depression Initiative **Suburb/City:** Victoria

Paper Title: Managing Depression in the workplace

Abstract: More than one million people in Australia experience depression, anxiety or related substance use disorder each year. With depression affecting one in five people at some point in their adult lifetime, these figures also impact on the workplace. Depression is second only to heart-related illness in terms of disability in Australia – resulting in a profound impact on all aspects of life, including work. Half a million full working days are lost every month and workers cut down their activity on another one million days in one month due to depression. Depression will touch everyone – including employers – either directly or indirectly in today's world. Depression currently represents a major social and economic challenge, particularly in today's workplace. Many employers realise the importance of staff retention and motivation in creating a harmonious work environment, but in today's climate it is also important to monitor the well being of staff. Lack of awareness and understanding in the workplace leads to difficult situations which may arise from prolonged absence or excessive sick-leave. In response to this important issue, *beyondblue* has developed training resources for the delivery of a brief workplace-based depression awareness program. This session will provide:

- information on the signs and symptoms of depression, particularly focused on how they may be seen in a workplace context
- information on managing depression at work
- an overview of the key features of the *beyondblue* National Workplace Program

Mr Andrew Gardner

Organisation: University of South Australia **Suburb/City:** Adelaide

Paper Title: Superficial supervision – Are we placing mental health professionals and clients at risk?

Abstract: Mental health practitioners are exposed to intense levels of emotions in the work place. In addition Simon (1999) suggests that problems involving therapeutic relationships and professional boundaries are an occupational hazard for mental health clinicians. There are many examples of clinicians who have breached the professional boundary in their clinical practice, resulting in a vulnerable client and a compromised worker who may require ongoing counselling and supervision. Contemporary interdisciplinary research in the area of therapeutic relationships and professional boundaries is discovering new themes that have not previously been well described. Therapeutic friendliness – how clinicians engage clients, therapeutic leverage – the way mental health practitioners work with clients during medium to long term rehabilitation, and, superficial supervision – although most clinicians espouse the value of clinical supervision it is apparent that there are some areas that are not discussed during supervision. Through the interview process clinicians have reflected on how they maintain the professional boundary and have discovered that they had not previously thought of some issues and had not discussed them during supervision. Whilst these concepts and their associated problems are being recognised by mental health professionals it is evident that some of the more subtle issues are not being discussed in clinical supervision. Despite most Mental Health professionals identifying that clinical supervision is an important part of their professional development. This presentation will outline some emerging concepts from recent interdisciplinary research and will pose the question are we practicing superficial supervision which may place mental health workers and clients at risk?

Mr Jonathan Gaston

Organisation: Centre for Emotional Health Department of Psychology, Macquarie University
Suburb/City: NSW

Paper Title: Burnout in a sample of Australian allied health professionals

Abstract: Burnout is a psychological syndrome that develops after prolonged exposure to chronic stressors in the workplace. The prevalence of burnout across various helping professions averages between 6 & 11%, with rates over 20% reported in some contexts. The costs of burnout can be high both for the individual and the workplace. For the individual there can be longer term emotional difficulties such as anxiety and depression, increased physical illness, increased drug and/or alcohol use, work avoidance and overall questioning of career suitability. For the organisation, workplace burnout can result in increased staff dissatisfaction, unexpected leave, absenteeism, high staff turnover rates and ultimately higher training and employment costs. In this paper we will present the results of a recent survey of over 400 Australian allied health professionals looking at both their levels of burnout and depression, anxiety and stress. Data will also be presented regarding potential risk factors for this burnout development. The implications of these results in terms of how we can better care for, and retain, allied health professionals in the workplace will be discussed.

Mr Christopher Harrison

Organisation: University of Sydney **Suburb/City:** Wentworthville

Paper Title: The management of work-related psychological problems in Australian general practice

Abstract: Aims: To examine the proportion of work related problems managed by Australian general practitioners in 2004–07 that were psychological; the proportion covered by workers' compensation; the nature of these problems and their management. Content: BEACH (Bettering the Evaluation and Care of Health) is a continuous national cross-sectional survey of general practice activity in Australia. Problems regarded as work related by GPs accounted for 2.1% of all problems in 2000–02 and decreased to 1.35% in 2004–07. A higher proportion of work-related problems were psychological compared to non-work-related problems (10.1% cf. 7.8%). Work-related psychological problems were managed about 200,000 times per year by Australian GPs. The proportion of work-related psychological problems managed by GPs claimed through workers' compensation increased from 40.4% in 2000–02 to 57.9% in 2004–07. The most common management for work-related psychological problems was clinical treatment (mostly counselling) (61.6%) followed by medication management (46.7%). In 2004–07, 27.3% of new work-related psychological problems were referred, mostly to psychologists and psychiatrists. The most frequently managed work-related psychological problems were depression (37.1%); acute stress (29.5%); anxiety (15.7%) and PTSD (11.5%). In comparison, acute stress and PTSD accounted for only 5.0% and 0.9% of non-work-related psychological problems respectively. The proportion of depression problems where a medication was prescribed decreased between 2000–02 and 2004–07. Conclusion: GPs play a vital role in the management of psychological work related problems, managing high rates of complex problems (PTSD), using counselling more often than medication and are gatekeepers to other health professionals.

Prof Jacinta Hawgood

Organisation: Griffith University & The Australian Institute for Suicide Research and Prevention
Suburb/City: Mt Gravatt

Paper Title: "Type of occupation and suicide: data from the Queensland Suicide Register"

Abstract: The link between suicide and occupation has been the subject of recent research with suggestions of higher rates in groups such as building construction workers, police and medical practitioners. Recent press reports suggest heightened suicide levels in farmers arising from the pressures associated with drought. Factors found to be associated with occupation and suicide, include: demographics (e.g. sex, marital status); pre-existing psychiatric morbidity; internal occupational stress; and access to lethal means (e.g. firearms, medications, pesticides). This paper reports on a preliminary analysis of the incidence of suicide in Queensland in a number of key occupational areas including health and medical workers, police, farm

workers and workers in the building construction industry. Data from the Queensland Suicide Register (1990 – 2004) is used to profile the incidence of suicide against occupational groups over time, considering age, gender and method choice as well as the identification of risk factors within these groups. Observed patterns are compared to those identified in other research and implications for suicide prevention within these occupations are discussed.

Prof Richard Hicks

Organisation: Bond University **Suburb/City:** Robina

Paper Title: Maladaptive perfectionism, depression and ‘occupational stress’ in university students

Abstract: Stress within universities is a common occurrence (Kinman, 1998) and student stress and depression levels have been cited as high (e.g., Farrelly, Ffrench, Ogeil & Phillips, 2007; Tully, 2004) despite the common ‘myth’ that students ‘have it easy’ compared to those in the work-world. Some studies have identified perfectionism as an element contributing to stress and depression. Thus, students who were maladaptive perfectionists were found to be more susceptible to distress compared to students who were adaptive perfectionists, according to Rice, et al. (2006). Cotton, Dollard, and Jonge (2002) suggested that university students should be seen in the same way as paid workers are seen; thus one should perceive student study within a university to be similar to work within an occupation. However, no studies have been identified which have examined student ‘study and work’ roles in this way, combining studies of perfectionism, depression and ‘occupational’ stress. The current paper reports several student projects supervised by the author, which have examined these relationships. In particular the relationships between scales on several instruments are reported- these instruments included the Multidimensional Perfectionism Scale (Frost et al., 1992), the Depression Anxiety and Stress Scales (Lovibond & Lovibond, 1995) and the Occupational Stress Inventory- Revised: (Osipow, 1998). Confirmation occurred of the maladaptive perfectionism links to depression and also to occupational roles as stressors. In addition use of inadequate coping mechanisms was identified. Conclusions for counselling and clinical practice are drawn.

Mrs Deborah Hogg

Organisation: Uniting Care Community Options **Suburb/City:** Surrey Hills

Paper Title: Don’t cry mummy, I love you!

Abstract: In February 2000, I was looking forward to a new year that had survived the Y2K threat that had taken up so much work time during 1999 and saw me spend New Years Eve sitting in an office monitoring disability residential facilities. A dedicated worker, I thrived on challenge, creativity and innovation and thoroughly enjoyed the team that I worked with. I was enjoying a senior role that I had worked hard for and had a very bright and promising future. Working in the not-for-profit sector brought many challenges on a daily basis, as did working with people who had high, and often, complex support needs. It is a sector with a high turnover and burn out rate, but I didn’t see myself as at risk as I had a healthy sense of work/life balance and made sure that my staff adopted the same work ethic. Unfortunately, one night driving home from work, I suddenly began to shake and cry uncontrollably. Unable to drive, I pulled off the side of the road and called my husband. That moment was the beginning of a long and terrifying journey through severe mental illness, trauma, treatment, the workers compensation system, the legal system, stigma and recovery. My story, offers a unique view of someone who has been on both sides of the system and has survived, despite the ongoing psychological scarring and treatment.

Ms Libby Holden

Organisation: Griffith University **Suburb/City:** Meadowbrook

Paper Title: The impacts of anxiety on the productivity of Australian workers.

Abstract: Aim: Describe the impacts of anxiety on the productivity of Australian workers after adjusting for co-morbidity, demographic characteristics, a range of working conditions and treatment seeking behaviour. Contents and Methods: This study used data collected during the screening phase of the Australian based Work Outcomes Research Cost-benefits (WORC) project. During this phase (2003-04), approximately 300,000 working Australians were surveyed (90,000 responses received) to identify a group of cases with depression and a group of matched controls, to conduct a trial into the cost-effectiveness of a treatment for depression. This study used data obtained from the screening survey for approximately 80,000 survey respondents to explore associations between self-reported anxiety and self-reported productivity measures. Findings: Workers self-identifying with anxiety had an unadjusted relative risk of 2.63 (CIs 2.41-2.86) of low productivity compared to workers who identify as not having anxiety. This risk reduced to 1.67 (CIs 1.50-1.85) after adjusting for co-morbidity, known demographic characteristics and working conditions; and further reduced to 1.56 (CIs 1.40-1.74) when treatment seeking behaviour is also adjusted for. Similarly workers self-identifying with anxiety compared to those without anxiety had an unadjusted relative risk of 1.43 (CIs 1.41-1.45) of absenteeism. The adjusted relative risk was 1.11 (CIs 1.09-1.13) and 1.04 (CIs 1.02-1.06) when treatment seeking was included. Conclusions: Anxiety has a greater impact on productivity (presenteeism) than absenteeism. Its impacts on both presenteeism and absenteeism are reduced when other factors are considered; and considerably diminished with treatment seeking.

Ms Nicole Hughes & Kasrynne Huolohan

Organisation: Dept of Communities/DSQ and the Arts & Strive Occupational Rehabilitation

Suburb/City: Brisbane

Paper Title: The application of a multi-faceted approach to early intervention to prevent psychological injury/illness within a State Government Agency – outcomes and experiences

Abstract: Over the past four years a range of strategies focussing on early intervention to prevent psychological injury/illness have been developed and implemented within the Training Portfolio of DETA (Department of Education Training and the Arts - Qld State Government). The purpose of this presentation is to provide an overview and outcomes of these strategies from the perspectives of the organisational health unit and of an external provider of early intervention. The success of the overall approach to early intervention can be attributed to the variety of specific activities utilised across the agency e.g. Beyond blue Depression in the workplace program Mental Health First Aid (MHFA) Implementation of a 15hr early intervention model (to assist individuals/teams) Training for managers and supervisors in early detection of workplace distress Training for rehab coordinators in assisting the rehab of employees following psychological injury/illness. Mental Health Promotion targeting specific age groups: Men's program, Wise Women. Annual Mental Health Week activities All programs are evaluated with respect to return to work/maintain at work outcomes or in the case of training programs post-program feedback. Recent evaluation processes have focused specifically on consumer feedback from employees who have been involved in the 15hr intensive case management program and employees who have completed MHFA training.

Dr Tracey Hunter

Organisation: PsyCare **Suburb/City:** Southport

Paper Title: Key Challenges for Professionals and Stakeholders in Managing Psychological Injuries Caused by Workplace Conflict

Abstract: Historically, workers' compensation was considered in the realm of physical injuries only, and workplace health and safety initiatives focused on minimising sources of physical hazards in the workplace. Now, "stress claims" have become more commonplace, and are reported to cost Australian insurance bodies up to \$200 million per year, four times the cost of managing physical injuries (National Occupational Health & Safety Commission, 2003; Office of Public Service Merit & Equity, 2006; Stebbins, 2003). The complexity

of interpersonal factors such as workplace conflict and disputes, performance management and counselling, have resulted in new challenges for the prevention and management of psychological injury. A significant proportion of claims submitted for psychological injury cite “stress, depression and anxiety” caused by “conflict, workplace harassment and bullying”, introducing two key challenges for the determination of liability. The first is the presence of an actual diagnosis that satisfies the requirement for an “injury” to be present. The second is the question of reasonableness in terms of whether the action taken with the worker was justifiable, and also how the event was managed by other parties. Collateral information provided by witnesses within the workplace at times reveal conflicting evidence that highlight different perceptions of reality that also need to be considered in the overall determination of the claim. By understanding certain key questions that must be answered at each stage of the claims process, from initial lodgment, to assessment, determination, and then beyond to rehabilitation and treatment, professionals and stakeholders can contribute to a more successful outcome in assisting the worker return to optimal occupational functioning.

Ms Fay Jackson

Organisation: Vision in Mind **Suburb/City:** Kiama, NSW

Paper Title: Tips and Tools: The practical way of managing health as a HR, OHS and performance issue in the workplace

Abstract: 60-80% of workplace accidents and 40% of staff turnover have stress and mental illness as the root cause.

This paper aims to teach delegates the tools and methods designed and used by Vision In Mind to promote mental health in the workplace and to individuals. The tools and methods are practical, user friendly, sustainable, inexpensive and greatly decrease the costs of HR, OHS, leave, staff turnover, poor performance and litigation. People who have mental health issues and their managers experience a metamorphosis from fear, guilt, and lack of control to a feeling of assuredness and knowledge. They learn how to create and maintain a good working environment for all staff. Directors, managers and staff utilizing these tools, knowledge and attitudes ensure that they are meeting their duty of care and performance outcomes. According to studies both in Australia and internationally mental illness and stress are the root cause of 60-80% of all workplace accidents. These tools decrease accidents, costly time off work, litigation and performance management issues. They increase work output, physical and mental health, retention of quality staff and create a culture of acceptance and support for people with mental health issues.

This education and tools have been delivered to companies and services with outstanding success, including:

- The Australian Broadcasting Corporation (ABC)
- Shell Logistics
- RailCorp
- Family Law Courts of Australia nationally
- NSW Police etc

The simplicity of these tools and the positive change to workplace cultures lead to successful outcomes for workplaces and individuals.

Dr Simon Kennedy

Organisation: Behaviour Work Group **Suburb/City:** Melbourne

Paper Title: Evaluation of work-stress responses and treatment in the compensation domain: Assessing the validity of psychological presentations.

Abstract: The assessment of individuals with work-stress psychological responses requires the clinician to assess factors beyond the immediate symptoms and history of psychological distress. The clinician must also address: “Fake bad” responses, where there is exaggeration of psychological distress “Fake good” presentations, or minimisation of psychological symptoms Primary gain presentations, where the individual gains specifically from their psychological distress Secondary gain presentations, where the individual may attain attention, the involvement of their family, or other factors that reinforce their presentation Systemic factors, where the presentation may relate directly to involvement in the compensation system Chronicity factors, where secondary psychological and contextual issues complicate the clinical picture. The efficacy of treatment, particularly approaches that reinforce the individual’s symptoms. A series of guidelines for the evaluation of individuals with work stress responses in the compensation domain proposed. The following are discussed in relation to practice. Objective psychological instruments with and without validity measures to identify “faking bad”. Specific psychological assessment techniques to address issues of exaggeration and minimisation of symptoms. The clinical process of information gathering that clarifies the validity the individual’s presentation. Methods to address the efficacy and relevance of psychological treatment. Methods for retaining neutrality in psycho-legal evaluations of compensation issues. Clinical examples and case studies illustrate the approaches to evaluation within this domain. The dilemmas of evaluation of this type are highlighted, and the systemic complexities addressed.

A/ Prof Les Koopowitz

Organisation: University of Adelaide **Suburb/City:** Adelaide

Paper Title: “Neurocognitive” Therapy for Acquired Brain Injury

Abstract: Drawing on the basic principles of developmental and evolutionary neuroscience it is possible, at a clinical level, to provide patients with an explanatory model as to why they often find it difficult to process information following an acquired brain injury (ABI) and how this impacts on their day-to-day functioning. Clinical experience has taught that most “brain-injured” patients (and their families) are not only able to understand a neurobiologically-based explanation, but to use it therapeutically in their struggle to recover from their ABI. An explanation of the role of “connecting” circuitry and the dynamic interchange between “feeling” and “thinking” and “doing” neural networks; and how these may become disrupted not only by the brain injury itself, but also by the brain’s attempts to repair itself, are usually readily understood and come as a relief to many patients and their families. As the patients and their families come to understand the psychophysiological basis of the difficulties facing them, they are often able to take “ownership” of their recovery process (the major interfering variable seeming to be pre-injury personality factors). The greater challenge appears to lie in educating disputing parties with financial interests in ABI to accept the pathophysiological basis of the neurobehavioural sequelae of the ABI.

Ms Etty Matalon

Organisation: National Cannabis Prevention and Information Centre **Suburb/City:** Randwick

Paper Title: A brief intervention for cannabis related problems within the workplace

Abstract: The ever increasing pressures of modern working life leave many workers physically and emotionally drained and vulnerable. One coping strategy is to rely on the use of alcohol and other drugs, and in particular cannabis. Cannabis is the most widely used illicit drug in developed countries and in Australia around 200,000 Australians meet the diagnostic criteria for cannabis dependence. There is a serious gap in the provision of effective evidence-based interventions, and in the public’s awareness of how to access those that do exist. The National Cannabis Prevention and Information Centre (NCPIC) is a Federally-funded initiative in response to community concerns about cannabis use. One of its aims is to provide the Australian community with evidence-based information and resources about cannabis-related harms, hence this workshop aims to provide: (1) up to date information and resources, and (2) a brief cognitive behavioural intervention for cannabis use disorder that will assist them in acquiring skills which promote cannabis

cessation and maintenance of abstinence. This workshop will provide 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 NCPIIC 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 strategies such as behavioural self-monitoring, withdrawal symptom management, mastery of urges and cravings, 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.

Mr Tony McHugh

Organisation: Austin Health - Post Traumatic Stress Disorder Program & Victorian Psychological Trauma Treatment Service **Suburb/City:** VIC

Paper Title: Psychologically treating the injured worker – the VPTTS and Police

Abstract: The Victorian Psychological Trauma Treatment Service (VPTTS) is a specialised assessment and treatment service for individuals suffering unwanted psychological effects of traumatic events. The Service operates on the basis of a philosophy of providing holistic, clinically-targeted and empirically-driven treatment and has thus far delivered strong treatment outcomes for a range of workplace and Road Traffic Accident survivors. A special feature of its work, the Service has conducted a series of program-based interventions for current and ex-serving police officers with post-traumatic symptomatology. Typically conducted over 12 weeks, each group treatment cohort of 5-6 participants is provided with a manualised treatment program of interlocking treatment modules, targeted to the principal elements of PTSD and its comorbidities. This presentation reports on a preliminary analysis of treatment outcomes for police officers who have completed the treatment program. Participants typically show high levels of depression, anxiety, and alcohol use, in addition to the symptoms of PTSD pre-treatment. Preliminary analysis of treatment gains over the course of the program reveals significant reductions in measures of PTSD ($p < .001$), depression ($p = .005$), anxiety ($p = .004$), and anger ($p = .003$). This is supported by participant feedback in which participants reported a degree of symptom improvement that compares favourably with other similar-PTSD affected populations, such as combat-veteran.

Dr Wendy McIntosh

Organisation: Davaar Consultancy **Suburb/City:** Wellers Hill

Paper Title: Shame, workplace bullying, professional boundary crossings and the importance of the breath

Abstract: This workshop will examine the links between the experience of shame, workplace bullying and individuals (and groups) crossing or violating professional boundaries. Research demonstrates that the relationship between workplace bullying and psychological distress. Potential outcomes of such psychological distress may be post traumatic stress disorder and in extreme circumstances may result in suicide. The importance of the limbic system and flight, fight, freeze response to being under threat will be explored using a number of interactive techniques. Stories from the presenter's PhD which examined the experience of shame in a nursing culture will be shared to show how individuals enact workplace bullying as a solution to managing their experience of shame. Further the presenter will demonstrate how recipients and perpetrators of workplace bullying act out their distress by crossing or violating boundaries. A number of strategies to manage the psychological distress of workplace bullying and shame will be demonstrated, starting with the importance of breathing. Role training will be used to enable participants to see the "roles being enacted" in the workplace and to identify a range of possible solutions for the individuals involved. The aim of the workshop is to assist participants recognise the "body messages" of psychological and physiological distress in the experience of shame to avoid acting out roles that may affect their ability to maintain safe professional boundaries. The presenter has been running workshops on managing workplace bullying for over 5 years and consistently receives feedback about the longer term benefits of the workshop.

Mr Michael Mitchell

Organisation: Queensland Police Service **Suburb/City:** Brisbane

Paper Title: "Preventing and resolving mental health crisis situations by working collaboratively"
Mental Health Intervention Project

Abstract: Police, ambulance and mental health services often provide services to the same people with a mental illness. The Mental Health Intervention Project (MHIP) is a tri-agency partnership between the Queensland Police Service (QPS), the Queensland Ambulance Service (QAS) and Queensland Health (QH) aimed at the prevention and safe resolution of mental health crisis situations. The MHIP is a state-wide program with an implementation schedule which is staged over three years from 2006-2009 and will roll out across 17 Queensland Health Service Districts. The project relies heavily on the three services committing to work together to build upon existing relationships and collaborative protocols, with particular emphasis on agency specific training, information sharing and improved pathways of referral for individuals who are experiencing a mental health crisis. The MHIP provides Mental Health Intervention Coordinators within each agency to enable police, ambulance and health staff to work together at district level, to seek local solutions to local mental health issues. To date, each service has developed and delivered training programs that provide staff with enhanced knowledge and skills to de-escalate situations involving people with a mental illness. These programs include opportunities for cross agency and joint agency training involving all three services. In addition to training, more appropriate responses to people in crisis are being supported through more timely and meaningful information sharing. As part of this project, the three services, and the consumer where possible, are collaborating to formulate agreed responses to individuals who are experiencing a mental health crisis. Specifically, the development of Crisis Intervention Plans (CIP) are aimed at supporting all parties in the early identification of issues and assisting service providers to manage situations which may otherwise result in crisis. The project is also seeking to increase community support networks and develop localised processes for accessing alternative referral pathways for people who do not meet criteria for mental health admission to ensure that consumers receive the most appropriate services for their needs. An intervention response will comprise trained first response police officers, ambulance officers and mental health staff providing a more timely and coordinated response to mental health crisis situations. The MHIP is an Australian first and reflects a collaborative endeavour in service coordination, promoting both an adequate standard of care to the mentally ill person in crisis as well as ensuring the safety of all parties involved.

Dr Philip Morris

Organisation: Gold Coast Institute of Mental Health **Suburb/City:** Gold Coast

Paper Title: Getting psychologically injured workers back to work – the role of supported employment

Abstract: Rehabilitation is the process of helping people with disability to make the best use of their abilities to function at an optimal level in as normal a context as possible. The goal of vocational psychiatric rehabilitation is to assure that the person with psychiatric disability can perform those physical, emotional, social and intellectual skills needed to live, learn and work in the community with the least amount of support necessary from helping professionals and carers. The model of supported employment has been used successfully to rehabilitate individuals suffering chronic mental illness into vocationally productive lives. Are these principles of vocational psychiatric rehabilitation in chronically ill populations transferable to psychologically injured workers? Can supported employment (individual placement and support [IPS]) be used to revolutionise the management of injured workers? Can we reconcile the attitude that a worker must be psychologically fit to resume work against the idea that work plays an important role in the path to fitness? A new discipline of mental health workers will be required for supported employment – the job coach. Returning psychologically injured workers to some form of work early has the potential to massively increase labour productivity, assist mental health recovery and save billions of dollars in rehabilitation expenses, health costs and lost work. But it requires a new attitude from workers, unions, advocates, health professionals and employers to be successful. Trials of supported employment models for vocational rehabilitation of injured workers should be a priority.

Ms Debra Pamula

Organisation: Centre For Corporate Health **Suburb/City:** Sydney

Paper Title: Occupational stress in Australian organisations: Organisations at risk and workplace interventions

Abstract: WorkCover claims citing stress and psychological injury remain at a consistently high rate in NSW, with associated large claim costs and time off work. Such high rates of psychological injury highlights the

need for a comprehensive understanding of the specific workplace causes of psychological injury so that highly tailored workplace interventions can be implemented in order to reduce future claims for psychological injury. Through conducting Pre-Liability Stress Assessments, The Centre for Corporate Health specialises in assisting workers' compensation insurance companies to analyse the cause of psychological injury and to assess the relative impact of the perceived stressor on the individual concerned. From data gathered in the course of undertaking Pre-Liability Stress Assessments over a seven year period, this presentation explores issues such as; * The proportion of claims deemed as being work-related. * The work place factors that are adversely impacting on individuals in Australian organisations. * The prevalence of clinical diagnoses in the workplace associated with workplace stress. * The recommended preventative action for employers from an occupational perspective to minimise the risk of psychological injury in the workplace. In addition to this, The Centre for Corporate Health also assists employers to implement effective risk management strategies from an organisational perspective to reduce the risk of occupational stress. As such, case study data is also presented to show the effectiveness of such a targeted organisational intervention in enhancing occupational well-being.

Mr Owen Pershouse

Organisation: Pacific Behaviour Interventions **Suburb/City:** Kedron

Paper Title: MENDS and Relationship Crisis: The Silent Sickie

Abstract: This paper reports on outcomes of 10 years of operation of a group program (MENDS – Men Exploring New Directional Strategies) to assist men (over 1100 to date) in significant relationship crisis; and which shows real promise as a credible EAP initiative. The program arose in response to a significant gap existing in the spectrum of government and community services exclusively for males who were experiencing difficulty in coping with various emotional, financial, health, social and legal challenges in the midst of relationship crises. The program was designed and continues to provide a pro social, supportive, psycho-educational, and practical intervention format in order to contain such difficulties and to enable pro-social outcomes for participants. The program was trialed and validated as a pilot initiative in 1996 and has continued to include psychometric and other outcome measures to evaluate participant progress, engagement, and post program functioning which are reported upon. The 12 x 2 hours/ week program delivery also includes professional pre-and post assessment and a significant focus on enabling self-auditing. The purpose designed format addresses physical and emotional health risks, personal and social skills, legal issues, as well as parenting and relationship training. Assessment has consistently confirmed the value of the program for up-skilling in critical areas of emotional processing; including self-management of anger and risks of acting out. Most recent research has demonstrated positive treatment effects for graduates in high risk areas such as depression, anxiety, suicidality, self-medicating with alcohol/drugs and general stress levels. Such results (together with participant disclosures regarding work performance) are maintained to have direct implications for personnel management. While some success reportedly exists with those clients who choose to disclose to superiors and management regarding their current challenges, such remain in the minority; with traditional concerns regarding appearing "weak" or perceived "threats" to employment being most commonly offered reason for the Silent Sickie. Research informs the value of proactive management of staff during such times; not only as the response of a good corporate citizen, but to positively impact on staff tenure, loyalty, and bottom-line productivity levels. Evaluation of post-program survey data informed a strong positive consensus regarding the experience and value of program; particularly in terms of graduate productivity and sense of well-being. Extensive restructuring (both content and process) has occurred to the MENDS program in order to improve the program's capacity to engage a broader range of client presentations; and critically, at earlier stages of relationship crisis. Suicide research confirms the need for a service such as MENDS as a pro-social initiative to assist men in Australia. Further, however, issues of equity and access as well as the program's capacity to successfully engage the range of key Government and non Government Agencies as well as corporate referral sources appears critical to the commercial viability of the organisation under current (user totally pays) mode of operation. The use of selective Government and/or non-Government funding or course fee subsidy to further assist is apparent. Balancing commercial imperatives and yet retaining the values and operational philosophy of the MENDS program is really the key imperative at the time of writing. Groups continue to operate in southeast Queensland (74 to date) and in Cairns (16 groups to date) since the pilot phase. Groups have recently commenced in northern NSW (Armidale) and soon in Byron Bay.

Ms Cheryl McFaden

Organisation: Capital & Coast District Health Board **Suburb/City:** Thorndon

Paper Title: Evidence-Based practices in helping people return to work and retain employment following onset of a serious mental illness.

Abstract: The purpose of this presentation is to inform the audience of how our evidence-based supported employment service integrated with secondary community mental health services provides interventions to help people with experience of serious mental illnesses return to work and keep their jobs. WorkFirst is guided by the principles of evidence-based supported employment and the Individual Placement and Support (IPS) model where supported employment is integrated with community mental health teams. The employment consultants are members of the clinical multi-disciplinary team. This enables us to be more accessible to the clients requiring our services, and to clinicians for client employment related issues. Our service has developed strategies for work-place re-entry. A return to work plan is developed with the client in collaboration with the clinicians, employer and on occasions care-givers. We find that New Zealand employment law protects the worker as they cannot be dismissed for reasons of illness or disability and are obliged to provide reasonable accommodations. Our experience of supported employment for people with serious mental illness is that it is easier to get a job than keep a job. Ongoing support assists with job retention and disclosure counselling is also provided. Case examples will be provided to demonstrate our practice. A consumer perspective of delivering supported employment and how this enhances our service and engagement with clients will also be presented. In summary we will provide the audience with strategies for return to work and work retention. Also how an integrated service delivery model enhances a collaborative approach with the client, mental health clinicians, employers, carers and employment services.

Miss Vicki Rostron

Organisation: West Moreton and South Burnett Mental Health Service **Suburb/City:** Ipswich

Paper Title: Traveling Strong - Resilience in Evolving and Revolving Care Systems. The Personal Journeys of Nursing Staff in Providing 3 Decades of Mental Health Care

Abstract: What workforce lessons are to be learnt from the mental health nurse of three decades? What questions should be posed to them in relation to workforce development, sustainability and job satisfaction? This often under-utilised organisational resource has unique and invaluable historical and experiential knowledge and skills in mental health. Given the ages of these staff and retirements that are looming, their historical contribution will soon be lost. Recognition of this group and listening to their voice of wisdom are the key principles underpinning this presentation and its contents seek to inform, challenge and inspire the audience. Nursing over 3 decades during this intense period of mental health reform has been challenging but not defeating. There are staff examples of resilience and care strategies for self and the team as staff transitioned across institutions to community care. These staff often faced distressing and harmful behaviours, poor workplace conditions and high workload demands. They felt at times that there were insurmountable barriers in the provision of quality mental health care, however many continued to work, adapt and thrive. Staff retention and recruitment are key factors in Health workforce planning and the presentation will discuss why we, the baby boomers in mental health, have stayed. A discussion of the strategies implemented to overcome workforce distress will be undertaken. Many strengths can be identified and developed as a role model for less experienced staff. The newer generation of mental health staff can hear from this presentation the lessons that were learnt over time and under adversity.

Mr Shane Stockill

Organisation: Workplace Health and Safety Queensland, Department of Employment and Industrial Relations **Suburb/City:** Brisbane

Paper Title: The Queensland Psychosocial Initiative: New approaches to old problems

Abstract: There is an increasing acceptance that psychological health falls within the scope and intent of OHS legislation and this presents key challenges for OHS regulators, Industry and Unions. These challenges include the development of appropriate inspector training, support, and guidance for OHS inspectors, and the promulgation of information and tools for duty holders to assist them to manage the risks to worker psychological and physical health resulting from occupational stressors, workplace harassment, fatigue,

and risk of occupational violence. As part of the Queensland's 2003 State-budget, WHSQ developed a state-wide initiative aimed at reducing the risks to worker health as a result of psychosocial hazards in the workplace. Now past the half-way point for the initiative, the focus of WHSQ's PSI moves from an internal focus of building an appropriate and efficient organisational structure, training appropriate inspectors to meet the demands on WHSQ, and formulating supporting policies and procedures, to an external perspective of assisting Qld workplaces to develop and implement appropriate strategies and assessment tools for managing the risks from psychosocial hazards in the work environment, and where necessary undertaking enforcement action to ensure effective management of psychological health risks. The current paper provides a review of the WHSQ Psychosocial initiative successes to date, and discusses the challenges and ways for OHS regulators in integrating the assessment of psychosocial hazards into OHS inspector's practice, and for Industry to respond appropriately to meet their legislative requirements.

Dr Helen Street

Organisation: University of Western Australia **Suburb/City:** Crawley

Paper Title: Working Well: understanding goal setting and pursuit as a means of reducing stress and increasing professional satisfaction.

Abstract: One of the key reasons for absenteeism and career dissatisfaction stems from chronic stress in the workplace. Current research suggests that excessive environmental demands coupled with unhealthy methods of coping are the most common reasons for the creation of ongoing stress and distress. This paper presents an innovative way of approaching workplace stress that focuses on the individual's conceptualisation of goals and goal pursuit. This "Working Well" approach focuses on increasing an individual's understanding of their motivations controlling goal setting and improving their ability to employ processes of goal pursuit that support both mental health and goal achievement. It is argued that a focus on extrinsic motivations coupled with a belief in the need to achieve certain outcomes are major contributing factors to workplace stress irrespective of task complexity and/or task size. Both a group workshop and an individual psychotherapy case study are used to describe the use of this goal setting approach to workplace stress reduction. The approach incorporates activities on goal setting and framing, and outcome expectations. Participants reported an increased awareness of how and why they set and pursue workplace goals. Overall a shift in focus to intrinsic motivations (such as personal development), goal framing in terms of approach (rather than avoidance) and a focus on process rather than outcome have all proved to be successful in helping individuals to reduce stress and improve workplace satisfaction.

Ms Cathy Thornely

Organisation: Melbourne Health **Suburb/City:** Parkville

Paper Title: What have we learned about an approach to Clinical Aggression within a busy Acute General Hospital?

Abstract: The management of client aggression in acute public health settings requires a frequent and resource intensive clinical response. Despite a plethora of research on the topic, policy makers continue to experience difficulties developing a policy position that reflects the clinical complexities of this phenomenon. Moreover in acute health there is significant clinical aggression with the diverse presentations such as behavioural and psychiatric disturbance often complicated with an acute medical presentation. Further the environmental stress and restricted patients choices places additional demands on patients who may be confused, distressed, or psychotic. The Management of clinical Aggression program has been implemented at the Royal Melbourne Hospital over the past 18 months and this paper will discuss challenges, barriers, future strategies and policy. In conclusion, it is not just about training. The importance of an aggression policy correlation with emergency procedures, clinical approaches that is supported by evidence and a robust evaluation framework are essential core components of an innovative approach to this complex matter.

Ms Chelsea Todd

Organisation: Flinders University **Suburb/City:** Adelaide

Paper Title: An RCT of a preventative intervention for managing psychological distress and burnout

Abstract: The psychological wellbeing of our health workforce is vital for the sustainability of the workforce and the provision of quality care. Burnout, a syndrome of emotional exhaustion and cynicism associated with people work, is well established, yet there is a lack of stress and burnout intervention research. Mental health and alcohol and other drug (AOD) service providers both experience unique challenges associated with working with an often stigmatised client group, and managing comorbidity, aggression, and relapse. This presentation describes key contributors to stress and burnout, and highlights various stress management options. Findings will be presented from a cross-sectional survey (measuring burnout, psychological distress, turnover intention, absenteeism, job satisfaction) of employees in the South Australian AOD sector (N = 197). A randomised controlled trial (RCT) of an internet-based preventative worker wellbeing intervention will then be described. Based on survey findings around employees' perceptions of effective practice, safety, and justice, a tailored cognitive behavioural worker wellbeing program was developed to manage unhelpful thoughts and coping styles regarding perceived client challenges and threat, and perceived difficulty managing workload and work-life demands. The program provides instruction and homework exercises on developing realistic expectations around client outcomes and reciprocity, safety and effectiveness. Impacts on outcome measures will be examined post-intervention and at 3-months follow-up. Practical, evidence-based early intervention approaches for stress and burnout management are vital to the sustainability of our mental health/AOD workforce and services. This RCT has implications for the development of policies and programs to support the mental health/AOD workforce.

Mrs Rosemary Tristram

Organisation: Lakes District Health Board, Rotorua, New Zealand **Suburb/City:** Rotorua

Paper Title: Job Satisfaction in a Culturally Competent Service

Abstract: Aim: Lakes DHB provide acute and long term service to the highest Maori population in New Zealand. As a result cultural competence and Maori traditions are an essential part of our working environment. We hypothesis that there are elements including interrelatedness, connectiveness, group values and communal dining. This leads to less burnout and improved job satisfaction. To access this, we undertook 10 lengthy interviews with staff of various lengths of employment. This was qualitative and quantitative. Results indicate that such cultural aspects are important to job satisfaction and less burnout. Contents: According to numerous articles identify that Mental Health service delivery is inherently stressful. it has been identified that these are some of the contributing factors as potential sources of stress. Within Te Ngako, ACMH at LDHB in Rotorua. The confidence and connectiveness is what binds us as multi-disciplinary teams of professional colleagues. It is the glue that holds our practice together. What is it that keeps psychiatric staff working together for such along duration of time (up to 10-20 years +) within our teams. Recognising the uniqueness of the strong Maori culture that underlies the fabric of the Rotorua community and that which exists in workplace. What process and structures are in place that work so well for us? Staff survey-recognise burnout stress. The results... Conclusion: There is a clear indication that working in mental health is a stressful environment. However, within our work milieu we have adopted many of the cultural Maori norms in the way we work, conduct ourselves and behave as a team. Whilst these are not explicit, they are inferred methods of reducing stress and burnout as is highlighted in our presentation.

Mr Marko Turner

Organisation: Recovre **Suburb/City:** Sydney

Paper Title: Leadership and communication in the workplace: How they improve wellness

Abstract: Theme alignment: Preventing psychological injuries in the workplace: Proactive interventions and mental health worker self-care. The paper describes an innovative proactive approach to preventing psychological injuries in the workplace by enhancing communication and functioning in workplace teams. Through a series of eight small group sessions, participants explore their abilities and their styles of communication with particular attention to leadership. The sessions are highly physical and interactive, based on an experiential, adult learning model. The paper further describes the outcomes of the program as implemented with employees of Recovre. It documents the changes pre and post the training using self-, peer-

and facilitator ratings. The paper concludes by discussing the applicability of the program to workplace teams and corporations and exploring what value such an intervention is likely to add. The issues of self-care are addressed, both in terms of mental health workers and staff in general.

Mrs Lorette Venables

Organisation: Positive Attitude Mental Health Training and Consultancy **Suburb/City:** Moonah

Paper Title: Better Mental Health in the Workplace

Abstract: Providing a healthy workplace has become a matter of future direction for businesses. For employees working in any organization a healthy mind is as important as a healthy body and a healthy work environment. Considering that we spend approximately 80% of our lives in the workplace it is imperative that we consider the emotional needs of employees. Emotional health and wellbeing can not be as easily measured as the impact of a person's physical environment, but there are measures that can assist employers to provide education, support and assistance to employees in the workplace. The impact of mental health related problems in the workplace are significant as it is estimated that: 5.8% of employees have depression each year (ABS) 6 million working days lost each year due to absenteeism from depression (ABS) 30 million working days of reduced productivity (ABS) The World Health Organisation estimates that by 2020 Depression will be the most disabling illness in the world. A pro-active approach to the emotional well-being of staff directly impacts on staff satisfaction and business productivity. A win for the pragmatist and humanitarian alike.

Ms Cindy Wall

Organisation: Wisemind Psychology **Suburb/City:** Darwin

Paper Title: Psychological vulnerability for secondary disability in workers returning to, or remaining at work post injury.

Abstract: Increasingly psychological factors are being viewed as important in reducing ongoing work disability for injured workers with compensable injuries; however research into the psychological consequences for injured workers who remain at, or return to work without taking part in formal compensation and/or rehabilitation is limited. This study explores whether injured workers experience increased psychological disturbance following work injury in relation to non-injured workers. We compared a group of injured workers who had returned to, or remained at work, with a group of non-injured workers on measures of personality, trauma, and psychological distress. Data from structured clinical interviews, psychological and self-report questionnaires were gathered from 29 workers, 14 of whom were recovering from an injury at the time of participation. The findings showed that the injured workers personality was characterised by higher levels of Neuroticism and lower Extraversion, suggesting greater emotional instability and reduced capacity for adaptively coping with stress when compared to non-injured workers. Injured workers' also reported greater levels of mood and affective disturbance, somatic complaints, and demonstrated sub-clinical elevations on scales of trauma symptoms, in comparison with non-injured workers. These results suggest that workers who return to, or remain at work following injury experience elevations in psychological distress and subtle variations in personality, potentially increasing their vulnerability to secondary work disability. These results have practical implications for the need to effectively support injured workers who remain at work, or return to work swiftly post-injury to reduce the development of secondary disability.

Ms Kirsten Way

Organisation: Department of Industrial Relations **Suburb/City:** Brisbane

Paper Title 1: Identifying and managing psychosocial factors in Queensland workplaces: Development of a risk assessment tool

Paper Title 2: Supervisor Responses to Workgroup Conflict: Predictive effects of response type and justice climate on employee health and organisational effectiveness

Abstract 1: The People at Work Project is a collaborative research initiative between Workplace Health and Safety Queensland in the Department of Employment and Industrial Relations (DEIR) and The University of Queensland (UQ). The project has a number of objectives including the development of a reliable and valid risk assessment tool for injury due to psychosocial risk factors. Drawing on existing models of occupational

stress, the project researchers have developed a risk assessment tool which measures a wide range of job demands and job resources that are applicable to a diverse range of working environments. The risk assessment tool has recently been pilot tested in three organisations and risk assessments are about to be conducted in a representative sample of 45 Queensland organisations. Once validated, and the normative database is established, the risk assessment tool will become freely available to all Queensland employers, providing an avenue for industry and occupational-level benchmarking.

Abstract 2: Drawing on the areas of occupational stress, conflict management, and organisational justice, this program of research aims to investigate a proposed typology of supervisor responses to conflict at work. It is suggested that, as a third party, supervisor response types will have differential effects on workers' levels of physiological strain, psychological strain, job dissatisfaction, and subsequent indicators of organisational effectiveness (e.g., absenteeism, turnover, and compensation claims). Specifically, responses are proposed to fall into four categories of behaviours at the supervisory level: (1) identify or fail to identify conflict; (2) accurately or inaccurately assess the severity of conflict; (3) take action to resolve the conflict at the individual and/or organisational levels; and (4) conflict handling style to process the conflict. It is proposed that these supervisor responses will be perceived by employees as more or less "just" than others, and that this perceived justice will buffer the negative effects of conflict on both employee and organisational outcomes. This paper will describe a program of research, comprising three studies that aim to test these relationships through analysis at the individual and group levels.

Ms Anna Wise

Organisation: Mental Health Council of Australia **Suburb/City:** Deakin West

Paper Title: Personal Insurance and Psychological Injury

Abstract: Psychologically injured workers may be eligible to make claims on various forms of personal insurance, including total and permanent disability insurance, income protection insurance, sickness and accident insurance, and other insurance available through superannuation funds. However, accessing benefits may prove difficult. Research undertaken by the Mental Health Council of Australia, with funding from beyondblue: the national depression initiative, has indicated a number of issues faced by mental health consumers in their dealings with insurance. This research has focused on all forms of insurance, but issues have been raised in relation to the management of claims for mental illness and psychological injury. People who hold appropriate insurance cover and attempt to make a claim for a mental illness or psychological injury often face a traumatic and lengthy assessment process before their claim is paid, if it is ever paid. Perhaps more disturbingly, many mental health consumers are unable to obtain these forms of insurance at all, due to their past or current mental illness. This presentation will consider the difficulties faced by people with a mental illness in their attempts to make appropriate insurance claims for psychological injury and in their attempts to obtain appropriate insurance to protect them financially in the event of psychological injury. It will highlight case studies from a recent survey of consumer experiences, as well as examples from insurance industry dispute resolution services.

Ms Jacqueline Yoxall

Organisation: Bond University **Suburb/City:** Bond University

Paper Title: Patterns of non-credible symptoms in Queensland worker's compensation stress claims.

Abstract: The Queensland workers' compensation regulatory authority (Q Comp) annual report of 2006/2007 showed a total expenditure of nearly 35 million dollars on statutory payments for psychological injury claims. As clear and identifiable external incentives are present for workers presenting for psychological claim assessment, the question of exaggeration of symptoms must be raised. There is limited information available regarding rates and patterns of exaggerated symptoms within this context. The current study reviewed 155 worker's compensation assessment claims which involved the administration of the Personality Assessment Inventory (PAI). Using several validity indices of the PAI (Negative Impression Management, Roger's Discriminant Function and the Malingering Index), rates of exaggeration were estimated. Furthermore, clinical scale elevations were investigated to explore potential relationships between personality characteristics, diagnosis and elevation of validity indices. Discriminant function analysis indicated that elevation of validity indices on the PAI may be able to be predicted by some demographic and clinical variables. Results will be discussed and compared with other research previously conducted overseas. Implications of this study's findings will be discussed in relation to psychological assessment of psychological injury claims for worker's compensation.



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PBS Information: Authority required listing for the treatment of schizophrenia.

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Before prescribing, please refer to full Product Information available from Pfizer Australia Pty Ltd (ABN 50 008 422 348) 38-42 Wharf Road, WEST RYDE NSW 2114. **ZELDOX**[®] (ziprasidone hydrochloride) **INDICATIONS** Treatment of schizophrenia, related psychoses, prevention of relapse and for maintenance of clinical improvement during continuation therapy. Monotherapy for the short term treatment of acute manic or mixed episodes associated with bipolar I disorder. **DOSAGE AND ADMINISTRATION Schizophrenia:** The initial recommended dose is 40 mg twice daily taken with food. Daily dosage may subsequently be adjusted up to the maximum recommended dose of 80 mg twice daily. Dosage adjustments, if indicated, should generally occur at intervals of not less than 2 days with the maximum dose being reached as early as day 3 of treatment. In maintenance treatment the lowest effective dose should be administered, in many cases a dose of 20 mg twice daily may be sufficient. **Bipolar Mania:** The recommended dose is 40 mg twice daily taken with food. Daily dosage may subsequently be adjusted up to the recommended maximum dose of 80 mg twice daily which may be reached as early as day 2 of treatment. **CONTRAINDICATIONS** Known hypersensitivity to any ingredient of the product, recent acute myocardial infarction, uncompensated heart failure, conditions with a potential to increase QT interval. **PRECAUTIONS** QT prolongation and pro-arrhythmias; increased mortality in elderly patients with dementia-related psychosis; neuroleptic malignant syndrome; tardive dyskinesia; rash; orthostatic hypotension; alcohol; seizures; hyperprolactinemia; hepatic insufficiency; use in children; pregnancy and lactation. **Interactions with other medicines.** As with other antipsychotic agents there is an increased potential of QTc prolongation in the presence of Type IA and III antiarrhythmics. Ketoconazole, carbamazepine and CNS drugs. **ADVERSE EFFECTS** Asthenia, fatigue, dry mouth, dyspepsia, nausea, thick tongue, vomiting, musculoskeletal stiffness, akathisia, dyskinesia, dystonia, extrapyramidal disorder, parkinsonism, ataxia, tremor, generalised tonic-clonic seizures, tardive dyskinesia, hypertonia, drooling, dizziness, sedation, somnolence, restlessness, insomnia, arthralgia, agitation, anxiety, mania/hypomania, photophobia, visual disturbance, vertigo, syncope, pyrexia, dyspnoea, rash, psoriasis, transient prolactin increase, serotonin syndrome (alone or in combination with serotonergic medicinal products), neuroleptic malignant syndrome, QT interval prolongation, tachycardia[†], torsade de pointes, postural hypotension, angioedema, allergic reaction, priapism, facial droop[†], dysphagia, enuresis[†]. Based on the Product Information approved by the TGA on 21 September 2006; date of most recent amendment 10 October 2007. [®]Registered trademark [†]Please note changes to Product Information. PBS dispensed price: 20mg \$94.42; 40mg \$183.41; 60mg \$266.12; 80mg \$347.01. Pfizer Medical Information 1800 675 229. ZELDOX[®] is a registered trademark of Pfizer Inc. References: 1. Daniel DG *et al. Neuropsychopharmacology* 1999; 20: 491-505. 2. Simpson GM *et al. Am J Psychiatry* 2004; 161: 1837-47. 3. Simpson GM *et al. Am J Psychiatry* 2005; 162: 1535-8. 4. Addington DE *et al. J Clin Psychiatry* 2004; 65: 1624-33. 5. Arato M *et al. Int Clin Psychopharmacol* 2002; 17: 207-15. 6. Lieberman JA *et al. N Engl J Med* 2005; 353: 1209-23. 7. Weiden PJ *et al. J Clin Psychopharmacol* 2003; 23: 595-600. 8. ZELDOX Approved Product Information. 9. Harvey PD, *et al. J Neuropsychiatry Clin Neurosci* 2006; 18: 54-63. 10. Nemeroff CB *et al. CNS Spectr* 2005; 11: (Suppl 17): 1-20. 11. Harvey PD *et al. Psychopharmacology* 2004; 172: 324-32. www.pfizer.com.au [®]Registered trademark of Pfizer Inc. 07/08. PFXZE7572/PY3



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