A healthy lifestyles framework reduces stigma, is more appealing to people, as it encourages small changes across a number of health behaviours and avoids prematurely focusing on substance misuse, which may elicit resistance.

Self-efficacy for behaviour change is thus enhanced and as behaviour change accrues across health behaviours, the overall outcome may be reduced in risk for chronic physical ill-health and enhancement of well-being.

Healthy lifestyles motivational interviewing and cognitive behavioural strategies can be employed by health practitioners in various settings such as primary care, behaviour change can be employed by health practitioners in various settings such as primary care, ensuring that the physical health needs of people with mental illness are considered. This will help to reduce the link between mental illness and poor physical health, preventing the premature death of people with severe mental illness. The aim of the Statement is to reduce the gap in physical health and life expectancy between those who live with mental illness and those who don’t.

**Lived Experience Leadership, the Heart and Soul of Recovery**

Dr Louise Byrne, Lecturer, Lived Experience Mental Health, University Central Queensland

Mental health reform in many Western countries including Australia and New Zealand, is inextricably linked with the Recovery approach. However, the mental health system faces significant challenges understanding and implementing Recovery meaningfully.

Recovery was devised and championed by people with a lived experience of diagnosis and service use. Collectively and individually, people working in lived experience roles possess in-depth understanding of Recovery concepts. This unique knowledge can be a valuable resource to provide philosophical leadership and guide Recovery implementation, if roles are designed and positioned with a capacity for influence.

The Consensus Statement will address the physical health needs of people with mental illness through a national approach. With an emphasis on primary health care (and applied across the health system), it has potential to reduce variation and often-siloed approaches to treatment and care of mental ill health and physical ill health. Ultimately it will increase both life expectancy and quality of life through improved health care provision and management. This is central to the Commission’s recommendations of a person-centred approach to mental health care, and the development of integrated care pathways to improve outcomes for people experiencing mental ill health and their families.

What will the Consensus Statement achieve? The Statement defines a promotion, prevention and early intervention approach within a person-centred model, ensuring that the physical health needs of people with mental illness are considered. This will help to reduce the link between mental illness and poor physical health, preventing the premature death of people with severe mental illness. The aim of the Statement is to reduce the gap in physical health and life expectancy between those who live with mental illness and those who don’t.

**The Secret Reflection is Vague in the Mirror**

Mr Tom Brideson, Member, Executive Group, National Aboriginal and Torres Strait Islander Leadership in Mental Health, Chair, Management Committee, The Mental Health Services (TheMHS) Learning Network

Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing remains one of the biggest challenges within and beyond the mental health system. The issues and evidence are well documented and have been stated again and again over many years.

This presentation will explore some of the current challenges and provide a brief overview of developments over recent years in this space. In 2013-2014 all Australian Mental Health Commission’s supported the formation of the National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH).
A/Prof Peter McGeorge, Director Inner City Health, Clinical Director Mental & Homeless Health Services, Integrated Care Clinical Stream, St Vincents Health Network (Sydney)

Despite aspirations, integrated healthcare or the effective linkage and alignment of services to benefit consumers, remains elusive.

This paper analyses the history of integrated care and its application to mental health services illustrating the challenges involved and solutions that have been explored in implementing successful systems of care. In conclusion recommendations for achieving integrated, recovery oriented mental health care in Australasia are made.

TOWARDS A NATIONAL SUICIDE PREVENTION STRATEGY

Ms Sue Murray, Chief Executive Officer, Suicide Prevention Australia

For decades there has been significant effort made by national and state governments to invest in programs and services that could reduce suicides in Australia. Sadly this has been to little avail.

The numbers of people dying by suicide have remained stubbornly stagnant. In some age groups, such as young people, where the numbers and rates have been lowered there has been little understanding of what contributed to the downturn due to lack of formal measurement and evaluation.

The review undertaken by the National Mental Health Commission clearly stated that approaches to suicide prevention have been piecemeal, lacked leadership and coordination and have not put the person at the centre of decision making and delivery of programs and services.

The need for reform to achieve meaningful outcomes in reducing the incidence of suicide in Australia is long overdue. The opportunity to bring about such major reform must begin with the development of a National Suicide Prevention Strategy.

While mental health promotion, prevention and improved treatment will at a population level contribute to a reduction in suicidal behaviours and suicides, the behavioural aspects of suicide are more complicated than can be addressed through attention to mental health disorders and recovery alone.

Building a national strategy requires national leadership, coordination and accountability. The National Coalition for Suicide Prevention remains firm in its call to set a target of reducing suicides in Australia by 50% within the next decade.

THE ALIEN REPORT: MENTAL HEALTH ON PLANET EARTH

Ms Mary O’Hagan, Mental Health Entrepreneur and Former NZ Mental Health Commissioner, PeerZone

In this talk an imaginary alien from a Planet that has the ‘best in the universe’ responses to people with mental distress, investigates mental health on Planet Earth. The alien visits several countries and concludes that discrimination skews social and service responses and that the narrow deficits approach in services does not improve outcomes.

Despite this the alien senses little sense of urgency for change. The alien then describes the recovery oriented responses on their own planet and makes recommendations for system change on Planet Earth.

The alien points out that deep change in a system with finite resources will require removing the ‘control’ elements of services, replacing hospital with home and community based services and reducing the dominance of biological psychiatry. It is not sufficient to just build the leadership of people with mental distress, provide a broader range of services for diverse cultures and communities, and promote social inclusion if the failed elements of the old system remain.

MENTAL HEALTH IN AUSTRALIA - WHERE WE ARE, HOW WE GOT HERE, AND WHERE WE NEED TO GO

Mr Frank Quinlan, CEO, Mental Health Australia

Mental health reform has had a long and troubled history in Australia. While progress has been made, this has usually been hard won and often a case of “two steps forward, one step back”.

Mental health reform remains in a tenuous state in Australia. Reforms like the National Disability Insurance Scheme; Primary Health Networks; Health Care Home; and, the Digital Gateway for mental health all have the potential to transform support for people who experience mental illness.

But if mental health reform is to be understood, we must also understand the factors that contribute to that reform. This presentation will briefly consider three such factors: public opinion, including consumer and carer activism; changing professional practice, including the impact of funding and contracting models; and, Government action, including political awareness and motivation.

How can it be that public opinion can be so misaligned with political action?

How is it that professional practice can be so shaped by funding models?

What is it that drives politicians to periodically act on mental health reform?

Having examined the current progress of reform, and some of the factors contributing to it, this presentation will make recommendations about what we can all do to ensure mental health reform makes good progress in the future.
A/Prof Lisa Marie Abel, Assistant Professor, Bond University
Ms Kym M Wardrop, Student Researcher, Bond University
Mr Gilbert Azuela, Doctoral Candidate, Auckland University of Technology - School of Clinical Sciences
Mrs Shirley Briggs, Carer, Ibis Lodge Carers Group
Mrs Jane Brogan, Occupational Therapist, Specialist Mental Health Service for Older People
Mrs Sue Bennett, Social Worker, Specialist Mental Health Service for Older People

Ibis Lodge is a transitional mental health unit for consumers with Behavioural and Psychological Symptoms of Dementia (BPSD). Carers have always played an integral part in planning and delivery of services in this unit and recently there have been improvements in open and transparent communication and opportunities for collaboration with carers, who are often the substitute decision makers about their loved ones care and informants about their loved ones lives. This presentation will outline the development of a carer support group and discuss its evolution. Capacity has been built through the implementation of this carer support group and environmental modifications to the unit. Staff have seen the carers group transform into an established community, empowering each other to take ownership of not only a physical space within the hospital but also encouraging them to use their collective voice in partnering with the Specialist Mental Health Service for Older People to effect change within the service by contributing to continuous quality improvement.

Furthermore, we will explore carers/experiences of the barriers encountered on their journey into and through the mental health system, and discuss how carers are planning to assist each other and future carers negotiate the system. We will discuss the group’s capacity to work towards influencing public policy and raising awareness of the needs of consumers and carers affected by BPSD.

**Using Organisational Case Study Design to Explore the Implementation of Sensory Modulation Programme**

**Mr Gilbert Azuela, Doctoral Candidate, Auckland University of Technology - School of Clinical Sciences**

**Introduction:** The use of seclusion (solitary confinement) and restraint (physical or chemical restriction) in the management of challenging behaviours has raised a number of concerns for service users and staff within mental health settings. It is traumatic for staff and service users, reduces confidence in staff and prevents service users from learning to manage distress. These concerns highlight the need for non-coercive alternatives. Sensory modulation is an emerging approach that aims to reduce distress and agitation in service users and avoid the need for seclusion and restraint. It offers individualised practical strategies to assist service users to calm themselves before and during states of distress and agitation.

The use of sensory modulation involves a variety of techniques such as weighted items (soft toy & blanket) to increase the sense of touch or deep pressure, dedicated sensory space for the exploration of calming visual, auditory, olfactory, proprioceptive and vestibular sensory input and individualised programmes to suit the needs of clients for optimum day-to-day functioning.

**Methodology:** Participants (N = 75; Female n = 58; Male n = 18; Mean age = 44 years; SD = 13 years) completed measures of vicarious posttraumatic growth, religiosity, empathy, fantasy-proneness, absorption and social desirability.

**Results:** The overall model was significant at Step 4 after controlling for social desirability, indicating the combination of intrinsic religiosity, dispositional empathy, fantasy-proneness and absorption explained 16.1% variance of vicarious posttraumatic growth (F [5,69] = 2.64, p = .31). Of the four individual difference factors assessed for vicarious posttraumatic growth, intrinsic religious belief was the only significant predictor accounting for 8.7% unique variance (F = 1.60, [11, 72] = 2.65, p = .01, sr2 = .30).

**Conclusion:** Results indicated that empathy, fantasy-proneness and absorption, combined with intrinsic religious belief, play a small but facilitative role in the subjective experience of growth in the wake of vicarious exposure to a traumatic event. Limitations and future directions for research are discussed.

**Mr Ellen Ben Ishkach Klutch, CEO, Makshivim Net**

**What Tech is for?**

Makshivim Net established in 2008, runs online programs for mental health (clients). The supporters in e-recovery programs aim in everyday life. The goal of these programs is to allow people with mental disabilities to consult with professionals, other disabled, families of people with mental disabilities and to obtain information. Through our work we discovered that despite the developing internet, many find it difficult to cultivate a social circle in the physical world and online. Hence, we established a virtual social model that begins online with the objective to evolve into real life social contact between participants. It is important to know e-recovery models can have complications and dangerous situations that need to be considered. It’s imperative to be aware and able to handle these complications and dangers before working online.

Another social program is: an online “Center for Independent living” - that utilizes virtual meet and not promote activities that assist people with disabilities and return them to an independent lifestyle that benefits the community.

The employment domain is similarly important, so that clients can enter the normal working world and integrate into society. We developed programs that combine technological and human guidance to help in the employment process, from job search to preservation of long-term employment. One program’s for people with an academic diploma / professional with the objective to integrate them into their field of study. This model helped to integrate of 82 % of clients in 2015.

Internet communications give support that includes: continuous personal contact, accessibility and availability, characterized by the partnership process. It offers comfort and encouragement, while maintaining the independence that accompanies the client in their employment. It also provides e-peer support from other clients. Additionally to attend the needs facing those who fear stigma, we built working models of e-mentoring and virtual academic tutoring. Virtual mentoring is designed for people who want support, but couldn’t find any suitable to their needs. It’s helps overcome difficulties that exist in today’s available rehabilitation services, and gives the client the ability to take a more active role in their rehabilitation.

When utilizing multiple parallel processes, synchronization is crucial to rehabilitation. Each new Tech must take into consideration every aspect and adjust according to need. It must be user friendly, accessible via computer/ smartphone plus assure security.

Makshivim Net continues to develop new technologies based on recovery theories. These technologies enable the client to take an active part in their recovery process. (AR - Assistive Rehabilitation)

**ARChat -** Secured chat’s room, ARContact - receive information from the client’s social circle, ARTech - Monitor the client’s personal file. ARPackage - Combines technologies to observe real-time information. (Like a third’s eye view).

As you can see, e-recovery programs can be beneficial, when taking in consideration all recovery partners, but it’s essential also address the difficulties that can arise for the working staff.

**Mrs Sue Bennett, Social Worker, Specialist Mental Health Service for Older People**

**SHARED CARE: EMPOWERING CARERS TO RAISE THEIR VOICES**

Ibis Lodge is a transitional mental health unit for consumers with Behavioural and Psychological Symptoms of Dementia (BPSD). Carers have always played an integral part in planning and delivery of services in this unit and recently there have been improvements in open and transparent communication and opportunities for collaboration with carers, who are often the substitute decision makers about their loved ones care and informants about their loved ones lives. This presentation will outline the development of a carer support group and discuss its evolution. Capacity has been built through the implementation of this carer support group and environmental modifications to the unit. Staff have seen the carers group transform into an established community, empowering each other to take ownership of not only a physical space within the hospital but also encouraging them to use their collective voice in partnering with the Specialist Mental Health Service for Older People to effect change within the service by contributing to continuous quality improvement.

Furthermore, we will explore carers’/experiences of the barriers encountered on their journey into and through the mental health system, and discuss how carers are planning to assist each other and future carers negotiate the system. We will discuss the group’s capacity to work towards influencing public policy and raising awareness of the needs of consumers and carers affected by BPSD.

**Mrs Mrs Ros McNicol, Carer, Ibis Lodge Carers Group**

**Mrs Jane Brogan, Occupational Therapist, Specialist Mental Health Service for Older People**

**Mrs Mrs Ros McNicol, Carer, Ibis Lodge Carers Group**

**Mrs Shirley Briggs, Carer, Ibis Lodge Carers Group**
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SESSION ABSTRACTS

Ms Michelle Black, Founding Director and Consulting Practitioner, Elegrow

Wellbeing in beginning school teachers

The research informed the development of a care professional resilience program, Combatting Compassion Fatigue (CCF), within Community Care Professionals. This program targets a combination of best practice interventions to educate, develop self-care, emotional intelligence and problem solving skills that foster resilience to reduce the risk and experiences of CCF among CCPs. An evaluation of the program occurred with a purposeful sample of 10 CCPs working in residential care facilities in Northern New South Wales who self-selected to participate in the program. The EAGALA model, found to contribute to significant improvement in the wellbeing of clients experiencing PTSD, was used to facilitate the program. To understand the impact of the program and interventions used (EAGALA, 2013; Billany, 2016).

Dr Timothy Broady, Senior Research and Development Officer, Carers NSW

Living with Mental Illness: Appraising a Carer Focus

Providing care to a family member or friend can have transformative impacts on the lives of carers, and an extensive body of research suggests that carers experience significantly poorer health, wellbeing and socio-economic outcomes than those without caring responsibilities. Carers of people living with mental illness play a critical role in the recovery journey, but are themselves vulnerable to adverse experiences. Research has suggested that they have worse health outcomes than any other group of carers.

This presentation draws on the results of a state-wide survey on carers in New South Wales to investigate the unique experiences of mental health carers. Comparing their self-reported social support, health and wellbeing with that of other carer groups, the demographic and situational profile of mental health carers will also be explored in order to identify how their caring experience differs from the rest of the carer population. In particular, the challenges made by carers in supporting people living with mental illness and assisting them in recovery will be highlighted. These findings will be considered in light of the support available to mental health carers through services provided by Carers NSW, and feedback from clients regarding these services.

The survey results provide compelling evidence as to why engaging with carers of people living with mental illness is crucial, and demonstrates how carers can thrive when this targeted support is provided. Importantly, the value of carers in the lives of people living with mental illness will be discussed, surmising that supporting carers equates to supporting people living with mental illness. The presentation will highlight opportunities to focus on carers living with mental illness in the current service landscape, and will consider how a further focus on carers in research might facilitate better outcomes for carers and the people living with mental illness for whom they care.

Ms Kerrie Buhagiar, Director of Service Delivery, ReachOut Australia

ReachOut NextStep: Facilitating pathways to help-seeking for young Australians through an online self-assessment tool

While one in four young people in Australia experience mental health problems, only 35% seek professional help. Known barriers to help-seeking include lack of access to appropriate care, not recognising mental health issues, being unsure of where to get help and negative attitudes towards seeking help.

In response to this, ReachOut NextStep was designed to facilitate online help-seeking for mental health difficulties in young people aged 18-25. Co-designed in partnership with over 600 young people, the tool helps them to navigate the mental health system and empowers them to feel confident to seek help. NextStep was designed using a mobile first approach, ensuring a positive user experience for a growing number of young people using smartphones as their primary device for accessing the internet (particularly outside major cities).

This presentation will provide an overview of the development of the tool and some initial findings from research about its effectiveness and engagement. Key takeaways will include: the effectiveness of an online tool to facilitate help-seeking among young Australians, the benefits of co-designing with young people and how sector professionals can utilise the NextStep tool in their work.

Dr Greer Bennett, Senior Project Officer, Hunter Institute of Mental Health

Start Well: A Research Project Supporting Resilience and Wellbeing in Beginning School Teachers

Early career teachers have a known vulnerability for high rates of attrition due to stress and burnout. In fact, in Australia, almost 1 in 2 early career teachers will leave the profession within 5 years of beginning their teaching careers.

Beginning teachers can be adversely affected by a number of negative emotional experiences such as self-doubt, insufficient induction and support programs, time pressures and workplace relationships; as well as dealings with students, parents, and the wider community. It is also well-documented that most mental health problems usually occur within the first three decades of life; around the age when most early teachers are beginning their careers.

Recently, the idea of resilience has gained traction as a means of equipping early career teachers with the necessary means of coping with the challenges of beginning a career in teaching. Therefore a promising pathway to achieve better teacher retention and mental health is to focus on skills that will allow them to become better enablers of their own mental health and prevent stress and burnout before a career-disrupting problem occurs.

This project aims to assess the attitudes of early career teachers around their experiences at work and what support systems they may find helpful in promoting resilience. A particular focus will be given to social support as the ability of teaching staff to support each other has previously been shown to improve resilience.

An online survey targeted towards early career teachers (+5 years in service) in NSW was conducted during term 1 of 2016. Results of this survey will be presented and will inform a further round of targeted interviews with policy makers, regulators and sector representatives to determine the best ways of supporting mental health and resilience in early career teachers.

Ms Caroline Simpson, Policy and Development Officer, Carers NSW

Living with Mental Illness: Applying a Carer Focus

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The research informed the development of a care professional resilience program, Combatting Compassion Fatigue in Community Care Professionals. This program targets a combination of best practice interventions to educate, develop self-care, emotional intelligence and problem solving skills that foster resilience to reduce the risk and experiences of CCF among CCPs. An evaluation of the program occurred with a purposeful sample of 10 CCPs working in residential care facilities in Northern New South Wales who self-selected to participate in the program. The EAGALA model, found to contribute to significant improvement in the wellbeing of clients experiencing PTSD, was used to facilitate the program. To understand the impact of the program and interventions used (EAGALA, 2013; Billany, 2016).

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Pre and post assessment occurred using the Professional Quality of Life (ProQOL) scale (Stamm, 2010), as a screening tool and the Genos Emotional Intelligence Self-Test (Genos, 2015) to understand emotional intelligence factors. An analysis of the variance between the pre- and post-tests revealed ProQOL scores for Compassion Fatigue and Burnout decreased whilst Compassion Satisfaction scores increased.

The Genos Emotional Intelligence analysis found a statistically significant improvement in overall emotional intelligence (p=0.05) and statistically significant improvements (p=0.03) in the emotional intelligence factors of emotion self-management, emotional expression, emotion self-control and emotion awareness of others.

In contrast whilst face to face counselling is identified as reaching older populations. Setting a clear research agenda and providing enablement for youth to access online counselling services was also considered for a growing number of young people using smartphones as their primary device for accessing the internet (particularly outside major cities).

This presentation will provide an overview of the development of the tool and some initial findings from research about its effectiveness and engagement. Key takeaways will include: the effectiveness of an online tool to facilitate help-seeking among young Australians, the benefits of co-designing with young people and how sector professionals can utilise the NextStep tool in their work.

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SESSION ABSTRACTS

Ms Caroline Busch, Cultural Development Facilitator, CatholicCare NT

Ms Margi MacGregor, Learning and Development Manager, CatholicCare NT

Ms Milly Hardy, Safe House Coordinator, CatholicCare NT

THE FAMILY COPING TOOLKIT

The Family Coping Toolkit is an intervention resource that was designed and developed in consultation with education staff, health workers, community workers and members of Aboriginal and Torres Strait Islander communities in the Northern Territory.

While family members most often do the caring, they also experience their own wellbeing concerns as a result of their associated stress, and the Family Coping Toolkit provides a culturally appropriate means of helping to address these concerns.

The Family Coping Toolkit is underpinned by the Family Coping model. It is Indigenous specific, evidence based and family focused. It is able to incorporate spiritual components which are compatible with traditional cultural practices and beliefs. The Family Coping Toolkit is a culturally appropriate and safe way for family members to talk about their feelings. Its strengths-based approach supports family members to determine their own solutions to the worries in their lives.

Aboriginal and Torres Strait Islander people are often expected to talk about problems in a strange place with people they don’t know. There are well-established cultural healing and reconciliation practices among ordinary members of communities and the Family Coping Toolkit supports people to talk about their worries and to access the many sources of strength in their lives.

One of the ways to do this is to use the Family Coping story mat. People can use the story mat to talk about what is happening for them and their families. It uses community-based pictures that are familiar to participants.

The Family Coping Toolkit assists community workers with communication, education, therapy and referral; Aboriginal carers, family and friends who are stuck in co-dependent relationships, and people who are experiencing their own wellbeing concerns. This helps build stronger communities.

Ms Amy Clark, Team Leader, Wesley Mission

Mrs Cherry Johnson, Founder and Owner, Speaking in Colour

PSYCHO SOCIAL CLINICS AND WAGING: A PILOT PROGRAM TO CONNECT YOUNG PEOPLE WITH CULTURE IN A SCHOOL COMMUNITY

At Wesley Young Healthy Minds Service we are working alongside the young people of Newcastle 0-18 years, in a flexible early intervention model for better mental health outcomes. We are working intensively with young people and their families who are at risk of mental illness, or showing the early signs of mental illness. We visit with them in their homes and communities and their schools to boost their chances of accessing early intervention.

We have a strong presence in a local primary school and their feeder high-school that has identified a population that come from and live with, significant disadvantage. Recent research has shown the direct correlation between better mental health outcomes for students who have connection to culture, school community and their wider social system. Hence, a partnership was born between Young Healthy Minds Service and a local First Nation artist and who is helping us to bring weaving and the construction of possum cloaks alive within the young Aboriginal and Torres Strait Islander peoples from our community.

We are seeing these young people who had once skirted agencies and services like ours, starting to walk towards us and alongside us in a journey towards better mental health. We would appreciate an opportunity to report on our progress so far and to confirm that early intervention in at risk communities is key for positive mental health in our young people.

Ms Tanya Curtis, Behaviour Specialist & Senior Counsellor, Fabic - Behaviour Specialist Centre

BODY LIFE SKILLS - A PRACTICAL 3 STEP APPROACH TO CREATING LASTING BEHAVIOUR CHANGE

The Body Life Skills program created by Behaviour Specialist Tanya Curtis is based on simplifying a number of theories including Functional Behaviour Assessment, Choice Theory, Attachment Theory, Skills Building and Humanism. The Body Life Skills program is a simple 3-step process that is based on Understanding and then Changing Behaviour from an approach of teaching people the skills to respond to life. This model has been based on the understanding that (1) much of our unwanted behaviours are a result of anxiety first, (2) understanding these symptoms and their mental health reform objectives, (3) when a person feels like they can no longer cope with the anxiety, and (4) when a person feels like they need help.

This model emphasizes that the reason for the behaviour (i.e., the function) is much more important than what the actual form of the behaviour looks like.

In the clinical setting, Tanya Curtis has observed that the concerns clients present with are, a result of them being presented with an aspect of life that ‘they do not perceive they are equipped to respond to’. The key here is focusing on what the client does not perceive they are equipped to respond to and not what others judge they are or are not able to respond to or what others ‘should’ or ‘should not’ be able to respond to. Noting here that Understanding and Judgment cannot exist together. Whether it be life presenting a mistake; losing a game; loss of relationship, job or loved one; conflict in relationships or any other aspect of life, the reality is life is presenting situations all day everyday. The simplicity is when any of us (Client or practitioner) feel like we have the skills to respond to what life has presented our anxiety levels are low; whereas when we do not feel like we have the required skills our anxiety levels are increased which in turn increases our use of unwanted behaviours. Unwanted behaviours are used by all of us and vary in intensity. This model has been used to successfully change unwanted behaviours related to depression, panic, anger, tantrum, overeating, under eating, drug and alcohol abuse, Autism Spectrum Disorder, ADHD, Bipolar and other forms of unwanted behaviour.

This workshop style presentation will offer the practical 3 steps required to implement the Body Life Skills in the clinical setting with clients of all ages and with all presentations of unwanted behaviour. A practical, simplified yet scientific approach to creating lasting behaviour change.

Mrs Vikki Dearie, Project Manager, Western Victorian Mental Health Learning & Development Cluster

Dr Rosemary Charleston, Manager, Western Victorian Mental Health Learning & Development Cluster

VICTORIAN MENTAL HEALTH INTERPROFESSIONAL LEADERSHIP PROJECT

The Victorian Mental Health Interprofessional Leadership Program (VMHLIP) was a Department of Health and Human Services funded Project. The program, and latterly the Network, was designed to support Mental Health Services (MHSs) in driving sustainable practice change that aligns with Victorian Mental Health Ministerial Reform Objectives. In particular the Victorian Mental Health Act (2014).

The project team was responsible for the development and delivery of a leadership program that was designed to facilitate the transition of 72 individuals to become members of the Victorian Mental Health Interprofessional Leadership Network (VMHLN), and was accessed by nominated leadership teams of four from across 18 Victorian Mental Health Services (MHS). The teams of four have membership from the nursing, medical, allied health and lived experience workforces.

Interprofessional collaborative practice was central to the initial design and ongoing development of this project, through to the development and delivery of the leadership program, and latterly as the foundation for the VMHLN.

This presentation will focus on the journey, the benefits, challenges and experiences gained during this process, and provide a snapshot of some of the amazing work being driven by these member teams.

Dr Joachim Diederich, Director, Psychology Network Pty Ltd

THE MENTAL STATE TRACKER - LANGUAGE ANALYSIS FOR MENTAL HEALTH

Mental health problems are responsible for significant personal, economic and social burden globally yet they remain poorly diagnosed in a primary health care setting, primarily due to the subjective nature of conventional diagnostic methods (e.g. questionnaires and interviews).

The availability of objective methods that help to screen for a range of mental health problems therefore meets a widely recognized need and results in significant benefits.

The Mental State Tracker is a mobile application available for Android, Apple and Windows devices. This mobile app is based on artificial intelligence (AI) techniques and combines a number of features: (1) The recording and analysis of speech to detect a number of emotional states. (2) The transcription of speech and the analysis of the resulting texts by various methods to determine emotional states. (3) The analysis of transcribed speech includes the determination of suicide risk. (4) Standard questionnaires that are commonly used in clinical psychology and psychiatry are also offered and the results are compared with speech and text analysis.

This presentation will discuss potential application areas of the Mental State Tracker in clinical practice. This includes psychopathology and creating emotional awareness in individuals with Alexithymia.

Ms Stacey Dixon, Psychologist, FreshStart Psychology

COPING WITH CRavings: SuPPORTING COnSUMERS To MANAGE NICOTine WiTHdRAWAL

Increasingly, mental health workers are required to...
address smoking amongst people with severe mental health conditions. People with mental illness smoke more often, and those with a lived experience of schizophrenia have higher levels of nicotine blood plasma, while also smoking more intensely than other smokers. Nicotine Replacement Therapy (NRT) is unlikely to meet the smoker’s physiological needs for nicotine. Consequently, consumers admitted to the smokefree psychiatric setting and those who wish to quit require practical support to manage nicotine withdrawal symptoms.

Structure of workshop. Using a case study, participants will be familiarised with evidence-based, hands-on interventions that consumers can use to manage nicotine withdrawal. Strategies developed for smokers with severe mental illness and skills adapted from Acceptance and Commitment Therapy and Dialectical Behaviour Therapy will be presented. Workshop attendees will have the opportunity to role play introducing and demonstrating the use of strategies to consumers.

Intended outcomes: Participants will be able to describe nicotine withdrawal symptoms, support consumers to identify cues to smoke and coach consumers in skills for coping with nicotine withdrawal. Who should attend: Consultant psychiatrists, mental health clinicians, registered and clinical nurses, allied health practitioners, mental health support workers, peer workers, carers and consumers.

Mr Jeremy Forbes, HALT worker, HALT (Hope Assistance Local Tradies)

Suicide Prevention for Tradies in Regional and Rural Victoria and Southern NSW

HALT aims to reduce stigma and increase awareness of mental health (Suicide, Depression and Anxiety) and wellbeing in the Tradie community.

HALT is building the bridge between the Tradie community and both local and national mental health support services.

HALT facilitates this by holding ‘Save your Bacon’ brekkys, primarily at Hardware stores but now including private businesses, TAFE’s, Secondary Colleges, Football/Netball clubs and Agricultural stores across regional and rural Victoria and southern NSW.

HALT has a ‘whole of community’ approach, involving as many community groups as possible in preparation of the event.

There are no expectations for the Tradies to talk at the HALT event but when you set up an environment where they feel relaxed, included and comfortable, they invariably start talking about the issues they confront in the building industry.

This is prevention at a grassroots level involving local communities building stronger connections.

HALT provides an egg and bacon roll, coffee and tea and a HALT bag which contains information from local and national mental health support services and merchandise from the Hardware store. We invite staff from these services along to the brekky as a presence and to show there’s support in the local community.

HALT has held approximately Thirty-five events and we work with Tradies to break through the potentially toxic masculine trade culture and give them the tools to look after their mental health and wellbeing.

Ms Nicole French, Senior Consultant Psychologist, Centre for Corporate Health

Holistic Approach to Mental Health Intervention in the Workplace

The passing of the Work Health and Safety Act (2012) has meant that organisations are required to protect the health and safety of their employees and minimise any risk; this applies to both physical and mental health. As a result of this legislation, organisations are becoming increasingly proactive in addressing mental health risks and supporting employees’ mental health.

The Centre for Corporate Health (CCH) have partnered with a national professional services organisation since 2014, in the development and implementation of a broad well-being strategy that proactively addresses the mental health and well-being of the organisation’s employees. The key pillars of the strategy are Prevention, Intervention, and Recovery.

The Prevention pillar has seen the development of a Mental Health Intervention Framework which has been embedded through key areas and organisational levels of the business. This framework allows relevant employees to understand what the warning indicators are for an employee who may be struggling, and how to have a conversation in a safe and supportive manner. The framework also allows for the identification of evidence-based resources and strategies for an employee that may need additional support. Prevention also involves targeted training in promoting resilience and wellbeing for key groups where psychosocial factors are indicated.

The demonstrated effectiveness of the Prevention Pillar is evidenced by the early intervention approach to supporting employees when a mental health issue emerges, by capturing a clear snapshot of presenting concerns and having a plan to move forward. Recovery is then observed by adopting a stakeholder approach involving psychological rehabilitation to support the employee as they recover and return to normal functioning.

The results from the organisation’s employee engagement surveys demonstrate the efficacy in this approach, as well as case studies of employee recovery.

Mr Ivan Frkovic, Deputy CEO, Aftercare

Working Together — Optimising the Recovery Oriented Approach

The Floresco model is breaking new ground in the area of multidisciplinary community managed mental health care. Floresco, meaning Flourish in Latin, provides an innovative approach to delivering mental health services and supports for adults aged 18–64 and their family & carers. Floresco reduces the barriers of stigma through a welcoming & strength-focussed ‘one stop shop’ style of service addressing a range of life issues affecting participants’ mental health.

Floresco brings to life the concept of providing clear pathways of care through coordinated, collaborative and integrated approaches to service delivery, which is fundamental to the National standards for mental health services. Providing access to quality services in a timely manner that supports a holistic person-centred recovery approach is key, as articulated in the National framework for recovery orientated mental health services.

Progressing the vision of Aftercare working ‘together for social and emotional wellbeing’ Floresco; with partners, ensures the experience of consumers and carers is of high quality and that there is ‘no wrong door’ to access the service.

The importance of relationships is vital within this model to ensure best possible referral pathways are offered both internally and externally. Through a culture of connectedness, recovery and shared learning across disciplines, services & consortium partners; Floresco is able to brainstorm innovative solutions and meet participant outcomes of reducing hospital stays, homelessness and enhance skills development, community & social participation.

Floresco works with all sectors (clinical and non-clinical) and combines community mental health funding and a business model. The knowledge and language of all stakeholders are respected to offer the most relevant and timely suite of services to individuals and families. At the core of the model however, is honouring the lived experience of individuals and families to encourage them to flourish and take an active role in their care & wellbeing.

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This presentation will discuss a mixed-methods study, which explored the experiences of sexual assault survivors with self-disclosing within social media. This presentation will provide data on how survivors of sexual assault leverage technology to assist in their recovery process and apply Empowerment Theory to the findings. The results will provide mental health providers, social workers, policy makers, and researchers with data on how survivors of sexual assault are using social media in the recovery process. The presentation will conclude with how to tailor services and treatment to fit this cultural reality in order to advocate for and serve survivors of sexual assault.

**References**


**Ms Kristin Kay Gundersen, Research Fellow, University of Southern California**

**Voice for the Voiceless: Survivors of Sexual Assault Publicly Disclose Trauma**

Commonly, silence and shame surround incidents of sexual violence. With the use of social media, individuals are now able to publicly construct their identity, which allows the veil of silence to lift. A technology and media driven movement has led survivors of sexual violence to self-disclose their trauma narrative and shift the way society talks about the epidemic of sexual assault and rape. Publicly disclosing one's trauma narrative is a phenomenon that has yet to be addressed within the literature.

The plan calls us to acknowledge that using people with personal experience of distress and personal journeys of recovery in delivery of services will strengthen recovery outcomes. In alignment with this strategy, headspace is currently moving to implement youth peer support workers across their South East Melbourne Youth Early Psychosis Program (hYEPP). Currently headspace has employed youth peer workers at several centres, with more to come in the near future. Workforce changes such as these pose great possibilities for expanding the success of headspace services as well as great challenges in terms of changing clinical attitudes and finding a way to deliver a consistent lived experience workforce.

This presentation will cover the following topics:

- Current empirical evidence supporting integration of Youth Peer Support Workers (YPSWs) in a clinical environment.
- An overview of the headspace youth peer support model including discussion of the Intentional Peer Support framework.
- Challenges for YPSWs and clinical staff when integrating peer support in a clinical youth environment. This will include discussion of workplace readiness and survey results of staff attitudes during integration.
- Evidence of benefits for young people, staff and services when integrating youth peer support and adding lived experience to clinical services.

**Mrs Marie Hirst, Manager, Child and Family Mental Health, Drummond Street Services**

**Community Based Interventions and Child Mental Health Outcomes**

Research suggests that almost 1 in 7 children in Australia experience a mental health problem. Furthermore, nearly half of all mental health issues begin before the age of 14. These statistics highlight the need for population based approaches which focus not only on intervening early prior to problems becoming entrenched, but actually addressing mental health risk and protective factors to optimise wellbeing and prevent problems progressing. Recognising the importance of prevention and early intervention to minimize the impact of mental illness across the lifespan, the Australian Government, through the Department of Social Services, has invested in the Family Mental Health Support Service (FMHSS), to improve child and adolescent mental health outcomes.

Drummond Street Services was one of the first FMHSS sites, today operating 5 FMHSS sites across Victoria. Integrated within local community structures and supports, FMHSS provides flexible and responsive assistance to families to develop their capabilities and increase wellbeing through universal and targeted whole of family interventions. This session presents an overview of the practice model, program logic and evaluation framework, and standardised positive outcome measures deployed across multiple sites to assess the program’s approach and effectiveness in terms of reach, engagement,
relevance and the transformative impacts for children and their families.

Ms Deborah Hoban, Senior Project Manager, NSW Health

Dr Kate Jackson, Manager, Older People’s Mental Health Policy Unit, Mental Health and Drug & Alcohol Office, NSW Ministry of Health, North Sydney

**People Just Want a Place to Call Home**

How do we continue to make practice change to ensure people with severe and enduring mental illness and very complex needs receive contemporary care both in hospital and in the community and are able to have a place to call home? The Pathways to Community Living Initiative (PCLI) is a significantly funded component of the NSW Government’s Mental Health Reform 2014 – 2024. It aims to develop and implement evidence-based community services for people who are long stay inpatients (over 365 days) and to change the way we work with individuals with complex needs to decrease long stay hospital admissions. Out of over 2000 inpatients in mental health units at any time most people, when ready, can move back into the community to family or to existing supported accommodation. There are people however who have more complex needs for whom these pathways home are not working. This cohort numbers around 380. Over 70% have a diagnosis of schizophrenia with 4% a co-occurring substance use disorder and 30% an organic disorder. Around 100 have issues of ageing. Utilising aggregated data from the Health Information Exchange, research through the SIAKX into grey and published literature of international models of community care and factors for successful transitions, independent evaluations of specialist aged care provider pilots, and clinical and consumer dialogue the PCLI is now moving into the first stage of implementation. Led by senior clinicians, consumer consultants and researchers, the NSW Ministry of Health has developed agreed person-centred processes and assessment tools as well as specialist community-based services. The first stage of development is for the ageing cohort. The PCLI model is being utilised by Family and Community Services to help transition people with intellectual disability and multiple needs to the community under the National Disability Insurance Scheme.

Mr Travis Holland, Managing Director, Holland Thomas

**Managing Aggressive Behaviours - 7 Discussions That Need to Be Had**

In this engaging presentation, Travis, will propose seven discussion topics that organisations should be having to better manage the impact of aggressive behaviours towards their staff, the people they support, and the organisation itself.

Topics to be covered include knowing your problem, open door policy, meaningful culture of staff safety, continuous hazard assessment, empowering your staff, 60 second incident reporting and employee assistance programs.

Aggressive behaviours have significant costs on your organisation. Now, more than ever, the obligation, both moral and legal, rests with the organisation to ensure staff are equipped with the right skills to handle situations involving aggressive behaviours.

All too often staff face aggressive behaviours. Do they have the skill set to safely manage aggressive behaviours? What are the consequences for the worker and the organisation if this situation is not managed safely?

The audience will leave Travis’s presentation with a range of insights and tips to take back to their organisation on how they can make a change and help their staff to get home safely each and every day.

Dr Devin Indig, Senior Researcher, University of New South Wales

**Suicide and Mental Health Disorders Among New Zealand Prisoners**

**Background.** Suicide is a major cause of death among people with a mental illness and is significantly more prevalent among prisoners compared to the general population. In New Zealand, over 500 people take their lives annually, with males nearly three times more likely to commit suicide than females.

**Aim.** The aim of this study was to determine the prevalence of suicidal behaviours among New Zealand prisoners, including comparisons to the 2006 New Zealand general population and investigation of associations to other mental health and substance use disorders.

**Methods.** A national study of 1,209 newly sentenced or convicted prisoners was undertaken across 13 prisons in New Zealand in 2015. The primary diagnostic instruments in this study included the Composite International Diagnostic Interview version 3.2, the New Zealand Mental Health and Substance Use Disorders Screening Questionnaire, 12-Item Short Form Health Survey, and the Northwest European Disability Scale. The study was funded by the Health Research Council of New Zealand and the Health Research Board of Ireland.

**Results.** Prisoners had higher rates of suicidal behaviours than people in the general population, including being twice as likely (35% compared to 16%) to have ever thought about suicide and four times as likely (19% compared to 5%) to have ever attempted suicide. Whereas 12-month and lifetime suicidal behaviours declined steeply with age in the general population, they remained high across all age groups for prisoners. Prisoners of European descent had higher rates of suicidal behaviours than Māori or Pacific peoples. Prisoners with a mental health disorder (such as an anxiety or mood disorder) had the highest rates of suicidal behaviours, including being four times more likely to have ever had suicidal thoughts or made a suicide attempt than prisoners with no mental health diagnosis.

**Conclusions:** This study provides important evidence regarding the high risk of suicidal behaviours and the strong associations between suicidal behaviours and mental health disorders among prisoners. Early identification and support among this vulnerable population is critical.

Ms Sophie Isobel, Clinical Nurse Consultant - Mental Health, Sydney Local Health District

Ms Danielle Pretty, Clinical Nurse Consultant (COPMI), Sydney Local Health District

Ms Felicity Meehan, Clinical Nurse Consultant (COPMI), Sydney Local Health District

**Experiences of a Program for Children Whose Parents Have a Mental Illness**

Children who have a parent with a mental illness are at well documented risk of social, emotional and psychological difficulties. Research has identified a range of risk and protective factors for these children with social connectedness and proactive intervention by the mental health workforce being identified as two significant protective factors. Inclusion of children in adult mental health care demonstrates a commitment to family focused recovery and preventative mental health care; as well as creating a multidirectional connection between parents, children and mental health clinicians that is mutually beneficial.

An adult mental health service in Sydney runs an unfunded biannual school holiday activity program for children of the clients of the adult mental health service which aims to build resilience in children living in families where there is mental illness; promote discussion within families about mental illness and build workforce capacity to practice in family inclusive ways. This paper reports the findings of a qualitative evaluation of the program using an interpretive Hermeneutic phenomenological approach to understand the meaning and experience of participation in the program from the perspectives of children, parents and clinicians. The detailed findings of the interviews will be discussed including children’s perceptions of the mental health service and the program, implications for families and the role of informal mechanisms of longitudinal assessment in early intervention. The findings have implications for the delivery of cost effective family focused mental health prevention and intervention initiatives, while also providing an important opportunity for the voices of children and their lived experiences to be heard in service evaluation.

Ms Fay Jackson, General Manager, Inclusion, RichmondPRA

**Why Not a Peer Worker?**

RichmondPRA is committed to encouraging and promoting agile work places that are recovery focused by growing, employing and training a successful, leading edge Peer Workforce. This presentation will explain the Why not a Peer Worker? Strategy and discuss how this significantly increased the quality, purpose, value and improved the processes and outcomes of the overall workforce. Our Live Experience staff and peer workers have improved our recovery focused service delivery, organisational culture, professional relationships with the people who access our services and the community, including families and carers, service stakeholders, clinicians and other Mental Health services.

In May 2015 RichmondPRA launched the ‘Why Not a Peer Worker? Strategy and supporting programs in recruitment, education and training, a Community of Practice, mentoring and a Communications Strategy for all stakeholders.

The aim of the strategy is to increase Peer Worker numbers, ensure appropriate training, mentoring and management of Peer Workers, model value add peer work to other services, improve the quality of Peer Work and improve our service delivery by accessing the lived and professional experience of Peer Workers.

Peer Workers also purposefully and appropriately add value to the overall organisation by contributing to service design and modelling, policy writing, supporting staff who have a lived experience, building relationships with the community, service partners and public services, model hope, recovery and professional practice, add an extra layer of empathy, compassion and purpose and keep us focused on our reason for being.

As peer work ensures a high standard of workforce and quality support to the people who access the service, RichmondPRA’s recruitment processes for every front line position now consciously asks the question ‘Why not a Peer Worker’?
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Worker?! In the past 12 months we have increased our peer workforce from 22 Peer Workers to 127 at the time of writing this paper.

Ms Kerri Jackson, Master of Health Science, Central Queensland University

WORDS OF WISDOM FROM THOSE WHO LIVED TO TELL THE TALE: A STUDY OF PEOPLE'S 'LIVED EXPERIENCE'

The past focus on understanding the rates, causes, and risks of suicide has not been effective in reducing suicide rates and there is an identified need for more research into the 'lived experience' of people who have attempted suicide. The research question that informed the study was 'What is the lived experience of re-engaging with life after a suicide attempt? The aims of the study were to provide deeper insight into this important phenomenon, to help others in similar circumstances, and inform service delivery for people who have attempted suicide.

The methodology underpinning the thesis is descriptive phenomenology in the tradition of Edmund Husserl. Information was elicited from taped, face-to-face, semi-structured interviews of one to two hours with a total of 28 participants to ask Mark any questions that they may have.

Prof Lawrence Lam, Professor of Public Health, Faculty of Health and Graduate School of Health

THE ROLES OF PARENT-AND-CHILD MENTAL HEALTH AND PARENTAL INTERNET ADDICTION IN ADOLESCENT INTERNET ADDICTION

Background

This study aimed to investigate the relationship between parental mental health, particularly depression, and Internet Addiction (IA) among adolescents taking into consideration of adolescent mental health and parental Internet Addiction as possible mediating factors. Of particularly interest was the effect of parent-and-child gender match on these relationships.

Methods

This was a population-based parent-and-child dyad health survey utilising a random sampling technique. Adolescent IA was measured by the Internet Addiction Test (IAT) designed by Young. The mental health status of the parents was assessed using the Depression, Anxiety, Stress Scale (DASS). Data were analysed using Structural Equation Model techniques with stratification by parent-and-child gender match.

Results

1098 parent-and-child dyads were recruited and useful information was obtained. The mean IAT score was 28.6 (s.d.=9.9) for parents and 41.7 (s.d.=12.4) for adolescents. Adolescents with depressive disorder (regression weight=0.33, p<0.001) and anxiety disorder (regression weight=0.19, p<0.001) exhibited more IA than those without these disorders. Further analysis revealed that these mediating relationships are more significantly manifested in the father-and-son and mother-and-daughter dyads.

Conclusions

Result suggested the relationship between parental mental health and adolescent IA is complex and adolescent mental health and parental IA also play an important role as a mediating factors. These results have direct implications on the treatment and prevention of Internet Addiction among young people.

Ms Rachael Lovelock, Consultant Carer Advocacy and Leadership, Mi Fellowship

THE JOURNEY OF RECOVERY FROM A CAREER'S PERSPECTIVE

The concept of recovery is not new and is a guiding principal in mental health care. Anthony defined recovery in 1993 and since this time there has been various definitions that reflect this deeply personal and unique journey.

This presentation will explore how people become 'carers', the concept of recovery as it relates to carers, the similarities between the consumer and carer recovery journeys, and hope that carers can be viewed as being on a parallel journey of recovery to their loved one.

The pressures and demands of the caring role directly impact on a person's identity and life journey. The hopes, dreams, and aspirations of carers often play a secondary role, and over time, the role effects of the caring role include social isolation, loss of friendship, community disconnection and unemployability.

These impacts also have devastating repercussions on the relationship between the carer and the person affected by mental health challenges. The deterioration of the mutuality in relationships can obscure a view of the potential and hope that 'recovery' can offer for all.

This presentation explores the use of the CHIME Recovery Model as an effective framework from which practitioners can support carers, and one in which service providers can use in the development of individual support programs for carers to assist them in returning to roles as family members, enriched once again by the mutuality and supportive relationships that mental health challenges have disrupted.

Mr Grant Macphail, Support Facilitator (Partners In Recovery), RichmondPRA

INDIVIDUAL MENTAL HEALTH RECOVERY: THE IMPORTANCE OF THE WORKPLACE WITHIN A HOLISTIC CONTEXT

The workplace can be considered an integral aspect in the road to mental health recovery. We may benefit from a greater understanding of recovery principles relative to both, independent systemic levels, and interdependent superordinate systemic levels as a whole (Slade et al. 2014). Understanding and applying recovery principles within the workplace requires a holistic understanding; it should not be reduced to simplified notions of subjective individual recovery (Boutilier et al. 2015). Likewise, a more complicated consideration of subjective contingencies relative to workplace dynamics provides us only with a partial understanding of key determinates (Schrank et al. 2014).

In order to gain a true applied understanding of mental health recovery, relative to the workplace, we should consider the functional dynamics of recovery within and between individual, workplace, and societal levels of analysis (Leamy et al. 2011). Although complex and therefore dynamic, such a framework could foster a more ecologically valid knowledge base and, in turn, facilitate more internally valid and reliable applications within the workplace (Atkinson et al. 1997). Despite a need for further research, and a more flexible, context specific means of evaluating the utility of workplaces as part of the recovery process, an understanding of these complexities are rapidly developing (Dimoff & Kelloway 2013). Yet, a lag between emergent knowledge and applications within many workplaces still exists (Bogenschneider 1996, Clarke et al. 2015). This is especially true within Australia (Jorm 2014). This presentation critically reviews the literature surrounding the utility of workplaces in the road to mental health recovery for individuals within and between systemic levels of the workplace, groups of inclusion and exclusion, and wider society. In doing so, the presentation calls for further research surrounding the role of workplaces, within a holistic systemic context, in mental health recovery.

Dr Angela Maguire, Principal Research Fellow, Metro North Hospital and Health Service

CLOSING THE GAP IN DISCHARGE AGAINST MEDICAL ADVICE

In the acute setting, patients who discharge against medical advice (DAMA) risk a host of adverse clinical outcomes including increased morbidity, mortality, and potentially preventable hospitalizations. In addition to the increased burden of disease associated with incomplete clinical care and inadequate discharge planning, DAMA may represent an important source of inefficient and unnecessary use of
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healthcare resources. While there is a paucity of research in the area, one study (Aliyu, 2002) found the average cost of a DAMA readmission episode was 56% higher than that expected from the linked index hospitalization. In Australia, the single most significant predictor of DAMA is Indigenous status; with DAMA rates observed to be five times higher for Indigenous Australians than for non-Indigenous Australians (Department of Health and Aging, 2012). Despite the substantial safety and quality risks, the reasons for the overrepresentation of Aboriginal and Torres Strait Islander (ATSIS) patients in DAMA statistics are not fully understood. Importantly, it is not yet known whether the phenomenon is culturally determined (i.e., acts as an indicator of a healthcare system less responsive to the needs, values, and preferences of Indigenous patients), or whether it reflects a preponderance of complex needs and vulnerabilities in the Indigenous patient cohort. In this retrospective study, a large database of hospital administrative data is analysed to address the following questions: 1) What is the biomedical and psychosocial profile of patients who DAMA?; 2) After controlling for confounding variables (e.g., social disadvantage), is Indigenous status still a significant predictor of DAMA? The findings from the study will be discussed in relation to targeted interventions and service models that can better support DAMA prevention and intervention.

References


Ms Emma Martin, Clinical Educator, Queensland Centre for Mental Health Learning

SRAM - ED: CHANGING CULTURE AND ENHANCING CAPABILITY

In July 2015, the Minister for Health Cameron Dick announced funding to enhance the capability of Queensland hospital emergency departments following an on-line campaign by lived experience advocate, Kerrie Keepa. Kerrie lost her son Chris to suicide shortly after he presented to their local emergency department. Kerrie amassed more than 60,000 signatures in support of her campaign to improve training for hospital emergency staff. The resulting training package, SRAM - ED (Suicide Risk Assessment and Management for Emergency Department Settings), is a blended learning design incorporating four eLearning modules along with face-to-face simulation training sessions. Between March and June 2016 these have been delivered, through a train-the-trainer model, across 16 Queensland hospital health settings.

SRAM - ED is the result of a collaborative partnership between the Queensland Centre for Mental Health Learning, Clinical Skills Development Service (CSDS) and the Australian Institute for Suicide Research and Prevention (AISRAP) in addition to expertise from a statewide clinical reference group and lived experience advisory group.

The content within this presentation will discuss and impart key learning from the project including: stakeholder engagement, design, development and implementation as well as initial qualitative and quantitative evaluation data, that has been gathered from the delivery of the train the trailer workshops. Key variables of interest are clinician confidence, knowledge and skill in forming a therapeutic alliance and using the Chronological Assessment of Suicide Events developed by Shea (2009).

The presentation will also include reflections and key learning from the development of partnerships, capturing the voice of lived experience and designing simulation training.

At the conclusion of this presentation, the participant should be able to discuss the benefits and challenges of blended learning models and simulation training to enhance staff capability in the area of suicide risk assessment and management.

Dr Kelly Mazzer, Research Officer, headspace National Youth Mental Health Foundation

WHAT HAPPENS AFTER ONE SESSION? FOLLOWING UP YOUNG PEOPLE WHO ACCESS SERVICES BUT DON’T ENGAGE

Aims. headspace centres are designed as highly accessible, youth-friendly, integrated service hubs that provide evidence-based early interventions for young people aged 12-25 years. Evidence suggests that the initiative is mostly achieving its aims, however, many young people who access headspace centres only come once.

This study is one of the first to explore why young people may access a community based mental health service only once, whether this is cause for concern and, how services could be improved to better engage young people in the future.

Method. 8,416 consenting young people who accessed one of 82 headspace centres for a single visit were invited to complete an online survey investigating their experience of headspace, reasons for discontinuing care, and how youth mental health services could be improved to aid future engagement. Over 1000 young people responded.

Results. Despite these young people not returning after their initial session, their experience with the service was generally positive. Most young people agreed that staff at headspace were friendly and accepting, they felt welcome, they would come back again if needed, and would refer their friends. The most common reasons for not continuing to access headspace services were that they got what they needed or were referred to another service. Importantly, 80% of those referred elsewhere reported following through to access other help. A lesser number of young people did not further engage due to believing that headspace couldn’t help them or that they should be able to help themselves. Reducing wait times was the most common recommendation to improve the service.

Conclusion. Understanding why some young people do not continue with care will help to inform services approach and ensure young people are comfortable engaging for as long as is desired.

Despite the common view that young people are disengaging from services prematurely, these findings indicate that many felt they got what they needed or were assisted in an appropriate pathway to care. Rich qualitative data exploring the expectations and barriers to service engagement across the wider youth service system will also be presented.

Dr Roger Mignosa, D.O., Osteopathic Center San Diego

THE CLUSTER MODEL OF PAIN

Pain has no boundaries. The symptom of pain may present itself with a cluster of symptoms including anxiety, depression, fatigue, insomnia, malnutrition. This cluster can lead people toward a path of social isolation, deconditioning, malnutrition.

An isolated model of medicine in which each symptom is treated individually through pharmacology has proven ineffective and dangerous. Anxiety is not isolated to the realm of mental health. Physical trauma is not isolated to the realm of physical medicine. Mental, physical, and emotional health are indivisible. For the field of medicine to advance health care providers and patients alike must seek correlations between environment, lifestyle, and mindset to build resilience and restore health.

Integrative medicine builds connections across disciplines without segregation of titles. Physicians, psychologists, social workers, and all health care providers can not do this work alone. Patients must be willing to take an active role in their healing and basic human needs must be met for medicine to advance. The programs provided by health care must address the complexity of health.

This lecture will outline the key determinants of health including the issues of environmental health, education, economic sustainability, and distribution of power. The elements of physical, psychological, and physiological resilience will be addressed with presentation of relevant research and clinical practice. In addition to ideology practical clinical tools will be provided to advance patient care.

Ms Jane Millar, Nurse Educator, NSLHD

Ms Suzanne Glover, CNS2, Northern Sydney Local Health District

ENHANCING THE POSITIVE WORKPLACE CULTURE WITHIN MENTAL HEALTH DRUG & ALCOHOL FOR NEW GRADUATE NURSES: THE ADVANTAGES OF NURTURING YOUR YOUTH - TRANSITION TO SPECIALTY PRACTICE PROGRAM FOR REGISTERED NURSES INTO NORTHERN SYDNEY LOCAL HEALTH DISTRICT, MENTAL HEALTH DRUG AND ALCOHOL SERVICES

Purpose
The program provides a supportive educational framework to facilitate the transition of Registered Nurses [RNs] into Northern Sydney Local Health District (NSLHD), Mental Health Drug and Alcohol (MHDA) services, therefore strengthening recruitment and retention.

Background
Research demonstrates attraction and retention of RNs into MHDA has decreased since the introduction of a comprehensive model of nurse education. The Transition to Speciality Practice Program (TSSP) run by NSLHD MHDA positively impacts on job satisfaction, burn out, horizontal violence, recruitment and retention.

Intervention
Education Blocks
The program offers nine days of face to face teaching, underpinned by a commitment to evidence based research. The teaching aims to provide a forum for critical reflection.

Clinical Rotations
In conjunction with the theoretical teaching, the RNs rotate through a diverse range of clinical areas in MHDA, including community settings, Child and Youth, and Drug and Alcohol Services.

Inpatient and Community Rotation Workforce Guidelines
In recognition that newly graduated RNs require a supportive and safe structure in clinical areas in order to deliver optimal patient care; Workforce Guidelines were developed,
in consultation with key stakeholders.

Clinical Nurse Specialist 2 [CNCS 2] Community The CNCS2 provides mentorship to RNs transitioning into community mental health settings, and works with key stakeholders, providing support and opportunities for critical reflection.

To further support, a Community Rotation Education Support Plan was developed to provide self-directed learning opportunities.

Preceptorship Preceptorship is also provided, at point of care, to support staff transition into the clinical environment.

Results The multi modal design of this program supports the provision of education and clinical experience to help RN attain proficiency, knowledge and practice.

In 2015, 23 RNs rotated through the program and 18 secured permanent employment. Evaluation was positive with RNs citing the supportive framework, experiential learning, diversity of clinical settings, and connection as beneficial factors.

Further Developments The program will also be open to Enrolled Nurses and Allied Health. A Pilot Program is being delivered to provide mentorship to preceptors. The aim of this is enhancement of positive attitudinal change towards transitioning staff and facilitation of positive workplace culture.

Mr David Nancarrow, Counsellor, OZHelp Tasmania

WORKING WITH PEOPLE WHO HAVE ATTEMPTED SUICIDE, SELF-HARMED AND POOR MENTAL HEALTH

Core Value Therapy (CVT) David Nancarrow 2007

In the course of counselling I observed many people describe their experience with mental ill-health as negative thoughts or emotions and physical feelings which they cannot control and often produced behaviours such as thoughts of suicide, anxiety, self-harm, stress and depression. Many clients struggled to link the tangible reasons that they may have triggered their own responses. Negative consequences are often blamed on; how people treat them, their upbringing, and their own perceptions of themselves. To encourage a deeper self-reflection for clients I have found discovering their core value as a major point in their mental health recovery. The core value is the main driving force that interprets life around them and is often the cause of emotions distress, anxiety, depression, anger and self-harm. More fully the core value explains the ‘why’ the behaviour has occurred. However this is not easily seen by the client as it is often hidden from them. Discovering the core value it is not simply satisfied by having a list of values that a client can chose from. The core value is unique, it must be unique for them to fully understand what has negatively affect their own mental health. The core value once discovered is often seen as the problem, however it is meant to be their gift to themselves and others. This understanding can radically change their responses to the world around them. CVT increases client’s self-awareness, emotional understanding and how to repair and improve their own mental health.

Mrs Heather Nowak, Carer Support Worker/Peer Specialist, Carer Wellness Centre

FAMILY CENTRED CARE - A COMMUNITY APPROACH

The Carer Wellness Centre is located in the beautiful leafy Adelaide Hills and supports Carers across all domains. In 2013 funding through the SA Mental Health enabled a designated mental health support worker to be employed to support those Carers living with a person experiencing mental illness.

What followed was the development of a unique mental health support model that evolved by specifically listening to, and responding to Carer needs.

Through the use of lived experience, Carers roles were validated and trust and hope began to grow.

Relationships between Carers and the person they care for were strengthened as customised wellness and crisis plans were developed through family consultation.

Strong community partnerships and networking took place to build services that are responsive and tailored to individual needs.

Retreats, support groups, individual counselling, education and community supports have seen Carers flourish.

With early intervention through a joined up community approach we have families accepting and living with mental illness together, working as a team towards recovery.

Conference delegates will hear how needs were identified and a model developed that is family centred, recovery orientated and community driven. A low cost model that joins up clinical and non-clinical services to provide holistic mental health care and support, that is timely and individually tailored.

Dr Lyn O’Grady, National Project Manager, Strategic Development, Australian Psychological Society

KIDS MATTER: A STRENGTHS-BASED APPROACH TO PROMOTING THE MENTAL HEALTH OF CHILDREN

Background KidsMatter is a national mental health promotion, prevention and early intervention initiative for primary schools and early childhood education and care (ECEC) services. Funded by the Australian Government Department of Health and beyondblue, KidsMatter was developed in collaboration with beyondblue, the Australian Psychological Society, Principals Australia Institute and Early Childhood Australia. Experiences during the early years have lifelong effects on children’s achievement, social development and mental and physical health.

Research tells us that mentally healthy children learn better, have stronger relationships and are better prepared for meeting life challenges. KidsMatter implements strategies across four key areas: a positive environment; social and emotional learning; working with parents and carers, and early intervention for children’s mental health problems. Bringing mental health, education and early childhood expertise together at national, state and local levels, the KidsMatter framework is underpinned by a socio-ecological approach that emphasises the impacts that families, schools, early childhood services and communities can have on achieving positive outcomes for children’s mental health. KidsMatter draws on partnerships and collaborative relationships to support the development of a range of resources relevant to the KidsMatter framework. The KidsMatter resources to support Aboriginal children’s social and emotional wellbeing is an example of how collaborative relationships can achieve informed and relevant resources for KidsMatter audiences. Aim/learning outcomes Participants will gain an understanding of the promotion, prevention and early intervention model that KidsMatter provides. They will also be able to gain insight into how they may engage with KidsMatter and disseminate its resources available on the website. An overview of the KidsMatter framework will be provided along with a discussion of a case study for supporting Aboriginal children within the flexibility of the KidsMatter framework.

Mrs Deb O’Kane, Lecturer/Academic, Flinders University

GUIDING CULTURALLY SAFE COMMUNICATION IN MENTAL HEALTH ASSESSMENT

Background: 27% of Australia’s population come from migrant and refugee backgrounds and 2.5% are Indigenous. Health professionals are required to assess mental health problems and communicate effectively with people from different cultures.
Ms Sharon Pech, Assistant Director, National Centre for Aboriginal and Torres Strait Islander Statistics, Australian Bureau of Statistics

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE WITH A MENTAL HEALTH CONDITION

The ABS’ 2014-15 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) provides information on the socio-economic circumstances of Aboriginal and Torres Strait Islander people aged 15 years and over. In this survey, information about people with a mental health condition has been included for the first time.

In the NATSISS, 29% of Aboriginal and Torres Strait Islander people said they had been told by a doctor or nurse that they had a mental health condition, that is: depression; anxiety; behavioural or emotional problems; and/or harmful use of, or dependence on drugs or alcohol. The majority of them (23% of all Aboriginal and Torres Strait Islander people) also reported having one or more other long-term health conditions.

This presentation will paint a picture of the outcomes for Aboriginal and Torres Strait Islander people with a mental health condition compared to those with other long-term health conditions and no long-term health conditions.

SESSION ABSTRACTS

Miss Sara Mitchell, Final Year Student Law & Psychology, Griffith University
Mr Robert Mitchell, PhD Candidate, School of Advertising Marketing and Public Relations, Queensland University of Technology

The Risks and Pleasures of Social Media

In many ways, Mental Health has championed the move to technology, such that web-resources and Tele-Psychiatry are main stays of practice. And as consumers increasingly turn to the internet for health care advice, health professionals increasingly turn to Social Media as a means to engage with clients both in groups and as individuals. But are there risks?

‘Recently, we had a real life situation where a follower of one of our Facebook pages threatened suicide on the page, writes Carol Vassar at Hartford HealthCare (Connecticut).’

How would this be managed in the Australian setting and what regulations are placed on all clinicians through the Australian Health Practitioner Regulation Agency?

Are there differences in the pattern of connectivity within social media and how can clinicians best use this knowledge to enhance their practice?

Join Dr Sue Page, rural GP, and Sara Mitchell, final year student in law and Psychological Sciences as they take a generational perspective to the interplay of clinicians and the law regarding social media. Learn about the different expectations for health professionals and how clinicians can remain comfortable with the types of encounters they may have online.

Ms Nicola Palfrey, Director, Australian Child & Adolescent Trauma, Loss & Grief Network

MOVING FROM TRAUMA INFORMED TO TRAUMA SENSITIVE: WHAT DO TEACHERS NEED TO IMPLEMENT TRAUMA INFORMED PRACTICES

In 2015, the Australian Child & Adolescent Trauma, Loss & Grief Network (ACATLGN) implemented a trauma sensitive schools project in the ACT across four schools. This project, TRUST (Trauma Understanding and Sensitive Teaching) in Schools, involved training 171 school staff, including teachers, psychologists, school executive and administration staff to engage in a school wide trauma sensitive approach.

This training was followed up with ongoing professional learning, coaching and mentoring and work with the executive to embed trauma sensitive practices. The aim of the project was to move from staff being trauma informed to engaging in trauma informed practices both at a classroom level and at a whole of school level.

This layered approach within schools led to changes in practices at a classroom and school level but there were several important lessons learnt throughout the project about what teachers and schools need in order to implement change. This paper discusses the layered approach that was taken in the TRUST in Schools project; the changes seen within schools; and what was needed to bring about change at different levels. The factors discussed will include relationship development with schools, resources, and the use of coaching and mentoring to build motivation and skills and also address personal factors for teachers.

Some of the associations between mental health and other characteristics that will be explored include:

• Overall Life Satisfaction
• Health status and risk factors
• Employment, household income and education
• Family and community connections
• Crime and safety
• Mobility and housing permanence

The topics covered in the NATISS provide a lens through which the complexity of Aboriginal and Torres Strait Islander identity, health and wellbeing can be understood and communicated.
SESSION ABSTRACTS

Ms Carol Purtell, Clinic Director, The MindSpot Clinic

THE MINDSPOT CLINIC: USING TECHNOLOGY TO INCREASE ACCESS TO CARE FOR ADULTS WITH ANXIETY OR DEPRESSION

Background
Three million Australian adults each year experience clinical levels of anxiety or depressive disorders, but fewer than half access traditional mental health services. Barriers to treatment include the reluctance of individuals to discuss their symptoms with health professionals, stigma, and preference to self manage.

Objective
The MindSpot Clinic is an online mental health service that aims to increase access for Australians to evidenced based assessment and treatment services for adults with anxiety or depression. This presentation will report on MindSpot’s results, key learnings and challenges in our first three years of service.

Results
MindSpot has now provided services to more than 45,000 Australians. Of those opting for online treatment, more than 70% complete MindSpot online treatment courses, and overall, symptoms reduce on average by 50%, with improvements sustained at follow-up. These improvements are seen across people with a broad range of characteristics including younger and older adults, rural and metropolitan consumers, and those with mild to severe symptoms. More than 95% of consumers report they would recommend the service to a friend. Lessons learned in developing and operating the Clinic will be discussed.

Conclusions
The MindSpot Clinic is an innovative virtual clinic which is successfully using technology to provide accessible, clinically effective assessment and treatment services which are acceptable to consumers. However, MindSpot is not a panacea, and is not suitable for all consumers. Our belief is that such e-mental health services need to work closely with existing mental health services to try to provide a seamless experience of care for consumers.

Ms Jodie Rasmussen, PIR Project Officer, Murray PHN

THE DEVELOPMENT, IMPLEMENTATION AND PROMOTION OF AN ORGANISATIONAL CHARTER TO STOP MENTAL ILLNESS STIGMA

Background
As a Project Officer for Loddon Mallee Murray Partners in Recovery at Murray PHN, Ms Rasmussen developed this concept. The Stop Mental Illness Stigma Charter focuses on taking action against stigma by offering organizations the opportunity to adopt the Charter. The Charter is a series of commitments that encompass key recognized approaches to addressing stigma:

- We will be informed
- We will listen
- We will be mindful of our language
- We will be inclusive
- We will challenge the stereotypes
- We will be supportive
- We will promote recovery

The Charter is supported by documents that provide further information on mental illness, understanding stigma and how to implement the Charter.

The Charter has two purposes:
- To encourage improvements in organizational approaches to employment that ensure employment for all people who have an experience of mental illness.
- To encourage improvements in organizational approaches to clients & carers who have an experience of mental illness.

On signing the Charter, organizations display the pledge certificate, posters and associated documents in locations that include visible, public places within the organization. This visible display demonstrates to employees, clients and carers that the organization is committed to providing an environment that does not stigmatise mental illness.

This presents a platform for conversation, and for raising concerns regarding stigmatisation, should it occur.

Adopting the Charter requires that discussions take place within signatory organizations regarding mental illness stigma, thus promoting an organizational culture that supports Recovery.

Prof Richard Reed, Head, Discipline of General Practice, Flinders University

PRIMARY MENTAL HEALTH UPDATE: 2016

Primary mental health is the sector of mental health that involves diagnosing and treating people with mental ill-health, putting in place strategies to prevent mental disorders and ensuring that primary healthcare workers are able to apply key psychosocial and behavioral science skills.

Primary mental health also includes the provision of coordination of health and social services as well as interventions to improve physical health for people with severe mental health problems. This vital sector is being seen as an increasing important component of the mental health sector overall.

This presentation will highlight some of the latest issues and controversies in primary mental health including a discussion of stepped versus stratified primary mental health services, whether there is overprescribing by GPs of anti-depressant drugs, the provision of high quality physical health clinical services, a ‘shared care’ update and what constitutes appropriate care coordination in the setting of a primary care medical home.

Ms Jacqueline Reid, Manager Student Services, Catholic Education WA

MENTAL HEALTH AND WELL-BEING OF STUDENTS – WHOSE JOB IS IT ANYWAYS?

The Student Engagement, Mental Health and Wellbeing in WA Catholic Schools Audit (the SEMHW Audit) was conducted in response to formal and informal feedback from schools about the impact of students with mental health issues in schools.

The SEMHW Audit was considered an important way of receiving feedback from schools about the current needs of these students and the role of schools in supporting their mental health and well-being.

The intention of the SEMHW Audit was to share information collected across the system which would then be used to inform service delivery in the area of student engagement and associated mental health and well-being. The audit was conducted in November 2014 and 166 Catholic schools (97%) across the state completed the survey.

It was anticipated that the SEMHW Audit would provide information that would assist with:
- identifying the impact and needs of students with mental health concerns in schools
- promoting understanding of the roles and responsibilities of schools, CEWA support teams and the Catholic Education Office in supporting students with mental health concerns
- understanding how to build the capacity of Catholic schools to meet the needs of these students;
- examining the relationship between mental health and its impact on behaviour and learning;
- understanding the current issues and what support/resources/guidance are needed by schools to support students and staff; and
- identifying good practice already in schools to support students with mental health issues.

The Presentation will cover:
- Background information on data trends on mental health in WA and WA Catholic schools
- Present feedback from the audit – what schools reported
- Examine recommendations - what schools say they need and what schools and the system need to do
- How the recommendations will be achieved via a system response

Acknowledgements:
WA Ombudsman’s Report on the ‘Investigation into ways that State Government departments and authorities can prevent or reduce suicide by young people’ Commissioner for Children and Young People, 2011. ‘Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia’, Western Australia.


References:
‘Student Mental Health and Wellbeing in WA Catholic Schools’ (2015)

Ms Pamela Rutledge, CEO, RichmondPRA

RichmondPRA aims to provide recovery orientated supports and resources to find pathways that best suit an individual’s situation. We work to identify goals and priorities and focus on individual strengths and skills to lead the recovery process. RichmondPRA does this by using the Recovery Action Framework (RAF). The RAF provides a detailed public commitment of actions taken by the organisation and staff to support people with lived experience on their personal recovery journeys.

The co-development of the RAF ensures the organisation provides clear guidance to staff about how to demonstrate
Recovery in Action in their day-to-day interactions. The aim is to provide high quality support assisting people on their recovery journey and to stay well, which can lead to avoiding unnecessary demand on community mental health and hospital admissions. Our Aboriginal Support Workers and Peer workers have taken the RAI into their communities and informed us it is helping families and their communities heal and grow.

Inspired by the Influencer Model of Change in addition to 8 Organisational Accountabilities, the framework details three vital behaviours that all staff use. These behaviours are high leverage actions that if routinely enacted produces the results we want, namely, people accessing our services say we are a recovery oriented service.

This presentation will discuss the three vital behaviours identified by people who access RichmondPRA’s services and staff, which if consistently implemented will lead to people accessing our services strongly agreeing that ‘RichmondPRA assists me to work towards my recovery and goals’. The three vital behaviours are:

Encourage each other to use strengths based language
Hold Recovery conversations
Engage in reflective practice

The importance of the co-development of the Recovery Action Framework, RAAD road shows and annual assessments of the use of vital behaviours will be explored to show how valuable this is in enhancing recovery and guiding change in communities.

**Associate Professor Lena Sanci, Deputy Head / Associate Professor, University of Melbourne**

**The Link Randomised Controlled Trial: Can a Dedicated Online Help-Seeking Service Improve Access to Mental Health Care?**

**Introduction:** One in four young people experience mental disorders, yet only 35% seek help. Readiness for, and access to care are substantial barriers. Innovative online services are rarely evaluated yet have the potential to increase access to resources using familiar media with potential to overcome barriers. Our online service, Link, was developed using participatory design and based on the Theory of Planned Behaviour. Link directs young people to appropriate resources based upon type and severity of issue, and preferred service types. 

**Aim:** To investigate the effect of Link on young people’s affect, quality of life and barriers to help-seeking compared to usual help-seeking strategies.

**Methods:** This Australian-wide RCT, stratified by gender and levels of distress, involved 412, 18-25-year-olds randomised to either Link (intervention) or usual help-seeking strategies (control). Baseline, immediate post-intervention, 1-month and 3-month surveys, including the Positive and Negative Affect Schedule (PANAS), Adolescent Quality of Life scale (AQOL), the Barriers to Adolescent Help-seeking - Brief scale (BASH), the K10 and the Stages of Change Questionnaire (SOCD), were administered online.

**Results:** The mean negative PANAS for the intervention was significantly lower at 1 month (M=0.7, 95% CI=1.0-2.4, p=0.04) and at 3 months (M=0.9, 95% CI=0.7-2.8, p=0.24) compared to the control. At 3 months, AQOL was significantly higher (M=0.06, 95% CI=0.02-0.10, p=0.006) for the intervention compared to the control. There were no differences in positive affect, SCQ, K10 or BASH between groups. No harms were detected.

**Conclusions:** Dedicated online services directing young people to appropriate services have the potential to decrease negative affect and improve quality of life. Link may also be useful for clinicians consulting with young people to facilitate access to specialist mental health services. Based on these promising results, this intervention has been released to the public as ReachOut NextStep with further evaluation planned.

**Dr Marisa Schlichterhorst, Research Fellow, University of Melbourne**

**Dr Kylie King, Research Fellow, Center for Mental Health**

**Prof Jane Pirkis, Director, Center for Mental Health**

**Evaluation of Media Campaign Materials That Aim to Motivate Men to Rethink Masculinity and Mental Health**

It is known that while the uptake rate of mental health services is much lower for men compared to women. Men’s underutilization of mental health service has often been linked to being in direct conflict with the culture of masculinity. In western cultures men’s socialization can be observed still today as promoting display of strength (physical and emotional), avoiding showing weaknesses, vulnerabilities and emotions.

In this context men will abstain from seeking help from others and instead prefer solving problems on their own and are at risk of missing out on potentially benefitting therapy. With effective treatment being available for men, the importance for further research into ways of increasing utilization rates in men is obvious. One challenge and potential solution lies in successfully marketing mental health services to men.

Few studies have so far addressed the question of how best to describe and promote services to different types of men. To address these shortcomings the University of Melbourne has been funded by the Movember Foundation to evaluate a national TV documentary and social media campaign which seeks to explore the effects of stoic masculinity on male mental health and encourage seeking support in males.

As part of this evaluation a suite of media materials and content stories have been developed to help driving the campaign and engaging with men before, during and after the screening of the documentary series. The focus of this presentation is to present the methodology and preliminary findings, of the evaluation of campaign materials and messages and actions derived from it.

**Ms Miriana Scott, Maor Cultural and Clinical Liaison, Counties Manukau District Health Board**

**The Challenge of Where the Currents Converge and Finding a Balance**

The presentation explores the dilemma and tension between responding to the core business of a mental health setting while striving for the state of oranga as an indigenous understanding of the holistic sense of self.

Te Moana Nui a Kiwa is the largest ocean in the World and indigenous peoples traversing its currents using the waves and night sky to guide their waka. There was always tension but it was managed by the relationship between person and nature, skill and knowingness, waka and sea. The perception of tension is in itself a precursor to balance and both are integral to a person’s sense of self.

For indigenous families and practitioners in Aotearoa New Zealand the sense of self is often embodied in context, perception and practice and the origin of these can shape and often determine how tension is managed and balance achieved. This is where the ability to ride the wave and guiding change becomes the most crucial in working towards oranga.

The presentation examines the premise in relation to two examples designing a therapeutic intervention from an indigenous perspective and acknowledging spheres of influence both as indigenous families who access a service and as indigenous practitioners working within a mainstream mental health service.

Through the examples the presentation demonstrates how guiding the change manages tension to achieve balance and the influence of these on oranga and a holistic sense of self. Guiding the change is therefore implicit in how the currents are managed by both whānau and practitioner, service and service delivery, funding and policy but more importantly the recognition and respect of indigenous knowledge along side conventional perceptions of health and wellbeing.

**Ms Antonella Segre, CEO, ConnectGroups Support Groups Association WA Inc**

**The “Dream It Forward” Program, a Specialised Response to Addressing Mental Health and Wellbeing**

ConnectGroups Support Groups WA Inc., in partnership with the Mental Health Commission, launched, in 2014, Dream It Forward (DFI), a small grants pilot program addressing the social and emotional wellbeing of Aboriginal and Torres Strait Islander people, families, and their communities.

The Dream It Forward (DFI) program facilitated the delivery of local solutions based on the needs identified by the community for the community. It is an innovative program and a specialised response addressing the mental health and wellbeing of Aboriginal people and their communities.

The Dream It Forward small grants program has a grassroots approach, and empowers community ideas, participation and co-production simultaneously to strengthen, sustain, or add value to projects that positively impact the social, emotional, and cultural wellbeing of Aboriginal people, families and communities in Western Australia. Projects employ cultural understanding into the design and delivery of activities.

Each of the fourteen awarded projects in the pilot year, focused on building hope and recovery, promoted community leadership, community connectedness, and community awareness around good mental health. Dream It Forward is now in its second year.

This pilot demonstrated that mainstream constructs are not the only approach to identifying and delivering mental health supports. Dream It Forward has been successful in demonstrating that grassroots programs can reinforce or complement mainstream services.

The presentation will highlight the positive, holistic, and
community-wide social and emotional wellbeing outcomes achieved by Dream It Forward by sharing case studies that demonstrate:
- How a small but innovative and co-produced holistic mental health service provision is both a balanced investment and achievable.
- How a small program focused on facilitating the delivery of local solutions identified by the community for the community can be a model for reinforcing or complementing mainstream services.
- How a small program empowering community leadership and connections back to community and each other is an effective mental health prevention and recovery tool.

Participants will receive a booklet - Stories from the DIF program.

**Miss Katherine Sewell, Occupational Therapist grade 2, Austin Health**

**THE USE OF SENSORY MODULATION IN THE NEUROPSYCHIATRIC POPULATION**

Sensory modulation is a relatively new intervention in the field of mental health, neurological disorders and acquired brain injury, particularly in the community setting. Sensory modulation tools and strategies are often utilised to reduce agitation or anxiety, or arouse an individual. The Community Brain Disorders Program Assessment and Treatment Service (CBDATS), part of the Brain Disorders Program at Austin Health is a state wide service working with clients who experience severe cognitive and psychotropic disability and often associated clinical and systemic complexity. The provision of sensory modulation assessments and trials is a component of our service. The outcomes and recommendations from these assessments are often incorporated in behaviour support plans, clinical care plans and client schedules/routines.

Recently, the clinicians from the Brain Disorders Program (inpatient and community teams) have been interested in the use, benefits and effectiveness of sensory modulation. These clinicians have focused their research on i. gaining a better understanding of the use of sensory modulation with the neuropsychiatric population; ii. optimising occupational performance, functioning and quality of life through sensory modulation interventions; iii. identifying the typology of clients who benefit most from the use of sensory modulation and iv. developing an outcome measure to determine the effectiveness of the use of sensory modulation over time.

**Ms Ketti Sives, Coordinator, Carer Centred Services, Carers NSW**

**E-MENTAL HEALTH: FROM AWARENESS TO INTEGRATION**

The past decade has seen significant growth in the use of information and communication technology to support and improve mental health care in Australia. E-mental health services provide assessment, treatment and support through telephone, mobile phone, computer and online applications. The growing importance of e-mental health is reflected in the government's response to the Mental Health Commission Review and the development of the new Digital Mental Health Gateway. E-mental health will be a critical aspect within a stepped care service delivery model.

**Ms Heidi Sturk, Senior Research Officer, Queensland University of Technology**

**EMBRACING RECOVERY-ORIENTED CARE THROUGH REDESIGN OF ADULT COMMUNITY PROGRAMS**

In 2013, NorthWestern Mental Health, a large Australian public mental health service with a catchment population of 1.3 million, undertook a redesign of all Adult Community Programs to form integrated, recovery-oriented Community Teams. This change was made in response to feedback from consumers, family/carers and staff that there was dissatisfaction with the existing model of care, a perception from both internal and external services that existing structures were siloed and contributed to the potential for fragmented care and a number of workforce issues. In addition, predicted growth in demand and ongoing resource constraints made change necessary to improve flow and continuity of care. The process involved a major reorganisation of clinical teams, operating systems and model of care, involving approximately 2,700 consumers, their family/carers and 450 clinical staff.

The overall aims of the Redesign were to:
- improve the outcome and experience of care of consumers and family/carers;
- provide a consistent recovery-oriented and evidence-based care to consumers and their family/carers; and
- improve workplace satisfaction for staff.

Integration of consumer and family/carer lived experience was integral to the design and implementation of our new Framework for Care, and drives ongoing evaluation and development of the service. Findings of a large-scale evaluation designed to measure the aims of the redesign at baseline and 2-years post-implementation indicated positive changes in relation to the recovery-orientation of our services for consumers, with mixed perceptions amongst family/carers and staff.

This paper outlines the rationale for and approach to the redesign, and the range of mechanisms and approaches in place to enhance the recovery-orientation of our services and for embedding consistent application of evidence-informed care. Key evaluation findings, learnings from the significant change process undertaken to drive culture change, and our ongoing strategies for developing our practice will be presented.
SESSION ABSTRACTS

(PANEL PRESENTATION)

- Ms Michelle Swann, Carer Advisor, NorthWestern Mental Health
- Mrs Annette Mercuri, Carer Consultant, NorthWestern Mental Health
- Ms Lisa Casaceli, Carer Consultant, NorthWestern Mental Health
- Ms Maureen Swinson, Family/Carer Peer Support Worker, NorthWestern Mental Health
- Mrs Jennifer Burger, Carer Consultant, NorthWestern Mental Health

The Carer Lived Experience Workforce at NorthWestern Mental Health: Improving Services for Families and Carers

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

The carer lived experience workforce at NWMH help drive awareness and cultural change in relation to area mental health services partnering with families and carers in the treatment and care of people who have mental health challenges.

Families and carers also have their own support needs and our carer lived experience workforce assist families/carers to have these needs met.

This panel will advise how in each of their distinct area mental health services they contribute to the improvement of support for carers engaged with NWMH. They will also share their understanding of the importance of mental health carers and their vision for how clinical mental health services can better include and utilise the expertise of families and carers.

Mrs Kelly Tapley, Insights & Impact Manager, SuperFriend - Mental Health Promotion Foundation

A National Snapshot of Workplace Mental Health and Wellbeing in Australia; Guiding Change Using Desired-State Planning

In 2015, Safe Work Australia identified that the typical compensation payment per claim is $23,600 for work-related mental disorders and the typical time off work is 14.8 weeks. It is incumbent upon workplaces to build a culture that proves psychologically safe workplace. SuperFriend (national mental health foundation) undertook a needs analysis designed to generate guidance around workplace mental health and wellbeing in Australia.

Through a fluid methodology involving extensive stakeholder consultation and a knowledge and resources review, the project involved a process of mapping the desired state i.e. what success looks like in a workplace with optimal mental health and wellbeing. Desired state planning is a core discipline within change management, providing a proven mechanism for assisting the change process, and helping facilitate the shift from current state to desired state, which can be applied to the challenge of achieving optimal mental health in the workplace.

The project identified 38 desired state indicators within prevention, intervention, and more specific health intervention. These indicators SuperFriend identified what success looks like, and how to measure progress towards the desired state at a national and individual organisational level. Utilising the desired state indicators, SuperFriend conducted its first annual Work in Progress workplace mental health and wellbeing survey in 2015, and has recently completed the second.

The reports contain snapshots of findings from the first two surveys. More than 1000 business owners, managers, and non-managers from small medium and large organisations across multiple sectors and locations in Australia were surveyed.

This presentation will provide the 38 indicators, insights into the future to successfully increase communities utilised by organisations to consider when determining priorities for change (i.e. guiding the change) and how their results compare to the national benchmark.

Attendees will receive a copy of the book, downloadable at www.superfriend.com.au

Miss Stephanie Vasilou, Program Manager, batyr Australia Limited

The Role Stories Play in Guiding Positive Change in Stigma Reduction for Young People

Stigma is a leading factor that deters young people from speaking about lived experiences with mental illness and from seeking help. This presentation will focus on three case studies demonstrating how sharing personal stories of mental illness in a safe and effective way reduces stigma and guides meaningful change for individuals and communities. The case studies will display quantitative and qualitative findings from batyr’s programs, including the impacts of batyr’s ‘Being Herd’ speaker training workshop where platforms are given to speakers to share their experiences at structured school and university programs and in their communities.

Case study one will demonstrate the impact of hearing a lived experience on a listener through seeking help while experiencing suicide ideation. Case study two will display the reduction in self-stigma and the personal impacts of sharing on a storyteller. The third case study will outline how sharing from the perspective of a carer and being touched by suicide led to community change in a rural area, batyr’s most recent findings will be highlighted, where 70% of the 12,827 students surveyed in 2015 indicated they would be more likely to seek help if attending batyr’s programs where speaker’s share their stories. Implications will be drawn from the case studies and how they connect to the 200 speakers trained through batyr to demonstrate how giving a voice to lived experiences through a safe and supportive way can guide change around stigma reduction and help seeking of young Australians.

Mr Paul Ventalaro, Chair, Toowoomba Suicide Prevention Network

Suicide Prevention from a Community Development Perspective: A Toowoomba Case Study

In April 2015, Paul established the TSPN with the purpose of developing community resilience, reduce the rate of suicide, and make a positive collective impact. Through the utilisation of participatory democracy, giving equal value to services and those with lived experiences, the TSPN has been able to successfully increase community resilience around suicide. Paul designed the Network to be inclusive and diverse, bring together people with lived experiences of suicidal ideation and representatives from 26 organisations, which include Carer’s QLD, Aboriginal services, GLD police, QLD Health, drug and alcohol services, Lifeline, USQ, The Primary Health Network, LGBTI groups, youth services, homelessness services and others. In total there are 34 Network members who actively participate in projects and 38 affiliates, including CEOs and council members, who receive monthly updates such as minutes and training opportunities.

This presentation will synthesise the five megatrends identified in the report, as well as present the findings from a number of other current evidence reviews and surveys undertaken by VicHealth.

Finally, VicHealth will present the major components of its new Mental Wellbeing Strategy as an example of how to address these future challenges in innovative ways.

Mrs Juliane Whyte, CEO, Amaranth Foundation

Living the Last 400 Days: Our Moral Imperative to Treat MH in the Dying - Inspite of the Stigma

Sadness, social withdrawal, depression, loss of hope, if a younger person experiences any of these feelings, the health care system has well established processes and services to treat them. Why then do we accept this as normal and ‘to be expected’ for those facing the last 400 days of living? Why does the system hesitate to label these vulnerable people with a mental illness tag?

Our research shows mental illness in the terminally ill is underdiagnosed and undertreated - it’s a ‘Treatment Gap’. While research shows the mental wellbeing of palliative patients significantly impacts their quality of life while dying, we’re still not good at doing it.

SESSION ABSTRACTS
SESSION ABSTRACTS

Prof Anne Williams, Professor of Health Research, Murdoch University

Dr Nigel Williams, Lecturer, Counselling, Murdoch University

PARENTING A CHILD WITH AD/HD: A LIVED EXPERIENCE

Dr Nigel Williams, Lecturer, Counselling, Murdoch University

Can nurses be taught to protect their well-being in challenging workplace environments?

Nurses have a central role in the day-to-day healing of patients in healthcare organisations. However, there is current concern for nurses’ well-being and the negative impact this could have on the quality of patient care delivered. Healthcare environments are complex, challenging and busy environments in which nurses are frequently challenged to deliver care that is safe and effective.

Although nursing is regarded as a caring profession, working within such environments can take a toll both physically and emotionally. Evidence suggests that the experience of compassion fatigue and burnout in nurses is increasing. The ramifications of this are a rise in rates of absenteeism and turnover, as well as public alarm and criticism regarding emotional deficits in patient care.

Wellbeing is a complex phenomenon with multiple dimensions and influences. Over the past 20 years, our understanding about the factors contributing to and maintaining wellbeing has increased, with significant contributions from psychologists such as Martin Seligman and Barbara Fredrickson. This knowledge could be used to teach nurses how to increase their resilience and protect their wellbeing in challenging workplace environments.

But what do we teach, how and when?

This paper describes an action research study being conducted in Perth Western Australia, which is developing a wellbeing educational program for nurses. Cancer nurses from two acute care hospitals have been the initial focus of this study. A recent survey of these cancer nurses (n=71) found high levels of stress and lower levels of resilience than the general population; confirming the need for a wellbeing education program.

A review of the literature together with information gathered from consultation with 32 practising cancer nurses is being used to construct the program. The main elements of this educational program will be described, together with plans for implementation and evaluation.

Mr Aaron Williams, CEO, Mindstar

MINDSTAR - AN M-HEALTH SOCIAL ENTERPRISE PROVIDING INNOVATIVE MOBILE APPS AND WEB-BASED VIDEO-CALLS

Efforts to increase engagement in mental health services require strategies aimed at addressing help-seeking fears. The current level of poor engagement with mental health services suggests that professional help-seeking services need to be taken to the population and help needs to be made as easy to access (Rickwood, Deane, Wilson & Ciarrochi, 2005). The literature suggests that implementation of technology is an obvious solution to this issue (NSW Government, 2014).

However, uptake of online mental health interventions are still at a very early stage and work needs to be done to change the attitudes and practice of mental health clinicians to enable them to engage with new technologies (Rickwood, 2012). Mindstar has addressed this issue in an innovative way by building a secure e-health online platform aimed at engaging not only service users, but also a wide range of mental health professionals. Mindstar supports mental health professionals to develop their own online clinical private practice and/or provide online video-based clinical supervision to their peers.

Mindstar provides innovative mobile app and web solutions that provide clients with the freedom to search, choose and securely video-chat with their choice of mental health professionals from across the country - all at the time of the client’s choice, via their mobile phone, tablet or PC. Mindstar successfully overcomes multiple barriers for service providers (including issues with regional, rural and remote service delivery) and travel, transport and accessibility barriers for clients.

Mindstar was developed as a result of the University of Queensland PhD research of Mindstar founder and CEO, Aaron Williams. The social enterprise was commercialised with the support of Uniqquest and the Queensland Government and via ongoing collaborative research with the University of the Sunshine Coast (USC). Mindstar was also recently selected as the recipient of the highly coveted Australian Commonwealth Government Innovation and Commercialisation grant as recognition of the innovative work that Mindstar is doing in the m-health space.

Mindstar’s corporate partners include the National Rugby League (NRL), the resources sector, finance sector, government and the NGO sector. Mindstar currently has a diverse range of over 50 mental health professionals from across Australia providing services on the Mindstar
platform, with specialities ranging from DV, mindfulness, parenting, CALD clients, substance use, through to clinical supervision and organisational psychologists.

Mindstar’s mission is to provide choice, convenience and flexibility to mental health service providers and their clients. Mindstar is breaking down the traditional barriers to mental health service delivery.

Mr Philip Williams, Operation and Performance Manager hYEP Southport, Lives Lived Well

Ms Suzi Morris, Operations and Performance Manager headspace Southport, Lives Lived Well

Mr Brian O’Niell, Senior Fellow in Mental Health, University of Wollongong

HEADSPACE SOUTHPORT: A STEPPED CARE MODEL FOR YOUTH MENTAL HEALTH IN THE PRIMARY CARE SETTING

The Australian National Mental Health Commissions review of programmes and services in 2014 highlighted the often fragmented and patch worked nature of mental health services (National Mental Health Commission, 2014). In response to this report the Australian government has commenced a paradigm shift in funding models which seeks to ensure services are funded and commissioned at a regional level based on regional needs (Commonwealth of Australia, 2015). Central to this push is to improve the efficiency of mental health funding by building in systems to support a stepped care approach to mental health treatment.

The headspace Youth Early Psychosis Program (hYEPP) Southport is part of a national program providing evidence-based tertiary treatments for young people at risk of or experiencing a psychotic disorder within the primary care setting of a headspace centre. This program is a paradigm shift in mental health care that provides a full continuum of services from promotion to tertiary care. It is a unique platform that allows service provision to be matched to the needs of the young person on referral and allows resources to be flexibly adjusted to meet the needs of the region.

This presentation explores the role of headspace Southport as a demonstration site of a health care service that fits with the aims of the federal government’s reform process to improve the integration of mental health services, allowing for a stepped care approach and responsive to the regional needs of the local community.

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* The degree of commitment by BCA National to provide a flexible and qualitative delivery of education has been quite exceptional. The professionalism of its trainers to engage with our employees who have been away from formal education for some time has been remarkable. As their immediate supervisor, there have been many positive responses to the sessions that they attend.

Kyon Tari, Acting Service Manager, Western Sydney Support Services, Mission Australia

* Source - AQIS Benchmark Report 2016 - see the report at tinyurl.com/BCAReport