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MENTAL HEALTH
CONFERENCE

MENTAL HEALTH AND THE JOURNEY OF LIFE

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KEYNOTE PRESENTER
ABSTRACTS

SORTED A – Z BY SURNAME
In the past decade there has been a large increase in publication of data from long-term epidemiological studies that link specific risk and protective factors to incidence dementia. Increasingly it is recognized that a multi-sectorial and multi-domain approach to dementia prevention is needed. I will present an overview of risk and protective factors for dementia from the domains of mental health, chronic disease and lifestyle, indicating what we know and where there are evidence gaps. Some common biological and social mechanisms will be discussed. Current trials of dementia risk reduction will be reviewed, as well as policy implications of the state of the science in dementia prevention.
Dr Peggy Brown, CEO, National Mental Health Commission

**On the Road to Mental Health Reform – Are We There Yet?**

Dr Peggy Brown, CEO of the National Mental Health Commission (the Commission), will examine the concept ‘are we there yet’ as we travel along the road to significant reform of Australia’s mental health system.

Dr Brown will talk about the Commission’s foundation pieces of work which includes its Contributing Lives, Thriving Communities Report of the National Review of Mental Health Programmes and Services.

In its Contributing Lives Report, 25 recommendations were made to improve Australia’s mental health system – and the Government agreed and adopted most and has begun implementing them. Dr Brown will explain the Report’s key recommendations; what has happened since making them; and what issues continue to be of concern.

Other topics to be discussed by Dr Brown will include:

- Key Priority Areas of the Fifth National Mental Health Plan
- The National Disability and Insurance Scheme

Dr Brown will look into significant reforms currently underway in mental health and suicide prevention, which will shift the mental health architecture. The aim of the reforms are to change the way services are planned and delivered to enable better outcomes for people who need mental health support.
The Role of Moral Disengagement in the Relationship Between Bullying and Underage Drinking

While bullying has been associated with a higher likelihood of drinking alcohol during adolescence, it remains unknown whether all forms of bullying are associated with underage drinking. Further, it is unclear how to reduce the progression from bullying to underage drinking. This study focuses on two forms of bullying, direct (physical or verbal bullying) and indirect bullying (relational and cyber bullying). It also examines whether the relationship between bullying and underage drinking will be moderated by the social cognitive process, moral disengagement. It is anticipated that bullying will only be associated with underage drinking when students justify and excuse their drinking.

Participants were 871 (71% males) Grade 7 (n = 432, Mage = 12.18) and 8 (n = 437, Mage = 13.12) adolescents from six non-government schools in Queensland aged between 11 and 14 years. Only direct bullying was associated with underage drinking. Further, moral disengagement was found to moderate the relationship between direct bullying and underage drinking, with a positive relationship between bullying and drinking existing only when students justified or excused their drinking. The findings of this study have significant benefits for the development of future interventions, indicating that the progression from bullying to underage drinking could potentially be prevented by specifically targeting adolescents who engage in direct forms of bullying (e.g., physical or verbal bullying) and by targeting these students’ justification and excuses for underage drinking.
Dr Tanya Davison, Senior Research Fellow, Institute for Health & Ageing, Australian Catholic University

The Program to Enhance Adjustment to Residential Living (PEARL): A Novel Approach to the Problem of Late-Life Depression

Depression is common in aged care facilities, affecting approximately one third of older adults who can no longer live independently at home. This problem is likely to grow as our population continues to age. Despite the increasing awareness of late-life depression, and efforts made to screen for this disorder, little improvements have been made to the care that is provided to depressed older adults. Aged care residents have poor access to psychological services, with an over-reliance on medical treatment approaches and little specialist input. Alternative approaches are required to respond to this context, yet the medical field has made few advances in how to prevent or manage this common condition. This presentation reviews the evidence available on risk and protective factors for depression in aged care residents, and presents a theoretically-grounded model that incorporates key factors that are likely to be amenable to treatment. Focusing on the most vulnerable subgroup – newly admitted residents – a novel intervention is proposed to reduce the risk of depression during the critical period of transition to aged care. The Program to Enhance Adjustment to Residential Living (PEARL) will be presented, and a protocol to evaluate the efficacy of the intervention outlined. Future strategies to embed this approach into routine care will be discussed.
International Suicide Trends and Prevention

Based on the World Health Organization’s recent estimates more than 800,000 people worldwide take their lives every year. Suicidal behaviour is a global public health problem, nevertheless, there are differences in suicide rates, risk groups and factors between the regions and countries. Suicide trends in different countries and regions are impacted by their social, economic and cultural background. The first Mental Health Action Plan of the WHO includes suicide prevention as a vital component and aims to reduce suicide by 10% by 2020. The aim of the presentation is to compare recent suicide trends worldwide and discuss characteristics and explore potential for prevention.
Ms Sue Pieters-Hawke, Speaker / Advocate / Consultant and Educator, Dementia Possibilities

New Narratives™ in Dementia Challenging Us To ‘Do Dementia Better’

- Preliminary consideration of differences of opinion (despite DSM) of whether dementia and other syndromes/ diseases of neurological impairment are mental health issues. I’m not asserting a strong personal view on this, but worth noting some clear points of commonality and some asserted distinctions.

- Perhaps most importantly, we’re all dealing w stigma

- Human rights, disAbility rights based framework is the leading edge thinking in dementia land. It has arisen from, is advocated and led by people who themselves are living with a diagnosis of dementia.

- Support for a rights-based framework and for Self- advocacy and agency of people with dementia means working towards reframing a lot of what we do and how we do it

- So there are many implications – starting with onboarding people with dementia in everything in the sector. Starting to respect and model ‘nothing about us without us’ and create transitions towards rights – based practice.

- If we were to take one particular construct that must be reframed, we could start with BPSDs
Mr Shaun Robinson, CEO, Mental Health Foundation New Zealand

Mental Health in a Social and Cultural Context: A Public Health Perspective on Mental Health and Wellbeing

Public health aims to prevent illness and injury and improve the health of populations. It addresses environmental and social determinants of health, and promotes healthy lifestyles and supportive policies. By its nature this includes cultural and social dimensions to health. A holistic understanding of mental health and wellbeing illuminates the connections to the social and cultural. A wellbeing perspective aligns closely to indigenous models of health such as Dr M Durie’s Te Whare Tapa Whā. Set alongside evidence about: the impacts of socio economics, the inherently social context of stigma, the cluster behaviour associated with suicide and the evidence around effective behaviour-based means to improve wellbeing, there is a strong case for significant public health responses to mental distress and wellbeing. This paper canvases these concepts and presents New Zealand examples of promising public health action that sit alongside clinical responses.
Delivering Virtual Mental Health: Outcomes, Lessons, and Challenges

Around the developed world, mental health services are increasingly delivered via telephone or electronically. These “virtual” mental health services (VMHS) aim to increase access for people who would otherwise be unwilling or unable to access traditional services.

This talk begins by describing services and outcomes of the MindSpot Clinic, an Australian national VMHS. MindSpot launched in 2013, and has now provided services to more than 75,000 adults with anxiety and depression.

This talk describes the people who use MindSpot, where they come from, the reasons they use MindSpot, and their outcomes. Examples will be provided about how MindSpot is increasing access to care, and how it is integrating with traditional services. However, it will also be argued that MindSpot and other VMHS are not a panacea, are not suitable for all consumers, and should not replace existing services.

This talk will also describe lessons and challenges relating to this emerging field. It will argue that, for their potential to be realised, VMHS should be governed by the same principles and expectations of safety, clinical effectiveness, and acceptability to consumers, as traditional mental health services.
ORAL PRESENTER ABSTRACTS
Mrs Yamam Abuzinadah, Mental Health Educator and PhD Candidate, RMIT University

The Impact of E-Mental Health Services on Saudi Women Well-Being: An Example of Australian E-Mental Health

Background: e-Mental health has the potentials to improve barriers to traditional mental health treatment. These barriers include stigma, location, financial as well as barriers in regards to seeking help. This study aims to look closely into these barriers and potential solutions, specifically for the women in Saudi Arabia. Recently, the use of e-mental health services has proven to be an effective method to improve is barriers to mental health treatment. However, this study addresses the application and suitably of e-mental health programs for Saudi Arabia mental health services to benefit women. To do so, a case study of Australian e-mental health services was selected to assist with the investigations. This study will explore the use of e-mental health by Saudi women, and highlighting some barriers to using mental health service available mostly in hospitals, such as: the ban on driving, the lack of public transport, the availability of female mental health workers and the awareness about mental illness and recovery. Also, exploring the use of e-mental health in consideration of culture and other social factors.

Methods: This study was conducted as a document review for the purpose of understanding the current Australian literature on e-mental health and it relevance to applying the knowledge in Saudi Arabia.

Conclusion: Mental health service provider in Saudi Arabia maybe limited in access resources, due many factor such as: insufficient training, limited resources, gender role, local availability, and ease of access current mental health services is facing many berries and e-mental health is a good intervention to overcome many of these barriers.
Second Stage Development of an Early Screening Tool for Detection of Vulnerability to Developing Schizophrenia or Related Conditions

Neuro-dynamic theory of schizophrenia accounts for the non-psychotic trait abnormalities that are characteristic of the mental health issue. These abnormalities are enduring traits present before, during and after a psychotic episode and may become manifest in teenage years. Hence, there is a potential to use these traits to identify risk at this stage for the purpose of intervening early with education, resources and support to guide at-risk individuals to utilise their potential strengths, and assist with the inevitable challenges that such a mental health issue may bring. The traits are enduring and not dependent on prodromal symptoms but on everyday activities, enabling earlier detection. Qualitative and quantitative analyses of responses of 600 individuals identified 13 items that were able to predict whether an individual would fall into the schizophrenia or non-schizophrenia group to 85% accuracy, with no mention of 'psychotic symptoms'. This paper describes the development of a potential screening tool for young people that is based on a psychobiological theory backed by empirical evidence. It defines trait abnormalities that can be independently assessed by questionnaire that is easily administered, inexpensive, with innocuous items potentially suited to young people. The 13 items, in combination, accurately predicted schizophrenia to 85% accuracy in the sample with no mention of psychotic symptoms. Stage two of the instrument development is outlined here in a longitudinal study to be carried out with a teenage population.
Ms S. Jade Barclay, Psychotherapist, Catalyst Foundation

**Burnout & Stress Factors in Solo Entrepreneurs: Implications for Private Practice**

Employees and solo entrepreneurs experience their work differently and, as such, experience burnout very differently.

Burnout can be devastating to individuals and organisations, and is often not recognised until it has already caused physical, mental and financial damage. The majority of academic research into burnout has studied employees who work closely with people in helping professions, such as nurses or teachers. As more and more people have the opportunity or obligation to work for themselves in recent years, the lack of entrepreneur-specific research in the literature implies that employee burnout is to be treated the same as solo entrepreneur burnout. However, this MBA research investigates the unique experience of burnout and fatigue among solo entrepreneurs, and identifies insights and themes different from those of burnt-out employees, and points to practical prevention and management strategies. As many mental health practitioners are also solo entrepreneurs in private practice, this research has particular relevance to improve outcomes for both our entrepreneurial clients as well as our own self-care.

Participants will be able to:

- Describe the difference between employee burnout and entrepreneurial burnout.
- Identify three categories of burnout symptoms common in solo entrepreneurs.
- Discuss personal strategies for burnout reduction or prevention.
Suicide Prevention for People from Culturally and Linguistically Diverse Backgrounds

Suicide prevention strategies for people from culturally and linguistically diverse backgrounds are important as suicide rates tend to be higher amongst first generation migrants coming from countries where suicide rates are high. Transitioning to a new country and cultural differences can create stressors and lead to loss of status in many life areas (e.g. financial, employment, social). Even for those from culturally diverse backgrounds who have resided in Australia for some time, Australian concepts of mental health and suicide may be unfamiliar. Language and other barriers such as stigma may prevent people from accessing resources and services that may assist in times of crisis.

This paper is based upon a Queensland Mental Health Commission project 'Suicide prevention training and resources for people from culturally and linguistically diverse backgrounds'. It reports on key themes emerging from extensive consultations across Queensland on the topic of suicide prevention for people from CALD communities. There were 137 participants involved in face to face and online focus groups, face to face and telephone interviews and an online survey. Key themes included: stigma and taboo surrounding mental health/suicide prevention and access to services; community development/social inclusion strategies versus ‘online’ resources; the development of culturally appropriate resources and responsive services; the need for gendered resources and consideration of the links between suicide prevention and domestic violence; training for mainstream health professionals and frontline workers; access to interpreters; and priority population groups for suicide prevention resources. Policy options arising from this project are discussed.
Evidence-Based Guidelines to Support Safe, Accurate and Effective Communication of Suicide Self-Harm and Mental Illness in Social Media

The Hunter Institute of Mental Health's Mindframe National Media Initiative has developed social media guidelines for Australian media and communication practitioners to support safe, accurate and effective communication of suicide, self-harm and mental illness.

Through continued evaluation of the Mindframe education and training implemented throughout the media sectors, media stories that focus on suicide and mental illness have improved considerably since the introduction of the Mindframe guidelines over 18 years ago. Offering a wide range of support to all facets of the media industry from individual journalists to entire production teams, Mindframe has ensured that media professionals are equipped with evidence-based information to assist in safety portraying suicide and mental illness, normalise help seeking behaviour and therefore help minimise stigma for vulnerable community members.

Mindframe’s social media guidelines are an extension of the highly successful Mindframe media guidelines with specific social media targeted best-practice principles. Moderation of online forums, safe and effective engagement and duty of care for individual users/practitioners are included in these evidence-based guidelines. A focus on responsible, effective online suicide prevention and mental health promotion is the overarching goal in the creation and implementation of this much needed industry resource.

The Mindframe social media guidelines have been informed by a national reference group of industry leaders from the media, university, mental health and suicide prevention sectors with the inclusion of members of the community who have lived experience of suicide. This group also included representatives from high risk groups identified by the National Suicide Prevention Strategy (i.e. Aboriginal and Torres Strait Islander, Culturally and Linguistically Diverse, and Lesbian, Gay, Bisexual, Transgender and Intersex populations). This presentation will discuss the development, dissemination and practical application of the Mindframe social media guidelines and the benefits of implementing evidence-based guidelines into an increasingly vulnerable section of the media.
Mrs Melinda Benson, Project Lead Suicide Prevention, The Hunter Institute of Mental Health

Life in Mind: A Coordinated National Approach to Connecting Australian's Suicide Prevention Sector

Suicide prevention requires coordinated and combined efforts from all levels of government, health, education and community.

In 2015, of 40 countries surveyed, Australia had the second highest rate of internet access globally, with around 93% of our population classed as 'internet users'. Aside from digital communication such as email, the most popular internet activity for Australians is accessing research and information. The web is an ideal medium for hosting health information for consumers and professionals. An online approach to the sharing of information, research and professional development tools in suicide prevention has been recommended as a complement to the growing interest in web-based intervention strategies.

Life in Mind aims to provide an online portal for the Australian suicide prevention sector to access current, evidence-based information that supports communities and individuals to respond to suicidal behaviour and its impacts. Funded under the Australian Government Department of Health’s National Suicide Prevention Leadership and Support Programme, the Hunter Institute of Mental Health will lead the development, implementation and evaluation of the project, in consultation with key Australian suicide prevention agencies, organisations, experts and those with lived experience.

This presentation will outline some of the key strategies for Life in Mind, with an emphasis on: building mechanisms for national leadership on communications around suicide and suicide prevention; building knowledge, capabilities and connections within the suicide prevention sector through the development of the online portal; supporting consistent, safe and effective messaging across the sector; and operationalisation of the National Mental Health and Suicide Prevention Communications Charter.
Parental Mental Health Literacy and Sources of Mental Health Information

One significant barrier to children getting the help they need for behavioral, emotional, and other mental health problems is parents either not understanding enough about child mental health or having attitudes against seeking appropriate treatment. Taken together, knowledge and attitudes about mental health and its treatment is called mental health literacy. This study aimed to evaluate the relationship between beliefs about child mental health, sources of child mental health information, and parental mental health literacy. A sample of 149 parents of at least one child aged 4-18 were given self-report and performance-based measures of child mental health literacy, including being asked specific knowledge and attitude questions about vignettes of children with mental health problems. Additionally, they were asked about their attitudes toward sources of information about child mental health and where they get information. Results showed that those who rated doctors and mental health professionals as the most reliable source of information about child mental health actually had higher child mental health literacy than those who rated any other source as most reliable. Additionally, those parents who reported getting information about child mental health from the internet had higher mental health literacy than those who did not. Implications are discussed.
Miss Madeline Bridgland, Music Therapist, Queensland Health

Staff Perceptions on The Role of Music Therapy Within Inpatient Mental Health

Music therapy is an effective form of treatment for people with mental illness, highlighted in the growing evidence base supporting the increased presence of the role within inpatient psychiatric settings (McCaffrey et al., 2011). Despite this, the discipline is still not yet in the mainstream of public awareness or widely understood by health professionals throughout Australia (Register, 2013). This study aimed to contribute an insight into the perceptions of interdisciplinary staff members regarding the role of music therapy within an inpatient mental health setting.

This qualitative study was conducted with mental health staff across two large hospitals within the Gold Coast Hospital and Health Service. Staff who had exposure, awareness, or participated in the inpatient music therapy program were eligible for inclusion in this study. Recruitment was employed using convenience sampling from the cohort of interdisciplinary team members across nursing, medical, allied health, consumer/carer, and operational streams.

Data was collected through the use of a written survey, with open questions regarding the role of music therapy; (i) with consumers, (ii) within the multidisciplinary team, (iii) and within mental health/ the hospital inpatient setting. Forty surveys were collected and a thematic analysis using Braun and Clark’s (2006) six-phase approach revealed the results.

Ten main themes across the three areas of focus emerged from data. Staff perceptions of music therapy with consumers revealed that music therapy: 1) promotes therapeutic and clinical outcomes, 2) enhances engagement in treatment and recovery, 3) reduces symptoms, and 4) is non-threatening. Within the multidisciplinary team, staff thought that the music therapist: 5) plays an important role in informing assessment and treatment, 6) can facilitate stronger connections with consumer and treating team, and 7) offers a unique perspective. Finally, when describing their understanding of music therapy within inpatient mental health treatment, three themes were revealed: 8) music therapy is an essential part of treatment in mental health, 9) more music therapy is needed, and 10) the music therapist should be a fixed part of the treating team.
Psychotropic Drug Use in Residential Aged Care Homes

Rachel Brimelow1,2, Judy Wollin Gerard Byrne1,3, Nadeeka Dissanayaka1,3,

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Residential aged care (RAC) has significantly higher use of psychotropic drugs due to the high prevalence of a wide range of psychological and behavioural morbidities. The appropriate use of these psychotropic drugs is a source of continued controversy, due to the increased risk of adverse events and limited evidence of efficacy in this cohort. Pivotal to the improved use of psychotropics within aged care is an understanding of the setting specific reasoning for prescribing. The present study aims to assess the levels of psychotropic prescribing across RAC homes and to determine the common mental health and behavioural symptoms indicated for prescribing. A care plan analysis was performed in 779 residents across twelve RAC homes. We examined the frequency of prescribing psychotropics, and compared prescriptions rates and reasoning between residents with and without dementia.

Results showed that one in two residents (48.1%) were prescribed a psychotropic drug. The primary reasons for prescribing consisted of depression (29.5%), anxiety (12.8%), agitation (6.4%), psychosis (5.3%) and behaviours (3.5%). Residents with dementia were more likely to be prescribed for agitation, psychosis and depression, and thus increased use of antidepressants [OR=1.50, 95% CI=1.08-2.08, p=0.01], and antipsychotics [OR=1.88, 95% CI= 1.23-2.88, p<0.01] were observed. Conversely residents with dementia were also observed to receive less medications to combat sleeping difficulties, with significantly lower benzodiazepine prescribing [OR= 0.63, 95% CI=0.44-0.91, p=0.01]. Over half of all psychotropic prescriptions (54.0%) were potentially inappropriate based on the Beers Criteria.

The findings highlight differences in the mental health needs of residents. Previous interventions conducted to improve the appropriateness of psychotropics in RAC have largely ignored the specific differences in prescribing practices between residents with and without dementia. The reasoning behind psychotropic prescribing and the pathways that lead to medical intervention are poorly understood and require further evaluation.
Mrs Debbie Childs, CEO, HelpingMinds

The Importance of Engaging

There is much research which clearly demonstrates that engaging and involving carers has a positive influence on the physical, mental and psychosocial outcomes for consumers. What has been lacking has been a clear nationally consistent practical guidance for working with and supporting carers, in private, public and non government services.

The 'Practical Guide for Working with Carers of People with a Mental Illness' has been published. This guide has been developed as part of a national project funded by HelpingMinds and MIND Australia.

This guide provides 6 partnership standards to ensure that services can implement carer aware services and how to measure their level of engagement with carers and families.

It is the start of ongoing national commitments to provide usable steps and examples for embedding best practice of carer engagement in all service provision and will assist providers in meeting their obligations under the National Standards for Mental Health Services, Standard 7 Carers.

New pathways to care will be achieved by utilising this guide. Service providers will be able to ensure they are engaging with carers as part of their day to day practice ensuring better outcomes for the consumer and the carer.

Learning Objectives:

1. The underpinning principle is that carers are equal partners in care and how to develop carer engagement in your service provision to better provide actual high quality service outcomes.

2. The main aim of this Guide is to provide practical guidance in working with carers, using a partnership approach, in a meaningful, mutually beneficial way.
Miss Amy Clark, Team Leader, Wesley Young Healthy Minds Service

Co-Author(s):

Miss Zyleaca Kennedy, School Student, Newcastle High School

Creating A Possum Cloak; Connecting to Culture And Each Other

Winter through to spring 2016, 13 girls, Wesley Young Healthy Minds and a First Nation's woman and artist built a possum cloak together. The current guardian of the cloak and a representative would like an opportunity to share the learning's that came from country, culture and each other.

Recent research has confirmed a positive and direct correlation between better mental health outcomes for First Nations students who have connection to their culture, their school community and their wider social system. Hence a partnership was born between Young Healthy Minds Service and a local First Nation artist, Cherie Johnson who has helped and guided us to bring the possum cloaks alive for the young Aboriginal and Torres Strait Islander peoples from a local Newcastle High School.

We would like the opportunity to present the cloak, outcomes from the process, from both workers and students, alongside one of the First Nations students who participated in the group and who is the current guardian of the cloak.

We hope to share what we believe is a powerful tool towards protecting young First Nations peoples mental health.
Mr Tony Clarkson, Head, Professional Development Centre, Victorian Responsible Gambling Foundation

Gambling Harm & Mental Health: Innovative Online Self Help

With the low incidence of help-seeking in those experiencing gambling related harm there is a clear need for new self help and treatment interventions.

Coupled with the rise in online and sports betting, particularly in males under the age of 39, new technology can be viewed as also being part of the solution.

Research suggests demonstrable efficacy in both brief interventions and those utilising mobile and digital methods of delivery.

The Victorian Responsible Gambling Foundation commissioned research on the co-morbidities of gambling and mental health and a project on the use of cognitive behavioural therapy and motivational interviewing in an online self help intervention.

Based on the completed clinical trial the foundation is currently developing the work into a cutting edge digital intervention, free at the point of access, offering another alternative self help tool.

This presentation will provide information on co-morbidities of gambling and mental health, background on the need for the online tool, outline the anticipated audience and describe the development of the online modules.

This will be of particular interest to those working with clients experiencing gambling related harm with mental health issues and treatment providers seeking new ways to reach clients.
The Implementation of Dialectical Behaviour Therapy (DBT) For Young People Presenting with Borderline Personality Disorder

We developed and implemented an accredited DBT program and DBT primer group in a youth mental health service in order to evaluate the effectiveness of this intervention in reducing borderline personality symptoms and depression, anxiety and stress symptoms and increasing emotional regulation skills in an adolescent/young adult population in Australia.

The study was carried out at two headspace centres in South East Queensland. The participants at the metropolitan centre were aged 14-23 (n = 10) and at the regional centre were aged 14-24 (n = 9), and either had a diagnosis of BPD or demonstrated emerging borderline traits. Participants for the DBT Group were selected by severity of symptomology and appropriate group fit. Those who were not presenting with severe borderline traits were given the option of attending a 6 week DBT primer group, focussed on distress tolerance and emotional regulation skills (without concurrent individual therapy). The DBT program participants completed an assessment, 3 pre-commitment sessions, and then attended 10 weekly individual DBT therapy sessions, 10 concurrent weekly group therapy sessions, and had 24 hour phone coaching available to them. The therapists and group facilitators attended a weekly consultation group to ensure model fidelity. We conducted paired-sample t-tests to compare pre-, mid-, and post-intervention quantitative data (self-report measures) to assess change. We also examined qualitative outcomes from weekly diary cards completed by participants.

Results indicate that there was both significant and reliable change in several of the outcomes.

Both the DBT program and DBT primer group were effective in reducing symptoms and increasing emotional regulation skills. This indicates the importance of further studies being conducted to evaluate DBT as a comprehensive early intervention for emerging Borderline traits in adolescent and young adult populations.
Managing Aggressive Behaviour: The Effect of a Strengths Based Therapeutic Model Combined with Strengths Based Coaching in A Complex Needs Clinical Setting

Background: It is well documented that strengths based approaches, and most prominently the good lives model are creating positive outcomes for people in forensic settings (Ward, 2004). This case study looks at the effect of implementing the good lives model in conjunction with strengths based reflection and support process for staff in a complex needs clinical setting for a person with a mild intellectual disability, multiple mental health diagnosis, and high risk violent behaviour. The current model is a 3:1 staffing ratio with multiple restricted practices. Strengths based coaching for staff was completed via the organisations reflection and support process. The case study will look at the outcomes for both the staff and the person that is supported. Method: Case study: N=1. Quantitative and Qualitative data was collected over a 6-month period. The quantitative data included rate and type of client incident. Qualitative data included thematic analysis of reflection and support sessions with 5 key staff. Results: Total incidents decreased from 122 in the month of December to 18 in the month of May. This occurred in conjunction with an increase in positive engagement from 29 in December to 65 in May. The key themes that came out of the qualitative data were that both the client and staff felt safe and supported. Conclusion: The positive outcomes gained for the client by the use of the GLM as a model combined with the strengths based reflection and support are clearly demonstrated by the data collected.
Ms Suzanne Davies, Clinical Psychologist, Royal Far West

Delivery of a CBT Anxiety Program Via Videoconferencing to Primary-School Aged Children in Rural Communities: A Pilot Study

Introduction

To report on the feasibility and preliminary efficacy of delivering a CBT program for childhood anxiety disorders via videoconferencing into rural schools.

Method

An adaptation of the Cool Kids Child and Adolescent Anxiety Management Program was delivered by clinical psychologists over 10 weekly sessions with children via interactive videoconferencing at their school. This was supplemented with 4 parent phone calls during the treatment program. Sixteen children aged 9 - 12 years with a principal diagnosis of an anxiety disorder, and their mothers participated in the study. Program outcomes were assessed using clinician-rated diagnostic status and child and parent reported symptoms and interference.

Results

Remission of primary anxiety disorders according to combined parent and child reports resulted for 62.5% of children. The percentage of children no longer meeting diagnostic criteria for any anxiety disorder post-treatment was 31.25%. Based on both parent and child reports, significant improvements resulted for child anxiety symptoms, functional impairment of symptoms, depressive symptoms and overall childhood difficulties post-treatment.

Discussion

Therapist-delivery of the Cool Kids Program via videoconferencing could be a feasible and effective way of providing children and their families in rural communities with increased access to evidence-based, anxiety treatments delivered by skilled clinicians.
Mr Robert Dovey, Director, Gamilyf

How You Can Utilize Technology and Gamification to Revolutionize Your Practice

Gamilyf uses an innovative method called 'Gamification', or integrating elements play psychology, developmental psychology, game design and technology into a real-life wellbeing system. This presentation will focus on the merits of implementing a gamified, technological solution into mental health and how combining game design and technology with established, modern psychology can yield impressive results for clients.

This includes how this technology can accurately measure outcomes using an analytics system, how Gamilyf and technology allows us to scale our support to dramatically increase the efficiency and reach of care, and how to better engage clients using relevant technology and media.

We will also be sharing our results and dramatic successes from our first year working in government schools including Fairhills High School. In this school, we quadrupled the capacity of the wellbeing department without adding any more staff, dramatically increased positive outcomes and provided a catchment system for vulnerable young people.

Our analytics system also showed an average of 15% increase in positive outcomes for users of the Gamilyf app, as well as individual outcomes by up to 80%. This included lower anxiety, higher self-confidence, better mindfulness, improved relationships and empathy, all from one web app.

We will also be offering general advice and tips on how to structure your own practice using game design philosophy. This will include a short introduction to game design so we can show you why and how video games have become so popular to so many people.

The technology revolution is estimated to automate up to 40% of jobs by 2030. It is important that our industry and its professionals do not get left behind. Gamilyf is the pathway to a technology based future, where professionals work with technology to provide enhanced, thorough and evidence based therapy.
The Challenge of Managing Mental Illness in The Workforce: The Employer’s Perspective

The increasing prevalence of mental health issues presenting in the workplace constitutes a complex challenge for Australian employers, despite increased focus on measures such as flexible working arrangements, Wellness Programs, extended leave schemes and other innovative initiatives to address mental health, productivity, absenteeism and wellbeing in the workplace.

This session will explore the protections in the workplace relations framework for employees with mental health issues, and examine some of the emerging trends and challenges for employers seeking to navigate optimal outcomes for employees with mental health issues in the workplace.

Employers face unprecedented challenges in navigating a broad range of issues arising from employee conduct (both in the workplace and out of hours) involving drug use, stress and harassment claims, anti-social and abusive behaviour, culture and negative team dynamics, misconduct on work-related travel, misuse of IT equipment, social media and breach of privacy, discrimination and bullying, theft and dishonesty.

There is a discernible trend in the courts being prepared to hold employers to account for their management and oversight of vulnerable employees, even where they have limited information about a possible mental health condition, with significant compensation being awarded to individuals in several recent key cases.

Employers seeking to performance manage or terminate an employee who may have a mental health issue face a range of challenges, including the need to navigate the legislative landscape carefully and develop a strategy around media coverage and potential outcomes including reinstatement, injunctive relief and/or payment of damages.

It is imperative that employers understand the limits and protections imposed by the current workplace relations framework when managing employees who may have a mental health issue. To achieve this, managers, human resources practitioners and the medical condition need to work together collaboratively.
Pilot of Decision-Aid to Improve Young Adults’ Decision-Making About Treatment Options in Bipolar II Disorder

Background/Aims. Young adults (YAs) are at a critical age for developing bipolar II disorder (BPII). However, YAs are often reluctant to commence and adhere to effective BPII treatments, mostly due to inadequate knowledge, less-than-preferred involvement and preference for treatments other than those prescribed, which can worsen their illness course. This pilot study aimed to test the acceptability, feasibility, and safety of a decision-aid (DA) booklet designed for YAs who are deciding on medication and psychological treatment options for BPII relapse prevention.

Methods. The DA was developed according to International Patient Decision-Aid Standards and presents up-to-date, evidence-based, and unbiased information on treatment options. Values clarification exercises assist patients (and their family) to integrate their preferences into treatment decisions. Twenty YAs with BPII (18-30 years) and their family (n=15) are recruited via a specialist outpatient clinical facility, and via relevant mental health agencies. Participants read the DA and complete validated and purpose-designed questionnaires to assess their DA perceptions, knowledge/understanding of treatment options and outcomes, decision-making quality, and anxiety. A follow-up semi-structured telephone interview elicits more in-depth feedback on the DA’s content and format.

Results. In preliminary findings, YAs (n=9) strongly endorse the DA as: easy-to-use (100% agree) and useful in making an informed treatment decision (96%), presenting balanced and trustworthy information that does not provoke anxiety (100%); and would recommend it to others (100%). YAs (n=8) indicated adequate treatment knowledge, low decisional conflict (M=10.24/100) and felt well-prepared to make decisions (M=4.41). Most YAs (n=8) made a treatment decision concordant with the best available clinical evidence. Interview findings further support the DA’s acceptability among YAs. Final findings will be presented.

Conclusion. Findings will inform a Phase II RCT of an online DA to determine the DA’s feasibility within a clinical setting, and its potential efficacy at improving treatment decision-making compared to usual care.
Ms Therese Forbes, Psychologist, CRANApplus Bush Support Services

Investigating the Role of Values-Based Practice in Reducing Incivility and Bullying in Rural and Remote Health Workplace Culture

Workplace bullying, harassment and incivility is increasing in incidence and concern in Australian health workplaces in spite of concerted efforts to address it on a range of organisational levels and professional approaches. The cost of bullying in Australia is estimated as between 6 and 36 billion per year based on a prevalence rate of over 3.5% of the working population over 12 months. The cost to practitioners and the upheaval it causes to the delivery of safe quality health care, to already under serviced and vulnerable populations cannot be underestimated. Many report non-physical hostility such as incivility, sabotage, infighting, scapegoating and criticism. This is unacceptable and destructive.

There is a paucity of research related to remote and geographically isolated health workplaces however many report feelings of disconnection, disengagement and non cooperation as a result. It is estimated that most working the field have either experienced bullying or have witnessed it playing out in their colleagues with little idea of how to respond effectively.

Increasingly research is pointing towards training in 'soft skills' management with the possibility of culturally and locally relevant strategies emerging. Building skills and confidence with values based practice together with the consideration of restorative mediation are good places to begin the work of building capacity in local contexts towards more social just and collaborative workplaces.
Ms Irene Francisco, Clinical Educator, Queensland Centre for Mental Health Learning

Co-Author(s):

Ms Jayde Fuller, Principal Policy and Planning Officer, Queensland Health

Cultural Capability Via Elearning: A State-Wide Approach to Closing the Gap in Mental Health Care

In 2007, the rate of burden of disease and injury in Queensland’s Aboriginal and Torres Strait Islander people was 2.1 times that of the non-Indigenous population. Mental disorders caused more than 30 per cent of the non-fatal burden of disease in Aboriginal and Torres Strait Islander people. Moreover, Aboriginal and Torres Strait Islander Queenslanders experience higher rates of hospitalisation, involuntary assessment and restrictive practices than non-Indigenous Queenslanders. The Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016-2021 highlights that culturally capable mental health services are key in closing these gaps.

Queensland Centre for Mental Health Learning (the Learning Centre) and the Aboriginal and Torres Strait Islander Health Branch collaboratively designed and developed a recovery-focused, trauma-informed eLearning module for non-Indigenous mental health clinicians to better understand cultural needs, values and social and emotional wellbeing. Developed in consultation with Aboriginal and Torres Strait Islander clinicians and content experts, the one-hour eLearning module uses adult learning principles to engage learners; it provides a foundation for culturally capable mental health care and encourages ongoing personal development. The module uses interactive activities and videos to present clinical scenarios, including a 'choose your own adventure' decision-making activity, by which clinicians can develop culturally sensitive approaches to mental health care. This module differs from other culturally-focused eLearning modules in that a strengths-based, recovery-oriented approach is embedded throughout; the diversity among Aboriginal and Torres Strait Islander Queenslanders is recognised through activities which ensure the learner localises their learning; and differences in service delivery across the continuum of mental health care are addressed. The module will be accessible across Queensland and evaluation data is being collected. We present an overview of the development, challenges faced, and content included in this brief eLearning module for improving cultural responsiveness in mental health and contributing to closing the gap.
Ms Irene Francisco, Clinical Educator, Queensland Centre for Mental Health Learning

Co-Author(s):

Mr Ralph Marszalek, Research Development Advisor, Queensland Centre for Mental Health Learning

Reasoning and Rehabilitation for Youths and Adults with Mental Health Problems (R&R2 MHP) Rolling Out a Specialised Forensic Therapy Program

Forensic mental health services often struggle to meet the dual treatment needs of mental illness and criminogenic behaviours. Offending intervention programs delivered in corrective services are usually not suitable for a forensic mental health population, as they ignore the impact of mental illness on cognitive and behavioural functioning.

The Reasoning and Rehabilitation for Youths and Adults with Mental Health Problems (R&R2 MHP) program was developed in Canada and the United Kingdom to meet this need. With well-established empirical support across many countries, the program was identified by the West Moreton Hospital and Health Service as the most appropriate evidence-based program available for improving pro-social behaviours in forensic populations.

Initial training and accreditation of program facilitators and instructors was undertaken, with the aim of establishing a sustainable model to ensure continuity of the program within Queensland Health. The Queensland Centre for Mental Health Learning (the Learning Centre) provided oversight of the accreditation and evaluation processes; and worked collaboratively with clinicians at The Park Centre for Mental Health to deliver the 16-week program to forensic mental health consumers, within medium- and high-secure settings. Pre-, post- and three-month post-evaluations were undertaken for each participant. This presentation will provide an overview of R&R2 MHP program, describe the initial findings of the first program deliveries to consumers, and evaluation of the train-the-trainer model to other forensic mental health clinicians. We will also outline the successes and challenges in rolling out an integrated program with education and clinical services, and the importance of commitment from each service.
Anxiety and Memory Performance in Older Adults: Data from The Women’s Healthy Ageing Project (WHAP)

Background: In older adults, anxiety is twice as prevalent as dementia and major depressive disorder. While there is evidence anxiety leads to brain atrophy in regions involved in memory, the relationship between anxiety and cognitive performance in ageing is unclear. Given the high prevalence of anxiety and dementia in women, this study examined the association between anxiety, cumulative stress and memory performance in a cohort of older women.

Methods: 255 participants (age 67-81 yrs.) from the Women’s Healthy Ageing Project (WHAP) were included. Anxiety was measured through the Hospital Anxiety and Depression Scale (HADS) with a score >7 indicating moderate and >10 indicating severe symptoms of anxiety and depression. Stressors (number and severity) were measured from 1992-2014 using the Hassles Scale. The number of stressors was recorded in 2014 and cumulative stressors were summated from 1992 onward. Verbal episodic memory was measured using the Consortium to Establish a Registry for Alzheimer’s disease (CERAD) and the California Verbal Learning Test (CVLT) immediate and delayed word list recall. A verbal episodic memory composite was calculated via sum of Z-scores for each test. Analyses were evaluated by linear regression, adjusted for age and education.

Results: Individuals with severe anxiety and depressive symptoms (HADS>10; $\beta=-1.82$, CI=$-3.74$-$0.11$, $P=0.06$) and a greater number of stressors ($\beta=-1.43$, CI=$-2.95$-$0.09$, $P=0.04$) had reduced verbal episodic memory performance. While the severity of stressors was not associated with cognition contemporaneously, the severity of cumulative stress (1992-2014) was associated with worse verbal episodic memory ($\beta=-0.94$, CI=$-2.15$-$0.27$, $P=0.08$), albeit non-significant.

Conclusion: Our findings suggest a relationship between anxiety and reduced verbal episodic memory performance in older women. Cumulative severe stress from midlife was also associated with reduced memory performance in late-life. Longitudinal lifespan data is needed to establish the age-window in which treating anxiety symptoms may be protective against cognitive decline in ageing.
Migration and Depression: New Evidence from A Different Context

Purpose: Labor migrants (LMs) make up a sizable proportion of the workforce worldwide. Living apart from their families, often working long hours and in less than optimal work conditions, little is known about the effect of migration on common mental disorders in this population.

Methods: A telephone survey was conducted in February of 2016. A nationally representative sample comprising of 2,520 individuals were divided into three groups based on nationality and income: Qatari nationals, whitecollar migrants (individual earning more than $1,100 per month) and labor migrants (household earnings less than $1,100 per month). Participants were evaluated using the Whooley twoquestion test for depression, the EuroQoL5 Dimension (EQ5D) measure of health status (mobility, selfcare, usual activities, pain/discomfort and anxiety/depression), and the EQ visual analogue scale (EQVAS) adapted for phone administration. Additionally, participants completed an interview about 'life in Qatar'.

Results: Migration status significantly elevated the odds ratio (OR) of depression in both whitecollar and labor migrants. In the labor migrant population having a problem with current employer in the last three months was significantly associated with depression.

Conclusions: Migration may be an important risk factor for depression. This seems to be especially likely in labor migrants. The high levels of psychiatric morbidity in this population require urgent attention to address both specific risk factors and improve access to treatment
Empowering Young People to Make Positive Choices: Evidence-Based Resources for The Prevention of Alcohol and Other Drug Use in Australian Schools

Background: Research suggests the teenage years are when alcohol and other drug use are first initiated. This highlights the importance of engaging with young people early to prevent drug use initiation and associated harms. Schools are an ideal place for these conversations to take place, with the potential for broad-ranging impact and tailoring of messages to suit students' developmental level. Methods: The Positive Choices web portal was developed to meet a need for a centralised resource where teachers, students and their parents can easily access evidence-based drug information and prevention programs. The portal was developed in consultation with drug and alcohol experts, as well as target users (teachers, parents and students). Research literature and drug education websites were systematically reviewed to develop and identify resources (factsheets, games, videos, and curriculum packages) meeting pre-specified inclusion criteria for relevance and quality. An evaluation survey was conducted with 82 teachers to clarify drug education practices and attitudes, and examine use and impact of Positive Choices in the first eight months post-launch of the site. Results: The portal was launched in December 2015, and now has >57,000 users from around the world. Teacher survey responses reflected a strong preference for evidence-based teaching approaches, yet implementation of evidence-based drug prevention programs was not widespread. Teachers who had used the Positive Choices portal were more likely to consider evidence when selecting teaching resources and the majority reported that their students were more engaged and felt more comfortable discussing drug and alcohol since using the portal. Teacher feedback indicated most Positive Choices users found the site useful, and would recommend the site to others. Conclusion: A number of school-based prevention initiatives have proven benefits in terms of increasing student knowledge about drug-related harms and delaying drug use initiation. However, uptake of these programs is low, mainly due to implementation barriers. Our findings suggest that Positive Choices is a useful and innovative response to addressing these barriers that provides a free and easily accessible online database for students, parents and teachers seeking up-to-date information and evidence-based drug education resources.
Ms Merrylord Harb-Azar, Senior Psychologist & 2IC Clinical Programs, South Coast Private

Co-Author(s):

Ms Suzanne Freund, Counsellor and Mental Health Educator, ARAFMI

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South Coast Private Carer Program

After the establishment of South Coast Private in May 2013, it became clear that carers’ needs were not being considered nor was there a formalised process of getting them involved in the treatment and recovery of their loved one. Surveys and hospital feedback from carers indicated that they often described feeling stressed and overwhelmed with their hospital experience.

In June 2015, following consultation with ARAFMI Illawarra and the University of Wollongong, South Coast Private partnered with ARAFMI Illawarra to provide carer support to carers and family members of patients of South Coast Private. This involved ARAFMI carer support workers providing individual, group support and empowerment programs for carers at South Coast Private.

Since the commencement of the program, South Coast Private has seen significant changes in how carers respond to their loved one’s recovery and their satisfaction with the treatment planning.

The program has been set up to be monitored and evaluated with both quality and quantity measures. We have identified both patient and organisational benefits since the commencement of the program. South Coast Private has been awarded 13 met with merits for partnering with carers and consumers by the National Safety and Quality Health Service Standards since the implementation of the project.
Dr Rosamund Harrington, Lecturer Occupational Therapy, Australian Catholic University

Co-Author(s):

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**Improving Pathways to Employment for Indigenous Clients**

Involvement in meaningful activity produces positive mental health outcomes, and is considered a key element in the recovery process for those with a mental health condition. However, many people with mental health conditions experience difficulties obtaining and retaining employment. Employment and income are also important social determinants of health and can make a significant impact on health outcomes. This is particularly salient for Indigenous Australians who have statistically lower employment rates than other Australians due to many factors including lower levels of education and training, discrimination and higher levels of chronic disease. Increasing access to employment for Indigenous people with mental health conditions can reduce financial strain on health care systems, improve quality of life and self-esteem, and is crucial in promoting positive psychological and social health and wellbeing. Pre-employment assessment and customised training, and access to ongoing mentoring and support though involvement of disability employment services can help to improve employment opportunities and job retention rates. However, Indigenous Australians are not well represented in these services for a variety of reasons. This presentation will detail the findings of an exploratory study aimed at improving pathways to employment for Indigenous clients who experience mental health issues. Methods included a review of the literature on improving employment outcomes for people with mental health conditions, and consultations with a range of key stakeholders working with indigenous clients with mental health conditions including health, disability employment and social care providers. Features of employment agencies working effectively with Indigenous clients with mental health issues, and recommended strategies for improving employment outcomes for Indigenous clients will be presented.
Ms Jacinta Hawgood, Senior Lecturer/Clinical Psychologist, Australian Institute for Suicide Research and Prevention, Griffith University

**STARS (Screening Tool for Assessing Risk of Suicide): Clinician Perceptions of Useability and The Importance of a Client Centered Approach**

**Background**

STARS was developed in recognition of the need for a renewed approach to assessing suicidality, based on client-centred, needs based psycho-social assessment, as opposed to traditional clinician oriented or medical based approaches. STARS protocol emphasises the contextual, situational, relational and psychological experiences associated with the suicidal status, and its unique and changing state over time. Clinician probes facilitate exploration of suicidal status and reduce clinician anxiety that often accompanies suicide risk assessment enquiries. STARS reflects client verbatim reports of the severity or priority of indicators of suicidality, to guide a collaborative response to addressing issues most important to the client; as opposed to provision of a global risk rating or categorical classification. Finally, the tool provides for documentation of client reported areas of needs and suicidal state, as well as commensurate actions proposed including safety planning.

**Aim**

This study examines clinician perceptions of application of the STARS protocol. Specifically we ask about perspectives on what is effective (or not) in uncovering suicidal status using STARS regarding administration, item construction and process.

**Method:** Australian clinicians who administered the STARS protocol in 2016-2017, engaged in an online survey consisting of quantitative and qualitative items, assessing socio-demographics and perceptions of use of the STARS protocol.

**Results**

Significant differences between clinician reports on responses variables (STARS key features and processes) on key grouping variables, including formal and informal training, and other variables will be presented.

**Conclusions**

Recommendations are made for STARS protocol improvements (protocol formatting, and administration processes, and clinician utilisation) and STARS adaptation (to young and older populations). Plans for current and future testing of STARS and contextualisation for specific vulnerable populations will be discussed.
"It Was Just Kind of Like Somewhat Empowering": Establishing A Discovery College in A Youth-Focused Clinical Service

Traditionally mental health services have been dominated by a medical model which pathologises individuals and views mental health through the lens of disease. In recognition that this story is limited, creates a power imbalance between 'patient' and therapist and focuses on a deficit approach, South east Melbourne headspace Youth Early Psychosis program (YEPP) has implemented a service-wide shift towards a more strongly Recovery oriented approach. This changed approach is exemplified by the establishment of a Discovery College at headspace YEPP, a co-produced educational opportunity for young people, staff, family and friends, based on international best practice in Recovery Colleges, but adapted to have a youth focus.

Discovery College uses an educational rather than therapeutic framework. It recognises that there are many different perspectives and ways of knowing ourselves. It offers students the opportunity to: learn more about mental health and its treatment options; develop fresh insights; learn new skills; connect with peers, and gain a sense of hope. In addition, all courses are co-produced and co-received, meaning that staff, young people, family members and friends learn together in a shared environment, where power imbalances are removed or minimised and expertise is recognised in whatever way it may have been acquired.

This paper reports on the findings of the evaluation of Discovery College conducted in 2016-17, investigating the establishment and development of Discovery College from its earliest inception to its current suite of ten fully-developed courses as well as eight more under development. I will detail the findings of qualitative research with staff involved in the establishment of Discovery College, to unpack some of the barriers and enablers to establishing a Discovery College within a clinical service, as well as some of the findings of research with young people who participate in the College to demonstrate the effectiveness of the model.
Opportunistic Integration of Mental and Physical Health Care

The case for integrating physical and mental health care is compelling. However, its translation into practice, both locally and internationally, is beset by health system siloes, service gaps, care coordination governance, agreement on what constitutes ‘value’ and cultural difference between professional groups (Naylor et al, 2016). The focus of health care is shifting from hospital to primary and community based care. Integration of multi-faceted and multi-sectoral care has become the catchcry of recent health reforms. Notwithstanding this intent, examples of successful integrated models that have been operationalised in Australian are uncommon (Bywood et al, 2015).

This paper presents an innovative model of care that leverages existing chronic disease management (CDM) programs with co-location of a new low intensity cognitive behaviour therapy (CBT) intervention in the private sector, MindStepâ“¢, to successfully integrate physical and mental health care.

A scan of recent literature was conducted to inform the design a CDM services with MindStepâ“¢. Specifically, issues at the macro, meso and micro levels were explored and addressed, in consultation with stakeholders including funders, users and providers. The model was refined iteratively using qualitative and quantitative methods to evaluate the acceptance and clinical outcomes of care.

Remedy launched MindStepâ“¢ early in 2016 and has since enrolled more than 800 people from across Australia. Clinical outcomes will be presented, including re-admission and recovery rates, as defined by clinically significant symptom reduction (assessed by PHQ-9 (<9) and/or GAD-7 (<7)). A separate cohort referred from Remedy CDM programs (COPD, heart failure, multi-morbidity, CHD and diabetes) will be separately analysed and presented to assess the extent to which this model has achieved desired outcomes through the integration of mental and physical care. Additionally, the presentation will outline the estimated costs savings and down stream benefits of this successful integrated mental and physical health intervention.
Ms Nicole Hughes, Principal Advisor, Leadership and Culture, Workplace Health and Safety Qld

Creating A Mentally Healthy and Safe Workplace

Having a mentally healthy and safe workplace makes good business sense. Workplace Health and Safety Queensland (WHSQ) aims to build capacity within workplaces to identify and manage work-related psychosocial hazards and promote and lead safe and healthy workplaces. This presentation focuses on the range of resources and tools available to assist workplaces. We will structure this presentation around a practical and evidence-based model that describes the characteristics of a mentally healthy workplace and how leadership can influence psychological as well as physical safety. The model has four core components: promotion of psychological health and safety, prevention of psychological and physical harm, early intervention and supporting recovery from psychological illness or injury. In the presentation we will outline a range of resources and tools available to workplaces for example the People at Work survey, the Safety Leadership Toolkit, and the Mentally Healthy Workplaces Toolkit. Through attendance at this presentation, participants will gain an understanding of the importance of mentally healthy workplaces, how WHSQ can support businesses to create mentally healthy workplaces and preview some of the resources that are freely available.
Ms Susan Hunt, Senior Social Worker / PhD Candidate, Metro South Health / The University of Queensland

Participation Through the Lens of Public Sector Mental Health Managers

Mental health participation is about the rights of consumers to participate in their own treatment; the rights of carers to be included in the care and treatment of consumers; and, for consumers and carers to participate in service planning, delivery and evaluation. The literature on participation concentrates either on the meaning of participation and policy implementation challenges or, the experiences of consumers and carers. Consumers and carers are often critical of tokenistic attempts at participation and Australian governments are critical of slow or poor implementation of participation policy. Mental health managers responsible for implementing participation policy are positioned between serving governments who represent community, partnering with consumers and carers and reporting on their policy implementation performance. A review of the literature identifies that the perspectives of public sector mental health managers responsible for implementing participation policy is missing.

Qualitative research was recently conducted to close this research gap. The aim of the study was to increase understanding of mental health managers responsible for implementing participation policy. A ‘practice, knowledge, attitudes’ framework was adopted to gain this understanding. The research design included interview questions that drew upon the theories and concepts of citizenship, participation and recovery. Twenty-three mental health managers across nine Queensland Hospital and Health Services participated in one-hour interviews. Medical, allied health and nursing disciplines were represented. Early data analysis identifies that public sector mental health managers are committed to participation despite challenges in policy implementation. Overall, there was consensus that the benefits of participation outweigh the costs. This research indicates a need to increase carer participation, address the issue of professional versus lived experience expertise and understand more about the power dynamics of consumer and carer participation.
Can Telehealth Improve Outcomes for Patients: Development of Cyber Clinic an Innovative Virtual Web-Conferencing App to Address Mental Health Issues

With advances in technology and the emerging use of Tele-health in the health profession there are many positive implications for mental health professionals. This topic will provide some basic knowledge on the changing landscape of Mobile and Tele-health and in combination with the popularisation of smartphones how this can be used to provide treatments for hard to access populations (i.e. rural and remote areas, aged care, itinerant workers) and engagement with early adopters such as young people. It will discuss the development of a purpose built software platform 'Cyber Clinic' that is designed to revolutionise access to mental health services and its implications for other health services.

'Cyber Clinic' is an innovative app designed to conveniently and cost-effectively connect individuals with mental health professionals through a virtual video-conferencing system. The secure software platform will integrate into most common management systems, meaning appointment scheduling, payment and Medicare rebates will be made easy for both patients and practitioners. The implications for practice will be discussed.
Lessons from Implementing Client Information Management Systems in A Mental Health Program

This presentation will discuss the theory and practice underlying the successful implementation of a Client Information Management System in the Partners in Recovery program for people with severe and complex mental illness in the Nepean Blue Mountains Primary Health Network region. In this case study, an existing Information System (IS) that was poorly implemented was revived, with implications for Critical Success Factors (CSFs).

CSFs are considered to be the ingredients to success in implementation and dominate the IS literature. However, guidance on implementing CSFs is difficult to find, especially in a Mental Health setting. Berg (2001) argues that IS implementation needs to incorporate an exploratory aspect, and strive for a compromise between the IS, primary work processes (e.g. patient care activities) and secondary work processes (e.g. management and support).

‘Design-reality gaps’ are proposed by Heeks (2006) as another reason behind IS implementation failure. These gaps include information, technology, processes, objectives and values, staffing and skills, management systems and structure, and other resources. Heeks asserts that by being aware of these gaps and addressing them, certain barriers can be overcome. Adopting Berg’s (2001) framework for implementation and Heeks (2006) ‘design-reality gaps’ an IS system was implemented in the Nepean Blue Mountains PHN.
Mental Health in Mental Health: The Impact of Clinician's Mental Illness in Service Delivery and Its Implications for Managing a Mental Health Service

Mental health services across Australia are embracing the Federal Government’s recovery models of care and implementing additional supports for those with a diagnosed mental health issue, providing a more structured way of professional practice. However, if the mental health professionals themselves have a diagnosed mental health issue, their unique issues are less known. If mental health professionals with a mental health issue are a part of the workforce caring for people with a mental health issue, then who is caring for them? Do they receive support? What support do they need or do they receive? How do they cope, how do they manage?

Exploratory research that sets out to begin to address some of these questions has recently been undertaken, providing an initial short opportunity for mental health clinicians to inform research about the impact having a mental illness has on their work. The target group of social workers working in mental health was identified and participants were encouraged to complete an anonymous online survey, answering a mix of quantitative and qualitative responses. The results of this research established outcomes that added new knowledge to the issues. Broad findings of type of mental health diagnosis, including the surprising finding that almost one quarter of participants have a serious mental health diagnosis were extracted.

The resounding outcome of this research raised many more questions than it answered. It identified large gaps in existing literature and overwhelmingly established the need for further targeted research in this area. With a lack of research in this area, those that work in mental health and have a mental health diagnosis are likely to find their unique issues and needs ignored or poorly addressed by managers who have limited policies and procedures to support their employees and staff.
An abundance of research supports the delivery of mental health treatments via technology platforms. Clients can use technology with little or no therapist contact (e.g., self-help websites), as an adjunct to standard treatment (e.g., SMS reminders), through to completing sessions from geographically distant locations utilising technology (e.g., videoconferencing). Long-standing and recent innovations have provided clinician’s with opportunities to connect with patients between sessions utilising video modeling recordings, telephones, electronic messaging (e.g., email, SMS, online chat) and videoconferencing. While this has begun to increase the accessibility of evidence-based services to all Australians, and especially to those in rural and remote areas, it has come with a number of challenges for organisations and private practitioners. Process variable to be considered in a review of telemental health services include both the patient and clinician's satisfaction, therapeutic alliance formed, treatment adherence, technology literacy, ease of implementation and checks on provider’s adherence to standards of use. Process variables, legal and ethical considerations will be discussed through a case study of Daybreak, a service of the organisation, Hello Sunday Morning. Daybreak is a behaviour change app targeting people looking to change their relationship with alcohol and co-occurring mental health difficulties. Daybreak support's individuals in four ways including, 1) self-reflection through weekly check-in's on alcohol use and mood, 2) peer support through a community feed, 3) suggesting experiments founded in Cognitive Behavioural Therapy and Acceptance and Commitment Therapy techniques, and 4) individual chat-based Health Coaching. Health Coaches partner with members to help them set and reach goals to improve their lives, tailoring support to their needs. Daybreak has been downloaded by over 10,000 individuals since November 2016, and preliminary outcome data will be presented on the demographic profile of members, changes in alcohol use, mood and sleep disturbance.
A/Prof Andrea Lamont-Mills, Associate Professor of Psychology, University of Southern Queensland

Doing Suicidal on The Internet: A Discursive Analysis of Online Suicide Forums

The aim of the current study was to explore how being suicidal is worked up on Australian, online suicide forums. A discursive psychology approach was utilised to explicate how suicide identities were discursively constructed and responded to on the following pro-life Internet suicide forums, Beyondblue, ReachOut, and SANE. Thirty-five threads formed the data corpus and were initially categorised into four genres per the writing style of the initial post. These were narrative, question/request, contemplation, and threat. This study found that the four genres were used in initial posts to work up an individual's suicide identity. That is, people drew upon different discursive strategies to script themselves up as being either a suicidal ideator, actively suicidal, or at the edge of a suicide attempt. Responders, in turn, appeared to be able to differentiate based on the initial post, who was 'suicidal', who was moving 'towards attempt', and who was 'closest to attempt'. This is something that health professionals find difficult to do. Findings from this study may be used to improve our knowledge of how individuals progress from suicidal ideation to attempt, and may provide a beginning prospective view into issues that people who experience suicidal ideational are facing. How responders who are experiencing, or have experienced, suicidal thoughts and behaviours, relate to their peers may help health professionals acquire better ways of identifying, supporting, and working with those who are suicidal.
Mr Adam Lo, Festival Director - Positive Mindset Creative Arts Festival, Metro South Addiction and Mental Health Services

Dance, Music, Drama, Visual and Media Arts: Using the Creative Arts as A Platform to Engage Schools and Students in Mental Health

The Positive Mindset Creative Arts Festival is a competition and exhibition for school-aged students in the Metro South Health region of Queensland, Australia. This early intervention initiative hosted by the Metro South Addiction and Mental Health Services, utilises the creative arts to promote positive mental health and reduce the stigma of mental illness and addiction issues in young people. The inaugural event was started in 2015, where students from primary and secondary schools took part in a friendly competition in drama, visual art and music, encompassing mental health related topics and themes in their work. In 2016, dance and media art categories were added, which allows the categories of the festival to align with the education sector’s five Arts subjects, as identified within The Australian Curriculum: The Arts.

The Festival, essentially an universal/population-based approach to mental health early intervention, aims to promote positive dialogue within the school communities and to enhance mental health literacy, as well as the awareness of support services for young people. Participants are able to discover new ways of self-expression and establish positive communication with others, through a subject matter that is often otherwise neglected, misunderstood or being stigmatised against.

The research methodology includes the collection of feedback data from spectators and competitors during, and after the festival. The key themes and findings from the data collected were identified. Results across the two Festivals held in 2015 and 2016 illustrated an increased understanding of mental health issues and a reduction in stigmatised views towards mental illness. Enhanced awareness of support services and options available was also evident. Many of the spectators and participants also recognised the importance and significance of such mental health promotion initiatives within the community. The festival will happen again in 2017, with opportunities for further qualitative and quantitative research to be conducted.
Mr Grant Macphail, Senior Policy and Planning Coordinator, Flourish Australia

Bridging Individualised and Social Perspectives: Addressing Socially-Constructed Inequalities and Misconceptions Through Co-Design

Community-based mental-health is positioned neatly to address mental-health stigma and discrimination. If mental-health can be framed through both an individual-lens, and a social-lens, a recontextualisation of socially-constructed marginalisation, stigma, and discrimination is plausible. Viewing mental-health through a social-lens affords shared space to collectively own, understand, and address higher-level mental-health and social system issues. This point has been highlighted by recent funding allocations for the NDIS in this year's Federal budget. Much like disability, mental illness could be considered a social-wide challenge, rather than an individually confined problem. Although individualised approaches are humanistic and highly effective in meeting individualised needs, the utility of such approaches is typically restricted to psychosocial issues of the individual level. However, if individualised approaches are applied with a complementary social-lens discriminatory social constructions have scope to subside. With that said, how can we concurrently value individualised lived-experience whilst integrating higher-level community and social-lenses? Furthermore, what tools are available to enable and drive such change?

Co-design encapsulates a pragmatic extension of recovery, trauma-informed, person-led, and community-based approaches. In doing so, co-design offers a practical tool to enable valued individualised perspectives, knowledge, and skills, which can be incorporated into, and utilised through, an inclusive social-lens. In effect co-design may bridge individualised and social needs by building shared capacity and direction for collective social change, whilst fostering expertise, legitimacy, power, and authority for individuals with lived-experience. Mental-health sector co-design may drive mental illness and recovery into a normed social identity, one that respects, values, and enables individual diversity. A social-lens approach addressing deeply-embedded adverse social constructions of mental ill-health need not dismiss individual needs and agency. Rather we have an opportunity to harmoniously build-upon and further promote person-led approaches to mental health and well-being within a wider social-lens.
Co-Designing Mental Health and Alcohol and Other Drugs Services with The Aboriginal and Torres Strait Islander Community

Aboriginal and Torres Strait Islander people take a holistic view of mental health which is a whole-of-life approach to the physical, social, emotional and cultural wellbeing of the community. It was this holistic view that led to a Gold Coast integrated service delivery model, delivered across two organisations, for mental health and alcohol and other drugs. A key factor of the model was the connection to primary health care in relation to the broader health needs of the community.

An extensive Mental Health, Alcohol and Other Drugs Needs Assessment was undertaken by Gold Coast Primary Health Network in 2016 and the following needs were identified in relation to the Indigenous community:

- Enhance the Indigenous workforce to enable workers to provide care coordination and specialist mental, alcohol and other drug health services, including suicide support.
- Increase coordination of services and workforce capacity to support client referrals.
- Increase the cultural competency of mainstream services to safely and effectively work with Aboriginal and Torres Strait Islander clients.

To unpack these needs further, a co-design process gave the opportunity to explore the potential links between mental health, suicide prevention and alcohol and other drug models. The outcome from the co-design process was a collaborative model between Kalwun and Krurungal which would meet local needs and build on existing Indigenous sector capability.

The model consists of two components which are integrated to ensure effectiveness.

Community response:

- Early intervention and care coordination
- Develop strong partnerships to the local indigenous community and service providers
- Develop clear referral pathways
Clinical response:

- Enhance existing primary care services
- Clinical case management, within a social and emotional wellbeing framework

The success of the model is that although staff and services are provided by two separate organisations, the service delivery model is one holistic meeting the needs of the individual from a mental health, alcohol and drug, and primary health response, whilst at the same time connecting to community.
Mrs Lesley Maher, Mental Health and Alcohol & Other Drugs Program Manager, Gold Coast Primary Health Network

Co-Author(s):

Mr Matt Welch, Clinical Nurse Consultant, Gold Coast Health

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**Our Journey to Zero: A Partnership in Suicide Prevention Between GC Mental Health Service and GC Primary Health Network**

The Gold Coast Mental Health and Specialist Service (GCMHSS) are committed to reducing suicide of consumers in their care. This commitment has seen the development and implementation of an innovative approach to suicide prevention. In December 2016 the GCMHSS implemented a system wide Zero Suicide framework, one of the first of its kind for a public mental health service in Australia. A key feature of the Zero Suicide approach includes the development and implementation of the GCMHSS suicide prevention pathway (SPP). As part of this implementation the GCMHSS has partnered with the Gold Coast Primary Health Network (PHN) to enhance a key element of the SPP involving transitions of care from the GCMHSS to community service providers. This partnership has seen the development of a new model of transitional support as well as the commissioning of a community organisation to provide transitional care pre and post discharge from the GCMHSS.

A key aim of the initiative is to ensure that consumers discharged from the SPP continue to engage and receive ongoing care that can include support to coordinate and link to psycho-social supports, GP, allied health professionals and Aboriginal and Torres Strait Islander services up to 4 week post discharge. The model utilises a stepped care approach to match individuals of the SPP to services commensurate with their need which may include interventions for relationships, recreation, education, training, work, accommodation and employment.

This presentation will provide an overview of the Zero suicide initiative and introduce a new model that highlights how positive partnerships between the GCMHSS and PHN can enhance the link between GCMHSS SPP and a safer more supportive transition of care to the community for SPP consumers.
Ms Helen McDonald, Senior Lecturer/Course Coordinator, Edith Cowan University

Co-Author(s):

Mrs Rachel Batten, Lecturer, Edith Cowan University

Mrs Sarah Chamberlain, Senior Occupational Therapist, Joondalup Catchment Mental Health Services

Ms Elyse Graham, Senior Occupational Therapist, Lifeworks OT

"Be Healthy" An Interprofessional, Student Led Program for Consumers of a Community Mental Health Service

Be Healthy'. This presentation will describe an interprofessional, student led program for consumers of a Perth, Western Australian local mental health service who were identified as being at risk of developing serious physical health problems.

Edith Cowan University’s (ECU) School of Medical and Health Sciences (SMHS) and Joondalup Catchment Area Mental Health Service (JCAMHS) acknowledged the poor physical health outcomes experienced by people living with a mental illness. A program was developed to provide access to structured physical activity, dietary advice and health promotion activities for a vulnerable group of people who may not be able to easily access community based facilities due to their current mental health condition and financial restrictions.

In 2016, a pilot program called 'Be Healthy' commenced for those consumers who were at risk of developing metabolic syndrome and other physical health problems. The program continues to run in 2017 with an increase in referrals and a positive consumer participation.

The 'Be Healthy' program provides inter-professional, student led group and individual sessions with occupational therapy, dietetics and exercise physiology supervisors and students involved. The occupational therapy clinical educator coordinates the program with students’ designing and facilitating targeted dietetic and exercise for consumers in the group as well as offering 1:1 sessions.

These sessions include a range of modalities and activities exploring different options to improve personal fitness, diet and education on healthy lifestyle choices. To further integrate these concepts, a community integration/facilitation component is included for consumers to assist in the continuation of routines and goal achievement external to the 'Be Healthy' program.
This innovative program is held at the Joondalup Community Clinical School on the grounds of Joondalup Health Campus, a location in relatively close proximity to JCAMHS and consumers' residential addresses removing travelling barriers that may hinder participation.

Quantitative and qualitative data based on the outcomes for these consumers and the students' perceptions will be discussed.
Dr Elspeth McInnes, Senior Lecturer, University of SA

Supporting Wellbeing in Early Childhood Classrooms

Young children are commonly exposed to a range of stressors which affect their day to day wellbeing, including family violence and abuse, chronic illness or disability in the family and developmental delay, as well as low family income and its attendant risks of housing problems, poor nutrition and poor health care. Educators encounter the effects of these exposures in children’s behaviour, learning, relationships at school and with parents. Many educators focus on attempting to change the behaviour of individual children who struggle to cope with learning and with their peers by using rewards and punishments, or excluding children with difficult behaviours from the class.

This presentation reports on key aspects of a study to introduce trauma-informed pedagogy in a year 2-3 classroom which involved a range of strategies. These were skilling the teacher in aspects of trauma, inviting teacher reflection on practice through interviews, teacher modelling of emotional self-regulation, engaging with social play resources Play is the Way, emotional literacy resources Kimochis, as well as involving parents in learning about the project and its resources. Alongside trauma informed practice, the classroom became a community of members wherein mutual support, cooperation and inclusion of each other emerged as key values in place of competition, impatience and exclusion.

The universal, rather than targeted approach yielded numerous benefits. Importantly children who struggled to cope were not further shamed using classroom records of performance or by being excluded. In turn their parents welcomed invited contact with the school which was not focusing on their child’s difficulties, but enabling them to understand the school's activities and extend that approach into the home. As children’s abilities to regulate their emotions and engage positively with others improved, they were able to form more mutual friendships in a classroom community.
Ms Esther Mckay, Research and Development Manager/Program Coordinator, Quest for Life Foundation

Moving Beyond Trauma - A Holistic Approach to Calming the Brain

This presentation outlines the extraordinary dangers and demands of forensic work within a police setting resulting in chronic post traumatic stress disorder with gradual onset.

Symptomology along with post trauma care from both a medical model and holistic approach outlines the changes in post trauma care over the past 15 years.

Program content, statistics, data results and significant increase in Quantified mental health wellbeing from ongoing participant research of the Quest for life 5 day live in programs will be addressed.
Responding to Those at Risk of Suicide and Self-Harm - What Are the Challenges for Mental Health Services

While the majority of those who present with suicidal behaviours receive effective treatment and go on to live rewarding lives, a small sub-group of people end their lives prematurely through suicide. The aim of this study was to gain a better understanding of the challenges for mental health staff in responding to suicidal behaviour and propose service-related prevention strategies to address the issues identified. Data collection focused on 4 key areas (i) a review of Emergency Department Information System (EDIS) data (ii) review of Root Cause Analyses (RCAs) for 23 people who died by suicide in one HHS (ii) individual interviews with 23 mental health staff at one HHS, and (iii) a questionnaire completed by mental health staff (n=68) from across 8 HHSs in Qld. The review of EDIS data points to a significant increase in those presenting with suicidal behaviours to Emergency Departments in Qld. Findings from staff interviews, RCAs, and completed surveys highlight a number of challenges for mental health staff in responding to suicidal behaviours. These were collapsed under 3 themes that focus on patient, staff and system related factors. This presentation will discuss these factors / challenges and propose a number of strategies to address the issues identified.
Ms Shereen Moloney, Director, NZ Dementia Cooperative

Dementia Care in NZ: Cooperating Through the Use of a Dedicated Interactive Web Platform

The New Zealand Dementia Cooperative (NZDC) is an organisation that works to challenge and change perspectives on dementia. We tap knowledge and expertise from a wide range of sector stakeholders and contribute to both national and local policy and service development.

The aim is to future-proof the dementia sector for the projected rise in the numbers of people with dementia, and to improve care and support for people and their families/whanau.

The NZDC was formed in 2011 and is recognised by the Ministries of Health and Social Development as an important player and resource in the field. It is run on minimal resources and operates by leveraging the knowledge of over 1000 individual members, most of whom work in the dementia sector. These include medical, nursing and allied health workers, support workers, educators, managers, analysts and academics. They are employed by large and small providers, private, not-for-profit, religious and welfare organisations, professional associations, universities, Ministries and District Health Boards all around New Zealand. Approximately 3% of members are people living with dementia or family/whanau carers. As such, the Cooperative works as a national ‘community’, bringing varied knowledge and expertise to the task of identifying what’s working, what’s not, and what the solutions are.

We also work proactively beyond the membership to ensure links are made and knowledge shared across the sector, and provide an education and communication platform http://nzdementia.org/ that all members of the NZ dementia sector can use. This was developed to host a variety of digital communication and media tools on a web portal that allows the dementia community to work together. The portal is designed to be:

• A tool to align and consolidate conversations and stakeholders with regards to the future of Dementia Care.

• A platform to launch and discuss new initiatives and research in the Dementia Care space.

• A mechanism to bring siloed documentation together, to allow collaboration and big picture discussions around the future of Dementia Care.

• A place to improve access to the latest up to date information around Dementia Care, both domestically and abroad.
Mr Michael O’Connell, Clinical Nurse Director/Professional Advisor, Lakes District Health Board

**Evaluation of Professional Supervision in Aotearoa/New Zealand: An Interprofessional Study**

The evaluation of professional supervision has been a focus for discussion in the supervision literature over past decades. A review of the literature in this area however suggests that evaluation has been differently defined, variously addressed and a range of outcomes reported. This presentation reports the findings of the first stage of a three-stage study of evaluation in professional supervision in Aotearoa/New Zealand and makes brief commentary on preliminary findings from the second stage (Qualtrix survey resulting in 348 responses). Experienced practitioners from the four professions of counselling, mental health nursing, psychology and social work, were interviewed to explore how evaluation in professional supervision is understood and actioned in practice. Twenty four semi-structured interviews were conducted with supervisees, supervisors and managers from each of the identified professions. The findings from these interviews indicate that a majority of participants applied some form of evaluation to their supervision arrangement. These evaluations however did not reflect an overarching organisational or professional culture of formal evaluation, but rather an individualised ad hoc process initiated by one or both of the participants (supervisor and supervisee). These evaluations focused predominantly on the process, rather than the outcomes, of supervision. Whilst many respondents expressed interest in a formal process for evaluating supervision a number of concerns were also raised. These concerns included a lack of evaluation skills and resource, the potential for formal evaluation to have a negative impact on the supervision relationship, the importance of maintaining the boundaries of confidentiality and a wariness regarding the possible use of any information gathered.
Dr Lyn O'Grady, National Project Manager, Australian Psychological Society

What Has '13 Reasons Why' Taught Us About Youth Suicide Prevention?

Current youth suicide prevention approaches have tended to take a risk management approach, with longstanding research highlighting contagion effects following publicity of suicide. Despite considerable efforts to prevent suicide in Australia during the last several decades, the rates of suicide amongst young people, concerningly, continue to raise concerns. This presentation will begin with an overview of contemporary trends in understanding and responding to young people who present to psychologists and other mental health professionals with suicidal thoughts and behaviours. Recent research has begun to focus on social determinants of health and underlying factors which lead to risk.

The screening of '13 Reasons Why' series, graphically depicting the suicide death of a young woman, provided an opportunity for these issues to be explored and debated in mainstream and social media internationally. The presentation will outline the range of views from commentators in the media, parents, schools, mental health professionals and most importantly young people themselves. While initial responses tended to focus on the lack of warnings, breaching of media guidelines and potential negative impact on vulnerable young people, the focus quickly shifted towards ways of supporting viewers, particularly young people.

Accordingly, a range of mental health professionals, including practitioners and researchers in the field of suicidology, entered the debate to advocate for greater engagement and discussion with young people. Resources were developed to support adults in having these conversations. The agency of young people increasingly became visible as they began to develop activities within schools and communities to further explore the issue and counter negative messages. Participants will be encouraged to reflect upon what impact this may have on future directions for youth suicide prevention.
Making the Best Use of Online Treatment Programs for Treatment, Prevention and Resilience Building in Mental Health

Online cognitive behavioural therapy programs (i-CBT) have been researched, developed and used in clinical practice Australia for nearly 20 years. Australia is, in fact, a world leader in the development of these programs. That fact is not surprising given the tyranny of distance that affects so many Australians in their quest for good mental health care. Of course, distance is not the only barrier to care time, money and stigma also contribute to the reasons why so many Australians do not receive the mental health care they need.

Online treatment programs have been shown to be useful in the treatment of mild to moderate anxiety, depression and stress. Some research shows that i-CBT is as effective as face to face delivery of CBT for many people. Practitioners and the general public alike need to know about these therapy options and how to use them.

One area that has not received the attention it deserves is the use of i-CBT to build mental fitness in vulnerable populations.

This presentation will discuss the range Australian evidence-based online programs available and consider how they best fit into mental health care. It will also examine the identification of psychological vulnerability and the ways we, as practitioners, carers and sufferers, can use and encourage the use of online programs and resources to increase resilience and maintain good mental health.
Ms Nicola Palfrey, Director, Australian Child & Adolescent Trauma, Loss & Grief Network

Co-Author(s):

Ms Velissa Aplin, Senior Project Manager, Australian Child & Adolescent Trauma, Loss & Grief Network

Creating a Groundswell of Trauma Informed Practice. Efforts to Influence, Educate and Change Practice

The Australian Child & Adolescent Trauma Grief & Loss Network has worked with ACT Health and ACT Education Directorate to develop a programme of trauma informed training, supervision and support to shift practices within the Health, Education and Justice services.

Training in trauma informed care, supervision in trauma therapy and delivery of a trauma sensitive school programme are shifting attitudes, behaviours and ultimately delivering more effective and sensitive services for our most vulnerable youth.

This presentation will share outcomes from the Child & Adolescent Mental Health Service, as well as the six primary schools involved in the trauma sensitive schools pilot. Impacts on student social and emotional wellbeing, as well as educators' feedback will be included. Results suggest investment in staff training, development and supervision/mentoring can improve outcomes for young people with regard to their mental health and their engagement in learning. Staff wellbeing and stress levels also appear to be improved by the implementation of these practices. Lessons learnt from the process so far and implications for future practice will also be discussed.
Ms Janice Peterson, Community Engagement Coordinator, NBM PHN

Co-Author(s):

Ms Glenda Webb, Manager, NBM PHN

**Consumer and Carer Led Approach to Confronting Knowledge Barriers in A Localised Setting**

Navigating the mental health service landscape poses significant challenges for mental health consumers and carers in the Nepean Blue Mountains (NBM) region. Traversing the array of National, State and Local services available can be extremely difficult, particularly in times of mental distress.

Using the Mental Health Experience Co-Design (MH ECO) methodology the NBM PHN worked with mental health consumers and carers to better understand the barriers they experienced in accessing services and what solutions they would find helpful in reducing these barriers.

As a result, the PHN in collaboration with consumers, carers, agencies and mental health care providers, developed the Mental Health Navigation Tool www.mentalhealthhelp.com.au; an easy to use web application to find local mental health help within 5 clicks. The Tool was identified as the most suitable and appropriate resolution to address this specific issue by enhancing existing mental health networks, increasing the knowledge of available services and in future to provide opportunities to develop new referral pathways.

The Tool responds to smart phones, tablets and desk top environments, providing easy to read and accurate assistance. The Tool lists immediate response services, a comprehensive service directory and non-clinical mental health information specific to the NBM community.

Consumers, carers and key stakeholders were included in every iteration of the tool, providing dynamic feedback, influencing several cycles of redesign. A consumer was contracted to research local services providing real time advice throughout the development process to ensure easily accessible accurate information.

Since the Tool launched in July 2016, the site has received 5070 hits with 3425 individual users and overall 42,697 page views. The average session duration is over 3 min with a bounce rate of 13.81% which is extremely positive.
Access to Services and Barriers for Aboriginal and Torres Strait Islander Peoples with a Mental Health Condition

The Australian Bureau of Statistics’ (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 was included for the first time.

In the NATSISS, 33% of Aboriginal and Torres Strait Islander people with a mental health condition said they had trouble accessing services compared to 20% without a mental health condition. Selected comparisons with non-Indigenous people will also be made where possible.

Around 15% of Aboriginal and Torres Strait Islander people with a mental health condition reported problems accessing mental health and related services.

This presentation will paint a picture of the outcomes for Aboriginal and Torres Strait Islander people with a mental health condition and barriers faced accessing services.

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

• Psychological distress
• Crime and safety and risk factors
• Social connections

The NATSISS provides a lens through which the interactions of Aboriginal and Torres Strait Islander identity, health and wellbeing can be understood and communicated.
Mrs Julie Poultney, PIR Program Manager, Nepean Blue Mountain PHN

Co-Author(s):

Mrs Neveen Sequeira, PIR Regional Co-ordinator, Nepean Blue Mountains PHN

Learning and Development and Future Direction. NDIS Resources and Support Tools Developed for Primary Care Mental Health Workers

The NDIS is a new way of providing disability supports in Australia and represents a major paradigm shift in the funding models and organisation of services that will dramatically change the planning, funding and delivery of disability services. The choice and control aspect of the scheme gives people the flexibility to ensure they can choose how to spend their funds to live the life they want.

Other worldwide schemes are variously referred to as 'direct payments' (UK), 'self-determination' (USA) 'self-managed care' (Canada) and 'cash for care' (Europe) (Department of Families, Housing, Community Services and Indigenous Affairs, 2010). The concept originated in North America in the late 1980s (O'Brien and Mount 1989; Mount 1992; Garner and Dietz 1996; O'Brien and O'Brien 2000).

Implementing a Mental Health program in an environment of policy uncertainly has been difficult. However, we believe the scheme is the right reform for Australia; but the lack of understanding of how the scheme actually works in practice and how it works alongside the health system, is proving confusing not only for mental health workers across the social sector but also within clinical services.

To provide the best possible outcomes, we have been working in collaboration in supporting front line Mental Health Workers and GPs and developed various tools and resources, whilst continuing to share our learnings in relation to good quality Psychosocial NDIS applications and what to expect from the changing workforce shift that the scheme has envisaged.

This 30 minute oral presentation will describe how we are supporting Mental Health Workers to have the best possible experience within the transition to the NDIS and share what has been working well for us, along with best practice approaches that we have taken.

References:

NDIA Integrated Market, Sector and Workforce Strategy (June 2015)

The Implementation of the NDIS: Who Wins, Who Loses? Jenny Green University of Technology Sydney Associate & Professor Jane Mears University of Western Sydney (April 2014)


NDIA Choice and Control Factsheet (December 2016)

The Impact of Diet Quality in the Prevention and/or Treatment of Major Depressive Disorder in the Adult Population

Major depressive disorder (MDD) is a global health issue and will be one of the leading causes of disability by 2020. It is prevalent and is a risk factor in many physical illnesses. There are current treatment and/or prevention options for MDD but these are not always effective or accessible.

A systematic review was completed to examine if diet quality impacts on the prevention and/or treatment of MDD in the adult population. A search of literature was conducted through CINHAL plus, MEDLINE (Ovid), PsychINFO and hand searching of articles between March and April 2016, as part of an integrative review. Articles included were peer reviewed, quantitative, English only, human studies which included cohorts over 18 years of age.

Sixteen studies met the inclusion and quality rating criteria. No studies reported diet quality impacting on the treatment for MDD; however, most studies found that there were preventative benefits or risk factors of diet quality on MDD.

The outcome of this review has implications for health and nursing practice, in relation to health promotion, early intervention and treatment. This presentation will discuss these implications. It will discuss how a high diet quality can impact on the prevention of MDD, and how a poor quality diet can be a risk factor regarding the impact of symptoms and MDD. It will also raise discussion regarding obstacles that can arise related to a change in diet quality. Additionally, it will discuss how diet quality could be an additional lifestyle intervention for management of MDD, and how best this can be utilised, particularly in the primary sector.
Miss Carolyn Rae, Senior Nurse Advisor, NSW Health

Creating Positive Cultures of Care Leading by Example

In 2013, the Child and Youth Mental Health Subcommittee of the NSW Health Mental Health Program Council endorsed the development of an Action Learning Set (ALS) for NSW Child and Adolescent Mental Health Services (CAMHS) Nurse Unit Managers (NUMs) and the engagement of an external facilitator in order to develop aspects of leadership for the participants.

Feedback from discussions on nursing scope of practice identified a need for a forum in which the NUMs could meet as a peer group to discuss clinical and management issues relating to leadership, with a view to sharing ideas to improve both practice and clinical care.

Aims and objectives of the ALS are to enable greater insight for the individuals as to their predominant style of leadership and its impact on their teams; to assist NUMs develop aspects of ‘positive cultures’ within their workplaces; and to contribute to the development of NUMs as public presenters of their care processes.

The group meets for a day every two months. During the first 12 months, sessions were led by the group facilitators and included sharing information on the fundamentals of practice development and action learning. Since the second year, the group has shifted focus to participants leading the sessions based on their identified ongoing needs relating to leadership. Throughout the programme an action learning approach is used. Group members are encouraged to ask questions, to be challenging yet supportive and to use a reflective process.

Participation in action learning has enabled participants to embrace their leadership and to step up to the challenges, whilst at the same time stepping back and allowing others to take on responsibility in their workplaces.

The presentation will provide an illustration of using a supportive process to enable leaders to make positive changes to their care culture through refinement of specific aspects of their leadership style; detailed exposition from presenters of how a development programme for NUMs has been devised, structured, delivered and maintained for 4 years; and a detailed discussion of how successful co-facilitation manifests itself in this context.
Dr Russell Roberts, Associate Professor, Charles Sturt University

Co-Author(s):
Dr Chris Maylea, Lecturer, RMIT

Australian Mental Health Workforce: State and National Policy Imperatives and Implications for Workforce Development

Australia’s mental health sector is undergoing a period of intense reform, reflecting worldwide shifts in the way governments deliver mental health services. This will have major implications for the configuration of the mental health workforce now and into the future.

Every Australian state and territory has new or amended mental health legislation, and since October 2015 five of the eight states and territories have launched new mental health strategic plans. Services are becoming more integrated and new partnerships are emerging, breaking down the old workforce silos. Amongst these developments, the mental health workforce, the people and disciplines who actually deliver mental health services, have been in a similar state of flux. The shift to competitive tendering has seen a significant rise in the community managed workforce, and peer workers, consumer and carer representatives. Deinstitutionalisation has seen a corresponding increase in the largely unpaid carer workforce. In the midst of this changing landscape, the policy agenda which guides the development of the mental health workforce is a sentinel factor.

This presentation draws on a systematic descriptive policy review undertaken to synthetise the state of contemporary Australian mental health workforce policy, reviewing 8 national level policy documents and the 8 state and territory policy documents. Key trends are identified and the implications for future of the mental health workforce development will be discussed.
Ms Helena Roennfeldt, Researcher, Central Queensland University

Co-Author(s):
Dr Peri O'Shea, Researcher, CQU

**It All Starts at the Top: Commitment and Action from Senior Management Core to the Evolution of Lived Experience Workforce**

The Lived Experience Workforce in Australia includes peer support workers; consumer consultants; consumer companions; experts by experience and various lived experience roles in education, training, policy design and systemic advocacy. This emergent and increasingly impactful section of the mental health workforce is growing rapidly, however expansion of the roles is ad hoc with little structured workforce development to date. Previous research also indicates the way lived experience workers are collaborated with, integrated or utilised is highly variable.

A Grounded Theory study explored senior management perspectives on the barriers facing the lived experience workforce, with a particular emphasis on why organisations were embracing lived experience workers to greater or lesser degrees. In-depth interviews and focus groups were held with 30 participants in total - 17 participants employed within the not-for-profit sector, and 13 employed in state government run organisations.

For the purposes of this study the definition of senior managers included: executive level staff, people with responsibility for allocation of staffing budgets, the ability to hire and fire, and those with line management/supervisory responsibilities for lived experience staff. Participants were predominantly employed in traditional roles, however some participants identified as working within designated lived experience positions.

The findings of the study suggest that senior management commitment and action is critical to the success of lived experience roles. This presentation outlines the key factors influencing senior management commitment and action and how greater and lesser degrees of commitment and action impact on lived experience roles within organisations.
Dr Helena Romaniuk, Research Fellow, Australian Institute of Family Studies

**Why Do Some Children with Internalising Symptoms Go on To Experience Symptoms in Adolescence, And Others Not?**

Background: Internalising problems in childhood often persist into adolescence. Focusing on children with elevated internalising symptoms in childhood, we seek to identify risk factors associated with continued internalising problems in adolescence. The findings can help to identify potential opportunities for early intervention and prevention approaches to deflect risk pathways.

Methods: Growing Up in Australia: The Longitudinal Study of Australian Children (LSAC) is a nationally representative longitudinal study of two cohorts of Australian children that commenced in 2004. The analysed K ('kindergarten') cohort of 4,983 children were aged 4-5 at study commencement, with data collected every 2 years about children's development. The focus of this study was on internalising symptoms in the borderline or abnormal range, measured via parent report on the Strengths and Difficulties Questionnaire (SDQ) at 6 waves from 4-5 to 14-15 years of age.

Results: Of those participants who had one or more waves of elevated internalising symptoms in childhood, 63% went on to experience internalising problems in adolescence (95% CI 60% - 66%). For those who experienced internalising problems at one or more waves in childhood, being female (OR 1.84, 95% CI 1.45 - 2.32), poor physical functioning (OR 1.02, 95% CI 1.02 - 1.03), temperamental reactivity (OR 1.53, 95% CI 1.31 - 1.78), low persistence (OR 1.24, 95% CI 1.07 - 1.43) and introversion (OR 1.52, 95% CI 1.32 - 1.75), as well as parents own psychological distress (OR 1.57, 95% CI 1.22 - 2.02), were associated with continued internalising problems in adolescence in the multivariable model.

Conclusions: Prevention and early intervention efforts are crucial to addressing the high prevalence of internalising problems. These findings have relevance for considering when and who should be targeted for maximum impact.
Using Goal Setting and Working Alliance to Deliver Better Outcomes for People

This paper examines the influence of goal achievement and working alliance on personal recovery. These factors are robust in that they are an important part of any health recovery, including mental health recovery. Support workers in Community Managed Organisations (CMOs) do not generally deliver specific psychological interventions and work with a wide variety of people, some of whom will not have a formal diagnosis, and thus it is important for effective practice to identify factors that are broadly robust in assisting recovery. While the merits of goal achievement and the working alliance are well established, the relationship between goal achievement working alliance and recovery has not been studied in Australian mental health CMOs. In 2014 an Australian CMO introduced a simplified, pocket sized, goal setting card and a suite of routine outcome measures to its service. The information collected in the first 14 months use of these measures was analysed. Data from 704 people, using the Working Alliance Inventory (WAI) and the Recovery Assessment Scale-Domains and Stages (RAS-DS) found that; while success on the recovery journey varied over time, goal achievement and a strong working alliance were robustly related to improved wellbeing. The strength of both of these factors in assisting recovery was not affected by how well or unwell the person was at the initial data collection phase. However, a strong effect of regression to the mean was found in the recovery scores and the high initial scores suggest that monitoring of the recovery scores could be used to determine the level of care needed to be provided for the individual at a particular point on their recovery journey. The principal outcome is that goal achievement and working alliance can be used and measured in a CMO setting and can contribute to more efficient and effective service delivery.
Mr Trent Savill, Consultant Child and Family Therapist, Director, Complex Care

It's Not Mental Health, It's Behavioural - Right?: Reinterpreting Controlling and Aggressive Behaviours in Maltreated Children

It's not mental health, it's behavioural' is an expression frequently used by mental health professionals when confronted with some extremely confusing and challenging behaviours displayed by children who have experienced complex relational trauma. When maltreated children present with aggressive or self-harming behaviours that appear to function as a tool for engaging or controlling others, their behaviour can often be interpreted as being manipulative or attention-seeking. If these behaviours are displayed outside the context of overt environmental stressors and other mental health symptoms, this view can be further strengthened and can lead to care-givers and professionals personalising the child's actions and interpreting them as being deliberate, consciously motivated, and reinforced by some reward the child receives from behaving in this way.

When a child's presentation is labelled as being 'behavioural', professionals and care-givers tend to respond in a more reactive, coercive, and punitive way, and may no longer attempt to identify and address underlying needs, as they assume the child is choosing to behave this way for a desired response (even when it does not really make sense).

This presentation explores these behaviours and reinterprets them through the neuroscience of disorganised attachment. It looks first at the instinctual paradox that can develop when a child receives care-giving that is terrifying and explores how this impacts on a child's future capacity to feel safe in relationships, hand over control to others and directly cue others about their needs. The practical application of this framework is discussed, including strategies for addressing the child's underlying needs and for guiding the care-giver's response to these behaviours.
Ms Tahnee Schulz, General Manager, MateCheck

Matecheck - The Future of Wellbeing

MateCheck is an award-winning solution for workplace wellbeing. Inspired by the crippling gap between employees who need support and don’t have access. We work with organisations to understand their needs and objectives, in order to customise an approach that blends seamlessly with their corporate culture.

MateCheck is designed to support WHS Duty of Care. Employee wellbeing data provides informative insights about where to focus workplace initiatives. Performance research indicates that increased engagement is linked to reduced incidents and claims.

MateCheck is the Fitbit of Wellbeing; easily accessible via smart device, tablet and desktop. Employees complete a self-assessment, measuring stress, anxiety, depression, fatigue and wellbeing. By regularly checking-in with themselves regarding their wellbeing, employees are completing an act of mindfulness.

Following this assessment, MateCheck provides employees immediate access to free and confidential professional support at the touch of a button – no searching for phone numbers, no call centres, no call waiting. Employees also have the option to receive an SMS listing all support providers as well as a calendar to directly book counselling appointments.

The user experience is seamless. Regardless of how many times the company changes their support provider, employees will receive the same experience of simply hitting a button to receive help.

Employee responses are tracked over time on a personalised dashboard, identifying patterns, and offering intuitive insights and resources tailored to their profile. The more employees understand their wellbeing, the more empowered they are to make positive behavioural change and lasting new habits. Increased awareness also reduces mental-health stigma for both the individual and the overall company.

Furthermore, a real-time manager dashboard indicates the temperature of workplace wellbeing as well as fatigue management data and employee GPS location status for safety purposes. These collective insights provide potentially life-saving solutions for management teams which increase staff engagement and productivity. The way people connect, share and resolve health problems is continuously evolving, but the need for measurement remains the same.
Dr Lynda Shevellar, Lecturer & Researcher, The University of Queensland

Safety in Numbers? The Complexities of Co-Location in Mental Health and Housing

Secure and affordable housing presents an ongoing challenge for people with severe and persistent mental health issues. This paper explores a particular under-researched aspect of this challenge, namely, what happens for people residing at home with their family, when ageing and health issues mean family can no longer continue to provide the care and support that is required. Building upon a 12-month study of a Queensland-based organisation’s innovative efforts to address this growing area of need, this research examines the thinking behind purpose-built co-located accommodation and the outcomes of this arrangement for people with mental health challenges. The study names a number of important emerging tensions. Chief among these are the tensions between risk-taking and building autonomy as part of recovery, and the need all stakeholders have for safety and security. The deliberate development of a community of people who understand and support each other’s journey in recovery would seem to offer an attractive solution. Community is broadly assumed to be a social 'good' that is positive, inclusive and virtuous. While scholars grapple with more complex understandings of community, the 'myth' of community remains powerfully established in everyday thinking as an ideological control mechanism and as a utopian vision. What this research revealed was that 12 months after plans were realised and tenants moved in, many tenants continue to feel isolated and lonely, curtailing their capacity to pursue recovery. This paper shares the thinking behind co-location as a housing solution, the challenges this design strategy creates, and some thoughts about what it might take to help people belong.
"I Don't Know How to Find My Way in The World" Recognising the Contribution of Others

The acclaimed approach to Recovery, CHIME, which incorporates the domains of Connectedness, Hope and Optimism, Identity, Meaning and Purpose, along with Empowerment all centres around a unique and individual journey. However, to achieve that which CHIME promotes, it must be acknowledged and understood that the person in recovery is not doing so in a vacuum. There are social aspects that play a very important role. Experiences such as hope, meaning, identity and empowerment emerge at the intersections between people, their relationships and environments. These are social interactions rather than states that the individual possesses.

The need of the individual and the need of the community, that is, interdependence, are inseparably linked. People with lived experience may play many interpersonal roles - partners, lovers, children, friends etc. all of which require complex networks and community engagement. They are not individuals who exist in silos.

A major challenge that still remains is 'mapping the territory to be traversed and common landmarks that people can expect to encounter en route back to the normal lives they desire'
Mr Paul Thornton, Psychologist, Wathaurong Aboriginal Co-operative

**A New Approach to Psychological Support for Aboriginal Clients with Complex Needs**

**Project overview:**

'Fresh Tracks' is a Victorian Koolin Balit funded project that aims to support Aboriginal clients experiencing the combined impacts of chronic and complex illness and psychological distress. Staff at Wathaurong Aboriginal Cooperative in Geelong, Victoria, identified an increasing presentation of mental health issues in their clients that were compounding other health issues. Consequently an assertive outreach care coordination model was established to engage clients in psychological supports by working in collaboration with them, their families and external stakeholders to provide interventions focused on Social Emotional Wellbeing (SEWB) principles.

**Implementation:**

Social Emotional Wellbeing principles defined by the Australian Indigenous Psychologists Association underpin Wathaurong's assertive outreach model to address client's psychosocial needs. Clients are proactively followed up and then assessed using a psychometric tool (Kessler 10- K10) to ascertain their level of psychological distress. Communication is encouraged through the use of a 'chatterbox' tool that engages clients in conversations they might not normally have about their connection to community, culture, family, land and ancestry and how these inter-relate with physical and mental well-being. All therapeutic sessions are conducted on Wathaurong Country.

**Outcomes:**

Approximately 120 clients have engaged with the Fresh Tracks project since it was established. Numerous referrals have been facilitated for clients to attend specialists, health services, legal, housing, education and financial services. Improved K10 scores can be demonstrated in the majority of participants and anecdotal testimonials from clients show they feel their overall health has improved, as has their connection with family, culture and community.

'Fishing for Answers' (a targeted activity within the project) has been particularly successful in engaging clients on Community Based Orders (CBOs) who are required to attend a behavioural change program. While undertaking land management activities as part of their CBO, clients work alongside the Wathaurong psychologist and participate in individual and group sessions to discuss their mental health, any anger issues and their connectedness with people and the community. Fishing for Answers has gained support from the Regional Aboriginal Justice Advisory Committee and the Victorian Department of Justice and won a Leadership Innovation Award for the work undertaken with clients in the justice system.

**Conclusion:**
The Fresh Tracks approach of culturally informed, assertive outreach care coordination support, based in an Aboriginal Community Controlled Health Organisation, has demonstrated significant benefits for clients' health and wellbeing, for the organisation and for the local service system.
Ms Stella Topaz, QLife National Project Manager, National LGBTI Health Alliance

Co-Author(s):
Ms Sally Morris, MindOUT National Project Coordinator, National LGBTI Health Alliance

Strengthening LGBTI Health and Wellbeing, and Recognising Vulnerability, in Online Environments

The expansion of multiple online and mobile technologies has opened new avenues of connection for LGBTI* people and communities, against long histories of social, geographic and cultural isolation and exclusion. This presentation will provide insights to two national LGBTI-specific projects providing online support and education for the mental health and wellbeing of LGBTI people and communities – QLife and MindOut.

Although most LGBTI Australians live healthy and happy lives, research shows a disproportionate risk of poorer mental health outcomes, and a higher risk of suicidal behaviours. Elevated risks directly relate to distress arising from experiences of stigma, prejudice, discrimination and abuse in relation to being LGBTI in cultures of heteronormativity.

With greater digital connectivity, many LGBTI people seek health information, support and social connection online. This can involve sharing personal information, exploring identity and building community. While leading more publicly-visible lives online can increase wellbeing and decrease isolation, it can also increase exposure to online bullying and harassment, or leave some people feeling more vulnerable from being more visibly out.

This presentation will discuss the approaches of two projects of the National LGBTI Health Alliance, each using online technologies to support the mental health and wellbeing of LGBTI people and communities.

QLife is the national counselling and referral service for LGBTI people, and their family and friends, and people working with LGBTI people. QLife provides peer-supported, early intervention phone and webchat for people of all ages and across diverse bodies, genders, relationships, sexualities, and lived experiences.

MindOUT develops and delivers national suicide prevention initiatives to build capacity of the mental health and suicide prevention sectors to meet the support and wellbeing needs of LGBTI populations. These include online professional development webinars, building supportive partnerships with health workers and organisations, and the Champions Project.

*Lesbian, Gay, Bisexual, Transgender and Intersex
Closing the Mental Health Treatment Gap in Palliative Care

Research shows there is a skills gap in the health workforce who care for terminally ill and palliative patients when it comes to identifying and addressing patients' mental health (MH) concerns. The 'Listen Acknowledge Respond' (LAR) project was established to fill this gap by developing and delivering training for healthcare professionals (HCP) to address the MH needs of those living with dying, as well as investigating the impact of the training on HCP's practice.

Surveys of HCP pre-training show 75% regularly screen for MH issues, yet nearly half of respondents are not confident applying the two most commonly used diagnostic tools. In addition, mindfulness and strengths practice are the most commonly used therapeutic approaches, with about 50% of respondents using these regularly with their patients and their caregivers, however only about half of respondents feel confident using these approaches.

Post-training surveys and phone interviews with HCP who attended the LAR workshops show HCP's self-reported knowledge, skills and confidence in using MH tools and therapies has increased significantly since participating in the LAR training. This presentation will provide an overview of survey and interview findings conducted pre-training (baseline) and 3 and 6-months post-training.

Providing targeted training to HCP is an important approach to bridging this gap between mental and physical health service provision, and to improve the welfare of these patients along with their families and caregivers.
Miss Allyson Wilson, Clinical Nurse Educator, MNCLHD

A Consumers' Experience of Trauma-Informed Care in Acute Mental Health Units in Australia: Phenomenological Investigation

Aim: The aim of this study is to explore the lived experience of trauma informed care in acute mental health units as experienced by consumers of the service.

Background: Consumers of mental health services have the highest rates of exposure to social trauma, interpersonal trauma and trauma-related mental health disorders. Equally, they experience high rates of stigmatisation, marginalisation and re-traumatisation when receiving care in mental health units. Trauma-informed care model recognises that mental health nurses are in a powerful position to identify and respond to trauma.

Design: The study is a qualitative phenomenological investigation of five consumers in acute mental health care. The study utilised van Manen’s approach to phenomenological enquiry.

Results: The study found four overarching themes: 'Not being heard', 'Bio-medical model Vs holistic mental wellness', 'Power and control within the biomedical model' and 'Re-traumatising environment'.

Conclusion: The findings have demonstrated that mental health services may further re-traumatise and victimise consumers of mental health services. The study demonstrated that consumers experienced not being heard and as though they were being silenced in acute mental health settings. The current biomedical model in mental health appears to act as a barrier to genuine engagement with consumers.

Relevance to Clinical Practice: Acute mental health units can traumatisise or re-traumatisise consumers. Trauma-informed care is a well-suited strength-based recovery orientated approach to mental health care.
Mrs Madeline Wishart, PhD Candidate, Victoria University

The Impact of Sexual Orientation on Non-Suicidal Self-Injury and Coping Strategies

Recent comparative studies investigating prevalence rates of nonsuicidal self-injury (NSSI) in heterosexual and non-heterosexual samples have indicated that being part of a sexual minority increases the risk of engagement in NSSI. However, these studies have traditionally compared participants as a heterosexual and non-heterosexual dichotomy, overlooking the spectrum of sexual orientation. The current study explored NSSI, coping and sexual orientation in a large online study of 1292 adults (1110 females, 182 males), recruited from 29 different countries, with participants ranging in age from 18 to 76 years (m = 26.8 years), the majority of whom reported a history of NSSI (67.9%). Of the participants, 308 identified as gay, lesbian, bisexual or asexual, whilst 984 identified their sexual orientation as heterosexual. Female participants identifying as bisexual or lesbian were 5.95 and 4.80 times, respectively, more likely to self-injure than their heterosexual, gay or bisexual male counterparts. This result was not replicated in males identifying as bisexual who self-injured, which highlights the importance of distinguishing gender from sexual orientation, and not examining them together as has been standard practice in the past. Multivariate analysis demonstrated a significant difference between sexual orientation and coping overall on the Coping Scale for Adults (CSA). An examination of the univariate tests indicated that significant differences were found for sexual orientation on five of the nineteen coping strategies: tension reduction, self-blame, focus on the positive, physical recreation, and not coping. Participants identifying as bisexual and to a lesser degree, as lesbian demonstrated more emotion-focused coping strategies and less problem-focused coping strategies than their heterosexual counterparts. They also scored higher on the not coping subscale, which is indicative of psychosomatic concerns and an inability to cope. This tendency to employ non-productive and maladaptive coping strategies indicates that this group is at a potentially heightened risk for engagement in NSSI.
Mental Health and Homelessness - How Coupling Housing with Support Yields Health and Economic Benefits

The association between homelessness and mental health is well documented, with each amplifying the other. Although pre-existing mental illness sometimes underlies recurring homelessness, housing insecurity and the adversities of homelessness are themselves significant risk factors for poor mental health. Access to mental health services is often impeded, and homelessness frequently clusters with other mental health risk factors, including alcohol and drug use, exposure to violence and social isolation.

Given the frequent co-occurrence between mental health and homelessness, addressing one without the other has limited effectiveness. Our recent research shows the potential to yield substantial cost and health benefits when mental health and homelessness are simultaneously addressed. The study linked housing and hospital data of formerly homeless people who were provided with public housing tenancies (n=3,383). The most dramatic reduction in health service use was among the subgroup (n=124) who had been supported by a National Partnership Agreement on Homelessness (NPAH) Mental Health program. For this group, there was an average cost saving of $84,135 per person per year, largely attributable to significant reductions in psychiatric admissions once housed. This NPAH program provides support for people who have been hospitalised for mental illness, assisting them to access and maintain suitable long-term accommodation.

There were also significant reductions observed in health service use among individuals in the larger cohort who had diagnosed mental health issues. Overall, a large proportion had diagnosed mental health conditions, with schizophrenia, delusional disorders and mood disorders the most common. Significant reductions were observed in psychiatric bed days, ED presentations and inpatient admissions among those with a mental health diagnosis. These findings support the critical role of housing in stabilising mental health and highlight the potential for multi-faceted interventions to simultaneously improve mental health and homelessness outcomes, and yield cost savings in both domains.
Ms Carmel Ybarlucea, Executive Director, Queensland Mental Health Commission

Aboriginal and Torres Strait Islander Social and Emotional Wellbeing - A Whole of Government Approach

Aboriginal and Torres Strait Islander social and emotional wellbeing is important for all Queenslanders. It contributes significantly to the fabric of Queensland and is fundamental to achieving the State Government's objectives to build caring and connected communities. However, Aboriginal peoples and Torres Strait Islanders fare worse than other Queenslanders against many life outcome measures.

The Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 2016-18 'Proud and Strong' aims to improve social and emotional wellbeing of Aboriginal and Torres Strait Islander Queenslanders.

Improved social and emotional wellbeing contributes to reducing the incidence, severity and duration of mental illness, reducing suicide and its impact, and preventing and reducing the adverse impact of alcohol and other drugs.

Importantly the Action Plan defines social and emotional wellbeing based on the views of Aboriginal and Torres Strait Islander Queenslanders as being resilient, being and feeling culturally safe, having and realising aspirations and being satisfied with life.

It seeks to address the factors that influence social and emotional wellbeing and adopts a holistic, life-course approach which builds on the strengths of communities, supports Aboriginal and Torres Strait Islander leadership and is supported by culturally capable integrated and coordinated services and programs.

The Action Plan includes 62 additional actions under three priority areas:

1. Inclusive communities
2. Thriving and connected families
3. Resilient people
It builds on the 17 Aboriginal and Torres Strait Islander specific commitments made in three population-level plans developed as part of the Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019.

The presentation will highlight innovative projects from a diverse range of agencies and how the Commission has engaged agencies within their remit to contribute to the shared goal of the Action Plan.
Ms Vivienne Cremona, Service Manager, Aftercare

Co-Author(s):

Ms Eva Hewitsen, PIR Facilitator, MIFQ
Ms Jessica McAdam, PIR Facilitator, FSG
Mr Lewis Myles, Partners In Recovery Facilitator, FSGA
Ms Sandra Bale, Project Officer Partners in Recovery, Gold Coast Primary Health Network

Thru the Eyes of the Participants Story - Learnings From Four Years Of Creative Growth

This compelling and captivating panel presentation utilizes the power of Story Telling to share the learnings (and yearnings) from the successful Partners in Recovery (PIR) program. PIR is a federally funded community based mental health program. On the Gold Coast, across four years, the PIR mental health team has shared in the journey of almost 850 participants.

This PIR panel will share significant and profound learnings from close coordination and consistent connection with PIR participants, via an engaging and moving presentation that focuses on two true-life tales - a 'Tragedy' and a 'Triumph' from within the PIR program.

After sharing one 'Tragedy' and one 'Triumph' tale, it is in the panels closing summary that the elements in common between the tales are acknowledged. The essential ingredient of the 'Triumph' tale is identified and revealed in the closing summary, as being the positive and recovery oriented collaboration of all supporting sector teams, highlighting this as a critical ingredient of positive support of individuals with a mental illness in achieving truly great outcomes.

Through stimulating panel discussion and visual illustration, the value of a positive across-sector collaborative approach to mental health recovery will be explored and hailed as

- best practice when supporting individuals navigating disadvantage relating to combinations of complex life circumstances, mental illness and physical health challenges.

- resulting in optimal achievement of personally identified, holistic, and positive outcomes for people living with a mental illness.

The experience of the audience will be enhanced utilizing two large scale hand-drawn illustrations of the 'Tragedy' and the 'Triumph' participant journeys. These drawings will be viewed by the audience, not only in person where the drawings will be walled behind the panel, but also via magnification on the PowerPoint presentation.
Mr Andrew Thorp, Program Manager, Stigma Reduction, beyondblue

Co-Author(s):
Dr Devon Indig, Associate Director, CGA Consulting
Dr Angela Nickerson, Director, UNSW Refugee Trauma & Recovery Program
Ms Chanh Mann, Manager Projects & Partnerships, Incolink
Dr Alison Kennedy, Research Fellow, Deakin University/National Centre for Farmer Health
Mr Caleb Hawk, Project Manager, Victorian AIDS Council
Mr Brent Hedley, Mental Health & Wellbeing Manager, Australian Football League Players' Association

**Overcoming Digital Barriers: Results of beyondblue Research Into Stigma Reduction Using Digital Interventions**

In 2014, beyondblue, thanks to donations from the Movember Foundation, committed to investing in action research partnerships encompassing multiple perspectives - local community, academics, evaluators, digital designers - each contributing to an integrated innovative project: the development, acceptance testing and trial of digital interventions that have, as one of their central and explicit aims, the reduction of stigma associated with anxiety, depression and/or suicide amongst Australian men aged 30 to 64 years.

Following an open, competitive process, six action research partnerships were commissioned to answer a key question: can digital interventions, implemented at a local population level, prompt change across the knowledge, attitudinal and/or behavioural components of stigma experienced and/or exhibited by men aged 30 to 64 years?

The six commissioned projects were: Better Out Than In, led by the AFL Players Association with Latrobe University; Contact+Connect, led by Incolink with Deakin University Centre for Population Health Research; Out of the Blue: Pete & Dale, led by VAC with UNSW Centre for Social Research in Health; Tell Your Story, led by UNSW Refugee Trauma & Torture Program; The Ripple Effect, led by Deakin University's National Centre for Farmer Health; Y Fronts, led by CGA Consulting with researchers from the University of Sydney.

The final results of the six projects will be delivered to beyondblue in June 2017.

The preliminary results provide significant and extensive insights into how to best use relevant content, through co-designed digital platforms, to prompt change in men in their middle years so they experience and/or exhibit less stigma associated with poor mental health and suicide.
Significantly, there are world-first learnings with regard to effective ways to reduce self-stigma (a significant barrier to help-seeking), and the impact and effect of suicide related stigma in farming communities.
Online Social Support: A Review of Measurement Instruments

Social support, traditionally is a well-established predictor of wellbeing. With increased social media usage, key research questions arise about social support derived online. Although much of the studies have used self-report instruments to measure online social support, there has been no comprehensive review of these online social support measures. We undertook a comprehensive review of self-report measures of online social support and their psychometric properties. Using four online databases and using a combination of key words; online social support; social capital; social media; and computer-mediated communication, we identified 14 instruments either adapted from offline social support measures or developed specifically for online social support measurement. For all measures there was limited evidence available regarding their psychometric properties. Content and construct validity were identified for most measures, with mixed outcomes. Criterion validity was rarely reported. The reliability coefficients were available and acceptable while test-retest and inter-rater reliability were not reported. From the measures reviewed, the adapted 12-item Multidimensional Scale of Perceived Social Support shows promise with easy adaptability, high internal consistency across three studies, and strong content validity. In conclusion, this review highlights the need to do further research to investigate the psychometric properties of the existing instruments available for measuring online social support.
Mrs Sandra Bale, Project Officer, Gold Coast Primary Health Network

The Drawn Voice of the Consumer

This paper describes the application of graphic recording to the human services sector with relevance to Mental Health and those with lived experience. The paper picks up on some of the key principles for this conference including promoting recovery, being exposed to new and innovative ideas and developing ways of thinking and learning to make a difference.

Using drawn processes to illustrate significant life events is not new and has been used by Indigenous Peoples for thousands of years. What is new is the use of graphics to capture the journey of people’s experiences which can be used in the context of healing and recovery. Seeing their journey respectfully depicted on a large sheet of white paper, instead of relying on clinical notes as the vehicle for their story, can highlight how many obstacles and barriers they have been able to overcome in their own recovery. Furthermore, it is an excellent tool to side step the shame caused by stigma.

The graphic recording experience is led by the consumer; it values the individual and allows the person to be open to the process. Through trust and rapport, the drawer can tap into experiences that have not been given a voice for a long time or perhaps ever. The process is an adjunct for use in a therapeutic environment and the drawer is at all times aware of professional boundaries and keeping the person safe.

This paper will also describe the attributes required by the drawer and raises the question ‘do you need to be an artist to do it?’. As a drawer, the artistry comes from your innate ability to listen and remember in context the material you are hearing. It is a skill with an emerging area of evidence to build into organisational processes such as consumer engagement, client satisfaction, service co-design and quality improvement.
Ms Rosie Barnes, Clinical Nurse Educator, Epworth Healthcare

Co-Author(s):

Mrs Melanie Gordon, Clinical Services Project Manager, Epworth Healthcare

Mental Health Nursing Documentation and the Role of the Nursing Care Guide

Epworth Clinic based in Camberwell, Victoria, is a 63 bed private mental health facility that was established in 2013. As a new facility with a focus on evidence-based practice and recovery, an opportunity was identified to develop a novel concept to support mental health nurses with clinical assessment, provision of recovery-based care and the management of risk through guiding documentation practices.

With a mental health nursing workforce of varied knowledge and experience, staff sought further direction and guidance for formal organisational expectations relating to the provision of mental health care through documentation.

Documentation auditing further identified inconsistencies and gaps in practices amongst nursing staff which lead to the following actions:

- Focus groups were developed to address existing concerns and identify methods to improve documentation and assessment
- A literature review was conducted to explore a wide range of systems, tools and approaches to improve communication and the delivery of care
- External benchmarking with other mental health facilities regarding documentation practices

The Mental Health Nursing Care Guide (MHNCG) was then established and introduced to support mental health nurses by providing a framework for clinical documentation and patient-centred care. Aligned with National Standards, the MHNCG was developed utilising an ISOBAR format (combined with the mental state examination) as an additional benefit of supporting clinical bedside handover.

Outcomes:

- Overall improvement in all elements of documentation
- Improvement in admission documentation
- Improvements in nursing assessment with further opportunity to improve other documentation
- Improvement in evidence of discharge notes
Dr Rebecca Beirne, Senior Lecturer, University of Newcastle

**Characterising Mental Health Conditions in Television Drama and Comedy, 2006-2016**

This research examines the representation of 26 major characters appearing in Anglophone television drama and comedy series from 2006-2016. It particularly focuses on how narrative and perspective in these series presents mental health conditions, what kinds of personal and social impacts are portrayed and the role of psychiatric treatment.

Pre-existing tropes such as that of the individual gifted with supernatural-seeming insight are still clearly present in characters from Homeland, Black Box and Perception, each of whom gain clues to investigations through hallucinations and manic episodes.

The negative associations with violence were less prominent within the sample than what was found by earlier studies, though an entire series is still dedicated to the policing of crimes involving characters with mental health conditions (Cracked), and characters in other series commit violence and other criminal acts during manic or psychotic episodes.

The efficacy and side effects of psychiatric medication are presented somewhat differently in various examples, however, they do share key features. Medication is often presented as immediately effective with symptom relapse automatic and close to instant upon cessation. In the case of the ‘gifted genius’ trope, the deliberate withdrawal of medication is a strategy used to gain heightened intelligence and insight.

The media plays an important role in educating the public about those with mental health conditions. For example, a 2014 study found that 54% of 2000 surveyed individuals felt watching a drama program with a storyline about a mental health condition “helped to improve their understanding of mental health problems”.

Television has historically failed to offer a diverse representation of individuals and characters with mental health conditions. Indeed, “The media create and perpetuate mental health stigma and discrimination through repeated use of negative and inaccurate images of the mentally ill.” Although negative and inaccurate representations continue, this study has identified a greater diversity of characters with mental health conditions on television since 2006.


Working with Power, an Exploration

The idea of power as a continuum emerged during a workshop at the 2017 Aboriginal wellbeing conference. The importance of traditional values, such as spirituality and reciprocity, were identified as critical for empowerment. Further reflection led to an expansion of these ideas into a potential multidimensional model, broadening the options for healing work.

Derived from theories as diverse as Foucault's ideas about "madness" to R.D. Laing's concept of "breaking through" rather than "breaking down", and on to the current recovery emphasis, this investigation offers a challenge to the medical model that often dominates in current mental health services.

Central to this continuum concept is the understanding that power resides in all relationships, be they positive or negative. When there is a struggle or conflict between individuals or groups, those with the least favourable outcome lose their sense of agency, resulting in a diminished perception of self. This is then played out (consciously or unconsciously) in a number of ways, including passive aggressive behaviours, rejecting the values of the dominant person, group or culture and disengagement with social structures such as education and employment.

However, power is still being exerted and a sense of self maintained, albeit with distortions. The latter may contribute to self defeating behaviours, such as excessive alcohol or drug use or poor mental health, due to the unavoidable internalised dissonance. By understanding this, workers have the opportunity to facilitate a different use of this power, changing self perceptions and restructuring behaviour patterns.

This approach offers a different perspective on lives limited by beliefs and circumstances. It addresses the energy loss implicit in negative transactions with benefits to individuals, families and communities. Traditional cultural and spiritual beliefs support changes, as rituals and ceremonies offer opportunities to share stories and build strengths.
Ms Andrea Chin, PhD Student, University of Otago

The Relationship Between Dual Self-Construal’s and Mental Health in New Zealand Adolescents

Background & Purpose

Adolescence is a period where individuals develop self-construals, overarching schemas that represent individuals' sociocultural identity. Self-construals are strongly influenced by culture and, in turn, affect mental health. Although independent and interdependent self-construals (IndSC and InterSC, respectively) have been conceived as orthogonal, they are often studied as opposing ends on a spectrum. With increasing globalisation and the cultural exposure that brings, adolescents may develop dual self-construals (DualSC). Whereas the relationship between singular self-construals and mental health has been studied extensively, the relationship of DualSC with mental health has not been investigated. Our aim was to investigate the relationships that single and dual self-construals have with mental health in adolescents. Drawing from biculturalism and acculturation models, it was hypothesised that DualSC will predict better mental health in adolescents.

Method

High school students (n = 161, aged 16 to 18 years) completed questionnaires on mental health and self-construals. Hypotheses were tested using linear regression.

Results

Greater IndSC was related to lower self-reported depression, anxiety, and stress symptoms. However, InterSC and DualSC were not associated with mental health symptoms.

Conclusions

In New Zealand’s individualistic context, independence is associated with greater mental health for adolescents while there is no discernible effect of interdependence. No beneficial effect of DualSC might mean DualSC only promotes mental health when adolescents are straddling two cultural groups. Future research should consider different types of InterSC and mechanisms through which self-construals can affect mental health.
Mrs Selena Dominguez, Sensitive Claims Portfolio Manager, ACC

Co-Author(s):

Mrs Kris Fernando, National Manager, Psychology and Mental Health, ACC

Reducing Long Term Harm From Sexual Violence Through an Integrated Model of Service Delivery and Early Holistic Interventions

ACC instigated a major transformational redesign of its sexual violence recovery services creating an integrated approach to support the client and their family/whanau journey to easily access the right service, with the right person, at the right time.

ACC consulted widely using focus groups, survivor input, surveys, sector representatives, providers, government departments and frontline staff to co-design the end to end services. Outcome measures - World Health Organisation Disability Assessment Schedule Second Edition (WHODAS 2.0) and the Personal Wellbeing Index (PWI) - are being gathered to gauge the impact of the service for clients.

The Integrated Services for Sensitive Claims (ISSC) was implemented on 24 November 2014 and comprises of end to end support, assessment and treatment services based on best practice guidelines in Aotearoa.

Referrals into the ISSC have exceeded all expectations and have continued to increase; since late 2014 more than 17,000 claims have been lodged and more than 3000 clients have returned to support. Initial indications of the success of the service are that 70% of clients are experiencing an improvement in their perceived wellbeing and day to day functioning.

In summary, an evidence-based service incorporating best practice guidelines has been developed. The outcome measures employed suggest that the service is having a positive impact on clients and their families/whanau. Issues which have had to be managed include ACC internal staff capability and capacity, supplier/providers adjusting to major changes in service delivery, and the need for an on-going focus on improving the quality of service delivery and assessment report writing. Strategies have been and are being developed to manage these issues.
Outcomes for Indigenous and Non-Indigenous Children and Young People In Out-of-Home Care Presenting with Complex Behavioural and Mental Health Problems

Little evaluation research has been conducted on the effectiveness of services and intervention provided to Indigenous children in out-of-home care. This study evaluated Evolve Therapeutic Services, an innovative Queensland, Australia program employing a collaborative wrap-round model of care in combination with a flexible intervention approach, individually tailored to children and young people in out-of-home care presenting with complex and extreme behavioural and mental health problems.

The sample consisted of 768 children and young people, of which 36% were Indigenous. Two clinician-rated measures, the Children's Global Assessment Scale (CGAS) and Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA), were used to assess young people's functioning via a pre-post treatment design. Differences in outcomes between Indigenous and non-Indigenous consumers were assessed by comparing pre and post treatment CGAS and HoNOSCA mean scores using repeated-measures t-tests. For estimates of differences in the proportion of clients in the clinical range between pre and post-treatment the McNemar test was used.

Results provide a demographic profile, clinical profile, and pre and post treatment comparisons for Indigenous and non-Indigenous consumers. Results will be outlined across a range of problems areas: general functioning and adjustment; disruptive, antisocial and aggressive behaviour; overactivity, poor attention and concentration; problems with scholastic and language skills; emotional symptoms; peer and family relationships; self-care and independence; and school attendance.

Practical implications of the findings will be discussed.
Dr Kyoko Fujita, Associate professor, Dept. of Nursing, International University of Health and Welfare

The Mental Health of Junior High School Students in the East Japan And the Factor in the Stress Reactions Concerned

Aims: The objectives of this study were to clarify the mental health of junior high school students in the East Japan and the stress factors concerned in order to consider the possibility of providing mental health support.

Methods: A questionnaire using a mental health check list (Okayasu et al., 1999) was filled out by 650 eighth graders from in the East Japan. Answers about character, life-styles, and stress, allowed us to perform a statistical analysis. We used a t-test and a one-way layout analysis of variance to enable an official measurement of any significant differences from the norm following low ranking "mental health" items. A multiple regression analysis was conducted to clarify "the stress factors' involved.

Results: The stress reaction score of the junior high school students was low, and their mental health was generally good. The meaningful equilateral factor of the stress reactions concerned was a girl who did not take breakfast, experienced stressors at school, including with their studies and her relations with their friends and teachers, along with other elements of their PLEs. Significant negative factors in the stress response concern taking breakfast, having the support of friends, the ability to believe that there is no need to worry, trying to overcome obstacles, and working eagerly on hobbies and club activities.

Conclusions: This study showed that there is a need to strengthen education regarding meals, sleep, and fixing a basic lifestyle, including how to get onto the Internet, and an educational approach that includes cognitive behavior therapy (CBT).
Mrs Anne Heath, Executive Director - Education, NOFASD Australia

Protective Factors for Co-Occurring Foetal Alcohol Spectrum Disorder and Mental Illness

Background: Foetal Alcohol Spectrum Disorders (FASD) and Mental Illness is highly correlated because mental illness is often presenting as a secondary condition of FASD, particularly within the youth population of FASD individuals. The most common mental health concerns presented with FASD is depression and suicidal ideation. Up to 90% of people with FASD also have co-occurring with mental illness, and little is understood about the impact of protective factors.

Aim: Commencing with an overview of FASD, the aim of this paper is to deliver the findings from a literature review that seeks to address the high rates of mental illness across those with lived experience of FASD. The presentation will also outline the factors that contribute to these rates, and consider evidence based protective factors that may reduce the prevalence of mental illness with FASD.

Method: A literature review was conducted to obtain articles that outlined protective factors associated with FASD and co-occurring metal illness. Databases accessed included Medline, PsycINFO, Google Scholar, Academic Search Complete, and Education Resources Information Centre (ERIC).

Results: Protective factors are conditions that reduce risk. Protective factors have been found to reduce the incidence of mental illness in FASD individuals include early diagnosis, service eligibility, protection from violence, a stable home environment, and timely access to mental health services.

Conclusion: Understanding the severity of co-occurring FASD and mental illness, and identifying protective factors may ultimately improve outcomes for those who have lived experience of co-occurring FASD and mental illness.
The Effects of Depressive Symptoms on Cognition in Elderly Women

Introduction

Clinical depression affects between 10 and 15 per cent of individuals aged over 65 (National Ageing Research Institute, 2009), increasing risk of cognitive impairment and dementia (Karlamangla, Lachman, Han, Huang, & Greendale, 2017). Despite prevalent mood disorders in the elderly, and particularly in elderly women, limited research has examined depressive symptoms and their effects on cognitive domains within this population. In this study, we aim to examine the relationship between depressive symptoms and cognitive domains, in a cohort of older women.

Method

This study comprised 236 elderly women partaking in the Women's Healthy Ageing Project (Szoeke, Coulson, Campbell, Dennerstein, & the WHAP Investigators, 2016), with a mean (SD) age of 70.13 (2.69). These individuals were examined utilising a cross-sectional design. Depressive symptoms were assessed by the CES-D, and dichotomised into high and low depressive symptom at a threshold score of 16 (Lewinsohn, Seeley, Roberts, & Allen, 1997). Cognition was assessed utilising a neuropsychological battery including the Mini-Mental State Examination (MMSE), California Verbal Learning Task Second Edition (CVLT), Digit Symbol Coding and the Stroop Task. Independent samples t-tests and Man-Whitney U tests were conducted to examine differences between low and high depressive symptoms on cognitive measures.

Results

Comparing high and low depressive symptoms' groups, demonstrated that the high depressive symptoms' group had significantly lower scores for the MMSE (p = .019), CVLT (p = .007), and Digit Symbol Coding (p = .046), however not the Stroop Task, when compared with the low depressive symptoms' group.

Discussion

In our cohort, decreased depressive symptoms were association with higher global cognition, verbal episodic memory, processing speed. This highlights that even in this populations, these domain specific impairments are present. As this study was cross-sectional, causality cannot be determined. Further studies are required to examine the temporal relationship between depressive symptoms and cognition.
The Process of Stigma Toward 'Modern Type Depression' in Japan: Findings from Mediation Analyses

Depression is a heterogeneous disorder, and processes of stigma toward depression may vary among its subtypes. In Japan, psychiatrists (e.g., Kato et al., 2011) have recently proposed two subtypes of depression: traditional type depression (TTD) with melancholic features, and modern type depression (MTD) with atypical symptoms (e.g., mood reactivity, interpersonal rejection sensitivity). Although Sakamoto, Yamakawa, and Muranaka (2016) showed that perceptions of MTD patients are more negative than those of TTD patients, it remains unclear what kinds of stigma processes exist in the case of MTD. The present survey, therefore, examined stigma processes concerning MTD by using statistical mediation analytic techniques.

Survey participants were 208 entry level employees (123 female, 85 male; age range 25-29 years) and 245 management level employees (127 female, 118 male; age range 40-49 years). We presented two vignettes developed by Sakamoto et al. (2016) that described fictitious employees with either TTD or MTD, to the participants in a random order. Participants then answered Likert-scale items concerning causal attribution beliefs and behavioral intention toward patients.

A series of two-condition within-participant mediation analyses (Montoya & Hayes, 2017) showed a consistent pattern of findings between the two subsamples of participants. First, within-participant manipulation of the vignettes (MTD compared to TTD) significantly increased two kinds of personal responsibility beliefs (poor human relations skills, lack of effort), and increases in these beliefs predicted significantly stronger intentions of avoiding MTD patients relative to TTD patients. Second, the indirect effect of vignette type through the 'lack of effort' belief was significantly larger than that through the 'poor human relations skills' belief. These results indicate that specific processes of stigma toward MTD exist, and the 'lack of effort' belief may play a key role in the stigma process.
Mr Duane Katene, Consumer Representative, Gold Coast Primary Health Network

Consumer Empowerment Through the Written Word

In my presentation, I will firstly discuss my lived experience with anxiety, depression and Attention Deficit Disorder. I will briefly touch on certain events that led up to my diagnosis of anxiety, depression and Attention Deficit Disorder. I will discuss in detail my journey of recovery and what resources aided me. I will focus on the written word as a major resource for my recovery. The written word will be discussed in terms of creative writing and writing my real life story about my experiences of having a mental health illness.

Secondly, I will discuss my role as a writer for The Gold Coast Primary Health work. I will discuss writing recovery stories on behalf of mental health consumers. I will discuss the process. I will discuss the strength based approach as apart of the process. I will discuss the outcome. I will discuss the publication of the story as apart of the outcome. I will discuss the link between consumer empowerment and the written word.
Her Stories: Mental Health Nurse Mothers of Adult Children with Schizophrenia

The World Health Organisation reports there are 29 million people diagnosed with schizophrenia. Parents play a vital role in the support of their loved ones who have been diagnosed with this lifelong condition and studies indicate that mothers are their primary carers.

Mental health nurses have children too and if their son or daughter is diagnosed with schizophrenia, their role changes. The dual role of a mental health nurse and mother may be incredibly difficult to navigate for emotional, ethical, practical and institutional reasons.

Research has focused on the impact of the lifetime emotional, social, and financial consequences experienced by families of consumers with schizophrenia. There is, however, a gap in the scholarly literature regarding mental health nurse mothers who are in similar circumstances.

This presentation will give a voice to the experience of mental health nurses who are mothers of adult children who have been diagnosed with schizophrenia.

The aim of the study is to gain a deep insight and understanding into the stories of the maternal experience of simultaneously being a mental health nurse and mother of a son or daughter with schizophrenia. The key question being asked is: what stories do mental health nurse mothers tell of their experiences of negotiating care for their sons and daughters diagnosed with schizophrenia?

A qualitative approach grounded in storytelling permits an exploration of the participants’ stories to increase knowledge of the context within which the mothers negotiate the health care needs of their adult children.

The mental health nurse mothers have lived storied lives, and the role of the researcher is to describe their lives, collect their stories and document their narratives.

This study invites a discussion about how mental health professionals can use the mental health nurse mothers' insightful stories to improve services for people who have been diagnosed with schizophrenia.
Eliciting and Responding to Suicide Ideation: A Collective Case Study

A psychologist's ability to elicit suicide talk during the therapeutic consultation is an important component in the assessment of a client's risk of suicide. Acknowledging this, the aim of this study was to explicate how suicide ideation is elicited and responded to in therapeutic consultations. This study used discursive psychology as the research framework and conversation analysis as the analytic methodology. It followed a collective case study design, examining multiple instances of suicide talk between one provisional registered psychologist and one client. Data consisted of three recorded consultations between the psychologist and client. Results indicate both psychologist and client can, and do, introduce suicide as a therapeutic-relevant topic into the consultation. When suicide was introduced, it was done using a number of discursive elements including increased pitch, volume and/or pauses, perturbed talk, and pre-questions. This had the effect of introducing suicide as a delicate topic, although results indicate that suicide was not necessarily responded to in the same delicate manner, especially in later consultations. It is hoped that the outcomes of this study will provide the basis for further research that informs the development of best-practice resources that are grounded in a real-world treatment context and consequently, improve how psychologists perform suicide risk assessments.
Mrs Thi Minh Tam Le, Student Counselor, RMIT University Vietnam

How to Work with Difficult Behaviours: Applying the Enneagram at Work

How to work with difficult behaviours is a topic that many people are concerned about in the workplace. Applying the Enneagram helps people develop their self-awareness and self-understanding. It is also a tool to appreciate relationships at work, to understand others, and to reduce conflict in order to be better cooperate and work together.

Enneagram training applying the instructional coaching on how to introduce the Enneagram Theory of Nine Types of Personality in the Work Environment by Sudhir H. Kale and Samir Shrivastave was provided to staff at RMIT International University Vietnam from May to September 2016.

Participants were able to explore their Enneagram personality types, their personal direction and negative emotion in time of stress, and their blind spots with their inner observers. They came closer in terms of trust, sanctuary and compassion by understanding the concept of 'be kind, for everyone you meet is fighting a difficult battle' and 'there are no difficult people, only difficult behaviours of people'. This resulted in a more positive working environment, focusing on problem solving, stress management, as well as improved support and productivity.
While bullying has been associated with a higher likelihood of drinking alcohol during adolescence, it remains unknown whether all forms of bullying are associated with underage drinking. Further, it is unclear how to reduce the progression from bullying to underage drinking. This study focuses on two forms of bullying, direct (physical or verbal bullying) and indirect bullying (relational and cyber bullying). It also examines whether the relationship between bullying and underage drinking will be moderated by the social cognitive process, moral disengagement. It is anticipated that bullying will only be associated with underage drinking when students justify and excuse their drinking.

Participants were 871 (71% males) Grade 7 (n = 432, Mage = 12.18) and 8 (n = 437, Mage = 13.12) adolescents from six non-government schools in Queensland aged between 11 and 14 years. Only direct bullying was associated with underage drinking. Further, moral disengagement was found to moderate the relationship between direct bullying and underage drinking, with a positive relationship between bullying and drinking existing only when students justified or excused their drinking. The findings of this study have significant benefits for the development of future interventions, indicating that the progression from bullying to underage drinking could potentially be prevented by specifically targeting adolescents who engage in direct forms of bullying (e.g., physical or verbal bullying) and by targeting these students' justification and excuses for underage drinking.
Miss Ka Man Li, Master Student, The University of Melbourne

**Associations Between Body Mass Index, Anxiety and Cardiovascular Risk in Elderly Australian Women**

Background: Anxiety and cardiovascular disease are the leading global health concerns, with higher prevalence in women than in men (WHO, 2016). High body weight not only is a major hidden cardiovascular risk factor, but it is also the fundamental trigger for anxiety in the female population. However, the associations of body weight, anxiety and cardiovascular risk (CVR) in women remains unclear, growing a controversial debate in current literature (Alvarenga & Byrne, 2016).

Objectives: The aim was to examine the associations of anxiety, body weight and CVR in elderly Australian women.

Methods: Cross-sectional analyse of 189 participants from the Women’s Healthy Aging Project (WHAP), who had completed data including Hospital Anxiety and Depression Scale (HADS-A), Body Mass Index (BMI) (kg/m2) and CVR (% Australian Absolute Cardiovascular Risk Score) that excluded BMI, were examined. Linear regression was used to investigate these three factors and with adjusting variables including age, education and cognitive memory function (Z score, California Verbal Learning Test List A Long Delayed Recall).

Results: In this study, women (mean age 71.99 ± 2.97SD) were overweight (mean 27.58 ± 5.18SD) and were classified as normal in HADS-A (mean 4.47 ± 3.20SD) and had low CVR scores (mean 8.51 ± 8.17SD). The positive association between anxiety and CVR was significant ($\beta=0.344; CI=(0.263, 0.688); p=0.024$). The independent relationship between BMI and CVR was also found to be significant ($\beta=-0.011; CI=(-0.135, -0.059); p=0.035$).

Conclusions: Both anxiety and BMI were closely associated with CVR. Elderly Australian women who were overweight or obese were less likely to have severe anxiety. These early findings have the potential to contribute towards preventive studies for active ageing women. Further work on the longitudinal relationship of BMI and anxiety in ageing women would be important.
Father Absence as a Predictor of Early Sexual Debut in an Australian Birth Cohort Study

Early age of first sexual intercourse (FSI) is associated with significant challenges to the present and future health and wellbeing of adolescents including sexually transmitted infections, unplanned pregnancy, partner violence and lower educational achievement. A large representative Australian birth cohort (Raine) study was used to address the question of whether father absence in childhood predicts early FSI in adolescence. From 1148 mothers who indicated absence of the father prenatally, 1065 adolescents at the 16 year followup reported on whether they had experienced early FSI. Past father absence positively and significantly predicted early FSI after controlling for other known confounds of early FSI; maternal education, household income, and maternal age at delivery.
Conceptions of Mental Disabilities of Mothers of Children with Down's Syndrome

Introduction: The purpose of the present study is to clarify how mothers of children with Down’s syndrome conceive mental disabilities and to elucidate the characteristics of the child-rearing attitudes and styles of the mothers.

Method: Subjects were nine mothers who are members of a ‘Parents’ Association of children with Down syndrome’. Semi-structured interviews were performed and qualitatively analysed. The mean age of the subjects was 50.9 ± 6.8 years, with mean interview duration of 52.4 ± 10.9 minutes. Prior to study implementation, consent was obtained from the University of Yamanashi Faculty of Medicine Ethics Committee.

Results: These mothers believed that while there is recovery from depression, there is no recovery from schizophrenia. They were unclear about the borders between illness and character and believed that the prejudices in society about mental disorders will not disappear. The mothers thought that not only themselves, but other people as well, have no clear images of persons with mental disabilities; they feel fear of such persons, and that they (i.e., the mothers) have to exercise caution when dealing with such persons. Thus, they expressed their sentiments of not having a true understanding of persons with mental disabilities.

Discussions: This study found that even parents who have a child with cognitive disorder do not have feelings of closeness (intimacy) for persons with mental disorder, but rather seem to share the attitude of the general public towards mental disorders. How mothers of children with Down syndrome conceive of mental disorders, though kinds of disorders are different, has not changed greatly from that of general population. This study thus confirmed that it is difficult for people to understand mental disorders, and that prejudices and stigmas are deeply rooted.
Assessing Relationships Between Social Support and Mental Health Among Older Women

Introduction

Elder female population is growing globally. They are more vulnerable than men. Current literature suggests that accessibility of appropriate social support can improve mental health and well-being among older women. This study aims to explore relationships between social support and mental health among old women in Iran.

Methods

This is a cross-sectional study conducted in Iranshahr, Baluchestan province, Iran. A total of 400 elderly women aged over 65 years were recruited using multi-stage sampling. The data was collected using Social Support and General Health Questionnaires. Pearson correlation coefficient, t-test and ANOVA were used to analyze study findings.

Findings

The average age of participants was 67.8 (±7.2) years old. Average mental health of the participants was 24.1(±11.7), which reflects good mental health. Social functioning of mental health was significantly correlated with social, emotional and financial supports. Mental health was significantly correlated with age (r = 0.4, p < 0.05) and marital status (F = 5.84, p < 0.001).

Conclusion

Our finding suggests that appropriate social support can have a significant impact on older women's mental health and social functioning, as such, interventions promoting mental health and social needs of elderly women are needed in the context of Iranian culture.
Support and Education for Special Needs Students in Japan - Comparative Analysis Between Public and Private Elementary and Secondary Schools

Purpose: To clarify the level of educational support offered to special needs students.

Methods: Statistical analysis of government figures.

Results: The research statistics in 2007-2015 shows schools and students' characteristics in Japan, kindergarten, elementary, secondary and high schools.

The total number of elementary schools was 20327, secondary schools was 10412. The number of public elementary schools was 20034 (98.6%), secondary schools was 9589 (92.1%). The number of private elementary schools was 221 (1.1%), secondary schools was 755 (7.3%).

Comparing 2007, 2012 and 2015, implementation rates have increased for all contents on special education at elementary and secondary schools.

High implementation rates were, placement of committees and coordinator, almost 100%. However, education and support plans for individuals who need special support was 80-90%. The lowest implementation rate was support from an expert team, less than 60%.

Public and private schools showed significant differences in 2015. Public elementary and secondary schools with the highest implementation rate item was nomination of special needs education coordinator (100%, 100%), lowest implementation rate was utilizing an expert team (62.2%, 53.7%). However, private elementary and secondary schools with a highest implementation rate item was understanding the condition of schoolchildren needing special support (63.3%, 55.4%), lowest implementation rate item was creation of individualized education support plans (8.1%, 5.6%).

Discussion: Clear differences were seen between public and private schools at enrolment and education of children which could be seen as discrimination.

Educational laws are established based on public schools. Public schools are university affiliated and engage in research about educating children. Private school education is based on their own policies. National and private schools are imposing their own examinations of elementary and secondary schools. Children with disabilities are carefully refused because it is an obstacle for other students. Teachers think that children with disabilities should receive education at public schools.
Ms Janice Peterson, Community Engagement Coordinator, Wentworth Healthcare

Co-Author(s):

Mrs Neveen Sequeira, PIR Program Support Coordinator,

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**Mental Health Wellbeing Libraries**

The traditional concept of the doctor-patient relationship places the patient in a passive, compliant role. The patient’s only obligation is to seek competent help and cooperate with the physician’s role in clinical decision-making (DS Brody - Annals of Internal Medicine, 1980 - Am Coll Physicians Patient’s Role in Clinical Decision-Making).

The consumer movement in Australia has called for a more collaborative and person-centred approach. In the Nepean Blue Mountains Partners in Recovery program 30% of consumers identified that the information on their condition and treatment options available was an unmet need.

Mental Health Wellness Libraries were established in the Nepean Blue Mountains region to increase access to resources about mental health wellness and recovery.

The working group in collaboration with consumers, carers and health professionals provided the strategic leadership and direction in the development of the mental health resource list. A consultation process was conducted to determine the most suitable resources covering a range of topics such as anxiety and depression, drug and alcohol use, eating disorders, smoking and suicide. Information was made accessible by a range of medium including books, pamphlets, fact sheets and DVDs with the aim to support people in their personal recovery.

The Libraries have been made available across 25 sites in the community which include Mental Health Services, Neighbourhood Centres, Hospitals Units, Community Mental Health and local libraries. Visitors to the services or centres are encouraged to borrow items that may improve an individual's mental wellness strategies. Managing borrowing processes and display units was an integral component for ensuring usability as each site had unique needs and considerations around the logistics and safety aspects.

This poster presentation will illustrate the process undertaken to localise and implement the Wellness Libraries to promote individuals recovery. It will investigate the issues experienced and lessons learned through the process of creating the Libraries in each site.
Ms Amanda Prause, Bachelor of Social Work Honours (Candidature), Griffith University

Co-Author(s):
Dr Jennifer Cartmel, Senior Lecturer, School of Human Services and Social Work, Griffith University

Children’s Perceptions of School-Based Mental Health Curriculum

Through social and emotional learning and improved resilience skills, anxiety, depression, and suicide in children can be reduced. Increased focus is placed on the mental health of children, yet question continues to surround what children’s perceptions are of school-based curriculum that focusses on wellbeing. This study discusses children’s perceptions of a wellbeing program entitled Journey to the Island of Calm delivered by Pathways to Resilience Trust. The study involved gathering insights using focus groups with 8 children who had participated in the program. The focus group was carried out on three separate occasions and used the theoretical framework in social research that prioritised children’s capacity to co-construct knowledge.

Of ongoing concern is a strong link between mental health and marginalisation, which made this study particularly important given the socially disadvantaged nature of students at the primary school. The research highlighted the importance of building strong relationships in order to facilitate improved engagement in wellbeing programs. Further, it suggested children’s engagement was improved when provided the opportunity to share their thoughts in an unassuming way, where preconception was removed, and collaboration encouraged.
Current Evidence and Use of Physical Activity in the Treatment of Mental Illness: A Literature Review

This paper explores the role of physical exercise as a potentially new treatment approach in a variety of mental illnesses. It presents the results from a literature review that was conducted on March 2016 on the PubMed database. Additionally, the study includes discussion surrounding proposed mechanisms for the therapeutic benefit of physical exercise as well as its current use in clinical practice globally.

The literature is ripe with data in support of the use of exercise in depression, schizophrenia, anxiety disorders and PTSD. There was also preliminary evidence for its use in ADHD. Some studies attempted to study varying effects of exercise parameters to optimize treatment regimens. It was found that there was no evidence to specifically prefer aerobic over anaerobic, although there was a greater volume of evidence that supported aerobic programs. One study found that the optimal frequency was 90 minutes of exercise per week. Regarding intensity, moderate to high levels elicited the best results. They found that low intensity provided no effect in the reduction of mental illness symptoms.

There is a growing body of evidence that support incorporating exercise into treatment regimens for a variety of mental illnesses. There is a need for more robust trials focused on optimizing exercise parameters. Further research should aim to qualitatively analyze practices that are currently using physical exercise.
Mental Illness Fellowship Queensland Gold Coast Going Mobile: How We Did It

This presentation will describe major Organisational Change to a mental health workplace and the vital role of 3 service coordinators as they coach, mentor and lead their teams through a process which will result in a new way of working for the organisation.

The Mental Illness Fellowship Queensland provides support and programs for participants with mental health needs. The service is provided by facilitators with a broad range of skills, experience and expertise in Mental Health. In preparation for the roll out of the National Disability Insurance Scheme a decision to 'Go Mobile' means that facilitators will have as their main base of operations a non-office environment. This translates to is a workforce that experiences more autonomy and greater satisfaction whilst still maintaining the integrity, accountability and collegiality essential for effective practice. The administrative functions for support and service provision will reside not in an office but in an array of innovative locations in addition to a home office or hot desk at the MIFQ office Southport.

The important points to be communicated are the leadership required to ensure the accountability of a workforce that is in the main unsupervised. For most individual's autonomy is linked to worker satisfaction. However, the trust that is required between facilitator and service coordinator to ensure stewardship of resources will be explored in this presentation.

The content to be communicated will include the foreshadowing of the change, the operational challenges of decommissioned two office locations, managing ICT and taking all staff on the journey.
Reducing 28-Day Mental Health Readmissions in Western Sydney Local Health District

The project aims to reduce 28-day mental health readmissions in Western Sydney Local Health District (WSLHD) by identifying the key issues which lead to high readmission rates, and to implement targeted solutions to address these factors. Changes to the admissions, care coordination and discharge processes were implemented. Consumer, family and carer input into care planning was emphasised, along with the patient journey from admission to discharge and transition to the community.
Due to the high incidence, and detrimental mental health consequences, of child sexual abuse (CSA), effective prevention remains at the forefront of public and mental health research, prevention and intervention agendas. To date prevention has relied largely on child-focused education, teaching children to identify, avoid and disclose sexual abuse. However, whether delivered by professionals or parents, definitive links are yet to be made between children's knowledge and actual protection from CSA. The purpose of this paper is to explore how prevention opportunities can move beyond parental discussion with children about CSA risks and protective behaviours, to include parents in new and innovative ways. It is proposed that parents can play a significant role as protectors of their children via two pathways: i) directly, through the strong external barriers afforded by parent supervision, monitoring and involvement and, ii) indirectly, by promoting their children's competence, mental well-being and self-esteem, which evidence suggests may help them become less likely targets for abuse. This paper begins by describing why policies teaching young children about CSA protective behaviours might not be sufficient for prevention. Next, by narratively reviewing the existing literature on parents and their involvement in prevention, and the research on parenting and family circumstances that may increase a child's risk of experiencing sexual abuse, I aim to demonstrate that prevention policy-makers should use this knowledge to inform future prevention initiatives. Finally, a number of recommendations are made to more effectively involve parents and other adult protectors in protecting children from CSA.
Miss Laura Michelle Skazlic, Honours Student, Department of Medicine, The University of Melbourne

**Midlife Vitamin D Deficiency Is Associated with Depression in Later-Life Women: Data from the Women’s Healthy Ageing Project**

Abstract: BACKGROUND/OBJECTIVE: Depression affects over 300-million people world-wide; with the prevalence higher in women and increasing among older adults. Recently cross-sectional studies have displayed that vitamin D is associated with depression. Research is conflicted with arguments relating to reverse causality, lack of longitudinal studies spanning over 5-years and minimal analysis into female only cohorts. Therefore, we investigated the association between vitamin D deficiency, physical activity and a decade of depressive symptoms in ageing women.

METHODS: 248 participants from the WHAP (56-67-years, baseline) were investigated. Serum 25-hydroxyvitamin D (25(OH)D) levels were measured at baseline, with ≤25nmol/L considered deficient. Depressive symptoms were assessed via a validated scale (CESD-10), at baseline (2002) and 10-year follow-up (2012; 66% retention); ≥10/30 classified depression. Physical activity was assessed via self-report; defined as completing no or some physical activity during the last month. All analyses were adjusted for age, education, marital, smoking and employment status, alcohol consumption, cognition, body mass index (BMI), blood seasonality, anti-depressant medication and vitamin D supplement use.

RESULTS: Baseline log binomial regression analysis demonstrated a non-significant, although 2-fold increased risk of depressive symptoms in those vitamin D deficient (IRR=1.731, 95%CI=0.927-3.231, p=0.085). This relationship was significantly amplified 10-years later, with those deficient in midlife having a greater risk of depressive symptoms entering later-life (IRR=2.794, 95%CI=1.209-6.459, p=0.016). The relationship was independent of physical activity (IRR=0.771, 95%CI=0.143-4.155, p=0.762).

CONCLUSIONS: Our findings suggest a lag impact; vitamin D deficiency in midlife increased the risk of depressive symptoms in ageing women entering later-life. The independent relationship between physical activity, vitamin D and depression demonstrates that deficient women who are physically active are at the same risk of developing depressive symptoms, compared to those non-physically active. These results raise the issue regarding therapeutic considerations of vitamin D supplementation in midlife to possibly prevent later-life depression in ageing women.
Associations Between Endogenous Testosterone and Verbal Memory Performance in Postmenopausal Women

Background

Dementia is an age-related disease and has a growing prevalence in Australia with more than 400,000 suffers, over half of which are women (Alzheimer’s Australia). As women pass through menopause endogenous testosterone levels drop. Literature suggests that high endogenous testosterone levels may be detrimental to memory function in women (Hogervorst et. al., 2012).

Objectives

To investigate whether testosterone blood plasma levels influences verbal memory performance in ageing women.

Methods

Participants from the Women's Healthy Ageing Project (WHAP), a longitudinal epidemiological study of over 25 years were given cognitive function tests in 2012. Measurements from the 2012 timepoint were utilised in this analysis. Testosterone blood levels were obtained from fasting blood tests and memory function was indicated from CERAD assessment performance.

Results

214 of the 252 (85%) had complete data on cognitive tests and testosterone levels for statistical analysis. A Pearson's correlation was conducted between testosterone blood levels ($\bar{\mu} = 0.91$) and CERAD delayed recall ($\bar{\mu} = 4.86$). Higher testosterone levels were found to be significantly associated with a lower CERAD delayed recall score ($\bar{r} = -0.164$, $p < 0.05$).

Conclusion

In our cohort of postmenopausal women, testosterone levels were found to be significantly associated with CERAD delayed recall. Future research in this field is required to examine whether causative effects can be established between earlier life endogenous testosterone levels and memory performance in later life.
Dr Sue Tham, Deputy Director of Behavioral Health, Pascua Yaqui Tribe

Advancing Behavioural Health Integration in Native American Community

The tribal and diverse urban health needs of the Native Americans have been the focus across Indian Country due to the rising health care crisis in the United States. This paper reviewed the notable work done by the National Tribal Leaders’ Forum, which will inform future direction in terms of research and clinical practice to support integrated health care in a tribal community in Southern Arizona. “Tribal health care practices that are holistic encompass the physical, mental, emotional, spiritual well-being of individuals, families, and communities” (Tribal Public Health Initiative, 2015). A systems approach to public health involves developing strategic linkages and partnerships of tribal, urban, regional and national tribal organizations in the advent of self-determination legislative efforts to support tribal sovereignty. The eleven tribal epidemiological centers (Tribal Public Health Initiatives, 2015) have authority to manage health information systems and support health program.
Mrs Lyne Tremblay, Triage and Emergency Care Support (TECS) Clinician, Southern NSW Local Health District

More Than an Answering Service: Does A Mental Health Telephone Triage Service Based in Its Own Rural Area Provide Benefits Compared to A Metropolitan-Based Service?

Rural health services look to provide cost effective service, and outsourcing services to private companies can be one way to do this. This research in progress explores the effectiveness of a new rural public Triage and Emergency Care Support (TECS) service in Southern NSW Local Health District (SNSWLHD) for Mental Health consumers, their carer’s, families, medical professionals, hospitals staff and others calling the NSW Mental Health Line, seeking support and direction for the right care for them. The service is provided by local, rural and experienced mental health clinicians. The primary objective of this study was to examine if this move back to a more locally-based service offered any benefits for clients of the service.

An audit of the Mental Health line in SNSWLHD between March 2014 and April 2016 was performed including a review of 26,530 archival data records from calls to the Mental Health Line and 5333 mental health hospital presentations to 12 hospitals and multipurpose centres in the local health district were reviewed to explore any change in planned and unplanned emergency department presentations. To identify potential factors or features that can be associated with de-escalation in client symptoms therefore reducing the hospital presentations and impact on consumers and service utilisation, 200 call recordings to the TECS service were reviewed. Observations on any intervention provided during the call and the effectiveness of the intervention in terms of behavioural change in the caller and hospital presentation were recorded.

Currently in the data analysis phase, full results will be available for presentation at the conference.

Findings from this study will inform other Mental Health Line Triage organisations in skills development, and will be of interest to Mental Health Emergency Care Support Services (MHECS), mental health clinicians, support workers, Help line organisations, government agencies and consumers.
Ms Loren Wilkinson, Senior Medical Science Liaison, Janssen ANZ

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**Paliperidone Palmitate 3 Monthly Formulation Treatment for Schizophrenia**

Background: Long-acting therapies (LAT) may provide an effective treatment strategy for patients with early phase or first-episode schizophrenia, as well as maintaining treatment adherence in patients with chronic schizophrenia. Recent guidelines recommend LAT use earlier in the illness as a means to delay functional deterioration. Paliperidone palmitate 3-monthly (PP3M) formulation, which was recently approved by the Australian Therapeutics Goods Administration, offers a new treatment option for the management of schizophrenia.

Objectives: To provide an overview of the clinical evidence demonstrating the benefits of LAT PP3M in the management of schizophrenia.

Methods: The outcomes of two PP3M pivotal trials will be reviewed in this presentation.

Findings: PP3M compared with placebo significantly delays time to first relapse in patients with schizophrenia previously treated for 4 months with PP1M, and shows comparable efficacy to PP1M in patients previously stabilised on PP1M. PP3M is well tolerated with a safety profile generally consistent with other marketed formulations of paliperidone with no new safety signals identified in the trials.

Conclusions: Therapeutic plasma levels are maintained with PP3M, allowing patients to achieve symptomatic and functional outcomes.
Mrs Mary Williams, Area Manager, Belmont Private Hospital

Co-Author(s):

Ms Gaye Foster, Psychologist, Belmont Private Hospital

My Bravest Moment - An Anthology of Hope

The Voice of the Lived Experience.

'My Bravest Moment' - An Anthology of Hope

The Brisbane Centre for Postnatal Disorders (BCPND) was established at Belmont Private Hospital in 1991 to treat and support women with Perinatal mental health issues. The centre assists women and their families in the process of adapting to the biological, psychological and social aspects of their disorder in an environment that is supportive and reassuring and responsive to their needs and those of the infant and significant others.

To commemorate the 20th Anniversary of the establishment of this Centre, it was agreed by the clinical team that the best way to celebrate the essence of the Unit and its programs was to give voice to the lived experience of those courageous women who had been through our doors. Letters were written to past and current consumers of the service, inviting them to contribute via their chosen medium (Story, verse, artwork) to an Anthology which would pay tribute to each unique journey. As the submissions began to pour in, we were touched and amazed by the candour and courage of the women's' collective recollections - the single common denominator amongst the rich and varied penned experiences was one of hope.

We soon realised what a valuable tool the Anthology could prove on a number of levels. Primarily it afforded the contributors the opportunity to derive meaning from their individual experiences in a homogenous collective forum. Furthermore, it would provide some women, who undoubtedly will in the future walk this painful journey, with the opportunity to witness the expressions of hope and derive courage from the fact that the journey of perinatal mood disorders, though painful and difficult, is one that invariably leads to positive change, growth and resolution. We also believe that Health professionals will benefit in their clinical practice by reading this Anthology and 'bearing witness' to the aforementioned lived experience.
Psychosocial Determinants of Non-Suicidal Self-Injury

Nonsuicidal self-injury (NSSI) is a significant physical and mental health concern in society today. Whilst research efforts have made considerable headway in developing an understanding of NSSI, there is still much we do not understand about this paradoxical phenomenon, particularly regarding its aetiology, the functions it serves, and how these are interrelated. The current study examined the impact of the psychosocial determinants of gender, sexual orientation, self-esteem, coping, attachment, mental illness, trauma and body modifications on NSSI. A sample of 1292 adults (1110 females, 182 males), ranging in age from 18 to 76 years (m = 26.8 years), recruited from 29 different countries, completed an online self-report survey. Of the total sample, 67.9% reported a history of NSSI (801 females, 76 males). Self-injurers in the present study had higher incidences of mental illness and familial history of mental illness; a greater number of body modifications; lower self-esteem; and poorer perceived relationship quality with their fathers, mothers, and peers. They had also experienced more aggregated personal trauma and demonstrated a non-productive coping style, in comparison to non-injurers. Self-injurers who also disclosed a self-reported history of mental illness fared considerably poorer across the range of these psychosocial determinants than self-injurers with no history of mental illness. This group also self-injured more frequently, used more methods to self-injure, endorsed a greater number of functions, and had obtained medical treatment on more occasions for their wounds. Whilst each of the psychosocial variables were found to be an individual risk factor for NSSI, the combination of gender, familial and individual history of mental illness, aggregated personal trauma, paternal and maternal attachment, low self-esteem, coping strategies, and the number of tattoos procured accounted for nearly half of the variance of NSSI in the present study.
The Impact of the DRUMBEAT Program on Prisoners

Mental health issues are highly prevalent in Australian prisoners; for some these are pre-existing, whilst for others imprisonment itself and the separation from family and support networks has detrimental impacts on mental health. The high prevalence of mental health problems is particularly pronounced amongst imprisoned Aboriginal and Torre Strait Islanders, and the process of incarceration can compound their past experiences of trauma, grief and loss. Whilst there is some evidence that prison-based interventions can improve prisoner mental health and reduce recidivism, mainstream prison rehabilitation programs framed around theory based learning can struggle to engage prisoners from other cultural backgrounds or with low literacy. In contrast, the Holyoake DRUMBEAT program combines experiential learning (African style drumming) with discussion and team-based learning to promoting positive behaviours, inter-personal communication and coping skills to improve mental wellbeing and resilience.

As part of the ‘Closing the Gap’ initiative, Holyoake received funding to deliver and evaluate the DRUMBEAT program in WA prisons, with a particular focus on imprisoned Aboriginal people. A total of 21 DRUMBEAT programs were completed and evaluated across seven WA prisons over a nine month period (between November 2012 and July 2013). Of the 114 participants who completed both a pre- and post-program survey, nearly half were Aboriginal. The survey included a number of validated mental health measures including the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) and Kessler Psychological Distress (K5). Survey data was complemented by interviews with prisoners, prison staff and DRUMBEAT facilitators. The evaluation found that DRUMBEAT facilitated improvements in mental wellbeing longer term, and increased resilience and decreased psychological distress at program completion.

In this presentation, we share some key findings of the evaluation, and discuss also some of the challenges encountered in seeking to build the evidence base for effective mental health interventions in prison settings.
Mental Health as an Inseparable Element of Aboriginal Wellbeing - Insights from a Photovoice Project

The impacts of intergenerational trauma on the mental and physical health outcomes of Aboriginal people are increasingly recognised, with Aboriginal people experiencing far higher rates of psychological distress, post-traumatic stress disorder and other mental health conditions than non-Aboriginal people; holistic interventions are thus required. In an evaluation of the Heart Health Program run by the Derbarl Yerrigan Aboriginal Medical Service; through the modalities of photovoice and yarning, mental health is seen as inclusive of physical health and vice versa. Both are intertwined with the social determinants of health and stresses experienced by Aboriginal people that impact on their and their families' lives.

With cardiovascular disease the leading cause of death for Aboriginal people, the Heart Health Program was initially designed in response to the low representation of Aboriginal people in traditional cardiac rehabilitation program. The program is run in a culturally secure environment with a focus on flexibility, both structurally and in terms of content. This flexibility and responsiveness to community need has seen the content covered by Heart Health extend from cardiac-focused symptom and risk factor awareness to cover topics including diabetes, dental health, renal disease, podiatry and optometry. Underlying this broadening focus on physical health has been the creation of an environment where stress and mental health issues are freely and frequently discussed.

This presentation will highlight the ways in which mental health and social and emotional wellbeing emerged as intrinsic to people’s heart health journey. Issues of trauma, family, grief and connectedness to others and to land were recurring themes, and these wider contextual factors need to be acknowledged and accepted in the development of other Aboriginal health programs if they are to be truly effective with Aboriginal people.
Ms Matilda Wraight, Masters Student, The University of Melbourne

The Effect of Age at Menopause on Depressive Symptoms in Postmenopausal Women

Background

Depression is amongst the most common symptoms experienced by postmenopausal women (Bromberger et al. 2007). Findings from a recent meta-analysis have suggested that there is an association between age of menopause onset and depressive symptoms in later life (Georgakis et al. 2016). However, there has not been sufficient longitudinal research to examine this relationship while controlling for baseline depressive symptoms.

Objectives

To investigate whether age at natural menopause is predictive of depressive symptoms in postmenopausal women while controlling for depressive symptoms at baseline.

Methods

Participants were recruited from the Women’s Healthy Ageing Project (WHAP), an ongoing longitudinal epidemiological study of over 25 years. Participants were aged 65-77 in 2012 and had gone through menopause at this time point. Age at menopause was determined via self-reported data and depressive symptoms were assessed using a validated depression scale (Lesher et al. 1994). The following covariates were applied to the data; age at time of interview, level of education, marital status, history of depression, stressful life experiences and family history of psychiatric illness.

Results

After adjusting for the covariates, modeling through linear regression for the cohort (n = 216) showed that women who went through menopause at a later age were significantly less likely to experience depressive symptoms in later life ($\beta = -0.026, p = 0.047$).

Conclusion

Our findings support a relationship between age at menopause and depressive symptoms in later life. Women who were older at menopause were found to experience less depressive symptoms in later life, even when adjusting for depressive symptoms at baseline. The underlying neurological or physiological processes involved in the onset of menopause that may contribute to these depressive symptoms are currently unknown and could provide a rich area for further research.