**Keynote Abstracts**

**Scientia Professor Helen Christensen, Director & Chief Scientist, Black Dog Institute, Chair, Centre of Research Excellence in Suicide Prevention**

**Suicide Prevention – A Systems Approach**

Suicide prevention has become a national priority in mental health and a core target activity for LHDs, PHNs, clinicians, communities, and health networks. In this presentation, I will outline the strategies that have been found to work to reduce suicide rates globally and which are likely to have the greatest impact. Each of these impactful strategies will be examined further to understand how each can be implemented at a local area; and the steps local communities and health groups/networks can make to understand the nature of suicide and suicide attempts in their regions. The key factor emerging from research in implementation is the need for bottom up community led efforts. Suicide prevention relies on communities taking the initiative and owning the reforms. How do we engender collaboration, co-operation and integration? Is this easier or harder in rural communities? In the course of this talk, I will outline some new technology solutions that may help make the task easier – for example -online e health programs in primary care; geo-spatial mapping to reveal suicide trends, and methods to assist in keeping contact with people after a suicide attempt.

**Professor Jane Farmer, Research Professor of Health & Social Innovation, Deputy Director, Centre for Social Impact, Swinburne University, Melbourne**

**Participation, Service Design and Wellbeing: Lessons from Research on Citizen Participation**

The talk will reflect on the concept of participation from two perspectives. Firstly, it will give evidence and reflections from implementation of processes to involve citizens and consumers in rural service design and planning, reflecting on who participates, what is produced and the impacts for individuals, communities and services. Secondly, the talk will provide evidence from a project to understand the role of community organisations to build social inclusion. It will consider how inclusion and wellbeing realises for marginalised participants; and reflect on what happens for individuals, organisations and communities when marginalised participants are facilitated to participate. The talk will reflect on the concept of participation and its importance. Given its ubiquity in policy, it is easy to dismiss ‘participation’ as a fashionable and perhaps realistic goal, but experts argue that participation is a fundamental aspect of a fulfilling life. This talk seeks to penetrate the hype and look at the true value of working to achieve greater participation and what services can do to practically support more participation.

**Ms Alison Fairleigh, Area Manager, Mental Illness Fellowship NQ**

**Lessons Learned – Development and Delivery of Services to People Affected by Severe Mental Illness**

MIFA and its member work with communities to develop and deliver services, support and training in regional and remote Australia. In developing new opportunities or responding to government policy directions, MIFA and has learned valuable lessons as we strive become more competent in assisting people living outside traditional service areas (cities and major towns).

Key lessons discussed include partnering with local mental health organisations- listening and valuing local expertise, recognising all community members and their contribution to continuing community health, offering services that are fit-for-purpose. We also believe that working to include professional development and community learning opportunities is essential, as the opportunities may not arise often.

MIFA members seek to continue to develop services and supports for people affected by mental illness, their families and friends even as the service map is shifting during changes such as NDIS, Partners in Recovery and Personal Helpers and Mentors and Mental Health Carers respite.

**Ms Susan Moylan-Coombs, Founder and Director, The Gaimaragal Group**

**The Lurking Variable**

What can we learn from the oldest surviving living culture on the planet?

The ancient knowledge from our cultural teachings is our gift to humanity. It has nurtured us and sustained us, even in the face of adversity and the ever-widening Gap?

So what is the lurking variable that remains invisible, which builds resilience if we allow it? Can we move beyond survival and existence, to thriving, healthy communities, today and for future generations?

The work of the Gaimaragal Group is to lead social change and create social impact by bringing together like minds and like spirits. We believe that the philosophies and teachings of Australia’s First Peoples, the way of life that has sustained us for tens of thousands of years, is worth sharing. We believe we can create a new story of connection and wellbeing for all Australians. Our aim is to facilitate the voice for our Elders in the contemporary social space, empower our youth to realise their full potential, and provide two-way cultural translation to bring individuals and communities together.
Susan Moylan-Coombs is part of the group known as the Stolen Generations and has lived experience of trauma associated with removal and loss. Through collaborative community initiatives Susan creates programs and pathways for healing.

Dr Vahid Saberi, Chief Executive Officer; North Coast PHN, Adjunct Professor, School of Health & Human Science, Southern Cross University, Senior Research Fellow, Sydney University

**Stepped Care: the long journey from concept and reality - experiences and lessons in rural NSW**

The stepped care model provides a good mapping, planning and service and workforce review framework. The implementation of the model is predicated on having in place the various elements of care (steps) and the ability to connect these so clients can move through the system seamlessly to receive the care they need (right care), when they need it (right time). For this model to work the continuum of service delivery has to be robust; with easy access to the right workforce (clinicians) across the spectrum of care - from health literacy and self-help to response to severe and complex care needs. North Coast PHN has commenced the implementation of the stepped care model with the introduction of self-help and low intensity services and redesign of psychological services (healthy minds). Much has been learned through this process which is relevant to other rural areas and will be shared.

Professor Nick Titov, Professorial Fellow, Project Director, MindSpot Clinic, Macquarie University

**Keep Calm and Step Away from the Computer: Lessons for Digital Mental Health Reform**

The 2014 Report by the National Mental Health Commission recommended increasing access to digital mental health services (DMHS). Such services have been shown to reduce barriers for people who won’t or can’t access traditional services. This talk describes outcomes of the MindSpot Clinic, an Australian national DMHS which has now provided services to more than 50,000 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 DMHS are not a panacea, are not suitable for all consumers, and should not replace existing services.

This talk will also describe some of the limitations and challenges of DMHS. It will argue that DMHS need to be based on principles of safety, clinical and cost effectiveness, system integration, and acceptability to consumers. Stakeholders should require that DMHS transparently report outcomes, to enable informed decisions about the future of such services.

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**Associate Professor Philip Ward, Associate Professor, School of Psychiatry, University of NSW**

**The Next Frontier – Re-integrating Physical and Mental Health Care for People Living with Severe and Persistent Mental Illness**

The gap in life expectancy for people living with severe and persistent mental illness is growing. Increased life expectancy in the general population, due to reductions in modifiable risk factors, is not being replicated in those living with mental illness. Evidence regarding the strategies that can address this ‘scandal of premature mortality’ is plentiful. Reducing sedentary time, increased aerobic fitness, improved diet quality and lower smoking rates are major contributors to the growth in life expectancy in the general population. There is extensive evidence from randomised controlled trials that studies addressing these lifestyle factors are effective in people living with mental illness. The challenge now lies in identifying how to effectively implement these evidence-based strategies in real-world clinical settings. The Keeping the Body in Mind program, developed in South Eastern Sydney Local Health District, began with a preventive health framework focussed on youth with first-episode psychosis. It is now being expanded to address the complex co-morbidities experienced by those with severe and persistent mental illness. The lessons learned from this ongoing service development will be outlined, providing a framework for driving physical health improvement across the mental health system.

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MR DAVID BUTT, CHIEF EXECUTIVE OFFICER, NATIONAL RURAL HEALTH ALLIANCE (IMMEDIATE PAST CHIEF EXECUTIVE OF THE NATIONAL MENTAL HEALTH COMMISSION)

Consensus Statement on Identification and Care for the Physical Health of People with a Mental Illness

We know that people with a mental illness die younger – between 10 and 32 years earlier – than the general population. They have higher rates of physical illness, yet lower rates of getting the hospital and other health care services they need. People with psychotic illness have diabetes at three times the rate of the general population, which is further compounded by higher rates of obesity. We also know that much of the link between mental illness and poor physical health is preventable.

The Commission’s work on the National Consensus Statement on Identification and Care for the Physical Health of People with a Mental Illness will be presented.

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

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

MR DAVID MCGRATH | PRINCIPAL, DAVID MCGRATH CONSULTING

The Fifth National Mental Health Plan

The Fifth National Health Plan is now out for public consultation. This interactive session will outline the main features of the Plan including its implications for rural Australians. It will also describe the upcoming consultation process and invite feedback and discussion. This session presents a unique opportunity to provide input and feedback on the Plan directly to those leading this next phase of its development.
**Panel Discussions**

**Exploring Digital Mental Health 'A New Frontier for an Old Horizon'**

**Chair:**
Dr. Angela White, Deputy Director, eMHPrac, Queensland University of Technology

**Panel:**
Dr. Bonnie Clough, Postdoctoral Research Fellow, Institute for Resilient Regions, University of Southern Queensland
Prof. David Kavanagh, Director, eMHPrac, QUT
Dr. Sonja March, Research Program Director, The University of Southern Queensland
Prof. Nick Titov, Director, MindSpot Clinic
Ms. Jenny Bird, Senior Research Fellow, Indigenous Stream, eMHPrac, University of Sydney
Miss Cherry Baylosis, Online Community Engagement Specialist, SANE Forums, SANE Australia

**Discussion:**
Background: In response to the 2015 National Mental Health Commission report, the Commonwealth proposed a 'New Blueprint for Mental Health Services'. Pivotal to the proposed stepped care model of service delivery, is the Digital Mental Health Gateway that will harness innovative e-mental health technologies to support people in accessing the most appropriate services for their individual needs. Alongside this development has been the exponential growth in digital mental health tools, programs and apps.

Aims/objectives: This panel discussion explores potential issues, challenges and opportunities raised by the Digital Mental Health Gateway and stepped care model of mental health service delivery. It canvases possible challenges, solutions, opportunities and directions of e-mental health approaches, particularly for rural and remote communities.

Approach/method: The session will begin with a brief overview of the development of e-mental health in Australia. The chair will then present the panel members with a series of issues and questions concerning the development and roll out of the Digital Mental Health Gateway; the changing face of e-mental health programs and resources; the impact of digital mental health and stepped care on traditional face-to-face service models; and the efficacy and suitability of e-mental health approaches across the disorder and severity spectrum. Topics concerning consumer and practitioner uptake, acceptability, integration and resourcing will also be explored. Opportunities for audience participation in panel questions and discussions will be provided.

Implications/conclusion: Mental health services are being transformed by digital technologies, and whilst this offers exciting opportunities for increased reach and access, there is also considerable uncertainty. Detailed consideration of the issues and our response to them, will allow the community and health professionals to adapt and take full advantage of this new frontier in mental health and wellbeing.

**Stepped Care and Integrated Mental Health: What Does this Mean in Rural and Remote Australia?**

**Chair:**
A/Prof Russell Roberts, Associate Professor, Charles Sturt University

**Panel:**
Prof. David Perkins, Director, Centre for Rural and Remote Mental Health
Prof. Jeff Fuller, Emeritus Professor, Flinders University
A/Prof. Russell Roberts, Associate Professor, Charles Sturt University

**Discussant:**
Dr. Richard Buss, Executive Director, Mental Health Drug and Alcohol Services, Northern NSW Local Health District

**Discussion:**
Presentation 1. (Prof. David Perkins) Stepped care is a central component of national mental health reform. It is intended to guide the planning and development of services across the spectrum of mental health care. However, in rural settings it carries the risk of increased fragmentation in already resource poor settings. This paper presents two contemporary models of stepped care for comparison. It will debate the utility of these models in rural and remote settings and will explore the elements, principles and processes of a stepped care model and their applicability to rural mental health. (Presentation 15 mins, discussion 15 minutes.)

Presentation 2. (Prof. Jeff Fuller) What makes for effective collaboration? This paper summarises current international evidence on the enablers and characteristics of effective collaborative primary mental health care. It looks at the four major characteristics of effective linkage strategies and also presents an evidence-based model of the enablers of primary mental health care. The implications of this research for rural planning, workforce and training are explored. Further, the applicability of this research to implementation in regional, rural and remote service settings is debated and discussed. (Presentation 15 mins, discussion 15 minutes.)

Presentation 3. (A/Prof. Russell Roberts) Integrated mental health care has been a goal of mental health planning since 1992. Despite this, there has been a distinct lack of progress in systematic implementation and evaluation in this area. This paper will present a comprehensive model of integration comprising of 4 dimensions of integration: i) vertical integration, ii) horizontal integration, iii) depth of integration and iv) progressive integration. Along with the underlying values and principles of integration, it will explore the utility of this framework in guiding planning and implementation in rural settings. (Presentation 15 mins, discussion 15 minutes.)
Tackling Regional Adversity Through Integrated Care – How we Established a Suicide Prevention and Resilience Building Program Across 9 Rural and Regional Locations in Queensland to Assist People and Communities Affected by Adversity

Chair:
Ms Sandra Eyre, Director, Strategy, Planning and Partnerships Unit, Queensland Health

Panel:
Mr Ben Norris, Manager, Rural and Statewide Strategy, Planning and Partnerships Team, Mental Health Alcohol and Other Drugs, Queensland Health
Dr Rebecca Soole, Principal Policy Officer, Clinical Governance Team, Mental Health Alcohol and Other Drugs, Queensland Health
Ms Anjuli Dudley, Senior Policy Officer, Rural and Statewide Strategy, Planning and Partnerships Team, Queensland Health
Ms Natasha Doherty, Director, Deloitte’s Access Economics
Ms Louise Scanlan, Regional Adversity Integrated Care Clinician, Townsville Hospital and Health Services
Ms Christine McDougall, Service Director, Mental Health Alcohol and Other Drug Services, South West Hospital and Health Service

Discussion:
In November 2016, the Queensland Minister for Health announced $3.5M of recurrent funding for a program aimed at suicide prevention and resilience building for people impacted by adversity from droughts, natural disasters or other community crises in rural and regional Queensland. The ‘Tackling Regional Adversity through Integrated Care - TRAIC’ Program is based around senior clinicians, known as Regional Adversity Integrated Care Clinicians (RAICCs) in 9 Hospital and Health Services throughout rural and regional Queensland. The main function of the RAICCs is to:

1. Integrate clinical care and community support for people at risk of suicide or other mental health conditions as a result of adversity from drought, disaster or community crises.
2. Train frontline workers in health and other agencies to better identify people at risk and refer them to appropriate services
3. Improve mental health literacy of local communities so as to foster help seeking behaviour
4. Collaborate with other local agencies and services to improve referral pathways and develop resources.

In addition to these services the TRAIC Program offers a $600,000 per annum small grants program aimed at building resilience, fostering recovery and improving help seeking behaviour.

The Panel discussion will involve presentations from the TRAIC Project team around the development of the concept, Deloitte’s on developing the program logic and evaluation framework and the clinicians working on the frontline about the challenges they face and the strategies they have developed to address them.
SESSION SPEAKER ABSTRACTS

MR CHRISTOPHER BANKS, ONLINE COMMUNITIES MANAGER, BEYOND BLUE
MR ROBERT PHILLIPS, COMMUNITY CHAMPION VOLUNTEER, BEYOND BLUE

THE DIGITAL BRIDGE: TRACKING RECOVERY AND SERVICE CONNECTION FOR REGIONAL AND RURAL AUSTRALIANS IN AN ONLINE DEPRESSION COMMUNITY

Beyondblue’s online forums provide a safe place where people affected by depression, anxiety or suicide can chat online with peers experiencing similar issues. Use of these forums has grown dramatically in recent years.

Despite their popularity, robust information on the mental health benefits of online forums is relatively limited. The current project aimed to assess the use of beyondblue’s online forums, the extent to which users are enabled to move towards recovery, and how connected users are with offline supports. Registered members of the beyondblue forums aged over 18 and resident in Australia were invited to complete an anonymous 20-minute online survey. In addition to providing demographic details, participants were asked questions about their forum use, the influence of the forums on their behaviour and wellbeing, their perceptions of the forums’ strengths, limitations, and areas for improvement. The survey results were combined with anonymised user posting data to provide an overall picture of forum activity and the benefits derived. Results from the survey reveal a significant skew in forum usage towards regional and rural users that continues to grow. Survey data demonstrates the forums play an important role in reducing symptoms of anxiety and depression, influence users to seek professional help, make positive lifestyle changes, and improve connections with friends and family. While forums are chosen by users primarily for their anonymity, the vast majority are also in contact with health professionals, and in some cases were referred to the forums by their practitioner.

This review suggests the beyondblue forums are a valuable driver of recovery among regional and rural Australians. Health practitioners should consider harnessing this opportunity by supporting consumers to access online peer support as an adjunct to treatment, and also consider utilising forums as a dynamic space of hopeful stories to use at practice level.

Ms Jenny Bird, Senior Research Fellow, University Centre for Rural Health

UPAKE OF E-MENTAL HEALTH RESOURCES AMONGST ABORIGINAL HEALTH WORKERS AFTER A TRAINING PROGRAM: WHAT CAN WE ALL LEARN?

The Federal Government has, as part of its national strategy for e-mental health, targeted Aboriginal and Torres Strait Islander Health Workers for training, with an aim to increase the awareness and uptake of e-mental health resources by Aboriginal and Torres Strait Islander Health Workers and their clients. In so doing the government has recognized that Aboriginal and Torres Strait Islander Health Workers play a crucial role in service provision to Aboriginal and Torres Strait Islander individuals and communities, particularly in rural and remote areas. This qualitative study aimed to evaluate the uptake outcomes, and the factors that influenced them, of an e-mental health training program with Aboriginal and Torres Strait Islander Health Workers in one rural/regional area of NSW. Interviews with a purposive sample of sixteen Aboriginal Health Workers were conducted six months after completion of the training program.

The results demonstrate that in broad terms uptake patterns of e-mental resources were similar to those of other workforces that are responding to the challenge of integrating new technologies into professional practice and organizational cultures. The results identify that whilst participant satisfaction with the training program was very high, the uptake of e-mental resources amongst this sample was influenced most by an interplay of factors external to the training program itself. The results also identify factors at play that are particular to the Aboriginal and Torres Strait Islander health workforce and the clients and communities with whom they work. The findings from this study are of interest to both mainstream and Aboriginal and Torres Strait Islander health workforces that are facing the challenges of integrating e-mental health resources into their professional practice and organizational cultures.

Mr Nicolas Brown, National Program Manager, batyr Australia Limited

THE IMPORTANT ROLE A HOLISTIC APPROACH PLAYS IN SUPPORTING YOUNG PEOPLE TO ACCESS HELP IN REGIONAL COMMUNITIES

A significant challenge for Mental Health reform in Australia is that stigma prevents community members from wanting to talk about mental ill health, which deters people from reaching out for support. There needs to be a new conversation of hope around mental health for the every day Australian, and this starts with each of us working together.

Two rural communities are leading the way in bridging the gap between young people and the services available to them through sharing stories: Tamworth in NSW New England region and Cobar in NSW Central West. Both of these communities have decided the conversation around mental health needs to change through reducing stigma by focusing on cross-sector collaboration and peer-to-peer education.

This presentation will demonstrate how sharing stories of lived experiences using the evidence based model of ‘in-vivo,’ reduces stigma and improves attitudes toward help-seeking (Corrigan, 2012). This will be achieved through highlighting batyr’s structured school and university programs where local young people are trained to share their lived experiences, focussing on how they reached out for support in their community.

According to a 2015 internal survey by batyr, 12,827 students surveyed indicated 70% would be more likely to seek help after...
attending batyr’s programs. Using data from batyr’s school and university programs while focussing on the approaches Tamworth and Cobar implemented, delegates will hear the impact of regional and rural communities taking a holistic approach; from sourcing funding, utilising professionals to develop evidence informed programs and empowering locals to deliver and drive the programs.

**Ms Linda Bryant, Youth Justice Mental Health Clinician, Goulburn Valley Health**

**Providing Mental Health Consultation and Capacity Building to a Rural Youth Justice Service**

The Youth Justice Mental Health Program was funded six years ago to provide mental health consultation, education and capacity building to Youth Justice teams within the Department of Human Services. This was in response to the high frequency of mental health problems amongst the young offenders and the comparative difficulty that these young people had in accessing mental health care and treatment. The program was devised so that Youth Justice workers would have access to an experienced mental health clinician to help with initial assessment, recommendations and treatment access through the appropriate services.

The worker would also provide education and capacity building for staff to feel more competent in identifying and managing mental health concerns and accessing appropriate mental health services. Of the five positions funded, only one of these was established in a rural setting. Although the needs of the Youth Justice staff and consumers was essentially the same, the clinician encountered different complexities to service provision. Rural services face a different set of barriers and obstacles in providing effective mental health care and treatment. This is further complicated by forensic issues and barriers. In this presentation, I would like to identify the difficulties and the opportunities specific to Youth Justice Mental Health in a rural setting.

**Dr Jennifer Carmel, Senior Lecturer, Griffith University**

**Dan Pierce, Business Development Officer, Pathways to Resilience Trust**

**Mr Athol Young, Project Manager, Pathways to Resilience Trust**

**Narratives from the Field: Conversations and Reflections about Social and Emotional Wellbeing**

Conversation and critical reflection are significant to the practice frameworks of professionals working in communities to enact change. This presentation will share the narratives of the professionals engaged in a project to work with families and individuals living in drought-affected areas in South West Queensland to support sustainable strategies to strengthen community wellbeing.

The approach of the Pathways to Resilience Trust Project team was based on developing social and emotional wellbeing and resilience skills across the lifespan. The narratives of practice from the project team have been gathered and analysed using Most Significant Change methodology (Dart & Davies, 2005) and Circle of Change Revisited Critical Thinking Model (Macfarlane, et al, 2014).

The process consisted of four steps deconstructing, confronting, theorising and thinking otherwise about their practice. Initially within the deconstruct stage, participants clarified their perspectives about their approach and listened to one another to understand the various perspectives that exist. During the second stage, confronting, the participants build on the perspectives of the group and confronted the aspects of practice and their own values and beliefs, highlighting some of the inherit ideas that are accepted and rarely questioned about an issue. The third stage, theorise, involved participants thinking about the source of their ideas and using evaluation data collected from surveys and other instruments. Finally, during the think otherwise stage, participants gathered the variety of perspectives presented about an issue by examining previously marginalised perspectives, and develop a position, solution or idea, while encouraging change. This strategy illuminated the strengths of the practice of the team to create sustainability of skills beyond their work within the community for building capacity in social and emotional wellbeing and resilience.

**Dr Bonnie Clough, Postdoctoral Research Fellow, University of Southern Queensland**

**Working Well: A Qualitative Investigation of Occupational Stress and Burnout among Medical Doctors Practicing in Regional Australia**

**Aim:** Stress and burnout are highly prevalent among medical doctors. Negative consequences associated with this stress and burnout occur not only for the individuals, but also for their families, patients, and workplaces. Limited research has been conducted in the Australian context, particularly among doctors practicing in regional areas. The aim of the current research was to understand the stressors and protective factors relating to the practice of medicine among regional doctors.

**Method:** The study was a qualitative research design. Semi-structured interviews were conducted with doctors practicing in regional Australian locations.

**Results:** Interviews were transcribed and analysed using thematic analysis techniques according to the guidelines of Braun & Clarke (2006). Key themes identified concerned stressors and protective factors, the experience of occupational stress and burnout, barriers to help-seeking, and strategies for help seeking.

**Conclusion:** Despite the significant issue of stress and burnout in medical doctors and its potentially serious consequences, there has been limited research focusing on the experience of medical doctors in the Australian context, particularly those practicing in regional locations. It is anticipated that this research will provide an understanding of how these factors affect regional doctors and what can be done to target and reduce burnout in future interventions.
Dr Catherine Cosgrave, Researcher, University of New England

Factors Impacting Job-Satisfaction Among Aboriginal Mental Health Workers Working in Community Mental Health in Rural and Remote New South Wales

This presentation concerns trying to achieve a more sustainable Australian rural and remote community mental health (CMH) workforce by identifying factors impacting the job satisfaction of Aboriginal mental health workers (AMHWs). This paper presents data on factors impacting job-satisfaction of AMHWs working in rural NSW CMH services which were identified out of a broader study that aimed to investigate the impacts of employment and rural-living factors on early-career CMH health professionals’ decision to stay or leave their jobs. Professional identity and personal and professional boundary issues were identified as key findings impacting job satisfaction and retention. The health workforce literature identifies that each health professional group has its own culture and specific values and that forming and maintaining a profession-specific identity is an extremely important aspect of job-satisfaction for health workers. The Bachelor Health Sciences (Mental Health) qualification and traineeship pathway undertaken by AMHWs differs significantly from the other health professionals working in NSW Health’s CMH services. Five AMHWs working in CMH services operating in rural and remote areas of NSW, participated in in-depth, open interviews to help build understanding on their employment situation, career aspirations and rural-living factors and how these impacted their decision to stay or leave their jobs. AMHWs working in rural and remote CMH teams were found to face unique challenges, many of which were organisational and systematic and some of which were cultural but all of which negatively impacted upon job satisfaction. This presentation will discuss the role of AMHWs role in rural CMH teams and their work, career and living challenges. It will also propose solutions to rectify some of the issues raised.

Dr Kate Davies, Postdoctoral Research Fellow, Centre for Rural and Remote Mental Health, University of Newcastle
Dr Tonelle Handley, Postdoctoral Research Fellow, Centre for Rural and Remote Mental Health (CRRMHC)
Ms Fiona Livingstone, Project Coordinator
Dr Adele de Jager, Research Officer, Black Dog Institute

Making the Journey Easier: An Evaluation of Community- and Clinician-Targeted Rural Suicide Prevention Workshops

For more than eight years the Farm-Link program has delivered suicide prevention skills workshops to members of rural communities, particularly to people from sectors such as finance and agriculture who work closely with farmers likely to experience mental distress. In the course of this work it became apparent that if Farm-Link was going to have role in advising community members on ‘where to get help’, it also had a responsibility to ensure that health professionals providing that help had the skills and knowledge to support people who were thinking about or considering suicide. Farm-Link partnered with Black Dog Institute to roll out their recently developed ‘Advanced Training in Suicide Prevention’ to health professionals, particularly General Practitioners and Psychologists, in the Farm-Link target area. An evaluation, comprising a series of surveys and qualitative interviews, is currently being conducted to examine the two complementary aspects of Farm-Link’s suicide prevention work; the delivery of Suicide Prevention Skills Workshops to rural community members, and delivery of Black Dog Institute’s suicide prevention training to rural health professionals. This presentation reports on the preliminary findings of this evaluation. It reports on the experiences of community members and health professionals who have sought to apply mental health and suicide prevention skills in their everyday lives and practices. The findings of the evaluation highlight that Farm-Link’s suicide prevention training has real transformative potential for community members who, sometimes for the first time, have an opportunity to reflect on their role in promoting positive mental health. However, findings also suggest challenges for maintaining and sustaining the momentum that is generated in short-term training approaches. The partnership approach to delivering suicide prevention training to health professionals highlights the importance of collaboration, recognising that multi-tiered approaches are important, that draw on the existing strengths and resources of communities and associated institutions.

Ms Kim-Maree Doolland, NUM, Mid North Coast LHD
Miss Katrina Batterson, EEN, Mid North Coast LHD
Miss Kate Patterson, Occupational Therapist, Mid North Coast LHD
Ms Tracey Burton, RN, MNC LHD

Using the PMHW Project to Engage and Improve Mental Health Outcomes in a Rural Town: A Voluntary Mental Health Unit at Kempsey, NSW

This presentation describes the implementation of the Productive Ward program at Kempsey Mental Health Inpatient Unit. In particular we focus on the way in which the program was used to address the challenges of providing mental health services to Indigenous communities.

It is well established that worldwide, mainstream mental health services have difficulty engaging with Indigenous communities due to numerous cultural boundaries. Research confirms that in Australia, Indigenous persons do not access mental health services proportionate to their level of need and morbidity associated with mental illness. Indigenous people’s level of access to mental health services is disproportionate to their level of need and the morbidity associated with mental illness.

In the 2011 Census, Kempsey’s population was approximately 28,000 with Indigenous persons representing 11.1% of the population which was four times the national average and the second largest Indigenous population in NSW. The weekly income is below the NSW average making it one of the most socioeconomically disadvantaged areas in the state. The authors recognised the Productive Ward methodology as a potential tool to increase the services engagement with the local Indigenous community and improve mental health outcomes.

The Productive Ward initiative was originally developed by the NHS Institute in 2005 and was first introduced in Australia.
in 2010. The initiative focuses on ‘releasing time to care’ by improving efficiency, patient safety, quality of care and empowering staff to create a positive safe ward environment. Although the research evidence for Productive Ward outcomes is scarce in the literature, there is strong evidence suggesting that beneficial outcomes rely on an inclusive project team that enables and empowers others. Since starting the project in July 2015, Kempsey Mental Health Unit has established strong links with the local Indigenous community. Indigenous elders were consulted, and the community as a whole has actively contributed to the development of ward programs which have demonstrably influenced the physical ward environment.

**Dr Joseph Dunn, Psychiatrist, Evesham Consulting Rooms**

**After a Failed Suicide Attempt Are People Pleased to Be Alive?**

A failed suicide attempt is the most significant predictor of subsequent attempts. From both a clinical and research perspective the main challenges are to estimate the “seriousness” of a suicide attempt and to establish whether people who have seemed intent on killing themselves subsequently receive appropriate treatment, respond to it and as a result feel less self-destructive.

So far, despite decades of research, no study has actually addressed those issues. What the research suggests, however, is that most depressed people do not become actively suicidal; most suicide attempts have low lethality and are “unsuccessful”; and most survivors of suicide attempts subsequently survive for long periods of time. The question arises whether survivors of serious suicide attempts can be screened for those at high risk of subsequent completed suicide and whether that tragic eventuality can be prevented.

**Ms Sandy Gillies, Acting Chief Operations Officer, Queensland Aboriginal and Islander Health Council**

**Primary Health Networks and Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention**

Primary Health Networks (PHNs) should avoid the mistake of assuming general population mental health and suicide prevention activity is enough to meet the needs Indigenous communities. While Indigenous communities can, and should be able to benefit from general population activity, this is unlikely to meet the full range of their complex and diverse needs. In particular, upstream or primordial risk factors and social determinants are likely to need addressing in a community-specific context, and cultural differences reflected in tailored approaches. And for indicated services, the cultural safety of service environments for vulnerable Indigenous people is particularly important, as is the cultural competence of professional staff and others in the service.

To address these needs, PHNs should ensure that members of Indigenous communities are placed in empowered positions ‘in the driver’s seat’ and that they engage and partner with them at critical points of service gap assessment, and the planning and commissioning of relevant services and programs.

**Ms Jodie Goldney, Manager Professional Practice Academy, The PUT Institute/Aftercare**

**Use of Innovation to Provide Education and Training Opportunities in Rural and Remote Communities**

The role out of NDIS brings with it the prediction of a significant shortage in the supply of support workers nationally (http://www.abc.net.au/pm/content/2013/s3753856.html). Due to difficulties accessing necessary training and education resources, hardest hit will be rural and remote communities (e.g. National Rural Health Alliance, 2008). Aftercare, in collaboration with the PUT institute, and a consortium of industry providers, have built an innovative, and world first online platform, which provides an avenue via which anyone with internet, can access a diverse range of industry approved and administered education and training relevant to the community services sector. Additionally we have worked closely with Exemplar Global to build a comprehensive, and internationally recognised certification system. Our certification allows individuals at all levels of education and training within the community service sector to capture their current level of skill, and extend that, such that they are able to develop professionally in an ongoing and supported manner. The Professional Practice Academy is a world first, innovative and industry driven solution to all workforce needs for the community services sector, including addressing the very real challenges that limited access to relevant education and training can bring. Moreover, drawing on an extensive social media platform, our solution facilitates the building of community irrespective of location. This presentation will provide an overview of the need for such a solution, and using a case study approach, provide a practical demonstration of how the tool can be utilised within rural and remote communities in Australia.

**Ms Lynne Halliday, Director Mental Health QLD, Royal Flying Doctor Service**

**Dr Jane Harte, Psychologist, Rural and Remote Mental Health**

**Raising Mental Health Awareness in Four Drought Declared Rural and Remote Communities in Queensland**

In 2015 the Royal Flying Doctor Service of Australia (RFDS) engaged Rural and Remote Mental Health (RRMH) in a partnership to provide the Human Services Communication Support Initiative (HSCSI), which aimed to address psychological issues in four remote Queensland farming communities which have experienced over three years of persistent drought. The initiative, titled the ‘Strighter Head Program’ ran as a pilot seminar program with the aim of improving the emotional resilience of people living and working in these areas. The initial focus was on finance and service industry staff to provide these people with a range of tools to assist community members, farmers in particular, who may be experiencing stress and other mental health problems. However, as the project progressed, the training was opened to anyone in the communities who were interested in becoming more aware of mental health issues when they encounter them in clients, friends or colleagues. The four communities chosen for the initiative are Charleville, Roma, Chinchilla and Georgetown. Two-hour seminars were offered
Distance Supervision: What Does a Focussed Rural, Remote and Regional Clinical Supervision Programme Contribute to Clinical Practice Within a Child & Youth Mental Health Setting?

Traditionally, it has been considered that supervision occurs best in a face-to-face context, but there is a growing awareness that distance supervision can be effective via telehealth or video-conferencing. However, even in cases where email is used, it can result in a safe and efficacious supervisory experience for rural and remote practitioners. This presentation discusses an organisational response to distance supervision, the Clinical Practice Supervision Programme, which has existed in Queensland for over 8 years and has been implemented through the Child and Youth Mental Health Service (CYMHS) in Children’s Health Queensland in response to a Queensland Health policy on supervision for allied health staff in all Queensland mental health services. The presentation will address the structure and content of the current practice supervision programme and outline the formal and informal links developed by positioning the programme within a major metropolitan CYMHS health district. The presentation will highlight the additional benefits which augment the individual supervision such as enabling access to supervision of supervision and supervision and consultation from clinical service specialists, thereby offering resources that otherwise might not be available to rural and remote clinicians. Key factors that have been identified to assist the distance supervisory process and supervisory models that underpin these will be addressed.

Ms Fiona Heath, Clinical Practice Supervisor - Rural and Remote, Child and Youth Mental Health Services

Ms Josie Sorban, Director of Psychology, Child and Youth Mental Health Service

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Mrs Keryn Hodder, Clinical Nurse Consultant, Burdekin Community Mental Health Team, Rural Remote Indigenous Mental Health Service

Rural and Remote Mental Health Service Use of Digital Notes: How Do We Engage Psychiatry Input in Daily Digital Notes

Advances in digital technology, particularly in e-medicine, offer an invaluable opportunity to improve the capacity of health services to meet the mental health needs of rural and remote populations. In rural and remote settings, psychiatrists are often only available by outreach or telehealth, and medication changes are regularly made by primary care practitioners, usually General Practitioners, in communication with a psychiatrist. The presenter will describe how a Queensland Health electronic database, the Consumer Integrated Mental Health Application (CIMHA), has been used by a rural mental health service to improve both the governance of medication changes and consumer access to this important clinical intervention.

The presenter will demonstrate its particular utility in continuing clozapine therapy. Finally, the strategy used to implement this process will also be presented.

Ms Jacqueline Huber, Advanced Trainee, St Vincent's Hospital, Sydney

Psychogeriatric SOS: Providing a Virtual Team to Upskill Under-Supported Rural and Remote Clinicians

Objectives

Amidst a backdrop of significant psychogeriatric staffing shortages in regional Australia, Psychogeriatric SOS is a new clinician-to-clinician service bringing multidisciplinary expertise via web-conferencing, to isolated clinicians in under-resourced rural areas. It assists clinicians to manage their vulnerable older patients, up-skilling and building capacity in rural services with compassion and justice in service provision, and dignity in ageing. This aligns with the WHO’s ‘treat, train, retain’ Task-Shifting Recommendations.

Results

Partnerships have developed with three NSW LHDs; a website has been established; demand for web-conferencing, education and supervision is strong; service-user feedback indicates up-skilling and capacity-building has been achieved; outstanding multidisciplinary clinicians have been recruited and retained; and communication has improved across geographical and cultural boundaries.

Conclusions

Psychogeriatric SOS is a unique, effective, and efficient e-health service, providing on-demand, multidisciplinary psychogeriatric expertise to rural clinicians, up-skilling them to assess and manage their patients locally.

The service has achieved its objectives of establishing partnerships with rural LHDs, PHNs and NGOs, setting up a purpose-built website, implementing clinician-to-clinician web-conferencing, and up-skilling rural clinicians to achieve best practice for rural-dwelling older people with mental health and dementia-related issues. Psychogeriatric SOS has improved communication between providers, and enhanced access to psychogeriatric expertise for older rural patients, with enhanced justice and dignity.

The key strategies were thoughtful planning, close consultation with the key stakeholders, and ensuring engagement in the implementation processes, including anticipating and carefully managing resistance to change.

New knowledge includes proof-of-concept for an innovative model of service delivery, and creative problem-solving around barriers related to technological problems, communication issues, and change management. Evaluation data demonstrates that rural clinicians feel more supported and confident in delivering improved quality care for their older, rural patients.
CONSUMER AND CARER PARTICIPATION SUPPORTS RECOVERY

It is possible to successfully implement participation policy aimed at recovery. Although Governments are critical that Australian public sector mental health services are slow to implement participation policies and consumers and carers are critical of tokenistic attempts at participation. This paper considers three different participation approaches tested by North Queensland public sector mental health managers, consumers and carers.

These stakeholders have been commitment to overcoming challenges and successfully implementing participation policy for over ten years. Lessons learnt include the importance of balancing workforce, consumer and carer relationships, managing budgets in a new public management environment and keeping the principles of recovery central to participation.

A/PROF JOHN HURLEY, ASSOCIATE PROFESSOR, SOUTHERN CROSS UNIVERSITY  
PROFESSOR ANDREW CASHING, SOUTHERN CROSS UNIVERSITY  
PROFESSOR IAIN GRAHAM, SOUTHERN CROSS UNIVERSITY

A QUALITATIVE STUDY OF PEER WORKERS WITHIN THE ‘PARTNERS IN RECOVERY’ PROGRAMME IN REGIONAL AUSTRALIA

This paper reports on the qualitative findings of a wider study on the Partners In Recovery (PIR) programme in regional Australia. These findings focus upon Peer Workers (PW) by critically exploring their experiences of working in PIR, as well as the experiences toward PWs of those working in direct proximity with them. The PW role within the Australian mental health workforce context is poorly understood and yet to be systematically integrated, as such this paper offers data to inform these gaps in knowledge.

Key findings include that PWs in this study experienced an initial lack of clarity in their roles, which for some lead to disruption in their own recovery. PWs sought to anchor their identities onto ‘systems change’ and the use of the ‘lived experience’ as central parts of their roles. However, the lack of concrete outcomes to substantiate successful system change and wide variations of the construct of lived experience both offered challenges to solidifying the PW role. Additionally, in this study lived experience was found outside of the PW role alone and was integrated in the wider PIR workforce. This dispersed lived experience was utilised to potentially forge a more trusting therapeutic relationship between a range of PW staff and consumers than other MH professionals. Organisational support through consistent supervision and ongoing clarification of role expectations were reported as important mechanisms to mitigate adverse PW experiences.

MR LAM HUYNH, PRINCIPAL POLICY OFFICER, MENTAL HEALTH BRANCH, NSW MINISTRY OF HEALTH

LIKEMIND: INTEGRATED SERVICE MODEL FOR PEOPLE WITH MENTAL HEALTH NEEDS

LikeMind is an innovative integrated community mental health service for adults with moderate to severe mental illness. It aims to deliver seamless person centred care by providing triage, assessment, treatment, care coordination and discharge planning through a single point of contact. LikeMind provides a holistic approach to care and supports clients through issues of mental health, drug and alcohol, physical health, and provides linkages to employment, vocational training and housing.

Funded by the NSW Ministry of Health and led by a community managed organisation (CMO), a consortium of clinical and psychosocial services are co-located within a LikeMind site. Services include local health district community mental health and drug and alcohol teams, non-government organisations, as well as private practitioners such as general practitioners, psychiatrists, and psychologists.

Integration between lead agencies and the local health districts posed some unique challenges which had to be overcome, including the development of a shared clinical governance framework, systems for information sharing, and the integration of care plans.

Two pilot sites were initially established in Penrith and Seven Hills launched in January 2015, and October 2015 respectively. Under the Strategic Plan for Mental Health in NSW, the Government committed to extending the LikeMind pilot to two further sites in rural and regional areas of NSW in Orange (to be August 2016) and Wagga Wagga (to be launched January 2017).

A case study will be presented to map the patient journey through the LikeMind service to demonstrate how integration between a CMO and the local health district can occur. Examples and learnings from a high level collaboration between the CMO and the local health district will be presented.

An independent evaluation of the LikeMind pilot sites is currently being undertaken by the Australian Health Services Research Institute. Preliminary results from this evaluation will also be presented.

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to support and increase effective GP-led rural models for home-based, Residential Aged Care Facilities (RACF) and hospital-based aged care.

Mental health advanced skills are among the most needed in rural communities. RACGP Rural research (2014) showed mental health advanced skills ranked first out of 17 procedural and non-procedural skills areas. More broadly, this earlier research identified barriers and enablers for rural GPs to access training and utilise advanced skillsets.

More recent RACGP Rural research undertaken in February 2016 indicated that future workforce planning is needed to prioritise psycho-geriatrics, dementia and behavioural and psychological symptoms of dementia (BPSD) skillsets to address increasing demand.

Through survey we established that rural GP skills in demand do not differ significantly between settings. The skills featuring through survey across settings include chronic disease management, chronic pain management, palliative care and acute care.

However, dementia and mental health issues factor more in the RACF and hospital settings: dementia care and depression including mood disorders are key in the RACF setting while hospital delirium and dementia care is more relevant to the hospital setting. Correspondingly, the top three identified training and skill priorities for the rural GPs surveyed were psychogeriatric skillsets, behavioural and psychological symptoms of dementia (BPSD), and dementia care.

Conclusions
Supporting skill utilisation and enabling GP-led psychogeriatric care services provides for a more viable service solution (aged care) in rural communities. In meeting current and future skill need through a highly trained rural GP workforce it is clear that access to upskilling opportunities are key.

PROF DAVID KAVANAGH, RESEARCH PROFESSOR, QUEENSLAND UNIVERSITY OF TECHNOLOGY

DIGITAL MENTAL HEALTH: DOES PRACTITIONER AWARENESS OF PROGRAMS TRANSLATE TO PROGRAM REFERRAL?

As part of the Australian Government E-Mental Health Strategy, the e-Mental Health in Practice (eMHPrac) project was established to increase practitioner awareness of digital mental health (DMH) services and programs, particularly in rural and remote regions of Australia.

Digital mental health tools include telephone and online services, web programs and mobile apps that provide interactive mental health support and assistance. With increased practitioner awareness, eMHPrac aims to improve referral to DMH services and programs by clinicians and increase uptake by consumers.

Digital mental health is an important component of the government’s stepped care model of service provision. However, much rests on whether health practitioners harness and utilise this resource and service delivery approach.

Yearly practitioner referral data has been collected in collaboration with Australian digital mental health service providers. Three waves of data have been collected since 2014 allowing analysis of trends over time in referral rates by specific practitioner groups including GPs, allied health practitioners and other health practitioners.

Aggregated referral data are presented. Year one and two data show a trend towards a growing utilisation of these programs by consumers and practitioners. Year three data will allow more in depth analysis of practitioner referral patterns.

The data presented in this paper will provide an important snapshot into the stepped care model. Practitioner referral to and utilisation of digital mental health tools and support programs is imperative if the full benefit of this innovation in service delivery is to be fully realised.

DR ALISON KENNEDY, RESEARCH FELLOW, NATIONAL CENTRE FOR FARMER HEALTH

LOOK OVER THE FARM GATE WORKSHOPS: SUPPORTING THE SOCIAL AND EMOTIONAL WELLBEING OF RURAL FARMING COMMUNITIES DURING TOUGH TIMES

Victoria’s farming communities have faced cumulative challenges in recent years. The Look over the Farm Gate (LOTFG) campaign commenced in late 2015 following successive droughts in Victoria’s Mallee, as an initiative of the Victorian Farmers Federation with funding from the Victorian Government. In collaboration with the agricultural industry, service groups and rural health agencies, LOTFG expanded across the state as dry conditions spread. By mid 2016, the campaign broadened its focus to support dairy farming regions affected by the milk price crisis. The goal of the LOTFG campaign was to encourage farming community members to focus on their own wellbeing as well as that of their neighbour and surrounding community members. One component of the campaign—a community-based health and wellbeing workshop tailored to the rural farming context—was developed by the National Centre for Farmer Health, delivered and evaluated in 17 locations across Victoria. This interactive workshop was targeted at key members of the rural farming community with strong networks, providing for the further dissemination of information beyond the workshop environment. Participants included farmers, service-providers, educators, health professionals and small business owners. Topics covered within the workshop included physical and mental health challenges expected during tough times; suicide risk factors in farming communities; recognising, understanding and responding to stress; managing conversations with people in distress; and, self-care for maintaining personal wellbeing. A practically focused guide to managing stressful conditions in a rural farming environment complimented the workshop content. This presentation will describe the outcome of the formal evaluation of the workshops supported by facilitator observations of the workshop process and outcomes and discuss strategies for supporting the social and emotional wellbeing of farming communities in the longer term.
The presentation will identify the role of fund representatives, Client Relationship Managers (CRMs), and Financial Planners. Prevention sector and a selected number of Superannuation Funds were undertaken in collaboration with key providers in the Suicide sector, whom suicidal thoughts and plans are disclosed. The pilot project closely works with people in rural areas and are often the person to care of financial services industry representatives that work in the SuperFriend sector.

The presentation is an outline of a project that SuperFriend is a member of the National Mentally Healthy Workplace Alliance. Australia’s National Coalition for Suicide Prevention, and a member. SuperFriend is a member of Suicide Prevention Associations and support improved mental health and well-being for those working in the financial services sector.

Suicide rates in Australia’s rural farming areas are higher than those of the general population (particularly for males), increasing the likelihood of a personal experience of suicide for members of this community, whether through attempting suicide or having thoughts of taking their own life, being bereaved by suicide, caring for someone who has attempted suicide, or some other experience of suicide. The cultural and contextual elements of farming work and life contribute to the self-stigma experienced by farming men, presenting challenges to providing accessible, appropriate and acceptable support to those with a lived experience of suicide. This presentation outlines the collaborative development of an innovative digital intervention launched in June 2016 designed to reduce the self-stigma associated with a lived experience of suicide. The Ripple Effect is a personalised, peer-based “yet anonymous” online platform that operationalises Kolb’s experiential learning process in combination with the principles of contact and education to reduce stigma through shared stories and experiences, accurate information and links to local, state-based and nationally available support. A Steering Group of researchers, health professionals, industry representatives, digital designers and farmers with a lived experience of suicide guides the intervention. Recruitment to the Ripple Effect is being community driven and supported. The intervention is being evaluated using an adapted version of the Stigma of Suicide Scale (SOSS), the Literacy of Suicide Scale (LOSS) and qualitative interview data. Results to date will be highlighted in this presentation.

Ms Deborah Kennedy, Strategic Collaborations Manager, SuperFriend
Ms Susan Beaton, Suicide Specialist/Psychologist, Consultant - SuperFriend

Rural SuperSPAN Extending Suicide Prevention into the Financial Services Sector

SuperFriend is a national mental health promotion foundation that helps “all profit to member” superannuation funds promote and support improved mental health and well-being for their members. SuperFriend is a member of Suicide Prevention Australia’s National Coalition for Suicide Prevention, and a member of the National Mentally Healthy Workplace Alliance. The presentation will be an outline of a project that SuperFriend is currently undertaking to increase the skills, abilities and self-care of financial services industry representatives that work closely with people in rural areas and are often the person to whom suicidal thoughts and plans are disclosed. The pilot project was undertaken in collaboration with key providers in the Suicide Prevention sector and a selected number of Superannuation Funds and Financial Planners. The presentation will identify role of the fund representatives who work in rural areas, and the pilot which is developing their ability to be part of a safety network in identify and early intervention for people at risk or experiencing suicidal ideation. The project is set firmly within the paradigm of increasing the whole community capability to prevent suicides. Additionally, as difficult conversations related to suicide are often an unavoidable element of the CRM role, the training and resources act as a risk management strategy for the personal wellbeing of the CRMs by reducing the associated stress risk.

The evaluation is utilising the Most Significant Change methodology which is currently identifying moving and powerful stories of change.

The presentation will focus strongly on the need for community “actors” to work with existing service providers to establish information networks and links in local areas. The presentation will also include a short film of the two day workshop.

Ms Naomi Kikkawa, Rural and Remote Project Coordinator, Queensland Centre for Perinatal and Infant Mental Health

Building Perinatal and Infant Mental Health Workforce Capacity in Rural and Remote Queensland: e-PIMH Pilot Project

The Queensland Centre for Perinatal and Infant Mental Health (QCPIMH) was established in 2008 as a state-wide hub of expertise in perinatal and infant mental health, to provide consultation, liaison and support to public mental health services and the broader community sector. The Centre takes a whole-of-government, cross-sectoral approach, supporting clinical and community partnerships and networks. Perinatal and infant mental health can be described as the emotional and psychological well-being of mothers, fathers, infants and families, including the parent-infant relationship, from preconception through pregnancy and up to 3 years post-birth.

Over recent decades a strong evidence base has emerged, which highlights four key aspects. These are; the importance of the early years of a child’s life, including the establishment of secure attachment relationships; the impact of parental mental health issues, including trauma history, on a child’s well-being and development; the effectiveness of interventions designed to minimise risk and increase protective factors for parents, infants and families; and the need for an integrated approach to the provision of services for high-risk parents, infants and families. The pilot was run for a 6-month period across four rural and remote hospital and health services in Queensland. It aimed to support the existing local workforce, to understand the importance of early relationships and identify risk factors associated with mental health issues among new and expecting parents and infants, intervene effectively, and refer appropriately. Assistance is provided via provision of resources, training and education, phone, email and video conferencing. The pilot also facilitates local networks and referral pathways to support smooth transition of care. Data pertaining to the efficacy of the program will be shared together with key learnings and factors for consideration for implementation of the model in rural and remote communities.

Dr Alison Kennedy, Research Fellow, National Centre for Farmer Health

The Ripple Effect: An Innovative Digital Response to Reducing Suicide Stigma Among Farming Men

Suicide rates in Australia’s rural farming areas are higher than those of the general population (particularly for males), increasing the likelihood of a personal experience of suicide for members of this community, whether through attempting suicide or having thoughts of taking their own life, being bereaved by suicide, caring for someone who has attempted suicide, or some other experience of suicide. The cultural and contextual elements of farming work and life contribute to the self-stigma experienced by farming men, presenting challenges to providing accessible, appropriate and acceptable support to those with a lived experience of suicide. This presentation outlines the collaborative development of an innovative digital intervention launched in June 2016 designed to reduce the self-stigma associated with a lived experience of suicide. The Ripple Effect is a personalised, peer-based “yet anonymous” online platform that operationalises Kolb’s experiential learning process in combination with the principles of contact and education to reduce stigma through shared stories and experiences, accurate information and links to local, state-based and nationally available support. A Steering Group of researchers, health professionals, industry representatives, digital designers and farmers with a lived experience of suicide guides the intervention. Recruitment to the Ripple Effect is being community driven and supported. The intervention is being evaluated using an adapted version of the Stigma of Suicide Scale (SOSS), the Literacy of Suicide Scale (LOSS) and qualitative interview data. Results to date will be highlighted in this presentation.
To address this; a community mental health dietetic service has been developed through staffing enhancements of the Bloomfield Hospital Dietetic department. This new service features a community mental health nutrition steering committee consisting of both health professionals and consumer representation, flexible and innovative lifestyle groups delivered in a familiar community space, nutrition clinics for individuals and community nursing staff training to support consumers’ healthy lifestyle goals.

Data has been collected during the implementation phase of this new service. Between August 2015 and July 2016, 114 occasions of service were conducted, consisting of 39 consumers with an attendance rate of 78%.

Additionally, twelve healthy lifestyle groups based on nutritional concepts reached 34 consumers, with the average consumer attending four out of the six groups. The group sessions ‘Meals and Meds and Physical Activity and Nutrition’ had the most impact; with 92-100% of consumers surveyed reported that these sessions will impact on their dietary choices.

From July 2016 the service delivery of community mental health has changed with the introduction of the partnership of LikeMind and WNSWLHD. Further service delivery of community mental health dietetics service will be adapted to compliment this model.

The evidence for role of dietetic education in consumers with mental health conditions to prevent metabolic abnormalities is growing rapidly. This service displays innovation in the method used to facilitate consumer engagement with dietetic services.

From July 2016 the service delivery of community mental health has changed with the introduction of the partnership of LikeMind and WNSWLHD. Further service delivery of community mental health dietetics service will be adapted to compliment this model.

The Gippsland Collaborative has developed a bespoke model of care which sees BNC nurses trained in mental health triage using a recognised triage tool. Patients with mild to moderate mental health issues will be referred to a team of psychologists located within the region. Patients who are not appropriate for referral to this model would be referred on as part of the Stepped Care model for the region.

Consultations will occur via a mixed model of drive-in/drive-out and telehealth, using the Flying Doctor Telehealth platform. The initial one or two consults will be face-to-face at the local BNC, with subsequent consultations via telehealth.

This model integrates well with other mental health services already existing within the East Gippsland region and has a high degree of scalability to other isolated communities throughout Australia. The Gippsland Collaborative, including a Steering Group with consumers and mental health experts, is an excellent example of how organisations from different spheres (Gippsland PHN, GLCH, RFDS Victoria, NFP) can take an integrated, innovative and inclusive approach to the provision of health services in rural communities.

**MRS MARGARET KUHNE, GENERAL MANAGER PRIMARY HEALTH, ROYAL FLYING DOCTOR SERVICE VICTORIA**

**COLLABORATIVE APPROACH TO ADDRESSING ACCESS TO MENTAL HEALTH SERVICES**

The Gippsland Psychology Collaborative, a partnership between the Royal Flying Doctor Service (RFDS) Victoria, the Gippsland Primary Health Network (PHN) and Gippsland Lakes Community Health (GLCH) aims to address access to mental health services in small rural communities in Far East Gippsland. Access to both mental health services and general practitioners for these communities is extremely limited and therefore receiving services through funding models such as ATAPS is problematic. Some communities are over an hour from their nearest GP, urgent care or primary health service. Their only access to any services is through their local Bush Nursing Centre (BNC), run by dedicated generalist nurses who, in many cases, also undertake the role of first-responders in an emergency situation.

The Gippsland Collaborative has developed a bespoke model of care which sees BNC nurses trained in mental health triage using a recognised triage tool. Patients with mild to moderate mental health issues will be referred to a team of psychologists located within the region. Patients who are not appropriate for referral to this model would be referred on as part of the Stepped Care model for the region.

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**MR ANTHONY LUNNEY, TOBACCO TREATMENT SPECIALIST NURSE, BENIDIO HEALTH**

**ONE SIZE DOES NOT FIT ALL**

Addressing tobacco use amongst members of the community with a mental illness is an area that can often be overlooked, or postponed, until acute issues have been addressed. For many people these acute health issues, while reducing in severity, will often not abate completely and this can result in the use of tobacco being left unaddressed.

The Tobacco Treatment Specialist Nurse (TTSN) at Bendigo Health aims to assist consumers in the community and in-patient settings to reduce their tobacco consumption, manage periods of abstinence in hospital or undertake a quit attempt.

Support is tailored to the individual's requirements and takes into account the complexities that their mental illness adds to their quit attempt or need for support in hospital. Support is undertaken in collaboration with their treating team and other support staff, such as nurses and case managers. Consumers are regularly assessed and assisted to set their own, achievable, goals and provided with support, resources and strategies to meet these.

Reduction attempts, rather than client driven quit efforts, can develop beyond the initial reductions and may encompass harm reduction and the empowering of an individual to feel that they...
can manage a quit attempt.

The presentation will outline the interventions used which may vary dependent on diagnosis; reasons that individuals with a mental illness may not ask for support to quit; and what we, as health care professionals, are asking our clients to give up. This final area is often more complex than it would appear, as there can be aspects such as institutionalisation to address, capacity building and a sense of fear or loss.

**BOOK OF ABSTRACTS**

**MRS CLAIRE LYNCH, REGIONAL MANAGER - NSW WESTERN, NEAMI**

**NATIONAL ORANGE**

**MR BRAD PETTITT, SERVICE MANAGER, NEAMI NATIONAL**

**THE FAR WEST MENTAL HEALTH RECOVERY CENTRE: A COLLABORATIVE WORKFORCE DEVELOPMENT EXPERIENCE BETWEEN NEAMI NATIONAL AND THE FAR WEST MENTAL HEALTH LOCAL HEALTH DISTRICT**

The Far West Mental Health Recovery Centre is a 10 bed sub-acute mental health facility in Broken Hill operated as a partnership between the Far West Local health District and Neami National. The service has been in operation since March 2013 and has enhanced the range of mental health services available to the community of Broken Hill and the Far West Region. The Mental Health Commission of NSW and the Australian Mental Health Commission have both identified the development of a mental health workforce in rural and remote areas as vital to improving equity in service delivery in these locations. The experience of Neami National and the Far West Local Health District in developing the Recovery Centre has provided learnings in the area of workforce development in rural NSW in both the community managed and clinical sectors. This paper will focus on describing these learnings and provide recommendations for future investigations in the area of mental health workforce development in rural and remote Australia. Neami National has placed particular emphasis on the role of the Peer Support Worker and Aboriginal Mental Health Workers within this service model. The contribution of these roles and strategies to support and further develop the contribution of these workers in addressing the mental health needs of the local community will be discussed. The benefits in terms of workforce development in each partner organisation will also be highlighted.

**DR SONJA MARCH, RESEARCH PROGRAM DIRECTOR (REGIONAL HEALTH SYSTEMS AND BEHAVIOUR), UNIVERSITY OF SOUTHERN QUEENSLAND**

**IS REGIONAL AUSTRALIA READY AND WILLING FOR E-MENTAL HEALTH SERVICES?**

E-Mental Health services are efficacious, provide cost savings and are recommended tools to improve access for people living in regional, rural and remote areas of Australia. However, there has been lower than expected uptake of such services Australia-wide, and very little research to examine the readiness of regional communities to accept such approaches. People living in regional Australia face a unique set of challenges, as well as specific barriers to accessing mental health support (including face-to-face and e services). Given the government recommendations and support of e-Mental Health services, there is a pressing need to examine current use, acceptability of, and preferences for such services among regional Australia.

This study included a cross-sectional survey of 308 adult community members from urban and regional locations. This paper will describe the differences (and similarities) in attitudes towards e-Mental Health services, between people living regionally and those in major cities. Variables examined included, demographic variables (location, age, gender), technology access and confidence, previous use of e-Mental Health services, likelihood of future use, beliefs about the helpfulness/harm of
these services, preferences for face-to-face versus ‘e’ services and acceptability of these services. The paper will also discuss the role of various factors (e.g. age, geographic location) in determining preferences for ‘e’ over face-to-face treatment. This research provides the first step in identifying factors specific to regional communities that may be related to acceptability and use of e-Mental Health services. This will assist program developers and policy makers to identify strategies for improving uptake and effectiveness in rural and remote Australia.

Ms Carol Markie-Dadds, Program Director Triple P Queensland, Triple P International

Factors Required to Deliver Interventions to Scale - Using Queensland’s Rollout of Triple P as a Case Study

The Queensland Government has invested in a range of mental health and child protection initiatives to support Queensland children get the best start in life. This includes a $6.6 million, 2-year trial of the Triple P (Positive Parenting Program) giving Queensland families free voluntary access to parenting support. Triple P is one of the most effective evidence-based parenting programs in the world, backed up by more than 30 years of research. It has been shown to reduce childhood emotional and behavioural problems and help parents feel more confident, less stressed, angry and depressed.

This presentation provides an overview of the stepped care model of programs offered and outcomes so far. More than 500 practitioners have been trained and over 20,000 parents and carers have accessed services since August 2015. The aim is to reach up to 140,000 parents from diverse backgrounds including low-income families, single parents, culturally and linguistically diverse families, Aboriginal and Torres Strait Islander families and those living in regional and remote areas.

Delivering interventions to scale requires flexibility and an ability to offer implementation support around the provision of training and resources to practitioners working in both government and non-government sectors. The initiative is supported by a communications and marketing strategy to normalise and destigmatise help-seeking and encourage parents to access services. Families of children up to 16 years can choose from a range of options, including an online program, topic-specific seminars, discussion groups and one-on-one consultations, to more intensive, small group-based and individual programs.

This presentation will document key achievements to date, data on training outcomes for practitioners, parenting outcomes demonstrated through self-report measures and characteristics of families accessing Triple P. The challenges and lessons learned in making parenting support universally available in Queensland will be discussed.

Ms Carol Markie-Dadds, Program Director Triple P Queensland, Triple P International

Ms Paddy Hintz, Principal Advisor Policy and Corporate Affairs, Triple P International and Parenting and Family Support Centre, The University of Queensland

E-mental Health Solution Increases Access and Equity as Part of a Stepped-Care Approach to Parenting Support

An e-mental health solution accessed by more than 10,000 parents since October 2015 in Queensland indicates the level of need in the community as well as the types of families who benefit. Problems in childhood such as social, emotional and behavioural issues are the earliest known indicators of potential mental health problems in later life. Evidence-based parenting programs are regarded as the gold standard in the treatment of early childhood mental health issues yet access in the community is limited, particularly for rural and remote families.

Integrating Triple P Online (TPOL), the online version of the Triple P – Positive Parenting Program, into a stepped-care model of parenting support funded by the State Government has given Queensland families access to evidence-based support in their own time, wherever they live. Parents can choose TPOL from a selection of programs ranging in intensity from light-touch to more intensive programs. These include face-to-face individual and group-based services and telephone support. Access is available in a range of community settings, from schools and childcare centres to GPs.

This presentation outlines the diverse characteristics of families accessing TPOL, with a quarter from regional and remote areas. More than a third are dealing with significant child emotional and behavioural issues, a third of parents are depressed and more than half have serious levels of parenting conflict with their partner.

The presentation also shares experiences leading to increased uptake and progression through the program to demonstrate how a low-cost e-mental health intervention can improve equity of outcomes for all children regardless of location. Implications for the future, such as the ability to cut waiting times for more intensive services, program completion rates as well as future allied phone support will be discussed.

Ms Lee Martinez, Mental Health Academic, University Department of Rural Health; University of SA

Let me be the Driver – I Have Removed the Case – Journeys of Rural Mental Health Consumers

The implementation of the stepped model of care a policy directive from the Social Inclusion Board Stepping Up Report (2007 -2012) in country South Australia has had a number of iterations during implementation over the past 8 to 9 years.

The presentation will draw from the findings of two evaluations of rural based community sub-acute mental health services and rehabilitation services. Furthermore it will show how the discussions and recommendations of the University of
South Australian Department of Rural Health 3rd Sustaining Communities Sustaining Mental Health ‘Walk the Talk of Service Integration’ Conference, link and could underpin the findings of the services evaluated.

The paper will focus on consumers driving their own care a strong theme that evolved from the conference, how the information / findings from three different projects with a similar theme identified links between the outcomes and findings.

The first evaluation looked at two separate rural community based sub-acute mental health services demonstrating how bio-psychosocial supports are integral to mental health care for consumers and carers and demonstrated links to keeping people out of the hospital system.

The second evaluated two separate rural community based mental health rehabilitation services interviewing a number of people who used the service and the support persons.

Thirdly the 3rd Sustaining Communities Sustaining Mental Health Conference focused on encouraging delegates to challenge some of the common practices in mental health services, consider what is and what isn’t working and be proactive in stimulating discussion answering a key question and developing recommendations.

Consumers spoke consistently on how the clinician’s level of empathy, the shift of decision making power towards the consumer and carer’s, impacted on their overall outcome. Eleven recommendations were developed following a mental health conference answering how clinicians and peer workers could re work their everyday processes and practices to ensure consumers leave with more power, control, skills and resources to manage their mental illness.

Ms Karen McCann, Acting Director of Social Inclusion and Recovery, Metro South Addiction and Mental Health Service

An Integrated Model of Rehabilitation: The Role of Peer Workers in Community Care Units

In 2014-15, Metro South Addiction and Mental Health Services (AMHS) opened the final two of their three community care units (CCUs), piloting an innovative model of rehabilitation where peer support workers make up two thirds of the workforce, alongside a small clinical team. While clinicians undertake clinical assessments and activities, it is the peer support workers who implement the rehabilitation plan with individuals. Peer support workers have been embedded into the multidisciplinary team, providing support across 24hrs a day, seven days a week.

Metro South AMHS fosters a culture that empowers both peer support workers and clinicians to contribute their perspective in a collaborative way that supports the achievement of therapeutic outcomes. We aim to share our findings on the key areas that have helped to build the peer support workforce include careful recruitment, structured induction, tailored clinically-focused training and active supervision and mentoring.

A/Prof Peter Moosbrugger, Physician Rep. Div. of Family Practice, Aboriginal Health Working Group

Connecting with Indigenous People – What’s in It for Us? Different Ways of Learning

‘Building Bridges - Creating a Village’ - experiential workshops ‘Aboriginal Health and Wellness’ - Field Course, North Island College Nursing School, both Vancouver Island, BC, Canada

Learning outcomes: Better understanding of who we are, where we come from and why we do what we do - as individuals and as society at large.

True grasp of the full impact of colonialism and cultural genocide leading to improvement in health care delivery for all.

Building meaningful relationships, deconstructing racism

Cultural safety and cultural agility can be learned: how a whole community of caregivers is changing

‘Building Bridges’ experiential workshops complement on line courses, are usually conducted in a Native Bighouse, offered since early 2000’s. Full day workshops led by Aboriginal Staff and Elders, open with a sharing circle, ceremonial fire, traditional food, drumming - portray a functioning society with its own values, hierarchy, roles and rules. After identification in role play participants will experience the impact of colonialisation and residential schools. Closes with sharing/healing circle.

North Island College School of Nursing: Field Course ‘Aboriginal health and Wellbeing’ since 2007, open to healthcare, administration and education personnel. Led by Indigenous Elders and a field instructors in remote coastal communities on the Westcoast of the BC mainland. Living in homes on reserve for one week the challenges of economics, poor access to food & health care, lack of employment opportunities, substantial increase of cost of living and true impact of loss of culture are experienced first hand. Feels safe as it is experienced in a group of peers. Exploring topics like ancestry, significant life events, education, love & nurture, personal strengths, attitude to nature etc. in the safety of a sharing circle leads to significant insights on a personal level not obtainable from books/on line courses.

Why does it work: Likened to but usually exceeding effectiveness of counselling/psycho-therapy sessions through insights into one’s own past. Unfamiliar setting = leads to vulnerability and allows for personal healing.

As a society we usually do not share openly, participants experience a different way of being. Sharing circles feel safe, no note-taking: once one person opens up others follow, very emotionally liberating and rewarding.

Connection usually made to personal past trauma: understanding impact of early life trauma as the root causes of mental health issues, addictions, homelessness.

Fosters tolerance and compassion: only one person talks at a
time, everybody has a voice, passing up is very rare. Goal is sharing and learning, power differential therefore not experienced. Allows for immersion into another culture without the expectation to provide service (e.g. locum physician, nurse, care worker).

Trust works both ways: indigenous people appreciate the involvement and learn to trust.

Thinking with the heart! Ripple effect: leading by example - others notice and can be held accountable. Once experienced, truly caring with compassion is very rewarding & becomes "addictive".

**Dr Bushra Nasir, Research Fellow, The University of Queensland**

Bushra Nasir1, Steve Kisely2, Leanne Hides3, Geetha Ranmuthugala1, Sharon Brennan-Olsen4,5,6, Caitlin Easton1, Adam Wentons1, Neeraj Gill1, Srinivas Kondalsamy-Chennakesavan1, Geoffrey Nicholson1, Maree Toombs1

1 Rural Clinical School, School of Medicine, The University of Queensland
2 Southern Clinical School, The University of Queensland
3 School of Psychology and Counselling, Queensland University of Technology
4 School of Medicine, Deakin University, Geelong
5 Australian Institute of Musculoskeletal Science, The University of Melbourne
6 Institute for Health and Ageing, Australian Catholic University

**An Australian Community-Led Suicide Intervention Skills Training Program: Community Consultation Findings**

Background: Relatively few Indigenous-specific suicide prevention programs exist in Australia. It is unclear how effective existing programs are in providing sustainable solutions to addressing Indigenous-specific risk factors or their management. The aim of this study was to inform the development of a culturally appropriate gatekeeper training program through community consultation.

Methods: Semi-structured, face-to-face, community consultations with 29 individuals, and 19 service providers or community organisations, were conducted in five rural and regional towns of Queensland. The consultation sessions focused specifically on a) identifying and reviewing existing models of Indigenous gatekeeper suicide prevention training; b) identifying the cultural inappropriateness of program content; and c) identifying the key components of a culturally appropriate gatekeeper training program. Thematic analysis was performed to identify and analyse patterns and consistent themes.

Results: Community consultations identified that existing models of gatekeeper training were heavily time intensive, contained irrelevant content for Indigenous people, and were not sustainable for rural and remote Indigenous communities. There was inconsistency in the content and delivery of gatekeeper training, as it was often delivered by a number of different entities funded under different schemes. An appropriate training program should be practical, relevant and sustainable across all Indigenous communities, with a focus on the social, emotional, cultural and spiritual underpinnings of community wellbeing.

Conclusions: Evaluations of currently available programs indicate that an Indigenous community-led approach is essential to encourage connectedness, and maintain cultural heritage. Providing culturally appropriate gatekeeper training are more likely to provide effective solutions for Indigenous communities.

**Ms Sharon Pech, Assistant Director - NCATSIS, Australian Bureau of Statistics**

Aboriginal and Torres Strait Islander People with a Mental Health Condition: Outcomes for People in Regional and Remote Areas

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

In the NATSISS, 29% of Aboriginal and Torres Strait Islander people said they had been told by a doctor or nurse that they had a mental health condition, that is: depression; anxiety; behavioural or emotional problems; and/or harmful use of, or dependence on drugs or alcohol. Around one-third of Aboriginal and Torres Strait Islander people living in major cities and regional areas reported a mental health condition, along with 16% of those in remote parts of Australia.

This presentation will compare outcomes for Aboriginal and Torres Strait Islander people with a mental health condition by remoteness, and against outcomes for people with other long-term health conditions and no long-term health conditions. Some of the associations between mental health and other characteristics that will be explored include: Overall Life Satisfaction; Health status and risk factors; Employment, household income and education; Family and community connections; Crime and safety; and Mobility and housing impermanence.

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

MS Lynnette Pirie, Psychologist, Partners in Recovery - Lifeline Darling Downs and South West QLD Ltd

INTENSIVE HOME RECOVERY INITIATIVE – A STEPPED APPROACH TO CARE

It is widely acknowledged that during a transition from an Acute Mental Health Unit back into the community people can be particularly vulnerable. In an effort to address these issues, most of us (workers, consumers or carers) have had those ‘if only, we could â€¦’ thoughts or conversations. How could we get the right care, in the right place at the right time? During late 2015, Toowoomba imagined together what may be needed and researched what other regions are doing. We wondered too how best to support those headed towards a stay in hospital.

During the first six months of 2016, Partners in Recovery (PIR) Darling Downs and South West Queensland implemented the Intensive Home Recovery Initiative (IHRI) – a stepped approach. A part-time Project Leader was employed to work closely with the seven local PIR Support Facilitators (SFs), based in the Lead Agency’s office and routinely working within each of the Partner Agencies’ offices.

The Project Officer worked closely with SFs assisting with planning and review processes, encouraging and challenging SFs as they offered more intensive supports than usual, and sourcing additional or specialised supports (e.g. Peers Support Workers) where needed. IHRI accepted Step Up and Step Down referrals from SFs for existing PIR Participants and Step Down referrals from the Acute Mental Health Unit.

A Think Tank guided the initiative and utilised an Action Learning framework keeping the IHRI ‘on track’, whilst working within dynamic organisational environments, a changing policy context (e.g. NDIS and PIR funding) and with Participants whose needs changed quickly. Most Significant Change methodology was used to evaluate Participant outcomes and Technology of Participation frameworks to evaluate Facilitators’ learnings.

This humble, locally driven initiative achieved extraordinary person-centred, recovery oriented results. Evaluations found the Intensive Home Recovery Initiative to be an innovative, practical and cost-effective model.

DR Jane Rich, Research Fellow, University of Newcastle

PERSPECTIVES FROM THE MINE SITE: INTERVIEWS WITH MINERS ABOUT MENTAL HEALTH AND THE WORKPLACE

Background: The mining sector constitutes a significant part of Australia’s economy, with substantial contributions at national, regional and local community levels, particularly in rural areas. The mining workforce is a predominantly male (85%) workforce. Downturns in commodity prices has impacted the industry, with employees exposed to high volatility and subsequent job insecurity, which may impact on mental health. Mental health problems may be noticed in the workplace through: absenteeism, presenteeism (reduced productivity while at work as a consequence of a health problem), and workplace injuries.

The personal distress and social costs (including impact on family) of unaddressed mental illness also make a compelling case for industry-based prevention and early intervention.

Aims: This research was part of a larger study, funded by the Australian Coal Association Research Program that examined the prevalence of mental illness in the mining industry. The purpose of the study was to better understand mental health problems in the coal industry in NSW and Queensland and how these problems may affect a person, including the effect on their work.

Methods: Semi structured telephone interviews aimed to explore knowledge, attitudes and beliefs regarding mental health, mental illness, and help seeking behaviours of coal mining employees.

Results: 14 males across four mine sites were interviewed. Male employees were generally willing to discuss mental health concerns and share their experiences of mining employment and mental health. Common themes included: job insecurity, financial benefits, and the importance of the mine site in managing and supporting employees’ mental health as part of health and safety protocols.

Conclusions: Mental Health has emerged as a priority for health and safety in industry. Results suggest exploring perceptions of mental health held by mine site employees can provide important insights to guide development of mental health programs specifically tailored to address mental ill-health with this population.

DR Carla Rogers, Senior Training Facilitator, Queensland University of Technology

MS Heidi Sturk, Senior Research Officer, Queensland University of Technology

DIGITAL MENTAL HEALTH: TRAINING THE TRAINERS IN ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES

Digital Mental Health is an emerging area within Australia’s mental health service delivery sector. Digital or e-mental health has the ability to fill the gaps in the provision of mental health services, particularly for individuals in rural and remote communities. The eMHPrac (e-Mental Health in Practice) Project is a Commonwealth initiative providing e-mental health training and support to General Practitioners, Allied Health Professionals and service providers working with Aboriginal and Torres Strait Islander people. eMHPrac aims to increase health practitioner awareness and utilisation of digital mental health services and programs.

As part of eMHPrac, a 4-day e-mental health Train the Trainer package was developed to train service providers working with Aboriginal and Torres Strait Islander people. The program focussed on building awareness of e-mental health strategies, increasing knowledge of how and where to access apps, online programs and various information portals, and training in the practical use of the Stay Strong mobile App, an indigenous specific program aimed at increasing well-being.
This presentation outlines the development of the Train the Trainer package, as well as the process of promotion, engagement and collaboration with organisations where e-mental health could benefit service delivery and client outcomes. The pilot data from eMHPrac Train the Trainer programs conducted in Cairns and Perth will be presented. The findings will be discussed in relation to the program's development, delivery, and organizational buy in and service integration. Qualitative information about the training program content will also be presented highlighting the impact training has on increasing awareness, knowledge and practical skills in the area of e-mental health. The implications of training service providers to be e-mental health trainers in Aboriginal and Torres Strait Islander populations are explored.

Ms Lisa Staples, Clinical Care Coordinator, headspace Tamworth
Ms Deanne Harris, Dietitian in Charge, Tamworth Hospital

DIVING DEEPER: INTEGRATING DIETETICS WITHIN HEADSPACE TO IMPROVE THE PHYSICAL AND MENTAL HEALTH OF YOUNG PEOPLE IN TAMWORTH

Adolescence is the peak period of physical and psychological development. Lifestyle habits established during adolescence, and alterations in their eating patterns can have lifelong impacts on dysfunctional eating.

Body dissatisfaction has been identified as one of the main issues for young people. Restricted eating in adolescence has been associated with the development of eating disorders, depression, anxiety, nutrition, metabolic issues and increased weight.

A key factor in improving the physical and mental wellbeing of young people is early identification and nutrition intervention. Early identification of nutrition risk offers the best long term outcomes for improved function. Connections with the local mental health service for young people, headspace, led to the development of a rural dietetics service which allows for early detection and treatment of young people with dysfunctional eating. This partnership enables streamlined early detection and treatment of young people with eating concerns. Providing services through a one stop shop model, in a familiar environment outside of the mainstream health service, enables improved pathways of care.

Staff identified the development of a dietetic service for dysfunctional eating, as a priority for headspace, Tamworth. Staff education around food, mood and body image issues in young people was conducted.

Standard intake forms were adapted to more detailed questions about intake and attitudes to food and body image. Standard referral process to dietitians were improved and referral numbers increased markedly. The demand for a headspace specific dietetic service led to funding for a dietitian one day per week. Specialised dietetics services are now co-located in the facility, alongside psychological based interventions. A coordinated young person focused service is delivered focusing on physical and mental wellbeing together.

Improved screening and referral processes have identified the need to ‘dive deeper’ into nutrition for this target group.

Ms Heidi Sturk, Senior Research Officer, Queensland University of Technology
Ms Davina Sanders, Research Manager, Queensland University of Technology

A TRIP AROUND THE MENTAL HEALTH WEB: HOW TO PUT DIGITAL MENTAL HEALTH INTO PRACTICE

Digital mental health (DMH) is the use of technology to deliver mental health support and treatment through telephone and online services, programs and apps. The Commonwealth-funded e-Mental Health in Practice (eMHPrac) project has been tasked with increasing practitioner awareness of Australian DMH tools. These tools can be used to enhance mental health either in conjunction with therapy, or as another option to face to face treatment for mild to moderate conditions. Tools can be guided by a clinician in real-time or delayed interactions, or can be self-directed.

With the rapid growth in digital mental health programs and services, it is challenging to stay abreast of the latest developments. This paper will provide a ‘round the Web’ tour highlighting a smorgasbord of Australian DMH services. It includes treatment tools for depression, anxiety and trauma, as well as programs developed with and for farmers, Aboriginal and Torres Strait Islander people and the LGBTI community.

Practitioner knowledge of DMH tools can help bridge the gap in access to mental health treatment in rural and remote communities.

Results from trials investigating the effectiveness of digital mental health programs are encouraging. Clinician-directed digital mental health tools have been found to be as effective as face-to-face treatment. Self-directed digital tools, while not matching face-to-face treatment effectiveness, have the distinct advantage of being achievable to most Australians and at low-to-no cost.

Digital mental health programs have the potential to provide practitioners in rural and remote regions with a multitude of tools for their clients to use during or between face-to-face treatment sessions or as another option to face-to-face treatment. This is of particular significance given that rural and remote Australians have reduced access to health practitioner treatment and to population-specific interventions.
improved delivery of mental health services so that treatment programs for people with mild to moderate common mental health conditions.

Since discussing QLife at the last Rural and Remote Mental Health Symposium, the Connect project has been established to help regional communities and QLife to provide services to LGBTI people in regional areas. Connect is promoting QLife as an early intervention service, fostering connections between volunteers, their local communities and service providers, and building connections between volunteers across different regional areas. LGBTI Australians have much higher rates of anxiety, depression and mental health disorders than the Australian community as a whole. Thoughts of suicide and suicide attempts are at much higher rates for people who are same sex attracted, transgender or intersex than for the general community. LGBTI people living in regional, rural and remote locations can face specific challenges to mental wellbeing including isolation, invisibility, stigma and a possible lack of access to LGBTI-inclusive services.

This presentation will discuss the Connect project’s approach to recruiting and developing a team of volunteers in a range of regional communities across Australia. Volunteers use local knowledge to connect with mainstream services in their area and increase access to services for LGBTI people. As well as increasing awareness of QLife as an early intervention service, volunteers work with local services to increase their inclusivity, and help QLife to build its referral database of local regional services.

Participants will hear first hand accounts of the experiences of volunteers who have become peer leaders in their communities, and gain insights into the ways that the Connect project is influencing cultural change, improved service provision and decreased stigma in some regional communities.

QLife is a national telephone and web-based counselling and referral service for lesbian, gay, bisexual, transgender and intersex (LGBTI) people.

Ms Tarnia Thompson, QLife National Capacity Building Manager, National LGBTI Health Alliance

The Connect Project; How a National Volunteer Network is Improving the Mental Wellbeing of LGBTI People in Regional Australia

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Dr Sarah Weaver, GP Facilitator, Black Dog Institute

Integrating e-MH into Primary Care Mental Health Service Delivery

A broad range of evidence-based e-Mental Health (e-MH) resources have been developed by highly reputable institutions around Australia in the last 15 years. These resources range from psycho-educational websites and support programs to online treatment programs for people with mild to moderate common mental health conditions.

There is evidence that for many people these services, properly delivered, are as effective as face to face care.

The Federal Mental Health Commissions Report of 2014 calls for improved delivery of mental health services so that treatment intensity matches patient need. Better use of online resources may contribute to better outcomes by improving efficiency, reserving more intense treatment for those with more severe and complex problems. In addition, for people living in areas where face to face care is difficult to access, these programs offer support that they may otherwise not receive at all.

The challenge now is in how to implement these new resources into practice.

This presentation will discuss the possible ways in which eMH programs can be integrated into practice in primary care.

Mrs Julianne Whyte, CEO, Amaranth Foundation

Mind the Gap: Research Addressing the Mental Health Treatment Gap in Advanced Chronic and Terminal Illness, and Explaining the Moral Imperative for Earlier Intervention

The issue of mental health (MH) in palliative care (PC) patients is well-documented, however there is a skills gap, perceived by patients and healthcare workers alike, when it comes to addressing it. Additionally, clinicians accept this cohort will experience mental distress, therefore is there any value in applying a ‘mental health’ label in addition to their medical conditions?

Our research trialled a trans-disciplinary social work approach to palliative care, integrating mental health screening and treatment, and assessed the impact on clinical and emotional outcomes for patients, their family and caregivers.

The model was trialled with 100 patients and 250 family members and caregivers across six rural trial sites, with GPs being the key referrers using the Medicare Better Access to Mental Health scheme. Screening and assessment tools were implemented and evaluated, and the model was evaluated using qualitative, informal, semi-structured interviews with patients, carers, family members and service providers.

The trial found symptom management typically took precedence in palliative care, with MH referrals occurring late in the disease trajectory when they are acute or crisis driven, missing an opportunity to enhance quality of life while there was still life to be lived. Participants reported they valued the psychosocial support provided, their distress had been greatly reduced, and their coping in the bereavement period enhanced.

Trans-disciplinary teams with specialist knowledge in adapting traditional mental health interventions provided better outcomes for palliative care patients. GPs referring patients for mental health social work interventions earlier in the disease trajectory has changed the delivery of PC in the region.

These findings also informed the current Commonwealth-funded Listen Acknowledge Respond project which will upskill healthcare professionals to screen, assess and treat MH in the last 400 days of life, and measure the impact of this. Preliminary findings from this ongoing research will also be presented.
In early 2014, a charitable body, the Gladstone Foundation, established the Gladstone LINK project in coastal Central Queensland, operated by Medibank Private (later Telstra Health). The aim was to provide clinically appropriate, evidence-based psychology services using Internet video. Anywhere Healthcare undertook exhaustive due diligence of potential providers before appointing Psychology Melbourne Partners (PMP) - an innovative, technologically advanced private practice employing more than 40 staff or consultant psychologists. PMP trialled several video platforms and trained staff to provide technical support. It developed a video counselling training program for clinicians. From May 2014 to April 2016, 213 adults, children and adolescents in the Gladstone area undertook more than 1500 video sessions. To improve outcomes, clients were matched to the best-fit psychologist via a 30-minute interview by a trained intake psychologist and digitised tests. Many sessions were delivered from the psychologist’s home to the client’s home. Best practice and quality assurance measures were used to assess customer satisfaction during and at the end of counselling. The project did not encounter any of the potential problems anticipated by Anywhere Healthcare. There were no critical incidents. Results showed drop-outs below industry average and above-average client satisfaction. Testimonials were received from clients, local GPs and other health professionals who collaborated in the project. Many claimed access to psychologists was faster and more convenient, and some felt the project provided more expert help in some areas. They also highly valued the additional privacy, which alleviated fears of stigma. PMP has since developed a video counselling service called Psychology On Demand. The project offers a model for solving access and other problems cited by policy makers in delivery of expert mental health care in rural and remote areas, particularly as the extension of the NBN makes faster data transfer rates more widespread.

In Wide Bay in 2015, suicides were recorded at a rate of 20 per 100,000 for Queensland, which compares to a Queensland average of 16 per 100,000. Both these figures were higher than in 2014, in which 17 per 100,000 were recorded in Wide Bay, compared to 14 per 100,000 for Queensland.

Ten clinicians working in the Fraser Coast’s Mental Health and Emergency departments have completed the ‘Train the Trainer’ course in Suicide Risk Assessment and Management in Emergency Departments (SRAM-ED), enabling them to provide training across the rest of our teams in those crucial frontline areas. It is hoped this will help build our staff’s capacity to better recognise and respond to potential suicide cases and ultimately prevent them.

It is recognised that, on average, a quarter of people who commit suicide have had some contact with a health service prior to their death. That means three-quarters haven’t had any contact with us, so we need to try to reach them through community-based means. Thus, WBBHS is involved in a number of combined community approaches in an effort to reduce and prevent suicides in the region. One of our strategic initiatives to reduce the rates of suicide in our Region is the newly created Wide Bay Mental Health and Alcohol and Other Drugs Strategic Collaborative, which we are leading in conjunction with the Central Queensland, Wide Bay, Sunshine Coast Primary Health Network (PHN).

The collaborative aims to work with the broader community to identify our areas of greatest need and target our resources more effectively. Members are drawn from stakeholder groups including clinicians, non-government service providers, consumers, carers, and representatives from the indigenous and disability sectors. It is envisaged that our Emergency Department training as well as our Strategic Collaborative with the Non-Government Sector will reduce our rates of suicide.

Ms Robyn Bradley, Executive Director, Wide Bay Mental Health Alcohol and Other Drugs Service
Mr Brad Elms, Program Manager / Director of Nursing, Wide Bay Mental Health Alcohol and Other Drugs Service

Suicide Prevention in the Wide Bay Area: An Strategic Collaborative Approach

In Wide Bay in 2015, suicides were recorded at a rate of 20 per 100,000 population, which compares to a Queensland average of 16 per 100,000. Both these figures were higher than in 2014, in which 17 per 100,000 were recorded in Wide Bay, compared to 14 per 100,000 for Queensland.

Ten clinicians working in the Fraser Coast’s Mental Health and Emergency departments have completed the ‘Train the Trainer’ course in Suicide Risk Assessment and Management in Emergency Departments (SRAM-ED), enabling them to provide training across the rest of our teams in those crucial frontline areas. It is hoped this will help build our staff’s capacity to better recognise and respond to potential suicide cases and ultimately prevent them.

It is recognised that, on average, a quarter of people who commit suicide have had some contact with a health service prior to their death. That means three-quarters haven’t had any contact with us, so we need to try to reach them through community-based means. Thus, WBBHS is involved in a number of combined community approaches in an effort to reduce and prevent suicides in the region. One of our strategic initiatives to reduce the rates of suicide in our Region is the newly created Wide Bay Mental Health and Alcohol and Other Drugs Strategic Collaborative, which we are leading in conjunction with the Central Queensland, Wide Bay, Sunshine Coast Primary Health Network (PHN).

The collaborative aims to work with the broader community to identify our areas of greatest need and target our resources more effectively. Members are drawn from stakeholder groups including clinicians, non-government service providers, consumers, carers, and representatives from the indigenous and disability sectors. It is envisaged that our Emergency Department training as well as our Strategic Collaborative with the Non-Government Sector will reduce our rates of suicide.

Ms Emily Bolto, CAMHS Liaison Teacher, School of Special Educational Needs: Medical & Mental Health
Ms Justine Harding, CAMHS Liaison Teacher, School of Special Educational Needs: Medical & Mental Health

Education and Health Working Together to Increase the Educational Outcomes of Rural & Remote Students with Mental Health Disorders in WA

Collaborative practices are now well documented as increasing effectiveness and efficiency in response to service needs. The School of Special Educational Needs: Medical & Mental Health (SEN-MMH) is part of Statewide Services for the Department of Education (DoE) Western Australia (DoE) and provides education support to both public and private school students K-12 whose medical and/or mental health currently prevents them from successfully participating in their regular education program. WA Director General of Education Shayn O’Neill prioritises ‘Success for all students’ in Focus 2016’ the strategic plan for WA Public Schools 2016-2019.

Following a comprehensive review of services for students with Severe Mental Disorders in 2004, the DoE launched a new initiative to support students with mental health needs in schools. In 2007 a team consisting of an Education Assistant, Teacher and Clinical Psychologist (seconded from Department of Health) was formed by Hospital School Services to support rural and remote areas. An evaluation of this initiative outlined positive outcomes for students, schools and health professionals which prompted the placement of Liaison Teachers in rural and remote areas. Since 2008, the placement of Liaison Teachers in regional Child
and Adolescent Mental Health Services (CAMHS) has expanded throughout the state.

For young people with mental health needs referred to SSEN-MMH, liaison with schools and families promotes and supports consistent communication between student, family, school and health service. It also provides a bridge for the school to access the specialist knowledge of the health team and for that team in turn to better understand the challenges students face in the regular school setting. The strategy and outcomes will be outlined in the presentation.

**DR HEATHER BRIDGMAN, LECTURER IN RURAL MENTAL HEALTH, CENTRE FOR RURAL HEALTH, UNIVERSITY OF TASMANIA**

**STUDENT PERSPECTIVES OF RECOVERY CAMP TASMANIA: AN EXPERIENTIAL LEARNING OPPORTUNITY FOR STUDENTS OF HEALTH DISCIPLINES AND MENTAL HEALTH CONSUMERS**

Recovery Camp is originally developed by the University of Wollongong (UoW) in response to mental health placement shortages for students of health disciplines. Recovery Camp brings together community volunteers who have a stable, diagnosed mental health conditions and are living independently in the community, health students from various disciplines and university support staff for a multi-day outdoor activity camp aimed at increasing support and understanding about mental illness and recovery, as well as providing interprofessional learning opportunities. In 2016 Recovery Camp was adapted, piloted and evaluated for the rural Tasmanian context. Recovery Camp Tasmania involved six students from nursing, social work, exercise physiology and psychology disciplines, nine adult community volunteers and three support staff undertaking a variety of student-led, recovery-based activities over four days. Recovery Camp was evaluated using mixed methods approach adapted from previous evaluation of Recovery Camps facilitated by UoW. This presentation will focus on camp outcomes from a student perspective. Outcome measures included pre, post and three month follow up of students using the Mental Health Clinical Confidence, Readiness for Interprofessional Learning and the Social Distance Scales in addition to a post camp interview that was analysed thematically. Recovery Camp was found to benefit student learning and increase interest in working in mental health. Outcomes of Recovery Camp Tasmania will be discussed within the context of challenges to implementing a ‘non-traditional’ placement within exiting tertiary placement systems, as well as potential implications for rural mental health workforce recruitment.

**DR CHARLOTTE BROWNLOW, SENIOR LECTURER, USQ**

**A-SKILLS SUPPORT FOR HIGHER EDUCATION STUDENTS ON THE AUTISM SPECTRUM: AN EVALUATION OF A TAILORED PROGRAM TO PROMOTE EDUCATIONAL SUCCESS**

The increasing rates of diagnosis of autism spectrum disorder (ASD) reported worldwide have been reflected in the significant number of students enrolling into higher education. Reported academic and employment outcomes for people on the spectrum are however discouraging, with contributing factors of comorbid mental health impacts. While there is some research on the needs of these students, there are few programs specifically tailored to supporting students in higher education in Australia, and hence limited empirical research to support the efficacy of such interventions.

A-Skills is an ongoing 8-week peer-mentored study skills program developed by Donna-Marie Thompson, offered by Student Services, University of Southern Queensland (USQ) to students with neurodevelopmental disorders, and specifically those with a diagnosis of ASD. This was offered across three USQ campuses: one suburban, one coastal, and one regional. Through sessions tailored to the needs of students on the spectrum integrated with the principles of Self-Determination Theory, the program aims to build on the strengths of A-Skills participants while addressing the challenges they may experience during their higher-education learning journey.

The goals of A-Skills include developing a capacity for autonomous learning behaviour, improving motivation, and enhancing the well-being of students.

This presentation will draw on qualitative and quantitative findings from the evaluation undertaken of the A-Skills program across the three campuses. Research outcomes suggest that for these participants, the A-Skills program enhances their sense of competence to autonomous-learners, and increases well-being through shared experiences and group support. Such tailored programs may therefore enhance capacity for success within learning environments for adults on the spectrum and provide a sense of hope toward future workforce engagement.

**DR LU HUA CHEN, POST-DOCTORAL FELLOW, THE CHINESE UNIVERSITY OF HONG KONG**

**FAMILY PARENTING ASSOCIATED WITH INATTENTIVE TRAITS OF ATTENTION DEFICIT/ HYPERACTIVITY DISORDER IN CHINESE CHILDREN AND ADOLESCENTS**

**AIMS**

The function of family, like parent-child relationship and parents’ supervision strategies, has been implicated in the clinical history and manifestation of the Attention deficit/hyperactivity disorder (ADHD). Nonetheless, little is known about the underlying psychological mechanism of the association. Because cognitive functions, particularly working memory impairments, have been found to predict ADHD, it is assumed that working memory may influence the association between parenting and ADHD symptoms. In this study, we test our hypothesis by focusing on ADHD inattentive type (ADHD-I) using a community-based Chinese sample.

**METHODS**

In present study, 221 Chinese boys (6-13 years old) were recruited. Mother’s parenting behavior was measured by Alabama Parenting Questionnaire (APQ). The working memory of the participants was assessed by Forward / Backward Digit-Span tasks. The Strengths and Weakness of ADHD-Symptoms and Normal-Behaviors (SWAN) was applied to assess the participants’ ADHD...
RESULTS
Correlation analysis revealed that parental positive involvement with children as well as supervision and monitoring could significantly predict ADHD inattentive traits respectively ($r=0.164$, $P=0.014$; $r=0.215$, $P=0.001$). The overall score of APQ was positively correlated with ADHD inattentive traits in our Chinese cohort ($r=0.171$, $P=0.011$).

Moreover, the Backward Digit-Span task ($r=0.152$, $P=0.013$) rather than Forward Digit-Span task ($r=0.009$, $P=0.879$) was significantly correlated with ADHD inattentive traits. Subsequent linear regression modeling demonstrated that both good parenting experience ($B=0.116$, $P=0.018$) and better working memory ability ($B=0.416$, $P=0.041$) were associated with fewer ADHD inattentive traits after adjustment to age, although no mediator/moderator effect was observed.

CONCLUSIONS
Consistently with the western population, parenting, as an environmental factor, is associated with ADHD inattentive traits in Chinese children. Although no mediator/moderator is detected for working memory, other possible psychological pathways warrant our further exploration.

Findings from the present study by using a sub-clinical population approach will promote our better understanding of ADHD behavioral phenotype in clinics.

Mrs Elizabeth Evans, Peer Recovery Worker, Footprints in Brisbane Inc

A WILLINGNESS TO EMBRACE PEER WORK: PEER WORKERS’ PERSPECTIVE ON THE RESPONSE BY A NON-GOVERNMENT COMMUNITY SERVICES ORGANISATION TO INTEGRATE AND ALIGN THE WORKPLACE NEEDS OF PEER WORKERS

Background: With the adoption of evidence-based recovery-oriented practice in the mental health community services sector, the benefits of employing peer workers are increasingly becoming apparent. Footprints in Brisbane, a non-government community services organisation, recognised that although peer work has been a valuable element of the services provided to its consumers, its formal structure of peer work employment and workplace support was underdeveloped, and not in alignment with current best practice models of peer work in mental health.

Objective: In response to this concern, and because peer work is relatively new and still lacks a uniform framework for its integration into the workplace, Footprints aimed to refine its induction package and review policies and procedures to ensure that they align with the needs of its peer workforce. In this way, Footprints also aimed to significantly contribute to the burgeoning field of mental health peer workforce. Peer participation in, and responses to, this process was recognised as both necessary and conducive to the evolving organisational culture.

Discussion: Peer workers’ perceptions, experiences and responses to the changes implemented by the organisation are discussed. Changes include: role design, recruitment and induction; support for peer workers’ mental health, wellbeing and safety; disclosure of mental illness in the workplace; use of lived experience to provide trauma-informed care; responses by the non-peer workforce; quality of supervision; access to peer networks and education; consumer responses to peer workers; overall impressions of organisational culture and peer integration; and recommendations.

Dr Yara Khedr, Psychiatrist, Queensland Health

SNAP CHAT ON HOW TELEHEALTH REACHES GENERATION Y

Dr. Yara Khedr is a Psychiatrist and fellow in training in Child and Adolescent Psychiatry. She has been consulting to the Darling Downs rural community and inpatient Child and Youth Mental Health service (CYMHS) since February 2016. Prior to this she worked as inpatient consultant for Rural CYMHS.

Rural Darling Downs district include Western Downs, Southern Downs and South Burnett areas.

As part of her day to day practice, previously, video telehealth was used for intake meetings and case conferences. Since starting with the community team, Dr. Khedr has introduced regular video clinics on a weekly basis.

The presentation will elaborate on the background of using telehealth in Adult Mental Health Services in Darling Downs, then its application for Child and Adolescent Mental Health Services. It will then explore the advantages and disadvantages of telehealth in communication with Children and Adolescents with mental health difficulties within the Rural Darling Downs district. Finally, it will detail the level of satisfaction reported by the patients, families and teams’ clinicians via a survey that has been conducted with the different teams.

Dr Anli Leng, Assistant Researcher, School of Public Health

THE ANALYSIS OF QUALITY OF LIFE OF CAREGIVERS WITH SERIOUSLY MENTAL ILL FAMILY MEMBERS IN SHANDONG PROVINCE IN CHINA

Introduction: This study aims to investigate quality of life among family caregivers for people with mental illness, to determine whether social support is the key influencing factor and to identify additional factors that may affect the QoL of family caregivers.

Methods: This is a cross-sectional study design. Participants were recruited and independently interviewed using the questionnaire, consisting of demographic characteristics, SF-36 form, and...
social support rating scale. Multiple stepwise regression analysis was used to analyse the factors affecting the quality of life.

Results: 181 family caregivers were recruited. Compared with the quality of life of the general population in China, this study found that family caregivers in Shandong perceived poorer quality of life (54.5.32–59.32), especially in the aspect of role-physical (61.33–77.50), role-emotional (57.64–67.86) and bodily pain (74.87–82.22).

We also found that family caregivers received higher social support (41.40–40.39), especially in subjective support (25.34–24.19) and objective support (8.68–8.59), but lower in utilization of social support (7.37–7.49).

Patient’s illness state, care time, financial burden and objective support significantly predicted caregivers’ QOL in the domain of physical health. Patient’s illness state, patient’s marital status, family monthly income, caregiver’s knowledge about the illness, caregivers coordinating caring, ‘life and work’, subjective support received and utility of support significantly predicted caregivers’ QOL in the domain of mental health.

Conclusions: These findings suggest it is important to develop and implement effective intervention strategies to improve the quality of life of family caregivers. Mental health education campaigns need focus on knowledge about illness which patients suffered, targeting long caretime caregivers and unemployed caregivers. Besides, helping families to maintain and enhance a supportive social network may present a useful means to improve caregivers’ QOL.

**Dr Robbie Lloyd, Community Relationships Manager, Port Macquarie Community College [aka SkillsLink Training]**

**Overcoming the Internal System and Siloed Professional Barriers to Collaboration and Truly Integrated Care in Community Mental Health in a Rural & Regional Setting**

**BACKGROUND & RATIONALE:** Since March 2014, Port Macquarie Community College (PMCC) has been a founding member of the Mid North Coast Human Services Alliance (MNC HSA), a network of NGOs working to strengthen each other’s effectiveness in person-centred, choice-based and community-building mental health, aged care and disability support. This network has encountered resistance from organisations stuck in old models. The paper outlines strategies to try to build partnerships for development in the era of NDIS, MH & Aged Care Reforms.

**METHODS:** By hosting regular practical demonstration workshops, collaborative strategy meetings and a major conference (Nov 2015 at Panthers Port Macquarie), the MNC HSA has tried to build a new practice-based coalition in health and human services across the Mid North Coast of NSW. In the field of Community Mental Health this has led to a partnership between PMCC and the Endeavour MH Recovery Clubhouse of the Schizophrenia Fellowship of NSW.

The college’s program includes: (a) small group narrative sharing sessions called ‘Moving Forward With Confidence’; (b) eclectic experiential learning and life development called ‘Life Skills Express’ (offering courses such as film making, digital/social media, horticulture & permaculture, animal companionship, bush tips and links to all sorts of VET courses); and (c) ‘Absolutely Everybody’ Choir of the School of Hard Knocks. The Endeavour MH Recovery Clubhouse program forms the fourth part of this holistic, integrated set of activities.

**EVALUATION, OUTCOMES & CONCLUSION:** Monitoring, evaluation, research and reporting is conducted continually, using the participants themselves in strengths-based Participative Action Research (PAR) and Appreciative Inquiry methods, plus data collected on attendance and health indicators. A Community Steering Network of consumers & carers informs and monitors the process. And they and NGO support staff, clinicians from the MNC Local Health District and the North Coast Primary Health Network are all invited to participate however they can.

The result has been a growing network of collaborators, with a parallel group showing ongoing resistance among clinicians and NGO managers who are still suspicious of partnering. The solution is to ‘keep coming back’ seeking ways to work together.

**Dr Amy Mullens, Senior Lecturer, University of Southern Queensland**

**Mr Joshua Duyker, Project Manager, RAPID Clinic - QPP**

**Mr Jime Lemoire, Practice Manager, RAPID Clinic - QPP**

**Utilisation of Novel Methodologies to Engage ‘Hard to Reach’ Clients in Health Promotion and Screening, in Regional Areas**

This presentation will provide a detailed summary regarding the case of HIV screening and health promotion within a regional/rural and stigmatised Queensland community. Information will be provided regarding the community engagement and communication strategies employed to promote this novel screening initiative; use of community-based online technologies to promote participant recruitment, and use of respondent-driven sampling to increase engagement with hard to reach and socially isolated and target groups. Use of peer-health promotion officers, a discrete screening environment, bringing the mobile service to the key target groups and geographical regions; onward linking and integration with mainstream health services and models of care; and direct collaborative partnering with key community organisations will further be discussed—and are pivotal to the feasibility and acceptability of these types of initiatives. Broader applications to other health areas will also be described.

**Dr Keith Sutton, Lecturer in Rural Mental Health, Monash University**

**Partners in Recovery Initiative: The Reality in Gippsland**

This presentation explores the implementation of the Partners in Recovery (PIR) initiative in Gippsland, Victoria. This mixed methods study included the analysis of FIXUS data, financial data and the collection and thematic analysis of in-depth interviews with Support Facilitators, staff from referring service providers,
consumers and carer participants of the PIR initiative in the Gippsland region.

The PIR initiative in Gippsland successfully engaged with vulnerable consumers, including Aboriginal people with severe and persistent mental illness. Furthermore, FIXUS data indicated that Gippsland PIR initiative was supporting participants to address their needs, particularly in relation to accommodation, access to services, mental health literacy and involvement in daytime activities.

The care coordination role of Support Facilitator’s was central to the process, delivering both individual and systemic outcomes. Thematic analysis identified the core competencies and role functions required of Support Facilitators. Preliminary analysis of the PIR initiative costs, indicate that the investment may mitigate more expensive interventions such as hospital admissions, residential care, homelessness and imprisonment. The Partners in Recovery initiative in Gippsland demonstrates the benefits of working together and integrating care in rural areas.

DR CHRIS TURNBULL, Psychiatrist, Mental Health Central Australia Health Service

AEROMEDICAL TRANSFER OF SEVERELY PSYCHIATRICALLY UNWELL PATIENTS IN CENTRAL AUSTRALIA: THE ROLE OF KETAMINE

Residents of remote communities in Central Australia have limited access to psychiatric services. In recent years, significant improvements have been made in outreach services, primarily provided by mental health services based in Alice Springs. However, emergency treatment of acutely unwell patients requires transfer to Alice Springs. Road transfer is frequently unfeasible or unsafe, and aeromedical transport is often required. For the most severely unwell patients, safe transfer has at times required anaesthesia and intubation for the duration of the transfer. However, intubation has medical risks including possibility of aspiration and airway compromise and often requires medical ICU admission.

Ketamine is an anaesthetic agent that has used for pre-hospital sedation for ambulance internationally, and avoids the need for intubation. Protocols for the use of ketamine have recently been adopted by several aeromedical retrieval services in Australia. Some studies of ketamine in other contexts have suggested ketamine may have an adverse effect on mental state such as exacerbation psychosis, but others have demonstrated that it has the ability to ameliorate depressive symptoms.

In Central Australia, a protocol for use of ketamine for aeromedical retrievals of severely psychiatrically unwell patients has been in place since 2013. Here we present data on patients transported to Alice Springs Hospital since this protocol has been in place, and a comparison group of patients in the 3 years before the protocol was introduced. Since introduction of the protocol there has been a significant reduction in the requirement for intubation and in the frequency of medical complications, without increase in need for psychiatric admission.

MISS CAITLIN VAYRO, PhD Candidate, University of Southern Queensland

STORIES FROM QUEENSLAND FARMERS: ‘WHY WE DON’T SEEK HELP FOR MENTAL HEALTH’

Farming as an occupation and lifestyle has many inherent stressors and farmers demonstrate suicide rates twice that of the general population (Arnautovska, McPhedran, & De Leo, 2014). There are also reports that indicate farmers may show fewer help-seeking behaviours, although research to date has failed to uncover clear reasons for this. Mental health help-seeking includes behaviours directed towards seeking help from health professionals for issues relating to mental health or distress (Rickwood & Thomas, 2012); if this occurs in a timely manner then negative consequences may be minimised. There is an urgent need to identify factors specific to farmers that make mental health help seeking difficult.

The research presented here is part of a program of research aiming to understand the barriers and facilitators of mental health help-seeking in farmers from regional communities. The present research draws on findings from semi-structured interviews with 10 farmers residing in Queensland. The interviews were analysed drawing on the techniques of Braun and Clarke (2006). Several key factors were identified as having the potential to directly or indirectly influence mental health help-seeking including, the weather (with a strong focus on drought), finances, support, health services, mental health literacy and stigma. This paper discusses these factors from the farmer perspective.

The findings from this study advance knowledge in understanding what factors may influence mental health help-seeking in Queensland farmers. The outcomes have implications for developing and providing intervention to reduce barriers, and reinforce or strengthen facilitators of mental health help-seeking in farmers.
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