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ABSTRACT

This document contains two issues of 2000 Australian Early Intervention Network for Mental Health in Young People newsletter. The newsletters disseminate information about the national and local initiatives for intervention and prevention of mental health problems in young children and youth. They also provide information on upcoming workshops and conferences to assist with ongoing professional training for mental health professionals. Guest editorials include "Early Intervention as Early as Possible: What's Practical?" (Nick Kowalenko) and "Carers' Role in Promotion, Prevention, and Early Intervention" (Des Graham). Several model projects for early intervention are also detailed. (Contains 22 references.) (JDM)

AusEinetter 2000

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Guest Editorial

Dr Nick Kowalenko

**EARLY INTERVENTION AS
EARLY AS POSSIBLE:
WHAT'S PRACTICAL?**

It may be that the developmental trajectory established in infancy helps predict mental health throughout the life span. There is some evidence that this has become clear for mental health problems such as depression (Power & Hertzman, 1997). At least theoretically, small changes that promote infant adaptation may have a multiplier effect throughout development. Of course events impacting throughout the life span will influence mental health outcomes but "the weight of evidence suggests that the quality of nourishment and nurturing in the early years is far reaching" (Keating & Hertzman, 1999). Thus, there is great potential for early intervention in the perinatal period.

With a team of authors, we set out to review the evidence supporting early intervention in the perinatal period. This will result in the publication of the AusEinet product *The Perinatal Period: Early Interventions for Mental Health* and is part of the AusEikit Series called *Clinical Approaches to Early Intervention in Child and Adolescent Mental Health*.

The clinical approaches guidelines aim to:

- ◆ facilitate identification of mothers and families at risk of, or suffering from, perinatal mental health disturbances;
- ◆ ensure the most effective interventions are provided;
- ◆ promote perinatal mental health, enhance resilience and optimise the emotional and physical health of infants; and
- ◆ minimise the impact of perinatal mental health problems on families.

The Social Environment

It is a truism to say that our society, like most of the Western world, is rapidly changing. There are major technological, economic and social changes underway, which are placing new demands and strains on all of us and our

institutions. During such periods of change, the impact on the child-rearing generation is often considerable, and affects the social health and emotional well-being of parents and their children.

In reviewing the evidence supporting perinatal mental health interventions, we were aware of the enormous range of psychosocial factors including disadvantage, family violence, alcohol and other drug use, discordant interpersonal relationships and issues relating to cultural diversity, that can impact on mental health. We encounter these difficulties in working with our clients on a daily basis. However, due to the limited nature of our project, an analysis of some of the more complex interactions between social factors and health outcomes have not formed a key component of this work. Nevertheless, from an intervention perspective, there are a range of studies providing high quality evidence demonstrating improved outcomes that address these issues.

An Holistic Approach

finding of our review of the literature (echoing that of Fonagy, 1998) was that it was relatively uncommon for both parental and infant mental health outcomes to have been adequately considered. Perinatal mental health takes a family approach, with the assumption that optimising the health of the family enhances infant social, emotional, cognitive and language development (Raphael and Sprague 1996). Parents suffering with perinatal mental health disturbances do require intervention in their own right. However, in implementing comprehensive interventions, approaches that also promote infant mental health further enhance health outcomes. Comprehensive approaches can also include interventions beginning ante-natally.

Early Intervention for Perinatal Mental Health: A Literature Review

A number of interventions addressing the needs of psychosocially disadvantaged parents and their children have included multi-component (e.g. home visiting, psychological interventions, education about child development) and multi-system (e.g. health, community, education) programs. These have

shown positive results for both parents and their children. These programs have either begun in the ante-natal period or in early infancy, and have persisted for significant periods of time – usually up to two or three years. David Old's work (1997) has been particularly impressive in demonstrating long-term benefits up to fifteen years later, including improved emotional maturity, improved educational outcomes and reduced anti-social and criminal activity, enhanced parent-child relationships and greater economic self-sufficiency for both the parent and later the child. The report has been influential in promoting perinatal early intervention through its highly advantageous cost-benefit analysis (Karoly et al, 1998) suggesting that \$1.00 spent on early intervention can save \$7.00 by the time a child is in mid adolescence - rather an impressive outcome!

High quality evidence was also found to demonstrate that early intervention strategies for parental anxiety and depression, including indicated prevention and case identification through screening, have proven benefit. Non-directive counselling, Cognitive-Behavioural Therapy, brief psychodynamic therapy and appropriate pharmacological treatment, all have a proven role to play in effective management.

The best quality evidence currently available came from studies implemented in primary care settings, incorporating strong mental health partnerships. Good quality evidence was available for the effectiveness of early intervention in specialized settings, but further research is required. A considerable amount of work is underway in this area, especially in early intervention for parental psychosis. We can expect high quality data to be published in the near future to assist us in this area of need.

Developmental models of risk and protective factors have stimulated significant work in examining the impact of preventive interventions to promote family mental health. The findings in this area are mixed. Firstly, tools to reliably predict perinatal mental health disorders have not yet been developed. Both Matthey (in a previous AusEinetter – Issue 8) and Fonagy (1998) have concerns regarding the assumption that one intervention should be effective for all, and have argued that it is unrealistic to expect generic preventive interventions to demonstrate efficacy.

Adverse developmental experiences in infancy are risk factors for developmental problems and psychopathology. Intervention in infancy may prevent the emergence of problems in development, infant mental disorders and their long-term implications. The evidence base for these assertions is strongest for the externalising disorders, and limited for the internalising disorders.

Future Directions

Considerable effort is required to further develop the evidence base for early intervention in perinatal mental health. The promising studies to date, suggesting that the prevention of abuse, maltreatment and disruptive behaviours can be achieved through early intervention programs, provide a base for further investment to demonstrate the benefits of these programs to the community.

A broader implementation of early identification and intervention approaches focussing on parental anxiety and depression could significantly decrease the burden of disease caused by these conditions. Further development of our guidelines into more user friendly documents, and trialing their implementation, could advance this cause.

Various authors have suggested a combination of various preventive interventions, and of course Mrazek & Haggerty (1994) have argued for consideration of a health intervention spectrum that can blend population health and clinical priorities. What is required is the evaluation of a comprehensive range of interventions, provided in a stepped approach, with increasing levels of intensity of intervention, that can begin to tease out the relative contribution to health gains for both parents and infants.

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MODEL PROJECTS FOR EARLY INTERVENTION: REORIENTATION OF SERVICES

In this overview of the model projects for reorienting services for young people to an early intervention approach, we have summarised the reorientation strategies used in the projects and outlined some of the opportunities for, and barriers to, reorientation. A complete account of the reorientation process (background, selection of agencies, training and support for the reorientation officers, descriptions of each project, overview and lessons learned) is documented in an upcoming AusEinet publication (O'Hanlon, Kosky, Martin, Dundas & Davis, in press).

The model projects

AusEinet funded a variety of model projects in the reorientation of service delivery towards early intervention. Two hundred and thirty three requests for information and seventy-nine tenders were received from a diverse range of agencies from around Australia. Model projects were established in four government agencies and four non-government agencies across Australia (see Table 1). The agencies represented a range of service in urban and rural locations, and addressed a broad range of mental health issues experienced by children and young people aged 0 to 24 years.

AusEinet provided funds to each agency to employ a reorientation officer from late July 1998 to the end of May 1999. We had to be realistic about the amount of change that could be achieved in that time. We preferred that the reorientation officers did not implement early intervention strategies directly with clients. Instead, we wanted them to put strategies for sustainable reorientation in place. This was achieved by enhancing the mental health literacy of staff, incorporating early intervention principles into agency plans and policies, and cultivating informal and formal partnerships with other agencies.

Reorientation strategies

The strategies used by each of the agencies to work towards their desired outcomes are outlined in Table 1. We have adopted the strategic framework developed by the NSW Department of Health (1998) for building an organisation's capacity for potentially sustainable change.

All agencies made *workforce development*, in the form of staff training and development, the foundation of their reorientation process. Most of the agencies were not primarily mental health focused. Therefore, the vital first steps in reorientation were to inform staff about the mental health issues faced by the young people who used their service, give staff the skills to recognise risk factors and early warning signs, and establish procedures for appropriate referral. Most of the reorientation officers prepared a training manual to guide future training programs. Several also prepared practical documents for

future use in the agency, including referral procedures (e.g. Children of Prisoners' Support Group and Karawara Community Project) and a map of local services for young people (Child and Family Services).

All of the projects showed evidence of *organisational development* in the form of management commitment, informal partnerships, formal partnerships and policy development. Management support was demonstrated by the formation of steering committees (e.g. Children of Prisoners' Support Group) and reference groups (e.g. Anglicare) to guide the progress of the projects, and the formation of an umbrella group to continue the work in early intervention (Child and Family Services).

The development of partnerships was one of the most successful aspects of the projects. The training sessions were an important strategy for developing informal partnerships and networks (aside from their primary function of skilling staff). Most of the agencies included guest speakers and staff from other agencies in their training programs, thereby establishing new networks or strengthening existing ones. Some of the smaller agencies (e.g. Children of Prisoners' Support Group and Karawara Community Project) found this had the added benefit of raising their profile in the community. Others (e.g. Mildura Aboriginal Corporation and the Primary Health and Education Department collaboration) promoted their projects by informing the broader community about the initiatives they were developing.

Several of the projects established successful formal partnerships. The Primary Health and Education Department collaboration in Albany coordinated the development of an interagency policy agreement, which was signed by 14 local agencies. The Hunter Mental Health and Department of Community Services collaboration developed an interagency agreement and a conjoint field placement program in which staff spent two days in each other's agency. Barrington Support Service developed partnerships with six pilot schools by training staff and coordinating early intervention programs for anxiety and depression.

Policy development occurred within individual agencies as well as between agencies. For example, Children of Prisoners' Support Group developed an early intervention policy, which outlined referral and support mechanisms, and Barrington Support Service and Anglicare developed recommendations for incorporating early intervention into new policies. After our funding phase had finished, most of the agencies had *allocated resources* to maintain the reorientation position. Several of the agencies continued the position in much the same form so that training programs could be completed or replicated (e.g. Barrington Support Service and the Primary Health and Education Department collaboration). Others modified the position to take the reorientation process in a new direction, such as combining

Table 1. Summary of the model projects for reorientation to early intervention (EI)

Agency name and location	Mental health issues addressed by agency (target age range)	Desired outcomes	Reorientation strategies		
			Workforce development	Organisational development	Resource allocation
<i>Government agencies</i>					
<i>Barrington Support Service</i> Devonport, Tasmania	Suicide, attempted suicide and severe psychiatric disorders (5 to 18 years)	More effective ways for teachers and support staff to respond to serious mental health issues	Staff training	Policy development Formal partnerships	Position to continue (in modified form)
<i>Lower Great Southern Primary Health Service & Albany District Education Office</i> Albany, Western Australia	Depression, anxiety and conduct problems (5 to 18 years)	EI training for staff and development of a district wide interagency policy	Staff training	Policy development Formal partnerships Agency plan	Position to continue
<i>Hunter Mental Health Services & Department of Community Services</i> Newcastle and the Lake Macquarie area, New South Wales	Children at risk because their primary care giver has a mental illness (0 to 10 years)	An effective EI approach for maintaining positive family environments and better outcomes for young children at risk	Staff training Resource folder Conjoint placements	Policy development Formal partnerships	Position to continue (in modified form)
<i>Child and Family Services</i> Launceston and northern area of Tasmania	Challenging behaviour among state wards and repeat offenders (10 to 18 years)	Use of EI to avoid admission to juvenile detention centres	Staff training Service map	Informal partnerships developed through Umbrella Group	Position will not continue in immediate future
<i>Non-government agencies</i>					
<i>Children of Prisoners' Support Group</i> Sydney, New South Wales (statewide service)	Anxiety, depression, disruptive behaviour in children who have a caregiver in custody (0 to 18 years)	Achievement of a positive impact on the mental health of a specific 'at risk' group	Staff training Training manual Referral list	Policy development Informal partnerships developed through the Steering Committee	Funding sought for position to continue
<i>Mildura Aboriginal Corporation</i> Mildura and Sunraysia district, Victoria	Antisocial behaviour, violence, drug and alcohol use, teenage pregnancy among at risk indigenous youth (13 to 24 years)	'From Shame to Pride' workshop developed as a culturally acceptable program to address indigenous mental health issues	Staff training Training manual	Informal partnerships through networking Commitment to further training	Funding sought for further training sessions
<i>Karawara Community Project</i> Perth, Western Australia	Serious conduct disorders, drug use and emotional problems (0 to 18 years)	Application of EI within a small community organisation dealing with a multicultural and socially disadvantaged population	Staff training Management seminar Training kit	Informal partnerships developed through policy and management seminar	Position to continue (in modified form)
<i>Anglicare CQ</i> Rockhampton, Central Queensland (Regional centres servicing rural and remote areas)	Grief, loss and, suicidal behaviour (0 to 24 years)	Application of EI to diverse programs across a vast geographical area of Australia	Staff training Training manual	Informal partnerships Potential policy development	Position to continue

(e.g. the Hunter Mental Health and Department of Community Services collaboration and Karawara Community Project).

Opportunities and barriers

The most commonly identified opportunity for reorientation was the positive commitment of the managers and staff of the agencies. Several of the reorientation officers in the government agencies felt that they were able to capitalise upon a burgeoning climate of acceptance of early intervention in their region. There were indications of public support for the projects and some of the models (e.g. the Primary Health and Education Department collaboration in Albany) have already been taken up by other groups. There were opportunities to strengthen links with other agencies and groups, for example by departments working together to achieve commonly agreed objectives and to develop protocols.

The early intervention approach has the potential to give professionals who work with young people the opportunity to be innovative in their approach to clinical work and to involve consumers and carers in the development, running and evaluation of programs. It may also play a role in destigmatising mental health problems; this could be achieved by incorporating mental health issues into ordinary community services (e.g., Karawara Community Project has early intervention programs housed together with childcare and playgroup facilities).

The biggest barrier to reorientation was the heavy workload of the reorientation officers, as well as the mental health professionals in the host and collaborating agencies. Several of the reorientation officers found that some staff were initially reluctant to be involved in the reorientation projects because of their already heavy workloads. Generally, the reluctance was short-lived; as staff became involved in the training they tended to become enthusiastic about the project and prioritised their time to enable greater involvement.

The projects have not yet been fully evaluated for their effectiveness. The reorientation officers evaluated staff attitudes and knowledge about early intervention and mental health issues and in all cases there were encouraging signs of effectively achieving their objectives. The projects were also externally evaluated, again with promising results. We recommend that follow up measurement will be required to see if these strategies for reorientation can be sustained. This will require a substantial research effort.

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MENTAL HEALTH SERVICES – PARTNERSHIP IN RESEARCH PROJECT MAROONDAH HOSPITAL, RINGWOOD EAST, VICTORIA

Maroondah Hospital Child and Adolescent Mental Health Service (CAMHS) received a research grant from the Australian Rotary Health Research Fund to study a number of issues affecting families with dependent children where parents have a mental illness. The implementation of this project is a collaborative venture between CAMHS and adult psychiatry. Adult clients who are parents will be informed about the project, and if they are interested they can then participate.

Until recently parents who are clients of mental health services were not asked about their children, so the needs of the children have been overlooked. Many families and children cope very well, but some parents and their children may have difficulties. The project aims to learn how many children of adult clients of Maroondah Hospital Mental Health Service may be experiencing some problems, as well as asking parents about what is helpful, or unhelpful about the service system. Information gained from the project will provide data which will inform service planning and development for both parents and their children.

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"INFORMATION SHARING FOR COLLABORATIVE INTERVENTIONS"

A series of information leaflets for families and service providers.

It has been increasingly recognised that collaborative approaches to providing mental health services increase effectiveness. With this in mind, a series of information leaflets has been prepared for service providers and families by Maroondah Hospital Child and Adolescent Mental Health

Service. As outlined in *Victoria's Mental Health Service: The Framework for Service Delivery: Child and Adolescent Services*, a comprehensive approach to service provision includes providing information for parents, young people and service providers. Linking this policy direction with direct feedback from consumers, who requested more information, the Intake Coordinator and staff at Maroondah Hospital CAMHS (MHCAMHS) initiated a three stage response to improve the provision of written information to other service providers, parents and young people who attend this service.

The three stages at which information is most useful and feasible are: referral, intake and assessment. When a referring service provider or parent rings to discuss a referral they are sent the relevant information leaflet about the service: 'Welcome to Maroondah Hospital CAMHS', 'Making a Referral', 'Mobile Adolescent Team', 'Adolescent Day Program', or 'Adolescent Inpatient Unit'. Where a referral is accepted (intake) or consultation appointment is made, the family or service provider receives a leaflet which describes either primary or secondary consultation, or the process of assessment and case planning, and tips for behaviour management of sad, worried, angry or risk-taking children.

At some stage during the assessment stage the clinician is then able to provide the family with one or more pamphlets outlining the disorder/s identified, the usual symptoms and treatment options for that disorder. This group of leaflets includes: 'Individual Service Plans', 'Family Therapy', 'Group Therapy', 'Psychological Testing', 'Occupational Therapy', 'Speech Therapy', 'Eating Disorders', 'Depression', 'ADHD', and 'Medication'.

There are 30 leaflets in the complete series. While similar information is already available in both written form and on the internet, the material in this series of leaflets has been prepared by MHCAMHS clinical staff, and considered for comment by both the Community Reference Group and a focus group of parents. Many families attending a mental health service have not had previous contact. The intent in preparing the materials in a consultative manner is to ensure they will facilitate a referral/intake/intervention process in which families feel included from the outset, and which will support a collaborative relationship between family and Case Manager.

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BUILDING RESILIENCE IN AUSTRALIAN FAMILIES – A PACE APPROACH

The Program for Parents (PfP) Project
A National Project funded by the Department of Health & Aged Care, under its Supporting Families a National Parenting Initiative May 1999.

Authors: Constance Jenkin & Anne McGennis

Setting

The Program for Parents (PfP) was implemented in eighteen sites across Australia. All states and territories were involved in the project. Parent education leadership training was conducted in sixteen locations. The trained facilitators (group leaders) then held parent education groups in a range of settings including schools, family support agencies, community venues and private homes. Rural, metropolitan and regional settings were used to engage families from diverse backgrounds including Aboriginal and non English speaking parents.

Background

Program for Parents (PfP) is a broad based early intervention public mental health and well being strategy. This initiative was established to examine if building hope, resilience and connectedness in families will have an impact on reducing risk factors for youth suicide. The parent education program, PACE (Parenting Adolescents a Creative Experience) written by Jenkin and Bretherton (1994) was used to build hope and optimism in parents.

The PACE program enables parents to reflect on their parenting style. It encourages parents to move away from authoritarian, permissive or over protective styles to a more "nurturing" (Satir, 1988), "assertive" (Biddulph, 1996) or "authoritative" style (Baumrind, 1989).

The characteristics of "authoritative" parenting include:

- Straightforward, direct, open and honest communication.
- That warmth, closeness and intimacy are valued along side independence and self-confidence.
- That there is clear parental authority and responsibility for making decisions while ensuring children are consulted and listened to (Pugh, De'Ath and Smith, 1994 and Gottman, 1997).

Bernard (1991) has identified three characteristics of family life that have assisted to develop resiliency in children and build connectedness in families and communities. They include:

1. At least one caring and supportive relationship.
2. High and positive expectations of young people and children.
3. Opportunities for participation and contribution.

Research by Baumrind (1991) has shown that "authoritative" parenting styles through early adolescence can lead to lower substance abuse and improved adolescent competence. In addition, programs that are delivered to parents of early secondary school students have reported significant impacts across a range of risk factors for young people (Azrin, 1994,

Dishion and Andrews, 1996, Rohrbach, 1994, and Schmidt, 1996).

Involvement in a PACE group provides parents with a supportive forum and an opportunity to reflect on their approach to parenting. This facilitates a parent's ability to provide the support and communication strategies that enhance relationships with their children.

Program for Parents (PfP) was developed in collaboration with the National Directors of Anglicare and Centacare Australia. The model utilised the extensive network of local services provided by Anglicare and Centacare agencies across Australia. It encouraged the inclusion of other service providers, including schools, community centres and youth services etc.

External evaluation

The Centre for Adolescent Health, (Royal Children's Hospital/Melbourne University) conducted the external quantitative evaluation of the project. The methodology included:

- Pre and post training surveys of Anglicare and Centacare staff.
- Pre and post surveys of parents attending PACE groups.
- Consumer satisfaction questionnaires for parents post PACE.
- Surveys of selected adolescents pre and post their parents attending PACE.
- Selected schools which organised PACE groups for parents (Target Schools) were matched with schools not involved with the PACE program (Control Schools).
- Year 8 adolescents from both Target and Control schools were surveyed twice, before and after PACE groups were run in Target Schools.

Results

Parents reported an increase in confidence and optimism about their parenting role and a greater understanding of the needs of their adolescents. These findings indicate that parents who participated in PACE programs were adopting a more "authoritative" parenting style and were more hopeful and optimistic.

Parents when surveyed after a PACE group showed:

- An increase in parent confidence
- An increase in parent satisfaction
- A decrease in parent depression
- A decrease in parent/adolescent conflict

Adolescents who were surveyed after parents participated in a PACE group showed a decrease in a number of youth suicide risk factors including:

- A decrease in depression
- A decrease in feelings of detachment from family
- A decrease in delinquency
- A decrease in drug use
- A decrease in self harming behaviours

In addition, PACE groups, when concentrated in a school environment, led to some of these positive impacts being noted in families who did not attend a PACE program. These parents, it is suggested, had been influenced by the PACE group parents.

The PACE program was successful in reaching vulnerable families from a range of culturally diverse communities including Aboriginal and non English speaking backgrounds. Some of these families had high rates of family conflict and low rates of financial security.

Conclusion

The Program for Parents (PfP) project has provided a cost effective, early intervention, broad-based public health strategy that promotes connectedness and wellbeing in families. This initiative has made positive impacts on a number of youth suicide risk factors, including drug use, self harm, delinquency, adolescent depression, parent/adolescent attachment. The project has also had positive impacts in local communities, building relationships and connections between families, schools and service providers.

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NATIONAL AUDIT

As part of a strategy to reduce the incidence of child abuse and neglect throughout Australia, the Commonwealth Department of Family and Community Services is funding the National Child Protection Clearinghouse to carry out a national audit of child abuse prevention programs and activities.

The audit will provide workers in the field with an opportunity to highlight the preventative work they are doing and to provide information about it to others. By identifying programs from which service providers can learn, the audit will help to avoid 'reinventing the wheel'. It will also present a picture of the range and scope of child abuse prevention activities throughout Australia.

Preventative work may include family support, community education, protective behaviours, child focused or offender programs etc. We are interested in all programs, regardless of the target or size of the program. If you or your organisation runs a prevention program, or plans to run a program in the near future, you are invited to participate in the audit by completing the questionnaire. Alternatively, participants may provide pre-existing program documentation, or can provide information via a telephone interview with Clearinghouse staff.

Information from completed questionnaires will be incorporated into a searchable database mounted on the Institute's internet site. Results of the audit will subsequently be published in a series of State/Territory reports culminating in a 'State of the Nation' national report.

Organisations and individuals whose work either directly or indirectly is related to child abuse prevention are strongly urged to participate. For the stocktake to be a useful resource, the cooperation of everyone concerned is needed. Extra copies of the audit questionnaire may be downloaded from the Institute's internet site, or may be obtained by contacting the Institute.

NPC Audit

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A NATIONAL CONFERENCE ON ANXIETY DISORDERS

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6 May 2000

Manly Pacific Parkroyal, Manly, New South Wales

Keynote Speakers:

Professor Gavin Andrews, WHO Collaborating Centre in Mental Health/Substance Abuse, Sydney & UNSW at St Vincent's; Professor Mark Creamer, Univ of Melbourne; Professor Michelle Craske, UCLA, Los Angeles; Professor Isaac Marks, Institute of Psychiatry, London, England, Associate Professor Mark Oakley-Browne, University of Auckland, New Zealand and Professor Ron Rapee, Macquarie University.

Anxiety Disorders 2000 Conference Secretariat, Conference Action Pty Ltd, PO Box 1231

NORTH SYDNEY NSW 2059, Ph: +61 2 9956 8333,

Fax: +61 2 9956 5154, Email: contact@conferenceaction.com.au

The Transcultural Mental Health Centre will be holding its 5th Conference on 16th and 17th March 2000

Suicide Prevention in Immigrant Populations across Australia:

Setting the Agenda for the 21st Century

at the

Gazebo Hotel, Parramatta, Sydney

The aim of the Conference is to provide a venue whereby ideas and strategies can be exchanged to assist with the formulation of best practice models in the area of suicide prevention for immigrant communities in policy, research and clinical practice.

Keynote speakers include internationally and nationally recognised experts in the area of suicide prevention, mental health and transcultural issues. The Conference will be of interest to mainstream and ethno-specific services in the areas of policy and planning, research, service provision and clinical practice. Concurrent workshops reflecting a 'whole of life' perspective will address the unique suicide prevention needs of young people, adults and older people including those in rural and remote communities.

For further details contact:

Conference Secretary: Michelle Sarkis or Conference

Coordinator: Neda Dusevic

Telephone: (02) 9840 3800

Email: michelles@cu-psych.wsahs.nsw.gov.au

The TMHC website will include regular updates and a registration form: www.tmhc.nsw.gov.au

AusEinet Website:

<http://auseinet.flinders.edu.au>

Guest Editorial

Mr Des Graham

CEO Mental Health Council of Australia

**CARERS' ROLE IN
PROMOTION, PREVENTION
AND EARLY INTERVENTION**

*Talk presented at the AusEinet Partnerships
Workshop on 29 May 2000*

My presentation to you today is as the Chief Executive Officer of Mental Health Council of Australia (MHCA) and with it I have used the council's principles and objectives to frame this presentation. I have been asked today to identify carers' needs and to examine ways of extending the carers' role in promotion, prevention and early intervention. In addition, we all have also been asked the question whether the AusEinet project is about information sharing, capacity building or best practice development. Does the project have to focus on one without the other, or indeed *can* it focus on one without the other?

Carers would identify the need for the AusEinet project to have the capacity to address all three areas, and these objectives could be facilitated with the establishment of partnerships with key stakeholders from a variety of sectors. Best practice development would recognise the importance of promotion, prevention and early intervention in assisting carer's in performing their caring role.

The timing of all these questions to the MHCA is good not only because the MHCA has been invited to contribute in the early stages of the network development, but importantly because the MHCA is in its final stages of a national project title "Carers of People with Mental Illness". This project has a primary focus of identifying the needs of carers and then to develop mechanisms to enhance existing services or develop new ones. But the project also highlights the indirect benefits of promotion, prevention and early intervention initiatives for carers.

Carers would generally applaud the expansion of AusEinet to cover not only a wider age group but also the activities of prevention and promotion in addition to early intervention, as

caring is not confined to one age group. This however would need to be done without diluting the current focus on youth.

So that we are all working from the same platform we used the Victorian Mental Health Branch (1996) definition, which states that a carer is:

"A family member, parent, sibling, partner or friend (including children under 16 who contribute to care giving for family members) who are affected by, and/or have an investment in the well being of the person with a mental illness...The carer role may vary from time to time, with different levels of support being offered to the consumer depending on many factors including, living arrangements, levels of independence, medication issues and social supports".

Everyone here today would realise that carers have an enormous and often variable role to perform. Their role may change from one day to the next depending on the health of the person they care for. Not only is their role often physically demanding, but is also very emotionally demanding and carers importantly are now being recognised as playing a significant role in the overall well being and recovery of the person they care for. It is important to ask what the impact of promotion, prevention and early intervention activities would have on the carer's role.

The 'Carers of People with Mental Illness Project' currently being undertaken by the MHCA in conjunction with the Carers Association of Australia (CAA), has as an aim to identify priority actions to better support and recognise the role of carers. Based on evidence gathered during consultations, early analysis informs us that there is a major prevailing deficit at National, State and Territory levels in relation to education, information and training provision of carers. This involves the lack of nationally consistent planning mechanisms which can facilitate the coordinated development and quality assurance of carer education and information resources.

One of the most important needs of carers is knowledge of 'warning signs' or symptoms in

the development of mental illness. If carers are able to recognise when a person is not functioning to their fullest capacity, intervention can occur early and can potentially result in the prevention of the development or an episode of mental illness. Prevention results in better outcomes for not only the person being cared for but also carers. Therefore, an important objective of the network should be education and training, not only of current carers, but also of the whole community who are all potential carers.

Through the national consultations of the "Carers of People with Mental Illness Project", carers informed us that they are facing undue responsibilities and pressures in their caring roles because they are responding to significant gaps or inadequate formal mental health service delivery for the people they care for. Carers believe that if formal service delivery for consumers operated at the level expected within the National Mental Health Standards, many of their current needs would be addressed.

In addition, carers require improved direct service provision. Priority areas include access to respite care and home care services; clearly defined access points to gain mental health information/education; support for their roles in helping to manage consumer medication programs; counselling, debriefing, emotional and social support to sustain their caring capacities; and a variety of improvements in professional mental health practice that directly impacts on their effectiveness, including timely and practical access to relevant consumer information. So when we think about what the new network may look like we need to consider these key issues.

In addition, from a carer's perspective, the network needs to reflect carers' personal needs as well as the needs of the larger community. Networks which provide support for carers are important to ensure carers are "being cared for" in the form of support and sharing of information and experiences.

The best way to access carers and draw on their expertise and experience to assist in the development of the network is to quite simply ask them. Numerous carer organisations operating at national, state/territory and local levels welcome the opportunity to provide input into projects and initiatives which may potentially assist in supporting them in their caring role and making their job easier.

When seeking carers' assistance, questions need to be well structured and inclusive. Consultation, such as that occurring here today, needs to continue and expand to include a greater level of input from key target groups. Organisations like the MHCA, Australian Mental Health Consumers Network (AMHCN), CAA, local Consumer Advisory Groups, and Network of Australian Community Advisory Groups (NOAC) can all provide access to a significant network of carers. However accessing these major stakeholders should not be the limit of the carer consultation. Carer consultation should occur at every level of the development process and at every

level of caring, from the national level to the very grass roots of individual and local carer groups.

The continued inclusion and engagement of carers during not only the development period but also during program implementation will increase the potential of AusEinet being successful. It is difficult to identify another individual who spends more time than a carer providing health promotion messages, and providing or implementing preventative or early intervention strategies. Carers provide an enormous and valuable network with the ability to channel the proposed network messages to the grass roots. Carers need to believe in the messages they proclaim, and be sure that the messages are correct and relevant to the person they care for. The best way to attain this information is to talk with carers.

This does not mean that AusEinet necessarily needs to undertake an enormous consultation process. To the contrary, the MHCA would strongly advocate that the network be developed in partnership with other key bodies and with projects currently being undertaken. Such partnerships would benefit the network through the sharing of information, and could be used as a basis or platform to generate additional programs.

Projects such as the Community Development Project ("The Kit"), the Carers of People with Mental Illness Project, the Enhancing Relationships Project or a number of projects undertaken by the CAA can provide useful guidance on a broad range of topics that might be considered by the network. The Victorian Mental Health Branch's (1996) publication is an example of a resource which AusEinet could draw upon to launch their own projects which build upon the knowledge, outcomes and recommendations made by previous projects.

An important message carers have been sending to the MHCA during our project activities is to be flexible in our approaches to address key issues identified by carers. For example, as administrators or clinicians we may categorise or identify issues in a different way than carers. The issues are the same, but the interpretation is different. Carers often present issues that appear to fall halfway between what is often seen as two different matters to other individuals. For example, in a recent consultation forum for the Carers of People with Mental Illness Project the topic of mental health legislation was discussed. The approach the consultant took was simply to address the area of confidentiality and the legal impediments which prevent some information being disclosed to the carer. The carer however was not concerned with the issue of confidentiality; in fact she was very clear about the issue of confidentiality. The primary matter for her was how to provide good care for her son who experienced mental illness, when she felt that the current legislation inhibited this. She wanted to know how she could promote her son's mental health or identify signs of relapse so she could intervene early. I know this is a simple presentation of a complex issue but I think it highlights the different perceptions of a single issue,

and we need to be mindful of this when designing the framework or programs for the network.

Finally, the AusEinet network should be very active in developing and engaging in partnerships not only with carers, consumers and policy makers, but also with existing projects which can share resources and information. The network should look at national campaigns with broad community messages but also ensure that there is a concentrated and deliberate focus on programs that impact groups who have been identified as isolated or marginalised, for instance Indigenous groups, and those in rural and remote areas. Such an approach would extend the scope of influence the project may have, and ensure all carers are being supported and benefiting from promotion, prevention and early intervention initiatives.

Reference

Victorian Mental Health Branch (1996). *In Partnership: Families, Other Carers and Public Mental Health Services*. Melbourne: Victorian Mental Health Branch.



SHAPING THE FUTURE

Report on the AusEinet Partnerships Workshop
29 May 2000

The first phase of AusEinet (May 1997 to June 2000) focused on early intervention for the mental health of children and young people. In the next phase of the project, the Commonwealth Department of Health and Aged Care is seeking to expand AusEinet to include promotion, prevention and early intervention across the entire lifespan. A workshop in Sydney on 29 May 2000 brought together 36 key individuals representative of a wide range of relevant organisations to discuss the outcomes of the project to date and to plan its future direction. This article reviews the achievements of the first phase of AusEinet and then describes the key outcomes and recommendations arising from the workshop.

Background

Phase One of AusEinet

AusEinet was funded in May 1997 under the Second Mental Health Strategy and the National Youth Suicide Prevention Strategy to establish a national network to promote and coordinate early intervention in the mental health problems of children and young people. It was formally launched in October 1997 at the inaugural community workshop in Canberra. The three broad aims of the first phase of the project, and some of the strategies used to achieve them, are outlined below.

'Developing a national network to promote early intervention for the mental health of young people' was achieved by:

- developing a national network of over 3,000 individuals and organisations;
- developing a national clearinghouse on early intervention in mental disorders;
- developing an internet site <<http://auseinet.flinders.edu.au>> which attracts 5,000 visitors each month, with 25,000 hits and 500 megabytes of information downloaded;
- creating <enet@auseinet.flinders.edu.au>, an early intervention discussion group with over 250 members;
- producing and disseminating eleven three-monthly issues of AusEinetter;
- conducting workshops on early intervention in Canberra, Melbourne, Hobart, Kalgoorlie, Perth, Brisbane, Cairns, Darwin, Adelaide, Newcastle and Sydney which brought together over 1,000 people and provided a presentation forum for more than 50 local existing projects in prevention and early intervention;
- establishing links with other national and international groups and organisations involved in early intervention;
- compiling and disseminating two national stocktakes of prevention and early intervention programs;
- organising an international conference on early intervention in Adelaide from 6-8 June 1999 at which over 120 papers were presented;
- drafting an international literature review on early intervention, to be disseminated to the AusEinet network.

'Reorienting services to an early intervention approach' was achieved by:

- training and supervising eight project officers (mental health workers funded by AusEinet) placed in a range of agencies across Australia to facilitate reorientation to early intervention;
- completing a book describing the reorientation process, the outcomes of the eight projects and opportunities for and barriers to reorientation.

'Promoting good practice in early intervention' was achieved by:

- funding expert clinical groups to review the international evidence on early intervention and then document clinical approaches to early intervention in a range of disorders or circumstances (attention deficit hyperactivity disorder in preschool aged children, anxiety disorders, conduct problems, the perinatal period, psychological aspects of chronic conditions);
- contributing funds to develop a handbook for mental health professionals working with indigenous people;
- funding a project for early intervention for disruptive behaviours in children with severe learning disorders;
- funding a project to investigate early intervention in children aged 4 to 7 years who have been maltreated;
- funding a project to investigate early intervention for substance abuse in young people with psychosis;
- funding a range of resource materials for early intervention with refugee children who have suffered trauma.

With the recent publication of the first five volumes of the 'Clinical approaches to child and adolescent mental health' series, the 'Model projects for early intervention in the mental health of young people: Reorientation of services' book, and the imminent publication of the 'International literature review on early intervention', the first phase of AusEinet has been completed.

Phase Two of AusEinet

The Second National Mental Health Plan has key themes of Quality and Effectiveness, Partnerships in Service Reform, and Promotion and Prevention. In this context, the Commonwealth Department of Health and Aged Care is seeking to expand AusEinet from its previous tight focus on early intervention targeted at young people. Mental health promotion and prevention will be added to the brief, and the age range will be extended to include all Australians. The project will play a significant role in taking forward a number of the national strategies identified in the Mental Health Promotion and Prevention National Action Plan.

The project will help inform and educate the mental health and other sectors and the community not only about early intervention, but also now about mental health promotion and prevention. This information will reflect the areas of research, initiatives and programs in Australia. In turn, the project will need to be informed by national and state-based policies and strategies. More than this, it will need to develop strong partnerships with all those national, state and local groups working toward mental health for the Australian community.

Partnerships workshop

Aim

A partnerships workshop was held in Sydney on 29 May 2000 to bring together key individuals with interest and experience in prevention in mental health, who represented broad constituencies in mental health, to help shape the future direction of the project. The aim of the workshop was to identify the strengths and weaknesses of the AusEinet project to date, lay the groundwork for its overall future direction, clarify the key partnerships to be developed and outline the strategies to be employed in the next phase.

Procedure

In consultation with the Commonwealth Department of Health and Aged Care, Mental Health Branch, AusEinet nominated a group of experts and representatives who were likely to make a significant contribution to the future direction of AusEinet. Thirty-six people attended the workshop, including four representatives from the Mental Health Branch and three members of the AusEinet team. The other participants represented a broad range of constituencies (eg consumers, carers, indigenous people, homelessness, drug and alcohol, education, welfare, corrections, general practice, media, transcultural mental health). They had a variety of backgrounds (eg, psychology, social work, psychiatry, general

practice, research) and/or had experience in promotion, prevention or early intervention in mental health.

Key issues addressed at the workshop included:

- How can the objectives of the second phase be achieved?
- Which partnerships may be important, and how can they best be developed?
- Should AusEinet target mental health consumers and carers, or professionals in mental health, or primary care providers, or researchers, or the community in general, or policy makers, or all of these?
- What elements from the first phase of AusEinet can be adopted or adapted to meet the objectives of the new project?
- Should the project continue to be about information sharing, capacity building and developing good practice?
- What novel strategies may be necessary to achieve the overall aims of a national promotion, prevention and early intervention network?

The workshop was a mix of presentations by invited speakers, small group sessions, feedback and discussion. The first small group session focused on the past achievements of AusEinet and the second session on its future direction. A briefing document outlining the achievements of the first phase of AusEinet and the purpose of the workshop, and a set of AusEinet publications, were distributed beforehand.

Speakers

Mr. Dermot Casey (Assistant Secretary, Mental Health and Special Promotions Branch) opened the workshop and discussed how a national network of promotion, prevention and early intervention might contribute to the goals of the Second Mental Health Plan. Mr. Casey said "the focus on promotion, prevention and early intervention represents a major and important direction for mental health activities in Australia, complementing and expanding the traditional focus on treatment. The expanded focus will require partnerships that reach well beyond mental health services. Indeed, mental health is an issue for the entire community, and requires a 'whole of community' response. The future work of AusEinet will... enhance the resource base and involvement of the mental health and other sectors... and will assist the Commonwealth in furthering the aims of the National Mental Health Strategy and the National Suicide Prevention Strategy".

Professor Steve Zubrick (TVW Telethon Institute for Child Health Research) spoke about promotion, prevention and early intervention in child and adolescent mental health. Professor Zubrick felt that it would be essential to develop key relationships in the next phase of AusEinet and to maintain the rigorous approach that has been adopted so far. He proposed that the apparent anxiety about expanding AusEinet to include promotion and prevention as well as early intervention is unfounded as there is a shared language that sits comfortably across this range of the spectrum.

Dr. Debra Rickwood (University of Canberra) discussed the process involved in developing the promotion, prevention and early intervention discussion paper. She considered that a major challenge for the future will be to adopt a population health approach and thereby move beyond a focus on individuals and the mental health-related sectors. Other key strategic sectors could include homes, childcare, education, health, welfare, housing, corrections, community, arts, employment, business, finance and media.

Four other speakers were invited to outline their vision for the future of promotion, prevention and early intervention in Australia.

Professor Sue Spence (University of Queensland) spoke about strategies for developing national research innovation. She identified several priority areas for research including mental health literacy, risk and protective factors, cost effectiveness studies, interagency collaborations and dissemination strategies. She proposed that it may be better to fund more large, collaborative projects and fewer small projects, and also pointed to the need to conduct research in real world settings.

Professor Patrick McGorry (Director, Centre for Young People's Mental Health) also felt that more cost effectiveness studies are needed. He proposed that in balancing the elements of early intervention with promotion and prevention, a range of services could play a role in primary prevention and partnerships. He discussed the need to increase the mental health literacy of general practitioners and, in doing so, promote confidence in treatments, and suggested that the young adult group (18 to 25 year olds) needs more attention in the future.

Mr. Des Graham (CEO, Mental Health Council of Australia) spoke about carers' needs from a national promotion, prevention and early intervention network. He proposed that carers should be consulted at every stage in the next phase of AusEinet, and that educating and training carers and the whole community about warning signs or symptoms in the development of mental illness should be an important focus. A full transcript of Mr. Graham's talk is featured in our editorial.

Professor Beverley Raphael (Director, Centre for Mental Health, NSW Health) presented perspectives on promotion, prevention and early intervention. She pointed out that we still don't have a definition of what constitutes 'mental health'. She called for a 'hard edge' to the coming wave of prevention research in Australia, with a critical emphasis on partnerships and research collaborations. Professor Raphael stressed that funding needs to be provided for prevention *and* for service delivery (ie prevention should not be viewed as a replacement and therefore as competing for research dollars). She felt that consumers must play a more prominent role in research and proposed that a mentoring scheme could be a useful strategy for engaging consumers (she also pointed out that young

people reject the label of 'consumer'; they prefer 'having their voice heard').

The issue of consumer involvement was raised often during discussion times. Several participants were concerned that no young people or consumers presented formally at the workshop. It was generally agreed that young people and consumers must be consulted throughout the next phase and that it may be beneficial to have a special workshop for young people and a series of workshops for consumers.

Small group session 1: Reflecting on the past

The morning session focused on the process and achievements of the first phase of AusEinet. Participants were invited to be as critical as possible when considering these questions: 'Which of the AusEinet initiatives worked well?' 'Why did they work?' 'How could they have been improved?' 'What did not work?' 'What was missing?' Responses reflect the invitation for constructive criticism.

General comments

- AusEinet has been successful in raising awareness about early intervention and disseminating information. However the format of the information is very academic and therefore not widely accessible.
- The hub and spoke model is effective, but it is necessary to establish and engage the spokes more; AusEinet should start seeing itself as also being a spoke to a larger hub.
- The main target groups so far seem to be professionals; it is necessary to engage other groups as well.
- The timeframe of the first phase was limiting, especially for measuring the outcomes of the research projects and the reorientation process.
- Specific funding needs to be dedicated to partnerships.
- Indigenous health issues need to be given more consideration.
- Cost effectiveness studies are badly needed.
- A code of ethics may be needed.

Networking

- The AusEinet website worked well, though it is time to revise it, clarify which pieces of information are aimed at which groups and assess its suitability for consumers.
- Internet access and users' comfort levels need to be considered.
- The Einet discussion group needs better promotion.
- The AusEinet (newsletter) is 'ugly' and 'too academic' - who is the target audience?
- The workshops were valuable for raising awareness at the beginning of the project, especially for those not familiar with early intervention, but is there still a place for them in the next phase?
- General practitioners don't seem to know much about AusEinet; there is scope for better engagement of general practice.
- The national stocktakes are useful for networking, but less so for getting an idea of the scope of early intervention in

Australia. They could be expanded to develop a searchable database that could be used to access particular information.

- There was a good range of topics and broad representation of disciplines at the international conference; the language of early intervention seems to bring sectors together.

Reorienting services

- What constitutes reorientation?
- Reorientation process was good within the limits of the funding provided.
- More durable funding will be needed if reorientation continues to be a focus.
- Scope was quite small; knowledge of reorientation has been better developed in other strategies.
- Performance indicators were linked to outcomes; outcomes could have been stated in a tighter way.

Promoting good practice

- Resource materials are very professional, but what impact are they likely to have on practice? Further dissemination and evaluation of the information arising from AusEinet is essential. How do you get people to use them? How will change in practice be measured?
- The timeframes for the good practice projects were problematic, e.g. 12 months is not long enough to conduct randomised controlled trials, but there were some good outcomes.
- Should 'research' funds be channelled through a project like AusEinet? It may be more appropriate to tap into existing research, though there is some value in strategically funding research.

Small group session 2: Shaping the future

The afternoon session focused on the future direction of AusEinet. Questions that the participants were asked to consider included: What sort of partnerships would work well? Can the AusEinet model be applied to a promotion, prevention and early intervention network? How can the networking strategies be expanded to incorporate promotion and prevention? Is a one year follow-up of the reorientation projects worthwhile? Should more projects be funded? Should we fund further volumes of the clinical approaches series? What other strategies could be used to influence changes in practice? How can the needs of special interest groups best be addressed? How can we increase community awareness of the project? Some of the responses are shown below.

Building on the outcomes of Phase One

- AusEinet could continue its role of raising awareness (of mental health issues in general and of promotion, prevention & early intervention).
- Further dissemination of the materials from the first phase of the project is required, along with a transition from rigorous, evidence-based knowledge to implementation

(though others did not see implementation of the clinical approaches as a role for AusEinet).

- The clinical approaches series could be developed into complementary practitioner packages and kits.

New directions

- The new direction of AusEinet requires a shift of focus away from 'disorder'; there could be an opportunity to change a 'contagion of negativity' to a 'contagion of positivity'.
- The best part of AusEinet has been the people who have become involved. This could be developed by establishing more hubs, a federation (bases in each state) and cooperative service centres.
- AusEinet could play a role in reviewing and influencing policy structures.
- AusEinet should be careful to adopt a linking role by tapping into existing structures, rather than replicating initiatives.

Special interest groups

- Indigenous issues should be an important focus.
- The format of the website needs to be appropriate for indigenous people.
- Interpreters could be engaged to overcome language barriers.

Future directions

We wish to thank all the participants at the workshop for sharing their ideas. Their comments have been invaluable to us as we prepare a tender for the next phase of the project. Each has been given due consideration and is included in the first draft. Specifically, we will consider:

- The need to expand AusEinet to include Promotion of Mental Health and Prevention of Mental Illness;
- Consistent with the precepts of Mental Health Promotion, the need to broaden out from a disorder focus to a more health based focus;
- The need to extend the focus across the age range;
- The need to broaden out from a focus on professional education for Early Intervention to include information suitable for consumers, carers, community generally and a range of special interest groups and professional groups not yet engaged;
- The need to engage others across the community and in all States and Territories to develop the 'spokes' to work actively with the 'hub' of AusEinet;
- The need to form sustainable partnerships to both avoid duplication of effort and provide wider ongoing support for the project.

We will keep the workshop participants and the AusEinet network informed of future developments via the website and future issues of AusEinetters.

Anne O'Hanlon and Graham Martin (AusEinet)

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THE AUSEINET CLEARINGHOUSE

Help needed !

The AusEinet Clearinghouse is seeking to bring together education materials (booklets, pamphlets, CD-ROM, other electronic, anything) on prevention in mental health suitable for consumers, carers and the general public. We are interested in anything prepared at a national, state or territory, or local government or service level. We are particularly interested in materials prepared by consumer groups or non-government groups. The materials might cover:

- Clinical assessment or treatment issues;
- Access to services;
- Prevention of Mental Illness or Recurrence issues;
- Mental Health Promotion;
- Early Intervention;
- Physical Health and Fitness related to Mental Health;
- Legal Issues.

The materials will become part of our clearinghouse (Early Intervention, Prevention, Mental Health Promotion, Suicide Prevention). All materials will be catalogued, and the 'best' in each area (with permission of sources, and copyright issues properly dealt with), will be placed on the AusEinet web site as .pdf files so that they can be downloaded in their original printed format. Materials will be abstracted into our newsletter 'AusEinetter'.

You know what you have tucked away, what you use regularly, what you feed back as really useful and informative. Please help us to develop the most complete and useful national collection of prevention materials we can.

When I first sent this notice as an email to the <Einet@AusEinet.flinders.edu.au> discussion list, Michael Chinn from Queensland rightly asked how we would determine 'best'; what criteria would be used? "Just curious as to who is determining the 'best' resources and if you have a set of criteria already for the resources. Also wondering if you would accept resources from overseas? I am so glad that someone has taken the plunge into providing a clearinghouse for these kind of resources, the demand for one has been around for a few years but nobody has had the resources or stability to establish one. I can imagine if you get quite a few offers of help on this. I for one would love to be involved."

My response was: "Thanks. I would love you to be involved. I suppose the concept was to pool Australian resources so that we could provide appropriate local info long after someone's funding to go on producing the document had ended !! Many overseas info docs have superb content, but are often not appropriate for Australia."

"We are bringing together a group of consumers as a focus group nationally; it would be appropriate for them to consider issues of 'best'. We will also be employing (I hope) a

consumer as one of our project officers to coordinate much of the consumer/professional partnership process. Many documents are content correct, but unreadable. You know the story...."

We have not yet devised precise criteria but will do so from the focus groups and other national consumer/professional partnership forums. I suppose the answer is in part to do with how much might have been written overall about any given issue, how much duplication exists between materials from various states and territories, what kind of designs have been used, what may have had the most memorable impact, what materials and formats are preferred by consumers and carers. Anyway, please start sending anything you might consider to be useful....



AUSEINET PUBLICATIONS

AusEinet distributed a set of publications to members of the network in May this year. We have distributed over 3,300 sets already and are still receiving requests for more. Consequently, we have now gone to a second print run of the following publications:

O'Hanlon, A., Kosky, R., Martin, G., Dundas, P. & Davis, C. (2000). *Model projects for early intervention in the mental health of young people: Reorientation of services*. Adelaide: AusEinet.

This book describes eight model projects in reorientation that were funded by AusEinet. The projects were conducted in agencies that represented the types of organisations that may be involved in early intervention approaches for the mental health of young people. The agencies were not all primarily mental health focused, but during the project they established formal or informal partnerships with mental health services. The model projects may give organisations some idea of how to go about reorienting to early intervention and of the opportunities and challenges that such a process might involve.

Kosky, R., O'Hanlon, A., Martin, G. & Davis, C. (2000) (Series Editors). *Clinical approaches to early intervention in child and adolescent mental health*. Adelaide: AusEinet.

The volumes in this series contain the latest assessments of the scientific basis for interventions as well as expert consensus views about the clinical approaches to particular problems or disorders. The first five volumes are:

- Volume 1: Hazell, P. *Attention deficit hyperactivity disorder in preschool aged children*;
- Volume 2: Dadds, M., Seinen, A., Roth, J. & Harnett, P. *Early intervention for anxiety disorders in children and adolescents*;

- Volume 3: Sanders, M., Gooley, S. & Nicholson, J. *Early intervention in conduct problems in children*;
- Volume 4: Kowalenko, N., Barnett, B., Fowler, C. & Matthey, S. *The perinatal period: Early interventions for mental health*;
- Volume 5: Swanston, H., Williams, K. & Nunn, K. *The psychological adjustment of children with chronic conditions*.

All AusEinet publications are available for downloading from the AusEinet website <http://auseinet.flinders.edu.au>. Free copies can be obtained by returning the order form which accompanies this issue of AusEinetter, or by contacting the AusEinet project team by telephone (08 8357 5788), fax (08 8357 5484) or email (auseinet@flinders.edu.au).



Let us know what you are doing

If you want your project/program showcased in this newsletter, send us a brief outline (typically one half column) describing your project/program and provide contact information.



CREATING CONFIDENT CHILDREN - AN ANXIETY EARLY INTERVENTION PROJECT, CENTRE FOR DEVELOPMENTAL PSYCHIATRY

The Centre for Developmental Psychiatry received a research grant from the National Health and Medical Research Council of Australia to conduct a research program titled, "Early intervention for anxiety and phobic disorders in young children with an intellectual disability."

The aim of our research is to investigate the effectiveness of treatments in the prevention of anxiety disorders in children. The target population for our research project is parents of children between the ages of 4-7 years who have an intellectual disability. Research indicates that these children are 2-3 times more likely to have behavioural and emotional problems than children of average intellectual ability.

Prof. Bruce Tonge, Assoc. Prof. Neville King and Dr David Heyne, Chief Investigators, Russell Nunn, Project Officer, Kylie Jackson and Lisa Ciechowski Project Officers.

For further information contact Centre for Developmental Psychiatry, 8 Beddoe Avenue, Clayton, Victoria, 3168, Ph: 03 9905 1406, Fax 03 9905 1554.



MindMatters – a Mental Health Promotion Resource for school in Australia with access to a professional development program as well as website, which will provide ongoing support throughout the life of the program.

A national MindMatters team has been appointed to implement the project on behalf of the Commonwealth Department of Health and Aged Care. The National Coordinator is Jo Mason and she is at the APAPDC offices in South Australia. Jo's contact details are on the last page of this newsletter. Other members of the team include: Ms Kerin Williams – National School Community Links Officer, Ms Sandra Gapper – National Professional Development Officer, Ms Cheryle Gatto – National Project Administration Officer as well as Joint Project Managers, Ms Susan Boucher – Executive Officer, APAPDC and Ms Joan Holt – Manager, Curriculum Projects, Curriculum Corporation.

Professional Development for States/Territories

The professional development activities will be developed within the context of state/sector policies and procedures. The MindMatters team is currently working in consultation with State and Territory Working Parties. Membership varies from across jurisdictions

Indigenous Education Symposium

Advice at State and Territory consultations level regarding MindMatters led to a decision to hold a National Aboriginal & Torres Strait Islander Education Symposium to which key personnel from indigenous education agencies would be invited. The symposium addressed the resources and professional development component of MindMatters within the context of indigenous education. Subsequent to the symposium and Torres Strait Islander Education Officers undertook to develop an indigenous framework for professional development in schools. This framework will form part of the MindMatters resource kit and will also be available on the website.

National Support

Members of the MindMatters team have responsibility for working with State and Territory working parties to develop a collaborative approach to designing and implementing the professional development program.

Rural and Remote Schools

We are currently interested in developing a professional development strategy for rural and remote schools

MindMatters Website www.curriculum.edu.au/mindmatters

The website is operational at present, and future plans include publishing the indigenous framework for professional

development, discussion groups with guest speakers, national links to related sites, provision for feedback from schools, communities and agencies, a regular newsletter, State and Territory reporting against MindMatters and a national evaluation report.

Enquires re MindMatters program should be forwarded to:
Jo Mason, MindMatters National Coordinator
 Tel: (08) 8463 5861 Email: jomason@ozemail.com.au



AUSEINET DATABASE

Please contact the AusEinet Office if you wish to be added to the mailing list
Ring Jill on 08 8357 5788, Fax 08 8357 5484 or Email auseinet@flinders.edu.au

Please let us know if we have the incorrect address or if you are receiving multi copies.

Name:

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Address:

..... P.C.

Phone: Fax:

Email

AusEinet Website: <http://auseinet.flinders.edu.au>



Einet Discussion Group

Have you subscribed to the AusEinet early intervention email mailing list? To subscribe, please email majordomo@auseinet.flinders.edu.au In the text, write "subscribe einet" in the mail message body.



**An Australian Academy of Science
 Symposium
 Friday 20 October 2000
 8.30am-6.00pm
 Hyatt Hotel, Canberra.**

Objectives

This important one-day meeting will bring together policy makers, medical researchers, medical administrators, consumers and carers in order to:

- discuss the latest research findings in schizophrenia and related psychoses;
- contribute to the development of informed public policy; and
- promote greater awareness and understanding of the service provision needs of consumers and carers.

Ideally, mental health policy should be heavily informed by knowledge about what does and doesn't work. Are policy makers utilising research findings to an appropriate extent? Should they be commissioning more research? Should researchers be more cognisant of the needs of policy makers? Are the needs of consumers and carers being adequately addressed as research is translated into policy and action?

Guest speakers include:

- Mr Simon Champ, Consumer, Board of SANE
- Prof Assen Jablensky, University of WA
- Prof Harvey Whiteford, University of Qld
- Assoc Prof John McGrath, Qld Centre for Schizophrenia Research
- Mr Dermot Casey, Dept of Health & Aged Care
- Mr John McGrath, Mental Health Council of Australia
- Prof Graham Thornicroft, Inst of Psychiatry, London
- Ms Barbara Hocking, SANE Australia
- Prof George Lipton, Mental Health Dept of WA
- Prof David Copolov, Mental Health Research Inst of Victoria
- Mr Peter Wills, Garvan Institute
- Mr Ted Atkinson, Aus Rotary Health Research Fund

For further information visit the Australian Academy of Science Website

*www.science.org.au/schizophrenia
 or contact Ros Wallace on 02 6247 3966*





4th National Conference Infant Child & Adolescent Mental Health

Building Bridges: Promoting Mental Health for Families and Communities

Building Bridges: Promotion Mental Health for Families and Communities

28-31 March 2001, Carlton Crest Hotel Brisbane, Queensland.

Conference Secretariat

PO Box 1280 Milton Qld 4064 Australia

Telephone: +61 (0)7 3858 5563

Facsimile: +61 (0)7 3848 5510

Email: mha2001@im.com.au

More information is available on the AICAFMHA Website

www.aicafmha.net.au



Diversity in Health

Sharing global perspectives

28-30 May 2001

Sydney Convention and Exhibition Centre, Darling Harbour, Sydney

A landmark conference on multicultural health and well-being

Incorporating

- Australian Transcultural Mental Health Network 2nd National Conference
- 3rd Australian Multicultural Health Conference
- NSW Transcultural Mental Health Centre 6th Conference

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" *World Health Organisation*

Conference Details

This will be the priority conference of 2001 for everyone concerned with the well-being of multicultural Australia. Eminent national and international speakers will present stimulating keynotes and join conference delegates to discuss conference themes of equity in health and health service development; leadership in diversity health care; a population health approach to diversity health care; clinical practice in diversity health care; developing partnerships in diversity health care.

Contact Information

Diversity in Health Conference Secretariat, PO Box 265, ANNANDALE, NSW 2038 Australia, Tel +61 2 9518 9580, Fax +61 2 9518 9581. **Closing Date for Abstracts: 31 October 2000. Email: diversity@pharmaevents.com.au**

PUBLICATIONS ORDER FORM

AusEinet has released a range of publications. They have been made available in hard copy form to current members of the AusEinet network and have been placed on the AusEinet website for downloading <http://auseinet.flinders.edu.au>.

EARLY INTERVENTION BOOKS

Model projects for early intervention in the mental health of young people: Reorientation of services. A guide for professionals and health administrators considering reorienting their own service.

Early intervention in the mental health of young people: A literature review. (Available September/October 2000).

CLINICAL APPROACHES SERIES

'*Clinical approaches to early intervention in child and adolescent mental health*' is an edited series aimed mainly at health professionals who work with young people, but may be of interest to others. Each volume in the series is a stand-alone document.

If you wish to receive a copy of these publications (free of charge including postage and packaging) and would like to be placed on the AusEinet database (for copies of future publications and information), please tick which volumes you wish to receive and fill in your mailing address/agency particulars.

- Complete Set/s** (If requiring multiple sets, names & addresses of recipients)
- Early intervention for anxiety disorders in children and adolescents
- Attention deficit hyperactivity disorder in preschool aged children
- The perinatal period: Early interventions for mental health
- Early intervention in conduct problems in children
- The psychological adjustment of children with chronic conditions
- Model projects for early intervention in the mental health of young people: Reorientation of services.

Print clearly please

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Type of organisation individual youth worker education health mental health service
 private practice other, please specify _____

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Suburb _____ State/Territory _____ Postcode _____

Telephone: _____ Fax: _____ Email: _____

Return this whole form to AusEinet by fax if possible: (08) 8357 5484 or email auseinet@flinders.edu.au

by mail: AusEinet, C/- CAMHS, Flinders Medical Centre, BEDFORD PARK SA 5042

phone: 08 8357 5788



Suicide Prevention Australia
8th National Conference

Saturday 7th to Monday 9th April 2001
The Sydney Convention and Exhibition Centre,
New South Wales, Australia

Suicide Prevention 2001: A Human Odyssey

This exciting conference has a packed program of speakers and events with a number of special themes including a multi-denominational special service of healing.

THEMES:

- ◆ Pre-Conference Workshops - Convenor: Wayne Magee
- ◆ Public Health and Suicide - Convenor: Professor Graham Martin
- ◆ Young People's Forum - Convenor: Paul Moulds
- ◆ Indigenous Forum - Convenor: Mercy Baird
- ◆ Bereavement/Postvention Forum - Convenor: Dr Sheila Clark
- ◆ Mental Health Consumer Forum - Convenor: Jonine Penrose-Wall
- ◆ Research Symposium - Convenor: Professor Robert Goldney

INVITED KEYNOTE SPEAKERS:

- ❖ Mr Dermot Casey, Director Mental Health Branch, Commonwealth Dept of Health & Aged Care
- ❖ Professor Beverly Raphael, Director Centre for Mental Health, New South Wales
- ❖ Professor Ian Webster, Chairman National Advisory Council of Suicide Prevention
- ❖ Professor Robert Goldney, Past President International Association of Suicide Prevention
- ❖ Professor Graham Martin, Director Promotion, Prevention & Early Intervention, Division of Mental Health (Flinders Medical Centre)
- ❖ Professor Diego de Leo, Director AISRAP, President International Association of Suicide Prevention
- ❖ Ms Penny Mitchell, Australian Institute of Family Studies
- ❖ Mr Grant McLean, Ministry of Health, Wellington, New Zealand
- ❖ Ms Mercy Baird, Coordinator Youth Development, Aboriginal Coordinating Council
- ❖ Dr Annette Beautrais, Principal Investigator, Canterbury Suicide Project, New Zealand

Registration Fees (3 days)

➤ SPA Members	\$ 400.00	
➤ Early Bird Registration	\$ 445.00	
➤ Full Delegate Registration	\$ 495.00	
➤ Day Registration	\$ 180.00	
➤ Concession - full fee (Pensioner/Student)	\$ 280.00	
➤ Concession - Day (Pensioner/Student)	\$ 90.00	
➤ Conference Dinner, Saturday 7 th April	\$ 70.00	(All prices GST inclusive)

CONFERENCE WEBSITE

information and regular updates
Conference can be found at
www.suicidepreventionaust.org

For further information contact the Conference Secretariat

PO Box K998

HAYMARKET NSW 2000 Australia

Telephone +61 2 9211 1788, Facsimile +61 2 9211 0392

Email: conference@suicidepreventionaust.org

Suicide Prevention Australia

8th National Conference

Saturday 7th to Monday 9th April 2001
The Sydney Convention and Exhibition Centre,
New South Wales, Australia

Suicide Prevention 2001: A Human Odyssey

The conference organising Committee welcomes submission of abstracts for papers, posters and workshops. Poster Presentations will be highlighted this year. The Conference brochure, registration form and final call for papers will be mailed out in October 2000.

WHO SHOULD ATTEND?

- Suicidologists
- Young People
- Health Workers/Professionals
- Youth Workers/Counsellors
- Mental Health Professionals
- Local Government
- Correctional Services
- Police and Emergency Personnel
- School Teachers/Counsellors/Guidance Officers
- Clergy
- Service Organisations
- Consumers
- General Practitioners
- Juvenile Justice
- Carers

ABOUT THE CONFERENCE PROGRAM

The conference program will contain an exciting mixture of topics guaranteed to meet everyone's needs including:

- Invitation extended to keynote speakers of national and international standing
- Plenary sessions including:
 - Dermot Casey, Professor Ian Webster, Professor Robert Goldney, Professor Diego De Leo, Dr Sheila Clark, Ms Mercy Baird, Professor Graham Martin, Dr Michael Dudley, Dr John Howard and other notable national and international speakers
- Papers with interactive discussion time
- Panel discussions and debates
- Workshops
- Poster presentations
- Special Youth Program
- Indigenous issues
- Multi-denominational Healing Service for survivors, carers and professionals

✂-----✂

Suicide Prevention Australia

8th National Conference - Sydney 7th - 9th April 2001

Please forward further information

- Conference Brochure, Registration, Call for Papers
- Application for Membership to SPA

Title: _____ First Name: _____ Family Name: _____

Organisation: _____

Are you a consumer/carer? YES NO

Postal Address: _____

Phone: (W) _____ (Mob) _____ (H) _____

Fax: _____



*U.S. Department of Education
Office of Educational Research and Improvement (OERI)
National Library of Education (NLE)
Educational Resources Information Center (ERIC)*



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