## 2013 NSW Mental Health Forum - Draft Program
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| 10.30am to 11.00am | MORNING TEA                                   |
| 11:00am to 12.40pm | Concurrent Stream 1: Sensory approaches       |
|                    | Concurrent Stream 2: Emerging roles and new opportunities |
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| 11:00am            | Invited Presentation: Introduction to sensory approaches in Mental Health  
|                    | Dr Chris Chapparo                            |
| 11:20am            | Storm Taming: Introducing Sensory Modulation to a rural HDU,  
|                    | Margot Edwards and Lynn Davies               |
| 11:40am            | The development and implementation of sensory modulation strategies for high secure forensic patients,  
|                    | Felicity Cox and Linda Hoare                 |
| 12:00pm            | Implementation of a sensory room in an acute mental health unit,  
|                    | Theresa Novak, Justin Scanlan, Damien McCaul, Nathan MacDonald and Timothy Clarke |
| 12:20pm            | Facilitated discussion: Sensory approaches in mental health: We need more research evidence, so we need to do more research.  
|                    | Emily Taylor                                 |
| 12.40pm to 1.30pm  | LUNCH                                        |

### 10:30am to 11.00am

#### MORNING TEA

- **Invited Presentation:** Introduction to sensory approaches in Mental Health  
  **Speaker:** Dr Chris Chapparo

- **Storm Taming:** Introducing Sensory Modulation to a rural HDU.  
  **Speakers:** Margot Edwards and Lynn Davies

- **The development and implementation of sensory modulation strategies for high secure forensic patients.**  
  **Speakers:** Felicity Cox and Linda Hoare

- **Implementation of a sensory room in an acute mental health unit.**  
  **Speakers:** Theresa Novak, Justin Scanlan, Damien McCaul, Nathan MacDonald and Timothy Clarke

### 11:00am

- **Meeting the metabolic health challenge: an occupational therapist led model to change practice and improve physical health outcomes.**  
  **Speakers:** Joel Pilgrim, Simon Rosenbaum, Scott Teasdale, Beth Kendrick, Cindy Chan and Andrew Watkins

- **Occupational Therapy in perinatal and infant mental health.**  
  **Speaker:** Alison Cook

- **The importance of functional cognition in supporting functional independence.**  
  **Speakers:** Justin Scanlan and Megan Still

### 11:20am

- **Enhancing the practice of Acceptance Commitment Therapy (ACT) to improve occupational performance and mental health outcomes through the use of an iPhone application created by an Australian Occupational Therapist.**  
  **Speaker:** Robbie Ellett

- **Using the Allen’s Cognitive Level and the Cognitive Disability Model in Assisting Older People with Mental Health Difficulties.**  
  **Speakers:** Susan Pordage and Sivashankari Raveendran

### 12:00pm

- **Parenting a young adult with mental illness: Tasks and actions.**  
  **Speakers:** Anne Honey and Nicola Hancock

- **The Wellness and Recovery Action Plan (WRAP): illness self-management in mental health.**  
  **Speaker:** Aideen Gallagher

### 12:20pm

- **Funnel Prompting: A graded prompting guide.**  
  **Speaker:** Emily Taylor

- **Balancing Act: Meeting the diverse needs of clients in a long-stay rehabilitation service.**  
  **Speaker:** Elizabeth Cooper
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Kath Thorburn

*Occupation and meaning – addressing the personal and the political*

- How do we recognise, respect and respond to the active space of dealing with complex experiences and struggle?
- How do we encourage the process of change while communicating genuine acceptance - that each person is complete, just as they are, in this moment?
- How do we step back? How do we get out of the way? How do we hold a space? How do we recognise and support the person’s own efforts?

The language and framework of ‘occupation’ can be open and inclusive, or it can be narrow and distancing. Current practice in mental health places occupational therapy in the realm of ‘doing’ and as such can limit our work to those deemed ‘ready’, ‘capable’, ‘motivated’. Success is measured by ‘outcomes achieved’, ‘goals attained’. But ‘life is not an outcome’ (Davidson et al, 2010) and the real work of being alongside the person in their own journey is often invisible, invalidated and impossible to quantify. How do we work from a place that fully recognises dimensions of meaning in people’s lives?

*Kath Thorburn [M. Ed. (Adult Education), B. App Sc. OT], Mental Health Education Consultant, Senior Occupational Therapist, and co-founder of inside out & associates* 

Australia has over 20 years experience in mental health, with a commitment to understanding the concept of recovery and what this means for mental health practice and services. Kath has significant experience in the delivery of professional development workshops and postgraduate courses in recovery oriented approaches, and is the Occupational Therapy representative on the National Expert Group for MHPOD. Most recently Kath co-founded inside out & associates, a social venture that aims to promote more effective and inclusive responses to mental distress. She is a fellow of the School for Social Entrepreneurs – Australia and was recently appointed co-chair to the National Mental Health Commission’s Core Reference Group on the Reduction of Seclusion and Restraint.
Plenary Session 2:
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Samantha Ashby

The PRIOrity model: Enhancing professional resilience in the occupational therapy workforce in mental health

Working in Mental health workplaces can be a challenging environment for occupational therapists. This presentation explores the factors that lead to challenges to professional identity and explores the dynamic processes involved in the development and maintenance of professional resilience of mental health occupational therapy practitioners. It introduces the PRIOrity model that summarises the dynamic relationship between professional resilience, professional identity and occupation-based practice. An occupational therapists’ professional resilience is sustained and enhanced by a strong professional identity and the valuing an occupational perspective of health.

The discussion will highlight the connection between discipline-based theoretical knowledge, and visible occupation-based practice and how educators, managers and practitioners can develop and sustain the workforce’s professional resilience by strategies that encourage reflection on the theoretical knowledge underpinning practice, such as supervision, in-service meetings, and informal socialisation. The discussion will also focus on how to incorporate the use of these strategies in daily practice to enhance occupational therapists’ professional resilience to assist in the retention of occupational therapists in the mental health workforce.

Samantha Ashby has been an occupational therapist since 1987. She has worked in a variety of settings including mental health, physical rehabilitation, and occupational rehabilitation. Since 1997, Ms Ashby has been involved in professional education in the UK and NSW. She currently works as a lecturer at the University of Newcastle. Within her educational roles she has designed courses that integrate theoretical knowledge into the curricula of undergraduate and postgraduate programs. Her PhD research explored the knowledge used and valued by occupational therapists in mental health practice. This has allowed her to explore the role theoretical knowledge plays in underpinning professional identity, professional resilience and career longevity.

Since 1997, she has run a series of workshops in the UK and Australia aimed at increasing the occupational therapists capacity to apply occupation-focused models and their assessment tools into daily practice. She is also an accredited train the trainer for the Canadian Model of Occupational Performance and Engagement.
Invited presentation:
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Dr Chris Chapparo

*Introduction to sensory approaches in Mental Health*

Trauma informed care recognises that young people with mental illness may have a history of trauma and the use of seclusion and restraint can trigger hyper-arousal and anxiety, exacerbating the trauma. Arousal sets the ‘emotional and behavioural tone’ of life events. Early in life, children learn to *tolerate* the intensity of arousal and *regulate* their internal state. Regulation strategies that are unique to each child continue to develop through adolescence, incorporating those learned from repeated sensory experience and adult modelling. Sensory experience and adult modelling are both identified as risk factors which are associated with children’s ability to self-calm. Currently there are three hypothetical models which link arousal and anxiety to sensory over-responsivity and self-regulation in young people with mental illness. In the absence of robust evidence to support the use of sensory activities in mental health service delivery, these models offer guidance for the use of sensory activities to calm over-arousal and hyper-vigilance in instances where cognitive and behavioural strategies are ineffective. This presentation will explore the anatomy of arousal, hyperarousal and anxiety and their relationship to sensory processing.

Dr. Chapparo is a senior lecturer in the Faculty of Health Sciences, The University of Sydney. Her research and teaching focuses on children with learning disabilities and the quality of their participation in everyday life. Dr. Chapparo’s current research work centres on the link between children’s social competence, emotional capacity, information processing and everyday performance at school and home. She is interested in developing research methods to capture the perspectives and experiences of children and adolescents.
Acute psychotic episodes can impair a range of cognitive and social functioning domains. To re-engage in study after an acute episode is challenging. Consumer goals may be to re-engage immediately after an episode, while symptoms are present and cognitive and social functioning are still affected. How can Occupational Therapists best assist consumers to make this transition? When is the right time to re-engage? What resources can help? Two case studies from the Early Psychosis Program at the Eastern Suburbs Mental Health Service are presented to highlight issues and considerations. Issues include: Consumer's study preference, Course requirements, Concern from course providers, Potential for stress to exacerbate illness. Considerations include: Level of engagement with the consumer, establishing support for the consumer from the course provider and building networks with course providers. Conclusion: Occupational Therapists are well placed to address these issues and facilitate early return to study for consumers following an acute psychotic episode.

**Author biography:** Beth is an Occupational Therapist currently working with the Early Psychosis Program at the Eastern Suburbs Mental Health Service. She has worked in mental health for seven years and is passionate about rehabilitation in youth mental health.
Take that shot: Mental Health Leadership with an Occupational Focus

Authors: Melissa Aguey-Zinsou (1), Karen Chown (2), Mary Hopkins (3), Jo Sommer (2), Wayne Smith (4) and Nicola Thomson (3)

Affiliations: (1) Eastern Suburbs Mental Health Service, (2) South Eastern Sydney Local Health District (SESLHD) (3) St Vincent’s Hospital Mental Health Program, (4) Canterbury Community Health Centre

Contact email address: melissa.aguey.zinsou@sesiahs.health.nsw.gov.au

This presentation is for occupational therapy leaders and occupational therapy future leaders. Where do we learn our craft? What do we bring to the mental health executive boardroom? What are our values, principles and practices? What do we offer consumers, carers, our profession, our organisations?

With so few occupational therapists in leadership positions and little occupational therapy specific leadership training – how do we get there? Is an occupational therapy focus lost as we follow the lead of others? Even though a leadership role may mean a departure from occupational therapy specific work, how important is a strong occupational therapy professional confidence and identity? (Ashby, Ryan, Grey & James, 2013).

The process of “doing, being and becoming” occupational therapy leaders will be described (Wilcock, 1999). The story of an occupational therapy leadership “Community of Practice” will be presented as an opportunity for mentoring and sustaining occupational therapy leaders (Occupational Therapy Board of Australia, 2012; Wegner, 1998).

References


Author biography: Jo Sommer is Clinical Rehabilitation Coordinator for SESLHD.
Hygiene Program
[back to program timetable]

Authors: Omila Bir, Carla Davenport and Mia Parmar
Affiliation: Cumberland Hospital
Contact email address: Omila.Bir@swahs.health.nsw.gov.au; Carla.Davenport@swahs.health.nsw.gov.au; Mayuri.Parmar@swahs.health.nsw.gov.au

Have you ever worked with a colleague who may have poor personal hygiene, someone who wears clothes which are not clean, has bad breath or wears the same clothes for a month??? Or do you have a sibling or a relative who displays poor personal hygiene?? We don’t stop them and tell them that their level of personal hygiene is poor.

However we make an effort to talk to consumers about hygiene even though it is a sensitive topic and crosses many personal boundaries. This presentation will discuss the emergence of a program which offers clinicians an opportunity to provide information in a safe group environment. The information we had from various assessments and multidisciplinary team reviews was that there was a lack of personal hygiene routines in Cumberland Hospital. Research into the area offered insight into the need for such programs as it impacts on interpersonal relationships, seeking and sustaining employment and equitable participation in the community. There was a paucity of program modules which reflect sensitivity and evidence based teaching of personal hygiene for mental health consumers.

We aimed at educating consumers using interactive teaching methods which would generate discussion and offer consumers an opportunity to make it an inherent part of their journey. The program incorporated use of YouTube, practical demonstrations and other forms of teaching to develop a comprehensive module. This has been piloted with the consumers in long term rehabilitation. There is scope to adapt and modify the structure of the program to suit acute units and consumers in the community.
The Use of the Activity and Participation Questionnaire in the Sydney Local Health District
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Authors: Lucy Chang, Megan Still, Leon Yu and Elisa Yule
Affiliation: Mental Health Services, Sydney and South Western Sydney Local Health Districts
Contact email address: lucy.chang@sswhs.nsw.gov.au

Learning Objective One: Description of the clinical utility of the APQ6, including a description of responses (inpatient and community services)
Learning Objective Two: Description of the clinical service changes, including development of relationships with employment providers, as a result of this project

ABSTRACT
A 2009 survey of consumers across the former Sydney South West Area Health Service identified that despite low rates of employment (18.6%), almost 50% of consumers expressed a desire to work. Of those involved in employment or actively job seeking; one in four was linked with an employment service. These findings suggested a need to clearly identify consumers who have a desire to work, and develop more proactive relationships with employment agencies.

A trial of the APQ6 in 2012 found differences between inpatient and community cohorts, and reinforced difficulties with access to employment specialists. In late 2012, inpatient and community rehabilitation teams undertook a short trial of delivery of the APQ6 to all new referrals. As a result of this trial, service level changes were implemented to improve use of the APQ6 and impact on employment outcomes. This paper will describe the impact of service changes, and further describe the consumer populations’ Activity and Participation outcomes.
In this presentation I will briefly describe the perinatal period and why it is such an important time to both identify needs and provide support to parents. There are a number of subgroups of women and their families that can be identified in this period, 1. Women who have a pre-existing serious mental illness before they become pregnant, 2. Women who develop a mental illness during this period and 3. Women (and men) who struggle with the adjustment to parenting.

OT’s have a holistic, strengths based focus. We start working with a client by identifying and focussing on where the person is currently at in their life. We then work alongside them to achieve their goals within their life occupations. One of life’s primary occupations is that of motherhood, it is one that is prepared for over 40(ish) weeks but is taken on overnight, and in our current, western society we often do not grow up with parenting embedded in our day to day lives and the skills are ones learnt best by modelling, observation and ‘doing’. The occupations of motherhood will be explored and the challenges that can occur in terms of mental illness will be looked at in this context. The issues that some women have adjusting to the parenting role will also be explored using the occupation model as a means to try to understand why these issues arise.

OT’s have a wide range of interventions available to them when working with mothers and their infants. These range from utilising the talking therapies, infant massage, circle of security and mindfulness. Having knowledge of sensory issues can also be an advantage when evaluating sleep and settle issues for some parents. These interventions and their relationship to enhancing occupational performance will be discussed using the Person Environment Occupation model.

Author biography: Alison Cook has a private practice specialising in providing counselling and parenting support for families in the perinatal period and works part time for SNSW LHD mental health services
Balancing Act: Meeting the diverse needs of clients in a long-stay rehabilitation service
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Author: Elizabeth Cooper
Affiliation: Psychiatric Rehabilitation Service, Morisset Hospital
Contact email address: Elizabeth.Cooper@hnehealth.nsw.gov.au

At Morisset Hospital there has been a recent shift in the fixed weekly program, aiming to provide OTs with additional time to facilitate and develop 1:1 and specific small group interventions. Similar to many mental health services, the recovery stage and needs of clients vary considerably across an Occupational Therapist’s (OT) caseload within a long-term psychiatric rehabilitation facility. Whilst many clients have been able to have their specific rehabilitation needs met with this new program others have reported feeling bored and unmotivated with the perceived reduction in activities.

As a new-graduate it has been both rewarding and challenging to develop a weekly timetable that attempts to meet the needs of clients who will benefit from 1:1 skills building interventions as well as those clients who benefit from interventions focused on engagement and productive use of time. Presently a multi-faceted approach has been implemented that includes 1:1 and small group interventions as well as a generalised time-use program known as the ‘Spare Time Project’ which provides clients with a range of activities they can access in their own time.

The audience will be guided through the process of developing a weekly program that aims to balance the diverse needs of a long-stay inpatient psychiatric facility from a new-graduate perspective. The audience will also have the opportunity to engage in a discussion about the benefits and challenges associated with implementing a weekly program to meet client needs.

Author biography: Elizabeth Cooper is a new-graduate Occupational Therapist from the University of Newcastle who is currently working within the Clinical Support Unit at Morisset Hospital. Elizabeth was one of the recipients of the OTA NSW Prize for Excellence in Professional Practice in 2012.
Money management affects daily independent living and is therefore not only an essential component of psychiatric rehabilitation and recovery, but also a relevant area to be addressed in occupational therapy practice. For people with diagnosed psychiatric conditions increased skills in money management have been consistently associated with enhanced quality of life, fewer hospitalisations and greater self-efficacy (Elbogen et al., 2011). The development of money management skills however is dependent on the ability to engage clients in money management interventions.

‘Money Wise’ is an educational program currently being utilised at Morisset Hospital that aims to increase participant’s skills in money management to enhance their level of functioning in the community. As a new-graduate Occupational Therapist it can be challenging to deliver group programs that balance educational and activity based content. Within a long-term psychiatric rehabilitation facility this balance has been particularly pertinent for maintaining attendance and participation, increasing motivation and maximising both short and long term client outcomes. This paper discusses the process of taking an existing education-based budgeting program and developing it into an activity-based group to increase client outcomes, attendance and participation.

The audience will be guided through the process of transforming an education-based budgeting group from a new graduate perspective and be presented with examples of specific activities used that could be utilised in developing their own activity based groups. The audience will also have the opportunity to participate in a discussion comparing the challenges faced in implementing activity-based groups across different psychiatric facilities.

Reference:

Author biography: Elizabeth Cooper is a new-graduate Occupational Therapist from the University of Newcastle who is currently working within the Clinical Support Unit at Morisset Hospital. Elizabeth was one of the recipients of the OTA NSW Prize for Excellence in Professional Practice in 2012.
The development and implementation of Sensory Modulation strategies for high secure forensic patients

Authors: Felicity Cox and Linda Hoare
Affiliation: Justice Health and Forensic Mental Health Network, NSW
Contact email address: felicity.cox@justicehealth.nsw.gov.au; linda.hoare@justicehealth.nsw.gov.au

In a highly restricted environment that experiences high levels of arousal, agitation, aggression and sensory deprivation, the aim of developing and integrating sensory modulation strategies and interventions was to reduce the incidence of seclusion and restraint and to provide patients with the skills to self-soothe and better regulate their emotional responses.

A project plan was developed to include staff education, patient education, resource acquisition, individualised assessment, and personalised interventions. Six sensory rooms were developed to cater for the specific needs of a varied forensic population (including male, female and adolescent patients) and an introductory group program was developed. This program provided opportunities for adult and adolescent patients, whose mental state ranged from acutely mentally unwell, to those with a mental illness that was in remission, to explore their sensory preferences and develop an awareness of sensory modulation theory.

Within the forensic setting, sensory modulation strategies have been utilised to assist patients in long-term seclusion, high-dependency units, brief assessment admissions and also those transitioning to less secure settings.

The implementation of sensory modulation strategies required careful organisation and preplanning. The activities chosen were interactive and novel, requiring only simple resources. The flexible delivery of sensory modulation strategies enabled patients to more effectively engage in meaningful occupations.

Author biographies:

Felicity Cox: My interest in mental health, and in particular forensic mental health, was sparked during my undergraduate studies where I was fortunate to spend my final placement in a medium secure unit. I went on to work for a number of years in crisis and community rehab positions in Sydney before moving to the United Kingdom to work for almost 5 years. Upon returning to Australia I was excited to successfully apply for a position at the then new Forensic Hospital where I have spent the last 3 and a half years working primarily on the highly challenging Women’s Unit.

Linda Hoare: I completed my bachelor of health science in Occupational Therapy in Albury where I discovered my passion for mental health during my fourth year placement. After a year of working in acute psychiatry in regional Victoria I moved to Sydney for a change of pace and to feed my sensory seeking behaviours. It was then that I stumbled across forensic mental health and have been fascinated ever since. I have mostly specialised in working with an adolescent population and have been channelling efforts to implement sensory modulation within the Forensic Hospital for the past 2 years.
You need to start somewhere: How the first social skills training group was introduced to a WSLHD community mental health team

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Author: Helen Driscoll
Affiliation: Dundas Community Mental Health Team

We all want our mental health clients to engage with their community (talk more with family, go to the gym, attend a social NGO service, look for employment, etc.) but social skills are required to achieve any of these personal goals. It was identified at a community level that social deficits were a common barrier to independent living and community engagement.

Multidisciplinary community mental health teams (CMHTs) were designed to facilitate the implementation of the biopsychosocial model of care. Ongoing staff shortages and increasing demands on community teams only facilitate a backwards step into the medical model. These demanding times do not invite skills training or therapeutic practises but these types of barriers should not prevent evidence based practise in mental health – but they do.

A 10 week pilot was carried out at Dundas CMHT where a social skills training group (sample= 5) taught up to 18 practical social skills with ongoing self reflection tasks. A pre-test and post test design with a self rating social skills questionnaire showed statistically significant results (p=0.02). Each client achieved at least two personal goals during this group by engaging with the community with their new social skills and awareness.

A presentation on the challenges and rewards of introducing an occupationally orientated intervention to a medically focused CMHT will be explored with a focus on social skills for community engagement.
Enhancing the practice of Acceptance Commitment Therapy (ACT) to improve occupational performance and mental health outcomes through the use of an iPhone application created by an Australian Occupational Therapist

Author: Robbie Ellett
Affiliation: Mental Health Occupational Therapist
Contact email address: robbie@actot.com.au

Introduction:
We all experience difficulty engaging in occupations due to barriers created by the mind. In mental health, this is especially true for our clients. Fusion with thoughts is one barrier getting in the way of engagement in occupations that support mental health.

Purpose
This presentation discusses the innovative use of an iPhone application (*Future You*) to enhance the evidence-based practice of ACT in supporting occupational engagement through creating awareness of cognitive content that presents itself in different contexts.

Method
*Future You*, an iPhone app created by a Brisbane based Occupational Therapist working with youth at Headspace and in private practice was used in a single case study of a 14 year old boy with social anxiety. The app allows an individual to capture their present thoughts and feelings and send them to themselves in the future at a specified time and date. In this study the app was used for one month and the effectiveness evaluated using both the COPM and interview.

Results
The results of this single case study include self-reported reflections, which demonstrated an increased ability to notice and defuse from cognitive content in differing contexts. Results from the COPM also demonstrated increased ratings on the effectiveness measure determined with the client in relation to their goals.

Conclusion
This single case study provides initial evidence that the innovative use of smart phone technology that appeals to youth has the potential to enhance the practice of ACT in supporting occupational engagement with youth between therapy consultations.
Storm Taming: Introducing Sensory Modulation to a rural HDU.

Authors: Margot Edwards and Lynn Davies
Affiliation: North Coast Mental Health Rehabilitation Unit, Coffs Harbour
Contact email address: margot.edwards@ncahs.health.nsw.gov.au

Abstract: Managing distress and emotional dysregulation is central to the occupational performance of self care. Sensory modulation teaches acutely unwell patients these self care skills, also assisting them to organise behaviour while providing choice and some control over treatments. This presentation describes the process, barriers and results involved with implementing a Sensory Modulation box in a regional HDU, with the project winning a LHD Health Innovation Award. Initially ‘champions’ were identified for training but after only 2 training sessions were held with designated staff over a 6 month period it became apparent that this method was not feasible and training was eventually opened to all staff and introduced in 3 modules during staff handover periods.

Nurses were rated pre and post training and results show that levels of competency and confidence in Sensory Modulation use were maintained over time. Nurses rated patient distress levels pre and post use showed a significant reduction and the efficacy of the interventions was also significant. While there has been some resistance, staff have responded well to the introduction of the project with a good rate of distress forms being completed and feedback provided. This will be facilitated by ongoing staff feedback and information sessions.

A patient safety plan is being introduced and seclusion levels are being monitored. Future plans include a review of PRN medication use and training of the community, acute care and Child and Family teams.
Traditionally the role of the occupational therapists has been to assist the individual to minimize the impact of whatever is causing dysfunction on their life performance. The employment of occupational therapists in the hyper-acute setting asks the occupational therapist develop their less usual role of assisting an individual to recover from an acute phase of illness. Although occupational therapists are well placed to fulfill this role the evidence and research on which to base practice, especially in the psychiatric setting, is scant.

So can we make better? Recovery in the acute setting is facilitated by containment, correct diagnosis, medication, nursing care and routine. Occupational therapy further enhances this process by providing opportunities and a “pull” for the individual to regain and monitor function, (or skills?), that is lost during an acute phase of illness. Such skills can be defined as task initiation and performance and social performance. This study attempted to measure the quantity and quality of patient’s engagement these activities. All patients admitted to the acute ward over a three month period (n=154) were screened daily in an attempt to measure their functional performance. It was hoped that the results would help to both develop a strong evidence base to justify practice and to give clarity as to what appears to work best to help get this group better.

The results clearly showed that the standard requisition of skills follows a predictable pattern of task performance, social engagement and lastly task initiation. The study also suggested that familiar activities that are likely to be familiar such as “standing around a BBQ flipping sausages” are extremely useful in initiating the recovery process. This paper aims to discuss the process, findings and limitations of this study.
An increasing number of students with diagnosed mental health conditions are presenting to University Disability Services. At the University of Wollongong, approximately 70% of registered students have an identified mental health condition representing a broad range of diagnoses. Mental illness can impact on a student’s ability to concentrate, memorise, organise and attend campus. Often these impediments are seen as contraindications for successful continuance at University.

Anecdotally, the skills and experience that occupational therapists bring to the University setting are a good fit when it comes to assisting students with mental illness. In applying traditional occupational therapy principles including task analysis, task modification, energy conservation and a multi-disciplinary team approach, occupational therapists are able to provide students with academic reasonable adjustments to facilitate continuance with their studies. By utilising resources within the University and working in conjunction with external Mental Health Service providers, success is achievable for students with a mental health diagnosis.

Author biography: Christine Flint began her career as an Occupational Therapist working in mental health inpatient, community and residential settings in Sydney and on the Central Coast. She has gone on to work for Vision Australia, as a Driver Assessor Occupational Therapist at Port Kembla Hospital and as a Community Occupational Therapist at Kiama Hospital. Christine is currently employed as a Disability Liaison Officer at the University of Wollongong.
Challenges of mental health issues in vocational rehabilitation

Author: Alice Fung
Affiliation: AF Occupational Therapy
Contact email address: af.occupational.therapy@gmail.com

Returning to work is often an important step in recovery for people living with mental illness. However, there are barriers and challenges that affect both the client and the employer. The purpose of this paper is to explore some of the challenges faced and strategies used to assist two clients with their return to existing employment and one client to find new employment.

Some of the issues and strategies include:

- Disclosure – to disclose or not to disclose, how much to disclose and what to disclose with regards to their mental illness
- Workplace adjustment – what workplace adjustments should be negotiated and put in place to support the client to return to work
- Graduated return to work plan – how and what to negotiate in the return to work plan to allow clients to ease into, rather than jump back into work
- Stress management factors in the workplace – what potential triggers are there in the workplace to consider and assess.
- Reactions and responses from colleagues and management – what sort of support do they need to help them manage a staff member with mental illness returning to work.

This paper discusses two successful stories of clients returning to work following recovery from severe mental illness. Their stories demonstrated that despite all the hurdles, returning to work has made their recovery more sustainable and enhanced their overall health and quality of life.
The Wellness and Recovery Action Plan (WRAP): illness self-management in mental health

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Self-management of illness has increasingly become part of mental health services with strong routes in the ethos of recovery from mental illness. Strategies of these programmes have included problem solving, goal setting, symptom control, relapse prevention and shared decision making. Slade in 2009 identified the Wellness and Recovery Action Plan (WRAP) as one of most popular self-management tools for maintaining mental health. It is now widely used in the US, Ireland, England and New Zealand.

The Wellness and Recovery Action Plan (WRAP) is a structured system to monitor uncomfortable and distressing symptoms by planning for them. The emphasis of the plan is on self-management where the person who uses it, identifies daily tasks specific to them to enable them keep themselves well. The plan focuses on incorporating skills and strategies into everyday life and includes the identification of early warning signs or triggers of distress coupled with recognising internal and external resources to support wellness. The initial steps in WRAP focus on self-awareness and the promotion of health, while the latter stages focus upon crisis planning and advanced directives.

This paper will present WRAP as a tool available to occupational therapists in the promotion of illness self-management in mental health settings. It will examine the philosophy underpinning WRAP, as well as the evidence behind the intervention that has proven to result in positive health outcomes for consumers. Finally, this paper will provide practical guidance to participants on the application of WRAP in clinical practice.
The UN Declaration on the Rights of Indigenous Peoples and application to the occupational therapy profession

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In recent times and in context of Aboriginal and Torres Strait Islander health and wellbeing, the occupational therapy profession has demonstrated a number of developments in education, practice and literature to meet the needs of the profession. During this time, and aligned with The Declaration on the Rights of Indigenous Peoples, a number of national and state Aboriginal and Torres Strait organisations and networks have formed. Together, the profession, organisations and networks have an opportunity to build places for effective and mutually respectful partnerships, and spaces to facilitate culturally responsive occupational therapy professional practice when working with Aboriginal and Torres Strait Islander peoples.

The Declaration recognises that we as Indigenous peoples are entitled to all human rights, and that our rights can be collective. The Community Guide to the Declaration provides communities and organisations with tools, principles and a guide for the application of these human rights. The Guide highlights that these rights are most powerful when their application becomes the ordinary way of working with Aboriginal and Torres Strait Islander peoples.

This presentation will draw on The Declaration and The Guide to illustrate ways in which the occupational therapy profession can apply these human rights to their every day work. The presentation will highlight partnerships that are effective and collaborative; promote self-determination, and enhance culturally responsive occupational therapy professional practices.

Presenter biography: Chontel is a proud Kamilaroi woman and is the first Australian Aboriginal person to graduate and work as an occupational therapist. Since graduating Chontel has worked in many different roles and positions in the public health sector, across several Australian states and territories and English boroughs, mainly in rural and remote areas. Specific roles include being a clinician, head of department and senior policy officer. Areas of practice and policy work include Aboriginal health, paediatrics, generalist community adults, palliative care, chronic care and mental health. Chontel has provided representation at local, state and national levels relating to Aboriginal and Torres Strait Islander health and wellbeing, occupational therapy and allied health. Chontel has completed a Masters in Public Health and is currently working toward completing a PhD in Aboriginal health and wellbeing.
Parenting a young adult with mental illness: Tasks and actions.

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Parenting is a critical and complex occupation, requiring different tasks, actions and abilities depending on the developmental stage and specific characteristics of each child. When a young adult child develops a mental illness, assisting and supporting them to overcome or adapt to the mental illness becomes a crucial aspect of this occupation to which many parents devote a great deal of time and energy. The way parents respond to mental illness can have an important impact on young people’s well-being and recovery. To date, however, research on parents of young adults with mental illness has focused almost exclusively on what parents are rather than what they do. This paper will report on a study that explored the tasks and actions parents undertake to assist and support young people in the context of mental illness. Interviews with 26 young people and 32 parents were analysed using constant comparative analysis. Participants reported 78 conceptually distinct tasks and actions aimed at promoting: appropriate treatment; positive behaviours; positive thoughts and feelings; and a normal life. The research demonstrates the breadth of parents’ activities and provides a framework for understanding these. Few participants could evaluate the helpfulness of individual tasks and actions, highlighting the need for evidence of the impact of these on young people’s recovery. By turning attention from parent characteristics, many of which are fixed, to their tasks and actions, we not only acknowledge parents as a resource for recovery but move toward the development of evidence based guidelines to assist them.
Simply Delicious: a study into improving the effectiveness of cooking groups

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Introduction:
Cooking is an important occupation for independent living in the community. There are many barriers for consumers cooking healthy meals in the community. These include lack of motivation, complex recipes with many expensive ingredients, and easy access to junk food.
Cooking groups are a common therapy group utilised by occupational therapists in mental health. However there is limited research into a best practice or effectiveness in assisting people in recovery from a mental illness. The aim of this study was to improve the health, independence and skills of consumers at Macquarie Hospital through the use of a standardised cooking program.

Methods:
Consultation was conducted with key stakeholders in both the hospital and community teams regarding barriers and nutritional content of recipes. 20 recipes were created. A pre and post self-report survey was conducted with all 23 participants in cooking groups. A progress chart was developed and implemented by the occupational therapists to monitor levels of prompting needed during the group.

Results:
The study had mixed results with some increase in independent healthy cooking by participants and 87% of participants reporting they would use the recipes post discharge. However there was no reduction in junk food consumption. The majority of participants found cooking groups the most useful thing to help them cook when living in the community.

Discussion:
As well as discussing the results of the study the Authors will discuss the barriers and challenges to the study.
Implementation of a sensory room in an acute mental health unit

Authors: Theresa Novak (1), Justin Scanlan (1, 2), Damien McCaul (1), Nathan MacDonald (1) & Timothy Clarke (1)

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Introduction:
The use of sensory interventions as an occupational tool to manage emotions & disruptive behaviours is a developing field in mental health. In particular, sensory rooms in mental health units have generated a great deal of interest in Australia. Despite this, there is minimal published evidence on their effectiveness in improving mood management, consumer experience, disturbed behaviours or seclusion and aggression.

Objective:
This presentation will describe sensory rooms and examine the outcomes associated with implementing a sensory room on an acute mental health unit in terms of consumer self-rated distress, clinician rated disturbed behaviours, rates of seclusion and aggression and the usefulness of specific items utilised.

Method:
Consumers rated distress and staff rated various disturbed behaviours before and after each use of the room. Items used during each episode were recorded. Seclusion and aggression rates were also monitored.

Results:
Significant improvements were noted in consumer-rated distress and in 7 of 11 disturbed behaviours rated. Weighted blanket use demonstrated significantly greater reductions in distress and clinician-rated anxiety compared to non-use. No change was noted in seclusion or aggression rates.

Conclusion:
Sensory interventions as occupations in a sensory room effectively ameliorated distress and disturbed behaviour, although no reduction in seclusion and aggression was observed. Additionally, this study highlighted the utility and effectiveness of weighted blankets. The study has also changed practice. Distressed consumers now use weighted blankets in the ward, low stimulus and seclusion areas. A sensory clinic was established to identify individual sensory strategies to empower consumers to self manage emotions & behaviours.

Author biography: Theresa is senior occupational therapist at the Missenden Psychiatric Unit, a busy 40-bed acute unit in inner-city Sydney. She chairs a Mental Health Sensory Interventions working party and is currently researching the utility of sensory rooms and sensory interventions in mental health. Other areas of interest include acute mental health, dual diagnosis and dialectical behaviour therapy.
Rosella Community Garden
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Nursing staff and the newly appointed Occupational Therapist in the Rosella High Support Unit at Morisset Hospital recently came together to develop a collaborative approach to programs and projects being offered within the unit. Nursing staff communicated that they would like to brighten up the courtyard with a garden, both edible and decorative, however requested Occupational Therapy input into the development of this garden.

Challenges such as minimal funding were present throughout the garden development. Creative solutions were devised to overcome this such as using recycled materials and items available on site. Fortunately, the garden was able to draw from the already established Bellbird Garden at Morisset Hospital and had support from the Occupational Therapy staff facilitating this program.

Some Rosella residents prefer to remain in the unit or are physically unable to attend the Bellbird garden. The provision of their own garden provides an opportunity for these residents to enjoy the therapeutic benefits of gardening in a modified environment, appropriate for wheelchairs and residents at risk of falls. The garden serves as a medium for a variety of purposes such as encouraging healthy eating, cooking with fresh produce, physical activity and minimising challenging behaviours through engagement in meaningful activities. Rosella clients have been actively involved in the establishment of the garden, including mosaicing, painting and planting of new plants and shrubs.

This presentation discusses the challenges and resolutions faced with designing and establishing this garden as well as the positive occupations for clients that developed as a result.

Author biography: Kiri Osborne is a new-graduate Occupational Therapist from the University of Newcastle who is currently working within the High Support Unit at Morisset Hospital.
Promoting Social Inclusion for Consumers: Spotlight on Community Collaboration

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Social inclusion relates to opportunities for meaningful participation and connection with social and community life. Valued roles and relationships in the wider community contribute to improved quality of life and mental wellbeing. Active citizenship and community relationships are also key components of the recovery framework. International and national mental health policy prioritises the promotion of social inclusion in mental health services. Stigma, gaps in resources and reduced supports can contribute to consumers not fully participating in society. A multi-agency approach towards social inclusion is needed to develop collaborative and sustainable opportunities for consumers. Occupational therapists at the Sutherland Mental Health Rehabilitation Unit have developed partnerships with community organisations and services to facilitate social inclusion. These include the local YMCA gym, TAFE campuses and non-government organisations. This presentation will focus on a free, weekly, walking group provided by a local community and resource centre called ‘The Hub’. The group, which incorporates ‘coffee time’ afterwards, promotes mainstream opportunities for occupational engagement including: physical activity, social interaction, skill development (time and financial management) and community access. This collaboration is part of a wider quality improvement initiative by occupational therapists, focusing on the development and measurement of social inclusion. Community engagement is measured using the Traffic Light System in addition to qualitative feedback and attendance records. Whilst initial data is positive, the longer term impact on mental well-being and ongoing individual community participation is yet to be evaluated. Occupational therapists have identified the walking group as a valuable activity and further opportunities for community collaboration will be sought.
Meeting the metabolic health challenge: an occupational therapist led model to change practice and improve physical health outcomes

Presenter: Joel Pilgrim (1)
Acknowledgments: Simon Rosenbaum (1,2), Andrew Watkins (1), Scott Teasdale (1), Beth Aguilera (1), Cindy Chan (1)
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People experiencing serious mental illness have a life expectancy reduction of around 25 years compared to the general population. Premature mortality in this population is primarily driven by cardiovascular disease. Lifestyle interventions such as diet and exercise have been effective in reducing cardiovascular risk in the general population and should therefore also be effective in a population experiencing mental illness.

The mental health rehabilitation team at the Bondi Centre caters for adult mental health clients and has a strengths model and recovery focus. The rehabilitation team has developed a focus on physical health care in a new and dynamic program led by occupational therapists (OT). The centre has a gym where exercise interventions occur under the supervision of exercise physiology students. A group is also run by OTs to educate and motivate people around their physical health including diet, exercise and smoking.

This paper will describe how the program was established, including the setting up of the gym and development of group content. Gym utilisation rates will be presented demonstrating the high level of acceptability this activity has for participants. Finally, some case samples of participants of this intervention will be discussed to demonstrate the effective impact of the physical health program.

Presenter Biography: Joel Pilgrim is an Occupational Therapist based at The Bondi Centre, a community based mental health rehabilitation service in Sydney. He studied at University of Newcastle, where his passion for mental health was first sparked by placements in Broadmoor Hospital, a high security forensic hospital in England, and the Psychiatric Intensive Care Unit, at the Mater Hospital in Newcastle. Recognising the poor physical health of many mental health clients, Joel established and fostered the Centre’s exercise and gymnasium program becoming the ‘physical health champion’ for the Rehabilitation Team. Along with other staff he has witnessed how effective improved physical health is for the wellbeing of consumers. He continues to spread the word and encourage this methodology by supervising exercise physiology students at the Centre and promoting a hands-on approach to health.
Using the Allen’s Cognitive Level and the Cognitive Disability Model in Assisting Older People with Mental Health Difficulties

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Clients with mental health difficulties often encounter challenges carrying out daily activities. Can using the Allen’s Cognitive Level (ACL) and a Cognitive Disability Model (CDM) approach be used to address this issue by encouraging their best ability to function? Five case studies will be looked at to explore how this method of intervention was used and the results. Clients observed were from the Specialist Mental Health Service for Older People (SMHSOP) team in inpatient or community settings. The ACL and CDM looks at measuring a person’s global functional cognition in relation to 6 cognitive levels with 5 sequential modes per level. The level.mode score is determined by a screening tool and the observation of various activities. The therapist can use this information to analyse what valued tasks the client is having difficulty with and guide in ways to modify the task as well as educating various carers. Compensation techniques are implemented when the task cannot be modified adequately. This way of looking at cognition also encourages the use of intact skills by the provision of activities that are tailored to provide the just right challenge. This presentation will demonstrate, through the exploration of case examples, the power of the CDM in supporting people with mental health problems actively participate in their most desired occupations such as the re-engagement in leisure activities, increased participation in self-care tasks, or assisting with rehabilitation into the least restrictive environment. Through supporting an individual’s best ability to function, occupational therapists using a CDM approach can support continued recovery through occupational engagement.
Food preparation interventions in mental health: we do it all the time but how can we do it best?
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Being able to source sufficient food to meet ones nutritional needs is critical for human survival. Occupational therapists are often required to assess food preparation skills and provide interventions where these may be insufficient to support independent living.

Despite (or perhaps because of) the fact that cooking interventions are ubiquitous in mental health occupational therapy, there is little guidance as to best practice approaches to these important interventions.

This presentation will review the evidence for cooking interventions in mental health practice and present an evidence-informed decision-making guide to promote more effective food preparation interventions.

The presentation and guideline will be informed by four central questions:

1. How do we identify individuals who may require food preparation skills interventions?
2. Is there evidence to suggest a “best environment” in which food preparation interventions should occur?
3. Is there evidence to suggest whether group or individual food preparation skills interventions are most effective?
4. What is the evidence for intervention approaches that support effective, sustainable improvements in food preparation skills?

This presentation will provide participants with an opportunity to reflect upon and consider ways of improving practice in this very “traditional” element of occupational therapy practice. This approach to defining best practice could also be applied to a range of other “commonplace” interventions in mental health occupational therapy practice.
The importance of functional cognition in supporting functional independence

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The importance of cognition in relationship to functional outcomes for people with serious mental illness (especially schizophrenia) has long been recognised. This study set out to explore just how much of a relationship there was between functional cognition (measured by the Allen’s Cognitive Levels test) and functional independence in a group of 225 consumers of mental health services assessed by occupational therapists.

Results indicated that there was a very strong relationship between functional cognition and level of independence in a range of basic and instrumental activities of daily living. In stepwise multiple regression analyses, ACL score predicted 30% of the variance in overall functional independence. These results reaffirm the important association between cognitive difficulties and poorer functional independence is individual living with serious mental illness.

In light of these findings, occupational therapists must ask, “How can we support improved functioning in consumers who face cognitive barriers to independence?”

The functional cognition framework (also known as Allen’s Cognitive Disabilities Model) has been implemented by all occupational therapists in the mental health service in Sydney and South Western Sydney Local Health districts. This model has proven to be very useful in supporting occupational therapists to more accurately identify how interventions can be targeted and supports can be arranged to promote best ability to function for consumers accessing the mental health service.

This presentation will focus on demonstrating some of the resources and outcomes of the implementation of the functional cognition framework within a large mental health service

Author biography: Justin and Megan are both occupational therapists and both enjoy a good dabble in research. Megan is famous for wearing interesting stockings. Justin is famous for being obsessed with Judge Judy and the colour green.
IMPLEMENTING the EVIDENCE: The Blacktown IPS Journey
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Authors: Catherine Skate (1) and Dhiraj Kishani (2)
Affiliations: (1) Western Sydney and Nepean Blue Mountains Local Health Districts; (2) Western Sydney Local Health District

The Individual Placement and Support (IPS) Model of supported employment is an evidence based model which has demonstrated that partnerships between employment and mental health services can consistently show employment outcomes of 60% worldwide (Bond, Drake & Becker, 2008).

Implementation fidelity is measured by the Supported Employment Fidelity Scale scored across 25 items on a 1-5 scale. A higher fidelity score is correlated with higher employment outcomes.

Integrated partnerships between mental health and disability employment services are crucial to successful implementation of the model. In the unique Australian context where health and employment services are delivered by two different levels of government with vastly different processes, cultures and sometimes language, implementation presents its own set of challenges.

The authors will describe the implementation experience in the Blacktown City Mental Health Service over 18 months since March 2012, and report on progress against the three key performance indicators of the integrated partnership:

1. Implementation of IPS with a high level of fidelity to the model
2. An increase in the number of consumers in employment
3. An increase in evidence of participation in employment and education programs in clinical documentation.

The authors will also how a dedicated Vocational, Education, Training and Employment (VETE) Clinician can be a crucial value adding factor in sustaining effective partnerships required to deliver services using the IPS model, and potentially yielding greater employment outcomes for people with serious and persistent mental illness.

Reference
Bellbird Garden: Four Seasons in one day

Author: Emily Taylor
Affiliation: Psychiatric Rehabilitation Service, Morisset Hospital and University of Newcastle

“A way to relax and enjoy the promise of a new day” – John
“A creative place to commune with nature” – Frank
“A place where you want to be a hard worker” – James
“A place to listen and learn” – Luke

Bellbird Garden is an Occupational Therapy program for residents of Morisset Hospital to participate in horticulture, landscaping, art, caring for the environment and each other. This paper guides the audience through four seasons of Bellbird Garden where participants journey through their recovery process literally outside the clinical setting. Attitudes are challenged and roles are reversed as bare earth is transformed into a flourishing oasis. There is nothing new about gardening. The innovation is the consumer leadership in task design, allocation, implementation, resource management and purchase, discussion guidance, peer support and peer role modelling.

The paper presents the models of practice applied, including a sliding scale between meaningful and purposeful activity, using occupation to draw participants’ attention to and from concepts of illness and health. To highlight the progress made in an occupationally driven, peer lead program, a case study is presented of one participant’s journey from social withdrawal to leadership.
Funnel Prompting: A graded prompting guide

Author: Emily Taylor
Affiliation: Psychiatric Rehabilitation Service, Morisset Hospital and University of Newcastle

At Morisset Hospital, the client’s recovery journey involves engaging in daily occupations in the home and community that they may have never experienced before. The occupational therapist provides graded prompting to develop skills in an individualised way based on the ongoing assessment in each occupation. OTs use clinical judgement to progress to the next level of prompting, however this is challenging for a student to see and replicate as they develop their own clinical judgement. “Minimal prompting, some prompting, much prompting” is subjective language and leads to errors in communication and practice when recommendations are handed over to OTA staff and post discharge teams. In 2011, Emily Taylor designed a graded prompting guide for OTs to use as a tool to develop a standard of terminology for students, clients and the multidisciplinary team. The Funnel Prompting tool provides not only self-explanatory language, but also a visual concept of graded prompting. It can be used to guide assessment by “Funnelling Down” and intervention by “Funnelling Up”. Funnel Prompting is now utilised by Occupational Therapists working in various services including Morisset Hospital, Intermediate Stay Mental Health Unit, Mental Health Substance Use Unit and Lake Macquarie Mental Health Team.
The Model of Creative Ability
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The Model of Creative Ability is a developmental, ability focused, recovery model that enables therapists to facilitate the recovery of motivation and occupational performance (action). Through understanding and exploring the relationship between “doing and “becoming” the term creative relates to one’s ability to change in response to life’s demands thereby creating oneself and the quality of one’s life.

The model describes stages or levels of ability and motivation and corresponding action. These levels are sequential and there can be progression and regression through the levels, as recovery and growth is a dynamic process influenced by life’s challenges, trauma or illness. The model provides the means to measure motivation and the strength of the motivation.

Unique to this model is its provision of a detailed guide to the selection and presentation of intervention to elicit motivation and to gain a positive response from all clients, enabling therapy to commence.

The Model is relevant to all diagnostic groups and severity of illness or problems encountered in life, this means that even for clients that are unresponsive, therapy can be offered on day one rather than waiting for clients “to get a bit better” The process of recovery and the journey to hope is possible regardless the stage of illness.
Observational assessments of task performance in complex everyday activities to estimate functional cognition in older adults: a systematic review and evaluation of measurement properties

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Background

The complicated relationship between performance in everyday functioning and cognition in older people, sometimes called ‘functional cognition’, has been only partially explained.

There is a lack of consensus regarding the best approach to assessment of task performance in complex everyday activities; informant report, self report and clinician ratings are used but “functional assessments” are considered superior. These approaches have constraints and there is no ‘gold standard’. Different methods can influence outcomes and clinically accessible, standardised instruments to assess task performance in everyday activities are lacking.

This systematic review aims to identify observational assessments of task performance in complex everyday activities to estimate functional cognition in older adults with cognitive impairments, and to assess psychometric properties, ecological validity and clinical utility of the identified instruments.

Method

Electronic databases will be searched to identify assessment tools. A second search will be completed using the names of these instruments to identify studies relating to measurement properties.

Measurement properties will be evaluated using the COnsensus-based Standards for the selection of health Measurement INstruments (COSMIN) checklist. Additional quality criteria (Terwee et al 2007) such as ecological validity and clinical utility will be applied to determine which instruments are of the highest quality.

Findings

Data will be presented describing observational assessments of task performance found in the literature. Analysis of psychometric properties will be presented.

Conclusions

Strengths and weaknesses of assessment tools will be discussed in the broader context of issues relating to measurement in occupational therapy practice with clients with cognitive impairment.