Welcome to

'The LAMPS News!'

Latrobe regional health, Alfred health, Monash

health, Peninsula, & South eastern

Training News

(LAMPS represents the shining effect of training and education) Date: 7 May 2015

What's happening in training and in the LAMPS cluster John Julian, Debbie Lang & Nicki Moseby



Contents

Local Training Workshops......2

In the News: Mental health: People from poor and
remote areas miss out on help7
Clarifying Advance Statements9

2015 Allied Health Development Program...12

Fee for service at CPN Best Practice in the Administration of Intramuscular Injections...13

Conferences

2015 ALFRED & LAMPS DIVERSITY CONFERENCE - Are we there yet? <u>......15</u> 2015 LAMPS SOCIAL WORK CONFERENCE: INSPIRING HOPE

"Out beyond the ideas of right-doing and wrong-doing, there lies a field. I'll meet you there."

Attention Peninsula Mental Health staff

Occupational Mindfulness Workshop - 8 week program Commences 28 July See Calendar

Allied Health Graduate Training

2015

See Page 12

Understanding & Treating People with Borderline Personality Disorder

Time: 9:00 – 5:00pm Venue: Dandenong Hospital, Rms 1 & 2 Presenter: SPECTRUM

Register: <u>http://spppm-</u> <u>cf.med.monash.edu.au/south</u> <u>ernsynergy/form.cfm?worksh</u> <u>op_id=1182</u>

For the full 2015 Training Calendars please visit the web page: http://www.med.monash.edu.au/assets/docs/scs/psychiatry/2015_04_22_lamps_calendar.pdf

Local Training Workshops

May	
7 th	Poly-pharmacyPresented by our medical team around issues relating to poly- pharmacy issues.Time: 9:15am - 12:30pmVenue: Kingston CentreRegister: http://spppm- cf.med.monash.edu.au/southernsynergy/form.cfm?workshop=1174
12 th	Cognitive Behavioural Therapy (CBT) CBT is an evidence-based, well validated treatment that can be applied to various mental health problems by changing how we think & perceive the world. Unfortunately, CBT is often seen as a dull, manualised treatment, but this workshop will teach participants that CBT is a dynamic, exciting therapy that is practical, sensible & effective! Help yourself & your clients to master thoughts & take control of life. The first half of the workshop, the basics of CBT, is aimed at an introductory or refresher level. In the afternoon the workshop will concentrate on applying CBT techniques to various scenarios with practical techniques & role plays. The goals of the workshop are to: enhance the mental health clinician's work with clients and to view CBT as a tool for self-care for the clinician. Time: 1 day Presenter: Greg Coman - NEVIL Venue: Notting Hill, Meeting Rm 3 Register: http://spppm- cf.med.monash.edu.au/southernsynergy/form.cfm?workshop id =1301
21 st	Consumer Lived Experience Time: ½ day Presenter: NEVIL Register: <u>http://www.nevil.org.au/</u>
21 st	Families and Children Time: ¹ ⁄ ₂ day

	Presenter: NEVIL Register: <u>http://www.nevil.org.au/</u>				
Ma	May (Cont.)				
	30 th	A Day of Mindfulness Time: 10am – 3pm Venue: Abbotsford Convent, Convent Building, Community Room Presenter: Lana Sciberras Register: <u>http://spppm-</u> <u>cf.med.monash.edu.au/southernsynergy/form.cfm?wor</u> <u>kshop_id=1241</u>			
Jun	ne				
2 nd	<u>http://ecommerce.med.monash.edu.au/product.asp?pID=556&cID=3</u> <u>&c=271631</u> Register: <u>http://spppm-</u> <u>cf.med.monash.edu.au/southernsynergy/form.cfm?workshop_id=120</u>				
23 ^r ^d & 30 ^t _h	cf.med.monash.edu.au/southernsynergy/form.cfm?workshop_id=120 1 A taster and overview of Mindfulness, Self-compassion and occupational Mindfulness Practices and the theory and science behind them – 2 day workshop This two day program led by John Julian will consider the practices of MBSR, MBCT, Mindful Self-Compassion and the Google's 'Search Inside Yourself' program. The program will consist of 80% experiential practice from these programs with inquiry of the experiences and 20% discussion regarding the theory and science behind the practices and their use in one to one therapy vs group training. John Julian is an experienced mindfulness practitioner and the first trained teacher in Mindful Self-Compassion in Australia who has also developed the highly regarded Occupational Mindfulness program and published in this field. Time:9:00am – 5:00pm Venue: Box Hill Presenter: John Julian				

Register:

http://www.nevil.org.au/calendar?func=viewEvent&wid=80&eid=130 8

July

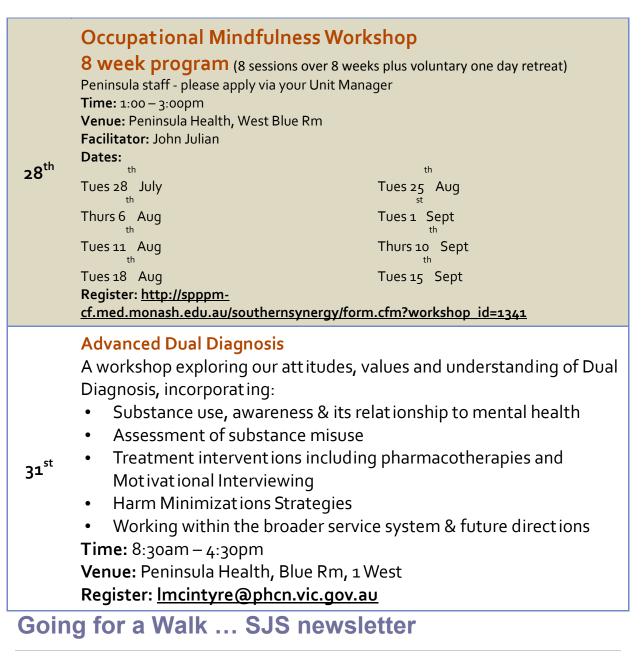
18 ^t h	Recovery Time:1 day Presenter: John Julian and Greg Coman Register: <u>http://www.nevil.org.au/</u>			
	1 st	Mental State Examination Presented by our multidisciplinary team on how to conduct a MSE. Time: 9:15am – 12:30pm Venue: Kingston Centre Register: <u>http://spppm-</u> <u>cf.med.monash.edu.au/southernsynergy/form.cfm?worksho</u> <u>p_id=1176</u>		
	1 st	 Introduction to the Mental Health System Navigating the mental health system effectively. Time: 1:00pm – 4:00pm Venue: Kingston Register: <u>http://spppm-</u> cf.med.monash.edu.au/southernsynergy/form.cfm?worksho p_id=1177 		
	Understanding & Treating People with Borderline Personality Disorder Time: 9:00 – 5:00pm13Time: 9:00 – 5:00pmVenue: Dandenong Hospital, Rms 1 & 2 Presenter: SPECTRUM Register: http://spppm- cf.med.monash.edu.au/southernsynergy/form.cfm?work p id=1182			
:	14 th	Understanding Suicide and Self-Harm This interactive introductory level workshop has been developed to give those clinicians who are new to mental health an understanding of why people consider suicide or self harm, how to engage with people and the management of those with those of suicide and self harm. The workshop also looks at supporting family and carers post		

suicide and how clinicians can care for themselves. **Time**: 8:30am – 4:30pm **Venue**: Peninsula Health, Blue Rm, 1 West **Register**: E: Imcintyre@phcn.vic.gov.au

July (Cont.)

Quik Fix

14 th	Quik FIX is a brief motivational interviewing (MI) intervention targeting mental health and cannabis use issues. Quik FIX follows best practice guidelines for the integrated treatment of co- occurring mental health and cannabis use issues, by simultaneously addressing both issues, and their interrelation- ship. It was originally designed for allied health professionals as an early intervention program for young people with emerging depression and substance use problems in primary care settings. Time: 8:30am – 4:30pmVenue: Kingston, Education Room B) Register: http://spppm-	
16 th	Professional Resilience Time: 1 day Presenter: NEVIL Register: <u>http://www.nevil.org.au/</u>	
18 th & 25 th	Mental Health First Aid – 2 Day Workshop Mental Health First Aid strategies are taught in evidenced based training programs to assist participants to better manage individuals who may be developing a mental health problem or experiencing a mental health crisis. Most health professionals can obtain Continuing Professional Development points when they have completed the course. Time: 9:30am – 4:30pm Venue: Dandenong Hospital, Seminar Rm 1 Cost \$50 per participant (\$75 for non-stakeholder organisations) Register: <u>http://spppm-</u> <u>cf.med.monash.edu.au/southernsynergy/form.cfm?workshop_id=</u> <u>1170</u>	



Joan Beckwith, PhD

20/20 Social Justice

Going For A Walk...But Not Through The Park



"It's too dangerous to walk through the park," my friend said. It was broad daylight on a sparkling autumn day in the "<u>safe city</u>" of Melbourne, soon after a young woman had been killed while walking after school in her own local park.

Read More: http://www.socialjusticesolutions.org/2015/04/24/going-walkbut-not-park/

Mental health: People from poor and remote areas miss out on help

Sophie Scott reported this story on ABC News: The World Today, Monday, March 2, 2015 12:05:00

SOURCE: HTTP://WWW.ABC.NET.AU/WORLDTODAY/CONTENT/2015/S4189408.HTM

ELEANOR HALL: The largest ever study into mental health services in Australia has found that people in poorer areas are missing out on comprehensive care, with many unable to see a psychiatrist or psychologist for help.

Experts say the findings published today in the Medical Journal of Australia show that when it comes to mental health, what matters most is where you live, not how badly you need help.

It comes ahead of the Federal Government's long awaited release of its mental health review.

Medical reporter Sophie Scott has the story.

HEALTH CARE PROFESSIONAL: Oh hi, Rebecca, nice to see you again.

REBECCA DELA TORRE: Nice to see you too.

HEALTH CARE PROFESSIONAL: How have things been going since we last caught up?

REBECCA DELA TORRE: Oh they've been okay. It was a little bit rocky around one stage but I've been feeling a bit better lately.

SOPHIE SCOTT: Rebecca De La Torre was diagnosed with schizophrenia.

HEALTH CARE PROFESSIONAL: Have you worked on some of the things we discussed?

REBECCA DE LA TORRE: I tried using the mind fitness tapes that you guys put me onto...

SOPHIE SCOTT: She's now doing well but that wasn't the case before she moved from rural New South Wales to Melbourne.

REBECCA DE LA TORRE: When I was in a rural area I felt very isolated. There wasn't very much opportunity to get mental health care out there.

It was about a 40 minute drive to the closest hospital, let alone the closest ward.

SOPHIE SCOTT: Rebecca's story is a common one. It's backed up by the findings of the largest study into mental health services in Australia.

REBECCA DE LA TORRE: It all came to a crisis point unfortunately before anything actually happened for me.

I had my parents drive me into town where I was put into a ward where I remained for a number of months.

It was only after I got out of the ward in New South Wales that I came down to Melbourne and I got access to more available mental health care.

SOPHIE SCOTT: If you live somewhere like Sydney's Blacktown or Dandenong in Victoria, chances are you'll find getting help for a mental health illness much harder than if you live in upmarket suburbs like North Sydney or Bayside.

GRAHAM MEADOWS: Psychiatrists and often clinical psychologists tend to be concentrated in the central and often more affluent areas of the cities.

SOPHIE SCOTT: Researchers from Melbourne's Monash University examined 25 million Medicare visits.

They found people in disadvantaged, rural and remote areas had three times fewer visits to a mental health specialist.

Lead researcher Professor Graham Meadows says in poorer areas, people were likely to be treated by a general practitioner or a general psychologist rather than a psychiatrist or clinical psychologist.

GRAHAM MEADOWS: One of the things about this is that it may well be that they don't know because if you put yourself in the position of a general practitioner who's practising in a poor area, who knows that they don't have access to a psychiatrist or a clinical psychologist who will bulkbill, and they know that their patient in front of them can't afford a service if it isn't bulkbilled, then you're not necessarily going to say to people, well, actually if you lived in a well off area and if you had money, I could refer you to this service.

I mean, that's just likely to make them more depressed.

So you will work with the realities of the situation and we've made great strides with general practitioners' delivery of mental health care, interventions in mental health care.

I think there's no doubt that they're much better at it now than they were 10, 20 years ago but still they can't expect to deliver the same kind of quality and intensity of care.

SOPHIE SCOTT: The Black Dog Institute says it would like to see a whole-of-government approach to mental health.

Clinical director Dr Josie Anderson says equal access to comprehensive health care is important.

JOSIE ANDERSON: People in Blacktown probably need what every Australian needs and that is ready access to a stepped-care approach to evidence based mental health prevention, early intervention and treatment services.

SOPHIE SCOTT: Rebecca De La Torre says with proper treatment, she has been able to get her life back on track.

REBECCA DE LA TORRE: It's completely changed my life having access to this sort of care.

To be honest, I really don't think I would be here if I hadn't had had the intervention that I had when I moved to Melbourne.

They found me at a time when I was extremely vulnerable and I was very ill.

I was very suicidal at the time and had attempted and it was through a lot of one on one care got me from a point where I was an extremely at risk person who was at crisis point and it's taken me to where I am now where I have a healthy social life, a healthy home life, I'm actually starting to go to university.

These are things that would not have been, wouldn't have been able to do.

I just find it completely mystifying how something like youth mental health, which is the leading cause of death in people under 25, is something that we're not putting more money into and we're not making these resources available to the people who truly do need them.

It seems like the more money you have, the more access you have and I don't feel like it's getting to the people that need it the most.

ELEANOR HALL: And that's schizophrenia patient Rebecca De La Torre, ending that report from Sophie Scott

Clarifying Advance Statements

The following video clarifies a number of things about Advance Statements:

https://www.youtube.com/watch?v=ZvFJATk_K5w

Formal departmental advice is also at:

http://www.health.vic.gov.au/mentalhealth/mhact2014/recovery/advance-statements.htm

Making an advance statement

A person can make an advance statement at any time provided they understand what an advance statement is and the consequences of making an advance statement.

The authorised psychiatrist must have regard to the views and preferences of the patient about their mental health treatment expressed in their advance statement.

An advance statement must:

- be in writing
- be signed and dated by the person making the advance statement
- be witnessed by an authorised witness
 - include a statement signed by an authorised witness stating that -
 - in their opinion, the person understands what an advance statement is and the consequences of making an advance statement
 - o the witness observed the person sign the advance statement
 - the witness is an authorised witness.

An authorised witness includes:

- a registered medical practitioner, a mental health practitioner. or
- a person who may witness a statutory declaration.

The latter includes (a) any judge or the associate to any judge; (b) an Associate Judge of the Supreme Court or the associate to such Associate Judge; (ba) an Associate Judge of the County Court or the associate to such Associate Judge; (c) a justice of the peace or a bail justice; (d) the prothonotary or a deputy prothonotary of the Supreme Court, the registrar or a deputy registrar of the County Court, the principal registrar of the Magistrates' Court or a registrar or deputy registrar of the Magistrates' Court; (da) the registrar of probates or an assistant registrar of probates; (db) a senior member or ordinary member of the Victorian Civil and Administrative Tribunal who, immediately before the commencement of section 8.2.1 of the Legal Profession Act 2004, was the registrar or a deputy registrar of the Legal Profession Tribunal; (e) a member or former member of either House of the Parliament of Victoria; (ea) a member or former member of either House of the Parliament of the Commonwealth; (f) a public notary; (g) a legal practitioner; (ga) a member of the police force of or above the rank of sergeant or for the time being in charge of a police station; (gb) a person employed under Part 3 of the Public Administration Act 2004 with a classification that is prescribed as a classification to which this section applies; (gc) a senior officer of a Council as defined in the Local Government Act 1989; (gd) a person registered as a patent attorney under Chapter 20 of the Patents Act 1990 of the Commonwealth; (ge) a fellow of the Institute of Legal Executives (Victoria); (h) any officer or person empowered authorized or permitted by or under any Act of Parliament to take affidavits in relation to the matter in question or in the particular part of Victoria in which the affidavit is sworn and taken.

An advance statement will be valid if it meets the requirements outlined above.

A template to make an advance statement is available.

The *Mental Health Act 2014* does not require that a person make an advance statement in consultation with his or her treating team, carer or family. However, it is good practice for a person's treating team, family and carers to be involved in the process of making an advance statement so that they are aware of the person's treatment preferences.

Content of an advance statement

An advance statement sets out a person's treatment preferences and may include information about:

- treatment a person finds effective
- treatment that has been less effective in the past
- the person's views and preferences about electroconvulsive treatment.

Non-treatment related preferences can be provided alongside the advance statement for consideration and can be discussed with the person, their nominated person, carer and other support people. However, there is no legal obligation for the authorised psychiatrist to effect these preferences.

An advance statement does not expire unless a new advance statement is made or the person revokes their advance statement.

It is recommended that a person considers whether the preferences expressed in their advance statement remain current. An advance statement cannot be amended. If a person's treatment preferences have changed, they must make a new advance statement. If a person prepares a new advance statement, they should make relevant people including their treating team aware of the new advance statement.

Using an advance statement

An authorised psychiatrist must have regard to a person's advance statement whenever they make treatment decisions.

An advance statement will help the authorised psychiatrist make decisions that better align with a patient's treatment preferences.

Overriding an advance statement

An authorised psychiatrist may make a treatment decision that is not consistent with the patient's treatment preferences as recorded in the advance statement. The authorised psychiatrist must be satisfied that the treatment specified in the advance statement is not clinically appropriate or is not a treatment ordinarily provided by the designated mental health service.

If the authorised psychiatrist overrides a patient's advance statement, they must tell the person, explain their reasons and advise the patient that they can request written reasons for the decision.

If requested the authorised psychiatrist must provide written reasons within 10 business days after the request has been made.

Revoking an advance statement

Revocation of an advance statement means that the person's advance statement has no further effect.

A person can revoke their advance statement at any time provided they understand what an advance statement is and the consequences of revoking it.

A revocation must:

- be in writing and state that the advance statement is revoked
- be signed and dated by the person revoking the advance statement
- be witnessed by an authorised witness
- include a statement signed by an authorised witness stating that -
 - in their opinion, the person understands what an advance statement is and the consequences of revoking it
 - \circ the witness observed the person revoking the advance statement
 - the witness is an authorised witness.

A revocation will be valid if it meets the above requirements. A template to revoke an advance statement is available.

An advance statement must not be amended. Instead, if a person wants to change his or her preferences expressed in their advance statement they must make a new advance statement.

Making a new advance statement automatically revokes any earlier advance statements made by that person.

The role of the authorised witness

An authorised witness is required to state that the person making or revoking an advance statement understands what the advance statement or revocation is and the consequences of making or revoking the advance statement.

The authorised witness should check the identity of the person making or revoking the advance statement by asking them if they are the person who is making the advance statement.

Accessing a person's advance statement

A person making an advance statement should ensure that the people involved in their treatment and care know that they have made an advance statement and where that advance statement can be located. A person may wish to give a copy of their advance statement to their nominated person, carer and family.

The mental health service provider is responsible for ensuring that the existence of an advance statement is recorded on the CMI/ODS.

2015 Allied Health Development Program

Approximately 7 years ago the LAMPS cluster (then called the Southern Cluster) developed and rolled out a highly successful Allied Health Graduate Program. The curriculum was designed and targeted to meet the education and training needs of allied health staff in the first two years of work in the public mental health setting. Back in those days, the sessions were conducted at Monash University Caulfield campus, in their auspicious board room, surrounded by huge portraits of past university chancellors. The program was delivered by John Julian, the cluster coordinator.

Two – three years post commencement, staff from the six area mental health services that comprise the NEVIL cluster were invited to also participate in the program. The synergy and efficiency of conducting a single combined program instead of two separate programs were immediately obvious and allowed a very healthy and encouraging exchange of information and ideas between the two clusters at junior clinician level. At the same time, Greg Coman, coordinator of the NEVIL cluster, became more involved in the program teaching, often co-training with John to provide other perspectives and ideas.

Approximately two years ago the NEVIL and LAMPS clusters negotiated for NEVIL to assume coordination of the program and in these recent years the training has been conducted in and around St Vincent's Fitzroy. At the same time two other important changes occurred. First the name of the program was changed, from Allied Health Graduate Program to Allied Health Development Program. This subtle but important name change reflected the increasing number of non-graduate allied health staff who were enrolling in one or more of the modules as a way to refresh and update their knowledge and skills in particular areas. Second, the range of training staff was increased, so that John and Greg provided minimal input as trainers as they engaged other allied health subject matter experts to deliver many of the program modules.

The program is about to commence it's 2015 curriculum, starting on Thursday 19 February, and then every third Thursday of the month. Check the website <u>www.nevil.org.au</u> for complete details of each module.

DAY	Торіс	MHPOD Topics for Pre reading	Duration	Suggested presenters
Day 4 Thursday 21 May	Consumer Lived Experience - Consumer Sensitive Practice Consumer Identity and Advocacy MH Care and Human Rights Including Office of Public Advocate, guardianship etc.		½ day	David Brophy/ Peter Humby
	 Families and children Includes FAPMI, KIMS, Family sensitive practice, child protection, conduct family meetings 		½ day	Zoe Edmonds
Day 5 Thursday 18	Personal Recovery		1 day	John Julian

DAY	Topic MHPOD Topics for Pre reading		Duration	Suggested presenters
June				
Day 6 Thursday 16 July	Professional Resilience		1 day	Elizabeth Mellor

Purpose of the NEVIL Allied Health Development Program

- To ensure that allied health staff, particularly those in their first two years of work in the public mental health sector, are provided with appropriate training related to mental health.
- 2. To supplement the online training available through MHPOD.

Development Training Program

- Attendees need to be aware that often pre-reading and use of MHPOD is required if this is available to them (all clinical staff have access to MHPO but not MHCSS staff).
- The training will provide a brief overview of their topic, however focus on, reflective, integrative, experiential and practical learning opportunities that are not provided through the online training.

Fee for Service Best Practice in the Administration of Intramuscular Injections –

10 December 2015

Best Practice in the Administration of Intramuscular Injections - 10 December 2015 - half day workshop 9.00am - 12.30pm

Register at CPN:

http://ecommerce.cpn.unimelb.edu.au/product.asp?pID=71&cID=8

2015 Alfred & L.A.M.P.S.

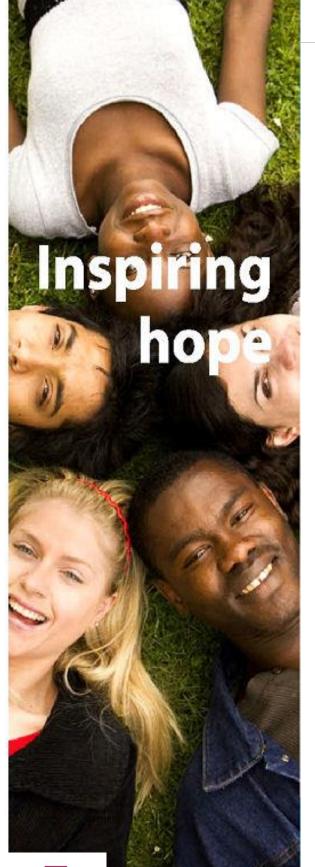
Diversity Conference - Are we there yet?

Wednesday 12th August (Seminar Room, AMREP, Alfred Hospital)

Contact: Shelley Anderson Phone: 9076 6513 Email: <u>s.anderson@alfred.org.au</u> Kate Wilson Phone: 9076 2534 Email: <u>kate.wilson@alfred.org.au</u>

The conference content and structure is driven by an underlying need to know more about dimensions of diversity responsiveness in the public mental health system. The conference creates opportunities for professionals to reflect on current practices and to engage in discussion arising from various mental health settings throughout Victoria.

8:30 – 8:50am	Registration				
8:50 – 9:00am	Welcome to Country – Aunty Carolyn Briggs, Booner Wurrung Elder				
9:00 – 9:10am	Welcome - Conference MC: Assoc. Prof Phil Maude (TBC) & Violeta Peterson				
9:10 – 9:20am	Official Opening of Forum – Hon Martin Foley, Parliamentary Minister for Mental Health				
9:20 – 10:30am	KEYNOTE ADDRESS – THE HON MICHAEL KIRBY, AC CMG Acceptance and diversity in the legal profession and the impact of stigma				
10:30-10:50am		Mornin	ng Tea		
	STREAM THEME: Family Session Convener : Violeta Peterson Venue: AMREP Seminar Room	Pr Session Convene	AE: Gender Audit ocess er: Shelley Anderson IEP Classroom 2	STREAM THEME: Equality in access to psychological and Allied Health services Session Convener: Steve Flynn Venue: AMREP Classroom 3	
THEME KEYNOTE 10.50 -11:30am	Carly Paxinos TBC	Julie Dempsey Victorian Women's Mental Health Network		Professor Graham Meadows Southern Synergy School of Psychology & Psychiatry Monash University	
11:30-12:00pm	Bouverie TBC	твс		Paul Smith Department of Health, Mental Health, Wellbeing and Ageing Ageing in the Workplace	
12:00-12:15pm	Audience Discussion	Audience Discussion		Audience Discussion	
12:15-13:15 pm	Lunch				
13:15-13:45pm	NAZEEM HUSSAIN - Australian comedian, actor and radio presenter (TBC)				
13:45-14:30pm	PROFESSOR JAYASHRI KULKARNI – Monash Alfred Psychiatry Research Centre (MAPrc) Acceptance of gender diversity, women's mental health and treatment				
14:30-14:45pm	Afternoon Tea				
	PANEL DISCUSSION OF THEME TOPICS: Family, Gender, Equality MC - DR. STEVE ELLEN				
14:45-15:30pm	PAUL SMITH CATHERINE BENNETT DR. RADHIKA SANTHANAM-MARTIN CAYTE HOPNER (TBC)				
15:30-15:45pm	Audience Discussion				
15:45-16:00pm	Close and Summary of the Conference.				





Latrobe Regional Hospital

Regional Conference on Social Work and Recovery

Changing lives

2 June 2015

Monash University

Building 1

270 Ferntree Gully Rd

Notting Hill

Victoria, 3168

Supported by: AASW

Monash**Health**



Building a Healthy Community, in Partnership



Inspiring Hope Changing lives

"Inspiring Hope, Changing Lives"

is a one-day Social Work conference for those that work with people in the Latrobe, Alfred, Monash, Peninsula, area services.

The conference brings together Leaders and Specialists in recovery oriented practice from mental health services across the region.

The 2015 Annual Social Work conference is a commitment to World Mental Health Day and Social Work Day this year. As well as workshops and speakers, we will be celebrating the day with visual and performing Arts, display boards, an expert panel on Mental Health, and a Masterclass. The workshops include;

An Audience with Geoff Trappett A Masterclass in Mindfulness Early in Life Recovery Sport and recovery from Mental Illness A dynamic approach to professional self-care Gambling - Treatment and Recovery DBT- Lives worth Living Recovery and BPD: A Lived Experience

		PROGRAM 2 nd June, 2015
	9.30	Registration, tea & coffee
•	10.00	Conference Opening Welcome address by George Osman, Director for Community Mental Health Services The bigger picture, a look at the bigger picture of recovery in organisations A local view, an introduction to Social Work services in Monash Health
e,	10.30	Keynote Address Geoff Trappett, OAM, Paralympic champion and multiple Gold wining athlete
SS	11.00	Morning Tea Break Please sign up to one of the afternoon workshops during break
S	11.30	Keynote Address Catherine Bennett, Borderline Personality Disorder: 'A Lived Experience'
y	Noon	Workshops Please sign up to one of the workshops
	1.00	Lunch
	1.45	Workshops Please sign up to one of the workshops during morning coffee, or lunch
	2.45	Afternoon Tea Break
	3.00	Musical The Mental Health Act, with Wild at Heart Community Arts
	3.30	Panel Question and answers with expert speakers
	4.00	Close

Monash**Health**





Building a Healthy Community, in Partnership



The Speakers

George Osman

George Osman is the Operations Director, Community Access and Partnerships at Monash Health and has held senior health executive positions over the past 27 years.

Monash Health is the largest public health service in Victoria and his responsibilities focus on the mental health and drug and alcohol services.

He previously held positions in Melbourne Health, Inner and Eastern Health and Southern Health as Director of Nursing, Director of Aged Psychiatry and Program Manager Child and Adolescent services. He was previously an Advocate/Guardian in the Attorney Generals department as part of the Office of the Public Advocate.

George also led a health team to Irian Jaya, West Papua and Papua New Guinea following the 2006 tsunami and is a National coordinator for the Australian Council on Health Care (ACHS) standards, and an International Health surveyor.

George is a Registered Nurse, holds a Bachelor of Education, a Diploma of Applied Science, Masters of Health Administration, Associate Fellow of the Australian College of Health Service Executives and a graduate of the Public Health ongoing education program at Harvard University Boston, USA.

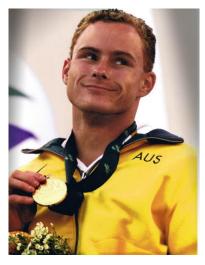


Interests include golf, travel with my wife, acoustic guitar and football.

Geoff Trappett

Geoff Trappett is one of Australia most inspiring athletes, as well as one of the most successful. He won two gold medals and broke two national records in the Men's 100 m and 200 m events, at the National Championships in Canberra and the Metro Challenge in Toronto, respectively, then won gold at the Sydney Paralympics in the Men's 100m T54 event and a silver medal in the Men's 4x100 m T54 event.

Geoff can also look back on a glittering career that has seen him set a world record in the 100m sprint, silver in 2004 Athens Paralympics, and awarded for his service to sport with The Order of Australia Medal (OAM).



Catherine Bennett

Catherine Bennett is a Consumer Consultant for Alfred Psychiatry and provides a unique perspective on the lived experience of mental illness, having recovered BPD and PTSD, and currently managing Major Depressive Disorder with Brief Psychosis. She brings insight into the experience of living with, surviving and recovering from these illnesses in her work with clinicians, carers and consumers. Catherine is currently in her final year of a Bachelor of Psychology degree at Deakin University, and actively manages an independent website and support group for those with BPD. Catherine also provides her expertise to the Department of Health and Spectrum: Personality Disorder Service for Victoria in education and training.



Kate MacRae

Kate MacRae is the Chief Allied Health Officer for Monash Health and has extensive experience as a Senior Manager in across public sector services.

A Master-Class by John Julian

John Julian is a trainer and researcher based at Southern Synergy, which is an influential professorial applied research and training unit headed by Professor Graham Meadows. John is responsible for the professional development and training for one third of the State's specialist mental health workforce and is a chief investigator in two research programs at Southern Synergy including occupational mindfulness, a program developed to improve emotional and physical health in workplaces. Additionally, he is also a chief investigator in the PULSAR project, commissioned by the State Government, aimed at researching the concept of recovery from mental health and its use by professionals.

John is also a recognised mindfulness trainer and a leading mindful selfcompassion teacher in Australia as well as being a clinical social worker. John has been a mental health professional for over 35 years and has a strong personal commitment to mindfulness and compassion focussed approaches.

