

# Shared Learning in Clinical Practice

## Mental Health Practice Development Newsletter

The 6th Shared Learning in Clinical Practice Symposium held at Port Pirie presented an innovative and up-to-date discussion of mental health care and service in country South Australia. The symposium built upon earlier Shared Learning in Clinical Practice themes around risk assessment and risk engagement, taking into consideration factors from the perspective of the person in a family context. In practical terms this meant focussing discussion around mental health and the consumer's self-experience – their inner world and circumstances and their interpersonal relationships – to formulate fresh thinking in practice. The event received overwhelmingly positive feedback through evaluations completed at the end of the day. The symposium was a joint initiative between the University of South Australia's Mental Health and Substance Use Research Group and University Department of Rural Health Mental Health Academic Program, SA Health and Life Without Barriers.

### **Background and Context**

This approach has been developed through talking with practitioners on the ground, recognising that the family and extended carer support network is central to recovery.

The Symposium was open to all SA Health, emergency service employees, families and community services, non-government employees, peer support workers, Medicare Local and other government employees who may come across people and their families in emotional difficulty or crisis in their daily work.



*Peta Reid (R) provided the Welcome to Country address.*



*Dr Martin Jones provided the welcome address.*

### **Presentations**

#### **Dr Conrad Newman**

Dr Conrad Newman gave a powerful presentation on techniques used to engage people experiencing distorted reality. He demonstrated techniques that may assist people in the assessment and engagement of people who, at the time of cognitive disturbance struggle to differentiate between perceptions that are real and misperceptions.

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*Dr Conrad Newman*

### **Glenise Coulthard (Country Health SA)**

While Aboriginal communities in South Australia are diverse in history, culture and worldviews, social and emotional wellbeing in an Aboriginal context is closely linked to family and sense of place. The adverse effects of colonisation is generational, continues in many forms. It has shaped contemporary notions of Aboriginal identity, health and wellbeing. The healing process for Aboriginal people must take into account consumer narrative and storytelling. The key barriers to service delivery include a lack of understanding and respect for Australian Aboriginal culture and world view, potential bias brought about by mono cultural and mono logic views of mental health.



### **Professor Nicholas Procter (UniSA)**

Professor Procter spoke about the nature, scope and consequences of refugee trauma, particularly as it relates to self-harm and suicidal behaviour. He gave an overview of asylum seeker mental health, highlighting that people from immigrant and refugee backgrounds are at greater risk of developing mental illness. Cultural explanatory models provide pathways for discovering a range of issues related to a person's mental health, such as consumers interpretation of their wellbeing, beliefs about why a problem started when it did and what would help the situation.



*Professor Nicholas Procter, UniSA*

### **Louise Vidal and Hilda Mansoori (Life Without Barriers)**

Working with young people and families of refugee background, the presenters highlighted the importance of family as a mental health protective factor. While some families are disconnected and more vulnerable individuals such as unaccompanied minors are of particular concern, trust is a fundamental requirement for mental health promotion and building resilience during periods of excruciating vulnerability. The presentation showcased the skill and professionalism of the NGO sector working with vulnerable communities.



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Louise Vidal and Hilda Mansoori, Life Without Barriers

### Lynne James (SA Health)

Lynne James spoke about the importance of respect when engaging across cultures in a rural context, specifically mentioning that generating trust and building relationships within and between communities was an essential ingredient arising from her work in developing a suicide action plan for South Australia.



Lynne James, SA Health

### Julie Murison and Lee Martinez (Country Health SA)

In summarising the discussion and information exchange between speakers and participants, Julie and Lee highlighted the importance of a family centred approach in mental health care. The symposium echoed content discussed at earlier symposiums – particularly themes around

risk assessment and risk engagement, taking into consideration what people say, do think and feel as individual and family members. As participants thought more deeply about the work they do, a story telling approach was identified as unanimously important in mental health across the lifespan.



Lee Martinez and Julie Murison, Country Health SA



The Jam, The Mix, The Gig closed the symposium.

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Danny McCullough, Life Without Barriers

### Positive Feedback

At the conclusion of the symposium, attendees completed an evaluation questionnaire to help organisers better understand their experience and perception of the symposium. The evaluation comprised four rating scale questions and five open-ended questions asking attendees to describe their motivations for attending, how they benefitted from attending, which messages resonated strongly with them and which areas they would like future symposia to address.



### Rating Scale Evaluation Feedback

Thirty-five responses were received to the four rating scale questions, and these were overwhelmingly positive.

- > When asked whether the symposium was **relevant to their role**, 74% strongly agreed and 26% agreed.
- > 83% of respondents strongly agreed that the symposium had **made a positive contribution to their professional development**, and the remaining 17% agreed.
- > 71% strongly agreed that the symposium had **held their interest**, and the remaining 29% agreed.
- > Finally, 86% of respondents strongly agreed that the symposium was **of a good standard**, and the remaining 14% agreed.

None of the respondents disagreed or strongly disagreed with any of the four statements. This feedback is consistent with past symposia and is an excellent result.



### Open-Ended Feedback

Complementing the positive responses to the rating-scale questions, attendees' responses to the open-ended questions were similarly encouraging and supportive of the event.

### 1. What motivated you to come to the Shared Learning in Clinical Practice Symposium today?

Participants came because they saw potential value and meaning in the contact they had with speakers and other participants. Some motivations for attendance included:



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- > “Benefit of coming together with people of all professions and work areas to share experiences and knowledge; clinical benefit and collegial support; education around suicide prevention; and industrial relationships.”
- > “Further development in skills relating to mental health, depression and family involvement.”
- > “Having been to the previous Shared Learning symposiums I have found them all fantastic.”
- > “Very interested in the promotion of family/carers in clinical practice opportunities to network and meet like-minded people.”



### 2. What was most beneficial for you about today's Shared Learning in Clinical Practice symposium?

Participants highlighted the importance of having time to reflect on their current practice and make time for new ideas. Some stated the benefits were:

- > “To step back and have some time to reflect and see there are so many connections with what we do in all our work.”
- > Enjoyed the presentation by Nicholas Procter. All the themes contributed to concepts of family, risk and the individual. Focus on family and the importance of their role.”
- > “Many new ideas and hearing from experienced professionals in my area of

passion – it's okay for clinicians to work, family importance with families, seeing so much compassion.”

- > “Inspiring speakers, motivation, ideas to progress and influence my role.”

### 3. What is the most important take home message about 'risk and vulnerability in mental health: self-experience and the person in a family context' that you have gleaned from today?

Taking a whole of person approach was clearly a key priority for many participants. Some reflected:

- > “A whole of person approach is important. Involving the family in the care plan and discussions could be beneficial, not only for the individual but also for the family itself. Families also need support.”
- > “The therapeutic relationship with the client. The importance of family in the client's life, avoiding lower focus on labels and diagnosis.”
- > “To think about how we can bring the human factor back into our practice.”
- > “The journey for the individual in mental health issues and family is often shared and needs to be acknowledged; they all need support.”



### 4. What topic/area would you like to see covered at future Shared Learning in Clinical Practice symposia?

Participants suggested future events focus on cultural and transcultural issues, and inclusion of

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children and young people. Some responses included:

- > "Asylum seeker issues and cultural perspectives"
- > "More Aboriginal mental health"
- > "Something around philosophy or philosophical counselling or different types of therapy"
- > "Inclusion of children of people with mental illness"
- > "Responding to distress with Aboriginal people – expand on suicide prevention and how to better include family."



### 5. Are there any other comments you would like the organisers to know about?

The practical and applied value and consumer relevant nature of information was seen as important to participants:

- > "I liked the blend of sharing knowledge from an academic base and some practice examples from the hub."
- > "Good day of sharing learning; I enjoyed it; professionally valuable."
- > "All the information was very useful – everything was perfect."
- > "Congratulations and thank you to those who assisted in organising the event."
- > "As usual a great informative, knowledge giving, educational day done to a very high standard. Good to hear our client group from the hub was able to see and demonstrate what they got out of it."



### Future Symposia

**7<sup>th</sup> Shared Learning in Clinical Practice Symposium: *Mental Health of Young People: engagement assessment and working together***

Date: Wednesday, 18 March 2015

Venue: The Bradley Forum

Level 5, Hawke Building

University of South Australia City West

55 North Terrace, Adelaide SA

An email advertisement and registration information for the next symposium was distributed in January 2015.

Information about the symposium can be viewed at <http://www.unisa.edu.au/Calendar/7th-Shared-Learning-in-Clinical-Practice-Symposium/>.

### Acknowledgements

The 6<sup>th</sup> Shared Learning in Clinical Practice planning team was: Kathryn Cronin, Rosanne Crouch, Lee Martinez, Julie Murison, Nicholas Procter, Bronwyn Ryan and Kathy Verran.

Life Without Barriers generously provided financial support for the event.