The 7th Shared Learning in Clinical Practice Symposium, a joint initiative between UniSA’s Mental Health and Substance Use Research Group and SA Health, was held at the University of South Australia’s City West Campus on 18 March 2015. The event was titled Mental Health of Young People: Engagement, assessment and working together. It attracted over 100 attendees including consumers, carers, students and staff from across three universities, and health professionals from public, private and non-government sectors. The organising committee received robust positive feedback as assessed by evaluation questions posed on participant feedback forms.

**Background and context**

The approach to Shared Learning in Clinical Practice has been developed jointly by academics, clinicians, policy makers and others involved in mental health during the past five years. A series of symposia, newsletters, policy guides and publications have been developed to guide and inform best practice in mental health. Through talking with consumers, carers and practitioners ‘on the ground’, the symposium group have established themselves through a communities of practice approach. While members don’t necessarily work with each other every day, they meet because they find value and meaning in their interactions. Within the group there is a ‘democracy of ideas’: openly sharing, discussing, debating information, resources and expertise specific to engagement, risk and vulnerability in mental health.
Speakers and Presentations

The 7th Shared Learning in Clinical Practice Symposium discussed engagement, assessment and collaboration in youth mental health. The symposium also featured the perspectives of a peer specialist and a young person themselves. Hearing about different approaches and perspectives is considered an invaluable means of guiding clinicians towards the acquisition of new knowledge. Focussed discussion sought to deepen participants’ understanding and appreciation of the nature, scope and consequences of engagement in youth mental health. Specifically, it examined how clinicians negotiate working relationships with each other across the continuum of mental health, while simultaneously taking into account differing perspectives and divergent viewpoints. The Symposium was also interactive, involved panel discussions and excerpts from an enacted, filmed interview with ‘Jessica’, aged 19, following her non-fatal attempt at suicide.

The Symposium program was facilitated by Professor Nicholas Procter, UniSA Chair: Mental Health Nursing, who delivered the opening address for the event.

PRESENTATIONS

The program comprised a series of rolling panel discussions. Panellists contributed to the discussion from a range of perspectives and experiences. These insights helped many participants to hear from their peers and explore and discuss how work took place within their practice environments. This included offering insights from personal experience, their understanding of younger persons’ perspectives, and how practitioners might be more open to the experiences of young people, particularly when making meaningful and therapeutic engagement.

The first panel discussion focussed on views and perspectives in the mental health care of young people. Facilitated by Dr Conrad Newman, the panel comprised Ms Rachel Faulkner, Clinical Team Leader, headspace Port Augusta, Dr Ken Hooper, Head of Unit. Southern Youth Mental Health service, Dr Cathy Ludbrook, Private Psychiatrist, The Adelaide Clinic, Ms Pat Mead, CPC, Department of Psychological Medicine, Mr Kevin Meehan, Clinical social worker, SALHN and Associate Professor Rosie Purcell, Orygen, the National Centre of Excellence in Youth Mental Health.

The panel expressed a range of views. Autonomy and individuality were highlighted as key elements of engagement with young people. This involves understanding and working with the goals and aspirations of the young person, regardless of diagnosis. While there can be different tensions surrounding documentation of risk and its assessment, decision making should be shared.

It was noted that at times of disengagement, friends and family may have a role. Several panellists commented that practitioners should remain open and flexible to ways of strengthening relationships with these significant others.
The second panel discussion facilitated by Dr Andrew Champion, Clinical Director, SALHN, focussed on conceptualisation and engagement in mental health assessment and care of young people. The panel took the form of a conversation between Ms Pat Mead and Mr Kevin Meehan. The session emphasised the importance of acknowledging both context and content of first person experience in youth mental health. While traditional ways of formulating mental health and mental illness are widely recognised throughout the Australian health care system, acknowledging what is happening for the young person in the ‘here and now’ and in the context of what is considered congruent developmentally can be an important means of engagement. The practical aspects of conceptualisation also mean acknowledging the awkwardness of a situation, giving rise to the worker and young person ‘feeling their way together’, and being open to new possibilities. This is particularly important in circumstances where it is the young person’s first experience of help seeking.

The third panel discussion was facilitated by Ms Ingrid Cother, Clinical Nurse, Eastern Community Mental Health. Panellists Mr Michael Merritt, Nurse Practitioner, Lyell McEwin Hospital, Mr Chris Smith, Occupational Therapist, Western Community Mental Health and Ms Sharon Wright, Clinical Coordinator, Eastern Community Mental Health analysed extracts of an enacted, filmed interview of “Jessica”, aged 19, following her non-fatal attempt at suicide in her family home.

The film was developed as a resource to assist students, clinicians and others involved in providing mental health care to young people. It is freely accessible on the University of South Australia YouTube channel at www.youtube.com/watch?v=WdC3nhxA66U

Jessica is studying towards a Bachelor of Arts and living at home with her parents and younger brother. On the day before the filmed interview, Jessica did not attend her class. After receiving a worried call from one of Jessica’s friends, Jessica’s mother returned home from work to find Jessica unconscious on the bathroom floor. An ambulance was called and Jessica was taken to the hospital emergency department. The filmed interview with Jessica takes place the following morning.

Throughout the interview, Jessica begins to reveal her story. She tells of recent and accumulating experiences of social isolation and bullying, particularly through online and social media. Through a supportive and encouraging interaction with the interviewer, Jessica describes the impact that this has had on her mental health and suicidality.

Panellists commented that the interview:

- Was well paced, using casual ‘everyday’, non-technical language
- Demonstrated exploratory, genuine and curious inquiry, in an easy, conversational format
- Demonstrated both open and closed questioning techniques
- Exhibited open body language, with the interviewer showing interest and engagement
- Sought to quantify the impact of events and experiences upon the mental health of the interviewee
The significance of the filmed interview of Jessica is highlighted by 2014 findings published by the Australian Human Rights Commission, revealing that between 2007 and 2012, 333 children aged 4-17 years died due to intentional self-harm (64% male; 20% Aboriginal). Of these deaths, 81% were by hanging and 76% occurred at the young person’s home. While a range of factors are known to contribute to suicidal and self-harming behaviour among young people, there is increasing recognition of the harmful role that cyberbullying can play in contributing to mental deterioration, despair and suicidal ideation. The film explored these impacts.

The fourth panel discussion, facilitated by Ms Pat Mead, included a young person with lived experience named Jason who shared some insights and views regarding the mental health of “his generation” from “his perspective”. The discussion also featured Mr Matthew Halpin, who focussed on engagement with youth experiencing a mental health issue or concern, help-seeking and communicating need. The discussion included perspectives on the use of social media, social networking and informal channels to communicate need.

The discussion highlighted the considerable benefits of deepening understanding of the role of lived experience, particularly in regard to youth mental health service delivery practices. Lived experience means having experienced a mental health condition, cared for another person who has a mental health condition or having been impacted by youth mental health services and or youth service providers in another way. Exploring elements of the therapeutic relationship can be an invaluable means of helping to understand the consumer’s story and foster a collaborative relationship. Focussed and supportive sharing of lived experience of mental health also seeks to allow the consumer to direct therapeutic choices and deepen practitioner understanding and appreciation of what they say, do, think and feel in response. Specifically, it can help clinicians to reflect and self-examine working relationships with each other across the continuum of mental health care, while simultaneously taking into account differing perspectives relevant to the practice context.

The fifth panel discussion was facilitated by Mr Adrian Jackson, Registered Nurse and Mental Health Adoption Manager, EPAS. The panel focussed on engagement in different settings, with panellists including Ms Kirsty Baker, Clinical Nurse, RAH Emergency Department; Mr David Hains, Clinical Practice Consultant, FMC Emergency Department; Mr Edward Hedges, Nurse Practitioner Candidate, CALHN; and Dr Jo Robinson, Head: Suicide Prevention Research, Orygen. The discussion highlighted some consistent challenges across settings, including time constraints. Some key lessons were also communicated, including the importance of taking a solution focussed approach, of acknowledging that the treatment offered is not as important as honest engagement and collaboration, and of seeing the person as an individual. The importance of acknowledging that youth stressors are equally as powerful as adult stressors was also raised.
The sixth panel discussion took the form of a de-identified case analysis. Facilitated by Dr Andrew Champion, panellists Mr John Strachan, Outer South Sector Manager, SALHN and Ms Lydia Forbes, Acting Manager, Trevor Parry Centre, SALHN examined therapeutic engagement with a young person with repeated and extensive self-harm history. Lydia specifically highlighted issues with clinical and non-clinical documentation, risk issues raised without implementing plans, and unclear points of accountability. Lydia explained that in engaging with this young person the Trevor Parry Centre staff came together as a team, working towards the shared goal of providing the best care possible. This meant more time investment initially, and challenges to staff perceptions and ideas regarding best practice along the way, but this ultimately had positive outcomes. The team implemented strategies for improved staff engagement through competency training for risk assessment and medication safety, risk assessment and medication audits, and development of a team based leadership program.

Positive Evaluation Feedback

To better understand the experiences of attendees at the symposium, an evaluation form was provided, comprising four rating-scale and five open-ended questions. A total of 106 people attended the symposium, and 95 of these were external to UniSA. A total of 75 attendees completed the evaluation. All responses were overwhelmingly positive.

RATING SCALE QUESTIONS

- When asked whether the symposium was ‘relevant to my role’, 56% of participants strongly agreed with a further 44% checking agreed.
- When asked if ‘the symposium made a positive contribution to my professional development’, 51% of participants strongly agreed with a further 49% checking agreed.
- When asked if ‘the symposium held my interest’, 55% of participants strongly agreed with a further 43% checking agreed.
- When asked if ‘the symposium was of a good standard’, 61% of participants strongly agreed with a further 39% checking agreed.

The above results are considered exceptional and are consistent with previous Shared Learning in Clinical Practice Symposiums.

Symposium participants also commented on their reasons for attending the symposium:

“I have attended previous symposiums and always enjoyed the relaxed learning environment, topics discussed, learning from other disciplines and networking.”

“I am a senior Nursing Director in SA Health. It is important for me to understand how young people engage with youth services, how they are assessed and how the youth services work with the integrated teams. I need to understand this so I can support clinical practice changes required as the services become more operational over time and particularly as youth services are evaluated.”
"I have attended previous symposiums and came today to be inspired, updating my knowledge and improve my clinical practice."

"I came today to learn about working with young people; to develop more effective knowledge that can also be transferred to working with adults."

"I came today for expansion of clinical knowledge...to increase my knowledge, skills, attitudes in this field. I am keen to build on my framework for working with young people."

"I am a Youth Mental Health Nurse clinician from adult based experience. I have felt that I am not as prepared or knowledgeable as I would like to be. I am interested in having better engagement with youth on a therapeutic level."

"I have been informed by another work colleague how interesting previous symposiums have been, so I was keen to attend."

Participants identified the following as important ‘take home messages’ from the symposium:

“When working with young people engagement is precious. Their perceptions and expectations could be different from adult consumers.”

“It’s critical to assess where the young person is at, what is important to them.”

“It’s important to encourage support of the ‘grown up’ path when and if they (young people) are ready for it.”

“Take time to normalise the reality base, taking account of where they (young people) are developmentally.”

“It’s important to realise that the therapeutic relationships and engagement take time to establish. And this may be the most important form of care and treatment the service can offer.”

“Multidisciplinary collaboration is critical in youth mental health. It’s also important to be genuine, relaxed, and open to discover what meaningful connections for the young person are. This will often involve taking time to build trust. Every contact is an opportunity to strengthen the resolve of the young person.”

“Be flexible. When relating to the young person, partner with them, remain accessible.”

“As a clinical supervisor, this means empowering staff by being supportive of their clinical practice. It also means fostering an environment that is safe to facilitate informed decision making particularly around risk. This also demands of leaders and followers to be non-judgemental as consumers transition between the parts of the service they require at that particular time for the best possible outcome.”

“As a student, to see highly professional and talented people working in multidisciplinary teams at this Symposium is very inspiring!”

“As a student I need to develop more clinical skills in approaching clients and how to engage with different age groups. The most important take home message about today was the importance of relationships. It is easy to become risk averse/anxious due to the current mental health environment. It is also OK to take time to understand the situation.”
Leadership to Work Effectively with Young People

For many their attendance at the Symposium coincided with making a transition as clinicians or managers towards the youth model. As part of the evaluation participants were asked to provide words that best described the leadership required in their workplace to enable them to work effectively with young people. Some of the key words used included engaging, encouraging, trusting, realistic, collaborative and flexible. Participants also spoke of the importance of compassion and recognising the important role of education and training as key means to look forward and create opportunities for others. Such results are consistent with recent research in the area of leadership and followership (see Extraordinary Leadership in Australia and New Zealand, Wiley, 2015). Five practices known to create workplaces marked with exemplary leadership are listed below:

MODEL THE WAY
This comes from people knowing who you are, what you stand for and seeing that you are consistent in your behaviour. Modelling the way comes by knowing who you are and the values, principles, standards and philosophy that guides your decisions and actions. Leaders report that the clearer they are about their leadership philosophy, the more committed and engaged they are in what they are doing.

INSPIRE A SHARED VISION
This comes from creating a shared vision so that people can get on the same journey together. Call it what you will – vision, purpose, mission, and aspiration – people expect you to clearly know where you are going and to have a sense of direction. It is through a common vision towards shared aspirations that you prove trustworthiness. It is also about helping people see how they can establish their place in the vision.

CHALLENGE THE PROCESS
This comes from creating an environment where there is opportunity for people to try new ways of working and challenge themselves. Leaders look beyond the horizons and confines of their own experiences and organisational boundaries. They also realise they do not achieve success all by themselves.

ENABLE OTHERS TO ACT
This comes from leaders realising that building trust and relationships with the people who make the project work is essential. Leaders build both the competence and confidence of the people around them.

ENCOURAGE THE HEART
This comes from leaders being more than willing to share the credit with others and find creative ways to recognise individuals who are making a difference. They demonstrate genuine interest in the success of others and bring people together to celebrate successes connected with key values and accomplishments.

Trust and authenticity in the therapeutic relationship are always essential, as is sensitivity to the context in which a young person presents. The young person’s identity is still emerging and evolving. This is one of the factors that underpins both the mutability of prognosis and a realistic expectation of improvement for many.
Acknowledgements

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The Shared Learning in Clinical Practice Philosophy

Shared Learning in Clinical Practice is a policy relevant and service delivery focussed collaboration to promote best practice in mental health and develop professional skills. The strategic purpose of the initiative is to demonstrate through research and practical example, how much consumers, clinicians, policy makers and academic faculty can achieve working together. Deep discussion, deep connectivity and diffusion of the insights are central to its philosophy. Multidisciplinary in composition, the aim of each symposium is to capture and spread new ideas and know-how in mental health practice and challenge traditional ways of thinking.

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