As usual, there is a lot going on around NorthWestern Mental Health. On the capital front, the planning for the new build for Orygen at Parkville is progressing well. We recently had a presentation on the design of the building which was very impressive. User groups are leading some of the discussions to ensure the building is youth friendly and will support both clinical and research needs. The renovations at Broadmeadows’s Inpatient Unit have begun. Staff and patients are coping with the building works well, keeping in mind that the eventual outcome will be a much improved space for staff and patients.

To assist future planning, the Department of Health & Human Services has contracted KPMG to develop a discussion paper on the current and future mental health service system design. The paper will consider questions such as: whether an area based/catchment system should continue and best size of catchment, and if so, whether the current age split into child and adolescent/youth, adult and aged is still appropriate, and other issues of design and access. The 10 year mental health plan has resulted in the release of the Victorian Mental Health Workforce Strategy and the Victorian Suicide Prevention Framework. The first annual report is in preparation and is intended to provide a snapshot of the current services system as well as develop an outcomes framework.

The Second Psychiatric Opinion Service, which is being provided by NWMH in partnership with Monash Health, is progressing well. We expect to commence with a small number of face to face assessments and will progressively increase the availability of the service. Antonia Smyth has been recruited to the administration position and Gillies Terriere, who some of you will know from Mid West AMHS, will soon commence in the Clinical Coordinator role. As noted in the last update, Westside Lodge Residential Aged Care facility is in the process of closing. The residents have now been moved and staff will have been relocated to their new place of work by the time this newsletter is printed. Recently, a small group of staff visited health services in Brisbane to hear their experience of working with an electronic medical record. Several staff have also visited the Royal Children’s Hospital in Melbourne where the EPIC system has been introduced.

We are getting closer to bringing on additional staff to support people after discharge from youth and adult services, the NWAMHS Pacer service has commenced and the Aged persons Intensive Community Treatment service are up and running.

With spring just around the corner, I hope you are all enjoying the warmer air and lovely blossoms that are starting to bloom.

Ruth Vine
Broadmeadow’s redevelopment begins

The Broadmeadows Inpatient Unit (BIPU) ICA Capital Redevelopment commenced on Monday 1 August.

This $1.7m project involves the demolition and rebuild of the Intensive Care Area (ICA). The project necessitated the closure of 5 beds during the 16-week redevelopment program which will conclude with the handover of the building back to North West AMHS in the first week of December.

The redeveloped ICA will include:
• An additional ICA bedroom bringing the total to 5
• ICA Interview room
• ICA staff base
• Generous patient circulation space
• ICA Treatment room
• Airlock between ICA and the ward staff base

The works have been noisy but staff and patients are coping well. Thank you to all for your understanding and we are looking forward to the final result.

The renovation plans can be viewed on the following page.

The Carer Lived Experience Workforce at NWMH: Improving Services for Families and carers

On Friday 12 August 2016, NAMHS Carer Consultant, Lisa Casaceli; IWAMHS Carer Consultant, Annette Mercuri; NWAMHS Carer Consultant, Lesley Archer; OYH Family/Carer Support Worker, Maureen Swinson; and NWMH Carer Advisor, Michelle Swann delivered a 90 minute Panel Presentation at the 17th International Mental Health Conference on the Gold Coast titled: The Carer Lived Experience Workforce at NorthWestern Mental Health: Improving Services for Families and Carers.

The panel advised how, in each of their distinct area mental health service, they contribute to the improvement of support for carers and families engaged with NWMH. They shared their understanding of the importance of mental health carers and their vision for how clinical mental health services can better include and utilise the expertise of families and carers.

Each member of the panel spoke about a particular initiative in their mental health service that they have been involved with.

Lesley showcased the ‘Engaging families/carers – best practice for NWMH clinicians’ and brochure for families and carers. She advised that the poster and brochure were first created at NWAMHS and are now used across the whole of NWMH.

Maureen highlighted the valuable work of the Carer Peer Support Workers at OYH and early intervention for carers.

Annette explained the importance of Carer Advisory Groups and her insights after setting up two of these groups firstly at NAMHS and then at IWAMHS.

Lisa outlined the creative work of NAMHS’ Family Interventions Steering Group (FISG) including the creation of their ‘Keeping in Touch with Your Children’ poster and their new Bereavement Guidelines Brochure.

Michelle provided an overview of the inclusion of family/ carer perspectives at NWMH and informed the participants about our new ‘Best Practice Guidelines for Sharing Information with Families and Carers’.
Northern program evaluation presented at US conference

Dr Trentham Furness, Postdoctoral Research Fellow in NWMH & ACU Mental Health Nursing Research Unit recently presented about consumers’ perceptions of procedural justice and coercion after interacting with NPACER (Northern Police and Clinician Emergency Response) at the 16th Annual International Association of Forensic Mental Health Services Conference in New York, USA. The presentation was well received.

It appears that NWMH is a step ahead of our international colleagues who are still grappling with community-based responses for people in mental health crisis. Click on the links to see other NPACER publications from the research unit:


Dr Furness presenting at the 16th Annual IAFMHS conference, hosted by the John Jay College of Criminal Justice, New York City.

Single session family consultation (SSFC) at North West AMHS

NWAMHS is introducing this best practice model for family meetings across the service and this initiative is being led by social work. Five clinicians attended a SSFC ‘train the trainer’ at Bouverie last year and were appointed as ‘Family Consultants’ for their teams. Our Carer Consultant and CPSW are also assisting with this initiative. Together we have delivered the one day training to 73 clinicians across the three community teams and CCU.

SSFC is a brief model of family work. Up to three sessions can be held however each session is entire in itself. SSFC sessions include the consumer and differ from other models of family work in that the emphasis is on the family and consumer setting the agenda for what’s discussed, rather than clinicians going into the meeting with their own agenda, for example, obtaining collateral history, discussing early warning signs etc. This model of family work prevents us making assumptions about what we think the family wants or needs to know. We allow the family to determine what is discussed and how the session time is used. This necessitates some pre work being done by phone prior to the family meeting. The extra work preparing the consumer and family before the meeting allows them time to consider what’s most important to them.

As part of the roll out at NWAMHS we are seeking feedback from family members after every session and a one page satisfaction sheet has been developed to capture their anonymous feedback. This feedback is valuable as it will assist us to evaluate how useful families find the model.

Delivering the training was just the beginning of the process and we have now moved into the implementation phase. Encouraging staff to offer SSFC sessions to their consumers, tracking the number of these conversations and assisting staff to use the model in practice is the real work for the ‘Family Consultants’. We encouraged clinicians to discuss SSFC with their consumers as soon as possible after the training whilst the model is still fresh in their minds. We are tracking the uptake at a team level and report back to the Family Strategy Steering Committee every second month.

To date we have data from two programs (CCU and one community team) which shows 63 consumers have been offered SSFC and 39 consumers have agreed to their families being invited in for a family meeting using the SSFC model. First sessions have been held with 25 families, eleven families have had a second session and five families have had a third session. The feedback received to date from the evaluation forms completed by family members after each session is showing that they valued the session, they felt heard, learnt some useful information, found the session helpful in addressing some of their family’s needs and they left feeling more positive than before. This feedback is very positive and will hopefully encourage more staff to use the model.

For more information, please contact Anne-Maree Newbold, Chief Social Worker, NWAMHS at [Anne-Maree.Newbold@mh.org.au](mailto:Anne-Maree.Newbold@mh.org.au)
MNC researcher investigates cognitive impairment and brain patterns

Dr Van Rheenen, a researcher at the Melbourne Neuropsychiatry Centre (MNC), is trying to better understand cognitive impairments in people with severe mental illness. Dr Van Rheenen joined MNC in 2015, after receiving an NHMRC Early Career Fellowship to pursue a program of research at the University of Melbourne’s Department of Psychiatry, which incorporates neuroimaging into her existing behavioural work on cognition in bipolar disorder and schizophrenia.

Dr Van Rheenen is currently leading several projects aimed at understanding crossover between these disorders in relation to cognitive skills. She has obtained several research grants, travel fellowships and awards in relation to her work. In 2015, she was named one of the Australian Institute of Policy and Science’s Young Tall Poppies, for her academic achievements and science communication as an early career researcher. She is the current co-chair of the Australasian Society for Bipolar and Depressive Disorders Early Career Researcher Committee and she hopes that her research will help to provide greater insight into the underlying causes of bipolar disorder and schizophrenia, with a view to improving current treatments.

One of the new projects being led by Dr Van Rheenen will study people with bipolar disorder to better understand brain patterns associated with emotion processing. The study is being conducted in collaboration with both Swinburne University and the Monash Alfred Psychiatry research centre (MAPrc). It will involve the use of several behavioural and brain imaging measures including magnetic resonance imaging (MRI), and a relatively new technique in Australia; magnetoencephalography (MEG).

By using these measures, Dr Van Rheenen will be able to determine not only where in the brains of people with bipolar disorder cognitive abnormalities may be occurring, but also at what time scale they are occurring. This could provide important clues about how different parts of the brain communicate with each other when processing information.

To participate in Dr Van Rheenen’s research contact her on 03 8344 1957 or email her at tamsyn.van@unimelb.edu.au.

First Greek Australian Travelling Fellowship

The Melbourne Neuropsychiatry Centre (MNC), part of the Department of Psychiatry at University of Melbourne, has established two Greek-Australian travelling fellowships in Neuropsychiatry to support the participation of promising young clinical researchers from Greece in the important clinical research being undertaken at the Royal Melbourne Hospital and Sunshine Hospital.

The Centre was delighted to welcome its first fellow Dr Stefanos Dimitrakopoulos to Melbourne in August. Stefanos, a psychiatrist and a military doctor, is a psychiatrist at the Department of Psychiatric Clinic of 414 Military Hospital of Athens and a Scientific Associate of the 1st Department of Psychiatry of Athens. His field of interest is early detection and prevention of psychosis and he is a PhD candidate examining the detection of premorbid risk factors in the onset of cognitive deficits in patients with First Episode Psychosis.

At the MNC, Stefanos will be examining whether the function of the ubiquitin proteasome system in blood is associated with the brain structure in schizophrenia. Stefanos is looking forward to participating in the important clinical research taking place at the MNC, and sharing his experience and knowledge gained in Australia with fellow Greek psychiatrists when he returns to Greece and in this way helping to provide a bridge that links major psychiatry research centres in Greece and Melbourne.

The MNC would like to thank Servier for funding the inaugural fellowship and thank all donors contributing to the fellowship for 2017. Further information about the Fellowship is available at: https://doyourownthing.everydayhero.com/au/greek-australian-travelling-fellowship.
‘Let’s Talk About Children’ - Creating real hope for parent recovery

On the 25 July Northern Area Mental Health Service (NAMHS) was represented at the ‘Let’s Talk About Children’ (Victorian Mental Illness Research Fund) Open Day Forum by some of its Let’s Talk champions - Rebecca Wells, Sara Furber, Maryclare Lane, Cara Livesey, Leanne McGain and Angela Obradovic. Along with over 100 practitioners, consumers, managers from mental health and child and family services, as well as local and international researchers, they were there to hear about and celebrate the evidence emerging from Phase 2 of this 4 year RCT research trial evaluating the implementation of ‘Let’s Talk’.

Let’s Talk was originally developed in Finland and has been standard practice across all adult mental health services for the past 15 years. NAMHS has been closely involved in its Australian trials - contributing significantly to its adaption for the Australian context and to the National COPMI Lets Talk eLearning course.

Findings about the impact of the model on parenting, the recovery process and the therapeutic alliance, for parents with a mental illness and their children, were explored by three discussant panels - parent and practitioner participants and service managers. The parent panel spoke passionately of their enthusiasm and commitment to promoting LT given the role it played in their own recovery process.

Congratulations to Sara Furber, Senior Clinician with Community Team North, who joined with practitioners from MI Fellowship, Baptcare and the Bouverie Centre to share their experiences of delivering the model to parent consumers. Angela Obradovic contributed to the manager/implementation panel along with other organisational champions from NEAMI, Eastern Health, MI Fellowship, Co-Health.

International guests Dr Brenda Gladstone from the University of Toronto, Canada and Bente Weimand from Akershus University Hospital, Norway presented on their complimentary research focused on parents, children and young people in families where a parent experiences mental ill health.

It was a day of amazing energy... more new parent advocates, more practitioners expressing joy, more sectors joining the momentum and practice research bearing real recovery fruit!

Mid West Area Mental Health Service (MWAMHS) is now involved in Phase 3 of the trial and NAMHS will be training more staff in Let’s Talk over the next few months.

Angela Obradovic (NAMHS) and Helen Carter (MWAMHS) are part of the team from Victoria presenting the trial findings at the ‘Transgenerational Mental Health’ Conference - the 5th International Conference on Families and Children with Parental Mental Health Challenges Conference in Basel, Switzerland this month.

Pictured are NAMHS LT Champions (l-r) Rebecca Wells, Angela Obradovic, Maryclare Lane, Sara Furber, Cara Livesey & Leanne McGain with Lisa Hebel, NWMH SW Advisor & Dr Kim Foster, NWMH/ACU Professor of Mental Health Nursing.
NorthWestern news

Updated procedures and withdrawn documents
In this edition we are drawing attention to updated procedures and withdrawn documents. Please familiarise yourself with these documents by clicking on the links below.

Updated Procedures, Forms & Brochures:
• NWMH01.01.04G Patient photographs for patient identification - Guideline
• NWMH05.01.06 Integration and Movement of Mental Health Records
• NWMH05.02.01 Documentation Standards
• NWMH05.02.04 Missing Statutory Documentation
• NWMH05.03.01 CMI - Treatment Leave
• NWMH05.02.01 Statutory Documentation Forensic Clients
• NWMH13.01.03 Missing Statutory Documentation
• NWMH05.03.04 CMI - Treatment Leave
• NWMH13.01.02 Statutory Documentation Forensic Clients
• NWMH05.01.04 Storage and Archiving of Paper Mental Health Records
• NWMH05.02.05 Diagnosis/ Intervention Classification/ CMI
• NWMH11.01.01 CMI/ ODS Roles and Responsibilities
• NWMH13.01.10 Transmission of Confidential Information

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