

Welcome to 'The News: LAMPS!'

Latrobe regional health, Alfred health, Monash health, Peninsula, & South eastern

Training News

(LAMPS represents the shining effect of training and education)

Date: 15 January 2015

What's happening in training and in the LAMPS cluster
John Julian and Debbie Lang



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

For the full 2015 Training Calendars please visit the web page in late January:

<http://www.med.monash.edu.au/spppm/research/southernsynergy/workforceprogram/cluster/trainingcalendar.html>

LAMPS and the Staff of Southern Synergy wishes everyone a wonderful New Year!

Allied Health Graduate Training
2015

See Page 3 and 4

MINDFUL SELF-COMPASSION

An 8 week Mindful Self-Compassion program is being offered one more time. This program was developed by Kristin Neff and Christopher Germer.

This intensive 8 week program is offered by the LAMPS senior trainer, and the first trained MSC teacher in Australia, John Julian.

The weekly 3 hour sessions will occur for or a total of 8 weeks over a 9 week period. The program will commence on 19 March at 1pm.

Application forms are available from Debbie.Lang@monash.edu

See **pages 7 and 8** for full course description.

Exciting LAMPS developments for 2015

Many people are unaware of the development role that LAMPS often has in the development new training or the review of existing training programs. Here are some of the developments occurring in 2015!

In 2015 LAMPS will be working with **Southern Dual Diagnosis Service** to purchase and train trainers in a new to be rolled out across the Cluster. The program, **the Optimal Health Program (OHP) for Mental Health** and the Managing Mental Health & Substance Use Program, is an eight week program aimed at consumers who have mental health and/or substance use issues. Trainers and then a broad range of staff will be trained in running this program in 2015. We are currently considering some potential research issues and hence the roll out date is still being negotiated.

Southern Dual Diagnosis events will also be highlighted on the LAMPS training calendar.

Clinical Supervision – the Clinical Supervision program will be redeveloped to have an advanced day dealing with difficult issues and for the whole program to be more inclusive of recovery oriented approaches. It is hoped the new staged program will be ready in late 2015. Some more detailed evaluation may occur in regard to the training that has already occurred.

Discipline Days – Allied Health PD Training. Both Psychology and Occupational Therapy received funds for further one day discipline workshops or conferences after having run programs in 2015. Speech pathology, Nursing and Social Work did not run discipline specific programs in 2014 and hence were ineligible for funding (and will become eligible once they run further programs with Social Work expected to run their day in May or June 2015).

Psychologists have been funded to develop a training program regarding **Risk and Utilising Functional Analysis** and to undertake a train the trainer program for psychologists and Allied Health.

A major one day **Diversity Conference** has been funded and will be managed by the Alfred again on behalf of the Cluster

Project Management Skills training: Training for 36 staff will occur in project management for staff selected by Senior mental health staff. Two styles of training will occur: One group will be selected for a traditional three day training program and a second group will be given free access to on-line training through www.Lynda.com

Milieu therapy training: The project officer for the development of this training program/package will be commencing in January 2015.

Statewide leadership program: The Senior trainer with LAMPS is heavily involved in the development of the Statewide leadership training program that will commence in 2015 – watch this space! It is expected small teams from each health service will be selected for the training with the teams consisting of members from each of the medical, allied health, nursing and C&C workforce.

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 www.nevil.org.au for complete details of each module.

| DAY | Topic | MHPOD Topics for Pre reading | Duration | Suggested presenters |
|------------------------------------|--|--|----------|------------------------------|
| Day 1 <i>Thur 19 Feb</i> | Introduction to Victoria's Mental Health Service System and MHPOD | MH Act | ½ day | Lina Wilson |
| | MSE/ Crisis assessment and mgt | Risk Assessment and Management MH Histories and MSE | ½ day | Megan Svenson / Dennis |
| Day 2 <i>Thur 19 Mar</i> | Assessment /formulation | Formulation Bio-psychosocial factors | ½ day | Maria Haydock |
| | Psychotherapeutic Interventions | Note – this day will be swapped. | ½ day | Greg Coman and John Julian |
| Day 3 <i>Thur 16 Apr</i> | Dual Diagnosis and Motivational Interviewing | Dual Diagnosis Impact of Medical Conditions | 1 day | Nexus |
| Day 4 <i>Thur 21 May</i> | Consumer Lived Experience - Consumer Sensitive Practice Consumer Identity and Advocacy MH Care and Human Rights | | ½ day | David Brophy/ Peter Humby |

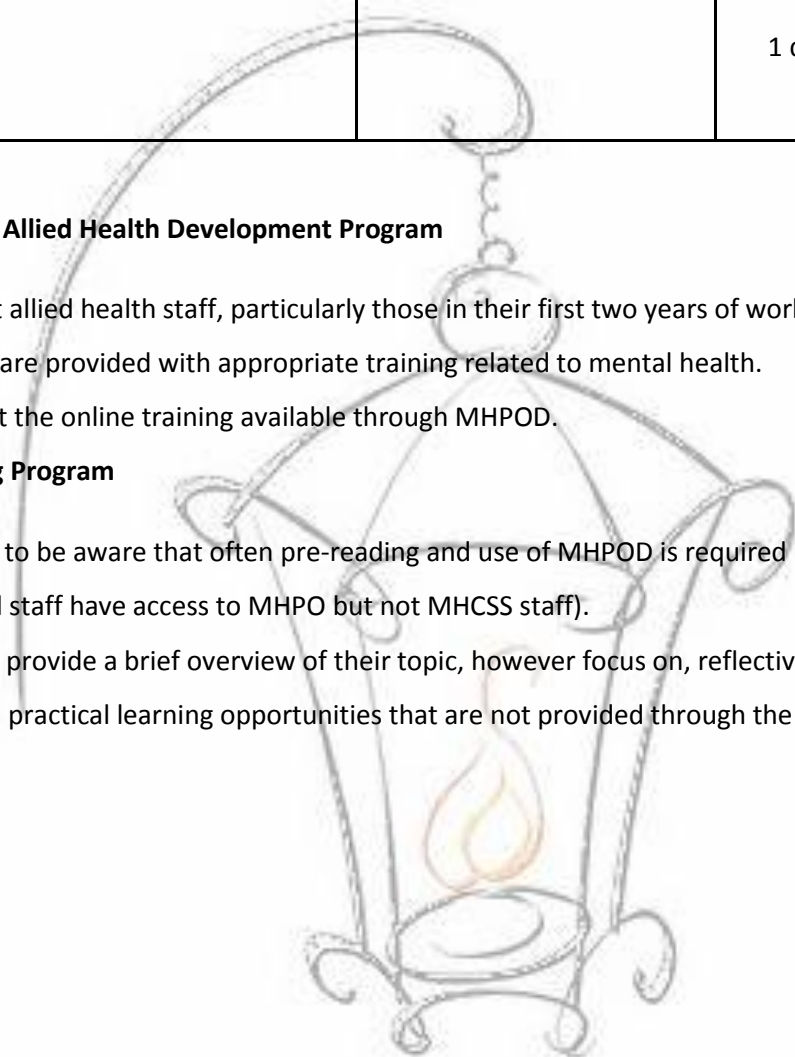
| DAY | Topic | MHPOD Topics for Pre reading | Duration | Suggested presenters |
|---|---|------------------------------|----------|----------------------|
| | Including Office of Public Advocate, guardianship etc | | | |
| | Families and children - Includes FAPMI, KIMS, Family sensitive practice, child protection, conduct family meetings | | ½ day | Zoe Edmonds |
| Day 5 <i>Thur 18 June</i> | Personal Recovery | | 1 day | John Julian |
| Day 6 <i>Thursday 16 July</i> | Professional Resilience | | 1 day | Elizabeth Mellor |

Purpose of the NEVIL Allied Health Development Program

1. 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.



Summer LISTENING, READING and VIEWING for your professional development this summer.

All in the Mind: <http://www.abc.net.au/radionational/programs/allinthemind/>

Presented by Natasha Mitchell, this is Radio National's weekly foray into all things mental – a program about the mind, brain and behaviour. This has some of the interesting programs of late 2014

BBC Radio 4 All in the Mind: <http://www.bbc.co.uk/programmes/b006qxx9>

And this is the BBC version of All in the Mind

Crikey's Croakey!: <http://blogs.crikey.com.au/croakey/category/mental-health/>

A more interesting take on some of our mental health issues in this health blog by this independent news service

Health Report - Mental Health:

<http://www.abc.net.au/radionational/programs/healthreport/past-programs/subjects/index=mental-health>

Yes, Radio National's Norman Swan is here!

Guardian - Society - Mental Health:

<http://www.theguardian.com/society/2014/dec/22/evangelical-christian-church-mental-illness>

This often has interesting articles such as the lead in this one on how some evangelical Christian communities see mental health – “every illness is a spiritual problem”.

(<http://www.theguardian.com/society/2014/dec/22/evangelical-christian-church-mental-illness>)

MedPage Today Psychiatry News:

<http://www.medpagetoday.com/Psychiatry/GeneralPsychiatry/>

This page is jointly developed by MedPage Today, LLC and the Perelman School of Medicine at the University of Pennsylvania and has interesting topical items.

Psychiatry & Mental Health News - Medscape

<http://www.medscape.com/psychiatry?src=rss>

Psychiatry Update: Australian specific

<http://www.psychiatryupdate.com.au/home>

The webpage known as ‘Psychiatry Update’ offers the latest news and opinion on a wide range of clinical and political issues relevant to Australian psychiatrists, as well as coverage of the leading national and international conferences. Content is free but you will need to register to obtain a login.

And now for something more interesting:

How about some of the best TED Talks on mental health!

TED TALKS! ON MENTAL HEALTH

<http://www.ted.com/topics/mental+health>

A collection of TED Talks (and more) on the topic of mental health.

Exclusive articles about Mental Health



How should we talk about mental health?

Mental health suffers from a major image problem. One in every four people experiences mental health issues — yet more than 40 percent of countries worldwide have no mental heal...

Video playlists about Mental Health

All kinds of minds



9 talks • 2h 12m (http://www.ted.com/playlists/9/all_kinds_of_minds)

These powerful stories shatter preconceived notions about mental illness, and pose the provocative question: What can the world learn from different kinds of minds?

The struggle of mental health



7 talks • 1h 50m (http://www.ted.com/playlists/175/the_struggle_of_mental_health)

Depression, schizophrenia, suicidal feelings—too often, these experiences stay private. These speakers who've struggled with mental illness boldly share their stories, in hopes that others don't feel so alone.

... Some of the talks are highlighted over the page ...

TED Talks about Mental Health (Cont'd)

Some of the talks include:



Barbara Natterson-Horowitz
What veterinarians know that physicians don't



Laurel Braitman
Depressed dogs, cats with OCD — what animal madness means for us humans



Kevin Briggs
The bridge between suicide and life



Andrew Solomon
Depression, the secret we share



Kevin Breel
Confessions of a depressed comic



Eleanor Longden
The voices in my head



Thomas Insel
Toward a new understanding of mental illness



Elyn Saks
A tale of mental illness — from the inside

All about 15 minutes of less!

Research

One paper about cultural issues and suicide prevention:

Taking Cultural Backgrounds into Account for Suicide Prevention

Suicide-prevention programs geared toward specific communities are more effective than treatment-as-usual.

This review article by Dorian Lamis was published in Psychiatry Advisor, an on-line service and may be of interest in ears with high levels cultural diversity. He note "There is a significant need for culturally adapted, empirically-supported interventions for suicidal individuals. Given that risk and protective factors for suicide can vary across different populations, suicide prevention programs should meet the needs of a particular ethnic group by considering the target population's culture, beliefs, practices, norms, and customs. It is critical for researchers and mental health professionals to work together to evaluate the strengths and weaknesses of the evidence for suicide treatment while considering clinician, patient, and contextual factors.

The article can be found at

http://www.psychiatryadvisor.com/culturally-specific-suicide-prevention/article/389356/?DCMP=EMC-PA_Update&CPN=emp_lathcp&hmSubId=&hmEmail=ByTD-cJaaJuJNhLJjoWsYYv6v_vhwgh0&DL=0&spMailingID=10229071&spUserID=MTM3ODg1NjcxNzQ5S0&spJobID=441863320&spReportId=NDQxODYzMzlwSQ

Schizophrenia Research

Research by Jiang and Meltzer may have found a potential genetic marker for treatment resistant schizophrenia.

Abstract: Approximately 30% of patients with schizophrenia are treatment resistant (TRS), i.e. have persistent psychotic symptoms despite adequate trials of at least two antipsychotic drugs (APDs). Most TRS patients are candidates for clozapine treatment which is underutilized because of its side effects and difficulty in identifying TRS. We conducted a genome-wide association study (GWAS) of 79 TRS and 95 non-treatment resistant (NTRS) Caucasian schizophrenia patients to identify possible biomarkers for TRS, which might also provide insight into the pathobiology of TRS. The single nucleotide polymorphism, rs2237457, located in 7p12.2, a region reported to have imprinted inheritance, was found to have the lowest p value in an allelic association test (unadjusted $p = 5.53 \times 10^{-6}$). Haploview disclosed a 30 kb block flanking this SNP within GRB10, 70 kb upstream of L-dopa decarboxylase (DDC), an enzyme which is rate-limiting in the synthesis of trace amines and neurotransmitters implicated in schizophrenia and the action of APDs. This SNP or haplotype was identified as an exclusive cis-acting eQTL for DDC in human dorsolateral prefrontal cortex by BrainCloud®. A replication sample genotyped for this SNP produced a weaker result, but in the same direction. After combining the two samples, rs2237457 remained significantly associated with TRS (unadjusted $p = 5.66 \times 10^{-7}$ in recessive mode; 9.42×10^{-5} in allelic association). If replicated in an independent sample, rs2237457 may provide a biomarker to identify a significant proportion of Caucasian TRS. The results implicate trace amines and their synthesis in the pathophysiology of TRS

Jiang Li, Herbert Y. Meltzer, [A genetic locus in 7p12.2 associated with treatment resistant schizophrenia](#), Schizophrenia Research, Volume 159, Issues 2–3, November 2014, Pages 333-339

Mindful Self Compassion (MSC)

Mindful Self Compassion (MSC) is an empirically-supported, 8-week, program designed to cultivate the skill of self-compassion. Based on pioneering research by Kristin Neff and integrated with the clinical perspective of Chris Germer, MSC teaches core principles and practices that enable participants to respond to difficult emotions with kindness and understanding. This 8 week training will be taught by John Julian, currently the first trained teacher of MSC in Australia.

Christopher Germer, one of the designers of this program, notes "Mindful self-compassion is the foundation of emotional healing - being aware in the present moment when we're struggling with feelings of inadequacy, despair, confusion, and other forms of stress (mindfulness) and responding with kindness and understanding (self-compassion). Mindful self-compassion also means holding difficult emotions - fear, anger, sadness, shame and self-doubt - in loving awareness, leading to greater ease and well-being in our daily lives."

Self-compassion is the emotional attitude of mindfulness when we contact suffering. Whereas mindful awareness is typically directed toward moment-to-moment experience, self-compassion focuses on the experiencer. Mindfulness says, "Open to your suffering with spacious awareness and it will change." Self-compassion adds, "Be kind to yourself in the midst of suffering and it will change." Mindfulness asks, "What do I know?" and self-compassion asks, "What do I need?"

Self-compassion can be learned by anyone, even those who didn't receive enough affection in childhood or who find it embarrassing to be kind to oneself.

It's a courageous mental attitude that stands up to harm, including the discomfort that we unwittingly inflict on ourselves through self-criticism, self-isolation, and self-rumination when things go wrong. Self-compassion provides emotional strength and resilience, allowing us to admit our shortcomings, forgive ourselves, and respond to ourselves and others with care and respect, and be fully human.

Rapidly expanding research has clearly demonstrated that self-compassion enhances emotional wellbeing, reduces anxiety and depression, helps to maintain healthy habits such as diet and exercise, and is related to better personal relationships. You can find out more by visiting the web page for the Center for Mindful Self-Compassion in the USA at <http://www.centerformsc.org/>

Target Audience.

This program is designed for members of the general public, as well as professionals who wish to integrate self-compassion into their work. **However, in this program only mental health professionals will be allowed and strict confidentiality rules will apply.** Meditation experience is not necessary to participate in this MSC program. All are welcome.

Objectives

At the completion of this activity, participants should be able to:

- describe the theory and research supporting mindful self-compassion
- motivate themselves with encouragement rather than self-criticism
- relate to difficult emotions with greater moment-to-moment acceptance
- respond to feelings of failure or inadequacy with self-kindness
- begin to transform difficult relationships, old and new, through self-validation
- practice the art of savoring and self-appreciation
- integrate core mindfulness and self-compassion exercises into daily life

- teach simple self-compassion practices to patients, students, or clients

Training

Program activities include meditation, short talks, experiential exercises, group discussion, and home practices. The MSC program is not group therapy, although participants are encouraged to share their experiences on the path of mindful self-compassion.

The emphasis of the program is on enhancing emotional resources and personal capacities. For more information on self-compassion, please see <http://www.centerformsc.org/>

Participant Guidelines

The MSC program is a journey—an adventure in self-discovery and self-kindness. Compassion has the paradoxical effect of both soothing and comforting as well as opening us to emotional distress that we may have been unconsciously holding inside, often for many years. Therefore, some difficult emotions are likely to surface during the program as we grow in our capacity to embrace and heal them. The teachers are committed to providing an environment of safety, support, privacy, individual responsibility, and a common commitment to developing compassion for oneself and others.

It is recommended, but not required, that participants read the following two books before the training:

1. Self-Compassion: Stop Beating Yourself Up and Leave Insecurity Behind by Kristin Neff
2. The Mindful Path to Self-Compassion by Christopher Germer

Needs Assessment

Over the past few years, mindfulness has become mainstream in the general population and is being increasingly integrated into professional practice (e.g. mental health, medical care, education, business, law). As the demand grows, the demand for quality professional training in these practices and techniques is growing each year. Self-compassion is a “trending health term” (Reader’s Digest, 2012) and an area of burgeoning research that is following in the wake of mindfulness. However, misunderstandings about self-compassion abound, such as conceptual confusion with self-esteem, self-indulgence, and existing notions of self-care. Despite impressive scientific evidence for the connection between self-compassion and emotional wellbeing, explicit training in the skill of self-compassion is relatively rare. This course is the first empirically-supported self-compassion training offered in Australia for professionals and the general public.

Instructor

John Julian MAASW, (BA, BSW, Cert IV Training & Assessment) Medicare registration 4060991K.

John is the senior trainer, LAMPS, and is a mindfulness trainer and clinical social worker. John has completed training in MBSR and MBCT (and is on the MBCT faculty at Monash University) and was invited to attend the first train the trainer MSC retreat with Kristin Neff and Christopher Germer and UCSD staff in March 2014, a program that consisted of 30 invited professionals from around the world. He is also a chief investigator in the large Pulsar project, recently commissioned by the State Government, aimed at researching the concept of recovery from mental health and its use by professionals.

Continuing Education

A certificate providing the number of hours attended will be provided for professionals requiring evidence of professional development certificates (i.e. nurses, psychologists, social workers, occupational therapists, doctors, etc.)

Early Notice: Plan your Paper/s

8th World Congress of Behavioural and Cognitive Therapies

22-25 June 2016

Melbourne

Welcome to the 8th World Congress of Behavioural and Cognitive Therapies 2016, which will be held at the Melbourne Convention and Exhibition Centre, 22-25 June, 2016.

Planning is now well underway and we are preparing an exciting Scientific Program and a varied social schedule that will give you an opportunity to network with colleagues in your field.

Webpage: <http://www.wcbct2016.com.au/>

