

OVERVIEW of CURRENT PROJECTS



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BRIN GRENYER (grenyer@uow.edu.au)

1. Integrated treatment for Borderline Personality Disorder : The Affect Regulation Clinic. The Affect Regulation Clinic ('Ark') is a collaboration between the Illawarra Institute for Mental Health and the Specialist Psychological Service Illawarra Mental Health. The impetus was a Commonwealth Mental Health Integration Project Grant which identified through public and private psychiatrists that there exists a group of clinical clients who have identifiable problems with affect regulation and interpersonal relationships that need a focused service for their needs. This group of clients broadly fall under the spectrum of problems clustered under the term "borderline personality disorder" (BPD). The clinical treatment that is being offered to these clients is integrative, and is based on evidence-based practice. Dialectical Behaviour Therapy (DBT) forms the cornerstone of the program, although other pharmacological and non-pharmacological clinical treatments are also integrated. The basis of the Affect Regulation Clinic is integration: that is, all referral nodes (e.g. inpatient and community, public and private, government and non-government) are centrally coordinated through a single referral point that also coordinates assessment and treatment. Core clinicians in the Affect Regulation Clinic meet weekly for team consultation and supervision. A research component is evaluating effectiveness.

A new under 18 years of age ('Baby-Ark') program is under development : a child and adolescent integrated service for emerging problems of self-harm and personality functioning.

2. Area-wide Aggression and Violence Minimisation : The Interpersonal Protect Program. The Interpersonal Protect Program (IPP) is a collaboration between the Illawarra Institute for Mental Health and Illawarra Mental Health. The development and evaluation of the IPP program is funded by an Australian Research Council Linkage Grant. The program builds on the NSW 'Safer at Work' Aggression Minimisation training package which was developed and implemented by this team. IPP is a five day program, and includes specialist clinical skills in assessment and risk management, prevention, de-escalation, intervention (verbal and physical), and post-incident debriefing and risk reassessment. A managers module is also integrated. The UK Control and Restraint physical aggression minimisation techniques are included. Regular on-ward refresher training is built into the program. A randomised trial of the intervention will be complete by the end of 2005.

LINDSAY OADES (loades@uow.edu.au)

1. The stage model of psychological recovery from serious mental illness

Psychological recovery from serious mental illness emphasizes psychological rather than medical, rehabilitation or sociopolitical constructs. Retta Andresen, Lindsay Oades and Peter Caputi (Andresen, Oades, Caputi, 2004; Andresen, Caputi, Oades, 2006) have developed a model involving 5 stages of recovery from serious mental illness and four key processes of hope, meaning, identity and responsibility.

Current projects include:

- (a) Development of the Stages of Recovery Instrument (STORI), a PhD dissertation currently under review (Retta Andresen, Lindsay Oades, Peter Caputi)
- (b) Metaphors of self across the stages of psychological recovery, a PhD dissertation (Tracy Mould, Lindsay Oades, Trevor Crowe)
- (c) Acceptance and Experiential Avoidance across the stages of psychological recovery (Vinicius Sequeira & Lindsay Oades)
- (d) The therapeutic benefits of recovery story telling (Amali Abeyawardne, Lindsay Oades, Trevor Crowe)

2. Recovery based models for mental health service provision

Recovery is an emerging movement in mental health and a key “recovery oriented services” are a key feature of the National Mental Health Plan. Evidence for recovery-based approaches is not well developed and approaches to implement recovery oriented services are not well articulated. The Collaborative Recovery Model (CRM) is an integrative model based on existing evidence consistent with recovery philosophies. The model provides an integrative framework combining: (a) evidence based practice; (b) manageable and modularized competencies relevant to case management and psychosocial rehabilitation contexts; and (c) recognition of the subjective experiences of consumers. The following link provides an overview of the Collaborative Recovery Model

http://www.uow.edu.au/health/iimh/collab_recovermodel.html/index.html

Current projects include:

- (a) Australian Integrated Mental Health Initiative (AIMhi), a five year trial examining the impact of the CRM for people with severe and enduring mental illness. This trial now involves 12 organisations within Queensland, NSW, Victoria and South Australia.
See <http://www.uq.edu.au/health/index.html?page=19441&pid=18650>
- (b) Examination of goal striving with severe and enduring mental illness. Samantha Clarke, Lindsay Oades and Trevor Crowe are currently investigating goal striving processes of people with severe and enduring mental illness in case management contexts. This forms part of Samantha Clarke’s PhD dissertation and involves the Collaborative Goal Technology (CGT), a methodology developed at the University of Wollongong.
- (c) Consumer Evaluation of the Collaborative Recovery Model. Sarah Marshall, Lindsay Oades and Trevor Crowe are conducting a consumer evaluation of the CRM for those consumers who are using services that adopt the CRM approach. This forms part of Sarah Marshall’s PhD dissertation and involves the use of collaborative research methodologies previously used within the Consumer Evaluation of Mental Health Services (CEO-MHS) research program.

3. Applications in positive mental health

This research, broadly under the umbrella of “positive psychology” examines positive psychological constructs, aiming to improve or maintain positive states and traits of mental health using constructs such as hope, gratitude, goal striving.

Current projects include:

- (a) The evaluation of a self-development program for people with enduring mental illness. This project is funded by Rotary Health and involves Oades, Crowe, Malins, Andresen, Marshall and Turner.
- (b) The impact of a self-development intervention on the psychological wellbeing of people with enduring mental illness. (Jason Pratt, Lindsay Oades, Trevor Crowe)
- (c) The role of hope in a group-based cognitive behavioural intervention for chronic pain (Tracey Williams, Lindsay Oades, Tania Cartmill)
- (d) The impact of a gratitude intervention on wellbeing (Carley Amey & Lindsay Oades)
- (e) The measurement and application of “mental fitness”, a PhD project, Paula Robinson, Peter Caputi, Lindsay Oades.

FRANK DEANE (fdeane@uow.edu.au)

1. Role of homework in psychosocial interventions for mental disorders.

- a. Collaborative Recovery Training Program involves 2-days of training for mental health staff in strategies to facilitate recovery in mental health consumers. Part of this training involves homework administration procedures. Clinicians collaboratively work with consumers to identify tasks to help them achieve their goals. The full CR program is being evaluated in a cross-over design as part of the Australian Integrated Mental Health Initiative (AIMhi) which is funded by NHMRC and partner contributions.

Thus far over 200 mental health staff have been trained across Victoria, NSW, Queensland and South Australia. Over 1000 homework assignments for 100 patients have been completed and are undergoing analysis. This has resulted in the development of a homework taxonomy and evaluating the effects of homework administration and adherence to outcomes (with Dr. Peter Kelly et al.)

- b. Homework is a major component of Multiple Family Group work and we have been assessing the relationship between group cohesion and subsequent homework completion/adherence (with Jo Mercer et al.).

2. Help seeking for mental health problems. This is an ongoing program of research which has been funded previously by an NHMRC grant under the Youth Suicide Prevention Strategy (also see <http://www.uow.edu.au/health/iimh/HelpseekingResearch/index.html>)

- a. Barriers and influences on young peoples' attendance to Child and Adolescent Mental Health Services. This study was conducted in the Illawarra and Northern Sydney CAMHS. It involves assessing barriers of 14-18 year olds attending services. Both 100 young people and their parents participated and described the extent that they were influenced to attend the service, barriers to access and levels of symptom agreement between parent and child (with Dr. Tim Whalin).
- b. Stoicism as a predictor of help seeking intentions. This study is being conducted with over 300 University students. It involves development of a new measure of stoicism and assessment of this with professional help seeking intentions.
- c. A survey of over 200 adults in the Riverina region assessing the role of stoicism, social stigma, social support and attitudes on intentions to seek professional help (with Damian Watson, Central Queensland University).
- d. A test of the capacity of variables from the Theory of Planned Behaviour to predict whether clients intend to go onto other treatment programs (e.g., rehabilitation) following detoxification is being conducted in three detoxification centres (with Zoe McCarthy et al.)
- e. Randomised trial of classroom presentations focused on help seeking compared to a neutral health presentation. Will assess the effects of presentations on attitudes, perceived value and intentions to seek help in high school students (with Janaki Rughani et al.)
- f. The role of stigma on help seeking in Sri Lanka. This study involves a survey of over 400 medical students and 100 matched patient and carer interviews (with Dr. Sunera Fernando & Dr. Hamish McLeod).

3. Effectiveness and processes in rehabilitation for drug and alcohol problems

- a. Outcomes of residential rehabilitation program for comorbid D&A and mental illness with 3 month post-treatment follow-up (with Dr. Peter Kelly et al.)
- b. Relationship between spirituality on cravings and refusal self efficacy over treatment (with Sarah Mason et al)
- c. Effects of training in screening, assessment and treatment planning in for mental illness in D&A settings on staff and treatment outcomes (with Kane Mortlock et al.)
- d. The role of spirituality and forgiveness in predicting residential treatment outcomes on cravings and refusal self efficacy (with Geoff Lyons et al.)
- e. Improving treatments for Amphetamine-type stimulants in D&A services (with Trevor Crowe and Peter Kelly).

MITCH BYRNE (mbyrne@uow.edu.au)

1. Medication Alliance: poor treatment adherence, especially adherence to prescribed medication, impacts negatively upon clinical outcomes. There are few effective training programs available to staff to enable them to enhance treatment adherence.

The Medication Alliance program has been developed to assist mental health staff engage with patients in strategies to enhance adherence and has been successfully trialled in rural and metropolitan outpatient services in Australia. Medication Alliance has also been delivered to inpatient staff in the United States and community allied health providers working with depressed patients in Victoria. Currently, Medication Alliance is being revised for application to chronic physical conditions and an on-line version of training is being developed. A number of measures have been developed and published which enable the measurement of patient adherence behaviours on the ward and staff attitudinal change toward non-adherent patients. Student nurse attitudes toward adherence and medicines in general and the potential implications of these attitudes for nurse training programs have also been investigated. Students involved in this research are Aimee Willis and Tegan Webb and staff include Frank Deane and Peter Caputi.

2. The use of violence risk assessments by mental health staff: Violence risk assessment is a core activity for mental health clinicians. Evidence suggests that clinicians neither routinely administer nor use the outcomes of such assessments in clinical practice. A number of influences upon clinicians' use of violence risk assessments have been identified through focus group research and further research is investigating barriers to the effective use of violence risk assessments in clinical practice and the

application of the results of these assessments in clinical care plans. This research will ascertain the extent to which mental health clinicians in Australia use violence risk assessments in daily practice, and the extent to which these assessments are used in risk management and patient care plans. The importance of knowledge, attitudes, and beliefs about violence risk assessments to their effective use is a major focus. Students involved in this research include Stewart Vella.

3. Mental health, illicit drug use and offending in females detained by police: This research explores the relationship between mental health, illicit drug use and offending behaviour in a sample of female offenders in police custody. Using archival de-identified information, generated by the Drug Use Monitoring in Australia (DUMA) project (co-ordinated by the Australian Institute of Criminology – AIC), are investigating relationships between offender mental health, drug use and offending across a 6 year data collection period. From the relationships established, conclusions will be drawn as to the potential significance for rehabilitative programs and sentencing options. Students involved with this research include Lubica Forsythe.

4. Disseminating special education training in mainstream schools: The Catholic Education Office (CEO) routinely conducts training for teacher's professional development. Recently the CEO has directed attention to improving understanding of Autism Spectrum Disorders (ASD) and classroom practices for children with ASD. Children with ASD have difficulty in the classroom environment due to impairments in communication, social relating and restricted interests and behaviours. Many children with high functioning autism attend mainstream educational services, such as CEO schools, and require specialised interventions to increase their potential for independent functioning. This research aims to address the barriers to implementation of professional development into the classroom environment. Students involved in this research include Christine Carey and staff include Rose Dixon (Education Faculty).

5. The Level of Service Inventory – Revised (LSI-R) and Australian Offenders: An Evaluation: The Level of Service Inventory – Revised (LSI-R) is a structured assessment providing treatment and supervision information based on the predictions of the likelihood of re-offending for offenders. Developed in Canada, very few studies have validated its utility for Australian offenders. This project therefore, aims to: (1) establish the norms for Australian offenders on the LSI-R; (2) explore the dimensions of the LSI-R, which would then provide information regarding; (3) the psychometric properties of the LSI-R. Outcomes of this project would affect the welfare of the offenders (i.e. intervention and rehabilitation), the staff (i.e. supervision and case-loads), and the department (i.e. available resources and policy). Students involved in this research include Ching_i Hsu and staff include Peter Caputi.

HAMISH McLEOD (Hamish@uow.edu.au)

1. Bed Management

(In collaboration with Professor Frank Deane)

This is a collaborative project between mental health services in the Illawarra and Southern NSW. The project had two main aims: 1. to identify the factors that contribute to inpatient psychiatric admission; and 2. to identify the factors that are associated with increased length of stay once an inpatient admission has occurred. These issues have been examined in overseas research but less is known about the Australian context. Preliminary factor analysis of the results suggests that the reasons for extended length of stay cluster around five main factors. Data collection is complete and analysis and preparation of the project report are underway.

2. Substance Use in Early Psychosis (NHMRC grant application)

(In collaboration with Professor Frank Deane and Professor Thomas Barnes, Imperial College, UK)

The use of substances, especially cannabis, is high amongst young people presenting with incipient psychotic illnesses and this is associated with poorer clinical and psychosocial outcomes. There is emerging evidence that personality traits, particularly neuroticism and impulsivity, are implicated in the onset and maintenance of drug use in the general population. These traits are also general risk factors for the development of mental health problems. We have submitted a grant application to the NHMRC in February 2005 seeking funding to examine the relationship between personality, neuropsychological functioning, beliefs about drug effects, and substance use in people with early psychosis. We are particularly interested to determine the factors associated with the continuation or cessation of cannabis use over time in people. If funded, the project will run longitudinally over 2 years at sites in the Illawarra and South and West Sydney.

3. Wollongong Magistrates Court Liaison Project

(In collaboration with Professor Frank Deane and Mitch Byrne, UOW)

A substantial number of people with psychiatric illnesses commit offences that lead to contact with the criminal justice system and a proportion of these people will claim not to remember the details of their alleged offence. This profile is associated with a poorer response to treatment and higher rates of re-offending. There is currently one psychiatric nurse responsible for the assessment of mentally ill offenders passing through the Wollongong Magistrates Court. We have recently commenced a project that aims to formalise the existing mental health assessment procedures and improve the detection of mentally ill offenders being held for summary offences. The project will also examine the effects of intoxication, mental illness, and dissociative experiences on defendants' memory for the events that lead to their arrest.

4. Neurocognition and Daily Functioning in the Elderly

(In collaboration with Dr Steven Roodenrys, Department of Psychology, UOW)

There is a recognised decline in cognitive functioning with normal aging but the discrimination of this from pathological deteriorations due to cortical dementia is difficult in the early stages of the disease process. A failure to detect early dementia might delay treatment that could arrest the rate of decline and so considerable research effort has been invested in the early detection of illnesses such as Alzheimer's disease. We are using a computerised neuropsychological test battery to examine older adults who display a range of cognitive functioning from unimpaired to frank dementia. We are also taking measures of everyday functioning to determine the impact of disturbances of basic cognitive processes on these. The participants are currently being recruited from Warrigal Care facilities across the Illawarra.

CRAIG GONSALVEZ (craigg@uow.edu.au)

1. Prediction of problem gamblers using ambulatory psychophysiology:

Craig Gonsalvez, Prof. Alex Blaszczynski, Adam Clarke. Currently, problem gambling is a major problem in Australia, and interventions are restricted to counseling after the problem occurs. The research program examines the use of psychophysiological measures to identify individuals at high-risk for problem gambling, so that preventative interventions could be trialled. An ARC-Industry Linkage grant (2006-2008) will be submitted in November 2005. TABCORP, the Industry partner has already pledged \$30,000 over 3 years towards the project. If preliminary studies are promising, an NHMRC application will be lodged in 2006/2007 for additional funding from 2008-2010.

2. Cognitive Behaviour Therapy: Training and Supervision Programs.

Craig Gonsalvez, Mitchell Byrne, John Freestone

We have already demonstrated expertise in this area by conducting several workshops (several of them invited presentations) on CBT and CBT supervision for nursing staff, GPs, and psychologists. A) GP Program: This program is currently linked to the BOMHC initiative and CBT training for GP's. The goal is the development of peer based supervision models for GP's delivering mental health services to patients that support appropriate patient selection and decisions regarding referral. Step 1 involved a pilot study of the training model. Step 2 involves a controlled trial of a modified training model. Step 3 involves the development of peer supervision practices among trained GP's. Step 4 involves evaluation of peer supervision outcomes. B) Supervision program for Psychologists: This initiative includes the development of a program of supervisor training and evaluation deriving from the Objectives-based Approach to Supervision. Plans include the production and marketing of videotapes for clinical supervision and the provision of funded training and research on clinical supervision for various government (E.g., Psychologists Registration Board, Department of Health) and other non-government agencies.

3. P300 as an index of memory decay

Craig Gonsalvez & Robert Barry.

This project represents an investigation into the possibility that the P300, a component of the event-related brain potential, could be used as an objective measure of memory decay. The identification of a reliable, objective measure of memory decay will have major implications for diagnosis and monitoring of clinical conditions such as dementia. A major ARC discovery grant was submitted in 2002 (Unsuccessful). Additional research has been conducted and published since then, and another attempt at an ARC grant will be made in 2006.

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OVERVIEW of CURRENT PROJECTS

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1. Quantifying the neurocognitive impact of cannabis across the life span: The evolution of memory deficits. Nadia Solowij, Marc Seal, Dan Lubman, Philip McGuire, Murat Yücel, Mick Brammer, Steve Williams, Steve Roodenrys, Brin Grenyer.

Cannabis is the most widely abused illicit drug and its early use by adolescents has been associated with a wide range of adverse outcomes, including cognitive impairments, poor socio-occupational functioning and mental health problems. Adolescent use of cannabis is occurring at a younger age than ever before, resulting in a greater risk of ongoing substance use problems, as well as prolonged exposure to cannabis-related harms. Adolescence is increasingly being recognised as a critical period of structural/functional brain maturation with particular vulnerability to exogenous toxins, but there is a distinct paucity of research on the neurocognitive impact of cannabis use during this unique neurodevelopmental period. Cannabinoids have a profound influence on learning and memory. Research has identified impairments in memory, attention and executive functions in adult chronic users in the unintoxicated state and indeed, impaired performance on verbal learning and memory tasks is one of the most consistently replicated findings. These deficits have variously been attributed to dose, frequency or duration of cannabis use and further research is necessary to elucidate the parameters of use that lead to clinically significant dysfunction, as well as the critical elements that lead to the emergence of deficits in adolescence. We are now investigating the effects of frequency, duration and age of initiation of cannabis use on brain structure, verbal learning and memory and psychopathology in cohorts of adult and adolescent cannabis users utilising sophisticated brain imaging techniques. Data collected has commenced in 2008. NHMRC Project Grant funding for 2007 – 2010.

2. Determining the cognitive sequelae of adolescent cannabis use: a longitudinal cohort study. Nadia Solowij, Murat Yücel, Dan Lubman, Joseph Ciarrochi and Patrick Heaven.

To date, no studies have been able to shed light on the critical question of whether regular adolescent cannabis use results in neurocognitive impairment that cannot be accounted for by pre-existing intellectual deficits or underlying personality factors. We have a rare opportunity to answer this question due to our involvement with a unique longitudinal sample of 750 adolescents, followed since entry to high school, and assessed on these premorbid measures. The specific aims of the proposed study are to: i. Examine the cognitive sequelae of cannabis use in adolescence, as well as their specificity, after controlling for differences in premorbid intellectual functioning and personality factors; ii. Examine the dose-response relationship between parameters of cannabis use (e.g. duration, frequency, quantity and age of onset of use) and cognitive sequelae, while accounting for pre-existing differences in personality and academic ability; iii. Characterise the potential vulnerability or protective role of pre-existing cognitive and personality factors obtained prior to any substance use in predicting or moderating later cannabis use related sequelae in a large cohort of adolescents. Data collection has commenced in 2008. NHMRC Project Grant funding for 2008 – 2009.

3. Verbal learning and memory and neurocognition in cannabis users and schizophrenia patients with long term cannabis use. Nadia Solowij, Colleen Respondek, Susan Gordon, Marc Seal, Brin Grenyer.

This research aims to understand the neurobiological interactions between cannabis effects on brain function and impaired cognitive functioning in schizophrenia by investigating memory impairment and executive functioning in cannabis users and people with schizophrenia with and without comorbid cannabis use using brain imaging and neuropsychological techniques. Data collection is complete for one PhD (CR) and one Hons (SG) student projects. Analyses are ongoing and one major paper has now been published in Archives of General Psychiatry. Preparation of further papers is underway. Funded by Ramaciotti Foundation, Schizophrenia Research Institute, and HBS FRC.

4. A study of stress, cannabis use and fatty acids in schizophrenia. Sharon Monterrubio, Nadia Solowij, Barbara Meyer, Lee Astheimer, Nigel Turner, Markus Leweke.

The primary aim of this project is to determine whether blood polyunsaturated fatty acids (PUFAs) that underpin the endogenous cannabinoid system are associated with physiological and psychological stress levels in individuals with schizophrenia who have varying histories of cannabis use. We are examining cortisol responsivity, anandamide levels in blood, and will quantify dietary and membrane levels of fatty acids, examining their relationship to stress, symptoms and cannabis use in patients and controls. A

UOW dietary questionnaire has been validated for the first time in subjects with schizophrenia. A dietary pilot study has reduced the intake of a common PUFA that is abundant in western diets with the aim of improving fatty acid ratios and wellbeing and papers are underway to report these findings. The results will help to determine the nature of future dietary manipulation and supplementation that is appropriate for individuals with schizophrenia, and increasing our understanding of interactions with cannabis use and endogenous cannabinoid function. Further, the research aims to clarify discrepancies in methodology of fatty acid supplementation studies in schizophrenia. Data collection is complete and data analysis is underway toward preparation of papers for publication. Funded by the Schizophrenia Research Institute, HBS FRC and iiMH.

5. Brain event-related potential indices of memory and attention in long term cannabis users. Robert Battisti, Nadia Solowij, Steve Roodenrys, Stuart Johnstone

This study uses sensitive measures of the electrical activity of the brain to further explore the mechanisms of memory and attentional impairments in cannabis users. Data collection is complete and analysis and preparation of papers are underway. Funded by URC.

TREVOR CROWE (tcrowe@uow.edu.au)

Coordination of the Collaborative Recovery Model NHMRC study

Along with Prof Frank Deane and Dr Lindsay Oades, this involves contribution to a number of associated projects and PhD studies including:

- Samantha Clarke's (PhD candidate) evaluation of the Collaborative Goal Technology, goal ownership and goal strivings
- Sarah Marshall's (PhD candidate) consumer evaluation and evolution of the CRM
- Transfer of training to clinical practice (Shivani Uppal – Clinical Masters)
- Improving transfer of training via enhancing the CRM training programme with CD Rom self-paced learning, services managers training, phone coaching and review of care planning protocols

1. The Illawarra Drug, Alcohol and HIV/AIDS Prevention Staff Professional Development Project, Phase One: Baseline Evaluation of professional identity, reflective practice, and readiness to undertake research (research capacity) of employees.

Joint Chief Investigators: Marijke Boers, Clinical Director, Illawarra DAHIV AIDS Prevention Service & Dr Trevor Crowe, Associate Fellow, Illawarra Institute of Mental Health, University of Wollongong. The overall project aim is to describe and create a preferred and sustainable cultural shift towards professional development and evidence based practice amongst employees of the DAHIV AIDS Prevention Service: To do so by: enhancing employees' sense of professional identity, developing their engagement with the current literature in their field, and developing their capacity to undertake clinician-led research. In effect this research attempts to examine the process of a cultural shift towards adopting a 'scientist-practitioner' model in relation to the provision of clinical services. Phase one involves the development of a methodology (including a questionnaire and semi-structured interview schedule) to establish baseline data related to the current workforce's attitudes, preparedness and capacity to engage in operating under a 'scientist-practitioner' model, including employees' professional identities. Modified workforce development questionnaires are used (e.g. 'Workforce Practice Questionnaire' NCETA, 2004. Constructs covered are: 1. At individual level (previous experience, role legitimacy, role adequacy, attitude, rewards); 2. team level (team morale & processes, AOD expertise – knowledge, skills and supervision, team culture & downward influence, situational constraints); 3. workplace level (job conditions, workplace relationships – communication/collaboration and supervision) and, 4. organisational level (organisational climate – policies, procedures & change, organisational flexibility, organisational role legitimacy, AOD capacity, training, and downward influence to adopt practices). Other questionnaires assess attitudes towards research involvement and utilisation, and issues associated with defining recovery and perceptions of recovery-orientation of the services. Data is also being collected from two local NGO residential treatment services.

Stage one is nearing completion with stage two (involving implementing and evaluating the impact of some of the recommendation from stage one) is being designed for 2006.

2. Can understandings of family recovery processes improve family intervention programmes? (Other investigators Prof Frank Deane and Sinead McGuinness – PhD candidate).

It is also widely recognised that family members experience high levels of stress and burden in supporting a family member with severe mental illness. In the same way that the individual with mental

illness may undergo profound changes over many years in their journey of recovery from mental illness, family members also have their recovery journeys. It is important to understand family members' experiences of their own adaptation and recovery processes, and in particular what they deem helpful and hindering of these recovery processes.

This area of research development has 4 stages and ties together several initiatives.

Stage 1 – Identify the therapeutic processes crucial to supporting/facilitating recovery processes for families living with a member with alcohol/drug use and/or mental health disorders.

Stage 2 – Identifying a stages of recovery model for these families and comparing/contrasting this model with stages of recovery models associated with recovery processes of people with mental illness.

Stage 3 – Development of appropriate measurement strategies to capture family members' stages and phases of recovery.

Stage 4 – Investigate the effects of integrating recovery focused psychoeducational interventions across a number of existing family support programmes.

3. Drug use trends and help-seeking planning with young people in custody

(other investigator – Tim Brain) The study aims to compare current (2006) reported drug use trends by young people now in custody to that of young people in custody reported in the 2001 (archival data). These drug use trends will also be compared to that of the general population, as reported in the Australian National Household Survey (2004). The new data for this project will be collected as by Juvenile Justice (JJ) counsellors as a part of the routine alcohol and other drug (AOD) assessment that a young people completes after being admitted to a range of Juvenile Justice Centres across NSW.

It is also an aim of this project to attempt to identify possible barriers to help-seeking regarding their substance use. It is proposed that an adaptation of the Barriers to Help Seeking Scale (BHSS, Mansfield et al., 2005. See appendix) will offer insight into anticipated barriers to seeking help. The adaptation includes the addition of items designed to capture the young person's 'intent' to seek help. It is believed that this information will be useful in relation to developing intervention and relapse prevention plans for young people in custody in terms of increasing help-seeking behaviour and overcoming barriers.

To further investigate this issue, this study aims to use the Drug Taking Confidence Questionnaire-8 (DTCQ-8) to investigate the confidence of young people in custody, who have reported substance use, to resist using their principle drug of concern across a range of drug use risk situations. This will similarly be useful for shaping relapse prevention plans in terms of developing strategies to deal with a range of high risk situations.

4. Substance misuse treatment staff attitudes regarding working with clients who have complex mental health and substance misuse problems.

(Other investigators – Tania Sundgaard, Jo Lunn and Mark Buckingham) This project aims to: 1) develop and evaluate a measure of staff attitudes and self efficacy regarding working with substance misuse clients who have coexisting mental health issues attending residential treatment, and 2) use the questionnaire to evaluate the immediate impact of a pilot better management of MISU clients staff training programme. The evaluation will focus on the training group's attitudes and self efficacy when compared with a control group. It is expected that there will be more positive attitudes and self-efficacy reported in staff who have completed the pilot training programme than the control group.

5. Assessing the recovery orientation of Illawarra/Shoalhaven mental health services.

(Other investigators Prof Frank Deane, Dr Lindsay Oades, Carol Clegg, James McIntosh)

This suite of studies aims to identify and examine a range of perceptions (service providers, persons in recovery and family members/significant others/advocates) to gauge the degree to which a variety of mental health recovery principles are manifest in the current practices of mental health agencies.

6. Recovery stories: Differential recall of recovery process for people with severe and enduring mental illness. (Dr Lindsay Oades & Dr Trevor Crowe)

Recovery from severe and enduring mental illness has recently emphasised the notion of movement towards a full and meaningful life, even if living with symptoms. Psychological processes have been emphasised rather than a medical endpoint or cure. Some evidence exists that this process occur in a measurable ordinal manner, possibly stages (Andresen, Oades, Caputi, 2004; Andresen, Caputi, Oades,

in press). The measurement of recovery stages requires further methodological examination including examination of differential response to story telling instructions and examination of whether recovery stories are stable. This study will use a videotape methodology of 12 consumers provided with 3 different story telling instructions to examine the impact of these instructions on the way recovery stories are constructed. The Stages of Recovery Measure (SRM) will be used as an index to the Stage of Recovery for comparative purposes across the instruction sets.

CORALIE WILSON (cwilson@uow.edu.au) - RESEARCH PROGRAMS 2009-2010

1. Help-negation and help-seeking

Help-negation refers to the process of help avoidance or refusal that commonly occurs in clinical and non-clinical samples with varying forms and levels of psychological symptoms [Encyclopaedia of Adolescence]. In the last decade the effect has been established as an inverse relationship between the severity of symptoms and help-seeking for suicidal ideation [1], depression [2], and general psychological distress [3], for a variety of professional and non-professional help sources.

Findings of help-negation suggest that at least some types of psychological symptoms act as significant barriers to help-seeking. They also raise important implications for our future prevention initiatives and policies that rely on proactively seeking and accessing help. How successful can we expect future initiatives to be if a consequence of experiencing psychological distress, even in its very early stages of development, is a tendency to withdraw from specific helping opportunities or avoid help altogether? [Australian and New Zealand Journal of Psychiatry]

From 2010, the help-negation research program moves from the establishment of help-negation to a new phase of investigation that aims to identify the determinants of help-negation for a range of psychiatric and physical illness/disease symptoms, together with the cognitive, affective, behavioural, neurological and social variables underpinning and strengthening help-negation. Projects currently running and under development examine help-negation in relation to a broad range of symptoms, in clinical and community samples with different demographical variables, and answer the following questions:

- What are the patterns of help-negation for different psychiatric and physical symptoms of illness/disease?
- What are the correlates and determinants of help-negation?
- What are the neurological and neuropsychological mechanisms involved in help-negation?
- What is the role of social networks in help-negation?
- What is the best way to inoculate different groups against help-negation?
- What are the implications for national and international policy?

1. Wilson CJ, Deane FP, Ciarrochi J. Can hopelessness and adolescents' beliefs and attitudes about seeking help account for help negation? *Journal of Clinical Psychology*, 2005; 61: 1525-1539.
2. Wilson CJ, Rickwood DJ, Deane FP. Depressive symptoms and help-seeking intentions in young people. *Clinical Psychologist*, 2007; 11: 98-107.
3. Wilson CJ, Deane FP, Marshall KL, Dalley A. Adolescents' suicidal thinking and reluctance to consult general medical practitioners. *Journal of Youth and Adolescence*, 2009; DOI 10.1007/s10964-009-9436-6.

2. Clinicians' and community gatekeepers' personal and professional development (PPD)

Personal and Professional Development (PPD) has increased in importance in clinical education in recent decades. Among other things, PPD includes the ways in which a clinician thinks about her/his approach to practice, how the clinician engages with their patients, and the legal-ethical framework and the life/work balance within which the clinician operates. The PPD research program includes, but is not limited to, several projects currently running and under development that link to the help-negation research program and answer the following questions:

- What are the implications of help-negation for the personal and/or professional development of medical/mental health professionals and community gatekeepers?
- What are the specific roles of medical/mental health professionals and community gatekeepers in overcoming help-negation?
- What is the relationship between overcoming help-negation and improving patient outcomes?
- What are the best ways to prepare and support medical/mental health professionals and community gatekeepers to overcome help-negation in both their patients and themselves (education/training process and content variables)?
- What are the implications for screening and clinical guidelines?