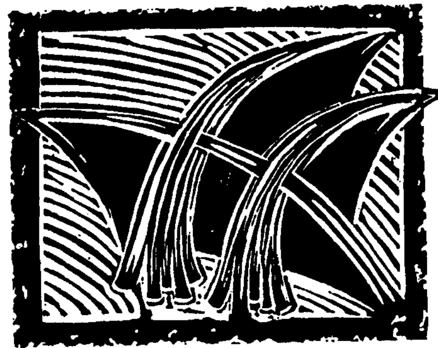
Book of Proceedings

20 - 22 August 2002
12th Annual TheMHS Conference
Sydney, Australia

There's No Health Without Mental Health



Contemporary TheMHS in Mental Health Services

The Mental Health Services Conference Inc. of Australia and New Zealand
Including the A.N.Z. Mental Health Achievement Awards

EDITORS' FOREWORD

We hope you enjoy reading these papers from the 12th annual TheMHS Conference held in Sydney, NSW, Australia. The papers represent a wide range of mental health topics and a broad group of people involved in mental health services. Represented in these proceedings are service providers, consumers, carers (families), researchers, educators and managers.

All papers submitted to the Editors of this Book of Proceedings by conference presenters are read by two independent reviewers. Papers are reviewed on the criteria of innovation, clarity, relevance to mental health services, coherence of the topic, and evidence. The editors have again this year, decided to include a section of highly recommended papers. These are the papers rated highest by the reviewers, against the five criteria.

HOW TO REFERENCE THIS BOOK

Cathy Issakidis, Paula Hanlon, Sadie Robertson, Kevin Kellehear, Maree Teesson, Vivienne Miller, John Farhall, Janet Peters, Peter McGeorge, Robert Bland (2003) There's No Health Without Mental Health, Contemporary TheMHS in Mental Health Services, Sydney Conference Proceedings 2002, TheMHS Conference, Sydney, Australia.

DISCLAIMER

Views expressed by the authors of papers in this Book of Proceedings, do not represent the views of the editors, or of TheMHS Conference. Whilst all papers were subjected to a review process, accuracy of information and the content of papers, remains the responsibility of the authors.

The Annual Mental Health Services Conference was held at the Sydney Convention and Exhibition Centre in August 2002. There were over 1000 people, attending over 200 papers and workshops presented by people from Australia, New Zealand and a number of other countries.

EDITORS

Cathy Issakidis, Paula Hanlon, Sadie Robertson, Kevin Kellehear, Maree Teesson, Vivienne Miller, John Farhall, Janet Peters, Peter McGeorge, Robert Bland.

CONFERENCE ORGANISING COMMITTEE

Michael Appleton, Jodie Brown, Gillian Church, Anne-Lyse De Guio (past member), Lynne Dunbar, Douglas Holmes, Rhoda Immerman, Cathy Issakidis (Convenor), Joanna Jaaniste, Kevin Kellehear, Elizabeth Priestly (past member), Sadie Robertson, Maree Teesson, Laraine Toms, Maurice Walker

CONTENTS

Page

ACHIEVEMENT AWARDS 5 – 33

KEYNOTE SPEAKERS' PAPERS 34

Peter Huxley 35 - 43
Promoting mental health and quality of life through social inclusion

Vicki Katsifis 44 - 50
An holistic approach to recovery

RECOMMENDED READING 51

Rosemary Faire 52 - 57
Music Therapy, Expressive Arts Therapy and Mental Health

Patrizia Fiorillo 57 - 66
Researching sensitive topics: research methodology issues in exploring the experience of being scheduled in the community

Michael Hemingway 66 - 71
Clozaril in Primary Care South West Area Mental Health Service

Marie Hines Ph D, V. Kalyanasundaram, Margaret Marsden, Elaine Kermode, Janette Randall, Shirley Wigan 71 - 76
Fit to Feel Good

Mary O'Hagan 77 - 81
What is Mental Illness? Pictures of Mental Illness that Lead to Discrimination

Tim Rolfe 81 - 86
Community Treatment Orders: Theraputic Jurisprudence in Action or Human Rights Violation

Kath Thorburn, Lorna McNamara 86 - 93
Learning in Action: Informal and Incidental Learning in Mental Health

Tom Trauer 94 - 100
Outcome measurement in mental health care: summary of findings from initial implementation agencies in Victoria

Clare Wilding 100 - 104
There's no life without a spiritual life

Peter Wise 104 - 108
The Consumer – GP Tutoring Partnership – fostering consumer participation in medical education

MUSIC THERAPY, EXPRESSIVE ARTS THERAPY AND MENTAL HEALTH

Rosemary J. Faire

This paper introduces the reader to the modern profession of Music Therapy, and the challenge faced by Music Therapists to uphold the values of both the Arts and Science. An "indigenous art-work centred" approach (Intermodal Expressive Arts Therapy), the foundation of the author's work, is described. At the core of this model are the concepts of "poiesis"(artistic knowing) and "Spielraum" (space to play). In the safety of a non-judgemental musical relationship, one can enter an "alternate experience of worlding" in which the imagination and the creation of, and engagement with, an art work can reveal fresh insights, and sometimes offer a gift. A description of song writing in mental health settings at Cumberland Hospital and Westview Cottage illustrates the way in which songs can act as containers, as third elements in therapy which enable "aesthetic distancing" through which the song writers can view and share their personal experience. The broader relevance of the arts therapies for mental health in the general community is also discussed.

Introduction

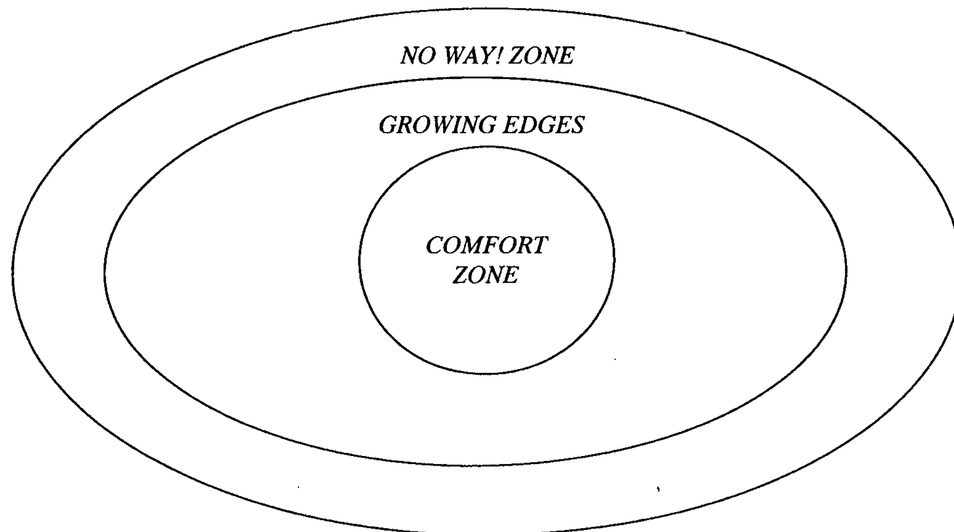
I'd like to begin my paper with a question:

How do you, the reader, feel about singing/ writing a song?

People in the general community are not always comfortable with self expression through voice, song writing, and other musical or creative arts modalities.

Over the years I have used what I call the "Creativity Contour Map"(Fig.1) to establish participants' "comfort zones", "growing edges", and "NO WAY! zones". This is a way of respecting their boundaries while at the same time encouraging them to try something new - a form of creative self expression at their growing edge.

Fig1
Creativity Contour Map



It is not uncommon for me to be approached after Music Therapy sessions by staff and participants who say something like: *"I used to learn music when I was a child but I gave it up..."* in a wistful way that leads me to infer a sense of loss. Or *"I can't sing...I'm tone deaf...I've got no sense of rhythm"* - statements which push away the possibility of joining in with singing and music making.

In reflecting on these experiences, I am reminded of the lines of poetry by Gerard Manley Hopkins:

After-comers cannot guess the beauty been...
(Binsey Poplars, felled 1879, Gardner, 1953)

Although Hopkins' image refers to the gaping hole left by felled trees, it seems to me analogous to the vacuum and subsequent feelings of loss that occur when people surrender their ability to voice, to sing, to articulate their personal meanings through song - giving this role to the "experts": the singers, the song-writers and musicians. This tendency to give up on one's artistic self expression can be found throughout the arts modalities, and from my perspective, is a form of creeping impoverishment of our society that is barely noticed.

As an Expressive Arts Therapist specialising in music and movement, I like the African saying:

"If you can walk, you can dance,
If you can talk, you can sing.."

Therefore, with an underlying belief in the natural ability of my clients to express themselves through the arts modalities they choose to explore, I often find myself in the role of "midwife" to the "birthing" of songs. Below I will describe this process of song writing in mental health settings, but first I will briefly introduce you to the field and my theoretical framework.

Music Therapy - a brief overview

In discussing the roots of Music Therapy it is important to distinguish between music therapy as a discipline, which is ancient (going back to multimodal shamanic healing practices) and Music Therapy as a modern profession, which became established in Europe and the USA in the middle of the 20th century (Aigen,1991a; Bunt, 1994). As a practising Music Therapist I am constantly engaged in bridging the values of the Arts (such as intuition and personal meaning) with the values of Science (such as the need for documentation, evaluation and research). My background as a researcher in Biological Sciences has taught me the value of, but also the limitations of, positivism as a philosophical foundation for fields which concern themselves with the complexity of human feelings and personal meanings. With others in the Music Therapy community (Langenberg, 1996), I celebrate the more recent emergence of a variety of alternative philosophies and forms of research. Despite this trend, the creative arts therapies are still very much influenced by what have been referred to as "male" views of practice and research within health care systems (Wadeson, 1989).

In my role as an educator in Music Therapy, I am aware of the diversity of theoretical models used by Music Therapists, ranging from those that have been adapted from medicine and psychology, to those which have originated from within the creative arts therapies themselves, which have been referred to by Aigen (1991b), as "indigenous". There is debate within the profession about which models are more appropriate. There are also healthy controversies around the use of words in Music Therapy work (distinguishing between "music <u>in</u> therapy", in which music is an adjunct to verbal psychotherapy, and " music <u>as</u> therapy", in which music is the primary vehicle for the therapeutic relationship, Bruscia, 1989).

Music Therapists may employ a large variety of methods. Some "expressive" methods involve participants in music making, (such as song writing, singing songs, musical improvisation); whereas in "receptive" methods, the clients do not make music themselves, but are actively engaged in either listening to music, forming imagery to music or moving to music. Passive music listening for relaxation is also used in some contexts. In this paper I will focus on my use of song writing with groups and individuals in mental health settings.

My Expressive Arts Therapy Foundations

One of the major influences on my work as a Music Therapist has been studying with a Swiss Expressive Arts Therapist, originally a Music Therapist, by the name of Paolo Knill. So far in this paper I have been using both the terms "creative arts therapies" and "expressive arts therapy". I'd like to explain the difference between these two terms as I understand them:

The term "Creative Arts Therapies" is used as an umbrella term to refer to a collection of disciplines such as Music Therapy, Dance Therapy, Art Therapy, Drama Therapy, Poetry Therapy, and others, that have had separate origins (some would say revivals) in the last century. These separate disciplines have come together relatively recently to explore professional collaboration through bodies such as National Consortium of Arts Therapy Associations in the USA and a European consortium for creative arts therapists "that fosters dialogue among the arts therapy disciplines and among various cultures" (Landy, 1995, p84).

The term "Expressive Arts Therapy", on the other hand, refers to a field whose origins trace back to "Intermodal Expressive Therapy" which was given this name in the 1970s at Lesley College Graduate School in Cambridge (near Boston). Here, a team of creative arts therapists consisting of Shaun McNiff (an Art Therapist), Paolo Knill (a Music Therapist), Norma Canner (a Dance Therapist) and others put together a training which, although it allowed specialization in one or more of the arts, was based on an interdisciplinary philosophy which embraced all arts modalities. *"Connections were made with indigenous healing systems, such as shamanism... and with contemporary philosophical developments: phenomenology, hermeneutics and more recently, deconstructionism."* (Levine and Levine, 1999, p.9). The multi-dimensionality of the bodily senses and the imagination and play are central to this approach in which one moves with sensitivity between arts modalities in order to deepen and develop the experienced meaning of an art work - in a process refered to as "intermodal transfer" by Knill (Knill et al,1995).

The term "poiesis", the ancient Greek word for poetry and the artistic way of knowing, has been used by Steve Levine to describe the creative act by which we constantly re-form ourselves, to engage in what James Hillman calls "soul-making" (Levine, 1997). When we enter the realm of poiesis, we enter an "alternative experience of worlding"(Knill, 2000) in which the imagination and metaphor can speak to us through the art-work that is created. Knill refers to this movement into poiesis as "decentering" through the arts in contrast to "problem tranced" approaches which focus on going deeper into a problem or trying to solve it. Although many forms of psychotherapy enter into this world of the imagination, the strength of the arts therapies is that the art-work forms a third element in the therapeutic relationship; it has a "thingly presence" which can be experienced by both client and therapist, enabling "aesthetic distancing" and dialogue. Rather than interpreting the art-work through a psychotherapeutic theory, the art-work-based approach engages with the work on a sensory and feeling level prior to the emergence of words and meanings; this can be achieved through moving "sideways" into other arts modalities instead of "upward" towards verbal interpretation.

The outcome of this process is an emergent gift which cannot be taken for granted. This gift may be insight, acceptance, or a change in the story about a problem. It may also be the safety of telling and being heard in a way that doesn't involve talking about the problem, but the much more enjoyable process of play - "Spielraum"(Knill, 2000). Other Music Therapists have also regarded play as the key element in the transformative capacity of music whereby people discover fresh ways of being and perceiving (Kenny 1989; Pavlicevic, 1997; Warja, 1999).

I invite you to try the following experiment in poiesis: Begin a regular movement of your hand that you can repeat. Once you have found the movement, let your "moving hand" transform into a "dancing hand" and even a "hand that is being danced". What is the difference between the felt sense of a moving hand and a danced hand? Alternatively, listen to the sounds in the room. What happens when you shift into hearing these sounds as a "symphony of the moment"? What is the essence of poiesis? Is it something to do with aesthetic awareness...or not knowing what will happen next?

The Song and the Roles Songs Play

My work as a Music Therapist in mental health settings has involved conducting individual and group Music Therapy in hospitals (as part of the Creative Arts Therapy team within the Life Skills Program at Cumberland Hospital, and also at Evesham Clinic, South Pacific Private Hospital and Manly Hospital's Phoenix Drug and Alcohol Unit) and in a day centre for consumers (Westview Cottage). Although many different music therapy methods are used in my work, I will now focus on the method of song writing.

I often invite participants of groups or individual Music Therapy sessions to engage in song writing, even if they have never done it before. If they accept my invitation we commonly begin by brainstorming the words and phrases of the song until they fall into place. The song forms a potential container for the song writers' concerns, emotions, symbols and memories. The song writers tell me when the lyrics feel finished. We then work together to find the qualities of the music to carry the words: its rhythm, the chords; and finally we experiment with a melody line. It is a playful, non-judgemental process in which there is an element of surprise at the emergence of the final product - sometimes there is a feeling that the song has "written itself".

In singing the song, listening to it on tape, talking about it, and modifying it over a period of weeks, a form of aesthetic distancing is occurring in which the contents of the song can be re-experienced from another perspective and shared with others.

When I review the many songs that my clients have written, in order to try to discern the roles they may haved played in therapy, I can construct them as clusters in several categories. Some songs have been containers for an alchemical process which has lead from pain and suffering to acceptance of the present situation *(Emotions; It's Only Up From Here)*; some have been described by their writers as containing symbols of hope (*The Great Sun*); some songs have been written as gifts for staff that are leaving *(Goodbye to Jan Our Friend)*; gifts for missed children *(People Care)*; or gifts for others in the hospital *(A gift from B. to A.)*; some songs are stories about unpleasant experiences and offer the writer a way of moving on *(The Audition)*; or stories about life in the hospital *(The Undulating Land)*; some songs have been expressions of emotions ranging from frustration *(Frustrated)* to appreciation *(Friends)*.

I am constantly reawakened to the depth and transformative capacity of such songs. The song writers also express surprise at their ability to create this song out of nothing. They show satisfaction in their work and often want to hear and sing the song repeatedly over the next weeks and sometimes months. It is not uncommon to do several recordings or takes. In an art-work-centred approach, these takes are important - simply focusing on the process of self expression in the moment can rob the client of a deeper experience of aesthetic involvement with the work, grappling with it as artists do until it feels complete.

Ethical dilemmas around Songs written in a hospital setting

For me, each song of my client is a special creation. It is vulnerable and exposed and I have conflicting feelings about publishing the lyrics. I have asked some of the song writers and they have given their permission for me to share their lyrics. Yet I also ask myself questions about doing this: Do my clients understand the full ramifications of my asking them for consent? Are they just trying to be nice to me as part of an institutionalized habit? What is my motivation in wanting to publish their lyrics? Will some readers try to interpret the lyrics in a way I find quite antithetical to my philosophy of practice? Is the case study an outdated remnant of the medical lectures of last century or can one be mindful of con sumers' sensitivities in presenting their creations as case studies? And, most cynically of all, Am I just using my clients' songs to prove to disbelievers that Music Therapy works? In exposing my questions rather than my clients' song lyrics I have shifted the vulnerability to myself, where perhaps it belongs.

Outcomes or Gifts?

As I mentioned above, I strive for a balance between the values of the Arts and Science. As both a lecturer and a therapist I am faced with the requirement to define behaviou ral objectives and outcomes for my students and clients. Yet I resonate with van Manen's (1984) critique of the traps in *"the phenomenology of specific educational objectives"*: *"The language of aims and objectives,..expectations,...outcomes, goals...is a language of hope out of which hope itself has been systematically purged."* This way of languaging can *"easily degenerate into desires, wants, certainties, predictions"* and lead us to *"close ourselves off from possibilities that lie outside the direct or indirect field of vision of the expectations."* He also warns of *"the danger of always treating the present as burden, as something that must be overcome. There is little dwelling in such living."* (van Manen, 1984, p.65).

I certainly can construct a general direction, but the process of play itself and the values inherent in this process, especially the value of not knowing, leads me to a metaphor. This metaphor resonates more deeply with who I am as a person and therapist:

In the context of a caring relationship, we together can enter the doorway into the realm of play and, perhaps, discover there a gift from the imagination to take back with us.

Broad Contexts of Music Therapy and Mental Health

I would like to conclude this paper by returning to the question with which I began, and the suggestion that perhaps Music Therapy's role in mental health is not only to facilitate the rehabilitation of those people who have a mental illness, but also to serve the broader community in moving toward a deeper sense of wellness (Broucek, 1987). Below are a few examples of this from my own experience.

In addition to my work in hospitals and day centres, I also incorporate Expressive Arts Therapy and Music Therapy as part of the training of Music Therapists at the University of Technology Sydney (UTS). A very important component of this training is to develop resources for self care as a therapist, and students are encouraged to use these arts therapies as tools for personal and professional development. Stud ents and members of the public also participate in musical improvisation groups for experiential learning at the UTS Music Therapy Clinic.

For over ten years I have been part of a community improvisation ritual known as Sound and Dance Conversations (Faire, 2002) which, as described by participants, provides a safe place for them to express themselves through music and movement, experience a sense of community and connection to the transpersonal, and find joy in play. My work with adults in the gene ral community has also drawn upon the emerging fields of environmental community arts and ecological expressive therapies (Kellen -Taylor, 1989), in which the arts enable participants to reconnect with their feelings of concern toward the natural environment and their sense of an ecological self (Bragg, 1996). In my experience, consumers, mental health workers and people in the general community all have something to gain in engaging in play, poiesis and the arts: as we reown our natural ability to sing, make songs, and express ourselves through a variety of arts modalities, we enrich both ourselves and our communities.

Author Note: Dr Rosemary Faire coordinates the Graduate Diploma in Music Therapy at UTS Kuring -gai campus and can be contacted at <rosemary.faire@uts.edu.au>

References

Aigen, K. (1991a) The Voice of the Forest: a conception of music for music therapy, *Music Therapy,* Vol.10, No.1, 77-98.

Aigen, K. (1991b) *The Roots of Music Therapy: Towards an indigenous research paradigm*, Thesis (D.A.), New York University, Ann Arbor, Mich.: University Microfilms International.

Bragg, E.A, (1996) Towards Ecological Self: Deep ecology meets constructionist self -theory, *Journal of Environmental Psychology,* Vol.16, No.2, 93-108.

Broucek, M. (1987) Beyond Healing to “Whole-ing”: A voice for the deinstitutionalization of music therapy, *Music Therapy*, Vol.6, No.2, 50-58.

Bruscia, K. (1989) *Defining Music Therapy,* USA, Spring House Books.

Bunt, L. (1994) *Music Therapy: An Art Beyond Words*, London, Routledge.

Faire, R.J. (2002) Sound and Dance Conversations: the story of an evolving community improvisation ritual, *MCA Music Forum*, Vol.8, No.2, 34-35.

Gardner, W.H. (1953) *Gerard Manley Hopkins: Poems and Prose*, Penguin

Kellen-Taylor, M. (1998) Imagination and the World: A call for ecological expressive therapies, *The Arts in Psychotherapy*, Vol.25, No.5, 303-311.

Kenny, C.B. (1989) *The Field of Play: a guide for the theory and practice of music therapy,* Colorado, Ridgeview Publishers.

Knill, P. (2000) The essence in a therapeutic process: An alternative experience of worlding, *Poiesis,* Vol.2, 6-14. <www.rhone.ch/egs/press/poiesis2000/index.html>

Knill, P.J., Barba, H.N. and Fuchs, M.N. (1995) *Minstrels of Soul: Intermodal expressive therapy*, Toronto, Palmerston Press.

Landy, R. (1995) Isolation and collaboration in the creative arts therapies: implications of crossing borders, *The Arts in Psychotherapy*, Vol.22, No.2, 83-86

Langenberg, M., Aigen, K. and Frommer, J. (1996) *Qualitative Music Therapy Research: Beginning dialogues,* Gilsum, NH, Barcelona Publishers.

Levine, S.K. (1997) *Poiesis: The Language of Psychology and the Speech of the Soul*, London, Jessica Kingsley Publishers.

Levine, S.K. and Levine, E.G. (1999) *Foundations of Expressive Arts Therapy: Theoretical and clinical perspectives*, London, Jessica Kingsley Publishers.

Pavlicevic, M. (1997) *Music Therapy in Context: Music, meaning and relationship*, UK, Jessica Kingsley Publishers.

van Manen, M. (1984) Practising Phenomenological Writing, *Phenomenology and Pedagogy*, Vol.2, No.1, 36-69

Wadeson, H. (1989) In a different image: are "male" pressures shaping the "female" arts therapy professions? *The Arts in Psychotherapy*, Vol.16, 327-330.

Warja, M. (1999) Music as Mother: the mothering function of music through expressive and receptive avenues, Ch.9 in *Foundations of Expressive Arts Therapy: Theoretical and Clinical Perspectives,* Stephen K. Levine and Ellen G. Levine (Eds), London, Jessica Kingsley Publishers.

RESEARCHING SENSITIVE TOPICS: RESEARCH METHODOLOGY ISSUES IN EXPLORING THE EXPERIENCE OF BEING SCHEDULED IN THE COMMUNITY

Patrizia Fiorillo, RPN, APN, Ba (SW), Ma AppSc (CommHlth)

The involuntary admission of people experiencing severe mental illness is a practice well researched from a hospitalisation perspective. The nature of the subjective experience leading to involuntary psychiatric admission, commonly known in NSW as "a schedule" has not received the same attention. This has been the focus of a research study completed by the author, describing the human experience of the scheduling event. The methodology initially chosen to conduct this study underwent several changes to best fit the needs of this particular group. This paper provides a description of this process, including the consequences of research involving mental health consumers and staff posing a substantial threat for those involved, and rendering problematic for the researcher the collection or dissemination of data. The knowledge gained by the author in conducting this study has been successfully used to inform and change clinical practices.

Key words: mental health; sensitive research; gate keeping; mental health consumers; Schedule II.

Researching sensitive topics: research methodology issues in exploring the experience of being scheduled in the community

Introduction

The involuntary admission of people experiencing mental illness is a practice that has been well researched from the perspectives of decision-making (Anderson & Eppard, 1995; Hendrix & Rohland, 1997; Wong, et. al. 1999; Hoyer, 2000) and of the psychological effects of coercion (McGorry, 1992; Diamond, 1995; Nicholson, et. al. 1996; Kaltiala-Heino, 1997). The nature of the subjective experience leading to involuntary psychiatric admission has, to my knowledge, not been recorded in any detail.