



HEALTH  
EDUCATION  
& TRAINING

Become a leader in mental health

# 2018 Psychiatric Medicine Postgraduate courses

- > Rural and Remote Doctors
- > Other Medical Practitioners







# Making a Difference

At HETI, the Health Education and Training Institute, we are driven to make a difference in mental health, and proudly present to you progressive, recovery-led, postgraduate Psychiatric Medicine courses designed to support modern psychiatric professionals.

HETI's postgraduate courses explore and examine current evidence from clinical practice, the neurosciences and broader literature whilst immersing students in a diverse, experienced community of learning.

Uniquely placed within Australia's largest healthcare system, HETI's curriculum draws on leading specialists and experts whilst embracing learnings from the NSW Institute of Psychiatry's 50-year history.

HETI's commitment to support interdisciplinary practice ensures students are offered many opportunities to learn from a range of clinicians and academics in addition to the skilled psychiatrists who form the core of our Psychiatric Medicine teaching.

We understand the challenges of study and preparing for exams, and HETI's team of support staff are there to help guide you with your studies, enabling you to develop your own style of excellence in practice for the future.

Thank you for considering studying with us and we look forward to welcoming you to HETI Higher Education.

**Dr Nick O'Connor FRANZCP FRACMA**  
**Chair, Health Education and Training Institute**  
**Higher Education Governing Council**



# Why Study with HETI?

Your learning experience will be enriched through HETI's commitment to:

- Excellence in postgraduate education delivered through our broad network of academics and clinical experts.
- Recovery oriented, contemporary, evidence-based curriculum.
- Collaboration with, and learning alongside, a diverse range of mental health practitioners including general practitioners and psychiatry trainees.
- Expert seminars, workshops and tutorials led by an inspiring team of academics, clinicians, consumers and carers from across NSW and beyond.
- Flexible study options and online resources.
- Student support - we're small enough to know you personally.
- Developing rural and remote specialists equipped for interprofessional practice.
- The courses within the Psychiatric Medicine framework are accredited for professional development by both ACRRM and RACGP with the Graduate Certificate allocated 60 Category 1 points in RACGP QI&CPD Program for the 2017-2019 triennium.
- Associated workshops are accredited by ACRRM, GPMHSC and RACGP.

*HETI's Psychiatric Medicine course has been invaluable and the material covered is relevant, interesting and applicable to everyday general practice. Very highly recommended!*

Dr Rebecca Kuehn,  
GP student 2017



**FACT:**

Over 80 experts contributed to teaching within the Psychiatric Medicine courses in 2017.

Discover your academic team at [HETI.edu.au/your-teaching-staff](https://heti.edu.au/your-teaching-staff)

➤ Explore HETI's Psychiatric Medicine courses [heti.edu.au](https://heti.edu.au)

## WHO SHOULD APPLY?

Doctors with a passion for improving mental health and wellbeing.

To enrol in our postgraduate courses in Psychiatric Medicine you must be registered as a medical practitioner in Australia or New Zealand with at least one year's clinical experience.

➔ For eligibility information visit [heti.edu.au](http://heti.edu.au)

## CHOOSE YOUR PACE OF LEARNING

HETI's Psychiatric Medicine Framework is designed to provide rural and remote doctors with the opportunity to extend their mental health knowledge and skills beyond those obtainable through skills training workshops. The courses have been designed from their inception to meet the needs of Rural and Remote doctors, with the topics mapped to the ACRRM Mental Health AST Curriculum. Students can elect to complete:

- Graduate Certificate of Psychiatric Medicine, providing foundation skills and knowledge focused primarily on adults.
- Graduate Diploma of Psychiatric Medicine, extending the application of knowledge and skills to young and old individuals, working in different contexts and the physical health/mental health interface. Students may also choose one therapy focused elective in place of an age focused unit.
- Master of Psychiatric Medicine, extending capabilities related to research, psychotherapy and working with people with complex comorbidities.

Students can choose their pace of learning:

- 2 units per semester (completing the Graduate Certificate in one year)
- 1 unit per semester (completing the Graduate Certificate in two years)\*
- Studying a single unit to meet specific professional development needs.

*\*students normally must complete a degree level in not more than 2 years, with variations to this having to be applied for.*

## ASSESSMENT

In a typical week year one Rural and Remote students will spend 10-20 hours in activities if enrolled in 2 units per semester.

Activities include:

- Watch a teaching session video (approx. 1 hour).
- Participate in two additional sessions (seminars, tutorials or web forums) (approx. 2 hours).
- Read recommended sections of texts or articles.
- Reflection within their practice and workplace learning.

All year one GP students may choose to participate in:

- A new RANZCP professional development session focused on practical trainee needs and preparation for College assessments (approx. 1 hour)
- Supplementary workshops accredited with ACRRM, GPMHSC and RACGP.
- 2 to 3 evening webinar type sessions focused on practical issues in actively addressing mental health needs in General Practice.

Students must also pass two to three varied assessment tasks such as recorded oral presentations, short answer questions, essays and projects.

# Flexible Learning at HETI

*Recovery is being able to live a meaningful and satisfying life, as defined by each person, in the presence or absence of symptoms. It is about the person having control over and input into their own life.*

ACRRM Mental Health  
AST Curriculum Edition 2

Students can elect to learn at our campus in North Parramatta, through live web video conferencing, or delayed online participation - or a combination of these. The choice is yours.

We are continually updating our technology to better meet student needs. Our facilities are equipped to ensure remote participants can see, hear and join in class activities, in real time.

Students are provided access to our vast resources through myHETI, our online learning system, and participate in forums that support interdisciplinary collaboration.

Students require only a simple set up:

- a computer, tablet or similar.
- a current email address.
- access to the internet and a modern web browser.
- ability to save documents in Microsoft Office format.
- audio/video playback capabilities.
- a web cam and microphone.

Some units also require students to purchase one to two textbooks.

## CLASS TIMES

Live teaching sessions (which may be participated in remotely) occur from 2 to 5pm

- Tuesdays (Graduate Certificate)
- Wednesdays (Graduate Diploma)
- Thursdays (Masters)

*\* times correct at time of printing.*

# Course Outcomes overview

Graduates of the HETI Master of Psychiatric Medicine or Postgraduate Course in Psychiatry will develop their abilities to:

- Identify strategies to balance personal wellbeing and professional responsibilities in order to support development as an ethical reflective practitioner who is inclusive and future-focused through ongoing, innovative work-integrated life-long learning.
- Integrate management of a patient's physical and mental health.
- Support informed consent through recovery-oriented application of mental health and related legislation.
- Describe the principles of quality improvement and discuss their application to improve recovery-oriented care within a selected service setting.
- Critically appraise and apply contemporary research, psychiatric knowledge and treatment guidelines.
- Understand and apply principles of interprofessional practice and quality improvement.
- Work safely within a scope of practice through use of supervision and additional guidance.
- Communicate with multiple partners in a manner consistent with professional and ethical standards.
- Apply knowledge of, and respect for, Aboriginal peoples and cultures in practice.
- Utilising the RANZCP CanMED range of medical competencies, support recovery journeys of people with mental illness from across cultures.
- Construct, perform and report on biopsychosocial strength based assessments and culturally appropriate biopsychosocial formulations, diagnoses and collaborative management plans.

*HETI graduates will have the capabilities to support the recovery journeys of people with mental illness: maximising hope, optimism, strength, resilience, self-determination, self-management and advocacy of each person in their community of choice.*

HETI Graduate Attributes

 Enrol now [heti.edu.au](https://www.heti.edu.au)

# Key Dates

*Our Psychiatric Medicine Framework is designed to maximise the capacity of each doctor to be an evidence-based collaborative leader of the future... and build great relationships along the way.*

Dr Roderick McKay,  
Director Psychiatry  
and Mental Health  
programs, HETI

## SEMESTER 1 2018

ACTIVITY/EVENT	DATE
Applications Open	3 October 2017
Applications Close including Advanced Standing	16 February 2018
Census Date	9 March 2018
Semester Dates: Psychiatric Medicine	12 February – 29 June 2018
Mid Semester Break	16 April – 27 April 2018

## SEMESTER 2 2018

ACTIVITY/EVENT	DATE
Applications Open	1 March 2018
Applications Close including Advanced Standing	6 July 2018
Census Date	17 August 2018
Semester Dates: Psychiatric Medicine	23 July – 7 December
Mid Semester Break	1 October – 12 October 2018

**Semester 1 2019 Commences 11 February 2019**

## 2018 FEES

The 2018 tuition fee for the Master of Psychiatric Medicine and Non-Award Units is \$2160 per unit.

The 2018 tuition fee for the Postgraduate Course in Psychiatry (PCP) courses and units studied as Professional Development is \$1415 per unit.

## SCHOLARSHIPS

Find out about scholarships for General Practitioners living and working in NSW and interested in studying postgraduate courses at HETI. Visit [hetti.edu.au/scholarships](http://hetti.edu.au/scholarships)

➔ Contact us on  
**02 9840 3833**  
to discuss your  
application.

# Psychiatric Medicine Units

Graduate Certificate, Graduate Diploma and Masters

Units with nine and 18 topics will be taught over 18 weeks.

Units with 15 topics will be taught over 15 weeks.

## YEAR 1 GRADUATE CERTIFICATE

SEMESTER 1	Recovery Focused Psychiatric Medicine	A Whole Person Approach to Psychiatry
SEMESTER 2	Collaborative Mental Health Care	Introduction to Contemporary Psychiatric Interventions

## YEAR 2 GRADUATE DIPLOMA

SEMESTER 1	Reconsidering the Context	Integrating Physical and Mental Health
SEMESTER 2	Developmental Perspectives in Context 1: From Perinatal to Youth	Developmental Perspectives in Context 2: Adults, Ageing and Beyond
	<i>One Developmental Perspectives unit may be replaced with one of the following for non RANZCP trainees:</i>	
	Family-Oriented Care in Mental Health*^	Individual Therapies in Mental Health Care*^

## YEAR 3 MASTERS

SEMESTER 1	Comorbidity and Complexity	Research and Project Planning*	
SEMESTER 2	Psychotherapy and Recovery	Neurosciences and Recovery: From the Cellular to the Social	Mental Health Capstone*

\* Common to Applied Mental Health Studies and Psychiatric Medicine Frameworks. ^ Units do not meet RANZCP training requirements.

CORE
  ELECTIVE
  OPTIONAL SUBSTITUTE ELECTIVE FOR NON RANZCP TRAINEES

# Recovery Focused Psychiatric Medicine

Utilising an innovative, contemporary approach to the study of psychiatry, students will be introduced to concepts underpinning both this unit and the orientation of studies in psychiatry throughout the Psychiatric Medicine program.

Students increase their understanding of people with substance related and psychotic disorders; and integrate concepts of clinical and personal recovery into holistic biopsychosocial psychiatric practice. The CanMEDS competencies will be explored, with orientation to their relationship with the professional competency frameworks of differing medical specialties. Students will particularly make use of the domains of the Professional and Health Advocate as lenses to understand and explore material to attain unit learning outcomes outlined below. The unit also includes a skills-based workshop regarding a recovery-informed approach to the management of emergencies in psychiatry.

## LEARNING OUTCOMES:

- The distinction between personal and clinical recovery and the roles of families, carers and community organisations in supporting these.
- The breadth of the doctor's role in delivering recovery-focused care.
- Improving knowledge of substance related and psychotic disorders.
- Ethics, professionalism, professional development and personal wellbeing.
- Interprofessional practice.
- Informed consent and mental health legislation.
- Prevention, promotion, and early intervention.

## TEACHING SCHEDULE\*

- Topic 1** Orientation
- Topic 2** Professionalism, Ethics and Wellbeing
- Topic 3** Underpinnings of Recovery-Oriented Psychiatry
- Topic 4** Recovery-Oriented use of Mental Health Legislation
- Topic 5** Recovery-Oriented Management of Psychiatric Emergencies
- Topic 6** Psychoses: Biologically or Socially Determined?
- Topic 7** Mental Health Care in Australia
- Topic 8** Introduction to Substance Related Disorders
- Topic 9** Influences of Normal Development for Practice

\* see page 7.

# A Whole Person Approach to Psychiatry

This unit emphasises an integrative approach to collaborative mental health care with a focus on the development of assessment and management capabilities. Students will develop within the CanMEDS domains of Medical Expert and Scholar as they increase their ability to perform and report strength-based biopsychosocial assessments, formulations and diagnoses in a manner that supports the collaborative development of evidence-based biopsychosocial management plans .

As students learn about mood and anxiety disorders, the foundations of the students' lifelong learning will be strengthened through examination of reflective practice, feedback and supervision, critical evaluation and the principles of adult education in teaching both peers and others.

## LEARNING OUTCOMES:

- Improving knowledge of mood and anxiety disorders.
- Utilising the CanMED Medical Expert and Scholar medical competencies to support the recovery journeys of people with mental illness.
- Critical appraisal and application of contemporary psychiatric knowledge, treatment guidelines and research to inform appropriate care strategies.
- Strength-based biopsychosocial mental health assessment, formulation, diagnosis and initial care planning.
- Contemporary principles of adult teaching and learning.
- Reflection on personal learning goals to improve recovery informed practice.

## TEACHING SCHEDULE\*

- Topic 1** Making a Good Start – Engaging, Interviewing and Assessing
- Topic 2** Formulation and Care Planning
- Topic 3** Using Diagnosis Wisely
- Topic 4** Evidence-Based Practice and Recovery-Oriented Care
- Topic 5** Understanding Anxiety
- Topic 6** Understanding Depression
- Topic 7** Anxiety and Trauma
- Topic 8** Working with People with Mood Disorders
- Topic 9** Reflective Practice and Teaching

\* see page 7.

# Collaborative Mental Health Care

In this unit students will learn to establish, develop, promote and model effective collaborations and communication pathways in psychiatry making use of the CanMEDS domains of Collaborator and Communicator. Students will explore settings and populations of people where breakdowns in these domains are a higher risk. Issues affecting Aboriginal people, people from culturally and linguistically diverse (CALD) backgrounds, and those from rural and remote populations will be addressed. Students will explore personality and organic disorders through these domains, completing the unit with an interprofessional exploration of opportunities to improve the physical health for people living with mental illness. Students have access to a complementary workshop focused on the needs of those where past trauma has a lasting effect.

## LEARNING OUTCOMES:

- Utilising the CanMED Communicator and Collaborator medical competencies.
- Improved knowledge of personality and organic disorders.
- Key factors of a culturally appropriate approach to mental health care.
- Continuous improvement of the student's own written communication.
- The impact of different perspectives of mental wellbeing of Aboriginal people.
- The effects of geographic, social and/or professional isolation.
- Integration and collaborative management of the patient's physical and mental health.
- Normal personality development.

## TEACHING SCHEDULE\*

- Topic 1** A Practical Approach to Culturally Inclusive Practice
- Topic 2** Improving Communication
- Topic 3** Impact of Location and Socioeconomic Status
- Topic 4** Aboriginal Mental Wellbeing
- Topic 5** Dimensions of Personality
- Topic 6** Personality Disorder
- Topic 7** Organic Disorders
- Topic 8** Integrating Physical and Mental Health
- Topic 9** Responses to Trauma

\* see page 7.

# Introduction to Contemporary Psychiatric Interventions

Bringing together recovery-oriented practice with evidence-based medicine requires an integration of all the CanMEDS competencies. Whilst this unit focuses upon the doctor as Medical Expert, students will consider how all the other CanMEDS domains facilitate and contribute to recovery-oriented care. This unit focuses on developing the student as a Medical Expert and Manager through examination of contemporary psychiatric treatments including biological, social and psychological treatments as well as the students evolving role as a psychiatric trainee working within a scope of practice, managing workloads and constructively participating in quality improvement activities. .

Students will develop their abilities to demonstrate creativity and initiative in the application of skills in recovery-oriented psychotherapeutic, pharmacological, biological and sociocultural interventions. A skills-based workshop will focus on cognitive behavioural therapy skills

## LEARNING OUTCOMES

- The impact of role and scope of practice upon supervision and safe practice.
- Using a “structured” recovery-oriented management approach where treatment does not appear to have been effective.
- Effective and appropriate communication and engagement techniques for informed and collaborative decision making.
- Application of the Manager and Medical Expert CanMEDS competencies in collaboratively selecting and initiating treatment.
- A range of therapies used in a stepped biopsychosocial approach to care.

## TEACHING SCHEDULE\*

- Topic 1** Introduction to Psychotherapy
- Topic 2** Collaborative Care Planning
- Topic 3** Motivational Interviewing and Supportive Psychotherapy
- Topic 4** Cognitive Behavioural Therapies
- Topic 5** Medications in Recovery Oriented Care - Antipsychotic
- Topic 6** Medications in Recovery Oriented Care - Antidepressants, hypnotics and mood stabilisers
- Topic 7** Psychotherapy continued
- Topic 8** Social and Preventative Interventions
- Topic 9** Psychodynamic Therapies in Practice

\* see page 7.

# Reconsidering the Context

Applying the CanMEDS domain of Health Advocate students will develop and adapt their recovery-oriented mental health practice to work with diverse populations and within diverse settings, accounting for context in assessment, treatment and collaborative care planning for people with mental illness. The impact of working in consultation-liaison, private rooms and rural and remote settings on practice and supervision will be explored.

All students will further develop knowledge and skills in working with Aboriginal people, and make a deeper exploration of the mental health needs of Culturally and Linguistically Diverse (CALD) communities to enhance their ability to work effectively with migrant, refugee and other culturally diverse populations.

Using the CanMEDS domain of the Scholar, students will increase their research skills to equip them to rigorously evaluate changes to their practice, complete a future Scholarly Project and prepare for a Masters level research, or quality improvement project.

## LEARNING OUTCOMES:

- A practical approach to culturally inclusive practice.
- The use of research skill(s) to support quality improvement.
- Critical appraisal of mechanisms for obtaining or providing supervision or additional guidance, in rural, remote or professionally isolated settings.
- Advocacy for people experiencing stigma and mental distress, across differing places, communities and cultures.
- Effects and implications of health inequalities and disparities in relationships with health care providers.
- Theories of group participation.
- Opportunities for improving relationships with external partners relevant to Aboriginal people's social and mental wellbeing.
- The impact of Clinical Governance and organisational structure.

## TEACHING SCHEDULE\*

- Topic 1** Working Across Governance Systems
- Topic 2** Research and Practice Improvement
- Topic 3** Research Design, Analysis and Appraisal
- Topic 4** Culture and Psychiatric Practice
- Topic 5** Mental Health in Rural and Remote Contexts
- Topic 6** Improving Aboriginal Mental Health and Wellbeing
- Topic 7** Cultural and Linguistic Diversity and Psychiatric Practice
- Topic 8** Gender, Mental Health and Mental Illness
- Topic 9** Practice MCQ workshop

\* see page 7.

# Integrating Physical and Mental Health

Using the CanMEDS domains of Professional and Medical Expert, students will investigate opportunities and barriers to the implementation of collaborative, integrated approaches to care. Students will increase their collaborative skills across consultation liaison and other settings in contributing to both improving the mental health of people with physical illness, and physical health of people with mental illness, taking into account the limitations of these distinctions. Topics covered will include responses to medical illness and trauma, abnormal illness behavior, demoralisation and important endocrine, cardiac and metabolic updates. Students will further develop strategies for maintaining professional standards and importantly, address self-care as mental health professionals.

## LEARNING OUTCOMES:

- Personal self-care and professional development.
- Integrated management of physical and mental health.
- Informed consent, duty of care and local mental health law as they apply to medically-ill patients, including those refusing treatment.
- The influence of various industries, resource availability, and the history of psychiatry, upon the maintenance of a recovery orientation in professional practice.
- The effects of serious mental illness on health service outcomes and the opportunity to improve practice.
- The effects of specific care settings on the practitioner's role when attributing and investigating symptoms/presentations that may represent physical or mental illness.

## TEACHING SCHEDULE\*

- Topic 1** Population Health, Epidemiology and Health Promotion
- Topic 2** Clinical Approaches to Considering Mental Health Issues in the Presence of Physical Illness
- Topic 3** Recovery and Professionalism
- Topic 4** Responses to Illness
- Topic 5** Physical or Mental Illness?
- Topic 6** Organic Disorders
- Topic 7** Physical Health in the Presence of Mental Illness
- Topic 8** Medical Updates
- Topic 9** Practice Long Paper Workshop

\* see page 7.

# Developmental Perspectives in Context 1: From Perinatal to Youth

In this unit students will explore the developmental underpinnings of mental health. As health advocates, students will develop an understanding of how normal development, the interaction of environmental and biological factors, shapes mental and physical health for people across the lifespan.

Knowledge and skills will be developed in working within a multidisciplinary team and across the community, including schools, children's protection services and juvenile justice. This will include the assessment and management of children, youth and their families, in their specific social, cultural and spiritual context, across a broad range of ages, communities and disorders.

Topics to be addressed include normal development, the neurodevelopmental effects of early trauma and its impact on the individual's developmental trajectory and what contributes to resilience. The neurodevelopmental disorders including autism spectrum disorder and attention deficit hyperactivity disorder; the principles of early intervention and youth-specific approaches; eating disorders, early psychoses and the more common disorders of childhood such as separation anxiety are also explored. The unit will challenge students to think critically about engaging with the recovery paradigm and its applicability in understanding and working with young people.

## LEARNING OUTCOMES:

- Formulation of an integrated understanding of the factors contributing to a child, adolescent or youth, and families, presentation in common developmentally relevant crises.
- Appropriate application of consent, mental health and related legislation in children and adolescents.
- Engagement, assessment and diagnosis with people of relevant ages and their families.
- A systemic multidisciplinary approach to working with families, including basic concepts and skills of family therapy.
- The effect of psychiatric disorders on families and carers.
- Accurate, appropriate communication with a child or adolescent and their family in a challenging situation.
- Development from infancy to adolescence, including responses to trauma and development of resilience.
- Mental health promotion, early intervention, and illness prevention programs.

## TEACHING SCHEDULE\*

- Topic 1** Introduction to Working with Children and Adolescents
- Topic 2** Developmental Theories
- Topic 3** Perinatal Psychiatry: Focus on the Infant
- Topic 4** Preschool to Early Primary School
- Topic 5** Families, Parenting and Communication Skills
- Topic 6** Adolescent and Youth Psychiatry
- Topic 7** Child Psychiatry in the Consultation-Liaison Setting
- Topic 8** Perinatal Psychiatry-Focus on the Parent
- Topic 9** End of Unit Wrap-Up

\* see page 7.

# Developmental Perspectives in Context 2: Adults, Ageing and Beyond

In an ageing society the wellbeing, mental health care and end-of-life management of the ageing, and older people with mental illness is a priority faced by medical practitioners within a range of practice settings. The developmental perspective shifts within this unit as students focus from adulthood to later life and beyond in relation to the ongoing needs of older consumers with mental illness, their partners, carers and families.

Using the CanMEDS domains of Collaborator and Health Advocate students will challenge ageism and the stigma associated with age in continuing an ethically-based, recovery-oriented approach to collaborative mental health care with older people. Students will learn about ongoing neurodevelopmental and neurodegenerative changes that occur in later life and extend their collaborative practice skills and knowledge in psychiatry for the older person.

In exploring the experiences of older people, students will explore symptoms of specific conditions including affective disorders, psychoses and dementia. They will extend their skills into neuropsychiatric assessment, applied imaging and investigations, advocacy, assessment and management of challenging behaviours and the development of effective communication skills. Students will also explore suicide in older people and the legal aspects related to decision-making.

## LEARNING OUTCOMES:

- Health inequities and risk and protective factors for successful maintenance of mental health in later life.
- The impact of developmental changes in social and family relationships on the application of recovery-oriented care.
- Accurate and appropriate communication to support collaborative care planning with an older person with cognitive impairment and their carer.
- Factors contributing to an older person's presentation in common psychiatric emergencies and the appropriate application of mental health and related legislation including Guardianship, Testamentary capacity and Advance Directives, under supervision.
- Recovery-oriented approaches to engagement, assessment and diagnosis with older people and their supporters.
- The implications for management of recent neuroscience research.

## TEACHING SCHEDULE\*

- Topic 1** Can I Look Forward to Older Age?
- Topic 2** Adapting Practice for Older People
- Topic 3** Adapting Treatment for the Older Person
- Topic 4** Depression and Suicide in Older People
- Topic 5** Is My Memory Going?
- Topic 6** "He's not how he used to be...": Personality Change and Psychoses in Older People
- Topic 7** Disturbed Behaviour in Older People
- Topic 8** Legal Dilemmas - Enabling Consent or Allowing Neglect?
- Topic 9** Anxiety in Later Life

\* see page 7.

# Individual Therapies in Mental Health Care

Individual Therapies in Mental Health Care investigates current issues and debates on the role of psychotherapy, e-therapies and other therapies and technologies in different settings and models of care. Students will consider the suitable application of different psychotherapeutic techniques to practice. They will develop intervention plans that promote collaborative care planning and evidence-based treatment, including models of support for people using e-therapy. As a study focus, this elective unit examines the core principles of Cognitive Behavioural Therapy (CBT) and Motivational Interviewing (MI) within recovery-oriented mental health care, and explores key adaptations required for individuals across life stages. It will enhance the students' knowledge and skills in the application of CBT and MI to enhance the care of a person presenting with mental distress.

## LEARNING OUTCOMES:

- Understanding core principles of individual psychotherapy focused interventions (CBT and Motivational Interviewing).
- Using advanced problem solving skills to apply collaborative, individual oriented therapy critically evaluate outcomes.
- Demonstrating enhanced clinical judgement when applying individual psychotherapeutic interventions considering socio-economic, political, gender, spiritual and cultural contexts of practice in mental health.
- Synthesising and applying psychotherapy literature and research within a best practice recovery framework.
- Supporting people in undertaking e-therapy.

## TEACHING SCHEDULE

- Topic 1** Overview of Recovery-Oriented Individual Psychotherapy
- Topic 2** Cognitive Behavioural Therapies – Key Principles and Case Formulation
- Topic 3** Cognitive Behavioural Therapies – Cognitive Interventions
- Topic 4** Cognitive Behavioural Therapy – Relaxation Training
- Topic 5** Cognitive Behavioural Therapy – Behavioural Interventions
- Topic 6** Mindfulness Based Cognitive Behaviour Therapy and Emotion Regulation
- Topic 7** Motivational Interviewing – Part 1
- Topic 8** Motivational Interviewing – Part 2
- Topic 9** Managing Transference, Process and the Therapeutic Alliance
- Topic 10** Evidence Supported Practice and Monitoring Outcomes in Individual Therapies
- Topic 11** E-therapy and Web-based Therapy
- Topic 12** Strengths-based Approaches
- Topic 13** Cultural and Spiritual Diversity
- Topic 14** Gender and Sexuality issues
- Topic 15** Integrative Therapy Case Scenarios

# Family-Oriented Care in Mental Health

Family-Oriented Care in Mental Health provides a framework for the understanding of major models of family therapy. It allows students to examine current issues and debates about the applicability of working collaboratively with peers, persons and their families. This unit will enhance the student's knowledge and skills of current family therapy practice and encourages exploration of the integration of family work to enhance the care of a person presenting with mental distress. It also encourages students to debate how and when to apply models of family work in their practice, and to develop interventions that promote collaborative care planning and evidence-based treatment.

## LEARNING OUTCOMES:

- Understanding core principles of individual psychotherapy focused interventions (CBT and Motivational Interviewing).
- Using advanced problem solving skills to apply collaborative, individual oriented therapy critically evaluate outcomes.
- Demonstrating enhanced clinical judgement when applying individual psychotherapeutic interventions considering socio-economic, political, gender, spiritual and cultural contexts of practice in mental health.
- Synthesising and applying psychotherapy literature and research within a best practice recovery framework.
- Supporting people in undertaking e-therapy.

## TEACHING SCHEDULE

- Topic 1** Family-Oriented Practice within a Recovery Framework
- Topic 2** A Family-Oriented Approach to Mental Health Practice
- Topic 3** Applying Family-Oriented Mental Health in Practice – Part A
- Topic 4** Applying Family-Oriented Mental Health in Practice – Part B
- Topic 5** Assessing Families Part 1 – Recovery and the Family Life Cycle
- Topic 6** Assessing Families Part 2 – Culture, Family Functioning and Genograms
- Topic 7** Systemic Case Formulation and Engaging Families
- Topic 8** The First Family Therapy Interview
- Topic 9** Solution-Focused Brief Therapy
- Topic 10** Structural Family Therapy
- Topic 11** Narrative Therapy
- Topic 12** Systemic Family Therapy
- Topic 13** Evidence-Based Practice, Research and Evaluation
- Topic 14** Applications of Family-Oriented Therapy
- Topic 15** More Applications, Ethics, Professional Development and Training

# Research and Project Planning

Research and Project Planning provides students with the skills and an understanding of how to integrate their knowledge and experiences into a capstone project that generates new knowledge and/or insights for the improvement of mental health care. This unit brings together students from the Psychiatric Medicine and the Master of Applied Mental Health Studies, maximising opportunities for interdisciplinary insight and collaboration, both during study and in practice settings. Guided by the second semester Mental Health Capstone unit learning outcomes, students will formulate a detailed proposal for either a research or non-research capstone project, to a standard that meets submission requirements for ethics committee review.

## LEARNING OUTCOMES:

- Review and synthesis of research and other relevant literature.
- Formulation of a proposal relevant to mental health.
- Project design, ethical implications, implementation, data analysis and dissemination.
- The demonstration of compelling and authoritative communication regarding the proposed project, it's theoretical and workplace significance.

## TEACHING SCHEDULE

- Topic 1** Introduction & Orientation
- Topic 2** Capstone Project Strategies
- Topic 3** Deciding on a Strategy
- Topic 4** Searching & Evaluating the Literature
- Topic 5** Resources & Planning
- Topic 6** Engaging Others
- Topic 7** Mental Health Capstone Proposal
- Topic 8** Preparing a Successful Ethics Application
- Topic 9** Data Collection & Organisation
- Topic 10** Data Considerations I
- Topic 11** Data Considerations I
- Topic 12** Reflective Learning
- Topic 13** Creating Effective Conference Posters
- Topic 14** Other Types of Outputs
- Topic 15** Unit Summary & Reflection

# Comorbidity and Complexity

Using the CanMEDS domains of Health Advocate and Scholar students will develop advanced knowledge and skills in applying the principles of recovery-oriented care when working with people with three types of comorbidities that may be associated with mental illness: substance disorders, forensic issues and intellectual disability.

A recovery-orientation presents the challenge of ensuring that its key principles are aspired to and met, even within highly restrictive environments. Students will complement a biopsychosocial understanding with consumer perspectives of experiencing 'comorbidity' and develop skills in health advocacy to support people with complex mental health needs. Social justice, inclusion and citizenship campaigns for the rights of people with disabilities interface with the recovery movement and students will consider these issues in relation to barriers to the application of collaborative recovery-oriented mental health care.

## LEARNING OUTCOMES:

- Using clinical and 'lived experience' leadership to improve collaboration.
- The role and ethics of the doctor working with people with mental illness with comorbidity in regards to medicolegal reports.
- Effects of comorbidities upon violence risk assessment and management within recovery-oriented mental health care.
- Management approaches in working with people with comorbidity.
- Use of supervision and reflection upon the effects of the student's own cultural values and stigma.
- Pharmacology of the common drugs of abuse and dependence.
- Epidemiology, aetiology, physical and psychological sequelae and treatment interventions for substance abuse and dependence.
- Implications of Aboriginal people's social and emotional wellbeing for mental health leadership and improvement.
- Improving access to prevention, promotion and/or early intervention activities for individuals with comorbidity.

## TEACHING SCHEDULE\*

- Topic 1** Leadership in Recovery – Oriented Care
- Topic 2** Improving Aboriginal Social and Emotional Wellbeing
- Topic 3** Neuropharmacology and Stimulants
- Topic 4** Limiting the Harm from Alcohol Abuse
- Topic 5** People with Mental Illness and Drug Misuse
- Topic 6** Working with People with Opiate Dependence
- Topic 7** Reducing Over-The-Counter and Prescribed Medication Abuse
- Topic 8** Assessing Risk and Management of Harm to Others
- Topic 9** Professionalism in Forensic Related Mental Health – Assessment and Reporting
- Topic 10** Understanding People with Intellectual Disability
- Topic 11** Working with People with Intellectual Disability
- Topic 12** Working to Improve the Mental Health of People with Mental Illness
- Topic 13** Forensic Mental Health Systems and Legislation
- Topic 14** Disorders and Problems More Common in Forensic Populations
- Topic 15** Working with 'Difficult People'
- Topic 16** Sleep Disorders – Social, Psychiatric or Medical?
- Topic 17** Working with People with problems with gambling
- Topic 18** Preventing Nicotine Misuse in People with Mental Illness

\* see page 7.

# Psychotherapy and Recovery

Using the CanMEDS domains of Communicator and Collaborator students will increase their knowledge and understanding of the theoretical constructs and scientific underpinnings of psychological therapies that they will continue to use throughout their medical practice. In reviewing psychotherapy in light of recovery-oriented mental health practice, students will be asked to consider if assumptions built into some psychotherapies or their application create barriers to preclude the equitable participation of all people. Students will address the theoretical perspectives and applications of psychodynamic and structured psychotherapies including Cognitive Behavioural Therapy, Interpersonal Therapy, Dialectical Behaviour Therapy and others and learn key psychotherapeutic skills. Students will use a review of their learning to identify and communicate a plan for professional development that supports psychotherapeutic practice appropriate to their projected work settings and roles.

## LEARNING OUTCOMES:

- Success factors and barriers to successful psychotherapy.
- Theoretical basis for a wide range of psychodynamic and structured psychotherapeutic modalities, including the neurobiological aspects of psychotherapy.
- Use of documentation and other communication between professionals in the presence of psychotherapy.
- Conducting a comprehensive psychiatric assessment with an emphasis on psychotherapeutic understanding.
- Psychotherapeutic formulation incorporating relevant theoretical constructs to inform a management plan, and examination of use of the processes of therapeutic alliance and collaboration.
- Preparation of a professional development plan for supporting ongoing adherence to relevant professional and ethical standards of practice in psychotherapy.

## TEACHING SCHEDULE\*

- Topic 1** Psychotherapy - What's the Evidence?
- Topic 2** Psychodynamic Therapies 1
- Topic 3** Psychodynamic Therapies 2
- Topic 4** Psychotherapy – Roles, Ethics and Collaboration in Recovery-Oriented Practice
- Topic 5** Structured Therapies
- Topic 6** e-therapies and Supportive Therapies
- Topic 7** Mindfulness and Positive Psychology
- Topic 8** Presenting Psychotherapy Cases
- Topic 9** Systemic Therapies

\* see page 7.

# Neurosciences and Recovery: From the Cellular to the Social

Students may choose to complete this unit or the Mental Health Capstone. Students will utilise the CanMEDS lens of the Medical Expert and Communicator to examine contemporary thinking and research within the neurosciences focusing on neuroanatomy, neurophysiology and concepts of brain plasticity.

Students will reflect upon the connection between neuroscience and recovery-oriented practice and look at how to translate the 'hard sciences' into clinical practice in a way that is meaningful, future-focused and respectful in collaborative practice when working with people with lived experience of mental illness and carers. In bringing together the neurosciences within the context of recovery, students will be asked to debate inherent tensions and consider questions such as: how do research findings within the neurosciences translate to students' areas of practice? How can practitioners and consumers effectively and respectfully communicate and discuss neuroscientific findings? How can neuroscientific findings be successfully incorporated into collaboratively based care within a recovery paradigm?

## LEARNING OUTCOMES:

- Application of contemporary research, psychiatric research and treatment guidelines, to patient outcomes.
- The impact of debates about the relative evidence for neuroscience and social factors as the origins of mental illness.
- Neuroscientific research and changes in concepts and related psychiatric practices over the last decade.
- The neuroscientific bases of 'treatment refractiveness', and their implications for research and practice.
- Improving the application of research and evidence-based biological and psychosocial approaches to psychiatric assessments and management.
- The breadth of competencies that support people with mental illness and the implications for lifelong learning.
- Transferability of psychiatric, mental health and other health research findings across practice settings and disciplines.
- Communication of the significance of neuroscientific research to practice to professional and community audiences.

## TEACHING SCHEDULE\*

- |                |  |
|----------------|--|
| <b>Topic 1</b> | What Matters in Neurosciences and Recovery?      |
| <b>Topic 2</b> | Advanced Social Interventions                    |
| <b>Topic 3</b> | Advanced Exploration of Treatment Refractoriness |
| <b>Topic 4</b> | Advanced Neurostimulation                        |
| <b>Topic 5</b> | Advanced Child Neuroscience                      |
| <b>Topic 6</b> | Advanced Older Person's Neuroscience             |
| <b>Topic 7</b> | Neuroscience of Psychotherapy                    |
| <b>Topic 8</b> | Neuroscience of Resilience                       |
| <b>Topic 9</b> | Culture and Neurosciences                        |

\* see page 7.

# Mental Health Capstone

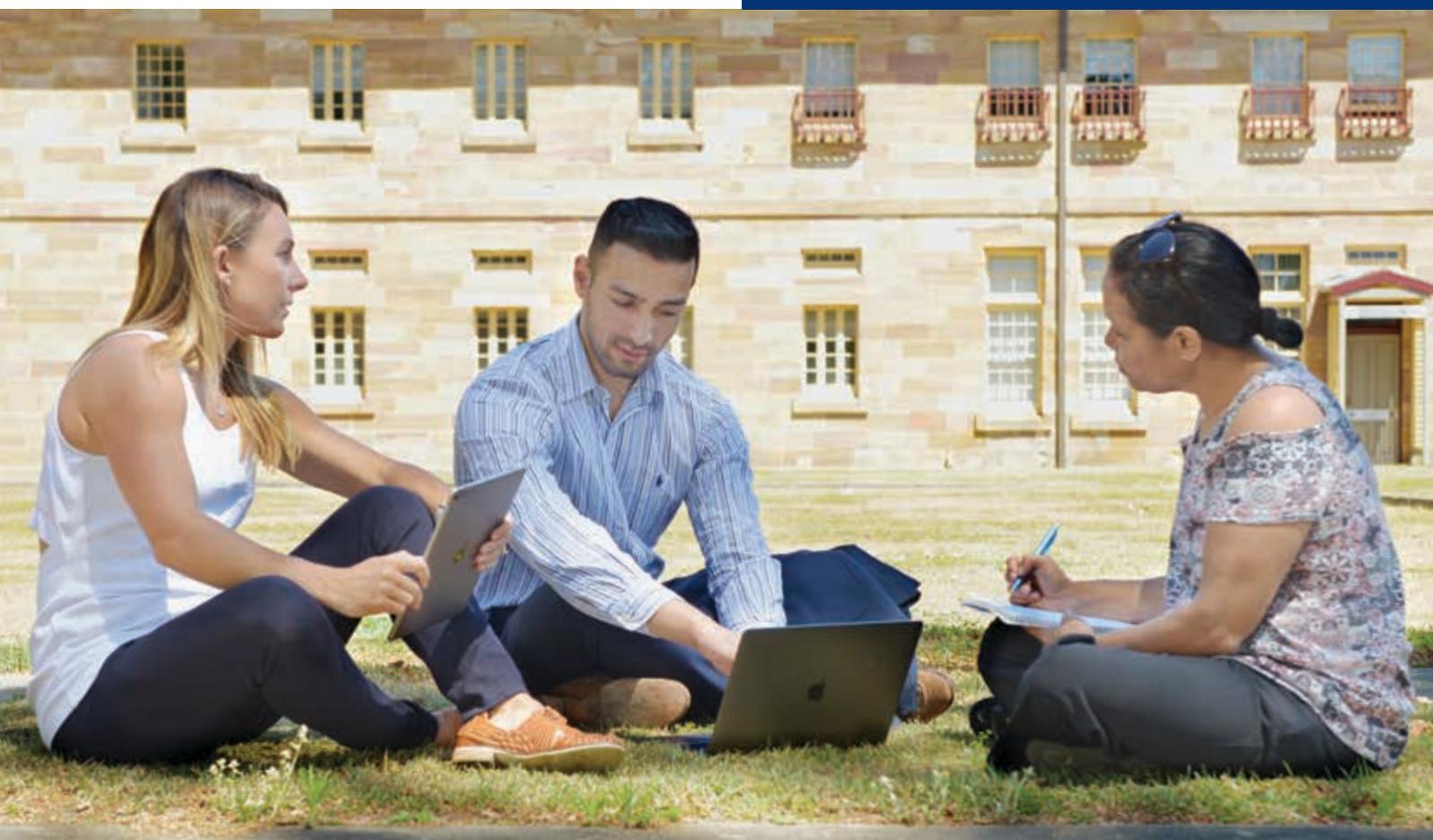
Students may choose to complete this unit or Neurosciences and Recovery: From the Cellular to the Social. The Mental Health Capstone builds on the skills, knowledge and understanding developed in the Research and Project Planning unit. Students critically evaluate and consolidate their knowledge and learning experiences, related to the Course Learning Outcomes and Graduate Attributes, in a project, generating new knowledge or insights which can be applied to the improvement of mental health care, development of their professional career, or as a first step toward further postgraduate study. The Mental Health Capstone is the final unit of study for students enrolled in the Master of Applied Mental Health Studies and the Master of Psychiatric Medicine.

## LEARNING OUTCOMES:

- The integration and synthesis of information from a range of relevant sources to create a project.
- The breadth of competencies to support people with mental illness in pursuing recovery, and implications for student lifelong learning.
- Demonstrating consistent and judicious use of information technology and compelling and authoritative written and verbal communication.
- The transferability of psychiatric, mental health and other health research findings across practice settings and disciplines.
- Implications of Aboriginal social and emotional wellbeing for mental health improvements.
- An advanced and integrated understanding of complex mental health issues through the translation of research outcomes to improve mental health care.
- Contribution to the generation of new knowledge through research, service evaluation and/or advanced academic endeavour.

## TEACHING SCHEDULE

- Topic 1** Introduction and Orientation
- Topic 2** Capstone Experience Toolkit
- Topic 3** Data Workshop 1 - Working with Quantitative Data
- Topic 4** Data Workshop 2 - Working with Qualitative Data
- Topic 5** Cultural Competency 1: Aboriginal and Torres Strait Islander Communities
- Topic 6** Cultural Competency 2: Culturally and Linguistically Diverse Communities
- Topic 7** Independent Study
- Topic 8** Independent Study
- Topic 9** Recovery Revisited
- Topic 10** Research Dissemination
- Topic 11** In Focus 1: Clinical Contexts
- Topic 12** In Focus 2: Interdisciplinarity
- Topic 13** In Focus 3: Neurosciences
- Topic 14** In Focus 4: Global Mental Health
- Topic 15** Summary and Reflection



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