

Postgraduate Courses

2020 Psychiatric Medicine

Tailored for Psychiatry trainees

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. These courses are designed to support doctors wanting to develop within their own profession and deliver modern mental health care.

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. Psychiatry trainees, GPs and Rural and Remote specialists learn together and enrich each other's development.

Uniquely placed within Australia's largest health care 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 professional and 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 clinical practice, 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?

"I would listen to a lecture on sleep or cognitive behavioural therapy and apply that knowledge to my patients the very next day. I didn't expect postgraduate education to directly inform my practice in that way, but it was fantastic."

Gerard Shorrock
Masters of Psychiatric
Medicine Graduate

FACT

According to the Quality Indicators for Learning and Teaching (QILT) 2019 Graduate Outcomes Survey in the area of Medicine, HETI Higher Education scored an excellent result with 74.1% of our graduates agreeing their experience was indicative of good teaching compared to the national average of 54.4%.

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

- Developing psychiatrists equipped for professional and interprofessional practice
- Recovery-oriented, contemporary, evidence-based curriculum that will prepare you for practice and exam success
- Expert seminars, workshops and tutorials led by an inspiring team of academics and clinicians from across NSW and beyond, enhanced by people with lived experience of mental illness
- Excellent facilitation that empowers improvement of current work practices through reflection
- Flexible study options and online resources
- Student support - we're small enough to know you personally
- Collaboration with, and learning alongside, a diverse range of mental health practitioners including psychiatry trainees, general practitioners and rural and remote specialists
- Accredited courses - Graduate Certificate, Graduate Diploma and Masters



WHO SHOULD APPLY?

Psychiatry trainees with a passion for improving mental health and wellbeing and seeking exam success.

Who is Eligible?

To enrol in our postgraduate courses in Psychiatric Medicine as an Award or professional development student with a psychiatry specialisation, you must:

- Be registered as a medical practitioner in Australia or New Zealand
- Demonstrate that you are in training for, or practicing in, psychiatry. This includes doctors that are:
 - Enrolled in the RANZCP training program
 - OR
 - Employed as a non-accredited registrar in psychiatry with a letter of support from their local Director of Training to state that they are working in a suitable clinical position with supervision

General Practitioners, Rural and Remote specialists and other doctors registered in Australia or New Zealand may enrol in the Psychiatric Medicine Framework outside of a psychiatry specialisation.

Medical practitioners with registration in other countries may enrol in our Applied Mental Health Studies courses, visit heti.edu.au for more information.

➔ For eligibility information visit heti.edu.au

MEETING THE NEEDS OF PSYCHIATRY TRAINEES AT HETI HIGHER EDUCATION

The Psychiatric Medicine Framework has been constructed to meet the specific needs of psychiatry trainees, with:

- Mapping of every topic to RANZCP syllabus
- Access to Psychiatry Professional Leads throughout your studies
- Opportunities to tell us your priorities as you enrol in each unit
- Seminar, workshops and tutorials support preparation for practice; and
- The examination of practice that occurs in the RANZCP Essay exam

ACCREDITED COURSES

Ensuring quality of learning, appropriate to the needs of professionals, underpins all education at HETI Higher Education.

HETI was awarded the status of a higher education provider by National standards body for all universities and higher education providers, the Tertiary Education Quality Standards Agency (TEQSA) on 27 October 2016. HETI has been granted the maximum registration period of seven years as a higher education provider with concurrent accreditation of its six courses.

The courses within the Psychiatric Medicine Framework are accredited:

- By the Royal Australian and New Zealand College of Psychiatrists (RANZCP) as a Formal Education Courses (FECs) for Stage 1 and 2 of training. This applies to Award or Professional Development modes of study
- By TEQSA for study towards attainment of Graduate Certificate, Graduate Diploma or Masters qualifications

FLEXIBLE LEARNING

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 resources through myHETI, our online learning system, and participate in forums that support interdisciplinary collaboration.

Students require:

- 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.

CHOOSE YOUR PATHWAY

You can elect to:

- Complete an Award pathway or individual non-Award units and utilise the detailed feedback on course assessments to enhance your studies, professional progression and/or RANZCP assessment preparation
OR
- Study in professional development mode in which you complete coursework and RANZCP participation requirements, but do not undertake formal assessments

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

WORKLOAD

In a typical week, a Year 1 Award student will spend 10-20 hours in activities including:

- Reflection upon their practice and workplace learning
- Engaging with pre-teaching activities
- Participating in three teaching sessions of approx. three hours (seminars, tutorials, workshops or web forums)
- Reading recommended sections of texts or articles

Award students must also pass two to three varied assessment tasks for each unit such as recorded oral presentations, extended matching questions, short answer questions, essays or projects.

All RANZCP trainees must participate in 80% of teaching activities to meet RANZCP requirements for satisfactory term progression.

2020 FEES

The 2020 tuition fee for the Masters of Psychiatric Medicine and non-Award units is \$2,270 per unit.

The 2020 tuition fee for the Postgraduate Course in Psychiatry (PCP) courses and units studied as Professional Development is \$1,485 per unit.

Please check [heti.edu.au](https://www.heti.edu.au) for any updated fee information for NSW Psychiatry Trainees.

SCHOLARSHIPS

Find out about scholarships that support studying postgraduate courses at HETI Higher Education.

Visit [heti.edu.au/scholarships](https://www.heti.edu.au/scholarships)

CLASS TIMES

Live teaching sessions for Award and professional development students in the psychiatry specialisation occur from 2 to 5pm on:

- Tuesdays (Graduate Certificate -Year 1)
- Wednesdays (Graduate Diploma - Year 2)
- Thursdays (Masters - Year 3)

* times correct at time of printing.

KEY DATES

SEMESTER 1 2020

Applications open	3 September 2019
Semester begins	10 February 2020
Applications close	21 February 2020
Mid Semester break	13-24 April 2020
Semester ends	26 June 2020

SEMESTER 2 2020

Applications open	10 February 2020
Semester begins	3 August 2020
Applications close	14 August 2020
Mid Semester break	28 September - 9 October 2020
Semester ends	18 December 2020

“This year we have introduced over 40 live exam preparation sessions, to further support the needs of psychiatry trainees”

Dr Roderick McKay

Director Psychiatry and Mental Health programs, HETI

New in 2020

BOOST TO NSW RANZCP EXAM PREPARATION

HETI Higher Education has introduced additional exam preparation support for those sitting MCQ exams after two years of training. This includes:

- Access to 40 live exam preparation sessions in years one and two of study
- A focus on RANZCP MCQ Exam in semesters one to three, and Essay Exam practice in semester four
- A one hour face-to-face session with online complementary materials and mini MCQs (also available via web-conference)
- A recommended reading program
- Ten online tutorials for Award students focused on practice and essays in each semester
- A Mock Written Essay Exam developed, delivered and marked in collaboration with the RANZCP NSW Branch Training Committee, following its successful trial in 2019

Students in Year 3 courses in 2020 may also access the new exam preparation support. Non-Award students are also encouraged to participate, however this activity will not be included in assessment of RANZCP participation requirements.

INTEGRATION OF PROFESSIONAL SUCCESS RESOURCES

New resources have been introduced for trainees. These have been co-designed with trainees to support their transition to psychiatry training, including:

- Self-paced online activities supported by regular 'drop in' sessions with Psychiatry Professional Leads
- A specific focus on self-care, teaching and learning, leadership, and assessment preparation
- Tips for making the most of working with your supervisor and colleagues

Course Outcomes Overview

Graduates of the Masters 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

Psychiatric Medicine Units

Graduate Certificate, Graduate Diploma and Masters

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

The Research and Project Planning unit (page 16), and the Mental Health Capstone unit (page 20) 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

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.
 ^ Research and Project Planning is a prerequisite for Mental Health Capstone.

■ CORE ■ ELECTIVE

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 *

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

* 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 Depression
Topic 6	Understanding Anxiety
Topic 7	Anxiety and Trauma
Topic 8	Working with People with Mood Disorders
Topic 9	Excellence in Care across Settings

* 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	Integrating Physical and Mental Health
Topic 8	Organic Disorders
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. The student's evolving role as a psychiatric trainee working within a scope of practice, managing workloads and constructively participating in quality improvement activities is also explored.

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 doesn't 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 - Antidepressants and hypnotics
Topic 6	Medications in Recovery-Oriented Care - Antidepressants, hypnotics and mood stabilisers
Topic 7	Social and Preventative Interventions
Topic 8	Psychodynamic Therapies in Practice
Topic 9	Putting it All Together

* see page 7

GRADUATE DIPLOMA
SEMESTER 1

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	Research and Practice Improvement
Topic 2	Research Design, Analysis and Appraisal
Topic 3	Culture and Psychiatric Practice
Topic 4	Working Across Governance Systems
Topic 5	Cultural and Linguistic Diversity and Psychiatric Practice
Topic 6	Mental Health in Rural and Remote Contexts
Topic 7	Improving Aboriginal Mental Health and Wellbeing
Topic 8	Gender, Mental Health and Mental Illness
Topic 9	RANZCP Essay 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	Physical and Mental Illness
Topic 3	Responses to Illness
Topic 4	Physical Health in the Presence of Mental Illness
Topic 5	Organic Disorders
Topic 6	Clinical Approaches to Considering Mental Health Issues in the Presence of Physical Illness
Topic 7	Medical Updates
Topic 8	Recovery and Professionalism
Topic 9	Practice Long Paper Workshop

* see page 7

GRADUATE DIPLOMA
SEMESTER 2

Developmental Perspectives in Context 1

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	OSCE Exam Workshop

* see page 7

Developmental Perspectives in Context 2

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

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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	The Capstone project
Topic 2	Ethics Plus I: Ethical principles and the ethics application process
Topic 3	Ethics Plus II: Intellectual property and OH&S
Topic 4	Identifying and developing a research topic
Topic 5	Searching and evaluating the literature
Topic 6	Design considerations I: Quantitative methods
Topic 7	Design considerations II: Qualitative methods
Topic 8	Questionnaires and surveys
Topic 9	Focus groups
Topic10	Interviews
Topic 11	Secondary data
Topic 12	Data organisation and analysis
Topic 13	Written reports
Topic 14	Oral presentations
Topic 15	Posters

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	Limiting the harm from alcohol abuse
Topic 4	Neuropharmacology and stimulants
Topic 5	People with mental illness and drug misuse
Topic 6	Assessing risk and management of harm to others
Topic 7	Reducing over-the-counter and prescribed medication abuse
Topic 8	Working with people with opiate dependence
Topic 9	Professionalism in forensic related mental health - assessment and reporting
Topic10	Understanding people with intellectual disability
Topic 11	Working to improve the mental health of people with intellectual disability
Topic 12	Working with people with intellectual disability topic
Topic 13	Forensic mental health systems and legislation
Topic 14	Working with 'difficult people'
Topic 15	Disorders and problems more common in forensic populations
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

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	Psychotherapy - Roles, Ethics and Collaboration in Recovery-Oriented Practice
Topic 3	Psychodynamic Therapies 1
Topic 4	Presenting Psychotherapy Cases
Topic 5	Psychodynamic Therapies 2
Topic 6	Structured Therapies
Topic 7	e-Therapies and Supportive Therapies
Topic 8	Mindfulness and Positive Psychology

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 on 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

Topic 1	What Matters in Neurosciences and Recovery?
Topic 2	Advanced Exploration of Treatment Refractoriness
Topic 3	Culture, Society and the Neurosciences
Topic 4	Advanced Neurostimulation
Topic 5	Advanced Child Neuroscience
Topic 6	Neuroscience of Psychotherapy
Topic 7	Mock Essay Exam
Topic 8	Neuroscience of Resilience
Topic 9	Advanced Older Person's Neuroscience

MASTERS
 SEMESTER 2

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 to Capstone Studies and Toolkit
Topic 2	Cultural Competency 1: Aboriginal and Torres Strait Islander Communities
Topic 3	Cultural Competency 2: Culturally and Linguistically Diverse Communities
Topic 4	Working with Quantitative Data
Topic 5	Working with Qualitative Data
Topic 6	Recovery Revisited
Topic 7	Research Translation
Topic 8	Independent Study
Topic 9	In Focus 1: Clinical Contexts
Topic 10	In Focus 2: Interdisciplinarity
Topic 11	In Focus 3: Neurosciences
Topic 12	In Focus 4: Global Mental Health
Topic 13	Independent Study
Topic 14	Research and Project Dissemination
Topic 15	The Future of Psychiatry

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