

15-minute talks based on supporting peer-reviewed literature (60 minutes). A panel discussion (30 minutes) with incorporated audience question cards shall follow. The panel was selected to have a range of experiences – clinical, research and commercial, with mixed views on the readiness for this technology to enter routine clinical practice. A balanced yet lively debate is ensured.

**Findings and conclusions:** The audience will gain a greater sense of the current state of the evidence, emerging trends, and ethical and regulatory dilemmas and have a better sense of how to handle patient enquiries about such testing.

**MAKING THE BEST OF IT: THE REALITY OF IN VIVO RESEARCH**

V Kemp<sup>1</sup>, C Fisher<sup>1</sup>, S Lawn<sup>2</sup>, M Battersby<sup>2</sup>, M Isaac<sup>1</sup>

<sup>1</sup>The University of Western Australia, Perth, WA, Australia  
<sup>2</sup>Flinders University, Adelaide, SA, Australia

**Background:** It is well known that the physical health of people living with mental illness is poor and their health outcomes are worse than for people in the general community. Many have physical health comorbidities adding a substantial burden of disease in this already vulnerable population.

**Objectives:** A controlled trial of the Flinders Program of Chronic Condition Management™ (FP) was utilized to test the hypothesis that people with mental illness living in the community could be supported by their FP-trained non-government mental health support workers to self-manage their physical health co-morbidities.

**Methods:** At the intervention sites, 18 clients of the trained workers used the FP tools to set goals to address the health issues of clients. At the control sites, workers provided treatment as usual to 10 clients. The project was hampered by a coincidental restructuring of mental health services in Western Australia, during which there was a change in policy direction; organizational restructuring led to a high staff turnover. This accounted for the inability to recruit more participants.

**Findings:** Clients in the intervention group did make significant gains in some, but not all, domains of the FP. The level of support clients received depended on the service structure of the participating organizations.

**Conclusions:** At this time, our data suggest that the government mental health services lack the capacity to routinely monitor clients for the metabolic syndrome, and the non-government sector lacks the necessary capacity

to adequately support clients to self-manage their physical health. However, there were encouraging indications that the FP might be a successful intervention under more benign circumstances.

**FORCED ADOPTION: CLINICAL IMPLICATIONS AND TREATMENT GUIDELINE**

Harry Lovelock<sup>1</sup>, Maurice Eisenbruch<sup>2,3</sup>

<sup>1</sup>The Australian Psychological Society, Melbourne, Victoria, Australia  
<sup>2</sup>School of Clinical Sciences at Monash Health, Monash University, Melbourne, Victoria, Australia  
<sup>3</sup>Royal University of Phnom Penh, Phnom Penh, Cambodia

**Background:** Forced adoption policies and practices in Australia have had significant and long-term psychological effects on mothers, fathers, their children who were adopted and their families with higher rates of mental health disorders such as depression, anxiety, post-traumatic stress disorder and thoughts of suicide.

**Objective:** To provide an overview, based on a review of the evidence, consultations with stakeholders and expert review, of best practice psychological and psychiatric interventions for people affected by forced adoption practices in Australia.

**Method:** A review was undertaken of the three major reports on the experiences of people affected by forced adoption in Australia. An expanded literature review was completed. A series of individual consultation meetings with people affected by forced adoptions, representative organisations and agencies delivering support services were conducted across all Australian capital cities. An Expert Reference Group with representatives from the major mental health professions provided review and advice.

**Findings:** A Guidance document was developed that provides the emotional and psychological effects of forced adoption policies and practices on those affected; the evidence-based theoretical frameworks useful for guiding practice, including the conceptualisation of the experience of forced adoption within a framework of trauma, loss and grief and attachment theory; the effects of trauma and appropriate trauma-informed care for people affected by forced adoption; and evidence-based practice with people affected by forced adoption.

**Conclusions:** Clinicians need to understand the experiences and effects of those affected by past adoption policies and practices in Australia and how to provide evidence-informed practice as detailed in the Guidance document.