

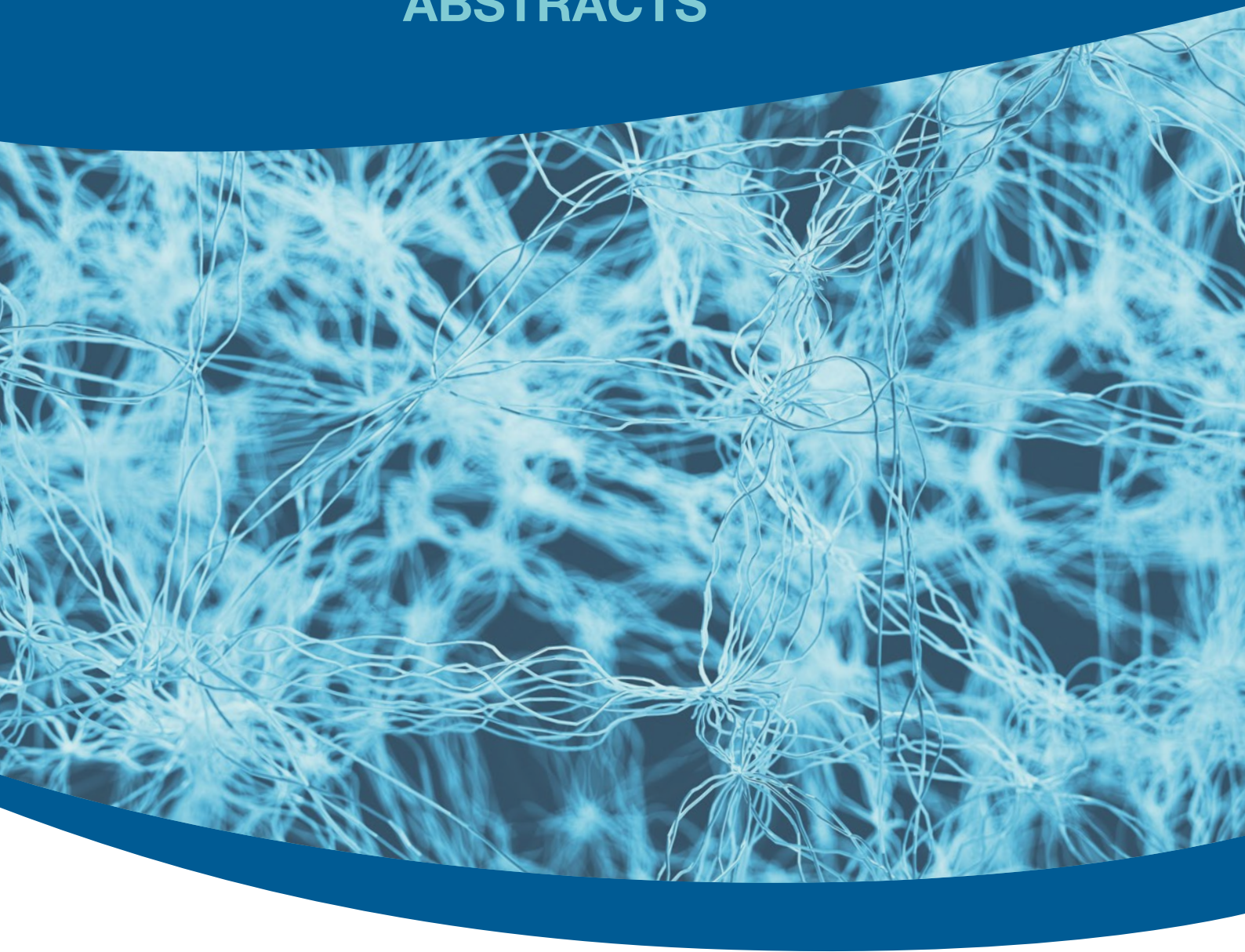
19th

VICTORIAN COLLABORATIVE MENTAL HEALTH NURSING CONFERENCE

2 & 3 AUGUST 2018

MOONEE VALLEY RACECOURSE
MELBOURNE

ABSTRACTS



KEYNOTE SPEAKERS

THURSDAY 9:45 AM

Susan McLean

Caring for kids in the online world

Today's young people have unprecedented access to and are accessible by many millions of people worldwide. The sheer number of young people using internet technologies today makes our concern for them well founded. Young people are often not aware that their words and or photos which may have been intended for a small audience, sometimes find their way to a larger one, often with very undesirable consequences.

Very few young people who engage in online bullying are even aware that they may be breaking the law. The perceived anonymity and disinhibition provided by the impersonal interface that is the internet gives many young people a sense of 'bravado' and as such allows teens to engage in behaviours that they would not consider in the real world. Most teens think they know it all.....that they won't make a poor choice and they will be able to sort out the good from the bad.....the reality can be starkly different.

Mental Health presentations that include an element of cyberbullying or other online harassment behaviours are increasing rapidly. At its worst, cyberbullying can lead to mental illnesses such as depression and we have often seen the tragic consequences of poor mental health amongst teens. This informative and engaging session will cover the reality of the online world and how you can best help your patients in this space.

THURSDAY 1:15 PM

Prof Eimear Muir-Cochrane

What's so funny about peace for love and understanding? Contextual issues in the goal to reduce and eliminate restraint in mental health settings

It has been a privilege to be afforded the opportunity to undertake research into and teach about seclusion and restraint for over thirty years in Australia. It is also a great privilege to be invited to talk about my research and scholarship at the 19th Victorian Collaborative Mental Health Nursing Conference. This presentation draws on research undertaken on the dynamics of seclusion and restraint with the examination of barriers and enablers, in the pursuit to improve care. There are many intrinsically linked issues related to the goals of reducing restrictive practices in acute mental health care, explored using existing research, historical sources and modern fiction. At the heart of the presentation is a fundamental emphasis on empathy and compassionate care. Hence the Elvis Costello reference in the title.

FRIDAY 9:00 AM

ANNA LOVE

The way forward is working together: Consumer, Clinician and Carer: Alone we can do so little, together we can do so much

The Office of the Chief Mental Health Nurse is responsible for the development of policy and guidelines and practice development in relation to nursing practice in Victoria. Supporting the current nursing workforce and creating a contemporary workforce for the future is a high priority. Key work projects focus on ensuring staff have

access to good clinical supervision, the development of specialty nursing skills to enable models of best practice and working together to build safe and therapeutic environments.

In order to respond to the demands of being a Mental Health nurse in 2018 and beyond, we need to ensure that we are working together. Overwhelmingly, the evidence indicates that our drivers need to incorporate consumers, carers and clinicians to identify better ways to care. Using the Three C's, Consumers, Clinicians and Carers, we can effectively capture the lens, the experiences and the needs that play out in our contemporary health settings. Finding connections in our experiences, innovations from collective wisdoms and approaching barriers as shared; will lead to better outcomes for all.

The team of the Office of the Chief Mental Health Nurse is comprised of clinicians, consumers and carers working together to discuss best practice. We have developed enhanced pathways to consumer and carer input in partnership with Peak bodies; and through the development of frameworks to ensure that we include, consult, engage and co-design the system we want to be. The startling revelation in this work is the synergy rather than the difference, and the ability to traverse the difficult conversations, scenarios and often breaking points within our most acute care. It opens the possibilities that nurses can come and do the work that they joined the profession for, in work places less driven by constraint and more driven by care.

This is the future. This presentation shares the work, key drivers and learnings of key big picture projects that aim to improve and support our vital workforce; and the care that it delivers.

FRIDAY 2:00 PM**Mary O'Hagan**

The Wellbeing Manifesto for Aotearoa New Zealand: A seismic shift in structures and relationships.

The Mental Health and Addiction Inquiry in New Zealand is picking up a tone for fundamental change in the way society and services respond to people with mental distress and addiction. PeerZone and friends developed the Wellbeing Manifesto as a submission to the Inquiry.

The Manifesto calls for the biggest change in the history of mental health services, away from a health-led system to a multi-sector, community-led structure. The transition from Big Psychiatry to Big Community will be achieved through open access to a full menu of services, support and opportunities; a major expansion of the peer and cultural workforces, co-produced multi-sector planning and funding, integrated service delivery and active government leadership. Such massive structural changes will transform relationships, power dynamics and structural inequalities.

After 30 years of advocating for power, choice and voice for people who experience mental distress, Mary O'Hagan has concluded that major structural change is the only way to create meaningful changes in the relationship between those who provide services and those who receive them.

SPECIAL EVENTS

THURSDAY**10:45 am – Morning Tea****Nursing Students Unite!**

Held in the Silks Room (L2)

NURSING STUDENTS: by the date of this year's Conference, there'll be less than one month until the final Computer Match deadline for

graduate mental health nursing applications. This informal meet & greet session at Morning Tea on Day 1 of the Conference will give you the chance to both: Meet your fellow nursing students and 2018 Student Pass winners, so you can "compare notes" about everything from your Computer Match preferences to your longer-term

goals; and meet current graduate mental health nurses, as well other more experienced mental health nurses. You'll have the opportunity to ask them everything you've ever wanted to know about a mental health nursing career but were afraid to ask!

Facilitated by:
Centre for Psychiatric Nursing

THURSDAY**12:15 pm – LUNCH****Clinical Supervision Framework**

Held in the Silks Room (L2)

The Framework was recently completed and are now available to all Victorian Mental Health Nurses, to guide Clinical Supervision Practice

Facilitated by:
James Houghton
(NorthWestern Mental Health)

FRIDAY**1:00 pm – LUNCH****Clinical Supervision Taster**

Held in the Silks Room (L2)

Sign-up for an individual, personalised Clinical Supervision session at this year's conference.

Each 40-minute session will include a 15-minute introduction to the Role Development Model of Clinical Supervision, and a 25-minute one-on-one session that demonstrates the Clinical Supervision process in action and includes 'take home' considerations for your nursing practice.

Sign-up sheets will be available at Registration

Facilitated by:
Maggie McIntosh
(Eastern Health)
James Houghton
(NorthWestern Mental Health)

8:00 AM REGISTRATION Market Place (L1)

9:00 AM WELCOME TO COUNTRY

9:15 AM OPENING ADDRESS Meeting Place (L1)

SPEAKER: The Honourable Martin Foley MP

9:45 AM KEYNOTE Meeting Place (L1)

SPEAKER: Susan McLean *Caring for kids in the online world* (Abstract on page 1)

10:45 AM MORNING TEA Market Place (L1)

10:45 AM SPECIAL EVENT: Nursing Students Unite! (Details on page 2) Silks Room (L2)

11:15 AM SESSION A Meeting Place (L1)

TITLE: What's helpful about an adolescent inpatient admission? Sharing knowledge and supporting practice

PRESENTERS: Claire Hayes (Ramsay Health Care)

Little research exists on inpatient treatment for adolescents, with even fewer focusing on the types of interventions used and their efficacy (Frazier et al. 2016). This study describes an inpatient model of care and how it is perceived by adolescents and caregivers over time. It also attempts to answer 'how' and 'why' inpatient admission is helpful for young people.

Semi-structured interviews were conducted with adolescents and caregivers at Time 1 (admission), Time 2 (discharge) and Time 3 (6-month follow-up). Adolescents completed self-report questionnaires at all three phases, which measured mood, distress, emotional dysregulation and impulsivity.

Caregivers and adolescents with a variety of complex needs found the adolescent inpatient admission helpful, offering valuable outcomes. One of these prominent outcomes included resilience and the capacity to "bounce back" from mental health symptoms. The inpatient unit modelled on Dialectical Behaviour Therapy Principles provided daily routine, consistency, sense of belonging, containment of crises, paced engagement and therapy.

In conclusion, adolescent inpatient admission can provide valuable therapeutic tools to facilitate management of mental health symptoms at a critical time of a young person's life.

11:15 AM SESSION B Silks Room (L2)

TITLE: Reducing restrictive interventions with a long-term seclusion patient

PRESENTERS: Nicholas McAtamney, Jessica Duda, Cheryl Wilcox, Sarah Aspridis & Sara Sabasan (Forensicare)

This presentation reviews numerous nursing led projects devised to 'de-seclude' a young woman. The talk will focus on nursing resilience in the face of violence while working to improve an individual's quality of life and promote hope.

This study is based on a 28-year-old female patient admitted to a forensic hospital due to unmanageable aggression in an area mental health service and a violent offence in the community. She spent the best part of the last 3-4 years in isolation due to unrelenting violence that is difficult to contain without use of long term seclusion.

Many efforts have been made to 'de-seclude' this young woman both in the previous area mental health service and in a forensic setting. All efforts involved staff and patients accepting a certain amount of risk to their personal safety, which inevitably becomes unsustainable and traumatic for those involved. Staff persevered in their ingenuity and dedication.

11:15 AM SESSION C JR Room (L1)

TITLE: Improving access to culturally responsive services for our Aboriginal and Torres Strait Islander Community

PRESENTERS: Mena Love & Kate Locastro (Eastern Health)

Mental Health and related conditions have been estimated to account for as much as 22% of the health gap between Aboriginal and non-Aboriginal people.

The Eastern Health Mental Health Program is committed to improving the social and emotional wellbeing of our Aboriginal and Torres Strait Islander Community through increasing access to programs and further developing relationships.

This presentation will discuss improvements completed by the service over the past 18 months as well as newly developed roles, which include an Aboriginal Carer/Peer worker and an Aboriginal Engagement Clinician.

DAY ONE

11:45 AM **SESSION A** Meeting Place (L1)

TITLE: **We don't get nervous - we get prepared: Team huddles on the statewide child inpatient unit**

PRESENTER: **Adam Blake (Austin Health)**

There are parallel activities observed across leadership in sport and the workplace that enhance culture, team work, safety and communication. Team huddles have been a fundamental component of the football vernacular for decades and it is welcoming to see this communication revived in health care settings.

This presentation provides details and commentary on an innovative take on the team huddle. It provides a space for new introductions, notation of specific tasks and risks and alerts for the shift and delegation of roles and responsibilities.

The drive and ideas for this initiative have been developed from the publication *The Checklist Manifesto: How to get things right* (Atul Gawande, 2009). Atul developed this initiative whilst working with the WHO on the "Safe Surgery Saves Lives Program" through addressing the need to reduce patient deaths due to medical error and improve communication amongst health professionals. The Statewide Child Inpatient Unit will be evaluating this initiative pre and post implementation and will provide qualitative data regarding this work.

11:45 AM **SESSION B** Silks Room (L2)

TITLE: **Talking underwater with a mouthful of marbles**

PRESENTERS: **Rachel Gwyther & Lisa Spong (Department of Health and Human Services)**

Since October 2016, The Victorian Safewards Project Team has been supporting Mental Health Services across the state during their training and implementation journey. Along the way knowledge has been gained around the challenges and opportunities of implementation. After the privilege of witnessing effective leadership, preparations are in progress for the ongoing commitment to sustainability.

This presentation explores the key ingredients necessary to embed Safewards into practice successfully and builds on the themes from the 2016 Victorian trial. The trial evaluation indicated key elements being people, knowledge and functional support. Hamilton, Fletcher, Sands, Roper and Elsom (2016) share their understanding of how services are progressing during this phase.

Discussion includes the engagement process, which involves the delivery of training and resources, building supportive relationships and sharing expertise and passion. Near the end of this journey there is a unique opportunity to reflect on the impact Safewards have and will continue to have for consumers of mental health services.

11:45 AM **SESSION C** JR Room (L1)

TITLE: **Recovery-oriented practice supporting self-determination**

PRESENTER: **Camuran Albanoi (Goulburn Valley Health)**

The guide to recovery-oriented practice can be observed in the principals of recovery focused service. The six recovery-oriented principles of the Mental Health Act are: uniqueness of the individual, real choices and opportunities for consumers, attitudes and rights of consumers, dignity and respect for consumers, partnership and communication between service providers and consumers and recovery evaluation of consumers. These six principles can and will support the self-determination of consumers.

The enhancement of consumers dignity is achieved by encouraging autonomy. Connections enhance and help continuous growth during recovery-oriented practice. Promoting the accessibility of "service for all" is the cornerstone of hope, faith and community inclusion. One person can achieve positive results, but that person cannot do it alone.

Many mental health acts recognize the value of citizens/consumers regardless of disability or socio-economic status. Therefore, self-determination depends on a collaborative and integrative approach to achieve positive outcomes.

Goulburn Valley Area Mental Health Service is inclusive and connected with consumers, incorporating them in the growth and development of the service. Self-determination will free consumers from a culture of illness and deprivation while moving towards personal growth through hope, community inclusiveness and connectedness. Goulburn Valley Area Mental Health Service invites consumers around the table and does not place them on the menu.

12:15 PM **LUNCH** Members Lounge (L2)

12:15 PM **SPECIAL EVENT: Clinical Supervision Framework** (Details on page 2) Silks Room (L2)

1:15 PM	KEYNOTE SPEAKER	Meeting Place (L1)
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SPEAKER: **Prof Eimear Muir-Cochrane** *What's so funny about peace, love and understanding? Contextual issues in the goal to reduce and eliminate restraint in mental health settings* (Abstract on page 1)

2:00 PM	SESSION A	Meeting Place (L1)
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TITLE: **SYMPOSIUM: Psychotherapy essentials in mental health nursing**

CHAIR: **Robert Trett (NorthWestern Mental Health)**

PRESENTERS: **Jenny Wilkinson (Goulburn Valley Health), Dr Finbar Hopkins (NWMH) & Robert Trett, Vrinda Edan (Centre for Psychiatric Nursing)**

Psychotherapy Essentials in Mental Health Nursing is a professional development programme introducing psychotherapy concepts for community mental health nurses developed at the Centre for Psychiatric Nursing. It is based on an original pilot developed at Eastern Health, named Therapeutic Foundations in Mental Health Nursing. That program showed positive outcomes on evaluation and prompted the second iteration (PEMHN) with expanded content and revised model of delivery. The program is being piloted over 2018 and to date an initial set of training workshops has been completed with Goulburn Valley health. This symposium reflects on the model of psychotherapy developed for PEMHN and the experience of program teachers, consumer partners and program recipients. There will be four presentations followed by a panel of **PRESENTERS**, taking questions from the audience.

2:00 PM	SESSION B	Silks Room (L2)
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TITLE: **Nursing interventions within the recovery model in the prevention of hospital admission**

PRESENTERS: **Matt Donato & Teneale Turner (Melbourne Health),**

The Aged Persons Mental Health Program, Intensive Community Treatment Program (APMHP - ICT), provides intensive support to people in their home as an alternative to hospitalisation during a period of acute mental illness. Providing treatment in the home is often the preferred option for the consumer. However, this can lead to carer burnout so options to keep consumers in their homes as an alternative to hospitals needs to have a holistic approach.

APMHP - ICT sees many consumers with varied diagnoses. Some consumers have a long history of mental illness while other cases are newly presented. The aim of this case study is to show nursing interventions in treating a consumer in the community, while supporting the realisation of recovery principles within a person-centred recovery model and balancing carer support and needs. It also aims to show the partnerships required between clinician, consumer and carer in the prevention of hospital admission.

2:00 PM	SESSION C	JR Room (L1)
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TITLE: **What do mental health nurse early graduate programs across Victoria look like?**

PRESENTER: **Kylie Boucher (Centre for Mental Health Learning)**

CO-AUTHOR: **Roshani Prematunga (CPN)**

Research has found that undergraduate nurses are commonly not adequately prepared to work as mental health nurses. This has been partly attributed to the replacement of specialist Mental Health (MH) nursing courses with comprehensive undergraduate courses.

For this reason, many services across Victoria invest significant amounts of time and money into developing and delivering Mental Health early graduate nurse programs that provide new MH nurses with MH knowledge and skills, those not developed during a three-year comprehensive nursing degree. These programs generally provide organised supervision and support and are considered to aid in recruitment and retention of mental health nurses. Despite commonalities in MH graduate nurse learning and support needs, there is much variety in the content and structure of these graduate programs.

In 2017 a research project commenced to collect and compare data from the 18 Mental Health early graduate nurse programs offered across public mental health services in Victoria, Australia. Perhaps a better understanding of this information could lead to greater consistency between programs and optimal learning opportunities for new MH nurses. This presentation will provide an overview, comparison and discussion of the data obtained over two consecutive years of graduate programs.

DAY ONE

2:30 PM SESSION B Silks Room (L2)

TITLE: What a difference a day makes!

PRESENTERS: John Leete & Phyllis Colucci (Austin Health)

This presentation will entail the description of a unique, therapeutic, nurse led and resourced mental health group-based program for older age Australian Defence Force (ADF) veterans, and its beneficial results.

Since 1996, the Older Veterans Psychiatry Program (OVPP) has been running at the Heidelberg Repatriation Hospital. It was the first Australian group-based outpatient treatment program for military-related Post-Traumatic Stress Disorders (PTSD), other mental health issues and neurological conditions. Throughout its existence, nursing staff have led the program in collaboration with allied health clinicians and medical staff.

The group work is based on a holistic model of care combining Recovery and Biopsychosocial approaches. Nursing staff address a range of interrelated factors that impact the Veterans' mental health, physical and social well-being. The success of the group program is reliant upon the nurse-patient dynamic. In particular, the nursing staff's ability to respond flexibly to each participant and to what each day brings to each group.

Currently 35 patients attend the group program on specific days of the week on an ongoing basis. The group participants are Vietnam, Korea, Malaya Emergency and Strategic Reserve Veterans. Surprisingly, a small number of World War II veterans also attend.

2:30 PM SESSION C JR Room (L1)

Title: How mental health nurses can promote a healthy lifestyle to consumers living in a community care unit

PRESENTER: Shane Bautista (NorthWestern Mental Health)

For consumers residing in community care units, Mental Health Nurses can educate, improve and empower consumers to adapt a healthy lifestyle to improve their recovery journey. Maslow's Hierarchy of Needs (2015) highlights food as the basic need for any human being. Access to food is a human right that all mental health consumers should have fulfilled. Through observations at a Community Care Unit, it was observed that some consumer's diets consisted mainly of processed packaged foods that had little to no nutritional value.

It is well acknowledged within the literature that the life expectancy for people experiencing mental illness is reduced by 15 to 20 years (2016). This is associated with a risk of other physical health issues and potential premature death (2017). Physical exercise is limited due to lack of motivation and guidance. Therefore, consumers need to learn a simple plan that is realistic to follow and implement. Through educational strategies, Mental Health Nurses should assist consumers in overcoming the barriers to adopting a healthier lifestyle, which could be put into practice and aid recovery.

2:45 PM SESSION C JR Room (L1)

TITLE: Dignity of risk - a balance of risk and duty

PRESENTERS: Joseph Lee & Sarath Vallabhaneni (NorthWestern Mental Health)

'Dignity of risk,' first coined in the 1970s, is a concept that recognises and allows an individual to exercise the right to take reasonable risks while aiming for potential personal experience, learning and growth. Also referred to as 'positive' or 'therapeutic' risk-taking, the concept is congruent with the recovery-oriented principles of the Mental Health Act 2014. Upholding a mental health client's dignity of risk provides the client an opportunity to make their own choices and take responsibility for a meaningful life. Despite the potential benefits, current literatures reveal a gap between the clinician's perception of positive risk-taking and the confidence to implement the concept into practice. Mental health practitioners face barriers from individual up to an organisational level, including the fear of adverse outcomes, subsequent litigations and lack of established protocol. The barriers need to be countered by an education that reconstructs the concept of risk, protocols that plan for safety and a legal and managerial support system that promotes a risk-embracing culture. Additionally, further studies are required to solidify the evidence for the therapeutic benefits of risks. An evidence-based practice that balances risk and safety will facilitate a client's recovery supported by experience, learning and growth.

3:00 PM AFTERNOON TEA Market Place (L1)

3:30 PM SESSION A Meeting Place (L1)

TITLE: **When “all researchers are equal but some are more equal than others”: Collaborating with consumers in mental health research**

PRESENTER: **Brenda Happell (Happell Consulting and University of Newcastle)**

Consumer participation within services has paved the way for enhanced involvement in research; from passive subjects to active participants. Research activities often involve consumers collaborating with mental health researchers representing the health disciplines. Despite progress, unequal power relations continue to pose a major barrier to realising the full benefits of this partnership. Although power is discussed in the literature, there is little research from the perspective of non-consumer mental health researchers who have collaborated with consumers on research projects. This qualitative study explored non-consumer mental health researchers' perspectives on the role of power in collaborative research with consumers. A qualitative study was conducted using semi-structured interviews. Thematic identified the main theme as prominence and presence at the table. Subthemes included barriers: tokenism and undermined potential. These were addressed by reworking power through critical mass and openness to power dynamics. There continues to be significant power-related barriers to the further building of robust collaborative research with consumers in mental health. It is imperative that much more assertive action is taken to disrupt and transcend these power related barriers for a truly symbiotic research partnership.

3:30 PM SESSION B Silks Room (L2)

TITLE: **Practicing with EASE: strengthening relational recovery in mental health**

PRESENTERS: **Professor Kim Foster (NorthWestern Mental Health & ACU)**

Therapeutic relationships are the foundation of effective mental health nursing practice. When consumers are parents of dependent children, the therapeutic relationship between clinicians, consumers and their family/carers is central to providing whole-of-family care and to supporting recovery. Relational recovery is an emergent approach that views people as being inter-dependent. From this perspective, recovery is seen as a social process where relationships affect all aspects of recovery and family are the context for parent-consumers' recovery. However, clinicians can find it challenging to address the needs of parent-consumers and families within individualistic models of care and the many competing demands of their work.

This presentation describes the EASE (Engage, Assess, Support, Educate) practice framework for fundamental family-focused practices with parent consumers and their family. EASE is a new evidence-and practice-informed therapeutic tool, which has been developed by a group of international experts and includes a set of initial questions and actions to support essential family-focused practices. EASE can be implemented as part of routine clinical practice and examples of its application in different practice settings are presented. Practicing with EASE can help support and strengthen relational recovery as well as positive parent, child and family outcomes, while making practice more effective and rewarding.

3:30 PM SESSION C JR Room (L1)

TITLE: **Growing a workforce. A rural mental health service's strategic plan of growing and sustaining a mental health nurse workforce. Goulburn Valley Area Mental Health Service (Innovations in practice)**

PRESENTERS: **Jenny Wilkinson & Melissa Metcalf (Goulburn Valley Health)**

Goulburn Valley Area Mental Health Service is a regional mental health service located in Shepparton Victoria. As with most public mental health services in Victoria, the nursing workforce is aging and as a rural service there is a smaller, finite amount of available resources from which to recruit. Some of the strategies the service has tried and are still using are: contracting agency staff, overseas recruitment and existing staff working overtime. All of these approaches are costly, have limited sustainability and are reactive approaches to immediate needs, which do not address the long term needs of the service.

The presentation will look at the goals for the service's future. It will discuss the multi-faceted strategies developed, some of the initial and progressive challenges/ barriers faced to implement these strategies and expected and unexpected approaches taken to address them. The presentation will conclude with a discussion about where the service is in this journey, the expected and unexpected outcomes and what has been learnt to further develop and grow the service into the future.

DAY ONE

4:00 PM SESSION A Meeting Place (L1)

TITLE: What now? Suitable nursing interventions following aggression risk assessment
PRESENTERS: Tessa Maguire (Forensicare/Centre for Forensic Behavioral Science)
CO-AUTHORS: Michael Daffern (Forensicare/CFBS), Steven Bowe (Deakin), Brian Mckenna (Auckland University of Technology/CFBS)

The Dynamic Appraisal of Situational Aggression (DASA) is one of few validated risk assessment instruments specifically designed to assess the risk of inpatient aggression. It is most typically completed by nurses. While the DASA is used to assess the risk of aggression, to date there has not been any specific recommendations concerning the most appropriate nursing interventions that should follow the DASA assessment and that correspond to different levels of risk. There is some evidence to suggest that structuring nursing interventions following assessment, using a validated risk assessment instrument could result in the reduction of aggression and use of restrictive practices. This presentation will discuss the development and subsequent trial of an aggression prevention protocol designed to structure nursing interventions according to the level of DASA risk, giving priority to the least restrictive interventions. The aggression prevention protocol was derived from a study investigating documented nursing interventions in conjunction with a literature review. The protocol along with the application of the suggested interventions will be presented, along with consideration as to how this protocol may enhance nursing practice and the experience of care provided.

4:00 PM SESSION B Silks Room (L2)

TITLE: Peer support work in public mental health: Don't see me as my diagnosis and I won't think of you as a clinician
PRESENTERS: Jeremy Le Roux & Dr Kerrie Clarke (St. Vincent's Melbourne Footbridge Community Care Unit)

The landscape of public mental health services is changing. Traditionally, boundaries between staff with a lived experience of mental illness and mental health clinicians have been rigid and inflexible. However, with the growth of the lived experience workforce, these boundaries are being challenged.

In order to remain relevant, we need to think differently about the way clinicians, peer support workers, and consumers navigate multiple relationships.

This presentation provides an example of where traditional boundaries between a 'peer support worker' and 'clinician' have been transcended in a public mental health service in Melbourne, Australia. Through the use of role play, multimedia and discussion, the benefits of negotiating multiple relationships in the workplace will be demonstrated. The story highlights the rewards that come from confronting discomfort, risks, vulnerabilities, the relinquishing and attaining of power involved in the development of new relationships and friendships in the landscape of public mental health services.

Intentional Peer Support principles will be drawn upon as a framework and demonstrated as to how these principles can be used by others navigating multiple relationships in their workplace.

4:00 PM SESSION C JR Room (L1)

TITLE: Establishing a Clozapine service within an early intervention youth mental health service
PRESENTERS: Linda Mora & Nicola Garland (Orygen Youth Health)
CO-AUTHORS: Tahnee Bridson (National Centre of Excellence in Youth Mental Health), Enrico Cementon (OYH), John Cocks (OYH), Brian O'Donoghue (OYH/NCEYMH)

The majority of young people with a first episode of psychosis will achieve remission of psychotic symptoms; however, a proportion will continue to experience persistent positive psychotic symptoms despite multiple trials of different antipsychotic medications. Clozapine is indicated in these individuals who have a diagnosis of treatment resistant schizophrenia. In 2016, there was an increase in the number of young people who commenced Clozapine, both as inpatients and in the community. Due to the rise in Clozapine clients, the need to monitor these clients became a priority and a nurse led clinic was developed.

This study took place at the Early Psychosis Prevention and Intervention Centre (EPPIC) at Orygen Youth Health in Melbourne, Australia. All young people who commenced clozapine between 2016 and 2018 were included.

In total, 38 young people commenced Clozapine between April 2016 and March 2018.

Results from metabolic monitoring indicated that in this population weight management was achievable. Clients who commenced Clozapine and their families/ caregivers were provided psychoeducation and had reviews with exercise physiologists and dieticians in order to address the metabolic side effects of Clozapine.

The protocols, procedures, and staffing for a Clozapine clinic within an EI service is discussed.

This service demonstrates that with the support and initiative of nurses and medical staff, Clozapine can commence in an early intervention psychosis service.

4:30 PM SESSION A Meeting Place (L1)

TITLE: Transference in working with consumers with eating disorders

PRESENTER: Hosu Ryu (Royal Melbourne Hospital/NorthWestern Mental Health)

Research shows that many health professionals, including mental health clinicians, hold a negative view towards caring for consumers with eating disorders. Negative feelings associated include anxiety, hopelessness, frustration and strong feelings of incompetence. This negative view can have a compromising impact on staff recruitment and retention, staff burnout and most importantly the quality of care that's provided by an eating disorder service in mental health. The cause could be a number of reasons including stigma of illness, lack of understanding about eating disorders and challenging therapeutic relationships.

This presentation focuses on a therapeutic relationship and explores the common countertransference of clinicians working with consumers with eating disorders. It also considers specific challenges confronting junior nurses, including nursing students, graduates and post graduate nurses. Ultimately, it will be discussed how this challenge impacts nursing practice and how awareness of countertransference in one's own practice can facilitate a more effective therapeutic relationship and better nursing care.

4:30 PM SESSION B Silks Room (L2)

TITLE: Trauma-informed care in the aged persons mental health setting - benefits and barriers

PRESENTER: Minh Viet Bui (Melbourne Health)

With the introduction of the new Mental Health Act 2014, trauma-informed care has become an essential element of contemporary mental health nursing practice that follows recovery-focused and least-restricted patient-centred care. Emerging evidence from the literature suggests that the trauma-informed approach to care promotes personal recovery while reduces and eliminates seclusion, restraint and other traumatic interventions. It is known that, compared to the adult population, the elderly population has a higher risk of developing severe mental illness due to the accumulation of bio-psycho-social stress through the years. Yet, there is limited research on the effectiveness of trauma-informed care and its implementation to manage aged persons mental health service consumers. When applied effectively, trauma-informed care promotes not only recovery of daily activities to a functional level and improves quality of life, but also strengthens the consumer's psychological resilience, reduces the length of stay during admission and prevents readmission. The common barriers to implementation are staff's lack of confidence, lack of equipment, lack of leadership, inadequate staffing and skill mix in the aged persons setting. This presentation will discuss trauma-informed care strategies for aged mental health consumers, from the benefits of the model to potential ways of addressing identified barriers.

4:30 PM SESSION C JR Room (L1)

TITLE: Physical healthcare attitudes, skills and knowledge of nurses working in acute mental health inpatient units

PRESENTER: Elizabeth Currie (NorthWestern Mental Health & Australian Catholic University)

CO-AUTHORS: Professor Kim Foster & Dr Thentham Furness (NWMH & ACU)

Poor physical health outcomes are a substantial concern for consumers with enduring severe mental illnesses. Disproportionate rates of cardiovascular diseases and premature mortality persist despite increasing awareness among clinicians and researchers. Nurses working in acute inpatient units are required to provide physical healthcare. However, due to a variety of individual and contextual factors, physical healthcare provision may not be prioritised. There is minimal specific evidence on inpatient nurses' perspectives in the Australian context. Therefore, the aim of this study was to describe registered and enrolled nurses' attitudes, skills and knowledge related to consumers' physical healthcare provision using the Physical Health Assessment Scale (PHAS). The study was approved by the Melbourne Health and Australian Catholic University Human Research Ethics Committees. Using a cross-sectional survey design, a total of 105 nurses working in acute inpatient mental health units at NorthWestern Mental Health

DAY ONE

completed an online or hard copy survey. Key findings included nurses being confident in delivering physical healthcare (subscale mean = 4.1 'Agree') and having favourable attitudes to smoking cessation (subscale mean = 4.0 'Agree'). This presentation will also describe nurses' attitudes to physical healthcare provision, perceived barriers to physical healthcare and future implications for consumers, carer, and health services.

4:45 PM SESSION B Silks Room (L2)

TITLE: **How mental health nurses can apply sensory modulation within adult acute inpatient units?**

PRESENTER: **Cloris (Qing) He (NorthWestern Mental Health)**

People experiencing mental illness may find it challenging to manage distortions in sensory processing, behavioural disturbances and have difficulties with self-regulation. A high level of subjective distress can especially be experienced in an adult acute inpatient psychiatric unit. In the absence of a therapeutic response, this can lead to escalation of distress and risk of harm to consumers or others.

Sensory Modulation (SM) involves interventions targeting the different senses to assist people with mental illness to self-regulate emotions when they are distressed, agitated or potentially aggressive. The recognised benefit of sensory approaches includes symptomatic management, building rapport and a reduction in seclusions and restraints. Mental health nurses are well placed to deliver sensory modulation within acute inpatient units. This presentation aims to explore the benefits and challenges of implementing sensory modulation on an acute adult mental health inpatient unit from a graduate nurse's perspective. Findings indicate a positive impression with using sensory approaches on minimising distress and reducing coercive responses by implementing sensory modulation in a multidisciplinary team. The successful implementation of sensory modulation requires a multidisciplinary approach and ongoing staff training so that a range of effective intervention strategies can be implemented during a consumer's time of need.

5:00 PM CLOSE OF DAY ONE Meeting Place (L1)

5:15 PM ACMHN (VIC) BRANCH MEETING

8:00 AM REGISTRATION Market Place (L1)**9:15 AM KEYNOTE SPEAKER** Meeting Place (L1)

SPEAKER: **Anna Love** *The way forward is working together: Consumer, Clinician and Carer. Alone we can do so little, together we can do so much.* (Abstract on page 1)

9:45 AM SESSION A Meeting Place (L1)

TITLE: **What happened to you versus what's wrong with you: How a neuroplastic narrative underpins trauma- informed care**

PRESENTER: **Dr Haley Peckham (Centre for Psychiatric Nursing)**

The medical model and our dichotomous thinking around health and illness are so pervasive and dominant many of us do not realise we have implicitly accepted a premise that limits our understanding of human suffering. Clinicians wanting to work in ways that are trauma-informed may be interested in mechanisms of neuroplasticity; the ways in which experiences shape brains and body systems, to support their delivery of trauma-informed care. A neuroplastic narrative privileges consumers' unique experiences and considers how their brains and bodies have adapted to survive their particular environment, offering a strengths-based perspective in contrast to the pathologising perspective offered by the medical model. The biological cost of adapting to stressful or traumatising environments is distress and suffering that cannot be understood by simple assumptions of illness but is better understood through an evolutionary perspective. Mechanisms of neuroplasticity have evolved because adapting to our early environment, even if there is a later cost to our health and well-being, helps us to survive long enough to reproduce, in accordance with nature's ruthless imperative. Unlike the medical model which locates illness within a person, the neuroplastic narrative recognises that traumatising environments impact on healthy developing brains, adapting them to survive even at the cost of well-being.

9:45 AM SESSION B Silks Room (L2)

TITLE: **Restrictive practices in inpatient settings for males. A comparison of admitted men who have been in prison to other admitted males.**

PRESENTERS: **Dr Chris Quinn & Jo Ryan (Forensicare)**

The rate of imprisonment for mental health consumers is up to 25 times greater than that of persons from the general population. Returning to the community following a period of imprisonment for mental health consumers is considered a critical time, however there is a lack of understanding about the use of restrictive practices for males who have been released from prison and are subsequently admitted to an inpatient mental health unit.

Anecdotal reports to the Office of the Chief Nurse from two inner city inpatient units indicated that the use of restrictive practices is more frequently implemented for males following a period of recent imprisonment compared to the admissions of other male consumers, and their admission lengths were longer compared to other male consumers. A cross-sectional, comparative research design was used to explore the reports. Four hundred and fifty-seven males with a primary diagnosis of schizophrenia, schizotypal or delusional disorders who were admitted via Assessment Orders were included in the study.

This presentation reports findings from the study, illuminating the differences with these two groups in relation to restrictive practices. Possible reasons for the concerns for admitted male consumers who have recently been in prison will be presented and discussed.

9:45 AM SESSION C JR Room (L1)

TITLE: **Serious incident reviews and how they impact nursing staff working in a mental health setting**

PRESENTER: **Vanja Obradovic (Alfred Health)**

The Quality and Risk Department at Alfred Health Psychiatry reviewed the way in which serious incidents are investigated and shared with front line nursing staff. It was acknowledged that the purpose of analysing an adverse event was not just to find where people went wrong but to understand why their assessments and actions made sense at the time, to explain certain actions not excuse them and by looking to solve the problem, not fix the blame.

The incident review process is a critical feature of any safety management system because it enables answers to be found to the questions posed by high risk, high impact events. Notably, what happened, why it occurred and what can be done to prevent it from happening again.

DAY TWO

This presentation will introduce the purpose of clinical governance in a healthcare setting, explain the critical incident review process, governance structure and methodology used. Discuss and better understand the types of incidents and recommendations that have come from case reviews over the last year and how they have impacted staff working on the frontline. We will also look to spend some time reflecting on how learning from incidents can result in better practise and outcomes for patients.

10:15 AM SESSION A Meeting Place (L1)

TITLE: **Screening for the illicit drugs during behavioural emergencies in the emergency department**
PRESENTER: **Dr Cathy Daniel (University of Melbourne)**
CO-AUTHORS: **A/Prof. Marie Gerdtz, A/Prof. Jonathan Knott, Celene Yap, Roshani Prematunga, Prof. George Braitberg (UoM)**

Aggression and violence arising from illicit substance use is a complex, yet increasingly common clinical problem that is managed in ED's, yet there is little data is available to quantify this association. The objectives were to establish the feasibility of saliva drug screening following a code grey event to determine the prevalence of illicit substance use (cannabis, opiates, cocaine, amphetamines/methamphetamines) on Emergency Department (ED) presentations involving acute behavioural disturbance (Code Grey).

We used a convenience sample and screened 38% of all patients who required a code grey from 13/8/2016 to 13/3/2017, which demonstrated that screening is feasible.

Approximately 40% of the tested samples returned a positive result and 20% (18/92) tested positive for two or more substances. Of the 92 positive samples, meth/amphetamines were the most commonly detected drugs 92% (85/92). A further 17% (16/92) of the samples were tested positive for opiates, 8% (7/92) for cannabis, and 6.5% (6/92) for cocaine. Half of the patients who tested positive for amphetamines arrived with police under S351.

In conclusion, the prevalence of illicit substances is high and this presents an opportunity for a brief intervention, harm minimisation strategies and referrals to addiction medicine.

10:15 AM SESSION B Silks Room (L2)

TITLE: **Exploring the prevalence and impact of behaviours of concern and whether a psychiatric behaviour of concern team improves safety**
PRESENTERS: **Fiona Whitecross Gamze Sonmez (Alfred Health)**

This presentation will describe the results of a pre-post analysis of the psychiatric behaviours of concern initiative at the Alfred Inpatient Unit. The initiative is the equivalent of a MET call for behavioural deterioration and aims to respond early to behaviours of concern and prevent escalation and use of restrictive care measures. The presentation will describe the project background, implementation, pre and post findings. The initiative led to a 65% reduction in seclusion use, 25% reduction in aggressive incidents, 42% reduction in absconding, 22% reduction in self harm, and a 20% reduction in security use. The types of interventions used and reasons for psy-boc calls will be discussed. The challenges and future aims will also be discussed.

10:15 AM SESSION C JR Room (L1)

TITLE: **Reflections on advance statements in recovery - when personal and professional worlds collide**
PRESENTERS: **Ella Graham & Hannah Grauel (Forensicare)**

The experience of mental illness is challenging and has a significant impact on the individual and everyone around them. Whilst we have witnessed this as nurses, it has been our lived experience as Consumer and Carer that has been life-changing. Amidst the chaos of dealing with a severe eating disorder, our journey through the mental health system was far more complex than we ever imagined as health professionals. These experiences have led us to reflect on key strategies that support recovery including Advance Statements.

Consumers, Carers and Health Professionals have common goals in moving towards recovery. However, planning for long-term recovery can be difficult when the focus is on coping with the short-term experience of dealing with acute episodes of illness. The introduction of Advance Statements and Nominated Persons in the 2014 Victorian Mental Health Act was welcomed by many, yet implementation and uptake of these strategies has been variable.

As we reflect on our experiences as Consumer and Carer, we share our perspective on how the mental health sector can learn from experiences like ours to support others in their recovery journey.

10:45 AM MORNING TEA Market Place (L1)

11:30 AM SESSION A Meeting Place (L1)

TITLE: **SYMPOSIUM: Clinical supervision**
CHAIR: **James Houghton (NorthWestern Mental Health)**
PRESENTERS: **Dr Finbar Hopkins (NWMH), Julie Sharrock, Maggie McIntosh (Eastern Health), Robert Trett (NWMH), James Houghton**

In the context of the Victorian Clinical Supervision for Mental Health Nurses Framework that was launched in May 2018, this symposium presents four methods for clinical supervision that are being used to guide the supervision practice of senior mental health nurses in Victoria. These presentations will be followed by a panel of presenters, taking questions from the audience. Acceptance and Commitment Therapy (ACT) Presenter, James Houghton Introduces a model for supervision based in the principles of Acceptance and Commitment Therapy, originally developed by Stephen Hayes. ACT focuses on values identification and committed action. The model has been adapted for clinical supervision with mental health nurses by the speaker Action Learning Sets. Presenter Dr. Finbar Hopkins Introduces Action Learning Sets, a process developed at the Business School of Manchester University by the late Prof Reg Ravens. This model has been adapted for clinical supervision by the Speaker as a problem-solving method for group supervision in mental health nursing. Transactional Analysis Presenter Robert Trett introduces a model for supervision developed by the late Dr. Petruska Clarkson, which identifies seven domains for effective clinical supervision to be used by supervisors to track supervision content, as well process measures that supervisees and superiors can use to track the value of the supervision for the supervisee. Role Development and Gestalt Presenter Julie Sharrock Introduces the Role Development model for clinical supervision first developed by Mike Consedine that is in use within mental health nursing in both New Zealand and Australia. Approaches from Gestalt Psychotherapy that have been adapted for clinical supervision with mental health nurses by the Speaker, will also be introduced. Clinical Supervision within Public Mental Health Services presenter Maggie McIntosh introduces the structures and processes that support clinical supervision in mental health services, the experience of Eastern Health.

11:30 AM SESSION B Silks Room (L2)

TITLE: **Breaking down the silos: A collaborative approach to engaging young people in mental health services in North East Victoria**
PRESENTERS: **Susanne McLeod, Chris McNair & Sarah Leonard (Albury Wodonga Health)**

Evidence Based Research has identified several deficits in public mental health's capacity to deliver appropriate service to young people. The research highlights the challenges for young people and families accessing adult mental health services whereby this may be their first contact or they are transitioning from child and adolescent services. The difficulties and barriers include but are not limited to; previous negative experiences of services or help seeking attempts, ambivalence or denial of issues from client and or family, poor mental health literacy, decrease in general functioning, restraint on flexibility and resources available to services.

This presentation aims to highlight and open discussion around how a collaborative model of care may improve the engagement and ultimately the health outcomes of youth in a rural setting where resources are limited and the young people are vulnerable.

The youth and adult mental health teams at North East Border Victorian Mental Health Services provide a collaborative approach by conducting joint assessments, care and treatment planning, and continuity of care for youth aged 16-25. It has been recognised that this team approach enhances transitions, encompasses families/carers where appropriate respecting the young person's capacity for decision making related to their care and improved engagement with the young person.

11:30 AM SESSION C JR Room (L1)

TITLE: **Continual collaboration fostering empowerment, recovery and hope**
PRESENTERS: **Angie Hunter, Henrique Van-dunem, Steve Woolley & Sare Gillies (Melbourne Health)**
CO-AUTHORS: **Sarah Dwyer, Narelle Mancner, Chris Atkinson & Bec Long (MH)**

The Sunshine Adult Acute Psychiatric Unit Peer Support Workers started in March 2017 on fixed term contracts as part of the Victorian Post Discharge initiative. They have now been converted to permanent part-time workers. The team are working within Shery Mead's Intentional Peer Support model and have been embraced by the wider clinical, administrative and domestic staff. There are seven workers plus a co-ordinator who as a team offer considerable diversity. While this makes co-ordination tricky, the team are able to engage with most people and lead areas aligned with experience, expertise and passion.

DAY TWO

This presentation will provide overview of the program and illustrative examples of how the team is collaborating with other staff and building on interdisciplinary initiatives. For example Safe wards; mutual help meeting with support from nursing staff; getting to know you - large canvas of our team with names and days worked; discharge messages onto fabric sewn into blankets for 'virtual' hugs for inpatients. Also, in co-facilitating the hearing voices with the social worker and as active contributors to the meaningful activity schedule along with the unit OT and the consumer engagement nurse.

12:00 PM SESSION B Silks Room (L2)

TITLE: **From the smoke hollows of a community care unit: The unique challenges of a 'smoke-free policy' in a community care unit**

PRESENTER: **Leanne Hardwick (NorthWestern Mental Health)**

Due to the smoke-free policies in inpatient settings, during their inpatient admission consumers are supported to reduce or cease smoking with free nicotine replacement therapy (NRT). Once a consumer is admitted to a Community Care Unit (CCU) however, they can revert back to their pre-inpatient levels of tobacco use. It is well-known that people with a diagnosis of severe mental illness (SMI) are more likely to smoke tobacco and in greater amounts than the general population. A large percentage of their income is diverted towards funding smoking and away from other life necessities. This can have a debilitating impact on their recovery journey as well as lead to a deterioration of physical health. Evidence-based practice identifies that NRT reduces nicotine withdrawal symptoms and assists with smoking cessation.

In CCU consumers must fund their own NRT, which can lead to financial burden and negatively impact their efforts to reduce or cease smoking. Extending the availability of free NRT to consumers of CCU would ease the financial burden and encourage consumers to continue their efforts to reduce or cease smoking. Mental health nurses who are trained in NRT can advise and support consumers on the appropriate use of NRT to assist with withdrawal symptoms.

12:00 PM SESSION C JR Room (L1)

TITLE: **Integrated peer and clinical support post discharge from an acute mental health inpatient unit: A perspective**

PRESENTERS: **Sharlin Berna, Judy Foor, Sharon Redfern, Chelsea Keating & Michael Xuereb (Mercy Mental Health)**

Mental illness is the third leading cause of disability burden in Australia. About 1.1% of the population in Victoria have received clinical mental health care between 2016 and 2017 and the readmission rate within 28 days of discharge from mental health inpatient units during this period was 13.4%.

The immediate period after discharge from an acute mental health inpatient unit is a particularly vulnerable time for consumers. Peer support can lead to a reduction in readmission and has the potential to drive recovery-focused changes in services.

Many challenges are present in the development of peer support. Due to these challenges, a Model of Care was developed to integrate peer and clinical support. This integrated support facilitates safe and secure transition from an acute inpatient setting to a community environment, an imperative part of recovery.

The implementation of this model of care not only enabled Peer Workers to have clear guidelines on their roles, but also empowered consumers and carers to take part in their recovery and value the service being provided. Whilst individual case studies provide very positive indicators, the full impact of this service delivery model on client outcomes is yet to be determined and relies upon future prospective observations of this pilot study.

12:15 PM SESSION B Silks Room (L2)

TITLE: **You can teach an old dog new tricks: Peer/Consumer support workers in an education and quality framework for aged persons mental health**

PRESENTERS: **Nicky Slocombe & Cheryl Payne (Monash Health)**

Monash Health Aged Persons Mental Health Team has integrated the Peer/Consumer Support Worker Positions into the Education, Quality Improvement and Education team. This integration provides the newly recruited staff the opportunity to participate in the development and delivery of education, reflection on the quality cycle and a supportive team structure in which to grow and develop. This presentation will explore the challenges of the position within Aged Persons Mental Health Services and the positive outcomes to be gained from the new team structure presented by our current Consumer Support Worker and Clinical Nurse Consultant.

12:30 PM SESSION B Silks Room (L2)**TITLE: A dual diagnosis peer led group programme****PRESENTERS: Steve West (Eastern Health) & Paula Kelly (The Eastern Dual Diagnosis Consumer and Carer Advisory Council)**

The Eastern Dual Diagnosis Service in collaboration with the Dual Diagnosis Consumer and Carer Advisory Council (Council) offers a peer-led Group Programme across five service settings, which include mental health inpatient and community services and a drug and alcohol residential withdrawal unit.

Groups are led by Council members who bring their individual lived experience of dual diagnosis and are joined by a member of the clinical team for each weekly session.

This Group Programme is an outstanding example of recovery-in-action, based on the commitment of the Eastern Dual Diagnosis Service in establishing a partnership with the Council to offer groups to mental health and AOD service consumers. This presentation describes the key elements of the Group Programme and the 'In-Tandem' model that has supported its development and operation over the last 8 years.

12:30 PM SESSION C JR Room (L1)**TITLE: Emotion sickness: feel better ... or ... feel better?****PRESENTER: Pip Bradley (Eastern Health)**

One of the most common challenges in mental health work is clients' experience of emotions, particularly when those emotions are distressing.

Emotions can be very overwhelming and painful for people, especially for those with a history of their emotional experiences being invalidated, punished or ignored. The natural adaptive response to repeated emotional invalidation is to avoid, suppress or distract from painful emotions ... to do anything to NOT feel.

Typically clients develop various ways of not feeling painful emotions, or to use short-term fixes to try to feel better including self-harm, addiction or impulsive anger. How can mental health workers help clients better feel their emotions, instead of using problematic ways of trying to feel better?

It can be difficult being with people who are emotionally distressed. And yet, helping clients regulate their emotions is one of the most therapeutic skills to employ.

This presentation explores ways to help clients tolerate and regulate their emotions, including the art of staying with a person in emotional distress, helping them communicate their emotions more effectively and ultimately learning to validate themselves.

12:45 PM SESSION B Silks Room (L2)**TITLE: The child and the parent: Creating change in families where both the child and parent experience mental illness****PRESENTERS: Rachel Oakenfull & Whitney Johnson (Alfred Child and Youth Mental Health Service)**

The Alfred Early Intervention Mobile Outreach Service (EIMOS) provides child, adolescent and family therapy services within a case management model for young people aged between 4-25 years old. Young people can be referred for support with managing behavioural difficulties that occur in a variety of settings: dual diagnosis, school refusal, personality disorders and complex family dynamics.

Over the past 2 years EIMOS clinicians have noticed an increase in the prevalence of young people referred to the service who are living with a parent/s with a mental illness. This has resulted in young people experiencing significant barriers and challenges associated with attempting to create change towards recovery due to their parents or carers having limited capacity.

This presentation will explore changes in case management in the Early Intervention Mobile Outreach Service to work more creatively with young people and their parents, engaging external systems and services, facilitating concurrent yet separate child and parent therapy, and developing clear processes in order to create change within these complex families.

1:00 PM LUNCH Members Lounge (L2)**1:00 PM SPECIAL EVENT: Clinical Supervision Taster** (Details on page 2) Silks Room (L2)

DAY TWO

2:00 PM KEYNOTE SPEAKER Meeting Place (L1)

SPEAKER: **Mary O'Hagan** *The Wellbeing Manifesto for Aotearoa New Zealand: A seismic shift in structures and relationships.* (Abstract on page 2)

3:00 PM SESSION A Meeting Place (L1)

TITLE: **Specialist physical health nurse practitioner candidate roles at NorthWestern Mental Health: A novel service innovation**

PRESENTER: **Brian Jackson (NorthWestern Mental Health)**

There is a critical need for high quality and cost-effective mental health care in Australia in order to improve mental health consumers' poor physical health outcomes. To address consumers' urgent physical health care needs, nurse practitioner candidate (NPC) roles are being implemented at NorthWestern Mental Health Service with the aim of developing a specialist Nurse Practitioner Model of Care that addresses and aims to improve physical health outcomes for mental health consumers. This presentation describes the development and initial implementation of these Nurse Practitioner Candidate roles in community mental health teams, and the barriers and enablers to implementing the new specialist roles. Processes of role identification and commencement, scope of practice, sources and processes of referral, and integration within the community mental health team model are discussed. To our knowledge, these are the first such roles to commence in Victoria. The current role implementation can provide a framework for specialist physical health nurse practitioner roles that may be of interest and use to other mental health services.

3:00 PM SESSION B Silks Room (L2)

TITLE: **The challenges of caring: Ethical dilemmas in health care**

PRESENTER: **Christine Cummins (Bendigo Health)**

In this presentation the author will discuss the bioethical principles of non-maleficence, beneficence, autonomy and justice. The author will discuss how it takes self-awareness and self-reflection when dealing with ethical issues and in some circumstances personal courage for a nurse to advocate to maintain a practice governed by these principles.

The presentation offers a brief case study with the story of Jamila who presented with severe symptoms of Post-Traumatic Stress Disorder impacted by forced detainment, cultural isolation, family separation, physical health problems and sustained distress. Jamila's case is an example of when the authors' professional ethics were challenged, explaining that it was both personally and professionally difficult to advocate strongly for vulnerable and voiceless people. The author will identify the key bioethical principles tested and discuss the short and long-term implications to nursing practice when focussed on delivering quality care with dignity.

This presentation explores the impact on nursing practice when confronted with ethical dilemmas within the workplace and describes how nurses can be effective change makers when focussed on delivering quality care in line with our professional values and ethics. The author explains that engaging nurses to deliver ethically bound care is vital when promoting best practice and in empowering the nursing profession. Confronting an ethical dilemma allows space for nurses to improve and enhance practice to ensure the principles of bioethics are upheld and highlights the need for reflective practice.

3:00 PM SESSION C JR Room (L1)

TITLE: **From problem to potential solution: the development and implementation of the physical health nurse consultant role**

PRESENTER: **Brenda Happell (Happell Consulting and University of Newcastle)**

The physical health challenges and reduced life expectancy experienced by people accessing mental health services is well known due to a strong research focus on this area in recent years. Despite this knowledge, cardiometabolic care has been reported to be as low as 3%. Now that the problem is understood it is time to move towards solutions. Based on exploratory research with consumers, carers and nurses in mental health, the Physical Health Nurse Consultant position has been developed by a multidisciplinary research team. Research findings indicated support for this type of position. Participants perceived the proposed role as an approach to enhancing coordination and overall improvement of physical health care. This presentation will provide an overview of the research findings and their contribution to the development of the Physical Health Nurse Consultant role including scope, and how the role will address identified barriers to physical health care. The proposed implementation and evaluation of the position will be explored. Previous research literature suggests a nursing position dedicated to physical health care and coordination may produce positive outcomes for mental health consumers.

3:30 PM SESSION A Meeting Place (L1)**TITLE:** **Hep C ready in SECU: A local mental health nursing initiative****PRESENTER:** **Zico Malik (Monash Health)**

Secure Extended Care Units manage patients with complex, protracted mental illness; many living with multiple comorbidities - potentially undiagnosed chronic Hep C virus infection – disadvantaged by limited access to equitable treatment, further worsening morbidity and mortality. A cross-sectional survey was conducted in SECU to investigate the prevalence of CHCVI. The survey revealed ~22% of SECU patients were chronic for HCV and had not received treatment. This prevalence was significantly higher than the national average of 1 – 2%.

Hep C ready in SECU is an ambitious mental health nursing initiative. Mental Health Nurses developed protocols for early identification, treatment and follow-up of patients with CHCVI. To eradicate HCV, 100% of eligible patients will receive direct-acting-anti-virals [DAAs]. The identify-to-treat is a collaborative multidisciplinary health initiative equipping MHNs with necessary tools to support implementation.

Access to DAAs will reduce spread of blood-borne HCV, prevent clinical deterioration to Hepatic cancer, Cirrhosis and failure. This MHNs initiative demonstrates the value of early identification, treatment and ongoing monitoring – integrating HCV serology as part of all admission work-up protocol in MHN units.

3:30 PM SESSION B Silks Room (L2)**TITLE:** **Successful fall prevention in aged persons mental health – reducing the risk and decreasing severity of outcome****PRESENTERS:** **Elda Kimberlee, Vahitha Koshy & Seema Dua (Monash Health)**

In 2017 the Acute Aged Persons Mental Health Inpatient Unit at Monash Health implemented a strategy of Falls Mapping. The mapping provided a visual display of where and when falls occurred across the whole unit and provided valuable data that challenged previous assumptions related to our inpatient population's fall risk. Following the collation of six months of data, targeted fall prevention strategies were implemented across the inpatient unit. This implementation resulted in eight months of zero falls with significant harm and overall reduction in the number of falls. This presentation will explore the process of implementation of the Falls Mapping, tracking of outcomes, implementation of strategies and the next step in the falls prevention journey in an Acute Persons Mental Health Inpatient setting.

3:30 PM SESSION C JR Room (L1)**TITLE:** **Challenges and experiences of early-career mental health nurses working in acute mental health services****PRESENTER:** **Sarah McFadyen (NorthWestern Mental Health)**

With current media and social perception indicating mental health nursing as a dangerous profession due to high levels of violence in the workplace, the need to evaluate and implement strategies supporting new nurses entering this field is critical. It is critical for not only retaining skilled workforce but to ensure there is an adequate work force to meet consumer demand.

Often nurses entering this field do so after completing a generic undergraduate nursing degree. These degrees generally contain one theory unit in mental health with a subsequent short placement within a mental health clinical setting. It has been acknowledged by Happell, Gaskin & Cadeyren (2013) that this is far from adequate in all areas of nursing, as mental health is so prevalent.

This presentation will endeavour to identify some of the challenges and experiences faced by post graduate mental health nurses. Furthermore, this presentation addresses strategies that have worked in supporting early-career mental health nurses as well as potential areas for further research.

4:00 PM SESSION A Meeting Place (L1)**TITLE:** **“...a great idea at a conference ... I’m just not sure how it’s gotten up and flown”:
Challenges for a consumer academic teaching lived experience in mental health nursing education.****PRESENTER:** **Brenda Happell (Happell Consulting and University of Newcastle)**

Consumer participation in all aspects of mental health services is clearly embedded in Australian mental health policy. Negative attitudes of health professionals towards working collaboratively with consumers is acknowledged as a significant barrier to realising this goal. Meaningful involvement of consumers in the education of health positions

DAY TWO

has been demonstrated as an effective strategy and has led to the implementation of a small number of consumer academic positions. Qualitative exploratory research, involving in-depth interviews was undertaken to explore different perspectives of the implementation of the consumer academic position. Data analysis revealed five main themes: seeking a united perspective; Who can provide a consumer perspective?; How accurate is consumer perspective?; One consumer, one opinion, one way, one delivery; Bias and poor portrayal of nurses. The findings demonstrate marked divergence in views and opinions about the consumer academic role. On one hand, the position is supported and identified as impacting positively on student learning and skills. On the other, it was criticised for being potentially inaccurate, portraying nurses poorly, not fitting well with nursing content, unrepresentative and able to be portrayed by experienced nurse academics. These findings suggest close collaboration and mutual respect when introducing a consumer academic role.

4:00 PM

SESSION B

Silks Room (L2)

TITLE: **Mental health intensive care: A new way forward**

PRESENTERS: **Nicole Edwards (Office of the Chief Mental Health Nurse, DHHS) & Kate Thwaites (DHHS)**

The Office of the Chief Mental Health Nurse is leading the development of a new framework and training package related to Mental Health Intensive Care in Victoria.

A state-wide project to review mental health high dependency units, and planning to revise the Chief Psychiatrist High Dependency Unit guideline, highlighted the need to reconsider how we provide specialist services to people requiring intensive support associated with acute mental illness.

The framework intends to distinguish Mental Health Intensive Care as a specialist care type that can be delivered across health settings and aims to support decision making, collaborative planning, therapeutic engagement and maintaining safety for all.

Mental Health Intensive Care training has been developed alongside the framework using a co-design approach that captures the consumer, carer and clinician experience.

This presentation will:

- highlight the rationale for a new approach to the provision of mental health intensive care
- provide an overview of the framework including the clinical practice domains and principles
- describe the development of the co-designed training package including the use of videography
- summarise the evaluation process for the training and future steps regarding implementation

4:00 PM

SESSION C

JR Room (L1)

TITLE: **Zen in the art of mental health nursing: Mindfulness based therapy as a nurse led intervention in a youth inpatient setting**

PRESENTER: **Richard West (NorthWestern Mental Health)**

Given the wide variety of presentations a mental health nurse will encounter in the course of their job, a comprehensive therapeutic toolkit is an invaluable strength. Mindfulness is an evidence-based technique to help alleviate emotional distress and reduce risky behaviours. There is an evidence base for its implementation in mental health inpatient settings however it is well recognised that inpatient units are busy places and due to competing demands, mental health nurses are often rushed and unable provide 1:1 mindfulness therapy. Due to this fact consumers who are isolative can be overlooked by nursing staff who do not have time to engage at length. Teaching mindfulness exercises may be a way to reach out to consumers who are finding it hard to engage. Mindfulness exercises could be taught as part of the recovery process alongside pharmacological agents allowing improved stress management. Stress is a trigger for many mental health relapses therefore this technique may have the potential to reduce readmissions.

This presentation will identify ways in which to reduce barriers to implement mindfulness exercises to make it an accessible part of a mental health nurses skill set.

4:15 PM SESSION C JR Room (L1)**TITLE: The role of the mental health nurse in providing psychoeducation to carers within a CAMH inpatient unit****PRESENTER: Rebecca Tambasco (Royal Children's Hospital)**

As mental health nurses, we must follow the National Standards for Mental Health Services as they guided us to providing the best mental health care possible. These standards highlight the significance of the carer role and the necessity of a carers involvement. A standing pillar of great mental health care is providing psychoeducation to all carers within a CAMHS inpatient unit. Psychoeducation is critical to providing: cost-effective, safe, holistic discharge of the mental health client, reducing readmissions and increasing treatment compliancy. A major barrier mental health nurses experience when attempting to provide psychoeducation to carers is that, fundamentally, a state-wide model of psychoeducation for carers, appears not to exist. Using evidence-based research, the benefits and limitations of providing psychoeducation to all carers within a CAMHS setting is highlighted. This allows for a contemporary psychoeducation carer package to be outlined. This package, targeted towards carers, integrates mental health specific family-centred, continuity of care, multi-media mental health resources, and a questionnaire. This questionnaire may identify the strengths and weaknesses of psychoeducation practice, allowing mental health nurses to tailor and improve practice.

4:30 PM CLOSE OF CONFERENCE + PRIZES & AWARDS Meeting Place (L1)**4:45 PM DRINKS**

All presenters are also authors on the presentation

