THURSDAY 12
& FRIDAY 13
AUGUST 2021

2021 Collab Conference

RENEWAL...
ONE DAY OR
DAY ONE?

The Victorian Collaborative Mental Health Nursing Conference is jointly hosted by:

CENTRE FOR MENTAL HEALTH NURSING
Coproducing excellent practice.

ANMF Australian Nursing & Midwifery Federation VICTORIAN BRANCH

the Australian College of Mental Health Nurses Inc.

HACSU Health & Community Services Union

KEYNOTE SPEAKERS

Anna Love

TIME: 9.30AM

DAY: 12 AUG (THURS)

Change comes from listening, learning, caring and conversation

The Royal Commission handed down its final report at the beginning of this year, the voices have been heard of consumers, carers and clinicians and the mental health system in Victoria will embark on a pathway for reform.

A record investment has been made through the Victorian state budget for 2021-22.

Mental health nurses are central to the reform, we need to grow as a profession over the next 10 years in numbers, in confidence of the systems we work in and in the role we play and will play in the mental health system envisaged through the Royal Commission Recommendations.

This presentation will reflect on what is going to be an exciting time to be in Victoria and working in mental health but also how important it is and is going to be to keep listening to each other, learning and caring as we have the conversations about the changes required. Also acknowledging the work that the whole workforce has done over the last 12 months, managing restrictions, COVID and the current ongoing shortages of staff.

Lorna Downes

TIME: 11.05AM

DAY: 12 AUG (THURS)

The Elephant in the Room - experiences of families and carers and what mental health nurses can do to support

Despite various policies, guidelines and frameworks encouraging, supporting and directing services to recognise, respect and respond to families and carers, “evidence suggests that Victoria’s adult mental health system primarily takes an individualistic approach to treatment, care and support without consistently considering the social contexts within which most people live in the community” (State of Victoria, Royal Commission into Victoria’s Mental Health System, Final Report).

This presentation draws on personal lived experience and the Carer Life Course Framework to explore the needs and concerns of families and carers. The presentation also identifies ways mental health nurses can support people in a consumers’ support network in ways that are trauma-sensitive and recovery-oriented.

Supported by ANMF Vic

Simon Katterl

TIME: 1.25PM

DAY: 12 AUG (THURS)

Shared visions, personal responsibilities: how we co-create a more humane system

In Simon’s keynote, he will draw on his experience working in the mental health system with consumers, consumer workforce members and clinical workforce members. He will argue that to create a shared vision for a more humane system, we must each take personal responsibility to drive change.

Kim Foster

TIME: 2.15PM

DAY: 12 AUG (THURS)

Renewing our profession: the power of collective resilience

The specialty field of mental health nursing is undergoing substantial flux and has been facing several challenges. Our workforce numbers are declining, and we are trying to attract, and retain, more nurses in the profession. Mental health nurses report work-related stressors and concerns with their safety and wellbeing. In the advent of recent mental health national and state commissions, we are also experiencing major structural changes to mental health service provision, the future mental health workforce, and to best practice approaches. Yet while we are a vital profession, we are arguably one of the least politically powerful.

Times of challenge like this can be daunting and overwhelming. Yet they also offer opportunities for change and renewal. How can we as a profession work together to be the architects of our own future and support our wellbeing, practice effectively, and build a sustainable workforce?

Resilience is the capacity to positively adapt in the face of adversity.

In this keynote, I address the question of how we can renew our profession through collective resilience. This form of resilience is about the profession as a group and drawing on our collective capacity to adapt in the face of systemic adversities and change.

Supported by The Centre for Mental Health Nursing

Adrienne Lipscomb

TIME: 4.10PM

DAY: 12 AUG (THURS)

Truth-telling, Justice & Royal Commissions: Addressing a legacy of Colonisation in Australia.

Now is a time for change! Now is a time for self-determination in Aboriginal and Torres Strait Islander social and emotional well-being. Now is a time for mental health nurses to stand together for justice and equity and work together to reform systems, policies, and practices in health that oppress.

Intergenerational healing requires justice. In 2021 the Victorian Government established the Yoo-rrook Justice Commission as the nation's first truth-telling process to investigate both historical and ongoing injustices committed against Aboriginal Victorians since colonisation by State and non-State entities, across all areas of social and political life. The Nursing and Midwifery profession is not exempt from the truth-telling process.

2021 marks the 30th anniversary of the Royal Commission into Aboriginal Deaths in Custody. With the rate of Indigenous incarceration having doubled in those thirty years prioritising adequate culturally appropriate mental health services is essential.

In 2021, the Royal Commission into Victoria's Mental Health system emphasised the need to address mental illness in Aboriginal communities, and the central role of self-determined Aboriginal social and emotional wellbeing services.

Nursing is rooted in social justice, equity and respect. Now is the time to come together to improve Aboriginal and Torres Strait Islander health and justice outcomes at individual, institutional and systemic levels.

Supported by Barwon Health

DAY 2: 3.20PM

Back by popular demand!

Yes. You can ask that. What have you always wanted to ask a consumer?

A diverse panel of consumer/survivor experts by experience will discuss and respond to those questions you have always wished you could ask a mad person. Conference delegates will be able to submit questions in advance, and panel members will reflect on our answers. This is a unique opportunity to share our experiences of distress, madness, recovery, healing and mental health services.

PANEL:

Deb Carlon

Fiona Nguyen

David Barclay

Vrinda Edan

Cat Van Remmen

SPECIAL EVENTS, WELLNESS ROOM ACTIVITIES & LIVE MUSIC

DAY 1

Nursing Students Unite

TIME: 10.40AM

This virtual meet and greet session hosted by Kylie Boucher, CMHL is a chance for you to meet your fellow nursing students and 2021 Student Pass winners. Meet current graduate mental health nurses, as well as other experienced mental health nurses and ask them anything! You will be randomly allocated a breakout room.

Meditation with Rebel Stepz

TIME: 10.00AM

Join Rebel Stepz in a calm and meditative session. This workshop will begin with gentle stretching, focusing on breathing and clearing of the mind. We will then move through a guided meditation, releasing any unwanted energy whilst bringing light and positivity to ourselves.

Drawing with Rebel Stepz

TIME: 10.30AM

Join Sheena for a drawing art therapy session. The drawing exercises explored in the session will help to channel positive energy and flow of thoughts, feelings and creativity.

Sip & Mystery Drawing Session

TIME: 5.00PM

Grab your drink of choice & settle in for a fun, mystery drawing activity!

Please have 3 x sheets of paper and ideally a felt tip pen.

Little Bags of Calm CNC Session

TIME: 2.55PM

Hosted by Bridget Hamilton, CentreMHN. Inviting all inpatient CNCs and Safewards Calming methods champions to share out the sensory resources and little bags of calm.

This session provides an opportunity to bring together nurses who are key change agents in our inpatient settings, to share ideas and experiences and deliver to you to more calming kit, to support your work with consumers and colleagues in your wards.

Delta Therapy Dogs

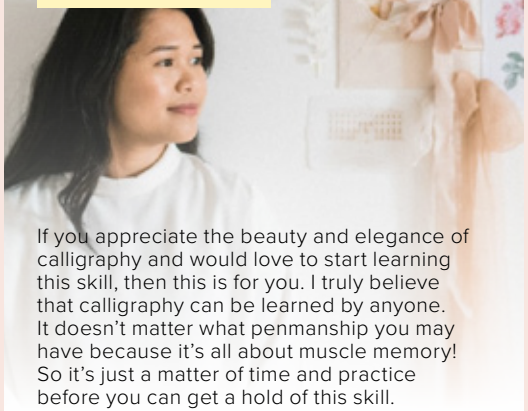
TIME: 1.00PM

Visit with a Delta Therapy Dog and their lovely spontaneous selves – some of them are snoozy, others engage enthusiastically, but regardless, their spontaneity is always a delight.

Helping animals bring joy to people

Calligraphy Basics with Azalae Mangonan

TIME: 3.20PM



If you appreciate the beauty and elegance of calligraphy and would love to start learning this skill, then this is for you. I truly believe that calligraphy can be learned by anyone. It doesn't matter what penmanship you may have because it's all about muscle memory! So it's just a matter of time and practice before you can get a hold of this skill.

In this class, I will be demonstrating the basic and necessary strokes and to provide all the necessary information to jump-start your calligraphy journey.
What to bring: Pens and Paper

No Lights, No Lycra

TIME: 2.15PM

NLNL turn off the lights and crank up the tunes to release inhibitions, move our moods and work up a wild sweat - all completely sober.

Come to us with whatever vibe has brought you through the day; we shake off sadness and heartache within the space of an hour. If you're jubilant and joyful already when you walk through the door, we'll help you turn it up a notch.

Yoga Flow with Nat

DAY 1 TIME: 3.50PM

DAY 2 TIMES: 11.40AM, 1.30PM

Enjoy a slow and mindful Yoga Flow designed to balance strength and flexibility and maintain focus on alignment and awareness of the breath. Expect to feel energised! Suitable for all levels of experience.

Journaling with Ingrid Jones

DAY 1 TIME: 1.25PM

DAY 2 TIME: 10.30AM

In this journal writing session, you will be guided with a step-by-step journal writing process, helping you to reduce stress and enhance your wellbeing.

Move and Flow

DAY 1 12.00PM

DAY 2 2.45PM

Get your body moving and feeling great with this 30min medium intensity workout with Dan Markworth

DAY 2

Tree of Life using home made coffee paint with Pamela Woods

TIME: 10.00AM

Let's paint a simple tree of life. No paints? No problem we can use instant coffee and water to paint with.

You will need: a paint brush, a pencil, 3 cups or jars to mix your paint, some clean water in a jar and good quality paper – watercolour paper or multi media paper is best. Or you could use paper from an old book that's destined for landfill, matte paper works best.

College Mandalas with Pamela Woods

TIME: 11.15AM

Take some time out and learn how to create a Mandala, the perfect way to get you feeling relaxed and creative. Circular Mandalas are so simple to construct and design, it's amazing how something so detailed and intricate can actually be so easy.

For this class, absolutely no artistic experience is necessary to create a gorgeous, colourful mandala.

Watercolour paint made with textas and coffee

TIME: 12.05PM

Looking for a fun and creative new hobby? Discover the wonderful world of watercolours in this beginner-friendly painting class using textas and coffee.

You will need a good quality paper to paint on, a paint brush and things from around the house: water-based felt tip pens, paprika, food colourings, instant coffee, salt, white candle or crayon and any pencils or drawing tools.

Breath Work & Meditation with Nat

TIMES: 12.30PM, 2.00PM

A short practice to help you pause, reset and focus. In order to find more clarity and ease in our day it can be really helpful to settle the body and the nervous system first. Pranayama (breath) directly works on your nervous system, you will feel complete stillness after this relaxation practice.

Bullet Journaling with Icy Icaro

TIME: 2.20PM

Join Icy of Eye Sea Studio as she walks you through the method of Bullet Journaling and explore creative ways to transform any notebook into a journal that is unique to you!

Music, Awards & Virtual Drinks

TIME: 4.00PM

DAY 1: THURSDAY 12 AUGUST

9.00AM	**WELCOME TO COUNTRY by Wurundjeri Elder Perry Wandin**
	Opening address by Bridget Hamilton
9.30AM	**KEYNOTE (Anna Love)**
	Change comes from listening, learning, caring and conversation
10.15AM	**ABSTRACT PRESENTATION (Shaina Serelon & Karen Hewitt)**
	Take Action- Learnings from Victoria's First Statewide Mental Health Enrolled Nurse Educator
	10.35AM MORNING TEA
11.05AM	**KEYNOTE (Lorna Downs)**
	The Elephant in the Room - experiences of families and carers and what mental health nurses can do to support
11.55AM	**ABSTRACT PRESENTATION (Emma Bohmer & Maggie Toko)**
	Driving renewal through lived experiences collaboration and leadership
	12.15PM LUNCH
1.25PM	**KEYNOTE (Simon Katterl)**
	Shared visions, personal responsibilities: how we co-create a more humane system
2.15PM	**KEYNOTE (Kim Foster)**
	Renewing our profession: the power of collective resilience
	2.55PM BREAK
3.20PM	**ABSTRACT PRESENTATION (Stuart Wall and Janine Davies)**
	Utilising Clinical Supervision Mentors to support the robust implementation of clinical supervision within one Area Mental Health Service
3.45PM	**ABSTRACT PRESENTATION (Rebecca Corbett)**
	You were here...and I was here too...remembering and honouring the people in our care.
4.10PM	**KEYNOTE SPEAKER (Adrienne Lipscomb)**
	Truth-telling, Justice & Royal Commissions: Addressing a legacy of Colonisation in Australia.
5.00PM	**DAY ONE CLOSES WITH SPECIAL ACTIVITY**

Centre for Mental Health Learning VICTORIA

MENTAL HEALTH TRAINING CALENDAR

FREE statewide training for people working in **Area Mental Health Services (AMHS)** and **Forensicare**

https://cmhl.org.au/cmhl-amhs-calendar

Events are online and face-to-face, part- and full-day. New events are being added so check back regularly!

EVENTS INCLUDE

- supervision training
- leadership development
- discipline and speciality area forums
- lived experience workforce development
- therapeutic interventions
- supported decision-making, and more.

Topics are guided by CMHL consultations, input from CMHL AMHS committees, the Royal Commission, and relevant frameworks and guidelines. Training is delivered by AMHS staff, statewide training providers and others.

Scan the QR code to go to the calendar and register

https://cmhl.org.au/cmhl-amhs-calendar

ELIGIBILITY CRITERIA

These are free events designed for members of the public clinical mental health workforce in Victoria, (staff employed at Area Mental Health Services, Forensicare or mental health staff from RCH). For example, a social worker working in mental health at Austin Health. Staff from MHCSSs, ACCHOs, AOD or other partner organisations may also attend.

VICTORIA

To receive this poster in an accessible format, please email: contact@cmhl.org.au

Abstract presentations

Shaina Serelson & Karen Hewitt

TIME: 10.15AM

Mental Health Enrolled Nurses (MHENs) are specialised professionals providing therapeutic interventions, unique contributions to multidisciplinary teams, and advocacy for people accessing services. With increased delegation from Registered Nurses and the developing scope of Enrolled Nursing practice, the need for strategic planning and visioning has grown. Historically, there has not been centralised coordination of the learning and development priorities of the MHEN workforce across Victoria. ENs have experienced limited opportunities for career progression, leadership roles, and connections.

Hierarchical nursing structures can hinder the development of the EN workforce, while systems that empower ENs create stronger nursing practices improving the care of people accessing services. Statewide MHEN Educators were appointed to the Centre for Mental Health Learning Victoria in late 2020. This important milestone provided an exciting opportunity for ENs to lead work which encourages collaboration through communities of practice, supports early career EN programs, coordinates the Victorian MHEN Forum, and advocates for ENs within broader mental health projects.

The Statewide MHEN Educators have demonstrated ENs can excel in leadership roles, foster connection, and lead strategic planning to improve the experiences of people accessing services.

Emma Bohmer & Maggie Toko

TIME: 11.55AM

Collaboration with people with lived experiences of mental health challenges, psychological distress and trauma, and with lived experiences as family members and carers, will be central to the renewal of Victoria's mental health system. People with lived experiences hold insights, wisdom and knowledge about how systems can transform to provide safe, supportive experiences of care.

As part the MHCC's implementation of our Driven by lived experience framework and strategy (2020), former VMIAC CEO Maggie Toko suggested developing a Driven by lived experiences checklist, to help us improve how we listen, hear, recognise and promote the importance of people's voices in our approaches and decision making.

The checklist is a tool to support staff, both with and without personal lived experiences, to safely collaborate with and draw from a broad range of lived experiences. Its development was led by Emma Bohmer, Senior Advisor, Lived Experience and Education, in collaboration with our Advisory Council and with consultation with other lived experiences experts. The checklist can be used across government, non-government organisations, and mental health services, and across a wide range of work, to help to drive renewal, change and lived experiences leadership.

Stuart Wall & Janine Davies

TIME: 3.20PM

Clinical supervision is regarded as a valuable component of mental health nursing practice. However, engaging in clinical supervision can provide several challenges for mental health nurses, particularly for those working in bed-based shift work environment. To support Mental Health Nurses through these challenges, the role of Clinical Supervision Mentors was developed and implemented. This role provided protected time for experienced clinicians (clinical supervision mentors) to have a supportive discussion with Mental Health Nurses. These conversations were led using a suggested structure which aimed to understand the Mental Health Nurse's clinical supervision needs and where appropriate supported matches with supervisors. This approach was developed and implemented as part of the Office of the Chief Mental Health Nurse's initial pilot of the clinical supervision framework for Mental Health Nurses at Peninsula Health. The Clinical Supervision Mentor role evolved from the five principles of clinical supervision which underpin the framework (Department of Health and Human Services, 2018). This presentation will discuss the key elements of this role and how it enabled the robust implementation and development of clinical supervision for one Area Mental Health Service in Victoria.

Rebecca Corbett

TIME: 3.45PM

One of the saddest and most challenging parts of being a mental health nurse, particularly in tertiary mental health services, is the loss and early mortality of people in our care. Whether a person dies from poor health, by suicide or any other means- there is a deep and profound sense of loss that accompanies having known and cared for another human being. Being a 'health professional' does not inoculate the nurse against grief and loss- yet many nurses describe a lack of permission to be sad or grieve for those we have worked with.

This presentation describes a tiny project which unfurled at Barwon Mental Health, Drug and Alcohol Services in response to a perceived lack of time to pause, to remember and to grieve. Whilst gathering to plan and develop services and ideas, team leaders identified a desire to have some way of acknowledging lives lost. The resultant project, in collaboration with Spiritual Care Victoria, came up with a small solution that has great potential to promote conscious remembering and therefore healing.

DAY 2: FRIDAY 13 AUGUST

	STREAM 1	STREAM 2	STREAM 3	STREAM 4
9.30AM	**WELCOME (Paul Healy, HACSU)**			
	Opening address by Hon. James Merlino, Minister for Mental Health			
9.45AM	**ABSTRACT PRESENTATION BLOCK 1**			
	Jeffrey Weitzel & Joanne Stubbs	**Donna Hansen-Vella, Stuart Wall & Kate Thwaites**	**Jenny Li Gan**	**Kylie Cranage & Kim Foster**
	Scoping the learning and development programs of Victoria's area mental health services	Clinical Supervision for Mental Health Nurses: A Framework for Victoria Update	Mental Health Challenges of Healthcare Professionals during Covid-19 Pandemic	Challenges at work: reviewing and renewing mental health nurses' experiences and practice
10.10AM	**ABSTRACT PRESENTATION BLOCK 2**			
	Anju Sreeram	**Kylie Boucher & Shaina Serelson**	**Seema Dua & Gulshan Singh**	**Daniel Darmanin**
	An evaluation of the effectiveness of a consumer-led educational program about stigma in mental illness and recovery attitudes among mental health nurses	Developing a database to support nurses' access to clinical supervision	Embracing Change: Creative engagement of student learnings during the Pandemic	Mental Health Nursing: Responding to the Sleep Loss Epidemic
10.35AM	**ABSTRACT PRESENTATION BLOCK 3**			
	Kate Owen, Barry Rawlings & Edward Aquin	**Rebecca Corbett & Jodie Johnston**	**Stuart Wall & Shelley Anderson**	**Harry Singh & Chris Harrison**
	Introduction of OSCEs for evaluation of risk management practices in the acute mental health inpatient setting	The secrets we keep...sitting with and holding the messy bits of clinical supervision	Utilising learnings from COVID19 to develop eLearning for the mental health workforce	Developing community partnerships in aged mental health
10.55AM MORNING TEA				
11.15AM	**ABSTRACT PRESENTATION BLOCK 4**			
	Hosu Ryu	**Christine Cummins & Liz Tunn**	**Julie Sharrock, Kate Thwaites & Anna Love**	**Kate Furlanetto & Rajlaxmi Khopade**
	See the person, not the diagnosis: undergraduate mental health education at La Trobe University	Using a Meta-supervision approach to improve the uptake of Clinical Supervision with inpatient nursing staff	"There's no map for this territory": Supporting mental healthcare workers and services during the COVID-19 pandemic	Practicing what we preach: a tool to guide and measure meaningful recovery
11.40AM	**ABSTRACT PRESENTATION BLOCK 5**			
	Maddison Adams & Jessica Lewis	**Sneha Jose & Jess Duda**	**Ananya Chandel**	**Glenda Harrington & Euan Donley**
	"But I just feel really sorry for them"... the dilemma of failing to fail nursing students in mental health	Shaping NUM Supervision ...How we did it?	Safewards in Aged Persons Mental Health Setting	Supported Secondment Program to Adult Access
12.05PM	**ABSTRACT PRESENTATION BLOCK 6**			
	Louise Alexander & Kim Foster	**Stuart Wall, Janine Davies, Kate Thwaites & Donna Hansen-Vella**	**Tess Maguire**	**Lidia Laven, Emily Fryman, Isabel Kiel & Natasha Grave**
	Undergraduate nurses' self-reported rates of mental illness: renewing our support for the future workforce	The Implementation of the Victorian Clinical Supervision Framework for Mental Health Nurses; a single site pilot	Safewards Secure: An addition to the original model to enhance implementation in forensic mental health settings	Bringing Hope into the Home

	STREAM 1	STREAM 2	STREAM 3	STREAM 4
12.30PM	**ABSTRACT PRESENTATION BLOCK 7**			
	Finlay Smith	**Kate Furlanetto, Nicole Slocombe & Jenny Wilkinson**		**Whitney Johnson & Kayla Pollard**
	Therapeutic Relationships in Mental Health Nursing	The (not) tyranny of distance: a reciprocal clinical supervision option for our growing workforce		A Transition To Specialty Practice Nursing Program In A Community Child And Adolescent Mental Health Service
12.50PM LUNCH & MUSIC				
1.30PM	**ABSTRACT PRESENTATION BLOCK 8**			
	Rachael Sabrinskas	**Jo Stubbs**	**Erin Alexander & Tamara Lovett**	**Shingai Mareya & Leah Merrigan**
	A qualitative exploration of lived experience of attempted suicide by hanging to inform the current prevention agenda	Clinical supervision - the development of an introductory e-learning package	Balit Djerring - Trauma informed culturally safe care for Aboriginal and Torres Strait Islander Consumers	Clinical Nurse Consultants: providing clinical leadership to support workforce on inpatient units
1.55PM	**ABSTRACT PRESENTATION BLOCK 9**			
	Jacinda Ryan	**Karan Sharma & Francis McNamara**	**Reshmy Radhamony**	**Adrienne Richmond**
	Renewed faith: Redefining perceptions of Nursing	Mental Health ANUM Development Group	Nursing Education to enhance Culturally and Linguistically Diverse (CALD) community access to mental health services: A scoping review	Why have a Mental Health Consultation-Liaison Nurse within a public cancer hospital?
2.20PM	**ABSTRACT PRESENTATION BLOCK 10**			
	Susan Hua, Ben Smith & Reece Jones	**Stephanie Robledo**	**Bekithemba Sibanda**	
	An innovative and collaborative model of care to support the introduction of Consumer Peer Support Workers in the Emergency Department	Recovery-oriented Practice as a Graduate Nurse	Mental health nursing in a climate of change	
2.40PM BREAK				
2.55PM	**ABSTRACT PRESENTATION BLOCK 11**			
	Maggie Toko, Robyn Callaghan & Annette Mercuri	**Bridget Hamilton & Rory Randall**		
	Reflections on how true co production can bring about change in the Lived Experience Space – Embracing forward thinking	Nurses and consumers responding to COVID restrictions with Little Bags of Calm		
3:20PM	**SPECIAL EVENT (YOU CAN ASK THAT?)**			
	Deb Carlon, David Barclay, Cat Van Remmen, Fiona Nguyen & Vrinda Edan			
4.00PM	**MUSIC, AWARDS & CLOSING OF DAY 2**			

Abstract presentations

Jeffrey Weitzel & Joanne Stubbs

TIME: 9.45AM

The Centre for Mental Health Learning (CMHL) is a Department of Health-funded agency for public mental health workforce development in Victoria. Part of the CMHL's function is understanding both the needs of the workforce and how those needs are understood and met by existing programs. To better understand how to support the programs supporting the workforce and possible avenues for collaboration, the CMHL sought to gather baseline data on the learning and development programs which train and educate the clinicians working in the Area Mental Health Services (AMHS) across the state. Victoria's public clinical mental health system is comprised of 21 AMHS and Forensicare. These services often operate out of different health services across the state and across a range of socio-geographical environments have different needs, oversight and planning processes.

The aims of this scoping project are to foster relationships with the AMHS and develop an understanding at the CMHL of the learning and development programs, personnel and resources of each AMHS. Raw data has been collected and de-identified. This talk will review the process and touch on preliminary findings regarding noted trends and aspirations. Possible future directions and ways in which the CMHL may use this data to inform planning will also be discussed.

Donna Hansen-Vella, Stuart Wall & Kate Thwaites

TIME: 9.45AM

We are delighted to present on progress of the implementation of Clinical Supervision in Victoria. This year the multi-site phase commenced which includes Alfred Health, Bendigo Health, Eastern Health, Grampians Area Mental Health Service and Peninsula Health. The growth has provided project leads an opportunity to work alongside inspiring mental health nurse leaders who are dedicated to sustainable implementation of Clinical Supervision for mental health nurses within their services.

This presentation will outline the process used to support the implementation of clinical supervision across multi-sites in metropolitan and rural Victoria. These processes have included an organisational commitment, undertaking clinical supervision gap analysis, preparing project briefs, collaboration with media and marketing expertise to develop communication strategies, using proven methodology to formulate implementation plans, developing and sharing resources and establishment of Phase 2 Community of Practice Leads group who come together each month to collectively support effective rollout.

Whilst it is essential to have effective project implementation processes, you cannot underestimate the outcomes that are possible when mental health nurses connect, build relationships and have a shared focus and commitment to improving health and well-being of the workforce, which includes embedding clinical supervision for their mental health nursing staff.

Jenny Li Gan

TIME: 9.45AM

Aims: To explore the prevalence of the Covid-19 related psychological impacts on frontline healthcare workers, overview psychological impacts, and contributing factors. Provide implication for identification and interventions in the future. Background: Healthcare professionals face unprecedented mental health stress on the frontlines to deal with the COVID-19 global pandemic, which has created significant anxiety, uncertainty and distress for frontline healthcare workers. They are particularly vulnerable to psychological pressure and required to respond. Methods: A scoping review is conducted through a systematic literature search using three databases (EBSCO, Pubmed, Scopus) Articles that met the selection criteria will be selected and reviewed. Results: 137 articles have been retrieved from the three databases, among which 15 met the selection criteria and been reviewed. Most common psychological symptoms include anxiety, depression, fear, compassion fatigue, PTSS, burnout, and compromised sleep. Risk factors include being female, being nurses, heavy workload, lack of PPE and training, concerns of self and families being infected, contact with confirmed cases, limited social support. Discussion: Healthcare professionals dealing with the Covid-19 pandemic are under huge mental health pressure and suffered from varieties of psychological impacts which compromised their well-being. Timely interventions are required to minimize further harm to staffs and human resources pressure.

Kylie Cranage & Kim Foster

TIME: 9.45AM

Mental health nursing is recognized as potentially having a negative impact on nurses due to workplace stressors and adversity. Using a cross-sectional survey design, this large qualitative descriptive study aimed to examine and describe challenging workplace situations for registered and enrolled nurses working in mental health roles and/or services in Victoria. Qualitative descriptions of challenges experienced by n=374 MHN were analysed using qualitative content analysis, resulting in four main categories of experience: consumer-carer related; colleague-related; organizational service-related, and nursing role-related. The most prominent category of challenging situations experienced directly, or which nurses observed with other staff, were consumer-related verbal and/or physical aggression, suicide, and self-harm. Other challenges included bullying from colleagues, low staffing levels, and poor skill mix. Notable challenges include quality of care issues leading to moral distress, the psychological impacts of suicides and murder on nurses, and the personal nature of threats towards nurses. Understanding nurses' experiences provides opportunity to review and strengthen the safety and wellbeing of our workforce, and to renew our provision of quality care for consumers and carers. Recommendations are made for both these vital aspects of mental health nursing work.

Anju Sreeram

TIME: 10.10AM

Fear, frustration and myths about mental illness engender negative attitudes towards mental illness. It leads to the formation of stigma. Further, stigma prevents the recovery of people diagnosed with mental illness. Despite an increasing focus on stigma and recovery orientation, mental health nurses are not entirely equipped to provide a recovery-oriented practice. They are still focusing on a holistic and humanitarian model of care. The evidence suggested that education and training effectively enhance positive attitudes towards mental illness and recovery. Therefore, this study evaluates the effectiveness of consumer-led education on attitudes towards mental illness and recovery among mental health nurses. The research methodology is a sequential explanatory mixed-method with pre and post-test design. An education package will be co-developed and co-delivered with the peer support workers for forty-five minutes among mental health nurses. Research data will be analysed statistically. It is considered that consumer-led education will enhance or maintain attitudes, knowledge and empathy among mental health nurses. Implementation of consumer-led education is an example of national mental health policies and legislation in practice. Findings from this research may inform other health services about using consumer-led education in influencing cultures of practice in adult acute inpatient units.

Kylie Boucher & Shaina Serelson

TIME: 10.10AM

The Centre for Mental Health Learning has been working with the Office of the Chief Mental Health Nurse and the Centre for Mental Health Nursing to implement Victoria's clinical supervision framework for mental health nurses. The framework encourages the development of organisational databases of supervisors who are educationally prepared to provide clinical supervision. Supervisor databases are described as a "success factor" for implementing clinical supervision. They empower supervisees to proactively approach supervisors and allow supervisors to describe their such as approach to supervision, training and areas of clinical specialty.

To support the OCMHN's phase 2 of the pilot for implementation, the CMHL has developed a supervisor database for use across the five participating services. Using the database supervisees can search for potential supervisors using search terms or filters that filter for AMHS, specialty, mode etc.

This presentation will describe the database, its functionality and how it is connecting supervisees with supervisors. We will also reflect on our learnings and present plans for future roll out and development.

Seema Dua & Gulshan Singh

TIME: 10.10AM

Although clinical placements were reduced during the COVID-19 pandemic, Monash Health continued with student placements in the bed-based areas. Whilst this was a constant changing and challenging time for all, it was also an opportunity for collaborative learning for both nursing students and clinicians. With stage 4 restrictions in place we had to put our creative energies to task. We could no longer facilitate face to face orientations, catch ups and wrap ups; this would have to be done online. We too were novice in trying to master the functions of online platforms and how to engage and interact with the students over a screen and the less than reliable IT systems. The development of quizzes, polls & scenarios proved to be a good start to engage everyone. This was reflective in the feedback which was positive, time-effective, and supported their learning which was aimed at improving their placement experience. This presentation will showcase how we facilitated orientation for 40+ students as well as managing to support them both professionally and personally during the COVID-19 pandemic.

Daniel Darmanin

TIME: 10.10AM

Approximately 1 in 9 Australians meet the DSM-V criteria for a diagnosis of insomnia with 2/3 of all adults in developed nations reporting insufficient sleep. The World Health Organization has responded to this emerging plight by declaring a global sleep loss epidemic. Despite this declaration which necessitates a prompt, evidence-informed response, local healthcare systems have struggled to respond to this call. The Mental Health system is no exception.

This presentation will scrutinise how the silent sleep loss epidemic is significantly compromising the health of mental health consumers. The relationship between societally engineered forces, for example, the use of caffeine, alcohol, hypnotics, artificial light, inflexible school/work schedules and longer work commutes, causally linked morbidity including, obesity, diabetes, heart disease, dementia and cancer, and insufficient sleep will be critically reviewed. As it pertains to mental health care, sleep deprivation and its effects on emotional stability, perception, trauma and aggression will also be explored. This presentation will conclude by proposing individual, organisational, public policy and societal interventions that mental health nurses can drive to assist consumers to improve their sleep hygiene, serving to mitigate the deleterious health effects of pervasive sleep deprivation.

Kate Owen, Barry Rawlings & Edward Aquin

TIME: 10.35AM

In mental health acute inpatient settings, risk management practices are pivotal in ensuring consumer safety and well-being when receiving care. In this activity, an Objective Structured Clinical Examination (OSCE) was developed to assess and demonstrate staff's level of understanding around ward risk management practices.

Setting: The OSCE is a Quality Activity (QA) undertaken in a regional mental health service. The Quality Activity was implemented following a training needs analysis (TNA) conducted by the inpatient unit's CNE, CNS and CNC. The TNA indicated that staff required either a revision and/or training in environmental awareness of potential risks to be addressed and mitigated.

Activity: Staff members were given a scenario regarding a handover of a simulated consumer and brought to a simulated ward bedroom. The staff member was to view the simulated consumer's bedroom for potential sharps, ligature items, and other objects or environmental hazards that would potentially be a risk to the individual and or others.

Evaluation: Staff members were scored on correct responses and given the opportunity to discuss and reflect upon potential hazards they had missed during the simulated room check. Feedback was collected from participants for further improvement of the activity.

Recommended findings: Formalisation of the activity is planned to structure a teaching plan and implement the activity as a core competency for inpatient mental health staff.

Rebecca Corbett & Jodie Johnston

TIME: 10.35AM

Clinical supervision is an essential tool which helps mental health nurses reflect on, and make sense of, very complex and intimate work. It provides the opportunity, space and time to reveal and share both doubts and triumphs in nursing care. It builds trust and parallels the therapeutic relationship, so that the clinician may again be renewed; ready to help, give and share of themselves. Fostering hope and supporting recovery.

We have however, heard clearly from the Royal Commission into MHS, that the system nurses work in is overburdened, under resourced and at breaking point. This is no surprise to any of us who have been trying so hard to stretch what little we have to care for so many. It is no surprise when we know so many shifts remain unfilled and that emergency rooms overflow with those needing urgent mental health care.

This presentation will reflect on experiences of providing clinical supervision; in particular as it relates to beginning mental health clinicians, within an often distressed and exhausted system. It will draw on the themes and learnings of supervisees and the strengths and hope of supervisors as they work together to find meaning, renewal of purpose and reconnection with vocation.

Stuart Wall & Shelley Anderson

TIME: 10.35AM

The Alfred Mental and Addiction Health (AMAH) Workforce Development and Education unit are responsible for ensuring both mandatory and elective education and training needs are met for Nursing, Allied Health, Lived Experience and some medical workforce through face to face and eLearning system packages. Coordinating learning for staff across multiple sites within metropolitan Melbourne while maintaining business as usual is a constant tension for the unit, and at times can be unwieldy and inefficient.

COVID-19 responses demanded changes to working conditions, with the majority of AMAH education and training sessions having to be cancelled. Concern was raised about the maintenance of training and education requirements for staff. This also created challenges for the development of new sessions that would be necessary to support the COVID-19 response. A need and subsequently, appetite to redesign training and education content for the eLearning environment, which involved a co-design and recovery focused approach was created. This rapid evolution forced the development of an effective and efficient workflow for the delivery of high-quality content with the utilisation of current IT and eLearning infrastructure.

This presentation will discuss how challenges guided practical synchronistic and asynchronistic eLearning solutions for a major metropolitan Area Mental Health Service.

Harry Singh & Chris Harrison

TIME: 10.35AM

Tertiary mental health services for older adults are limited to supporting people with severe mental health problems. There is now a growing need for supports for those with less severe conditions that align with community expectations and the ageing population. Agencies need to collaborate and innovate to address early intervention, prevention, help with building capacity and offer linkage with range of community services available whilst maintaining continuity of the treatment / recovery and avoiding duplication of services. Different treatment, funding models and governance can lead to gaps in understanding amongst service providers with risk of consumers being unaware of or not accessing the available supports. Service collaborations will clarify processes and develop enhanced understanding to ensure seamless service to consumers. We have an opportunity to showcase a developing partnership between Northern Aged Psychiatry Assessment and Treatment Team (NAPATT) and Primary Health Network funded services. Healthy Ageing Service (HAS) facilitates older adults to be psychologically healthy through early intervention to reduce the progression and impact of mental health concerns and link consumers into supports for optimal well-being. Also, support for GP's to enhance understanding and capacity for mental health care to older adults within the Eastern Melbourne Primary Health Network (EMPHN) catchment.

Hosu Ryu

TIME: 11.15AM

La Trobe University has close to 900 nursing and midwifery undergraduate students in the Mental Health & Illness subject each year, across Victoria, Australia. While a high number may be interpreted as a hindrance to quality education, it also poses a great opportunity to influence vast numbers of future health professionals when the curriculum is well designed.

Historically, mental health education has been focused heavily on diagnosis. This model of learning was difficult to apply to a real-life practice environment and did not help students see the person past the diagnosis.

Therefore, significant subject changes were made to enable the principle of "see the person, not the diagnosis". Throughout the classes and assessments, students were empowered to embody recovery-oriented practice, regardless of their future practice environment. The students not only learned from "experts by training", but they also learned from "experts by experience". Students were challenged to shift their attention to the person past the presented symptoms, and see the strength, rather than the limitation of the person. This presentation will discuss the details of changes made in mental health nursing education at LTU including student feedback, and call for valuable industry discussion.

Christine Cummins & Liz Tunn

TIME: 11.15AM

Bendigo Health has a well-developed individual Clinical Supervision (CS) program for mental health nurses with the value of CS widely regarded however, the provision within the acute inpatient space still requires further development. To support this development Bendigo Health is trialing a group supervision/reflective practice model which is in line with the clinical supervision framework for mental health nurses.

Obvious barriers are 24 hour shift work and the high acuity on the inpatient units however, the limited engagement can also be attributed to poor understanding of how CS may help nurses within their practice. With this in mind, the initial focus is on developing the facilitation skills of the Clinical Supervisors. The process is designed to challenge the knowledge and understanding of CS within the inpatient units by the process of Meta-supervision.

Meta-supervision allows the Clinical Supervisor to take a strong lead in educating supervisors and supervisees by building knowledge and skills and challenging myths and misconceptions. The Clinical Specialist Nurses from the inpatient units started with practice sessions with Clinical Educators from the professional development unit before co-facilitating group CS using a solution focused model.

This presentation will discuss the components of the Meta-supervision approach and how it could be utilized to support other Area Mental Health Services strengthen their clinical supervision programs.

Julie Sharrock, Kate Thwaites & Anna Love

TIME: 11.15AM

In January 2020, the novel coronavirus reached Australia and health services across the country were on notice to prepare for a pandemic. The Victorian Office of the Chief Mental Health Nurse recognised the likely impact of the pandemic on mental health services and wanted to examine this from the perspective of Senior Mental Health Nurses (SMHN). In June 2020, SMHN from across Victoria were invited to participate in a project that would explore their experiences of the pandemic. Twenty-four SMHN from 15 AMHS shared their experiences through interviews and written responses.

The aim of this presentation is to share their observations and experiences. The participants in this project vividly described the impact of the first and second waves on themselves, staff, consumers, and carers. There were areas of activity that the SMHN described: establishing and maintaining crisis response and communication systems, maintaining service delivery, and workforce management.

It was clear in the findings that the knowledge base that was lacking at the start of the pandemic developed rapidly in response to the crisis and continues to grow. The wisdom that has been gained will continue to inform the current disease outbreak and be preserved when future disease outbreaks occur.

Kate Furlanetto & Rajlaxmi Khopade

TIME: 11.15AM

Never has there been a more important time to identify and measure progress towards consumer goals as in the current world of mental health services. The Goal Attainment Scale (GAS) is well-known for being highly individualised, lending itself to guiding therapeutic goal setting in the path to recovery and collaborative treatment planning. Because GAS captures progress towards person-centred goals in 'numbers' it bridges the gap between current outcome measure's lack of ability to measure what is meaningful to an individual and the need for data to make service and funding decisions. GAS was trialled in a Regional Aged Community Mental Health Service at Shepparton. The trial brought challenges, opportunities and required an interdisciplinary approach to explore a new way to collect person-centred data. As part of a broader feasibility study, the effect of a multi-level training package on improving clinician confidence and performance in use of the tool was explored. The tool requires a depth of understanding and an approach by clinicians that seeks to engage consumers to articulate, scale and measure progress towards goals that are most important to them. It is time to consider person-centred outcome measures and revisit a well-known tool in mental health care.

Maddison Adams & Jessica Lewis

TIME: 11.40AM

Mental Health nursing placements run continuously from January to December in every ward, community site and indeed every possible corner of mental health services; as we collectively strive to inspire and train the next generation of mental health Enrolled and Registered Nurses. Placement duration varies from 2 to 4 weeks, within which time the budding nurse is expected to demonstrate a multitude of understandings, skills and tasks. The learning curve is incredibly steep, yet the students, preceptors, educators and health system manage to train hundreds and thousands of nurses each year, many of whom will choose mental health as their 'forever home'. Yet what if the student that doesn't, won't and can't? What happens when, despite best efforts of all concerned, the result is not promising and the student is failing? This presentation draws on the experiences of 2 Undergraduate Coordinators and a multitude of student placements to explore and interrogate the many dilemmas that accompany a failing student. It invites the audience to consider the unique placement model complete with its many cogs; and the consequences when that system starts to break down. Undergraduate placements are entirely about renewal- of theory, of practicum, and hope. Yet they are also about preservation- of knowledge, ethics, dignity and care. An often wobbly tightrope!

Sneha Jose & Jess Duda

TIME: 11.40AM

The role of Nurse Unit Manager is dynamic and oscillates between managing staff, resources, finances and providing patient care, either directly or indirectly. This complex role comes with increased stress, high workload leading to decreased retention. To ensure that the best outcomes were achieved for the NUM group clinical supervision was identified as one of the best strategies.

Finding a supervisor who could understand this crucial role was critical to the success of this group supervision. Balient Model and Action learning sets were used to provide a platform for the group to bind, gain trust thereby move into the action phase of supporting each other, gain professional development, collegiality, motivate and empower each other.

Throughout the changing environment with the pandemic, the team committed to continuing supervision using MS teams. The continuation of support through the supervision allowed the NUMs to further demonstrate their resilience and keep their teams motivated during the lockdown.

This presentation aims to explore the advantages and challenges of group clinical supervision for Nurse Unit Managers in mental health.

Ananya Chandel

TIME: 11.40AM

Safewards model was designed in the UK to reduce conflict and containment in mental health services. This model helps in creating an environment that is conducive to recovery of the consumers by enhancing therapeutic engagement. It seeks to prevent conflict and to reduce the use of restrictive means by incorporating ten interventions. Consumers in mental health inpatient unit present in acute phase of their mental illness. The acuity of the illness is sometimes exhibited as verbal or physical aggression, self-harm, absconding behaviour, or non-adherence to medication termed as conflicts. The restrictive measures used by staff to prevent these conflicts are termed as containment which includes increased observations, using extra medications, seclusion, or manual/mechanical restraint. Consumers in aged person mental health units are at increased risk of rapid physical and mental health deterioration due to their age, fragility, physical comorbidities, and polypharmacy. These events can lead to serious harm to physical and mental well-being of consumers and staff. This presentation focusses on exploring the benefits of implementing Safewards model in aged person mental health inpatient setting, an overview of the challenges faced while implementing Safewards in aged persons settings, limitations of the model and key recommendations.

Glenda Harrington & Euan Donley

TIME: 11.40AM

It has been well documented about the significant short fall of mental health clinicians. Nurses are in prime positions to pick and choose their work environments, but we still have the “you need more experience” to work in some of our highly acute community teams such as CATT, ED & phone triage.

Eastern Health Adult Access service incorporates the following functions of CATT, ED, Phone triage and mental health and police response. The service saw the need to attract staff that “need more experience” to the area by offering a 12 month supported secondment program.

This paper will discuss in-depth the recruitment strategy of the Adult Access service through a supported secondment program (SSP) and discovery days. The key elements of the program will be discussed along with the trials and tribulations!

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2021 Collab

Happy Collab from all of us at the CentreMHN!

Honours, masters, and PHD research programs

2022 Clinical supervision master class

Louise Alexander & Kim Foster

TIME: 12.05PM

Introduction: Approximately 75% of mental illness emerges before the age of 24, providing significant intervention points during pivotal contact periods such as tertiary education. There is a lack of evidence however, about the mental health of Australian pre-registration/ Bachelor of Nursing (BN) students.

Aims: To investigate the self-reported rates of mental illness in a cohort of Australian BN students on entry to their tertiary education.

Methods: As part of a larger cross-sectional study, students were asked if they had a mental illness, and if so, to indicate what this condition was.

Results: 311 students participated in the study. Self-reported rates of mental illness significantly exceeded the Australian national average, with over 36% (n=113) indicating that they had a mental health condition. Depression, followed by anxiety disorder, were the most commonly reported conditions.

Discussion: The self-reported prevalence rates of depression and anxiety in students indicates an urgent need for targeted mental health prevention and intervention and wellbeing strategies for students at program entry. These could be provided at the university level and within nursing programs. It is recommended that preparation for clinical placements include self-care and wellbeing strategies to support students' mental health as they prepare to enter the workforce.

Stuart Wall, Janine Davies, Kate Thwaites & Donna Hansen-Vella

TIME: 12.05PM

Clinical supervision is an important part of every Mental Health Nurse's professional development. However, the uptake of clinical supervision by Mental Health Nurses in Victoria has been limited, particularly when considering the level of participation by other disciplines in the mental health sector (Department of Health and Human Services, 2018).

To support Mental Health Nurses engagement in clinical supervision the Office of the Chief Mental Health Nurse (OCMHN) developed the Clinical Supervision for Mental Health Nurses: A framework for Victoria. The framework was developed in partnership with stakeholders including experienced Mental Health Nurses, Lived Experience experts and nurse academics. The framework outlines the Department of Health's commitment to supporting Mental Health Nurses to provide safe and effective care through high quality clinical supervision.

Peninsula Health in partnership with the OCMHN, Centre of Mental Health Learning and the Centre for Mental Health Nursing has created a model to embed the framework for clinical supervision at an organisational level.

This presentation will discuss findings from the second year of this single site pilot and how this has informed future service implementation and the development of clinical supervision for the wider Mental Health Nursing profession.

Tess Maguire

TIME: 12.05PM

The Safewards model was specifically developed for acute inpatient units from a platform of research. The model has now been introduced across a range of areas including emergency departments, acute health wards and secure extended care. While Safewards has been introduced to some forensic mental health services, there have been mixed results regarding uptake and effectiveness. It is possible that some of the key issues for forensic mental health services may not be entirely captured in the Safewards model, which may be hampering implementation efforts. The aim of this study was to investigate Safewards to identify if adaptations were needed to address gaps in the Safewards model of care for forensic mental health services. A Delphi method was used with forensic mental health, and Safewards experts, where experts participated in a number of rounds exploring key issues and application of the Safewards model in a forensic mental health setting. A number of key issues and flashpoints were identified, and an additional model called Safewards Secure was derived, designed to be used in conjunction with the original Safewards model, to ensure key influences and flashpoints are captured to reduce conflict and containment in secure and forensic mental health setting.

Lidia Laven, Emily Fryman, Isabel Kiel & Natasha Grave

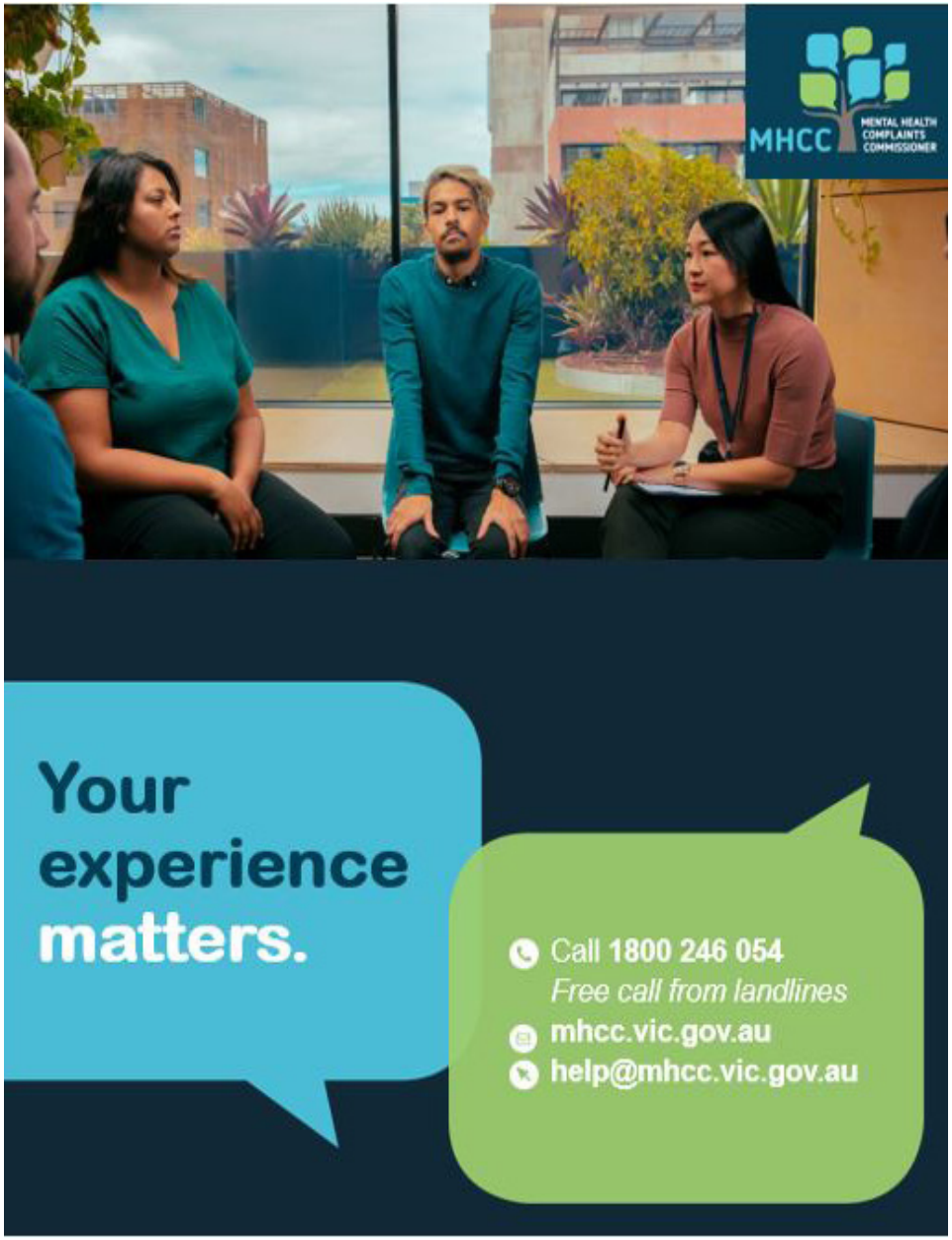
TIME: 12.05PM

Mental Health Hospital in the Home (MH HITH) is an exciting, new initiative that seeks to provide inpatient-level care to people in the acute phase of their illness. It is an initiative that came from the Royal Commission into Victoria's Mental Health System, and it is strongly underpinned by the spirit and objectives of the 2014 Mental Health Act for Victoria, trauma informed care and recovery orientated care. Beds (or packages of care) are provided for voluntary and compulsory consumers, aged between 16-65 years of age in the Barwon catchment area. A multi-disciplinary team provide daily to twice daily home-visits, and there will be future options to attend day programmes and incorporate Telehealth into treatment and care plans. This presentation will provide an overview of the outcomes of this service during its first five months, and will discuss case-studies that demonstrate how important this type of service approach is to mental health reform.

Finlay Smith

TIME: 12.30PM

The nurse-client relationship in nursing has been defined as a pivotal feature of the profession in terms of caring for consumers. This presentation will explore the nurse-client therapeutic relationship and the importance it presents in mental health nursing. There is a specific need for therapeutic relationships in mental health nursing. With consumers disclosing often personal and traumatic information, this makes building rapport with consumers all the more significant. In addition to the relevance of the nurse-client therapeutic relationship in mental health nursing this presentation will also explore the benefits and risks of such. The benefits that will be explored include improving medication compliance, increasing quality of life and overall better outcomes for the consumers. One must also consider the risks associated with therapeutic relationships and client safety, not maintaining professional boundaries, and failing to attend to one's self-care. Mental health nursing and nursing in general is a field where burnout among staff is a serious issue. This can be linked to many issues including emotional labour, violence towards staff and the underfunding of mental health services. Recommendations for future practice in terms of burnout and these issues will be the final theme explored in this presentation.



Kate Furlanetto, Nicole Slocombe & Jenny Wilkinson

TIME: 12.30PM

Historically, sourcing a suitable clinical supervisor within or external to your service, developing a supervisory relationship and attending during work hours is challenging. For many reasons and despite best intentions, mental health programs and staff find it difficult to prioritise and allocate time to the essential self-reflective space. Over the past 12 months we have explored a possible, in part solution to the barriers of finding a suitable supervisor in the form of reciprocal clinical supervision. A reciprocal arrangement was made between GV Health and Monash Health to provide and receive clinical supervision remotely via WebEx. As all belong to public mental health services, the process is cost neutral and within work time, as per EBA expectations. Confidentiality and cross pollination have been strong positive outcomes. Unexpected outcomes included sharing of resources and networking opportunities. It is believed this model of reciprocal clinical supervision could be replicated on a larger scale, potentially across multiple services, for individuals and groups, overcoming the challenges of sourcing suitable, low cost/free supervision for our growing nursing workforce which makes up two-thirds of the clinical workforce. Ongoing discussions aiming for an accessible, recognised format of implementation could allow implementation more broadly.

Whitney Johnson & Kayla Pollard

TIME: 12.30PM

A Transition To Specialty Practice Nursing Program In A Community Child And Adolescent Mental Health Service

Differing from our allied health colleagues in more ways than one, nurses within a Child and Youth Community Mental Health Service (CYMHS) offer a unique and specialist role in addition to their generic case management skills. However, there have been significant challenges in building the CYMHS nursing workforce, and supporting mental health nurses to transition predominantly from the adult or in-patient setting, to a community setting specialising in child, youth and family assessment and treatment.

In 2013, Alfred CYMHS pioneered a Transition to Specialty Practice Nursing Program, where funding was received for a full-time one-year nursing position to commence at CYMHS, as a secondment opportunity for nurses within the adult psychiatry program. This position allows the nurse to complete a year at CYMHS within a supported framework consisting of clinical supervision and supernumerary/ co-allocated case management work. The nurse also receives funded study leave to complete the Developmental Psychiatry Course, all of which provide skills and training regarding development across the lifespan, and the assessment and treatment of young people and their families. There have been a number of learnings and subsequent adjustments made to the role since its inception, and significant positive outcomes in terms of nursing staff retention, and progression to senior roles within the service.

Rachael Sabrinskas

TIME: 1.30PM

Background: Suicide by hanging is a priority research area worldwide owing to its high level of morbidity and lethality, and increasing rates in some countries, including Australia. Exploring the narratives of those who have survived a hanging attempt may allow us to better understand the decision-making behind choosing this method. The research aims to address three questions:

- What influences the choice of hanging as a method of suicide?
- Can those who have survived a hanging attempt offer insight into protective factors against further hanging attempts?
- How can the insights of those who have survived a hanging attempt inform approaches to prevention?

Methods: Multi-site, qualitative exploratory research design. Data to be obtained from two tertiary hospitals; planned N=20 between the ages of 18-64 years who have attempted hanging. The study will incorporate both phenomenological and Constructivist Grounded Theory framework. This co-design of meaning and understanding from a phenomenological perspective positions the participant as the expert in their experiences.

Expected Results: Unique insight into this particular method to inform both the current therapeutic response to those presenting in acute crisis, and the current prevention agenda.

Current status: Ethics approved, gaining Site Specific Governance approvals to begin recruitment (expected June 2021).

Jo Stubbs

TIME: 1.30PM

In 2018 the Victorian Office of the Chief Mental Health Nurse released the Clinical supervision for mental health nurses: a framework for Victoria. Since then a significant amount of work has been underway to implement the framework. In 2019 the Victorian Allied Health Clinical Supervision framework was released.

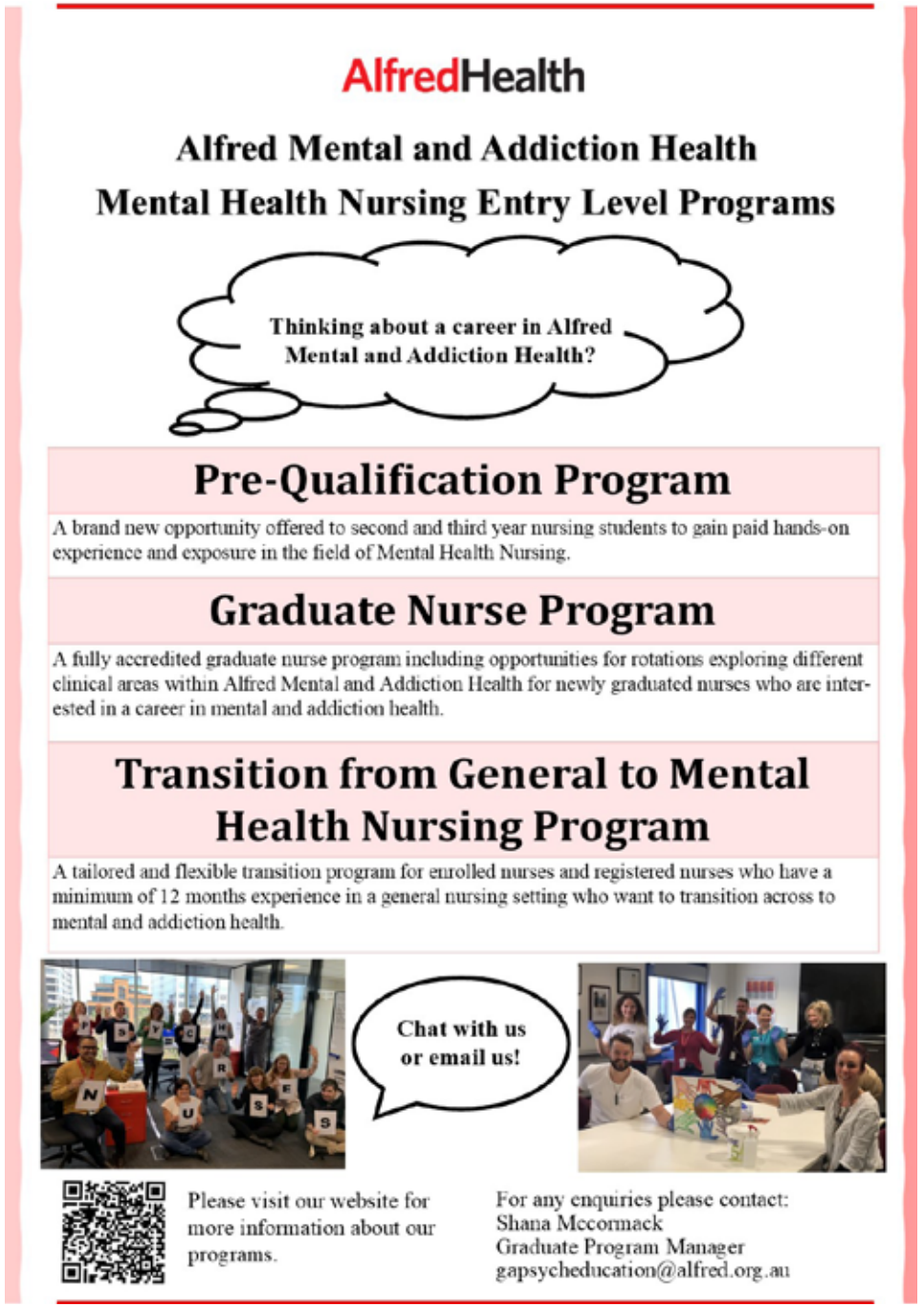
Both frameworks refer to the need for training for clinical supervision. In response to the sectors needs, the Centre for Mental Health Learning (CMHL) Victoria has partnered with the Queensland CMHL with guidance from an expert working group, to develop a cross discipline e-learning training package that is an introduction to clinical supervision for supervisees.

This paper will explore what elements of training in clinical supervision are essential for an introductory package, defining scope and identifying components that are consistent across nursing and allied health and how the working group managed the cross-discipline differences in the content development. The paper will also explore the next steps in the development of a training package for supervisors and identify what is currently available for clinicians looking to become supervisors. Clinical supervision is increasingly considered an essential aspect of professional practice. Having training that supports supervisee knowledge of supervision is a key element of success.

Erin Alexander & Tamara Lovett

TIME: 1.30PM

In 2016, an estimated 798,365 Aboriginal and Torres Strait Islander people were in Australia, representing 3.3% of the total Australian population. Of that, 65% of Aboriginal and Torres Strait Islander people report having a long term health condition, including 29% reporting a diagnosed mental health condition. Further to this, Aboriginal and Torres Strait Islander young people are five times more likely to die by suicide compared to their Non-Indigenous peers. It is imperative to address the high prevalence of Aboriginal and Torres Strait Islander mental health concerns and current inequalities in mainstream health services to improve community and individual outcomes. In 2013 the Victorian Government allocated funds to support Koolin Balit: Strategic Directions for Aboriginal Health. Through this evaluation it was uncovered that local partnerships between health services and Aboriginal Community Controlled Health Organisations are critical for providing a culturally responsive environment for both consumers and workers. From these recommendations the Balit Djerring demonstration project was developed and aims to provide support to Aboriginal and Torres Strait Islander people during their admission, discharge planning and their eventual return to community. Clinicians and outreach workers in the project utilise the Social and Emotional Wellbeing Framework to deliver holistic and individualised care appropriate to the consumer. Balit Djerring endeavours to support consumers in a culturally safe, trauma informed approach whilst empowering consumers in their own recovery by encouraging them to realise their own strengths.



Shingai Mareya & Leah Merrigan

TIME: 1.30PM

The Victorian Government introduced 31 clinical nurse consultant (CNC) positions on inpatient units across Victorian Mental Health Services. Since 2019, these roles have integrated to inpatient teams and become leaders in improving clinical practice, translation of policy into practice and a source of expertise to nursing staff. This initiative is being led by Victoria's Office of the Chief Mental Health Nurse (OCMHN) and is underpinned by co-design principles to ensure that it meets the needs of consumers and their carers.

The CNCs support the translation of Government policies and frameworks such as Safewards and Mental Health Intensive Care Framework. These roles contribute towards well-supported and highly skilled staff teams and importantly, enhance the provision of recovery orientated practice which will significantly contribute towards eliminating restrictive practice and improved support for consumers and their families and carers.

Since commencement of this initiative, the CNC roles have evolved and adapted to a range of specialist units, including acute adult, forensic, aged care, child and youth, to become an indispensable resource and value add to the quality of care provided within inpatient units.

This presentation will:

- Provide context and background of the CNC project
- Describe the impact of the roles on IPUs in mentoring and supporting staff
- Describe the role of CNCs in implementing initiatives and frameworks - i.e Safewards, Mental Health Intensive Care and Reducing Restrictive Interventions
- Explore how to sustain the changes made and maintain ongoing delivery of recovery orientated practices on IPUs
- Outline how OCMHN supports the sustainability and fidelity of the initiative.

Jacinda Ryan

TIME: 1.55PM

Involuntary consumer to lived experience worker. The pursuant pathway, albeit less travelled to Enrolled Nursing.

How the renewal of a system from biomedical to biopsychosocial has redefined Nursing, inspiring one consumer's leap of faith towards "bridging the divide."

With recovery oriented practice at the forefront of Mental Health policy and the present process of revision of the MHA, the opportunity has never been greater for health promotion regarding less restrictive interventions.

How the amalgamation of clinical and consumer perspectives and preceptorship has shaped this Psychiatric Nurse in the making.

Karan Sharma & Francis McNamara

TIME: 1.55PM

Associate Nurse Unit Managers (ANUM's) in mental health departments face multiple challenges that include but are not limited to leading and supporting the team in a high demand environment, roster management, engaging key stakeholders and delegation of duties. Standard provision of debriefs and reflective practices although important, can be limited in their focus and may not provide opportunity for ANUMs to develop their leadership skills. We will outline the development of a group based learning activity targeting leadership skill development for ANUMs aiming to equip them to manage these challenges effectively.

To ensure a collaborative approach, online survey was developed and distributed to all ANUMs to gather their feedback on the prospective topics for the group. Responses from the ANUM's include but were not limited to conflict management, leadership styles, managing up and managing staff relationships. The delivery of the sessions included presentations, case scenarios, team activities and guest speakers. The attendance to the group was variable averaging at six ANUMs each session. Overall 12 sessions with different topics were run over one-year period. Qualitative and Quantitate feedback indicated positive learning outcomes and high levels of satisfaction with the content provided.

Reshmy Radhamony

TIME: 1.55PM

Research has found that training health care professionals can enhance the access of the culturally diverse community to appropriate mental health services. Yet, little research has been conducted that explicitly focuses on improving nursing knowledge, skills, attitudes, and behaviours that can enhance the access of the Culturally and Linguistically Diverse (CALD) community. This scoping review aims to locate, summarize, and recap what is known in the academic literature about educational interventions and programs to improve mental health nurse (MHN)s' cultural competence. Examining how educational interventions and programs can improve MHNs' knowledge, skills, attitudes, and behaviours to facilitate CALD community access to mental health services can also identify gaps in knowledge to report future research areas. Fifteen studies included in the review reported a positive effect of cultural competence interventions; however, it was difficult to establish a single effective intervention method due to the significant heterogenicity in cultural competence intervention strategies. Most studies in this scoping review included nurses as participants. However, only one study solely focussed on cultural competence intervention for MHNs. Two other studies included MHNs as participants, along with other mental health professionals. Henceforth, there is a prerequisite for more research focussing on enhancing MHNs' cultural competency.

Adrienne Richmond

TIME: 1.55PM

The Mental Health Consultation-Liaison Nurse (MHCLN) plays a pivotal role within the Consultation-Liaison Psychiatry Team (CLPT) within Peter MacCallum Cancer Hospital (PMC). The aim of this presentation is to provide an overview of the MHCLN role and what it adds to the quality of care provided at PMC.

The MHCLN provides consultation in the care of PMC patients with concurrent mental health conditions. The skills of the MHCLN are particularly valuable in crisis situations, when patients are not coping with their treatment, and in the development of individualised nursing care plans. The role is multifaceted including staff education, support after significant incidents and involvement in quality innovations. In addition, the MHCLN leads the co-ordination of the out-patient CLPT programme.

The MHCLN has a privileged role being the bridge between general nurses, medical teams and the CLPT as well as internal departments and external services. This helps to break down the hierarchy and supports positive mental health nursing care. The role is highly rewarding with a balance between supporting patients through their cancer journey, feeling part of a team and being able to contribute to the recognition of the mental health needs of patients in a general hospital setting.

Susan Hua, Ben Smith & Reece Jones

TIME: 2.20PM

Our early experience with CPSW in our busy ED suggests that this will help with the care of emergency mental health consumers.

The RMH Emergency CPSW model of care: Developing a model of care for CPSWs to work safely in a busy ED required planning and collaboration. We required guidelines for self-referral and electronic referrals from the ED team given the range of mental health acuity. Therefore, we incorporated the Australasian Triage Scale into an adapted traffic light system Second) Susan Hua: Mental health Nurse Educator 5 minutes Role of the mental health educator in providing support to CPSW: CPSWs report that successful integration of their role requires acceptance, understanding and inclusiveness. Like other professions, it is essential that CPSWs feel valued, respected and safe. The mental health nurse educator is in a position to help support with the orientation process, encourage preceptorship, provide mentoring and regular de-brief. Mental health nurses are familiar with how CPSWs contribute to recovery and reducing restrictive interventions, and can help communicate this to the wider workforce. Third) Reece Jones: Peer Worker 5 minutes Experience of CPSW using model in the ED: After working in different services and programs as a CPSW, I was excited to see a specific computer interface for the ED setting. Using epic - the electronic medical records (EMR) CPSW's are able to access a track board of consumers that are appropriate to work with using a "traffic light" system.

Stephanie Robledo

TIME: 2.20PM

Recovery-orientated practice supports the consumer to have a meaningful life through the promotion of hope, autonomy, and self-determination by providing a holistic and personalised care. Recovery-orientated care is considered as the preferred mode of clinical practice however, studies have found a significant translational gap between knowledge and implementation of recovery orientated practice. Current evidence portrays a diverse understanding of what recovery-orientated is. For some healthcare professionals, it is to focus on symptom reduction and overall biomedical side of care, and for others, it is to maximise self-determination, hope and well-being. Preliminary studies have shown that barriers to delivering effective and recovery-orientated practice include lack of resources and training provided to staff, particularly graduate nurses. Practicing in a recovery-orientated approach have also been found to be strenuous due to inadequate staffing levels and demanding workload which can cause fatigue and burnout. This presentation will analyse the importance of providing newly graduate nurses education based on implementing recovery-orientated care. Furthermore, the barriers and its effects will also be explored. Lastly, recommendations based on findings will be provided and discussed.

Bekithemba Sibanda

TIME: 2.20PM

This presentation examines how Spirituality, Religion and culture correlate with mental health outcomes of African Australians.

Australia is defined by its diversity and multiculturalism. This is attributed to its move from early immigration of white European settlers to include other immigrant groups (Bastian 2012). This changing face of Australia however has presented Australia's health care with challenges, with multicultural mental health for instance presenting Australia with its greatest reform challenge (Mitchell-Macaulay 2017). The Royal Commission into Victoria's mental health revealed that the Victorian mental health system is failing to deliver inclusive or responsive treatment and fails to support and care for its diverse population. The Royal commission called for a mental health system which is inclusive, responsive and safe (The Royal Commission 2021). The changing face of Australia therefore calls for a change in approach to mental health delivery which is culturally sensitive and engages spirituality in mental health assessments.

Maggie Toko, Robyn Callaghan & Annette Mercuri

TIME: 2.55PM

Collaboration with people with lived experiences of mental health challenges, psychological distress and trauma, and with lived experiences as family members and carers, is central to the renewal of Victoria's mental health system.

When creating our Driven by lived experience framework and strategy (2020), the MHCC made a commitment to document a framework that embraces lived experience from beginning processes to final outcomes. Drawing on the lived experience of Senior Advisors and MHCC Advisory Council members we challenged the status quo of how things had been done in the past to how we could grow the commitment by the MHCC, services and the mental health system towards the lived experience forward agenda.

This session will reflect on what we learned about what we did well and what challenges we faced – largely around better identifying and addressing power differentials, and more clearly advocating for process as being as important as outcome.

Bridget Hamilton & Rory Randall

TIME: 2.55PM

The COVID pandemic has been challenging for consumers of MH services in many ways, adding to stress and increased isolation at times, especially for those in our hospitals. Mental health nurses have worked extraordinarily hard and risen to many practical challenges in seeking to support consumers well. In March 2020 the CentreMHN team of nurses and consumers coproduced a sensory intervention - the Little Bags of Calm - to support consumers and nurses focus on wellbeing, through the infection control restrictions that were needed in inpatient units. The Victorian Office of the Chief MHN enabled scaling up of the intervention and MH clinical nurse consultants have been key partners in introducing and modelling local uptake of LBOC. This paper presents the rationale, contents and delivery of the LBOC intervention in acute units and reports on MHNs additional learning about sensory strategies through the training package associated with LBOC.

Deb Carlon, David Barclay, Cat Van Remmen, Fiona Nguyen & Vrinda Edan

TIME: 3.20PM

Back by popular demand!

Yes. You can ask that. What have you always wanted to ask a consumer?

A diverse panel of consumer/survivor experts by experience will discuss and respond to those questions you have always wished you could ask a mad person. Conference delegates will be able to submit questions in advance, and panel members will reflect on our answers. This is a unique opportunity to share our experiences of distress, madness, recovery, healing and mental health services.