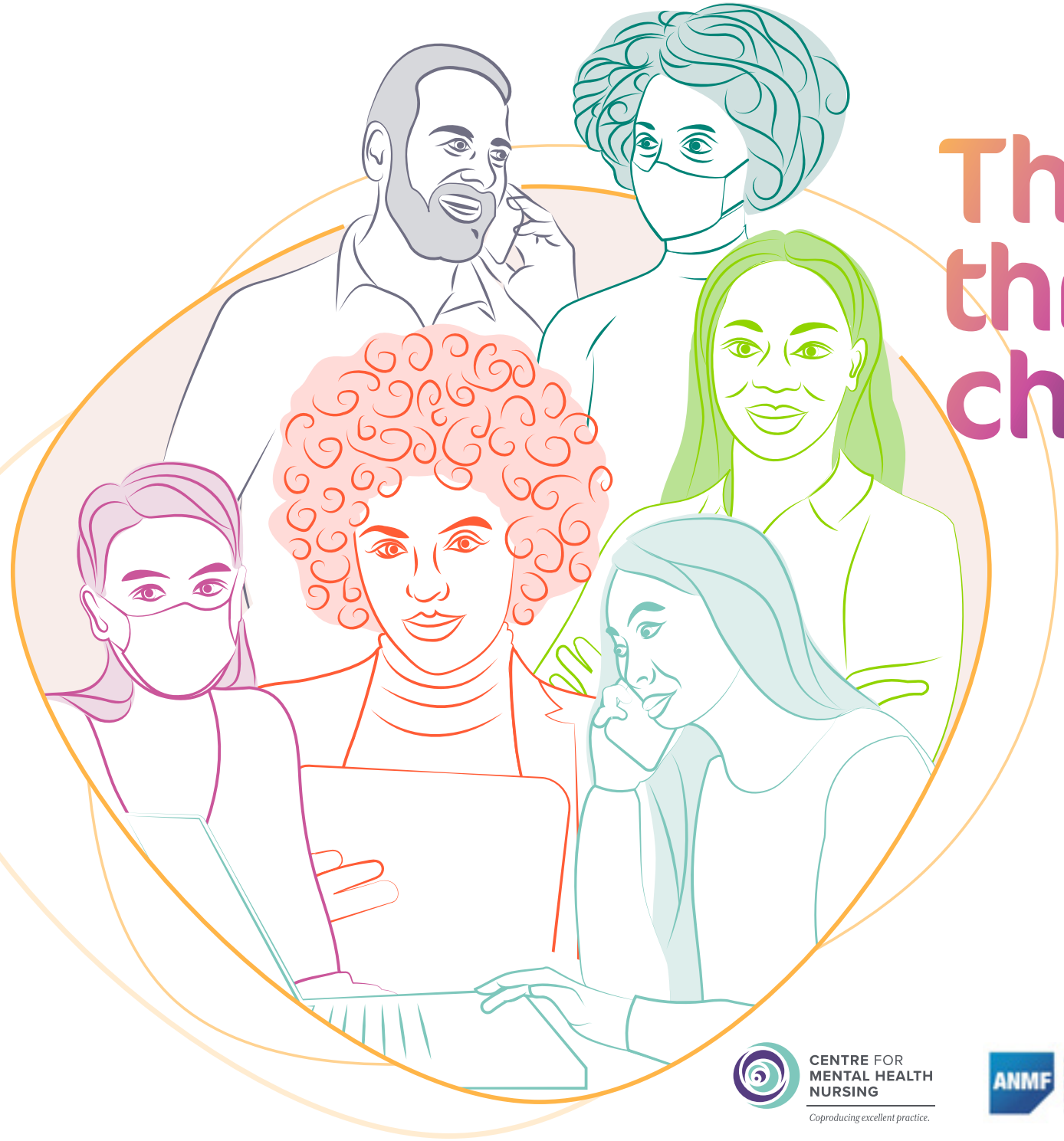


Thriving through change 2022 collab

Thursday 11 & Friday 12 August 2022

Moonee Valley Racecourse

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

Contents

Keynote Speakers

Bronwyn Tarrant

DAY: DAY 1

TIME: 9.50AM

What I learnt about change from my email inbox through COVID

Bronwyn Tarrant is a mental health nurse academic at the University of Melbourne, teaching communication and mental health nursing in the entry-to-practice and postgraduate programs. She has worked in mental health for nearly four decades, across public, private and community health, in outpatient, day-patient and inpatient settings.

She has been awarded internationally, nationally and locally for mental health promotion and teaching and learning innovations. Before COVID, in her humanitarian work with CBT Australia, Bronwyn provided training and supervision to mental health professionals in resource-poor countries. In addition, she leads a Faculty-wide project teaching health science students professional behaviours and the wellbeing strategies to maintain them.

ABSTRACT

In this keynote Bronwyn will share their thinking, research and experience of supporting the growth and wellbeing of students, the next generation of MH nurses. Sifting through two years of wellbeing and change discourse, she wants to challenge hollow rhetoric and weed out the grandiloquence abounding in social media, to find what is useful for mental health promotion and for mental health nursing practice. The keynote will highlight four innovative, purpose-built interprofessional projects to promote students' wellbeing and growth, during times of change. Finally, early data from 2,357 health science students will be presented, and future directions will be discussed.

Supported by Centre for Mental Health Nursing

Anna Love

DAY: DAY 1

TIME: 1.40PM

Mental Health Nursing will thrive through change

Anna is passionate about mental health nursing clinical practice and leadership within Victoria, nationally and internationally. Anna's vision, in line with the Royal Commission into Victoria's Mental Health System, is to ensure we have a skilled mental health nursing workforce for the future, which is nurtured and valued to take up their role. A workforce which is capable, flexible, and responsive will work collaboratively with consumers and carers encouraging self-determination and self-management of mental health and wellbeing.

Anna was appointed Victoria's Chief Mental Health Nurse in 2015. Anna started her nursing career in Scotland in the early 80's and moved to Australia in 1989. Anna has worked in both Inpatient and Community settings as a clinician and as a manager and as a Director of Nursing both in Mental Health and Drug and Alcohol services.

As the Chief Mental Health Nurse is now in SCV since July 21' the position supports projects and provide expert advice to the CEO of SCV and the Department of Health and Human Services on quality and safety matters.

ABSTRACT

Anna will talk to how mental health nursing will thrive as we progress through the reform that Royal Commission into mental health brings.

I will talk to the 'Why' we come into mental health nursing and 'Why' we will thrive and grow and what great opportunities are there for mental health nurses in Victoria to be part of the reform and shape the future mental health sector.

Supported by Australian Nursing and Midwifery Federation (Victorian Branch)

Rebecca Corbett

DAY: DAY 2

TIME: 9.10AM

I can see clearly now the pain has gone... reflecting. Reworking, regrouping, reviving, refreshing, renewing and thriving... A super story about super-vision

Rebecca has worked across mental health services including inpatient, triage, youth, community and academia. She currently works as a Psychiatric Nurse Consultant for Barwon Mental Health, Drugs and Alcohol Service.

Her Masters research; completed through the University of Melbourne, focussed on mental health and sexuality/sexual health.

Rebecca is a strong advocate of clinical supervision and the professional esteem of mental health nurses; as well as recovery, trauma informed care and gender sensitive practice. She is an ASIST & Mental Health First Aid trainer & has recently written a chapter in Jarvis's Physical Examination and Health Assessment and for the Victorian Royal Commission.

ABSTRACT

As the dust settles on the profound impact of the Victorian Royal Commission into Mental Health Services (2021), communities and health services are now grappling with implementing its recommendations, whilst supporting the huge wave of new and enthusiastic staff.

This current moment in time holds the potential for unprecedented change and transformation in mental health care, and every facet of the workforce has a role to play manifesting our new system.

Now, more than ever, clinical supervision can provide the catalyst for growth and new beginnings. It can help us all to navigate and create; to heal, learn and understand.

This presentation provides a narrative journey through time, space and change; whereby the one true constant has been the gentle presence of clinical supervision. Time and time again, clinical supervision has proven itself, in spite of pressures and challenges, to be the thing that mediates our explanatory model as nurses and clinicians. This presentation pays homage to the process, the people and the journey.

Supported by Barwon Health

Leah McKenner

DAY: DAY 2

TIME: 1.55PM

Facing change

Leah has a lived experience of emotional distress, suicidality and trauma. She has used mental health services for much of her life, and experienced firsthand the many limitations to healing within the current mental health system.

Prompted by her own lived experience, and a desire to support others, Leah started her career as a peer support worker in early 2017. She has since gained interest and expertise in consumer workforce development, training, consumer perspective supervision and co-production.

Leah currently holds the role of Consumer Advisor at North Western Mental Health. In addition to being the discipline lead for a large consumer workforce, she is deeply invested in seeing co-production understood and embedded to create the conditions necessary for consumers to be embraced as leaders in mental health reform.

ABSTRACT

Victoria's mental health system is currently experiencing a significant period of both reform and rapid growth. Long standing services are shifting direction and going through immense change, while new services or partnerships are being developed. In a few years' time the mental health system will look vastly different to what it does now.

At the centre of these system changes are people. Consumers, families, carers and mental health staff. Some are leading this change, while others are willing, or not so willing, participants.

In this presentation Leah reflects on what this change means to her as a leader in the consumer workforce. Someone with both professional, and deeply personal, skin in the game.

Supported by Centre for Mental Health Learning

Perry Wandin
Wurundjeri Elder

DAY 1: 8.40AM

Uncle Perry Wandin

Welcome to Country & Smoking Ceremony

Uncle Perry Wandin a proud Wurundjeri man, cultural heritage officer at Wurundjeri tribe land council. Great, great, great nephew of William Barak and son of James Juby Wandin, Uncle Perry's home is in Healesville, near the community site that was Coranderrk. Since 2018 he has been supportive of The Collab Conference.

Panel Discussions

DAY: DAY 2

TIME: 3.05PM

What's new for mental health nursing careers in Victoria?

ABSTRACT

This is a moment to hear from Nurse leaders about many new and expanding service models that are being established across Victoria. Listen to our expert panel as they identify opportunities opening up for mental health nurses and bring along all your questions!

Supported by Healthscope

Bridget Hamilton

CHAIR

Bridget is the Director of Centre MHN and a registered mental health nurse with a 30 plus year career working as a clinician, manager, educator and researcher. Bridget highly values partnering with consumers in understanding everyday MH work, leading associated research, learning and skills training.

She is active locally and internationally in communities of practice and research to build alternatives to restrictive practices including Safewards.

Brian Jackson

PANEL MEMBER

Brian's current role is the inaugural of Director of Nursing for Royal Melbourne Hospital, Mental Health division. His key responsibilities include leading professionally a large workforce of 1200 plus nurses dispersed across 32 sites (372 beds) in Northern, Western and Central Melbourne. One of the key challenges of this role has been managing the nursing workforce impacted by the pandemic and resultant fatigue. This has led to the initiation of training infrastructures, recruitment models, and more recently, the planning and adoption of innovative approaches to nursing replacement across mental health settings.

Jo Ryan

PANEL MEMBER

Jo Ryan was appointed as Director of Nursing for Forensicare in December 2013. Jo is responsible for providing nursing leadership and embedding a nursing culture that values professional standards and the delivery of best practice nursing care. She has extensive clinical and management experience having worked for over 30 years in forensic mental health settings as a clinician, educator, senior manager and in executive roles. Jo is also responsible for the management of the Nursing Practice Development Unit. Jo has delivered extensive education and conference presentations to a wide range of audiences and has been involved in research projects related to nursing practice.

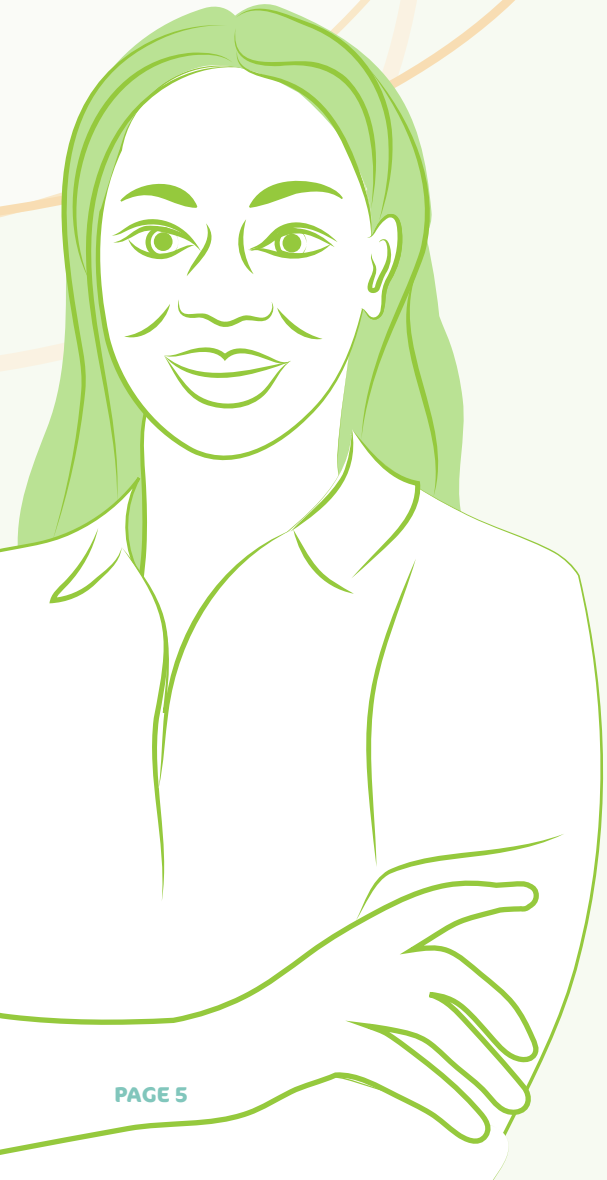
Rachel Tindall

PANEL MEMBER

Rachel Tindall is a mental health nurse employed as the Program Implementation Manager at Barwon Health Mental Health Drugs and Alcohol Services. She has clinical, research, project management and senior management expertise, and is a strong advocate for lived experience participation at all levels of mental health service reform, design and delivery.

Rachel's PhD research explored how consumers and families engage and disengage with services.

Special Events



Nursing Students Unite

DAY: DAY 1

TIME: 10.35AM

Host: Kylie Boucher

This popular meet and greet session is back again in 2022. Hosted by Kylie Boucher, CMHL this is a chance for you to meet your fellow nursing students and 2022 Student Pass winners. Meet current graduate mental health nurses, as well as other experienced mental health nurses and ask them anything!

Awards, Cocktail Food & Drinks

DAY: DAY 2

TIME: 4.15PM

Join us for a drink and nibbles to celebrate the conclusion of The Collab Conference.

Prizes will be awarded to a First Time Presenter and a Co-Produced Presentation.

Supported by: Bouverie Centre

Wellness Room Activities

The Collab can contain content that may be sensitive and sometimes distressing to conference participants. We have set up two spaces where participants can either sit quietly or participate in an activity to take a break from the conference atmosphere.

Chill Out Space

DAY: DAY 1 & DAY 2

TIME: ALL DAY

Host: Supported by Alfred Health

Wellness Room

DAY: DAY 1 & DAY 2

TIME: ALL DAY

Host: Supported by HACSU

Delta Therapy Dogs: Helping Animals Bring Joy to people

DAY: DAY 1

TIME: 11.00AM

Delta Therapy Dogs is a national leader in the delivery of Animal Assisted Services, with over 1,200 volunteers delivering Animal Assisted Activities (AAA) and Collaborative Animal Assisted Therapy (C-AAT) in hospitals, aged care facilities, youth services, mental health services, correctional facilities, and other health and community services right across Australia.

Host: Delta Therapy Dogs

THE WOODSHED
Move & Flow

DAY: DAY 1

TIME: 3.05PM

The Woodshed are more than just a gym. Their small group training offers HIIT & Strength.

Get your body moving and feeling great with this low intensity workout and stretch.

Host: Dan Markworth

Journaling with Ingrid

DAY: DAY 1

TIME: 1.20PM

DAY: DAY 2

TIME: 11.20AM

Journal writing is an incredible tool for looking after your wellbeing. This session will take the thinking out of how to journal. You'll be guided with a step-by-step process, helping you to reduce stress, gain clarity and feel inspired by your insights. Whatever you write is personal (no one will be asked to share).

Host: Ingrid Jones

yoga flame

Yoga Flame is a vibrant studio offering Hot, Vinyasa, Hatha and Yin yoga classes in the heart of Moonee Ponds. Visit our website at www.yogaflame.com.au for info

Yoga

DAY: DAY 1

TIME: 3.45

DAY: DAY 2

TIME: 10.30AM

Host: Samantha

Meditation

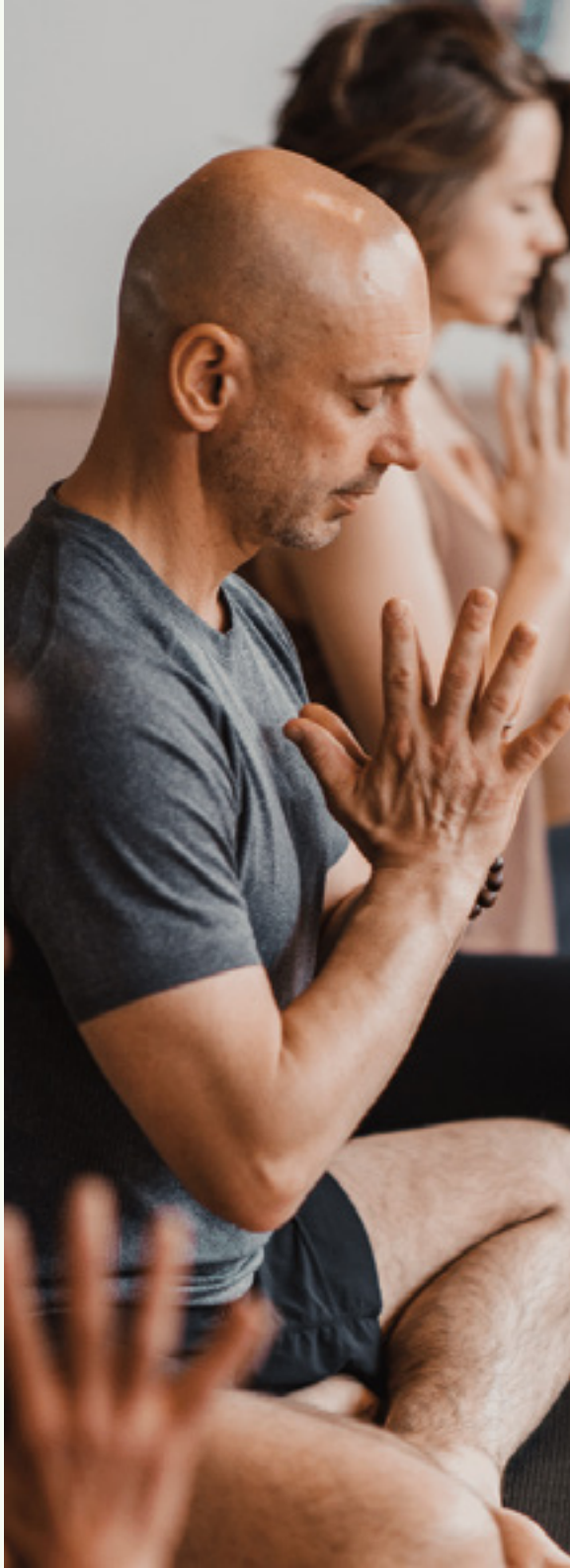
DAY: DAY 1

TIME: 4.10PM

DAY: DAY 2

TIME: 10.05AM

Host: Samantha



laneway learning
cheap, fun classes in anything and everything

Laneway Learning hosts informal evening classes in anything and everything, and aims to make education accessible, community-led and fun!

We are committed to providing interactive, entertaining and affordable classes to improve mental wellbeing and foster social connection. We source our teachers from the community and the community that we create is made up of people from all different walks of life. We strive to bring education outside of traditional learning spaces, making it a peer-to-peer experience.

Intro to Acrylic Markers: Colourful Patterns with Fran

DAY: DAY 2

TIME: 12.10PM

Join this relaxing and mindful colouring art practice for total beginners! We'll learn about acrylic markers and pattern design while making a few fun patterns varying in complexity.

Who is teaching?

Fran (she/her) likes to try her hand at anything and everything. She's worked for comedy festivals, performed in shows, ran her own craft market and tour managed her way around the world with rock bands.

She has a soft spot for designing and creating original crafts and you can follow her work at @puddlepuddledesign

Macrame Rainbow wall art with Courtney

DAY: DAY 2

TIME: 1.55PM

Make a gorgeous macrame rainbow in your choice of colours to hang on your wall! We'll learn some basic macrame knots you can use for heaps of projects and get going with our lil rainbows.

Who is teaching?

Courtney (She/her) from 'Knot Calm' will be your teacher for this workshop. After discovering Macrame as a hobby over 5 years ago, Courtney has since dedicated much of her time expressing herself through this art form, as well as teaching others how to Macrame and achieve mindfulness in the process. Follow her at @knotcalm

Air dry clay pottery with Maria

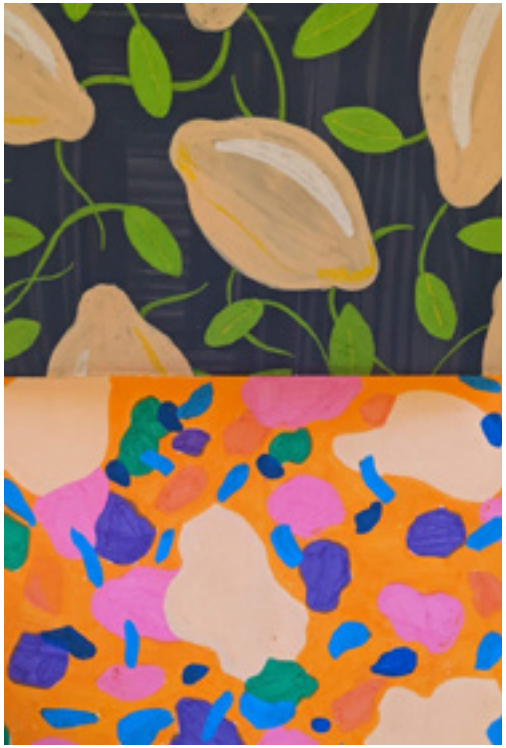
DAY: DAY 2

TIME: 2.45PM

Learn some basic pottery techniques and how to use air dry clay. We'll learn how to make a small trinket plate and play around making hand built figurines.

Who is teaching?

Maria (She/Her) has crafted many weird and wonderful things since she can remember, and she shows no signs of stopping! In addition to crafting up a storm, she also has a passion for cooking and baking, indoor plants (follow her at @malayebra) and running Laneway Learning for the past 10 years.



CENTRE FOR MENTAL HEALTH NURSING

Coproducing excellent practice.

We are the Centre for Mental Health Nursing

OUR PURPOSE

Our purpose is to advance mental health nursing professional practice to benefit consumers of mental health services across Victoria.

OUR KEY PRACTICE AREAS

- Co-producing mental health nursing education, research, and practice development
- Growing relational, psychotherapeutic, trauma-informed, mental health nursing practice
- Advancing mental health nursing clinical supervision
- Enabling cross-sector engagement of mental health nurse leaders via collaborative events, including conferences, symposiums, and forums
- Promoting mental health nursing and consumer scholarship, including masters and PhD programs.

OUR TEAM

Director

Bridget Hamilton

Nursing Team

Cathie Miller

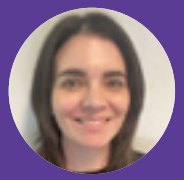
Teresa Kelly

Senior Consumer Academics

Vrinda Edan

Cath Roper

Support Staff



Megan Porter

Roshani Prematunga

OUR MASTERS, AND PHD RESEARCH PROGRAMS

Are you interested in building your research skills? We are currently seeking expressions of interest from mental health nurses, consumers and others interested in undertaking honours, masters, and PhD research programs with the CentreMHN in 2023. Express your interest by scanning the QR code above or speak with us at the CentreMHN booth.

OUR 2023 CLINICAL SUPERVISION MASTER CLASS

A call out to clinical nurse educators, psychiatric nurse consultants and other mental health nurses in education and professional development roles wanting to build their clinical supervision knowledge, skills and confidence! Consider joining our Clinical Supervision Masterclass. Express your interest by scanning the QR code above or speak with us at the CentreMHN booth.

Happy Collab from all of us at the CentreMHN!

CMHNunimelb
www.bit.ly/CMHNunimelb

Day 1 Program

ABSTRACT PRESENTATIONS

TIME: 11.05AM

Jo Stubbs

Train the trainer programs - building workforce capability

The Centre for Mental Health Learning (CMHL) is the central agency for public mental health, including lived experience, workforce development in Victoria. CMHL support access to quality, contemporary workforce learning and development, and training. The CMHL is the central agency that connects, collects and shares the information, tools, resources and expertise created through Department investment in mental health learning and development.

Since the establishment of CMHL we have identified areas of high priority for learning and development needs and identified existing learning programs that support some of these areas. Two areas of high priority are Trauma Informed Care training and Suicide Risk.

CMHL partnered with NorthWestern Mental Health to deliver their package Suicide Risk: understanding, responding and engaging to interested education teams across the state. CMHL have also delivered the package formerly developed by LAMPS Cluster on Trauma Informed Care.

During this presentation you will hear about the strengths and weaknesses of Train the trainer programs, how they have been implemented and key learnings.

TIME: 11.05AM

Susan Isherwood & Rachel Tolan

Reducing Restrictive Interventions in Youth Mental Health through Simulation Training

Assisting the Banksia ward team to provide a safer working environment is the organisation's Simulation Team (ST) who are providing the team effective training to improve patient safety by practicing high-risk events in a safe learning environment (RCH, 2022). Data indicated after-hour rates of physical restraint remained high and confidence in managing aggression low. The ST led a SOAR (strengths, opportunities, aspirations, results), identifying a more positive approach than the SWOT (strengths, weaknesses, opportunities, threats) analysis was required that encouraged engagement and proactive, future focused innovation from the direct care staff (Wadsworth et al, 2016). The teams partnered and collaborated to develop fortnightly training sessions with ST guiding the reflective, debriefing components and ward staff proving scenario content of difficult conversations and situations on the ward. The sessions continue and ST aim to capacity build the team to self-manage capability in these sessions. Data indicates an increase in staff confidence in verbal de-escalation of agitated consumers due to the opportunity to practice team skills in a safe learning environment.

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

TIME: 11.05AM

Stuart Wall & Janine Davies

Embedding clinical supervision within an area mental health service, reflection on the elements that provided strength and sustainability

Clinical supervision is seen as valuable part of the mental health nursing profession. Engaging in clinical supervision can provide a myriad of challenges for mental health nurses.

Peninsula Health's Area Mental Health Service embedded strategies such as a clinical supervision Community of Practice, a clinical supervision mentoring program, and a bimonthly clinical supervisor learning community which works to strengthen the culture and governance of clinical supervision.

These strategies evolving from the five principles of clinical supervision and have been developed as part of a two-year single site implementation project of Victoria's clinical supervision framework for mental health nurses (Department of Health and Human Services, 2018). This framework was developed by Chief Mental Health Nurse in Safer Care Victoria who led and fund this two-year single site implementation.

This presentation will provide a reflection on the key elements that one area mental health services has used to sustain the robust implementation of clinical supervision for one Area Mental Health Service.

TIME: 11.05AM

Tom Wilson & Jo Clayton

Creating a culture of safety in Mental Health: a Systems thinking approach

At St Vincent's Hospital Melbourne, staff safety is one of our main priorities. From October 2020 to September 2021 the incidence of serious injury experienced by staff in our inpatient mental health unit due to occupational violence and aggression (OVA) had doubled in comparison to the previous 12 months. After 3 cycles of continuous Improvement work to reduce OVA in 2017, 2019, 2020 and in response to an increase in OVA incidents, it was time for an innovative new approach. We performed a deep dive into any and all available data in an effort to identify and explore the factors that lead to the increase in OVA, establishing solutions to keep our staff safe. We utilised a 'systems thinking approach' developed by Monash University in consultation with Work Safe to conduct an extensive root cause analysis into incidents of Occupational Violence and Aggression (OVA). This process guided the development of a 35 point improvement plan to reduce OVA in mental health and to create a culture of safety while maintaining our commitment to reducing restrictive interventions.

TIME 11.30AM

Tanya Cottrell & Julia McCurry

The missing middle

Older adults with early symptoms of mental illness, psychological distress, or risk factors have inadequate access to mental health services in Victoria. With increasing strain on State and Federal public services, the Healthy Ageing Service (HAS) has been set up to meet the needs of consumers over 65 yrs (Aboriginal and Torres Strait Islanders over 50yrs) who miss out on public services, colloquially termed the “missing middle”. The HAS is a 3-yr programme funded by the Eastern Melbourne Primary Health Network, co-delivered by St. Vincent’s Hospital Melbourne and Eastern Health. Now 2/3 way through our tenure, we have assisted several hundred community-dwelling consumers with our brief intervention model of care. Our program is response-driven, person-centred and innovative. Our brief interventions are delivered by our multi-disciplinary team in 1:1 or group settings, wherever the person is most comfortable. Through our Group Wellness Programme we have connected socially isolated consumers living at home and in Aged Care. We are planning to offer Canine-Assisted Therapy this year and are in the process of co-designing our pilot programme. We would like to take this opportunity to share our successes with the mental health service community.

TIME 11.30AM

Francis McNamara & Emma Barker

Safewards Refresh

In February 2021, the need to place a focus on the Safewards model in our inpatient environments across the Austin Health’s Mental Health Division became evident. A year into the COVID 19 pandemic, we identified limitations to our consumer’s freedoms and rights. At times these limitations resulted in a rise to flash points. These flash points were commonly linked to a restrictive practice. We knew that we needed to improve our application of the Safewards model to address these areas of concern. Our senior nursing team engaged the nursing leaders (including our Safewards champions) to refine a package for relaunch. The aim here was to revive and refresh the Safewards model within our division. We focused on improving the standards of Safewards knowledge and practice across the multi-disciplinary workforce. In addition to this we created a method for sustainability and refined our measures of how this model was effectively practiced across all our specialty areas. The implementation of a 6-month framework comprised positive staff engagement, leadership and support structures providing project rigor.

Our refresh was a success, halving the incidents of restrictive practices in our most acute settings. We have now established and embedded Safewards as a leading model for our Mental Health Division. This is a long-term, sustainable project framework that encompasses all staff caring for consumers in our inpatient / bed based environments.

TIME 11.30AM

Rebecca Helvig & Kate Thwaites

How we are creating change - a video series documenting the journey so far - Clinical Supervision for Mental Health Nurses: A framework for Victoria

In 2018 The Chief Mental Health Nurse of Victoria embarked on developing and implementing Clinical Supervision for Mental Health Nurses: A framework for Victoria. Despite the challenges COVID and workforce on mental health services over the past few years the program of work has maintained momentum and has been embraced as an extremely valuable both for clinical practice development and workforce support and nourishment impacts. The project is now in its fourth year and preparing for a statewide rollout.

The Chief Mental Health Nurse, now within Safer Care Victoria, has developed a set of resources to support expansion. The resources include a series of videos that speak to the purpose, processes and structures that have been used in the development and successful implementation of the Framework thus far. They are intended to provide useful information to newstakeholders who will be seeking to implement the Framework within their service.

The video series feature a broad range of stakeholders who have contributed to the project across its lifespan, who relay project key principles and learnings in bite sized, engaging and applicable ways.

Aim/objective

Promote Clinical Supervision for Mental Health Nurses and showcase new resources available to support implementation of the Framework in Victorian mental health services.

TIME 11.30AM

Kim Gallaher

Experiences from the first MH/ AOD Hub

Mental health presentations to Emergency Departments in Australia have risen by 10% since 2014 and this has contributed to poorer patient experiences in the ED, longer wait times and increased hostility directed at the Emergency Department staff. The negative effect this has on ED staff confidence, skill and empathy leads to staff attitudes towards patients with a MH diagnosis to become negative, judgmental and occasionally also confrontational.

Secondary to the sheer volume of MH presentations to the Emergency Departments, it was also highlighted that many of these presentations were relating to substance abuse, homelessness and other psychosocial concerns, family violence and lack of any other available community supports that didn't involve lengthy wait lists.

One of the newest initiatives that was funded by the Victorian Government, was the creating of specialist MH/AOD Hubs. The Hubs are teams that are embedded in the Emergency Department, that bring together approaches of MH assessment, AOD brief intervention and assessment and Social work. As well as a new clinical approach, the MH/AOD Hubs bring lived experience workers into the emergency department for the first time to support and improve consumer experiences in the ED. This presentation is on the learnings from the first HUB opened and operating in Melbourne.

TIME 11:55AM

Timothy Brown

Background: Care coordination offers a health care delivery model that is embedded in several key delivery principles that are based on understanding a consumers' lived experience.

Objective: The aim of this study was to explore consumer experiences of care coordination within Barwon Health's Hospital Admission Risk Program (HARP) located in Geelong, Victoria, using a qualitative descriptive approach.

Method: The study adopted an inclusive and co-produced research design. Semi-structured interviews were conducted with a purposive convenience sample of six consumers living with chronic health issues. Participants were asked about their experiences related to accessing the service, communication, health and supports before and after accessing the service.

Results: Five meta-themes were identified: (1) experiencing authentic, values-based care, (2) collaborative care and working together, (3) gaining independence, (4) improved health and quality of life, and (5) limited understanding of HARP at the start. Overall, participants' experiences were positive, assistance in improving health literacy, quality of life, and sustainable supports. While gains were experienced, most of the participants identified that their knowledge of HARP was limited when services commenced.

Conclusion: This research addresses the knowledge gap related to consumer experiences of care coordination. Findings offer an insight in providing person-centred, authentic and values-based care.

TIME 11:55AM

Nicola Cowling & Jennifer McCausland

Safewards- Relaunching, Maintaining & Planning for the Future

Austin's Acute Psychiatric Unit participated in a division wide refresh of the Safewards model in 2021. This abstract will outline the activities undertaken to embed & maintain this framework.

A process of staff engagement, consultation and training was conducted to prepare the team to further implement and revise local activities in addition to reinforcing the ethos of the Safewards model.

A working group consisting of nursing staff met to identify a strategy for local refresh / implementation. Activities such as the co-design of the Clear Mutual Expectations and modifying handover practices to embed Positive Words, Reassurance and Talk Through

A secondary aim was to engender cultural change and revisit methods to promote consumer input and collaboration ongoingly. Barriers and enablers were identified and addressed.

During the refresh, the unit received complimentary feedback from consumers including recognition and appreciation of the team's commitment to genuine and empathic engagement based on the promotion of equity and a reduction in power differentials.

The unit also reported and sustained a significant reduction in restrictive practices, indicating that the team's commitment to the Safewards refresh was a success, delivering positive outcomes for consumers and staff.

Our ongoing commitment to the model includes the planned development of a co-produced education resource for eating disorder programs focusing on Soft Words & Positive Words and a Safewards orientation project for all undergraduate nurses.

TIME 11:55AM

Jo Stubbs

Clinical Supervision e-learning - an introductory, cross discipline package

Clinical supervision training has been identified as a high priority area for the mental health sector for many years. The Clinical Supervision for Mental Health Nurses Framework was released in 2018 and implementation of the framework within mental health services is very much underway. To support good clinical supervision for mental health nurses we need to ensure that we have well trained clinical supervisors and supervisees.

In 2020 the Centre for Mental Health Learning (CMHL) Victoria partnered with the Queensland CMHL to develop an introductory clinical supervision e-learning package for mental health nurses and allied health clinicians working in mental health. The e-learning package is aimed at supervisees.

This presentation will explore how we determined the scope of the package, the challenges in developing the package and what it was like working across two jurisdictions. Current quantitative data on learners who are accessing the package and qualitative evaluation data will be presented.

TIME 11:55AM

Kim Gail Cabral, Tejinder Bajwa & Regina Cai

Specialised Rotations for Novice Learners

Eastern Health received funding from Mental Health Reform Victoria to establish additional graduate mental health nurse positions in 2021. The rationale for implementing the program was to provide an avenue for emerging practitioners to consolidate their knowledge and skills plus improve overall retention in the mental health sector. Six graduate nurses from culturally and linguistically diverse backgrounds were employed in the Funded Graduate Program of 2021. Specialised rotations included were the Continuing Care Team, AOD community, Early Psychosis Team, Psychiatric Assessment Unit, Groups Program, Consultation Liaison and Perinatal Emotional Health Service. All positions were supernumerary with an allocated preceptor and included core objectives specific to each clinical area. All of the graduate nurses completed the first rotation and had almost ended the second rotation before being redeployed to the inpatient units. The redeployment was caused by the increasing staff shortages brought on by Covid 19. Abrupt reassignment to the inpatient units provided the graduate nurses an opportunity to work independently and collaborate with the multi-disciplinary team. Regular support from the Clinical Nurse Educator and clinical areas coupled with training and regular debrief sessions aided the transition from novice learners to competent registered nurses.

TIME 12.20PM

Marcie Regester

Identifying staff attitudes and perceptions towards mental health consumers who use substances across an area mental health service

There is an ingrained stigma in the community towards those who use substances and have a co-occurring mental illness, with people's views towards this population group affected by a multitude of beliefs such as cultural, sociological, societal and individual. Consumers who use substances are more likely to disengage from support services, with those who do engage are hindered by the negative attitudes of staff. Consumers who have experienced stigmatisation from clinicians are less likely to seek help and worsened psychological distress.

Previous studies have shown that clinicians who hold negative or stigmatizing attitudes towards consumers who use substances also identify they have insufficient training to provide support to this population group. Identifying and addressing clinician's cultural values, beliefs and attitudes towards consumers who use substances is an integral component of improving service, system and workforce development.

A research project being undertaken within the St Vincent's Mental Health and Addiction Medicine department aims to capture the experiences of staff working with consumers who use substances to identify and address the factors that influence stigmatisation in the workplace. This will enable the service to celebrate the strengths of staff, overcome barriers and improve the outcomes for consumers who use substances.

TIME 12.20PM

Annette Woodhouse, Claire Conlon & Annette Mercuri

Towards elimination of restrictive practices

The Safety for All: Towards the Elimination of Restrictive Practices collaborative will support Victorian mental health inpatient units to test and implement evidence-based change ideas with the aim of moving towards the elimination of restrictive practices. This is a priority improvement project as recommended by the Royal Commission into Victoria's mental health system.

Safer Care Victoria will work in partnership with the Institute of Healthcare Improvement to facilitate a Breakthrough Series collaborative using the Model for Improvement. The model provides the structure for services to implement and measure evidence-based change ideas in a Plan-Do-Study-Act cycle and harness the expertise of consumers, carers, and frontline clinicians.

Services will be supported by Safer Care Victoria and are routinely brought together in a series of Learning Sessions where services, topic experts, clinicians, consumers and carers share knowledge in an 'all teach, all learn' approach.

This project will use data collected from Plan-Do-Study-Act cycle to develop insights and knowledge on effective changes to move towards eliminating restrictive practices in inpatient units. Effective change ideas will be shared with participating services to improve practice and safety for all.

This presentation will provide an overview of the project's methodology, highlight how the project is involving lived experience, and the change ideas that will be tested.

TIME 12.20PM

Hosu Ryu

Clinical supervision: closing the gap between the ideal vs reality through effective implementation

Although nursing literature has consistently emphasised the potential benefits of clinical supervision to mental health nurses since the late 1970s, patchy uptake and inconsistencies in practice across services still exist. To address this need, the office of the Chief Mental Health Nurse in the Safer Care Victoria has introduced an implementation framework to support mental health services to integrate clinical supervision into mental health nurses' practice.

This presentation specifically focuses on the evaluation of the clinical supervision implementation. It will explore the barriers and enablers identified in the existing literature. Furthermore, the current evaluation plan for clinical supervision implementation will be introduced.

With clinical supervision implementation as a case study, the presentation explores how the systemic evaluation practice can significantly benefit the nursing workforce. Building the nurses' understanding of program evaluation will be helpful as our contemporary scope of practice has significantly grown outside of its traditional clinical role, and into research, policymaking and leadership roles in healthcare services. Building nurses' capacity in evaluation will lead to more effective, evidence-based policy and interventions in healthcare services.

TIME 12.20PM

Louise Alexander & Kim Foster

Time for change: Educating undergraduate nursing students using mental health simulation

While simulation has played an important role in undergraduate nursing education for decades, universities have been slow to adopt this approach for mental health. There is a pressing need for change in respect to mental health education for nursing students. A systematically conducted integrative review was undertaken to explore the state of knowledge on mental health simulation in undergraduate nursing programs and resulted in n=16 research articles. Findings were identified under two themes: the process for student learning, and preparedness for clinical placement. Key findings included the importance of realism in simulation, and the significance of debriefing. Simulation provided a platform to bridge theory to practice and improved student confidence in engaging with mental health consumers. Simulation was found to play an important role in reducing student anxiety about placements. Most importantly, mental health simulation can address stigma and negative attitudes about mental health services and people living with mental illness. Simulation has a key role in strengthening student learning on mental health nursing practice and is a welcome experience for students in their preparation for placement. It is recommended that mental health nursing simulation is embedded into undergraduate nursing curricula to optimally prepare students for therapeutic engagement with consumers.

TIME 3.05PM

Shaina Serelson & Cally Robertson-Snow

Facilitating Groups as an Enrolled Nurse

Group programs add important value to mental health units, providing evidence-based interventions that harness strengths, connect communities, and build self-esteem. The obstacles to implementing groups in an acute and time stressed work environment are challenging, however when managed properly groups can be helpful during difficult times. This presentation will discuss the role of Enrolled Nurses in facilitating groups in both low and high dependency settings. We will cover challenges, learnings, opportunities for collaboration, and the benefits of groups on both consumer and clinician wellbeing.

TIME 3.05PM

Deborah Chew, Fern Yong, Abhishek Shiwakoti, Talal AlAryan & Bronwyn Tarrant

Clarity, closure, and catharsis: students discuss mental health placement online drop-in support during Pandemic Code Brown

In this presentation, four entry-to-practice nursing students discuss the novel role and utility of weekly online drop-in sessions during a four-week mental health nursing placement in a COVID pandemic. In Malcolm Gladwell's terminology, each Maven student gives their unique and shared reasons for being a frequent online drop-in attender. Examples include curiosity about different types of mental health settings, validation of diverse emotions in a safe space, and collegial support amidst isolating times. We will then discuss our learnings from attending the online drop-in support sessions, the peer-reviewed mental health nursing published literature, and any gaps from a student perspective. Finally, we make recommendations for future university-initiated mental health placement support online drop-ins during pandemics and generally. Ensuring that students get off to the right start by providing suitable resources on their formative placements is crucial in shaping and encouraging the next generation of mental health nurses. This presentation is a first-hand student account of how online facilitated drop-in debriefs can provide a foundation on which to reflect, process, and make the most of mental health placements in university.

TIME 3.05PM

Euan Donley, Anita Capello & Keith Griffin

Rostered clinical group supervision at an adult inpatient mental health unit: findings from a twelve month pilot

It is well established that regular clinical supervision for mental health clinicians provides opportunity to reflect on clinical practice and reduce workplace stress. However, within the hospital context, regular attendance at clinical supervision continues to be challenging due to competing clinical demands and rotating rosters. To address this, a trial of four nursing groups were rostered on a monthly basis into their allocated clinical supervision group (CSG) according to their clinical experience and role.

This study aimed to examine the impact of a CSG on workplace wellbeing via the JAWS wellbeing survey over a one-year period. At the completion of this period further focus groups were planned to examine the benefits and challenges of rostered supervision.

However, attendance in each CSG dropped within two months to one or no attendees. The resurgence of COVID and workplace restrictions, existing staff shortages compounded by COVID peak, external supervisors who could not be on site, the limitations of tele-technology, and continued high workload thwarted regular CSG attendance. Further research is required to ascertain if this CSG structure met the needs of clinicians, along with perceived work demand and staffing barriers.

TIME 3.30PM

Trudy Brown & Joanne Suggett

Implementation of the Victorian Equally Well Framework

The Equally well in Victoria: physical health framework for specialist mental health services was launched in March 2019 by the Victorian State Government, Department of Health and Human Services (1). The equally well framework aims to improve the physical health outcomes of consumers who receive clinical mental health services.

In 2020 North Western Mental Health (NWMH) committed to the implementation of the equally well framework which resulted in the commencement of the NWMH Equally Well Committee. The committee reviewed the equally well framework eight priority areas against existing procedures, guidelines, forms and training. The review aimed to align the existing governance structures with the equally well framework in order to implement the framework into local clinical practices.

The Equally Well Committee reviewed the physical health training package available to staff and updated the package to reflect the Equally Well priority areas. This presentation will outline the process undertaken with regards to policies and procedures and showcase the equally well training package that is now available to NWMH staff.

TIME 3.30PM

Jodie Ten-Hoeve & Catherine Drago

Redefining the Enrolled Nurse Profession in Mental Health with the support of a funded program

The Royal Commission into Victoria's Mental Health System 2021 identified the need for significant system reform including workforce investment that improves the quality, supply and sustainability of the mental health workforce. The Royal Commission provided an opportunity for investment in the Mental Health Enrolled Nurse workforce to create sustainable pathways for this workforce to enter mental health services.

Peninsula Health Mental Health is participating in the development of a new Graduate/ Transition to Mental Health Enrolled Nurse pathway. This funded program seeks to develop consistent content in training for Mental Health Enrolled Nurses by working with Educators and service providers across the state to develop a core education program.

Jodie Ten-Hoeve, Mental Health Nurse Advisor to the Chief Mental Health Nurse, Safer Care Victoria with Catherine Drago, Peninsula Health Enrolled Nurse Clinical Educator, will discuss the development of the new Graduate/Transition Enrolled Mental Health Nurse pathways, designed to bolster the Enrolled Mental Health Nursing workforce. This presentation will discuss enablers and barriers for the implementation of a new education program within an area mental health service.

TIME 3.30PM

Bowen Li & Taylah Dale

Experiences of current graduate nurses in Eastern Health's Mental Health Graduate Nurse Program

It is established that early-career nurses experience increased burnout when working in the Mental Health sector. Support and self-care throughout the transition into Mental Health Nursing are imperative in maintaining positive attitudes and sound well-being.

Eastern Health represents one of the largest teaching hospitals in Victoria. The Mental Health Graduate Nurse Program provides weekly debrief and monthly clinical supervision to aid in reducing workplace stress to prevent burnout in graduates.

The two presenters will share their graduate year experiences in Consultation Liaison Psychiatry and Community Care Unit (CCU) for their first rotation. The presentation will cover the support they have received and how this has increased their career satisfaction in the first four months of their career. The presenters will also discuss the challenges they faced and how their preferred self-care strategies help promote well-being.

Consultation Liaison, as a specialised service, takes a supernumerary approach, providing a highly supportive environment for novice learners to gain knowledge of physical-mental comorbidity, advanced skills in conducting assessments, providing treatment recommendations and creating holistic management plans. CCU aims to provide graduates nurses experience in MH community rehabilitation, collaborative recovery model and case management.

TIME 3.30PM

Sarah Kavanagh

The Heart of Resilience

Once thought to be no more than a pump, the heart is now recognized as a sophisticated intelligence whose power is only beginning to be scientifically understood. Studies demonstrate that the most effective way to reduce stress and build sustainable resilience is to learn to harness this intelligence. Heart Math is a unique heart-centred approach that offers resilience-building tools designed and tested to provide measurable results.

Therapeutic relations can be one of the most rewarding yet challenging professions. It feels good to care; it is programmed within our DNA, perhaps arguably more so for Mental Health Nurses. What happens when it no longer feels good to care? The unmanaged care associated with nursing can become a burden for all. When we practice 'objective detachment' to protect ourselves and espouse it as a measurement of professionalism, we are doing a disservice to all.

Genuine, authentic care is good for us all. Permitting Mental Health Nurse to care, to be human, is the shock absorber for the trauma commonly associated with our work. HeartMath equips us to manage stress and build resilience, empowering us to provide the care that drew us to Mental Health Nursing without the physical, emotional, and psychological costs.

TIME 3.30PM

Tess Maguire

Exploring the utility of the Nursing Process and the Clinical Reasoning Cycle as a framework for forensic mental health nurses

Forensic mental health is a specialised area of nursing practice, intended to meet the needs of people who have serious mental illness across a range of settings including the criminal justice system, inpatient and community settings. Frameworks can assist the provision and evaluation of nursing care, however, to date there has been no research investigating frameworks for forensic mental health nursing. This study explored the Nursing Process and the Clinical Reasoning Cycle with nurses from across Forensicare, to determine a suitable service-wide framework. A Nominal Group Technique, a structured method to explore issues and reach group consensus was used to explore the frameworks. Open-ended verbal and written responses that were generated during the group were collected, and thematically analysed. Participants also voted on their preferred framework. Four main themes emerged from the data; challenges to current practice, limitations of the Nursing Process, perceived benefits of the Clinical Reasoning Cycle and addressing implementation. The nurses in this study selected the Clinical Reasoning Cycle as the preferred framework, however there was a suggestion that some adjustments would be necessary to emphasize recovery-oriented practice, and the inclusion of family and carers. Any changes require exploration with the interdisciplinary team and consumer/carer workforce.

TIME 3.55PM

Oliver Mcdougall-Fisher & Karen Hewitt

Victorian Mental Health Enrolled Nurse Practice Network

The Mental Health Enrolled Nurse Practice Network is an expert group established through the Centre for Mental Health Learning. The group is comprised of experienced mental health enrolled nurses and was formed to build connections and support the professional development of the Victorian Mental Health Enrolled Nurse workforce. Membership aims to include MHENs from each Victorian area mental health service and Forensicare.

The current objectives of the practice network are; to ensure that timely and relevant two-way sharing of knowledge and expertise occurs between Mental Health Enrolled Nurses (MHEN) and the CMHL, to facilitate collaborative planning, training, and evaluation, to identify opportunities for partnership and collaboration, to support the professional development of the Victorian MHEN workforce, to improve transparency of opportunities for EN growth and promotion making the mental health enrolled nurse a more valued, long-term employment option .

This session will describe the creation of the Mental Health Enrolled Nurse practice network, its objectives and functions, and the importance of ongoing collaboration between MHENs across services and the CMHL.

TIME 3.55PM

Jennifer Mosely

Behind the mask: The lived experience of a mental health nurse living with autism

Autism Spectrum Disorder is believed to impact functioning, and this may affect how neurodivergent staff perform and are perceived in a workplace. Mental Health Nursing involves the provision of quality care services while managing complex and unpredictable situations. Despite the limited studies on neuro-divergency, the inclusion of lived experience workforce is being promoted to understand the barriers to providing better care that supports recovery. Autistic burnout is currently gaining more attention; it is generally described as a debilitating condition that impacts functioning, it is triggered by the stress of 'masking' and living in an unaccommodating neurotypical world.

I will be speaking about my lived experience of autism and ADHD and working as a Mental Health Graduate Nurse in regional Victoria. The past six months have offered me insight into the travails and triumphs of neurodivergent minds in the mental health workplace, and I hope my reflections will promote improved insight in supporting colleagues living with ASD and ADHD.

TIME 3.55PM

Kim Foster

Thriving into the future: Mental Health Entry-to-Practice Nurses' Outcomes

Building the mental health nursing workforce and their capacity to practice is a key focus in Victoria. Mental health nursing entry-to-practice (ETP) transition programs provide a pathway into the profession from general nursing, and for education of new graduates. Little, however, is known about ETP nurses' wellbeing and work-related outcomes in mental health. The aims of this study were to describe the perceived stress, wellbeing, resilience, mental illness stigma, job satisfaction, and turnover intention of nurses in the initial phase of their mental health entry-to-practice programs, and to explore the relationships between these factors.

A cross-sectional online survey was distributed to nurses in ETP programs (registered nurse transition, enrolled nurse transition, graduate nurses, postgraduate nurses) at a large Victorian public mental health service. N=97 nurses responded. Key findings included the majority reporting moderate levels of perceived stress; low-moderate levels of wellbeing; moderate-high levels of resilience; low mental illness stigma; high job satisfaction; and low turnover intention. Higher stress was associated with lower wellbeing and resilience, lower job satisfaction, and higher turnover intention. These findings provide new insights into the characteristics and needs of this growing workforce and can be used to inform policy, and future mental health nursing entry-to-practice programs.

TIME 3.55PM

Helen Kelly

Neurosyphilis - Back to the Future

In the early nineteenth century general paresis of the insane (GPI) was described as a new psychiatric disorder. Large numbers of these patients were admitted to Psychiatric Hospitals in Europe and Australia. The outcome of the disease was death in a short period of time. The cause was unknown and there was no treatment. In 1908 the Wassermann diagnostic test was developed and showed the cause was Syphilis.

In 1924 Malaria fever therapy was used in Victoria for treatment of GPI. Malaria fever therapy had been developed in Vienna and in 1927 a Nobel Prize for medicine was awarded for the treatment.

Dr Cunningham Dax wrote Modern Mental Treatment - A Handbook for Nurses. Instructing nurses in the method of managing patients using Malaria Therapy.

GPI now termed Neurosyphilis is an uncommon presentation. The spirochete can mimic many different diseases making it difficult to recognize. The last decade has seen a rise in the worldwide rates of primary and secondary syphilis leading to concern of a re-emergence of Neurosyphilis.

In 2022 a health warning was issued in Victoria about increasing presentations of Syphilis in young people. Questions arise of whether we should be testing our patient population as routine and potentially re skilling clinicians to improve care outcomes.

TIME 4.20PM

Puneet Sansanwal

Impact of hotel managers' leadership style and mental health literacy on staff's work related stress

The hotel industry is known to have stressful working conditions. The nature of work hotel employees perform is demanding and is likely to contribute to high levels of work related stress. Through their lived experience, hotel support staff are an ideal population to understand and inform about work related stress in hotels.

The presentation will report how hotel support staff perceive the leadership style of their manager and if they believe transformational leadership style (that is known to engage employees on a holistic level whilst nurturing, supporting and developing the employees) corresponds to lower levels of perceived work related stress. It will also report whether hotel support staff perceive their managers to have sufficient mental health literacy to support staff's wellbeing. The study findings will be based on the input from hotel support staff through interviews. Learnings may be valuable in developing workplace policies and governance to build a workplace culture in the hotel industry that supports enhanced wellbeing. It may also assist in potentially reducing perceived work related stress among hotel staff. The study's findings may assist hotel industry members to improve their work culture, assist in developing an understanding of mental health literacy and potentially improve staff wellbeing by reducing the work related stress.

TIME 4.20PM

Tuty Poole

Using DBT Skills To Reduce Distress And Promote Safety On Wards

Dialectical Behaviour Therapy or DBT is a skills-based therapy that can offer practical solutions to reducing distress on wards. DBT skills are evidence-based, easy-to-remember skills that gives consumers self-efficacy in reducing distress. DBT has distinct modules which teaches skills in mindfulness, distress tolerance, emotion regulation and interpersonal effectiveness. The skills can be used on an ad hoc basis, meaning they can be coached to consumers as and when they are required in small blocks and with very little equipment.

4.20PM

Minh Viet Bui

Mental health nurses' experience of resilience during COVID times

Despite the significant challenges posed by the COVID-19 pandemic for the mental health workforce, there has been limited research on mental health nurses' resilience in this context. The aim of this qualitative study was to explore the impacts of the COVID pandemic on mental health nurses' resilience at work. Qualitative semi-structured interviews were conducted with 18 mental health nurses working at a large Victorian metropolitan mental health service.

Interviews were thematically analysed and three main themes identified: Experiencing significant disruptions (e.g., changes to workload, and infection control requirements) and losses (to care continuity and quality, and interpersonal connections with consumers and colleagues); Using personal resources to cope (e.g. using cognitive appraisal to reframe perspectives, and developing a greater appreciation for life); and Drawing on organisational and professional supports (e.g. connecting with colleagues remotely, and accessing employee assistance services). Nurses proactively managed themselves and drew on a range of resources to recover and maintain their resilience and professional practice during a period of unprecedented change and adversity.

Organisations can support staff resilience and reduce workplace stress from conditions created by the ongoing pandemic by actively supporting staff psychological self-care, including leave arrangements, and organising realistic workloads and flexible work arrangements.

TIME 4.20PM

David Nicholas

50 Years a Psychiatric Nurse

I would like to present an overview of my experience as a Psychiatric Nurse over 50 years - beginning in 1972 as a "prospective student nurse" in a 40 bed male acute ward. The ward had an open door policy - I was the junior staff member, with a 3rd year student and a Ward Sister.

Medication time - administered from a trolley with two bottles of medication - Chlorpromazine and Melleril.

The hospital St Crispin Hospital - I will give an account of the hospital, including the farm where patients worked.

Subsequent years were spent working at Napsbury Hospital, St Albans UK, then to Australia and Bundoora Repatriation Hospital and Larundel Hospital - an 11 year spell in private - The Melbourne Clinic. Then to Thomas Embling Hospital, Forensicare and now at Ravenhall Prison working with challenging behaviours.

I will include anecdotes, stories and experience - and a slide show. I would like to describe the high standard of care that psychiatric nurses have maintained over the years.

Day 2 Program

ABSTRACT PRESENTATIONS

TIME 10.05AM

Hosu Ryu

Early career mental health nurses' emotional experiences in specialist eating disorder units, Victoria, Australia

The treatment of consumers with eating disorders requires skilled clinicians due to the psychological and medical complexities of the illness. However, a volume of research shows that clinicians report negative feelings, such as anxiety, frustration and anger when providing care for consumers with eating disorders. Limited research explores mental health nurses' experiences working in a specialist eating disorder inpatient unit. This presentation will discuss a study aimed to explore early career mental health nurses' experiences working in such a unit in Australia. A descriptive qualitative method was used, incorporating a stage of theoretical analysis informed by psychodynamic concepts. A total of six nurses were interviewed. Two key themes emerged: (i) initial tension (ii) understanding self and others through countertransference. In the first theme, participants commonly reported anxiety and frustration. Frustration often related to the struggle to empathise and feeling powerless to change life-threatening eating behaviours. The second theme explored the understanding of self and others through countertransference. Participants described the inadequacy, anger and anxiety they felt during the interaction with consumers as the projection of another person's inner experience. Nurses' accounts also reflected identification of self to others, in the attempt to understand experiences of consumers. The phenomenon of re-enactment of pre-existing relationships was also raised.

The study shows that working with consumers with eating disorders can elicit strong emotional experiences, which early career nurses were able to over time to more usefully explored as countertransference. It is recommended that nurses have appropriate opportunities to discuss and reflect on their feelings in order to develop their practice and professional resilience.

TIME 10.05AM

Nicholas Barrington & Lynda Moore

Walk-in family therapy: Families driving the change they want, at the time they want it

Driven by the wish to reduce waiting times for family therapy services, and in the context of increased demand due to the COVID-19 pandemic, The Bouverie Centre has developed and evaluated an innovative new walk-in family therapy service called Walk-in Together. Delivered by telehealth to families across Victoria, Walk-in Together positions families at the centre of the change process, giving them choice over when they are seen and what they work on in their session.

In contrast to traditional, appointment-based psychotherapeutic services which often entail restrictive screening and intake processes, long waiting lists and lengthy assessments, walk-in services provide an accessible, timely response designed to maximise clients' motivation for change by responding to need at the time it is felt by the client. Underpinned by single session thinking, clients are offered a one-off, highly collaborative and client-directed session focused on what they want from that encounter.

During this presentation, we will share our preliminary practice and research findings about the issues families bring to their walk-in session, the utility of walk-in family therapy, key elements of a walk-in session that lead to successful outcomes for families and considerations for organisations in setting up a walk-in service of their own.

TIME 10.05AM

Deb Carlon & Beth Dunlop

Co-design - Towards partnering with Consumers and Family/Carers

The Royal Commission into Victoria's Mental Health System has highlighted the importance of co-design in system reform. Victoria's Department of Health has funded the Centre for Mental Health Learning to play a key role in providing co-design and co-production capability building support to existing and emerging co-design projects across Victoria's Mental Health System.

Co-design within a mental health system needs to be genuine and authentically address power. Power is a lot like privilege, it is often invisible to those who have it. Central to this is acknowledging and addressing power imbalances.

Our work is grounded in the resources "Co-production Putting principles into practice in the mental health context" Roper, Grey, Cadogan, Kelly Ann McKercher's definition, "co-design is more than a process. It is a social movement focused on challenging and changing inequitable power structures. Designing with, not for people" (2020). As well as training developed by TACSI and Indigo Daya "Co-design Doing it in the real world with authenticity."

During this presentation we will be discussing power and how it can get in the way of partnering and impede service development and improvement.

TIME 10.05AM

Stuart Wall, Samantha Cullinan & Janine Davies

Utilising a mixed nursing graduate program to support recruitment and retention

Applying for a graduate nursing program can be a challenging time for nurses who are interested in mental health nursing but are unsure if they are ready to specialise. Factors that may affect this decision can include but are not limited to; the fear that the nurse will lose their general nursing skills, a perceived need to consolidate these skills and being advised not to specialise during their graduate year.

The development of a mixed nursing graduate year provides the opportunity for this cohort of nursing professionals to have rotational placements in both mental health and general nursing. Supporting the decision-making process enabling them to make an informed decision about the next stage of their development and Nursing career pathway.

This presentation will discuss the factors for one area mental health service found that impacted graduate hesitance to commit to mental health nursing in their graduate year and how a mixed graduate program has supported newly qualified nurses to move into mental health nursing as a valuable career pathway.

TIME 10.30AM

Daniel Darmanin

The Health and Wellbeing Impact of Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) include traumatic experiences such as physical and emotional abuse, neglect, caregiver mental ill-health and household violence. Given that prevalence rates suggest that up to 90% of Australian public mental health consumers have been exposed to multiple experiences of trauma, it is integral that members of the clinical and non-clinical team comprehend the far-reaching consequences of ACEs in later life. This has been evidenced to include disrupted neurodevelopment, social, emotional and cognitive impairment, adoption of health-risk behaviours, disease, disability, social problems and premature mortality. This has been evidenced to include disrupted neurodevelopment, social and emotional impairment, adoption of health-risk behaviours, and premature mortality. Community based interventions to prevent ACEs are often overlooked or perceived to be second tier responses when compared to early identification and treatment of mental ill-health. This omission in healthcare policy likely contributes to societal harms including poor mental and physical health.

This paper will explore the impact of ACEs on neurodevelopment, mental and physical health and adoption of health-risk behaviours. It will conclude by reviewing contemporary evidence on individual, community and national interventions to prevent and reduce the negative impact of ACEs on an individual's long term health and wellbeing.

TIME 10.30AM

Anju Sreeram

Mental Health Nurses' attitudes towards mental illness and recovery-oriented practice in the acute inpatient psychiatric units: A non-participant observation study

The national mental health policies accentuate the importance of having positive attitudes, skills, and knowledge among mental health professionals to facilitate recovery-oriented practice in all areas of mental health care. However, evidence suggests that negative attitudes towards mental illness are still evident among mental health professionals and there is a lack in the provision of recovery-oriented practice in the acute inpatient units. While there is also a paucity of studies to understand Mental Health Nurses' attitudes toward mental illness and recovery-oriented practice specifically. Therefore, this non-participant observation study aimed to explore Mental Health Nurses' attitudes toward mental illness and recovery-oriented practice in the acute inpatient units by observing the interactions between the consumers and nurses. The Mental Illness Clinicians Attitudes Scale-v4 and The Recovery Attitudes Questionnaire inspired the development of a non-participant observation chart for this study and the observations were recorded in the chart. Six observations were conducted in the three acute inpatient units and were focused on Mental Health Nurses' knowledge about mental illness, communication, dignity, respect, anxiety, fear, punishment, facilitation of real choices for consumers, physical care, cooperation with consumers' families and others and recovery orientation. An interpretive descriptive analysis was used to analyse the data. The results show that Mental Health Nurses generally have positive attitudes toward mental illness and recovery-oriented practice. Some deficits in the physical care of people with mental illness in the acute inpatient units were observed. Therefore, future research could address the effective preparation of Mental Health Nurse for the provision of the physical care of people with mental illness.

TIME 10.30AM

Julie Anderson, Gemma Olsen & Kate Thwaites

Reducing Compulsory Treatment in Victorian mental health community services, using a co-design methodology and quality improvement science.

Learning objective 1: This topic will explore reducing compulsory treatment orders using a human rights perspective by a process of codesign and improvement science

A recommendation in the Royal Commission into Victoria Mental Health Service's is to use compulsory treatment as a last resort. Mental health services need to reduce the high number in compulsory treatment orders, eventually moving towards elimination. Navigating the complexity between compulsory treatment and human rights can make a difference to a person's autonomy

The project to reduce compulsory treatment in the community was informed by Safercare Victoria's Mental Health Improvement Program advisory group, who identified that the pathway to having a compulsory treatment order starts in the community. The process of embedding a methodology of codesign integrating improvement science will underpin the project. Discussion circles will test and retest the aim and changes to be made that will result in improvement.

The aim of this program of work is to support change in community mental health services. The improvement for change will focus on human rights, attitudes and values, recovery and trauma informed principles, therapeutic strategies, and engagement.

The development of a consumer and carer lead project, integrating the three methodologies, is unique. Navigating this complexity will support co planning, codesign and improvement for change whilst providing a comfortable space for discussion and planning.

TIME 10.30AM

Brian Jackson & Nigel Toomey

How do you get 100 Post Graduate Nurses into a Mini Clubman?

The Royal Melbourne Hospital/North Western Mental Health developed a response to the Mental Health Reform Victoria strategy to address psychiatric nurse education, training across our service when Mental Health Reform Victoria provided 30 additional funded placements for mental health nurses and 9 CNE's.

This enhanced the likelihood that RMH/NWMH has a sufficient supply of mental health nurses to support system change which been the most significant reform activity in 20 years in Victoria and charged services to:

- Increasing the pipeline of qualified mental health nursing staff
- provide positive work experiences
- Increase the graduate nurse workforce

In addition, the Workforce Strengthening Project, Transition to mental health Nursing program (DHHS) 2020-21 financial year, allocated 5 EFT to build capacity for our team with the objectives:

- are to improve outcomes for consumers;
- reduce pressure on inpatient beds;
- enhance subacute services;
- and enable a strong, well supported and adequately skilled workforce.

In response the to these workforce initiatives the RMH/NWMH Entry to Practice(ETP) workforce unit introduced a new generation of innovative approaches to Post Graduate pathways that included the full year intake alongside Transition nurses.

The answer is 50 in the front and 50 in the back.

TIME 11.20AM

Lorna Downes, Daniel Gor & Agnes Girdwood

Rising Together- lifting the lid on the experiences of family/carer lived experience workers

Family/carer lived experience workers (family/carer workers) are an increasing feature of the Australian mental health service system, and often work with and alongside mental health nurses. There is little research into the experiences of family/carer workers in mental health services and minimal consideration of the organisational change required to fully incorporate family/carer workers in a way that is safe and inclusive. Co-produced with family/carer workers, the Rising Together project aimed to increase the understanding of the workplace experiences of the family/carer workforce with a particular focus on workplace conditions, inclusion in the workplace, and the impact of organisational culture on family/carer workers. This project utilised a state-wide survey of Victorian family/carer workers, photovoice sessions, and focus groups to explore the experiences of family/carer workers and to develop recommendations to support the sustainable development of the family/carer workforce. This paper will present the key findings from this project along with recommendations that can be implemented by workers, organisations and system wide. The paper will also detail the innovative approach to co-production that was utilised within the project that enabled a meaningful partnership between academics and family/carer lived experience workers.

TIME 11.20AM

Jessica Opie & Jenn McIntosh

Early relational trauma and trust: Enhancing Practitioner and Parent response through MERTIL (My Early Relational Trust-Informed Learning) for Parents.

Early relational health is a key determinant of childhood development. Meta-analytic evidence shows continuous early childhood relational security is not a given (Opie et al 2020), and relational trauma in the parent-infant dyad can instigate a cascading pattern of infant risk. Importantly, relational trauma is modifiable through enhanced maternal sensitivity and infant's experience of caregiver trust.

In 2018, over 1700 Victorian Maternal Child Health Nurses (MCHNs) participated in MERTIL (My Early Relational Trauma-Informed Learning), a 14-hour online and in-person professional nursing program to identify and prevent relational trauma. Evaluation revealed that post-MERTIL, MCHNs felt competent and confident to identify and respond to relational trauma. However, response capacity was inhibited by inadequate referral options, particularly in rural and remote settings. In response, MERTIL for Parents (My Early Relational Trust-Informed Learning) was developed. MERTIL for Parents is an online self-paced parenting program, co-designed with parents and nurses, and informed by the feedback of over 1300 MCHNs. MERTIL for Parents focuses on parent knowledge of relational trust and its significance for infant development.

Although in-person group and individual programs exist to promote positive infant-parent relationships, many parents experience logistical barriers in accessing face-to-face services. The potential for universal preventative online programs that target parental and relational wellbeing, and the development of early relational trust remains under-explored.

TIME 11.20AM

Stuart Wall

Building AOD Capability through Clinician-Consumer Co-designed Education

Building capability amongst nursing and medical workforce to care for inpatients who have co-occurring mental illness and alcohol and other drugs (AOD) needs is a challenge for public hospitals. Early engagement and referral to specialist services can assist in minimising complications arising from co-occurring substance use disorders (Charalambous, 2002). Research has found that stigma towards people with alcohol or drug concerns is a significant barrier to early intervention and that changing clinicians' attitudes is key (Haber PS & Riordan, 2021).

This presentation will showcase a model that has been implemented at a Melbourne public hospital utilising an AOD clinical educator and AOD lived experience educator. Together they diagnosed key capability gaps related to caring for patients with substance use disorders and have co-designed training content in response. Delivery of training is also co-facilitated to enable hospital staff to be exposed to people with lived experience of substance use disorder outside of their role as 'patients'. Embedding a lived experience educator is transforming the way training is designed and delivered at the health service. Sharing our model will provide learnings for participants so they can consider application in their workplace settings.

Emerging feedback from clinicians indicates that incorporating the patient experience in education encourages clinicians to reflect on how they interact with patients presenting with complex needs and further evaluations plan to assess its effectiveness in reducing individual-level drivers of stigma.

TIME 11.20AM

Charlotte Ross & Hosu Ryu

Friday Clubbin: journal club to cultivate a community of practice

While innovations in practice and contemporary trends in mental health nursing are often communicated via research, our future nurses report that they often feel intimidated by reading and interpreting journal articles. A mental health nursing journal club, "Friday Clubbin", was launched to help the next generation of nurses to become familiar with contemporary mental health issues and equip them with tools to enjoy reading and applying research to their practice.

This journal club used various contemporary mental health nursing articles for nursing students to read and discuss weekly. The themes included; early career mental health nurses' experience, consumer taught mental health education, recovery-oriented practice, promoting professional resilience, the Safewards effectiveness and a sense of humour in psychological wellbeing.

This presentation will share a student nurse's perspective on participating in the weekly journal club, and how being introduced to a co-produced paper has shaped her nursing identity as an early career nurse.

We present this work to get feedback from consumers and nurses and extend the opportunity for future collaboration to use the journal club to cultivate a community of practice.

TIME 11.45AM

Rachael Sabrinskas & Jarred Robson

A Lived Experience of HOPE

The individuality of suicide and the voices of those with lived-experience have historically been underrepresented in research and service development. More recently, especially with recent mental health reform, the expertise of individuals who have experienced suicidal crisis has been championed and is now driving change in our mental healthcare systems. With previous poor experiences with therapy, and an admission to an adult inpatient unit that could be described as 'chaotic', Jarred admits that his story is one which could have had a different ending. Jarred reflects that had it not been for the advocacy of family and friends, some chance encounters and the kindness of strangers, and the support of the Hospital Outreach Post-suicidal Engagement (HOPE) Program that he may not have experienced recovery as positively. The experience for Jarred was transformative, although he recognises that not all who require acute mental health support are as fortunate. In this paper Jarred shares his lived-experience and his journey since discharge from acute services and HOPE. In doing so, Jarred offers unique insight into the therapeutic role of mental health nurses and advocates for change.

TIME 11.45AM

Tatiana Zecher

Loss during Lockdown: Psychosocial care for women who experienced miscarriage during the COVID-19 Pandemic

Research has shown that the experience of miscarriage carries a high risk of psychosocial toll which can result in clinical levels of anxiety, depression, and PTSD. Healthcare providers play a large role in providing necessary emotional care at that time however the COVID-19 pandemic has affected their ability to care for women experiencing miscarriage through restrictions including PPE, physical distancing, telemedicine visits, and visitor limitations. Twelve semi-structured interviews with midwives from 3 to 12 years of experience regarding the change in the quality-of-care women who miscarried during the COVID-19 pandemic were thematically analysed into four main themes: COVID placed as the priority over their pregnancy loss; Choosing between meeting physical needs or emotional wellbeing; PPE as an emotional barrier and the clash of women's expectations of care with the standardized care available.

The emotional effects of COVID lockdown restrictions on women and families who experienced miscarriage during that time are potentially catastrophic. Interviewees regularly expressed their concern about the impacts of poor care on women's future mental and reproductive health. This small study demonstrates the risk of increased emotional sequelae of miscarrying during COVID restrictions around the world may be long lasting and devastating and requires further research.

TIME 11.45AM

Sylvia Ryan

Oh yeah, that is what we do - Development of a graduate nursing guide to eating disorder nursing assessments in the community

The Eating Disorders Program at Alfred Child and Youth Mental Health Service is a community-based service for young people and their families. Nurses wear many hats in roles as therapists and case managers, but also have a unique discipline-specific role in providing physical health monitoring for young people in the service.

Since 2021, two graduate nurses have joined the headspace Early Psychosis Mobile Assessment Treatment Team (MATT) for community youth experience during their graduate year. Graduate nurses at MATT have also had the opportunity to be engaged in the CYMHS eating disorder program. An orientation guide and framework were developed to navigate the practical aspects of working across a new service, and to support the development of physical health assessment skills in eating disorders.

Although developed with graduate nurses needs in mind, this framework has gone on to be used for orientation of more experienced nursing staff to the eating disorder program. It is presented as an opportunity to reflect on what specific skills and processes we hold in our work, and how to share experiences and expectations around skill development with new staff.

TIME 12.10PM

Jackson McLean & Margot Rochow

Paying students to be students? Participant reflections from the 2021 Eastern Health Pre-qualification Employment Program.

Victoria is on track to experience a major Mental Health nursing deficit by the end of this decade. The 2020 Victoria Mental Health Royal Commission report identified, recruitment and retention as one of the major challenges currently, and over this period.

One such program was funded by DHHS prior to the release of the royal commission for the purpose of bolstering the covid-19 workforce, the "Mental Health Pre-Qualification Program". This program paid nursing and multidisciplinary students to attend Eastern Health Mental Health sites. Students were in the penultimate & final years of their programs. Participants were funded for up to thirty shifts in addition to their normally allocated placements. Our presentation details why this appears a successful model worth renewing for the purpose of boosting the mental health workforce within the state.

This presentation will include the perspective from one of the Nursing participants. Discussed will be their experience during the program, how this informed their own views on mental health and ultimately what led them to successfully apply for graduate positions in the following year. In addition, a quantitative and qualitative analysis collected both during and post the program from both participants (N=29) and supporting staff (N=12) provides a context to the program's benefits.

TIME 12.10PM

Jess McKenzie & Liz Currie

Introducing Reflective Practice in the ED (Nurses, Nurse Educators, Consumer Academic)

In 2020 Emergency Department (ED) nurses', as part of their curriculum pathway in the Master of Advanced Nursing Practice, commenced mental health nursing practice subjects to develop knowledge and skill to support the workforce for the new crisis hubs. Emergency Departments (ED) provide assessment and care for people presenting with psychological distress, and/or intoxication for up to 48 hours. The development strategy to upskill ED nurses is a positive initiative for the crisis hubs model.

Although ED nurses seek input from clinical educators, there was no opportunity to learn or critically reflect through real practice examples of mental health scenarios in the ED. To support the required skill development, we introduced weekly reflective practice sessions, led by a Consumer Academic and an ED clinical nurse educator across two emergency departments where Crisis hubs are proposed. This was the first time ED nurses experienced both reflective practice and ED clinical nurse educators working alongside a Consumer academic.

This paper will present the approach to reflective practice, what we have learnt, benefits, barriers, and future plans for staff in emergency settings.

TIME 12.10PM

Glen Mangelsdorf-Collett

Accelerating Into Mental health

There is a critical shortage of skilled mental health nurses across Australia. Epworth HealthCare led an initiative to "Grow our Own" and developed the six-week "Accelerated Mental Health Nursing Program", targeting experienced nurses seeking to transition into specialty practice. Epworth recruited three candidates with experience ranging from 3 to 30 years and backgrounds in acute and aged care nursing, thus only requiring development of specific mental health knowledge. Working in a supernumerary capacity and mentor framework, participants had the support of a dedicated Clinical Nurse Educator. Educational activities were provided through a blended model, with eight workshops and online self-directed learning. Topics included diagnosis, treatment (pharmacological and other therapies), therapeutic engagement, dual diagnosis and suicide prevention. Participants consolidated their learning contemporaneously in the clinical practice setting. At the conclusion of the course, the participants' self-evaluation of their level of knowledge had significantly improved. Most notable was their pre-course rating of below average (66.6%) and average (24.07%) compared to their post course ratings of good (38.8%) and excellent (44.4%). Pharmacotherapy knowledge improved to a post-course rating of excellent (38.8%). This program demonstrates that registered nurses with existing clinical knowledge and experience can transition successfully to mental health.

TIME 12.35PM

Stephanie Jade Butigan

Consumer advocacy for borderline personality disorder

Providing a definition of Borderline Personality Disorder (BPD) and identifying advocacy barrier and stigma's associated with consumers diagnosed with BPD. Outlining suggestions on how mental health professionals can provide therapeutic care, enhance professional relationships with consumers and aim to achieve positive recovery outcomes during a crisis presentation where the individual is struggling to regulate their emotions and unable to ensure they keep safe within the community.

TIME 12.35PM

Shaina Serelson & Beth Dunlop

Sharing Information for Child Wellbeing and Safety

The Child Information Sharing Capacity Building Project, led by the Centre for Mental Health Learning, aims to build the Victorian Mental Health workforce's awareness and confidence using the Child Information Sharing Scheme and Family Violence Information Sharing Scheme. These important legislations promote quality, timely and appropriate child information sharing, to promote child wellbeing or safety, and to assess or manage family violence risk to a child. This session will provide a roadmap of the project, information about legislative requirements as a nurse working in Victoria's mental health system, and resources to support your work.

TIME 12.35PM

Stuart Wall, Kate Thwaites & Janine Davies

Implementation of the Victorian Clinical Supervision Framework for Mental Health Nurses; the second year of implementation

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 (DHHS, 2018).

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

Peninsula Health, in partnership with the Chief Mental Health Nurse in Safe Care Victoria, 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 state-wide mental health service implementation and the development of clinical supervision for the wider mental health nursing profession.