

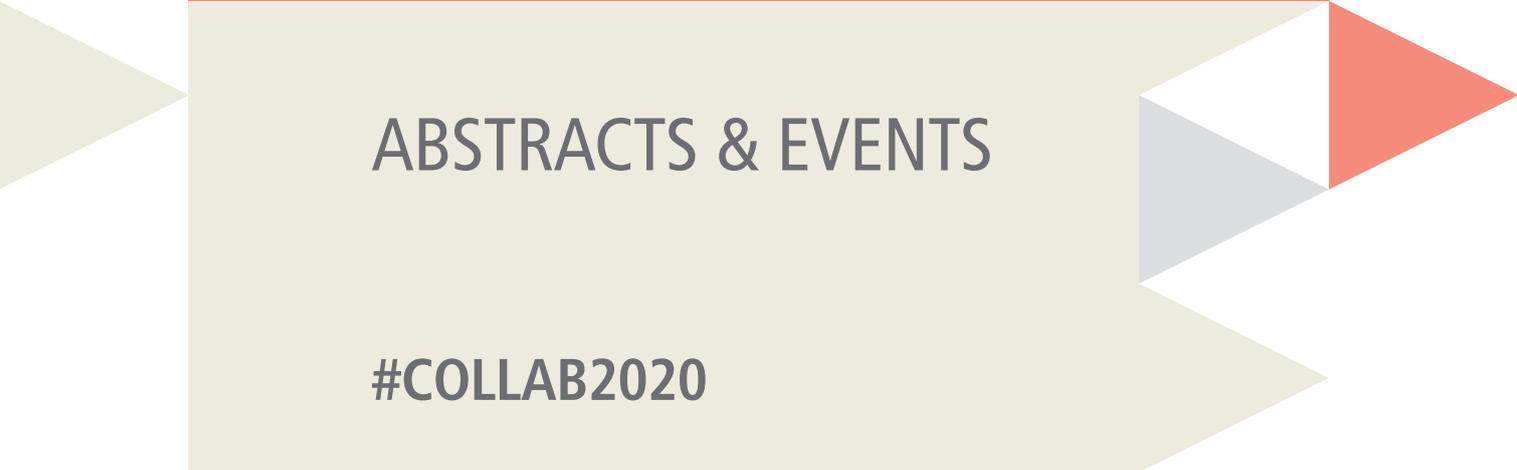


21st Victorian Collaborative Mental Health Nursing Conference

mental health nursing – keys to change



9 & 10 NOVEMBER 2020



ABSTRACTS & EVENTS

#COLLAB2020

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



KEYNOTE SPEAKERS

MONDAY 10:00 AM



Dr John Oliffe

Picturing Suicidality

The use of photovoice research has added important insights and understandings of suicidality (suicidal thoughts, plans +/- attempts). This presentation shares participant produced photographs and narratives from diverse people who have a history of suicidality. Shared are thematic findings drawn from Canadian based men and women, including people who identify as LGBTTTQQAAP, Indigenous and who are living with complex health challenges. Specifically, among diverse men who have attempted suicide themes of struggle, saving graces and managing to stay alive are mapped across participant's experiences leading up to, during and after attempting suicide. We also hear from Queer women about paths towards confiding and countering harms. Across these studies the intersections of gender and health inequities are highlighted to make available de-stigmatizing strategies and design considerations for upstream tailored suicide prevention programs. Some practical and ethical considerations specific to photovoice methods in suicidality research are also touched on in the hope of advancing the work of others in this vitally important area.

MONDAY 1:50 PM



Cath Roper

Turning 21 – Reflections on the past, hopes for the future

It's the year 2000 and the Centre for Psychiatric Nursing Research and Practice has just been successful in gaining Commonwealth funding under the *Consumer and Provider Partnerships in Health* scheme to develop a world first role for a consumer in an academic setting. Back then, what did we hope to achieve? How has the landscape changed? How have the terms of debate changed? What challenges do we face in the present and how can we use our energies for change to positively impact our collective futures? In this presentation, Cath reflects on two decades of consumer perspective at the CPN and highlights present and future challenges and hopes.

TUESDAY 10:00 AM



Anna Love

COVID19 – 2020 The year that we will never forget, but what have we learned?

The Office of the Chief Mental Health Nurse has responsibility for the development of policy and guidelines, and practice development in relation to nursing practice in Victoria and now also the MH Workforce across all disciplines. Supporting the current nursing workforce and creating a contemporary workforce for the future is a high priority. How do you do this at a time of a Pandemic and also respond to Royal Commission recommendations.

The Chief Mental Health Nurse has led a small team within the Mental Health Branch (DHHS) to respond to COVID19. It's been a steep learning curve for everyone and a time of challenges, professionally and personally as we all have lived through restrictions, 'Lockdowns', milestones missed, plans changed.

It has though been a time of change, engagement and opportunity and creativity.

This presentation shares the work, key drivers and learning's of key projects that aim to improve and support our vital workforce; and the care that they deliver.

TUESDAY 1:30 PM



Matt Ball

Collaboration: Authentic partnership or traitorous cooperation?

Reawaken Australia brought together 120 people from around the world for 5 days. One of the many meaningful actions was the production of a 'Manifesto for compassionate change'. The Manifesto identified the need for 'A great shift from a medical focus on "fixing" individuals to transforming oppressive social structures in to healing communities where all people are valued', as part of meaningful action towards change.

There is then a need for community-led responses to distress that demonstrate mutuality and connection. The processes of co-design and co-production are championed when exploring changes to mental health services, but many power imbalances remain in systems structured around legislation, professional roles and models of diagnosis and risk. When 'change' is proposed within the current systems, the risk of traitorous cooperation is present.

The *Just Listening Community* is meaningful action in shifting paradigms in mental health, trauma and addiction. Navigating authentic partnerships at point of delivery in a community-based project will be considered as an alternative to traitorous cooperation.

SPECIAL EVENTS, SOCIAL SESSIONS & WELLNESS ROOM ACTIVITIES

PANEL DISCUSSION

TUESDAY 2:30 PM



YOU CAN ASK THAT?

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

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

THE PANEL MEMBERS:



Deb Carlon
Centre for Mental Health Learning



David Barclay
Centre for Mental Health Learning



Hamilton Kennedy
Centre for Psychiatric Nursing



Vrinda Edan
Centre for Psychiatric Nursing



Fiona Nguyen
Voices Vic

LIVE MUSIC

MONDAY 01:10 PM

LUNCH



Pigeon Presents

@PIGEONPRESENTS

Having flown from the *Pigeon Presents* headquarters to musical solitude, drummer Alex Roper and guitarist Kyle Muir together have a traditional Pigeon sound but with the added flare of their own personal musical tastes. Their set has a hint of art-folk, funk and of course *Pigeon Presents* classics. You'll be sure to bob your neck to these groove based sounds.

TUESDAY 12:45 PM

LUNCH



Cam and the Ambrose with Special Guest Rudi from Russia

@camandtheambrose

Cam and the Ambrose with Special Guest Rudi from Russia, consists of Cam (vocals) and Brett (lead guitar) and Rudi on the violin. They have been playing in bars/pubs/weddings for over 8 years and love getting the party started. They look forward to a lunch time rock out with you! Don't be shy, type your song requests.

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More information, visit:
online.unimelb.edu.au/mhnp

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SOCIAL EVENTS

MONDAY 11:20 AM

MORNING TEA

Nursing Students Unite!

Hosted by Kylie Boucher, CMHL

This virtual meet and greet session is a chance for you to meet your fellow nursing students and 2020 Student Pass winners. Meet current graduate mental health nurses, as well as other experienced mental health nurses and ask them anything! You will be randomly allocated a breakout room.

TIMES VARIOUS

SEE WELLNESS ROOM TIMES

Coffee Catch Ups

Want to catch up with colleagues or make some new Collab friends?

Meet in one of our Zoom coffee catch ups and we will move you into a break out room with mates or into one at random.

MONDAY 4:00 PM

Cocktail Hour

University House will be wrapping up Day 1 of the conference with a Gin Cocktail Class. Join Belinda Wrathall, Kelly Murray, and Max Musarra as they talk you through some of their favourite gins, some at home cheats for bar ware, and how to make two of their favourite gin cocktails. If you'd like to make these cocktails along with them at home, you can use the recipe cards attached.

 unihouse.org.au

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TUESDAY 4:30 PM

Awards

Join us for some 'virtual' drinks and find out the winner/s of The First Time Presenters for 2020 and hear more live music from **Cam & The Ambrose!**



YOGA WITH NATO

Moving, breathing and stretching are essential ingredients to a healthy mind and body.

LIMITED PLACES | PRE-BOOKING REQUIRED



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MORNING SESSIONS

REGISTRATION & SIGN IN

9:00 AM

WELCOME TO COUNTRY

9:45 AM

KEYNOTE SPEAKER: JOHN OLIFFE

10:00 AM

BLOCK ONE

STREAM 1

10:35 AM

*Dying to be heard: Assessment and screening of externalising symptoms in male depression***Daniel Darmanin** ✨

Approximately 75% of individuals who take their own life are male. Despite this damning statistic, men are significantly less likely to be diagnosed with a depressive disorder. Although these statistics appear to be in direct conflict, they explicate the complexity of screening for depression and suicidality in men.

This paper will explore men's symptomatic experience of depression emphasising externalising symptoms which include, but are not limited to anger, physical and verbal aggression and risk-taking behaviours. The association between these behavioural manifestations and cultural expectations will be discussed, focussing on masculine norms including leanings towards autonomy, stoicism and invulnerability. Generic diagnostic criteria will be critiqued with externalising symptoms being proposed as key criteria in the early identification and treatment of depression in men, particularly for those who are acculturated to toxic masculinity. Given that males who subscribe to masculine norms may be reluctant to disclose prototypic depressive health symptoms, this paper will review, evaluate and propose the mainstream use of the Male Depression Risk Scale (MDRS-22) in screening men for atypical depressive symptoms in healthcare settings.

STREAM 2

10:35 AM

*Mental health service disengagement: An individual or a systemic issue?***Rachel Tindall** ✨

Since the 1900s, many countries have established and embraced early intervention services for first episode psychosis as an essential component of mental health service delivery. There is strong evidence in their effectiveness, however interventions are most successful if a person participates in them over a sustained period of time. Unfortunately, dropout rates are between 6 and 60 percent, suggesting that early intervention services are not meeting the needs of all the people using them. This presentation will discuss the findings of both a meta-synthesis of the qualitative literature, and a longitudinal, qualitative, multi-perspective study, which sought to understand why disengagement occurs from early intervention services. The findings from these two studies enhance our theoretical understanding of engagement and disengagement, acknowledging that they are active and dynamic processes influenced by multiple relational factors. Given the diagnostic uncertainty of a first episode psychosis, service delivery may be more agreeable to young people if there is greater consideration of how treatment could be provided for people with transdiagnostic mental health difficulties. This presentation will prompt clinicians, services and policymakers to consider both individual and system-wide approaches to addressing and resolving these issues.

Mental Health Nurse Capability Framework

Pauline Brandon & Sonia Macdonald ✨

In early 2019 senior mental health nurses at Albury Wodonga Health were asked to document the Mental Health Nursing Scope of Practice and develop a Mental Health Nurse Capability Framework. Achieving these goals forced some intense examination of our specialty. Achievement also meant finding a way to define and describe the specialty not only to our new and developing nursing workforce but also to our more experienced nurses. The work became a serious reflection of purpose. We asked ourselves the professional existential question: what does it mean to be a mental health nurse? And then, why are we proud to call ourselves mental health nurses?

To answer these questions we had to find reference points, identify our challenges, look for our blind spots and delve into places not visited for a long time. What was achieved is a practice tool that facilitates deeper reflection, engagement and communication between nurses, nurse managers and clinical leads; engagement with the evidence-base and development of a common wisdom amongst teams; and demonstration of the specialty to non-mental health nursing colleagues.

WELLNESS ROOM

10:35 AM

Yoga with Nato

LIMITED PLACES | PRE-BOOKING REQUIRED

Moving, breathing and stretching are essential ingredients to a healthy mind and body. Enjoy Nathan's desk yoga to activate your energy, increase your awareness and strengthen your focus!

Nathan has trained in Ashtanga Yoga (from Mysore, India); Yin Yoga (with Kung Fu master Paulie Zink) and has a Cert IV Diploma in Clinical Pilates as well as studying Myofascial Referral Technique under Dr Ryan Whelton.

BLOCK TWO

STREAM 1

11:00 AM

Perfect Partnership: Paramedics and Psychiatry. The Innovation of PROMPT

Justine Maggs, Karen Bourke-Finn & Lidia Laven ✨

In recent years, mental health services have noticed an increase in presentations by clients with mental health issues to Emergency Departments. Ambulance Victoria (AV) also noticed a significant increase in calls to 000 often requiring little medical intervention, but rather mental health input. Barwon Health's Mental Health Drug and Alcohol Service (MHDAS) and Ambulance Victoria (AV) sought to achieve a shared response, aligning the key strategic priority shared by both organisations: "right care, right place, right time", the Pre-hospital Response of Mental Health and Paramedic Team (PROMPT) pilot program (PROMPT) was conceived.

The PROMPT crew, a Barwon Health senior mental health nurse and an AV paramedic, respond in an unmarked car to patients experiencing low acuity social or mental health issues, enabling a comprehensive mental health assessment and care plan to be formulated in the privacy of the person's home. PROMPT are dispatched to patients referred from either a paramedic crew on scene or through the 000 call centre. Success has been noted in various forms; providing treatment for clients in the most appropriate setting for their level of distress, reducing unnecessary transport to hospital, facilitating direct inpatient admissions and enhancing relationships between AV and mental health clinicians.

*Literature Review on Perinatal Depression among Women with Migrant Background***Jenny (Li) Gan** ✨

Background: Perinatal depression (PND) is worldwide prevalent with high incidence rate and associated adverse outcomes. The relationship between race, culture and PND are complex with varied presentations. As migrant women are at reported higher risk of mental health disorder, there is a need to address the perinatal experiences of this vulnerable population with particular needs.

Purpose: Explore PND prevalence, risk factors, PND screening tool for this group of population; Provide implication for early identification, intervention and culturally appropriate practices.

Methods: A scoping review is conducted with systematic literature search using four databases. Articles met the selecting criteria are assessed and reviewed for data extraction.

Results: 43 studies have been found and out of which 10 are selected based on inclusion and exclusion criteria. Migrant women are at higher risk to develop PND symptoms and less likely to seek for help. The identified risk factors include past history, social isolation, language barriers, financial insecurity etc. There is a lack of culturally specific PND screening tools for women with a cultural diverse background.

Conclusions: Migrant women are more prone to develop PND symptoms and related adverse outcomes. More culturally sensitive PND screening tools need be developed. Further research need to focus on reducing barriers to access mental health services for this group of people.

*Question & Answer Session***Dr John Oliffe**

A chance to ask questions of our Keynote Speaker. Limited places available.

Delta Therapy Dogs

LIMITED PLACES | PRE-BOOKING REQUIRED

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

Delta Society Australia is a national non-profit organisation. They believe that the human-animal bond improves our quality of life and leaves lasting paw prints on our hearts and a more enriched and fulfilled life for dogs as well.

Nursing Students Unite!

HOSTED BY KYLIE BOUCHER, CMHL

This virtual meet and greet session is a chance for you to meet your fellow nursing students and 2020 Student Pass winners. Meet current graduate mental health nurses, as well as other experienced mental health nurses and ask them anything! You will be randomly allocated a breakout room.

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BLOCK THREE

STREAM 1

11:35 AM

Victorian mental health nurses' stories of resilience in practice

Kim Foster

Resilience is a process of positive adaptation to adversity; however, little is known about how mental health nurses' resilience is reflected in their practice. This presentation describes the findings of a qualitative study which aimed to explore Victorian mental health nurses' experience of resilience in their practice. Nurses were from metropolitan and regional areas and worked in primary health, inpatient and community settings. Twelve nurses told multiple stories of challenging situations they encountered in their practice including aggression and violence, suicidality, and acutely unwell consumers.

Nurses drew on a range of personal and professional resilience strategies to manage these situations, including maintaining personal self-care to support their wellbeing; regulating their emotions and managing their thoughts; engaging in effective collegial communication; accessing senior colleague support and advice; drawing on supportive personal and professional relationships to reflect and debrief; using peer and/or clinical supervision; and actively seeking professional development and specialist education. Encouraging a growth mindset in nurses and providing organizational and professional resources to develop their resilience may improve the quality of professional practice and strengthen the experiences and outcomes for mental health consumers.

STREAM 2

11:35 AM

Nurses as Therapists: The dual role as a nurse and therapist in a community based child and youth eating disorder program

Debbie Prout

The Eating Disorder Program at Alfred CYMHS is a unique innovative service in Australia. The program has truly embedded integrated care by establishing collaborative partnerships between the nursing team, dietetics, consultant psychiatry, family therapist/mental health clinicians and a family peer worker. The model sets out a key role for nurses in both physical health monitoring, as well as a therapist function. We would like to share with you the how the Eating Disorder Consultation Team has been able to reduce fragmented community care, by providing every new family where there are concerns around a young person's eating behaviours with comprehensive therapeutic input from the entire team, including a nursing review, at the first family session. Our hope is to offer the model with the message that public health services can invest and dedicate resources to a program that provides families with multiple expertise in one single meeting. We are not aware of any other CYMHS in Australia that has been able to integrate such a cohesive and sophisticated nursing model. This is truly an example of innovated, co-designed care.

STREAM 3

11:35 AM

A 12 Month Implementation Pilot of the Victorian Clinical Supervision Framework for Mental Health Nurses

Stuart Wall, Janine Davies & Kate Thwaites

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

In 2018 the Office of the Chief Mental Health Nurse (OCMHN) in partnership with other stakeholders including experienced Mental Health Nurses and nurse academics developed a framework for clinical supervision for Mental Health Nurses (Department of Health and Human Services, 2018). The framework outlines the Department of Health and Human Services' commitment to support Mental Health Nurses to provide safe and effective care through high quality clinical supervision.

As the successful pilot site, Peninsula Health Mental Health Service has created a model to embed the framework for clinical supervision at an organisational level. This work is being completed in partnership with the Office of the Chief Mental Health Nurse, Centre of Mental Health Learning and the Centre for Psychiatric Nursing.

This presentation will discuss key findings and recommendations from the 12-month pilot program which will inform future Victorian service implementation and the development of clinical supervision for the wider Mental Health Nursing profession.

WELLNESS ROOM

MONDAY 11:35 AM

Kami Origami with **Chieko Yamzaki Hester**

LIMITED PLACES | PRE-BOOKING REQUIRED

Origami is an ancient cultural discipline, reflective of both complexity and simplicity of nature and the world around us. It teaches mastery of techniques takes practice, patience and time. Chieko's Origami pieces are based on tradition, she's influenced by her desire to combine both Eastern and Western design aesthetics. She has been doing Origami since her childhood in Japan. If possible please prepare 3-4 sheets of origami paper around 15x15cm in size and a pair of scissors.

BLOCK FOUR

STREAM 1

12:00 NOON

The true cost of working with compassion: Compassion fatigue in mental health nurses

Cameron Marshman ☆

Compassion fatigue is the emotional cost mental health nurses pay for working with compassion. Compassion is often a key value of healthcare organisations and the individuals that work within them. As mental health nurses we pride ourselves on working with compassion alongside consumers on their recovery journeys. In order to continue working with compassion it is imperative to recognise the potential costs.

The aim of the research is to understand the prevalence and experience of compassion fatigue within MH nurses.

A mixed methods systematic review on compassion fatigue within mental health nurses has been conducted. Seven databases and grey literature have been searched with qualitative and quantitative data extraction, analysis and synthesis.

This research has significant implications for recruitment, retention and clinician wellbeing programs at undergraduate, individual and organisational levels. The results will promote discussion around the role of compassion within mental health, the cost of working with compassion and how to reduce emotional stress for clinicians.

This will have significant impacts on the way mental health nurses work, improving the therapeutic relationship and recovery outcomes for consumers.

Mental Health Advice and Referral Service – Your friends at the court

Onder Mete & Kellie Holopainen ✨

The Mental Health Advice and Referral Service (MHARS) consists of local area mental health clinicians based at the Magistrate's Court. These clinicians provide a service to all users of the courts whilst acting as a point of liaison between area services, the courts, police and Forensicare. This comes in the form of completing mental health assessments for court users and/or their families, preparing reports detailing psychiatric history and involvement with services, assisting correctional services in considering mental health conditions as part of community correction orders, acting as a point of contact between a range of services, and more. Across the mental health system, inpatient nurses and case managers work extensively with consumers that have had, or continue to have, contact with the criminal justice system. Anecdotal feedback is that, aside from knowing MHARS are at the courts and when/how to contact them, there is little understanding of the role and the work that these clinicians do.

This presentation is about the MHARS role, what MHARS clinicians have learnt about the legal system as it pertains to our consumers and why as a mental health nurse, your local MHARS clinician should be your best friend and #1 on the speed dial.

Mental Health Intensive Care - Creating a culture of engagement

Kate Thwaites, Julie Anderson, Frances Sanders & Shingai Mareya

Over the past two years and in partnership with consumers, carers and mental health clinicians, the Victorian Chief Mental Health Nurse developed the Mental Health Intensive Care (MHIC). The MHIC represents a shift in understandings of care and engagement when people are at their most vulnerable, moving from a culture of control to a culture of care. This work intends to enhance and complement existing Victorian Chief Psychiatrist statutory responsibilities as well as compliment initiatives such as Safewards Victoria, the Framework for recovery-oriented practice and Working together with families and carers. The implementation of the framework will create a specialised workforce with advanced skill to support the most vulnerable consumer populations. The principles of this framework are aligned with the Royal Commission into Victoria's Mental Health System's interim report recommendations and contemporary innovation across international mental health services. This presentation will cover the following areas:

- Provide a summary of the roll out of the MHIC in service across Victoria
- Distinguish comparisons between current practice and specialised care
- Explore concepts of purposeful and individualised engagement with consumers that place their individual needs at the centre
- Provide strategies to engage and support services to embed Mental Health Intensive Care into practice.

Coffee Catch Ups

Catch up with colleagues or make some new Collab friends!

Meet in one of our Zoom coffee catch ups and we will move you into a break out room with mates or into one at random.

Introduction of Mental Health Cadet Program- Review of Competence and Confidence of Undergraduate Nurses Entering the Mental Health Workforce

Jessica Naqqash, Eloise Scott & Katherine Mubaira ☆

This presentation will review the Mental Health Cadet Program established at Eastern Health in 2020. The cadetship program offers two undergraduate students an extended opportunity, during their third year of a Bachelor of Nursing program, to work in the adult inpatient mental health setting. The role of the cadet is to engage with patients and consumers in the inpatient unit, engage in diversional activities and participate in the group program under the direct supervision of mental health staff. The program provides the cadet with opportunities to engage with consumers, carers and families to develop their communication and therapeutic engagement skills.

A pre and post evaluation tool was developed to measure the cadet's confidence through their engagement in the program. A competency tool was developed to guide the cadet's progress and competence in working in this setting.

The presentation, delivered conjointly by the Coordinator for Mental Health Transition to Practice Programs and the Cadet's will provide an analysis of the cadetship program. There will be particular reference to how cadets were supported to gain confidence in engagement skills and how engaging in the program influenced the nursing student's decisions regarding future graduate year application.

Model for understanding inpatient aggression-version for prison mental health services

Tess Maguire & Courtney Dunn ☆

An important part of preventing aggression, is understanding why aggression occurs. There are a number of theoretical models that can provide a framework to examine relevant factors related to aggression. Contemporary models explore intrinsic individual factors, as well as contextual factors. One such model, is the Model for Understanding Inpatient Aggression. This model was originally developed for forensic inpatient settings.

In recent years Forensicare (Victoria's state-wide forensic mental health service) has experienced rapid expansion of its prison mental health services. As with forensic inpatient settings, aggression is also a significant concern within prison mental health settings. The application of a model can be useful for nurses, managers and other key stakeholders (including correctional staff) to better understand relevant factors and plan care to reduce risk and improve safety.

This presentation will discuss the Model for Understanding Inpatient Aggression and a project undertaken to consider salient contextual factors relevant in mental health units within a prison setting, where additional complexities may arise due to the environment and inherent differences in approaching aggression between correctional and healthcare staff. This presentation will discuss how the model was adapted to the prison setting, how it might be applied, and possible options for intervention.

Growing Together**Theresa Meiklem, Brigid Hodgetts, Mary Hayton & Anna Bendel**

Through the Mutual Help Meetings in the Low Dependency Unit (LDU), anecdotal evidence from individuals transitioning to the LDU from the 10 bed Intensive Care Area (ICA), identified that an activity program in the ICA would be beneficial to individuals and would improve their experience of care in Unit 2. A Monday - Friday 5 session per day activity program was introduced, with four program objectives: (1) to assist individuals to transition to low dependency (2) to promote engagement with treatment and recovery (3) to relieve distress (4) to reduce the use of Restrictive Interventions. Our multi-disciplinary team, which includes peer workers and security staff, works collaboratively to provide a safe, recovery - focused, therapeutic environment in the ICA. The activity program is underpinned by a commitment to consumer participation. Individuals in the ICA are involved in the daily choice of activities; their feedback is actively sought. The program includes a range of indoor and courtyard activities and equipment is freely available. A sensory garden has been developed and is maintained as part of the program. The activity program is now successfully embedded into our ICA daily routine, and feedback from all involved has been positive.

Coffee Catch Ups***Discovery College: Bringing a Recovery College into acute and community based clinical services (Themes: Innovative Practice; Recovery Oriented Practice)*****Shelley Anderson & Andrew Foster** ☆

Recovery Colleges have developed a strong reputation globally for supporting consumers in their own unique approach to recovery, enabling staff and carers to work more closely and collaboratively with those they support and mental health organisations to rethink the way in which they offer services. Recovery Colleges are widely recognised as an innovative approach to service delivery, fostering strong partnerships between mental health services, those who work in them and those who use them. Alfred Health has had its own Recovery College (called Discovery College) for around 5 years, operating in a youth mental health service. From its success, work has begun to expand the Discovery College into the Alfred Mental and Addiction Health Inpatient Unit (one of the first projects of its kind) and Adult Community services. The presentation will give an illustration of the innovative work at Discovery College, how the college has expanded into the ward and community mental health settings and the impact it has had for both staff and consumers alike. The presenters are educators in the Alfred Mental and Addiction Workforce Development team, one from Nursing, the other a lived experience background. They'll also share some testimonials from nursing and medical staff about how it's positively influenced their practice

COVID 19 Prison Response: Mental Health Nurse Practitioner Led Clinic to support women prisoners during protective quarantine

Naushi Manzoor & Erik Meurs

The impact of quarantine during COVID 19 (Corona virus) has been extremely difficult for women prisoners at the Dame Phyllis Frost Centre. The Commissioner of Correction Victoria (CV) requested Forensicare to expand its outpatient service for these prisoners. As part of this response, the Forensicare Mental Health Nurse Practitioner has set up a weekly clinic to provide early interventions for prisoners in protective quarantine who have a known or suspected mental illness or are in prison for the first time. This paper presentation demonstrates early interventions such as mental health screening, psychoeducation, and counselling help prisoners to manage their mental health and well-being whilst being in quarantine.

A wicked problem: towards a definition of chemical restraint

Eimear Muir-Cochrane

There is ongoing international emphasis to reduce the use of all coercive practices in the care of people with a mental illness using de-escalation techniques as the first line intervention (NICE. 2005). Coercive practices include seclusion, physical, mechanical and chemical restraint. The rationale for the use of restraint is that it is only to be used as a last resort, when the safety of the person and others outweighs the risk of restraining the person and that medication and treatment are immediately provided. There is a large and growing body of research literature on the practice of various forms of coercive practices (Gerace et. al. 2014, Gerace, et al 2018, Duxbury 2019). Brophy et al (2016) also report on emotional restraint experienced by consumers when they feel constrained from expressing their views or needs as inpatients or in the community. In There is also an expanding body of work on the use and evaluation of least restrictive initiatives such as ResTRAIN and Safewards, evidenced based approaches promoting person centred care without coercion wherever possible (Bowers 2015).

Nevertheless, the use of chemical restraint remains controversial with different understandings of what it is and its' role in the care of acutely unwell psychiatric consumers. For many the term is a pejorative with only negative connotations, however restraint of psychiatric consumers continues using medication to manage aggressive and violent behaviour (Muir-Cochrane et al. 2020). This presentation discusses the complexities of issues surrounding the definition of chemical restraint in an attempt to provide clarity for clinicians, consumers and to assist researchers investigating this less investigated subject.

Coffee Catch Ups



The Centre for Mental Health Learning (CMHL) supports access to quality, contemporary learning and development opportunities for the public mental health workforce in Victoria (including consumer and family/carer workers).

The Peer Inside vision is that the Victorian consumer and family/carer lived experience (peer) workforces are valued, resourced, and supported in their work.

Live Learn Lead Collective

The live learn lead collective oversees planning & priority settings, pulse check & model learning, advocates for resources, troubleshoots, assesses emerging opportunities, sets scene for great communication and engagement. You can read more about the model [here](#).



MHRV & DHHS projects

Our team is currently working on the following projects:

- 'Access to Lived Experience Workforce perspective supervision' project with VMIA, Tandem, and the DHHS
- Organisational readiness for Lived Experience Workforces (LEW)
- Developing options for student placement support for Certificate IV in Mental Health Peer Work students

Online communities of practice

We host several online communities of practice on Basecamp (an online platform). These are online groups for those in similar roles to connect, share information and experiences, and learn together. Currently we have online communities for:

- Carer Lived Experience Workforce Network (CLEW)
- Consumer and Family/Carer Consultants or Advisors
- Consumer Perspective Supervisors
- Peer Support Workers

Supervision Database

A growing need in lived experience work is for practice supervision from those with experience working in a designated lived experience role. Given the challenges often encountered by lived experience workers it is important that provision of discipline specific, supervision from experienced workers is available. CMHL has developed a Lived Experience Supervision Database for supervisors and supervisees to connect. Check it out [here](#) to find a supervisor or to register as a consumer or family/carer supervisor.

Contact Us

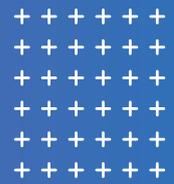


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peerinside@cmhl.org.au

Leading the way for mental health nurses in Victoria



Welcome to the 21st Victorian Collaborative Mental health Nursing Conference!

As an ongoing conference committee member and major sponsor of the conference, ANMF is excited to be involved in this year's online conference after such a difficult 2020. We hope that you are all able to network and enjoy the thought-provoking presentations.

Don't forget to enter our competition to win a day's registration to a 2021 ANMF Conference of your choice.

Nurses representing nurses

ANMF understands the nursing profession's day-to-day demands and issues. Our industrial relations organisers and professional officers must be a registered nurse or midwife with a background in workplace advocacy. The ANMF (Vic Branch) elected officials – the Secretary and Assistant Secretaries – must also be a registered nurse or midwife. ANMF's Mental Health Nursing Officer has an extensive background in acute mental health and is able to provide advice on contemporary mental health nursing practice.

ANMF has a significant number of staff with mental health nursing experience. Our advocacy for mental health nurses includes supporting members to resolve individual and local workplace issues, representing your interests in Victorian Government consultations, meetings and forums and influencing policy decisions that affect the nursing workforce.

Over the last 18 months, ANMF has worked tirelessly to ensure mental health nurses are heard in the Royal Commission into Victoria's Mental Health System consultation and implementation. ANMF understands that nurses have the expertise, skills and compassion to lead these vital reforms.

By joining ANMF you'll add your strength and voice to a more than 92,000-strong nursing union. Visit anmfvic.asn.au/joinANMF



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ANMF (VIC BRANCH) EVENTS AND CONFERENCES

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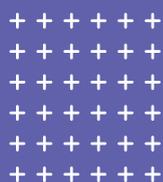
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Australian Nursing & Midwifery Federation
VICTORIAN BRANCH

BLOCK SEVEN

STREAM 1

2:25 PM

Working Towards Recovery

Justine Palmer & Beth Clark ☆

With an ongoing focus on recovery-orientated care in mental health nursing, a gap in our own patient directed discharge planning and recovery was found. Whilst the goal focus of admission was group therapies and psycho-education, there was no combined tool for patients to use to guide practice or develop relevant techniques as a resource to continue their learned strategies at home. This led to returned admissions for patients, with voiced feelings of frustration and hopelessness.

The aim of the Recovery Book, as well providing good evidence for compliance with the national standards, incorporates the learned strategies of the group therapies held in the hospital, as well as evidence based strategies for the patients to utilize as self-directed learning from the hospital groups, through to discharge and maintaining safety at home.

The book has been devised with assistance from past patients, consumer consultants, and allied health staff to ensure that all aspects of a person's individual recovery journey are supported. This book continues to be revised and updated as changing information and evidence based practice occur.

STREAM 2

2:25 PM

The significance of lived experience in mental health; consumer, carer and clinician

Sandra Alexander ☆

Unlike being taught a practical skill in nursing such as administering an intra-muscular injection, the Lived Experience Perspective (LEP) is not a skill one is able to get from textbooks or the classroom. (Byrne, Happell, Welch & Moxham, 2012). The LEP in the context of describing the consumer with lived experience can also be referred to as "Experts by Experience", (EBE) (Bocking et al., 2019). Therefore, it would be only natural to expect consumers of mental health services to be involved in the development of Mental health policies. (Byrne, Happell and Reid-Searl, 2016).

While lived experience is a term mostly used to refer to the consumer who has experienced a mental illness, mental health professionals who have experienced some form of mental illness, are also experts who have gained "Expertise by Experience" (Oates, Drey & Jones, 2017). "Prosumers" was a term in the literature that was used to describe academics and professionals not just working in mental health, but having been consumers at some stage of their lives. (Boyd, Zeiss, Reddy & Skinner, 2016).

A literature review suggests a great degree of work that has been done on the LE of the consumer (the person who has experienced a mental illness) (Bocking et al., 2019; Byrne, Happell and Reid-Searl, 2016) and the carer (the family, friends or significant other), but there is a paucity of literary work that includes the accounts of clinicians with lived experience (nurses, psychiatrists, psychologists, social workers and peer workers) (Boyd, Zeiss, Reddy & Skinner, 2016).

Despite insufficient literature in this area, some studies have explored the perceptions of academics and educators with lived experiences in mental health nursing. In this paper, the writer would like to review the advantages and disadvantages of both consumers and clinician's contribution of lived experience in promoting the mental health service design, delivery and workforce development.

How service providers and consumers experience chemical restraint: A systematic review of qualitative studies

Eimear Muir-Cochrane

Chemical restraint (CR) is the forced administration of medications to manage uncontrolled aggression or violence in people who are likely to cause harm to themselves or others. To date no systematic reviews of qualitative studies have been published synthesising the research on the experience of chemical restraint by service providers and consumers. Understanding the experience of chemical restraint from various viewpoints is important in addressing the international drive to reduce, or eliminate, coercive practices in mental health care. This presentation reports on a systematic review of qualitative studies of chemical restraint published between 1 January 1996 to 31 February 2020. The review is expected to provide information that will help form the basis for future research and practice in chemical restraint.

Kami Origami with **Chieko Yamzaki Hester**

LIMITED PLACES | PRE-BOOKING REQUIRED

Origami is an ancient cultural discipline, reflective of both complexity and simplicity of nature and the world around us. It teaches mastery of techniques takes practice, patience and time. Chieko's Origami pieces are based on tradition, she's influenced by her desire to combine both Eastern and Western design aesthetics. She has been doing Origami since her childhood in Japan. If possible please prepare 3-4 sheets of origami paper around 15x15cm in size and a pair of scissors.

BLOCK EIGHT

Effective treatment of student school refusal – A whole community approach

Dean McCaughan

School disengagement has become a major regional issue within Melbourne's South East region. Some secondary schools have experienced up to 30% of whole school chronic absenteeism. Students struggle with transition from Primary to Secondary College. Referrals into local headspace centres, and tertiary mental health services have continued to rise. The outcomes for students disengaged from school have been proven to be poor - poor academic success, poor employment prospects, disadvantaged social networks, higher risk of involvement in the forensic system, higher risk of mental health problems, and negative effects on problem solving and coping skills.

The Southern Melbourne headspace school disengagement team have developed a range of services that have shown strong evidence of efficacy through a flexible model of individual and family support, and system consultation. This support for vulnerable students is more important than ever due to the impact of Covid-19. The impact on students' mental health is concerning, with decline in mental health being reported by students, with symptoms of anxiety and depression requiring assertive treatment.

An innovative and evidenced based model comprising clinical, peer and carer support, and system consultation will be described, along with the available local evidence of the model's success to date.

Aiding Autonomy: Barriers and enablers to Supported Decision-Making

Luke Edgell ☆

Supported decision-making (SDM) is a process through which consumers are provided with the support they need to make their own choices. It is a human rights concept based around the principles of autonomy, respect, and person-centred care. In the context of mental health, SDM aims to increase the ability of consumers to make informed decisions about their care and wellbeing. It differs from substitute decision-making, where clinicians make choices on behalf of consumers, and shared decision-making, where clinicians and consumers collaborate on joint decisions. SDM represents a less paternalistic and more empowering model of care that upholds the rights, individuality, and dignity of consumers. Greater awareness and understanding of SDM assists in promoting consensual and consumer-driven treatment.

This presentation examines enabling factors and barriers to SDM. It utilises evidence-based research that includes consumer, family and carer, and clinician perspectives on the value of SDM and how it can be put into practice. Recommendations are made for maximising the engagement of consumers and clinicians in effective SDM.

Sexual Safety in Victorian mental health acute inpatient settings

Randolfo Obregon & Kate Day

The use of restrictive interventions as a risk and consequence management strategy in mental health inpatient units is often driven by the need to communally support two important groups whose needs are incompatible with each other - those at risk to cause harm, and those vulnerable to be harmed.

While innovation has supported improvements in the prevention, management, and reporting of aggression, the same for sexual safety has been slow and remained for many services a complex and vexing proposition. Defining, addressing, and appropriately escalating early warning behaviours challenge the reflexes of staff in dynamic treatment environments; the result too often traumatic and unacceptable experiences of sexual harm, and use of restrictive interventions as a first and last response.

Since 2017, the Office of the Chief Psychiatrist (OCP) and Office of the Chief Mental Health Nurse (OCMHN) have implemented a substantial quality and safety program designed to address sexual safety in Victoria's mental health services. This is comprised of:

- Mandatory Sexual safety notification reporting process enabling services to notify the Department of Health and Human Services of sexual incidents on acute inpatient units & service feedback
- Chief Psychiatrist Sexual safety committee that oversees and advised on sexual safety data analysis, with membership comprised of consumer, carer and clinical leaders, statutory and advocacy organisations
- Facility audit process for Victorian Government funded acute inpatient units in relation to sexual safety building features
- Redesign and implementation of Psychiatrist Guideline: Promoting sexual safety, responding to sexual activity, and managing allegations of sexual assault in adult acute inpatient units
- Codesign of Service Guideline for Gender Sensitivity and Safety for mental health settings

This presentation will consider the challenges that have belied sexual safety incident reporting to date, the issue scrutiny and data collection process, and learnings for governance, infrastructure, workforce capability, and opportunities for co-design of prevention and early intervention strategies that will support safety for all.

Yoga with Nato

LIMITED PLACES | PRE-BOOKING REQUIRED

Moving, breathing and stretching are essential ingredients to a healthy mind and body.

Enjoy Nathan's desk yoga to activate your energy, increase your awareness and strengthen your focus!

BLOCK NINE**STREAM 1**

3:15 PM

Innovation and adaption for an eating disorder outpatient program**Loida Dimapilis Kannah & Georgia Borrack**

The Royal Melbourne Hospital Eating Disorder Service In the year 2020 everything changed in how healthcare is provided within the outpatient and inpatient setting. The Royal Melbourne Hospital Eating Disorders Program has adapted to the restrictions placed on its model of treatment by moving to Telehealth and the online delivery of the Day Patient Program.

A reshaping of the Day Program and Collaborative Care Skills Workshop has changed the delivery of services to patients and carers suffering from an Eating Disorder. An unintended outcome of COVID has made the service more accessible to those living in regional areas of Victoria.

The traditional attendance at the Eating Disorder unit has been replaced by online services, which have mostly now been delivered via Health Direct.

Across all of the Outpatient Program overwhelming positive comments have been received from the changes implemented. They were reflected in regular feedback from both carers and users of the service.

The process of change, difficulties in implementation and the innovative solutions will be discussed. Current thinking by the Eating Disorder Team is to maintain this service in its present updated mode of delivery.

STREAM 2

3:15 PM

Improving physical health: A Health Improvement Profile in adult acute inpatient settings**Trentham Furness, Vesna Dempster, Alexis May, Trudy Brown & Kim Foster**

A mortality gap between people diagnosed with a severe mental illness and the general population has not reduced relative to improvements in health in the general population. There is an urgent need for interventions to improve consumers' physical health and life expectancy. The Health Improvement Profile (HIP) is a checklist consisting items enquiring about consumers' physical health. The aim of this study was to describe consumers' HIP outcomes in adult acute inpatient mental health settings. The study was undertaken with a descriptive observational cohort design. Data were collected for all admissions to two inpatient units over 9-months. A total of 533 consumers were admitted, of which 270 (52%) were assessed with the HIP. The proportion of consumers identified 'at risk' compared with 'not at risk' for HIP outcomes was greater for smoking status ($p < 0.05$) for all other HIP outcome measures. In addition, 60% were overweight or obese and 50% had greatly increased risk of cardiovascular diseases due to larger waist circumference. Effective use of the HIP in the units was demonstrated through a high number of assessments. Nurses working in inpatient settings should introduce a HIP to monitor physical health.

The Safewards model of care: A literature review**Antony Mullen**

This paper reports on a literature review of the Safewards model of care. Safewards was developed by Len Bowers and aims to provide improved safety for acute inpatient mental health units by minimising restrictive practices such as seclusion and restraint. This is achieved through an understanding of the linear relationship between conflict and containment. Safewards has experienced increasing worldwide interest and is being rolled out across a number of countries resulting in a number of recent publications.

Some studies have demonstrated a marked reduction in rates of seclusion, whereas others have shown no significant change. Furthermore, studies around fidelity, implementation and staff acceptance have been mixed. While positive consumer and staff perspectives are reported, opportunities exist to enhance the consumer perspective and contemporary or recovery-oriented language within the model. The evidence for Safewards while promising is still considered preliminary. It is timely therefore to conduct a pragmatic review of the literature to summarise the current understanding and outcomes to date. This paper will present the results of this literature review and will discuss areas to consider for future Safewards research. For example, the connection between the Safewards model and the consumer voice, and the implementation process need further investigation.

Coffee Catch Ups

Catch up with colleagues or make some new Collab friends!

Meet in one of our Zoom coffee catch ups and we will move you into a break out room with mates or into one at random.

How a Consumer Lived Experience worker led the re-write of the Chief Psychiatrist's Sexual Safety Guideline – Process, challenges, controversies, learnings and reflections**Sharon Williams** ☆

In 2019-2020 the Victorian Mental Health Interprofessional Leadership Network (VMHILN) was tasked with re-writing the Chief Psychiatrist's Guideline on Sexual Safety in Victorian Mental Health Inpatient Units, last updated 2012. This was precipitated by the Mental Health Complaints Commissioner's (MHCC) 'Right to be Safe' Report (2018) after receiving over 90 sexual safety incident complaints (in three years). VMHILN employed a Consumer Lived Experience Worker (LEW) to lead the Guideline project. The project reviewed and incorporated the MHCC recommendations, new legislation (e.g. Mental Health Act 2014), the Sexual Safety Notification to the Chief Psychiatrist (new 2018) and relevant literature. Informed by co-design principles, consultations were held with consumers, carers, LEWs and inpatient staff. Key stakeholder organisations and services were also consulted (e.g. CASA, Victoria Police). The LEW Project Lead drafted the Guideline, contributing own experiential knowledge of services, seeking and integrating further stakeholder feedback and navigating controversies over content that arose through differing perspectives. The Department of Health and Human Services (DHHS) had the final review. The result is a thorough, multifaceted, nuanced document that is consumer-centric, trauma-informed and sensitive to individual patient differences (e.g. gender diversity). The LEW Project Lead reflected deeply on the entire process, challenges and learnings.

Using the Physical Health Consumer Self-Assessment Form to develop a Healthy Living Group at a Prevention and Recovery Care (PARC) Unit.

Katharine Davies, Paul Pollard & Bonnie Hall ☆

Consumers of public mental health services statistically tend to live up to 20 years less than the average population and cardiovascular disease is the major cause. Life style choices, motivation, medication and side effects from these all contribute.

Presentation 1: Consumer feedback using the Physical Health (PH) Consumer Self-Assessment form. Consumers admitted to the St Vincent’s Prevention and Recovery Care, complete the Self-Assessment Physical Health Form to screen and identify areas they would like assistance with. Data from the PH Self-Assessment Form was gathered from July 2019 - June 2020. The PH Self-Assessment Form will be discussed as a tool and then what consumers indicated they wanted more support with.

Presentation 2: Developing the Health Living Group at PARC. PARC has co-designed a Healthy Living Group based on the feedback from completed St Vincent’s Physical Health Self-Assessment forms, as well as discussions between the PARC Peer Support Worker, Senior Psychiatric Nurse and Wellways Program Worker. The group is facilitated with a peer support worker and/or a subject matter expert. How the Healthy Living Group was developed will be discussed and outcomes related to this group.

Utilising the Safewards Model in a clinical supervision framework to reflect on practice and embed culture change

Rachel Gwyther & Tracey Harmer

Monash Health has been engaged in the implementation Safewards since 2015. Mental Health inpatient staff are offered a 1 day Safewards workshop, alongside local tailored in-service sessions. However, challenges arise with translating the theory of Safewards into practice. With this in mind we have endeavoured to intertwine the philosophical underpinnings of clinical supervision and Safewards, to create the concept of Safewards Clinical Supervision.

The aim of Safewards Clinical Supervision is to build the capabilities of the nursing workforce to utilise Safewards interventions in clinical practice and reduce the use of restrictive practices. This is intended to enhance consumer experiences of care and foster a culture focused on supporting safety for all.

Our intention is to evaluate the Safewards Clinical Supervision by using a mixed-methods evaluation approach. Nurses complete a modified version of the Confidence Scale by Content Domain (NASC-CDM) comparing confidence and anxiety around key aspects of Safewards practice. Nurses will be invited to participate in focus groups and asked to share their experience of Safewards Clinical Supervision. Preliminary anecdotal feedback has indicated the program is beneficial to embedding Safewards into everyday clinical practice.



Our passion is to share our knowledge and experience of Yoga and meditation and show how beneficial they are for us. While it may feel sometimes that the whole world has been put on hold, our happiness and wellbeing should not.



Meditation with **Moksha Movement**

LIMITED PLACES | PRE-BOOKING REQUIRED

The practice is 20 minutes long, starting with a brief explanation of the benefits in meditation and what technique we will be practising. Followed by the meditation and ending with a positive affirmation allowing us to think freely and positively about ourselves.

Our mindset is key to coping with difficult circumstances and facing the unknown. With meditation we can learn how to gain authority over those negative emotions and regain our happiness and well-being.

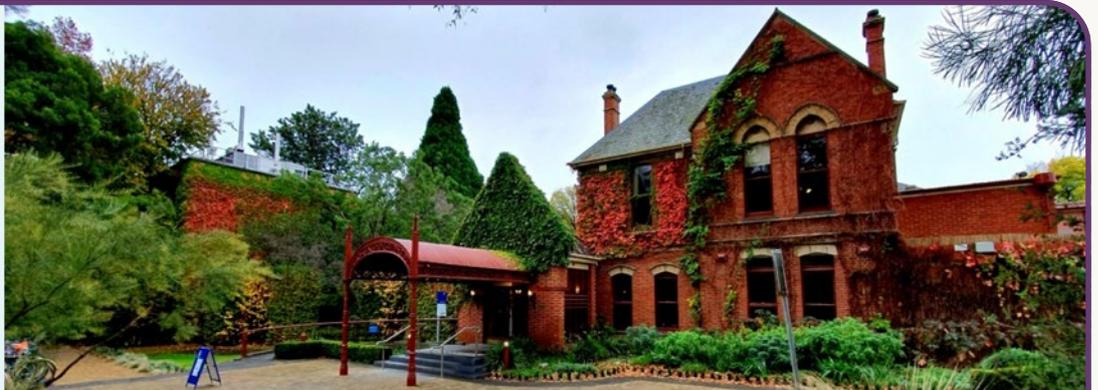
SPECIAL EVENT Gin Cocktail Making Session with University House mixologists

4:00 PM

CLOSE OF DAY ONE

University House
(Melburne)

@UniversityHouseMelbourne



UNIVERSITY HOUSE WILL BE WRAPPING UP DAY ONE OF THE CONFERENCE WITH A GIN COCKTAIL CLASS

Join mixologists **Belinda Wrathall, Kelly Murray, and Max Musarra** as they talk you through some of their favourite gins, some at-home cheats for bar ware, and how to make two of their favourite gin cocktails!

If you'd like to make these cocktails along with them at home, you can use the recipe cards opposite >

MARTINI

Recipe

Glass:

Martini Glass, chilled

Ingredients:

60ml Gin
20ml Dry Vermouth
Olive or lemon to garnish
Ice

Method:

Stir gin and vermouth over ice for 10 seconds
Starin into chilled martini glass
Garnish with olive, lemon twist, or both

Recommendations

For something traditional, try Tanqueray London Dry Gin and Dolin Dry Vermouth
For something modern, try Four Pillars Olive Leaf Gin and Maidenii Dry Vermouth

**BRAMBLE**

Recipe

Glass:

Old-Fashioned Glass, chilled

Ingredients:

45ml Gin
20ml fresh lemon juice
10ml sugar syrup
15ml Crème de Mûre (or Crème de Casis)

Method:

Pour Gin, lemon juice, and sugar syrup into cocktail shaker
Shake well with ice and strain into chilled old fashioned glass filled with ice
Pour blackberry liquor (Crème de Mûre, Crème de Casis) over top of the drink
Garnish with a lemon slice and blackberries (optional)

Recommendations

For something traditional, try Tanqueray London Dry Gin and Massenez Crème de Mure
For modern Australian, try Melbourne Gin Company (MGC) Dry Gin and Marionette Crème de Mure





Morgan
ACU graduate

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ACU's mental health programs have been developed specifically for allied health professionals in regular contact with people facing mental health issues.

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- **COVID-19 support** for family and friends, **wellbeing activities & links to official information** about the pandemic
- Latest **eNews** updates from family and friends in mental health
- Register for our fortnightly **online & phone meeting 'Tandem Time'**
- **Share your story** or become a **Family Ambassador** to advocate for a better Victorian mental health system
- Attend our weekly **Live Guided Meditation** at 12pm every Thursday at facebook.com/tandemcarers
- Join our **C.R.A.F.T. activity (Crochet Remotely Along with Friends at Tandem)** to make a wall hanging to be launched after COVID-19

tandem  representing Victorian mental health carers



MORNING SESSIONS

WELCOME Harriet Shing MP – Parliamentary Secretary for Mental Health 9:45 AM

KEYNOTE SPEAKER ANNA LOVE 10:00 AM

BLOCK ELEVEN

STREAM 1 10:35 AM

A story of Aboriginal intergenerational resilience

Adrienne Lipscomb ☆

Storytelling has been a way Aboriginal people have passed on knowledge for over 60 000 years. By sharing my family's story of being Aboriginal in Australia, I hope to create greater understanding of how trauma travels down family lines into present day. While this story is one family's it echoes many other stories of trauma and resilience experienced by Australia's First Nations people.

I am a proud Wiradjuri woman. I have worked as a mental health nurse for over ten years and am passionate about understanding and minimising the impact of trauma on a person's social, emotional and physical well-being.

Through my Cultural journey, these learnings helped me appreciate the devastating impact of Colonisation in creating a historical and collective trauma that continues to impact Aboriginal and Torres Strait Islander people today. The impact is seen in high incarceration rates, poor physical and mental health and children being removed at 10x the rate of non-Indigenous children. These personal and collective stories have a place in the reconciliation and healing process and are important for displaying the strength and resilience of our people. Storytelling has an important role in the journey toward greater understanding and healing among Aboriginal and non-Aboriginal people

STREAM 2 10:35 AM

Supporting parents and children during a hospital stay

Shelley Anderson & Alice Morgan

Family members are affected differently when a parent has mental illness. When someone goes to hospital, parents, children and carers face new challenges. It can be a confusing and worrying time. Hospital staff play a key role in supporting parents with mental illness with their inpatient stay, ensuring they receive support, information and resources. This presentation will showcase some of the ways Alfred Health Inpatient unit does this including a book for children, information on parenting with mental illness, designated areas for visiting and knitted toys to encourage connection between parents and their children.

Simple ways nursing and allied health staff can support parents with mental illness and their children whilst in hospital will be outlined, along with other resources for families and professionals.

Complaints, driving choice for consumers**Emma Bohmer & Kaaren Dahl**

The Mental Health Complaints Commissioner (MHCC) is an independent, specialist body established under Victoria's Mental Health Act 2014 to safeguard rights, resolve complaints about Victorian public mental health services and recommend improvements.

Complaints show that consumers often do not feel supported to make decisions about their treatment, with one of the most common issues raised in complaints being that people do not feel their views and preferences about treatment are taken into account. When people make these complaints to the MHCC, we work with consumers and services to resolve their concerns in ways that support the implementation of supported decision making.

This presentation will look at what the MHCC has learned from complaints about these issues, including that focusing practice on principles of supported decision making and trauma-informed care provides opportunities to improve people's experiences of mental health treatment. This includes opportunities to reduce the rate and duration of use of coercive forms of treatment (compulsory treatment and restrictive interventions), and to provide more satisfying ways of working for staff working in mental health services.

The presentation will also highlight how complaints can build capacity within individuals, carers, families and services to better enable consumers to make informed decisions about their treatment.

WELLNESS ROOM**TUESDAY 10:35 AM****Yoga with Nato**

LIMITED PLACES | PRE-BOOKING REQUIRED

Moving, breathing and stretching are essential ingredients to a healthy mind and body.

Enjoy Nathan's desk yoga to activate your energy, increase your awareness and strengthen your focus!

BLOCK TWELVE**STREAM 1****11:00 AM****How has the Support Group made an impact on client's recovery at East Bentleigh Community Care Unit, Monash Health****Kunasagaran Marimuthu & Bradley Morton** ☆

Joining a group of strangers may sound intimidating at first, but support group sessions, provides benefits that individual therapy may not. Support group always surprised by how rewarding the group experience can be. Groups can act as a support network and a sounding board. Often members of the group help to come up with specific ideas for improving a difficult situation or life challenge. Many people experience mental health difficulties, but few speak openly about them to people they don't know well. Client stated that they have learned new skills and strategies from the support group. Diversity is another important benefit of support group.

People have different personalities and backgrounds, and they look at situations in different ways. This will assist the client to tackle problems in different ways.

Vicarious learning is another aspect that benefit the group. Survey had revealed that support group held in CCU had benefited and change their perception in handling their own emotions and behaviour

Mental Health Nurses in Primary Schools? What can we do?**Fiona Morris & Catalina Tulande** ☆

The CYMHS and Schools Early Action (CASEA) program is a part of the Early Intervention Mobile Outreach Service at the Alfred Child and Youth Mental Health Service. CASEA is a primary school based program designed to help children, families and schools with children's social, emotional and behavioural development largely targeted at the prep to grade 4 population.

Why? Surely children are resilient and will just "get over it" right?! The experiences of a child's first few years shape the architecture of the brain. A child's relationships with parents, caregivers, teachers and peers are especially significant in providing a strong basis for supporting positive mental health. Good mental health and wellbeing is important to enable children to thrive across the early years and into adolescence and young adulthood. Investing in prevention and early intervention gives children the best opportunity for achieving this and avoiding adverse mental health outcomes in later years.

What we know: The effectiveness of early intervention is poorly recognized in the current system and schools and early childhood services are generally ill-equipped to identify problems early and intervene effectively. Additionally, the child mental health services in Australia that do exist can struggle to bridge the gaps between health and education settings.

Bringing Advance Statements to life: The experiences of consumers**Vrinda Edan**

Advance statements are an important component of the 2014 Victorian Mental Health Act, however little is known about their efficacy and statistics show a very low uptake by consumers. Research internationally has focused on the implementation of advance statements and directives, and the experiences and thoughts of staff in regards to these instruments. This PhD study seeks to explore the experiences of consumers who have had an advance statement and then a compulsory inpatient admission. This presentation will provide a background to these and other like instruments as well as preliminary results from interviews with consumers

Coffee Catch Ups

Catch up with colleagues or make some new Collab friends!

Meet in one of our Zoom coffee catch ups and we will move you into a break out room with mates or into one at random.



VICTORIAN MENTAL HEALTH INTERPROFESSIONAL LEADERSHIP NETWORK



We are a Community of Practice that unites existing and emerging leaders from the lived experience, nursing, allied health and medical workforces in Area Mental Health Services (AMHS). We have a collective wisdom, a range of skills and experiences and a joint commitment to leading change for Recovery.

We meet bi-monthly to share ideas, knowledge and resources. We continue to develop the leadership of our members through ongoing professional development and sharing our leadership skills and knowledge. We pride ourselves on connecting our members with policy makers and collaborating with related sectors. We have led statewide projects on cross-sector work and we have led the rewrite of three Chief Psychiatrist guidelines.

To find out who your AMHS members are and to inquire about joining you can contact VMHILN@cmhl.org.au

For more information about us, go to www.vmhiln.org.au



Centre for Psychiatric Nursing



The work of the CPN is achieved through strategic partnerships and the combined expertise of our staff team. The CPN works in partnerships with MH nurses, leaders and key stakeholders. Collaborations with consumers, academics, individuals, universities and organisations in the mental health sector, and with interested people across the communities of Victoria let us work on enhanced MHN practice.

Since its inception in 1999 the CPN has contributed expert advice and synthesis of evidence to support policy development and enable innovation, evidence uptake and understanding amongst practicing MH nurses and other workforces, educators, students, consumers and families, policy makers and service leaders.

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Effect of recovery-based interventions on knowledge and attitudes of mental health professionals, including mental health nurses regarding recovery-oriented practice: A quantitative narrative review

Anju Sreeram

Mental health recovery is an enabling process encouraging consumers to live a productive life, notwithstanding the presence of debilitating symptoms of illness. The recovery model has been integrated into all areas of mental health. However, literature shows that mental health professionals, including, mental health nurses, are not equipped to provide recovery-oriented practice. Researchers have recommended that recovery-based interventions will be effective to promote recovery-oriented practice in mental health. Therefore, the purpose of the current review is to understand the effectiveness of the interventions on recovery knowledge and attitudes of mental health professionals, including mental health nurses regarding the recovery-oriented practice. The papers were identified through the Population Intervention Comparison and Outcome strategy. The heterogeneity of the selected papers led to a narrative review instead of a systematic review with meta-analysis. The analysis suggested that all recovery-based training is effective in enhancing the recovery knowledge and attitudes of mental health professionals, including mental health nurses. The limitations of the studies were the heterogeneity of the selected populations and the absence of strong methodologies to assess the exact effect of the interventions. Therefore, future investigations should be focused on the effect of the interventions on a homogeneous group using randomised controlled trials.

Bala Clinic – Implementing a Physical Health Clinic in a Regional Child & Adolescent Mental Health Service

Sheeraj Moorolia & Samantha Dunham ☆

As Registered Psychiatric Nurses (RPNs) working within an Early Psychosis Service in CAMHS we have been aware for some time the importance of physical health care in mental health wellbeing.

Keeping this in mind we knew we needed to do better for our clients. We commenced a weekly Physical Health Clinic. This is an RPN-lead Clinic where we provide psychoeducation about physical health to clients and complete the metabolic monitoring chart. We use case management time to ensure our clients were receiving this at least monthly. We commenced this clinic in July 2020 and completed a pre-audit utilizing metabolic monitoring tool with the hope of improving our practice and having evidence to measure this.

Whilst implementing this clinic we have come across many challenges, particularly due to Covid19. However, in quite a short amount of time we have also observed multiple positive outcomes in addition to our clients receiving consistent physical health monitoring. Our goal is to establish this clinic as common practice within our Mental Health Service to provide better outcomes for the physical health care of those receiving mental health treatment.

Cultural adaptation of the mental health first aid guidelines for depression used in English-speaking countries for China: A Delphi expert consensus study

Shurong Lu

Background: Most people who meet the criteria for a diagnosis of depression in China do not receive treatment. Family and friends can play a role in recognising the signs of depression and encouraging the person to seek treatment. However, many of them may lack the knowledge and skills to offer such help. The aim of this study was to culturally adapt the existing English-language mental health first aid (MHFA) guidelines for helping a person with depression to the Chinese context.

Methods: A Delphi expert consensus study was conducted, in which two Chinese expert panels of mental health professionals (with experience in the field of clinical management of depression, n = 37) and consumers and carers (with lived experience, n = 30) rated the importance of actions that could be taken to help a person experiencing depression in mainland China.

Results: Data were collected over 3 survey rounds. In the 1st round questionnaire, 175 statements translated into Chinese from the English-language guidelines were presented to the expert panels and 12 new statements were generated from panellists' comments. Of these 187 statements, 173 were endorsed for inclusion in the adapted guidelines for China.

Conclusions: Although the adapted guidelines were still quite similar to the guidelines for English-speaking countries, they also incorporated some new actions for the Chinese context, including those relating to different ways of respecting the autonomy of a person with depression and the role of their families. Further research is needed to explore the use of these guidelines by the Chinese public, including how they may be incorporated in Mental Health First Aid training.

Kami Origami with **Michael Assis**

LIMITED PLACES | PRE-BOOKING REQUIRED

Origami is an ancient cultural discipline, reflective of both complexity and simplicity of nature and the world around us. Combining together both art and science, Michael Assis will lead you into the fantastical world and aesthetics of Origami. If possible please prepare 3-4 sheets of origami paper around 15x15cm in size and a pair of scissors.

BLOCK FOURTEEN

Codesigning Lived Experience Workforce Collaborative Structures during a Pandemic

Lorna Downes & Philippa Hemus ✨

The CMHL vision is “to be the centrepiece for mental health learning in Victoria; leading and driving innovation that strengthens and sustains a flexible, curious, knowledgeable and recovery-focused workforce”. In order to make this vision a reality the CMHL needs to be regularly collaborating with each of the disciplines that comprise the mental health workforce to understand the learning and development priorities.

Unlike longer established disciplines in mental health, consumer and family/carer lived experience workforces (LEWs) do not have professional bodies to represent their interests, and define, develop and promote their work, therefore it was imperative that CMHL establish structures by which the LEW

can provide expertise and leadership with regard to their workforce development needs, as well as the learning and development of the broader mental health workforce.

This presentation will reflect on the process CMHL decided on to codesign and establish CMHL LEW collaboration and leadership structures, how this was transformed to an online process in response to COVID 19 restrictions. This presentation will also reflect on practical application of the model and values developed.

STREAM 2

12:00 NOON

Development of Clinic Practice Nurse role within headspace Youth Early Psychosis program

Sylvia Ryan ✨

A new role was developed for a Clinic Practice Nurse within the recovery program at the headspace Youth Early Psychosis Program (hYEPP) in South Eastern Melbourne.

The scope of this role is to work within the multidisciplinary teams of hYEPP to support the physical health care and needs of young people. This includes to ensure headspace early psychosis clients have regular physical health screens and metabolic pathology, and coordinating this upon entry, review and discharge from service. The role also includes clozapine coordination, eating disorder assessment, and development of immunisation program.

Poorer physical health can lower life expectancy. Although younger consumers are less likely to be diagnosed with a physical health issue, lifestyle factors such as smoking, inactivity and poor diet can be present. Common side effects of psychotropic medications increase cardio-metabolic risks. Limited screening reduces opportunities for early intervention.

This paper presents on the establishment of a new role and the measures being taken to develop the position and improve screening of young people within hYEPP.

STREAM 3

12:00 NOON

Nursing Education to enhance Culturally and Linguistically Diverse (CALD) community access to mental health services in Victoria

Reshmy Radhamony ✨

Literature reveals that people from CALD communities can be disadvantaged in terms of mental health service access and the appropriateness of the health care they receive following access. Barriers such as language, cultural differences, and a lack of cultural sensitivity by mental health nurses limit the quality of care provided to people from various non-dominant cultures. This also restricts nurses' opportunities to enhance their knowledge and skills by learning from others. Improvement in the knowledge of health workers regarding mental health service provision and cultural responsiveness will result in the enhancement of CALD community access.

Taking a multiple methods approach, this study will undertake a gap analysis to inform the mental health service needs of people from CALD communities and barriers to service access. We will develop, implement, and evaluate an education package regarding cultural awareness and responsiveness for mental health nurses working with people from CALD communities in Victoria

The study aims to improve culturally appropriate experiences of mental health services, service access, and satisfaction for consumers and nurses to develop more excellent knowledge, confidence, and competence about the needs of people from CALD backgrounds.

Taboo Trivia with Ham & Rory

LIMITED PLACES | PRE-BOOKING REQUIRED

Strap yourselves in for a wild quiztastic ride!

Hamilton & Rory are ex-patients, not a nurses, but they do work at the Centre for Psychiatric Nursing. They have never won pub trivia, but have once come second. This time they're trying on the Quizmaster's hat to see if they are any better at doing that – but as the old adage goes, those that cannot do, become quizmaster!

Prizes sponsored by HACSU

BLOCK FIFTEEN**STREAM 1**

12:25 PM

The impact of shared power within the Office of the Chief Mental Health Nurse – Combining nursing, consumer and carer and public service knowledge and expertise to design and translate policy

Randolfo Obregon, Kate Thwaites & Julie Anderson

The Leadership, Innovation, Nursing, Consumer, Carer and Services (LINCCS) team is an interdisciplinary team comprised of mental health nurses, lived experience advisors and department officers within the Office of the Chief Mental Health Nurse (OCMHN). Collectively, we have 100+ years' experience in mental health nursing, advocacy and government business.

We codesign and translate policy into practice, provide expert advice and guidance to mental health services, consumer and carer organisations, government agencies and professional bodies. Combining nursing, lived experience and public service knowledge and skills, we test and implement innovative ideas, consult broadly across clinical, consumer, carer and organisations and bring information and issues to the department for action and response.

The LINCCS team today represents one of the ways the Mental Health and Drugs Branch (MHDB) continues to evolve to privilege lived experience leadership alongside clinical expertise in the delivery of government business. This includes design and implementation of policy, quality and safety improvements and promoting innovation within Victoria's Specialist mental health services.

We influence the status quo by incorporating lived experience and nursing knowledge and advice in all aspects of service design, operation, management, quality assurance, monitoring and evaluation. We also support the design of mental health workforce development initiatives.

This presentation will provide an overview of the organisational conditions, team culture and supports that in place to privilege lived experience expertise in conceptualising and delivering the work of the Department of Health and Human Services. The presentation will share the showcase the achievements and learnings along the way, in the creation of a team of nursing, lived experience and government leaders that:

- operates from a shared power base
- model the working relationship within government and with mental health services
- hope to inspire service administrators to replicate this working relationship in their workplaces.

Implementing a physical health intervention for young people with Dual Disability**Annie Tran Nguyen** ☆

The physical and mental health of young people are inextricably linked, and this statement may be more imperative for the dual disability population, where differences in communication, behaviour or social reciprocity may create a barrier which can be difficult to overcome using standard practices and interventions. The development and implementation of a nursing specific physical health screen aimed at young people with intellectual disability was guided by the principle set out by the United Nations that “persons with disabilities, particularly infants and children, are provided with the same level of medical care within the same system as other members of society”. Despite this, mainstream health services often do not have the resources nor training capacity to cater to this population, leading to a life expectancy of up to 20 years less when compared to the general population. This statistic is further complicated by co-morbid mental health conditions, and the prescribing of antipsychotic medication, which is highly prevalent in dual disability. Through the early stages of this project, some key areas for consideration were identified that I would like to share with you all, to further support the health and wellbeing of this population, safely and effectively within the community.

Regional community mental health nurses experience and understanding of e-Mental Health**Paula Duffy** ☆

Internationally there is an increasing prevalence of mental health concerns in society. Addressing this increasing demand, e-mental health applications have been developed, and proven as effective as face-face treatment for some disorders. To maximise the potential benefits of e-mental health, an understanding of the mental health nurses perspective is integral to ensure the uptake of e-mental health is maximised, as the mental health-nursing workforce are the largest mental health workforce providers.

The overall aim of this thesis, was to capture an understanding of regional community mental health nurses experiences and understanding of e-mental health, as the mental health-nursing workforce are the largest mental health workforce providers. A multiple case study approach was used.

Overall, there is adequate e-mental health resources available. However barriers of inequitable distribution of resources, unreliable equipment, assumed staff knowledge and lack of policy was prevalent. E-mental health was used routinely by staff to communicate. This was a result of limited technological infrastructure in the workplace or poor understanding of e-mental health and the associated lack of technological skills.

Major funding, corporate and clinical leadership, adequate infrastructure and routine education and training for staff are all required to assist with embedding e-mental health routinely into clinical practice.

Delta therapy Dogs

LIMITED PLACES | PRE-BOOKING REQUIRED

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

Cam & The Ambrose with Special Guest Rudi From Russia



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Barwon Health: Careers in Mental Health
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OUR VALUES / RESPECT / COMPASSION / COMMITMENT / ACCOUNTABILITY / INNOVATION

BLOCK SIXTEEN

STREAM 1

02:05 PM

Clinical Nurse Consultants: supporting the workforce on inpatient units in delivering enhanced recovery orientated practice**Elia Barresi, Nkathazo Nkomo, Maree Ford & Shingai Mareya** ☆

The Victorian Government introduced 31 clinical nurse consultants (CNC) positions on inpatient units across Victorian Mental Health Services. Since 2019, these roles have integrated to inpatient teams and become leaders in improving clinical practice, translation of policy into practice and a source of expertise to nursing staff.

The CNCs support the translation of Government policies and frameworks such as Safewards, Equally Well: Physical health and Mental Health Intensive Care Framework. These roles contribute towards well-supported and adequately skilled staff teams and importantly, enhance the provision of recovery orientated practice which will significantly contribute towards eliminating restrictive practices.

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

This presentation will cover the following:

- Context and back group of the CNC project
- Experience of the clinical nurse consultants when commencing in the new roles
- Impact of the new roles on IPUs
- Progress of initiatives and frameworks that the CNCs lead
- Sustaining the ongoing delivery of recovery orientated practices on IPUs.

STREAM 2

02:05 PM

Findings from the adaptation and trial of the Health Improvement Profile in public mental health**Trudy Brown & Alexis May** ☆

To be presented is the findings recently published in the Journal of Psychiatric and Mental Health Nursing. As mental health nurses who focus on the physical health needs of service users, it became apparent there was a need to increase detection and intervention to improve the physical health of mental health service users. The evidence based Health Improvement Profile (HIP) was developed in the United Kingdom a number of years ago and was identified as having potential for adaptation and use in Australia. The authors of this paper adapted the tool to Australian recommendations and trialled its use in both community and inpatient settings. During the two month trial period both clinicians and service users were surveyed on their opinion of the tool. Completion rates and findings of the HIP tools completed were published in the journal and will be discussed during this presentation. Overall, the journal article clearly identifies the HIP as a suitable and workable screening tool in the Australian setting.

Supporting Communities of Practice (CoP) and online collaboration in mental health
Rosemary Charleston, Kylie Boucher & Lorna Downes

The Centre for Mental Health Learning (CMHL) is the central agency for public mental health workforce development in Victoria. The CMHL commenced in 2018, and has consulted widely with a broad range of stakeholders, prioritising the mental health workforce, to understand the needs and gaps in workforce learning, development, and support in Victoria.

One of the key themes that emerged from initial sector consultations was the need to better connect the workforce. A core function of CMHL is to strengthen sector engagement and communication; utilising online ‘Communities of Practice’ is one strategy to facilitate this collaboration, sharing, and connection.

The platform being used to support this is Basecamp. This platform allows groups of people to come together to share ideas, projects, resources, and innovation.

Some lived experience workforce (LEW) groups had been established previously, with CMHL supporting those, and also now the creation of new groups (current total 20); examples include Family/carer LEW and research, graduate nurse coordinators, allied health education development, and other statewide groups that previously existed but sought other ways to support their work.

This paper describes the platform used, the advantages of this medium, and feedback from group members regarding the benefits of using this approach.

SPECIAL EVENT – PANEL DISCUSSION

Yes. You can ask that

What have you always wanted to ask a consumer?

PANEL MEMBERS: Deb Carlon, Hamilton Kennedy, Fiona Nguyen, David Barclay & Vrinda Edan

WELLNESS ROOM

Meditation with Moksha Movement

LIMITED PLACES | PRE-BOOKING REQUIRED

The practice is 20 minutes long, starting with a brief explanation of the benefits in meditation and what technique we will be practising. Followed by the meditation and ending with a positive affirmation allowing us to think freely and positively about ourselves.

Our mindset is key to coping with difficult circumstances and facing the unknown. With meditation we can learn how to gain authority over those negative emotions and regain our happiness and well-being.

AWARDS & VIRTUAL DRINKS with live music from Cam and The Ambrose

CONFERENCE CLOSING – DAY TWO

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Enterprise Bargaining
Agreement.**



**We're fighting for
Reproductive Health and
Wellbeing Leave.**



**We're providing direct
advice to the Royal
Commission into Mental
Health from our members.**



**We're fighting to fix a mental
health system in crisis.**



Authorised by HACSU State Secretary, Paul Healey, 7 Grattan Street, Carlton