1999 – 2019 Celebrating 20 Years of Commitment to Mental Health Practice

20TH VICTORIAN COLLABORATIVE MENTAL HEALTH NURSING CONFERENCE

Sharing knowledge, supporting practice

ABSTRACTS

THURSDAY & FRIDAY
15 & 16 AUGUST 2019

Moonee Valley Racecourse
Melbourne

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

CPN Centre for Psychiatric Nursing
advancing mental health practice

ANMF Australian Nursing & Midwifery Federation VICTORIAN BRANCH

the Australian College of Mental Health Nurses Inc.

HACSU Health and Community Services Union

KEYNOTE SPEAKERS

THURSDAY 9:45 AM

Professor Brenda Happell
Reflections on Mental Health Nursing: Antiquity, challenges and opportunities

The 20th collaborative mental health nursing conference is a wonderful achievement and demonstrates its importance to nurses. It is also an opportunity to reflect on mental health nursing, to look back on where we were in 2000, and consider where we are now, and the opportunities and challenges affecting us. This presentation takes a journey from the time of the first collaborative conference and the climate of mental health nursing circa 2000 through to the present day. In particular I will emphasise three main issues influencing contemporary mental health nursing. Firstly, physical health of people accessing mental health services and the role nursing can play in implementing change. Secondly, challenges facing nursing education and the urgent need to enhance the popularity of mental health as a career. Lastly, the espoused changes in mental health service delivery from a medical model approach to recovery-focused practice, and the role of nurses as partners with consumers rather than directors. I will encourage you to think and reflect on your own experiences and how you can shape the future of mental health nursing, both individually and collectively.

THURSDAY 1.15PM

Lemlei Le Velle
The other side

Lemlei will share her knowledge bringing a unique perspective and an in-depth understanding of recovery concepts. By presenting her personal experience combined with formal clinical training, she aims to share the other side in a way for mental health professionals to understand and utilise as a resource for recovery implementation supporting practice.

Through a reflection of her life journey, Lemlei highlights the importance of connection and the need for the individual to develop the skills needed for interpersonal relationships and emotional regulation. She will talk about the challenges of living with mental health, drug addiction and physical disability combined with acute complex childhood trauma, ongoing abuse and violence, the role of drugs through her life, inpatient residential treatment in multiple psychiatric facilities, the complexities of co morbid conditions in early recovery, outpatient treatment and getting into long term recovery.

Her presentation will highlight the importance of treating the individual as an individual, the negative impacts of stigma and assumption, the smallest things, challenging stereotypes and the importance of hope.

FRIDAY 9.00AM

Anna Love
How far have we come since Y2K

Twenty years ago we were giving a lot of time and concern to the likelihood of a breakdown of all technology due to Y2K, our focus has changed but what have we achieved ?

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. Supporting the current nursing workforce and creating a contemporary workforce for the future is a high priority.

Key work projects focus on ensuring staff have access to good clinical supervision, the development of specialty nursing skills to enable models of best practice and working together to build safe and therapeutic environments.

In order to respond to the demands of being a Mental Health nurse in 2019 and beyond we need to ensure that we are working together. Overwhelmingly, the evidence indicates that our drivers need to incorporate consumers, carers and clinicians to identify better ways to care.

The ‘Workforce Strengthening Project’ has brought together Nurses, Consumers and Carers to look at areas of need, developing job descriptions to guide service implementation and developing together new positions which support the workforce and also support the Consumers accessing our services. This is just the beginning.

'Hello Open minds' the campaign to attract staff to work in Mental Health, is an online campaign which aims to open the idea to young graduates, university students etc to the idea of a career in Mental Health. Over 2019 and into 2020 we will further develop the campaign material, working with Health Services, Clinicians, Consumers and Carers so we can first address the needs of Nurses and Psychiatrists with the hope of attracting more Nurses and Psychiatrists to work in our Public Mental Health system. Other work groups and specialty areas will then also be included.

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.

FRIDAY 1.45PM

Dr Lynne Coulson Barr
Are we there yet? Reflections from the first five years of the Mental Health Complaints Commissioner.

The Mental Health Complaints Commissioner was established as a key part of the reforms introduced by the Mental Health Act 2014.

Complaints provide a vital window into people's experiences of mental health treatment and care, but also into the mental health system more broadly. Commissioner Coulson Barr will reflect on the learnings from complaints over the first five years of the office's operations, and highlight some of the key actions that individuals and services can take to improve people's experiences and services more broadly. She will also challenge us to consider what changes and approaches are needed to ensure that people's human rights and the principles of the Act are upheld in the provision of mental health services.

SPECIAL EVENTS

THURSDAY 10.45 AM – 11.15 AM **Held in the Market Place** (L1)

NURSING STUDENTS UNITE!

Back by popular demand! Nursing students: by the date of this year's Conference, there will be less than one month until the final Computer Match deadline for graduate mental health nursing applications. This informal meet and greet session at Morning Tea on Day One of the Conference will give you the chance to both:

- meet your fellow nursing students and 2019 Student Pass winners, so you can 'compare notes' about everything from your Computer Match preferences to your longer-term goals
- meet current graduate mental health nurses, as well other more experienced mental health nurses …. and ask them everything you've ever wanted to know about a mental health nursing career but were afraid to ask!

Facilitated by: **Centre for Psychiatric Nursing**

THURSDAY 5.00 PM – 7.30 PM **Held in the Committee Room** (L4)

20th ANNIVERSARY CELEBRATORY COCKTAIL PARTY

We invite you to celebrate "20 years of Commitment to Mental Health Nursing Practice" at a cocktail party with your colleagues, nursing students, consumers and founders of the Collaborative Conference.

With a special guest comedy performer and plenty of exciting celebrations

Facilitated by: **VCMHNC Conference Committee**

FRIDAY 12.45 PM – 1.45 PM **Held in the Members Lounge** (L2)

COLLAB FOUNDERS PANEL

Join Collab Founders Brenda Happell (CPN), Pip Carew (ANMF), Trish Martin (ACMHN) and Denise Guppy (HACSU) as they look back at the past twenty years of mental health nursing and the Collaborative Conference.

Facilitated by: **Centre for Psychiatric Nursing**

8:00 AM	**REGISTRATION**	Market Place (L1)
9:00 AM	**WELCOME TO COUNTRY** Uncle Perry Wandin	Meeting Place (L1)
9:15 AM	**OPENING ADDRESS** Committee Members	Meeting Place (L1)
9:45 AM	**KEYNOTE**	Meeting Place (L1)

SPEAKER: **Professor Brenda Happell** *Reflections on Mental Health Nursing: Antiquity, challenges and opportunities* (Abstract on page 1)

10:45 AM	**MORNING TEA**	Market Place (L1)
10:45 AM	**SPECIAL EVENT** **Nursing Students Unite!** (Details on page 2)	Market Place (L1)

BLOCK ONE

11:15 AM	**SESSION A**	Meeting Place (L1)

TITLE: **And now.... the 5 year plan for the implementation of the Clinical Supervision Framework for Mental Health Nurses**

PRESENTERS: **Kate Thwaites & Frances Sanders**

The Chief Mental Health Nurse promotes recognition of the mental health nursing profession, provides education and training, and promotes best practice standards, workforce planning and development and professional leadership. The aim is to improve workforce capability and capacity and improve the experience of care for consumers, their families and carers. The Clinical Supervision Framework for Mental Health Nurses was released and distributed across Victoria in early in 2018. Following the release, a plan to support the implementation and sustainability of the framework throughout Victoria was developed. The first steps for this was to provide for a survey to all Mental Health Nurses to understand the current application of this practice across the state, and to provide a benchmark and ideas to drive implementation. This presentation will present the analysis and discussion of the survey results and to also look at the elements of planning of the next 4 years. This includes workforce engagement, executive and senior nurse engagement, data collection and standards for clinical supervision for the supervisor, supervisee and training providers.

11:15 AM	**SESSION B**	Silks Room (L2)

TITLE: **Cadetships in mental health – innovations in workforce development at St Vincents**

PRESENTER: **Anna Peake**

Undergraduate nurses are the foundation of our growing workforce. As a tertiary hospital St Vincent's works closely with our education partners to provide clinical placements into mental health for nursing students. Undergraduate nurses have limited exposure to mental health during their studies and limited opportunities for mental health placements. This can lead to reluctance in considering mental health nursing as a career. The St Vincent's Mental Health Cadetship Program aims to address this gap, by providing a unique learning opportunity for undergraduate nurses in the ACU clinical School to gain a deeper understanding of mental health nursing. The Cadet ships offer paid employment experience supported by the mental health education team. Cadets undertake a total of 25 shifts across St Vincent's mental health services over 6 months to enhance the development of their skills and knowledge in mental health nursing. Cadets work on a supernumerary basis under the supervision of a Registered Nurse to observe and provide support to consumers across a variety of clinical areas within a defined scope of practice. Regular opportunities to engage in reflective practice facilitated by clinical nurse educators are also built into the programme.

11:15 AM	**SESSION C**	Jockey Room (L2)

TITLE: **Improving regional mental health workforce through the graduate nursing program**

PRESENTERS: **Iyiade (Hybee) Aibinuomo & Jenny Wilkinson**

The need to increase the mental health nursing workforce in regional Australia remains an imperative and is well evidenced with ever increasing demands on public mental health services and the shortage of mental health nursing staff. Healthcare organisations use different workforce planning strategies to keep up with the increasing demands, yet staffing shortages remain unabated. This presentation will provide a phenomenological view of regional mental health workforce development/ retention in Goulburn Valley Area Mental Health Service experience as an illustration.

It will discuss the factors influencing urban-rural migration decisions by graduate nurses, specific expectations from healthcare organisations, benefits of the regional environment for mental health nurses, and the factors that contribute to improved staff retention. The lack of knowledge of mental health nursing, apprehension of rural life, and the loss of metropolitan lifestyle are identified as some of the contributing factors influencing urban-rural migration decision. The graduate nursing staff retention rate in Goulburn Valley is high over the past two years and urban-rural migration to participate in the graduate nursing program has doubled in the current year.

11.15 AM **SESSION D** The Mounting Yard (L1)

TITLE: **Implementation of Safewards into 3 Victorian Emergency Departments: What we adapted and how**
PRESENTERS: **Monique Rosenbauer & Ashleigh Ryan**

The Safewards model is an internationally acclaimed mental health program aimed at reducing harm (conflict) and reducing the restrictive response to events that can lead to harm (containment). The Safewards model originated in the UK, and following a successful trial was rolled out to all mental health services in Victoria. Staff and patients reported increased engagement, safety and confidence in preventing conflict, or reducing its impact. The results showed a (15%) reduction in conflict and a (24%) reduction in the need to contain conflict. The Victorian trial also showed a (36%) reduction in seclusion events and increased transformational and cultural impact. The need for a similar change was highlighted in the Emergency Department (ED). The Safewards pilot in ED focuses on all staff working in ED and all patients presenting to ED. In the ED, patients are often acutely unwell on arrival, length of stay is short, turnover is rapid, and rapport building time is limited. The 10 ED Safewards interventions have been adapted to reflect this unique environment. Using an exploratory model, staff and patients in the ED have been challenged to look for ways of improving their interactions and enhancing their environment, using creative and simple measures. This paper will outline the adaptation of the 10 Safewards interventions for ED including 2 new interventions never trialled before and explore the potential reduction in restrictive interventions used for all patients who attend the ED.

BLOCK TWO

11.45 AM **SESSION A** Meeting Place (L1)

TITLE: **Reflective practice for early-career mental health nurses in and outside of the clinical setting**
PRESENTER: **Viet Bui**

Mental health nursing is a rewarding career trajectory for newly graduated nurses. Undeniably it is also a challenging area of practice due to high levels of violence, exposure to consumer's traumatic experience and increasing needs for mental health care from the community. As a result, newly graduated mental health nurses are at a higher risk of developing stress and compassion fatigue when not properly equipped with the essential strategies for self-care. Reflection is an important part of mental health nursing practice. Reflective practice allows the clinician to view the problem from the consumer's perspective in order to facilitate empathetic and non-judgemental interaction. It enables the establishment of a therapeutic alliance between the care provider and the consumer to empower autonomy and recovery. In particular for early-career mental health nurses, reflecting on one's own practice is a powerful tool to combat stress and burnouts. Using anecdotal examples and personal stories, this presentation will recount the positive experience of a postgraduate mental health nurse with reflective practice, self-awareness and mindfulness.

11.45 AM **SESSION B** Silks Room (L2)

TITLE: **Strengthening the workforce: recruitment, expansion and retention!**
PRESENTERS: **Shingai Mareya & Frances Sanders**

In 2018-19 the Victoria Government injected funding into mental health services dedicated towards strengthening the mental health workforce as this has been highlighted as a key component in the transformation of the services. This will significantly contribute towards the Victoria's 10-year mental health plan that sets out a goal that all Victorians can achieve their best possible mental health and achieve their full potential. The new funding will be directed towards recruitment of new mental health nurses by as well as other mental health professionals who will complement clinical nursing teams. Successful implementation of these positions will contribute towards;

- A workforce that is enabled, well supported and appropriately skilled to meet the needs of consumers.
- Improving outcomes for consumers of mental health services by delivering care and supports that are integrated. The following areas will be discussed regarding the workforce strengthening project:
- Context and current trends in workforce challenges

- Breakdown of the newly funded positions
- Implementation of positions across the state
- Evaluation and assessing impact of the new positions

11.45 AM **SESSION C** Jockey Room (L2)

TITLE: **The new Centre for Mental Health Learning: strengthening and sustaining a flexible, curious, knowledgeable and recovery-focused workforce**

PRESENTERS: **Kylie Boucher & Rosemary Charleston**

The Centre for Mental Health Learning Victoria (CMHL) is the central agency for public mental health, including lived experience, workforce development in Victoria, supporting access to quality, contemporary learning and development. 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. The CHML is recently established and relatively small in size, but is big on ambition. This is a significant period of change for the sector and there are a raft of challenges including; moving towards recovery oriented practice and supported decision-making, developing the lived experience workforces, emerging skills gaps, and an increased emphasis on ensuring resources are deployed to maximum effect.

To determine its work plan and model of operation the CMHL has engaged extensively with staff from Victorian Area Mental Health Services, including clinicians, lived experience workforce, educators and executive; statewide training providers; consumer and carer groups; and more. In this presentation the CMHL will share its key learnings from these consultations, describe its successes so far and outline the plans for the next year.

11.45 AM **SESSION D** The Mounting Yard (L1)

TITLE: **Promoting Consumer Rights**

PRESENTER: **Julie Anderson**

One of the four statutory roles of Victoria's Office of the Chief Psychiatrist is: 'to promote the rights of persons receiving mental health services' (s120, MH Act, Vic, 2014) The Victorian Office of the Chief Psychiatrist is undertaking a project that explores mechanisms to support the statutory obligation to effectively promote the rights of people with mental illness. The aim of this paper is to present data collected from consumer, nurse, and psychiatrist consultations of promoting human rights and demonstrate the imperative of the promotion of rights on inpatient units. The data will show that variance between the three perspectives is minimal so raises the question; "what are the system barriers to the effective promotion of human rights". Promoting the protection of human rights will support empowerment and citizenship for people with mental illness and build healthy communities by reforming mental health services in Victoria to have a rights perspective rather than focus on limiting people rights. The paper will outline the way the Office of the Chief Psychiatrist will use data collected, sector consultations and advisory group processes to analyse and make recommendations to the Chief Psychiatrist to continue to promote the rights of persons receiving mental health services.

12.15 PM **LUNCH** Members Lounge (L2)

12.15 PM **ACMHN (VIC) BRANCH MEETING** Silks Room (L2)

1.15 PM **KEYNOTE SPEAKER** Meeting Place (L1)

SPEAKER: **Lemlei Le Velle** *The other side* (Abstract on page 1)

BLOCK THREE

2.00 PM **SESSION A** Meeting Place (L1)

TITLE: **Stress, resilience and psychological wellbeing at work: A survey of Victorian mental health nurses**

PRESENTER: **Kim Foster**

Stress at work can have substantial negative impacts on nurses' wellbeing and practice. However there is little evidence on the workplace stressors of Victorian mental health nurses (MHN). This study aimed to explore the workplace stressors, resilience, psychological wellbeing and caring practices of nurses working in mental health roles or settings across the state. A total of n=498 registered and enrolled nurses responded to an online survey. Top-ranked stressors were organisational-service related; including staff shortages, high acuity, and lack of experienced staff. The next ranked stressor group was consumer/carer-related, with verbal and/or physical aggression the most

frequent stressor. Workplace resilience was positively correlated with psychological wellbeing. Younger and less experienced nurses reported lower resilience. In addition to supporting the need for the state-wide initiatives to reduce occupational violence, our findings indicate that mental health services can take a range of proactive measures to strengthen the psychological and physical safety and wellbeing of staff. Wellbeing education and resilience-building programs for the MHN workforce, with a particular focus on new graduates, are one strategy that may help build resilience and support retention of MHN in the workforce.

2.00 PM **SESSION B** Silks Room (L2)

TITLE: **All relationships are round**

PRESENTERS: **Julian Farrell & Colleen Hunter**

Circle of Security is a relationship-based early intervention program designed to enhance attachment security between parents and children. Circle of security program was developed after a series of successful interventions. By 2010 over 15,000 people have been trained worldwide and the program has been translated into nine different languages and has continued to grow. Our presentation will define Attachment as an instinct, throughout the life span to seek proximity to a specific person who will comfort, protect and/or help organise one' feelings. Circle of security explains a child's attachment process as a circle. During the presentation it will be demonstrated by short animated film and visual display to explain the circle. The circle of security program has a structured framework to help identify the different presenting attachment strategies: secure, ambivalent, avoidant and disorganised. Which we will define and give relevant all age related examples. Each example will be highlighted as break in the circle for easy understanding. The goal of the presentation is introducing clinician to Circle of security and ignite interest in the program and the audience to have some basic take home messages to look at attachment in the relationship process.

2.00 PM **SESSION C** Jockey Room (L2)

TITLE: **Sensory strategies in high dependency areas? Absolutely!**

PRESENTERS: **Bridget Hamilton & Hamilton Kennedy**

High dependency areas of acute units are harsh environments for consumers and nurses. This interactive presentation offers a taste of the workshop materials developed by nurses and consumer academics at the CPN, related to using sensory strategies in high dependency (HD) areas of acute inpatient units. The session will introduce two key aspects of mapping the sensory experience in ED and exploring opportunities for adapting practices of sensory modulation, to generate constructive experiences and connections more often in HD spaces.

2.00 PM **SESSION D** The Mounting Yard (L1)

TITLE: **The First Royal Commission into Mental Health in Victoria -1886**

PRESENTER: **Helen Kelly**

In 1884 the Colony of Victoria established a Royal Commission into Asylums for the insane and inebriate. The Zox report, as it came to be known, gave a snapshot of how services were in Australian Asylums at that time. Included was information on governance, finance, staff numbers, duties and pay rates, patient experiences, farms, and treatment. This Royal Commission took two years and the commissioners conducted an extensive examination within Australian and overseas mental health services. The feedback consisted of investigations into: The causes and diagnosis of insanity, private asylums, the higher proportion of insane in Victoria. Governance of the Asylums, Criminal Lunatics, Mechanical Restraint, Treatment of the insane, Medical training, Accounts and Expenditure. Submissions were received from: Official Visitors, Colonial Surgeons from Tasmania, South Australia and Fremantle. The Inspector General of Lunatic Asylums of both N.S.W , NZ and Anonymous sources. These submissions detailed conditions within the Asylums, treatment, patient's environment and the questionable employment of lady Physicians. Recommendations included. Sweeping change of governance of the Asylums including the abolition of Official Visitors. No private asylum should be established for profit or personal advantage and Separate asylums for inebriate patients. Not surprisingly many of the things they examined are still relevant in 2019.

BLOCK FOUR

2.30 PM **SESSION A** Meeting Place (L1)

TITLE: **Exploring the student webinar experiences**

PRESENTERS: **Elizabeth Currie & Bronwyn Tarrant**

This presentation explores access, experiences and level of engagement of postgraduate students with online webinars across mental health nursing subjects. Webinars aim to share knowledge and support practice by providing interactive opportunities to discuss online learning materials. Webinar discussions are synchronous (in real-time - virtual) allowing students to interact and collaborate with each other and the facilitator (tutor), through open dialogue (Lieser, Taf & Murphy-Hagan, 2018). Development and delivery of online learning is not a novel concept to mental health nursing, this pedagogy has been well supported in terms of accessibility and knowledge development for postgraduate students. What is unknown, is how well mental health postgraduate students engage with the webinar material offered as an addition to the online learning material. There is a current knowledge gap in the exploration of specific webinar engagement with mental health postgraduate nursing students and whether the students' experiences demonstrate a high level of engagement at the time of the webinar. We reviewed analytics of 94 students who accessed webinars during one teaching term and found that both synchronous and asynchronous access was less than 50% on 9/10 occasions. Although the quantitative data suggests variability in the numbers of attendance, there is evidence of a decline in access to recorded webinars over the teaching term. The presentation will explore patterns across and within these subjects. Further research is needed to explore the qualitative responses of students and reasons for decline and prioritisation in numbers attending the webinar. Focus groups will be established to gather further data in this area.

2.30 PM **SESSION B** Silks Room (L2)

TITLE: **Sitting between two worlds - the tightrope walk of Consultation Liaison Psychiatric Nursing**

PRESENTERS: **Julia Hunt & Melissa Urie**

The provision of psychiatric nursing care within non psychiatric settings provides a unique opportunity in many ways. The CL nursing role brings with it, opportunities to advocate for consumers in conjunction with demystifying mental illness and behaviours by using education and empowerment of the general hospital staff. The role is challenging with environmental and resource limitations, competing demands with medical needs along with motivations and perceptions of staff. The Consultation Liaison Nursing role sits between the two worlds of general medicine and psychiatry which can be a tricky balance at times, as you can imagine! Through this presentation, we aim to provide an overview and insight into this rewarding and specialist career path in mental health nursing, as well as exploring the diversity of the role in the context of two distinct health services, Western Health and St. Vincent's Hospital.

2.30 PM **SESSION C** Jockey Room (L2)

TITLE: **Suicide prevention training through a new lens: a purpose-built mental health clinician suicide prevention program**

PRESENTER: **Rosie Barnes**

Epworth Clinic based in Camberwell, Victoria, is a 63 bed private mental health facility that was established in 2013. As a new facility with a focus on evidence-based practice and a mental health nursing workforce of varied knowledge and experience, staff sought further direction and guidance relating to the provision of mental health care for people experiencing suicidality. A review of state-wide and international education programs identified varied approaches to clinician suicide training from first-responder to complex clinician-focused programs. These findings highlighted the need for a focused analysis of the existing knowledge and skill-set of clinicians within the local workforce. Interviews with twenty staff of various clinical experience using a structured survey guided by the national guidelines were conducted and analysed. These results informed the development of a targeted suicide prevention program for clinicians working within Epworth Clinic.

2.30 PM **SESSION D.1** The Mounting Yard (L1)

TITLE: **Burnout within mental health nursing and the impacts on the clinical setting**

PRESENTER: **Noah Maller**

High psychological demand placed on mental health nurses has been associated with compassion fatigue and burnout. The purpose of this paper is to identify and discuss the phenomenon of burnout in mental health nursing. Through a systematic review of the literature key factors that contribute to or mitigate staff burnout in mental health settings will be examined. Results from this analysis can be used to inform and shape the design of new solutions to decrease mental health nursing staff burnout. The academic discourse centre on three dimensions that contribute to mental health nurse burnout. They include psychological stressors; working conditions' and feelings of reduced personal accomplishment. Stressors result from the high exposure of nurses to aggressive consumers, with traumatic events placing a high psychological demand on nurses. Constant exposure of mental health nurses facing increasingly difficult consumers in the setting they work in, has seen nurses lose important qualities such as empathy, compassion and the inability to develop a therapeutic relationship with the consumer. Research has found a number of factors like high case-workload, lack of control how nurses manage their consumers care as a result of organisational bureaucracy and systematic issues impede the work mental health nurses perform within their setting. The literature also points to a propensity for mental health nurses to feel a reduced sense of personal accomplishment and despondency when working with their consumers towards a pathway to recovery. Mental health nursing environments associated with lower levels of burnout were those where workers had good support autonomy, had managers with a social leadership style and had realistic expectations about their consumers potential for rehabilitation.

2.45 PM **SESSION D.2** Meeting Place (L1)

TITLE: **Learnings from last year's conference- a Grads reflections**

PRESENTERS: **Gerald Mutubuki & Jodie Johnston**

Since 2014, the Barwon Mental Health Drugs and Alcohol Service (MHDAS) Education Team and broader Executive team has committed funding to support all inter-professional Graduates to attend the Annual Victorian Collaborative Mental Health Conference. To consolidate learning, all graduates complete a reflective piece based on their experiences: expectations, highlights and new discoveries, standout presentations, recommendations for the broader service/team, unexpected outcomes, how their learning could contribute to clinical practice and how learnings assist to improve the health outcomes for consumers with a lived experience. Gerald presented his reflections from the 19th Victorian Collaborative Mental Health Conference as part of his academic progression to the MHDAS graduate group. His reflection included thoughts on the new knowledge of clinical supervision, consideration and challenges of the online world, restrictive practices in inpatient settings for males recently released from prison, how attending the conference can change attitudes, advocating for the uptake and advocacy of advanced statements and the importance of honoring consumer stories. Attending the conference and listening to the presenters has inspired him to present his learnings and reflections at this year's conference. The conference inspired him to continue to grow into a knowledgeable, compassionate and reflective mental health Clinician.

3.00 PM **AFTERNOON TEA** Market Place (L1)

BLOCK FIVE

3.30 PM **SESSION A** Meeting Place (L1)

TITLE: **Equally Well in Victoria - Physical health framework for specialist mental health services**

PRESENTERS: **Randolfo Obregon, Julie Anderson & Frances Sanders**

Each time a consumer engages with a clinical mental health service provides an opportunity to explore physical health issues, consider how they might impact on recovery goals and offer help.

The Physical health framework for specialist mental health services is the first of its kind in Victoria. It describes a range of initiatives for organisations and clinicians to work in partnership with consumers and carers to discuss physical health in the context of a recovery plan. This framework provides information to help mental health services and clinicians to think about how to tailor treatment and strategies to the realities of the daily lives of consumers.

Under the leadership of Victoria's Chief Mental Health Nurse, Chief Psychiatrist, in partnership with peak organisations Victorian Mental Illness Awareness Council and Tandem, the framework was developed as Victoria's response to the Equally Well National Consensus Statement. The framework describes consumer, carer and clinician's perspectives on how physical health issues can be worked on by mental health services.

An Expert Reference Group comprised of mental health consumers and carers, experts from mental health, general practice, community health and peak health organisations guided the approach and content of this document.

Five interconnected domains support physical health care in Victorian specialist mental health services. They are:

- Consumer physical health needs
- Collaborative planning and therapeutic interventions
- Healthcare setting
- Workforce considerations
- Supporting safety

The framework describes the necessary elements at the organisation and clinical practice levels to guide implementation of physical health in a consistent way across Victoria. It asks services and clinicians to use a recovery approach to physical health and offer help to consumers that extends beyond biomedical screening, diagnosis and treatment. It asks clinicians to work in an interprofessional manner to understand each person's recovery journey and using collaborative recovery plans to enquire about the person's physical health, appreciating the complex interplay with mental illness and how this operates in the context of the person's life.

The framework is an important first step for Victorian mental health services. Presented by Victoria's Department of Health and Human Services Chief Mental Health Nurse, Senior Consumer Advisor and Senior Carer Advisor, this presentation will describe the framework in detail, as well as implementation plan for Victoria over the coming years.

3.30 PM **SESSION B** Silks Room (L2)

TITLE: **How special is the Forensic Clinical Specialist?**

PRESENTER: **Erik G.J. Meurs**

Since the introduction of the Forensic Clinical Specialist (FCS) program in Victoria (2009), the program has grown into a state-wide service (2016). The program is supported by the local Area Mental Health Service's and receives oversight and role-specific education from Forensicare, Victorian Institute of Forensic Mental Health (VIFMH). The FCS role is a generic role; the majority of the FCS's having a nursing background. On a daily basis, the FCS liaises with the prisons and courts, completes formal risk assessments (e.g., HCR-20, SRP, PCL-R), initiates high-risk panels, and offers support and builds specialist capacity, to care teams throughout the organisation, from youth to aged care.

This session aims to cover:

- An introduction to the FCS role in the Victorian Mental Health system explained through real case scenarios and data, e.g. the number and type of referrals.
- Why the role is so successful and the expansion of the program.
- What the function is of the FCS in the broader mental health care chain, and how it benefits the consumers.
- The promotion of working in close partnership with other stakeholders and the sharing of information.

3.30 PM **SESSION C** Jockey Room (L2)

TITLE: **Consumers, Carers and Clinicians working collaboratively to develop DD training for LE Workforce**

PRESENTERS: **Henrique Van-Dunem, Brendan Pearl & Carlotta Martiniello**

This paper will explore how consumers, carers and clinicians worked collaboratively to develop a one day workshop on dual diagnosis for the Lived Experience workforce. This project was led by a consumer project officer who works for the Victorian Mental Health Interprofessional Leadership Network.

We will explore the consultation process to identify why this training was important and what information the Lived Experience Workforce required to feel confident in dual diagnosis. You will hear first hand from the project lead about the strengths of a consumer lead training package and some of the challenges. The training that was developed was congruent with the Intentional Peer Support model.

The training was co-delivered by a mental health nurses from SUMMIT and a carer peer support worker. The paper will explore the way they worked together to deliver the training and how we can support other Lived Experience staff to develop their skills and knowledge in developing and delivering training.

3.30 PM **SESSION D** The Mounting Yard (L1)

TITLE: **Treating people with Eating Disorders - Something had to change**

PRESENTERS: **Brett Boardman & Alexandra Hillman**

The Eating Disorders Program of North Western Mental Health (based at the Royal Melbourne Hospital) has existed for some 20 or more years. In this time, treatment options have predominantly been centre based more so than community based. Although a comprehensive program has been provided, including in-patient treatment, an out-patient clinic, a day patient program and specific therapeutic groups for consumers and carers, very little ongoing support in the community has been an option for these consumers. It was very rare that the local AMH services were providing ongoing care for people with eating disorders. Many consumers experienced high rates of repeated admissions to the in-patient unit. In 2017 a working group was formed to consider a different model of service provision that included ongoing care within the local AMH services. This presentation will outline the background of this initiative, how the changes were brought about and the results of a different approach.

BLOCK SIX

4.00 PM **SESSION A** Meeting Place (L1)

TITLE: **Specialist physical health nurse practitioner candidate roles at NorthWestern Mental Health: An overview of practices and consumer outcomes**

PRESENTERS: **Trentham Furness & Steve Woolley**

There remains a critical need for high quality mental health care in Victoria in order to improve consumers' poor physical health. To address consumers' urgent physical healthcare needs, two nurse practitioner candidate (NPC) roles were implemented at NorthWestern Mental Health community services with the aim of improving consumer healthcare and physical health outcomes. Therefore, the aim of this study was to describe practices of the roles, consumer perceptions' of the roles, and impacts on physical health outcomes. Data were collected by one-to-one interviews with consumers and an audit of electronic medical records. The NPC roles consisted of four key areas; advanced clinical practices; non-direct care; capacity building and education; service administration. Relative to advanced clinical practices, consumer perceptions' were positive about mental and physical healthcare and outcomes. These practices were demonstrated party through diagnostic assessment and investigation, therapeutic interventions, and referral. In addition, there were significant ($p<0.05$) improvements in metabolic monitoring and identification of consumers at high risk of cardiovascular diseases during the candidacy period. These specialist NPC roles provide a foundation of efficacy that could be translated to other community services in Victoria. Furthermore, the success of the roles has led to two community based Nurse Practitioner roles.

4.00 PM **SESSION B** Silks Room (L2)

TITLE: **Take a Journey to MHARS!**

PRESENTERS: **Brianna Moore & Barrie Janson**

Where is MHARS? How do we get there? How will MHARS help me during my day in court?

MHARS is the Mental Health Advice and Response Service, which is a group of senior Forensicare clinicians working across the Magistrate Courts of Victoria. We play a key role in helping people within the criminal justice system who have or may have a mental illness. We screen and assess people who will benefit from mental health interventions that may lower their risk of reoffending. This role works closely with the court network, area mental health services, Forensicare networks and prison networks.

This presentation will provide an insight into Forensicare's interventions during the court process. It will explain MHARS's role in the Magistrate Courts of Victoria and how it provides a valuable link between the justice system and mental health services. We will explain the importance of interventions through the court process has in reducing the risk of reoffending.

Has your patient been arrested? Is your patient due to appear in court? Is your patient eligible for a Community Corrections Order? Give MHARS a call to assist your patient during their day in court.

4.00 PM **SESSION C.1** Jockey Room (L2)

TITLE: **Reinforcing Consumers Rights: Including Peer Support Workers in Supported Decision Making, results in greater consumer participation and engagement**

PRESENTER: **David O'Brien**

Under the Mental Health Act 2014, there is the presumption that people have the capacity to make informed decisions about their care. For those experiencing severe limitations however, there is provision for a substitute decision maker to be appointed (Victorian State Government, 2019). According to The Australian Government Department of Health (2019), a goal of practitioners is to allow consumers to regain their capacity to make informed decisions, even in restrictive involuntary settings. Promoting the role of the Peer Support Workers (PSW) in the supported decision making (SDM) process, is one way Nurses can reinforce consumer's rights.

A literature review on this topic provided evidence showing increased participation, engagement and how Nurses perceive that incorporating a PSW in the SDM process, optimises Mental Health service delivery. In particular, the study by Simmons, M., Batchelor, S., Dimopoulos-Bick and Howe, D. (2017), demonstrates how consumer experiences were enhanced, when a PSW assisted with client intake assessments. Additionally, in Cleary, Raeburn, Escott, West and Lopez (2018), nurses reflected that including PSWs lead to increased consumer communication, self-expression, empowerment and validation of the PSW role.

My presentation shows different aspects of decision making such as, consumer participation and perception, occurring in both substitute and supported situations. In the event of the later, evidence is used to highlight how incorporating PSWs in the SDM process produces better outcomes.

4.00 PM **SESSION D** The Mounting Yard (L1)

TITLE: **Mental health nursing within a general community nursing service**

PRESENTER: **Barbara Williams**

Targeting prevention and early intervention of mental ill health in primary care has the potential to significantly reduce the burden of mental ill health on the person, those around them and the health care system. District nurses form a large component of the primary care sector and are in a unique position to observe their clients over time, and as such are ideally placed to recognise and act on the early signs of mental ill health. Many district nurses, however, lack the skills and confidence to do this.

The aim of this qualitative study was to understand what District Nurses felt that they needed to know about mental illness to provide competent health care. Semi-structured interviews were conducted with 27 District nurses and analysed using thematic analysis.

This study identified three overarching themes:

1 attitudes of district nurses to mental illness

2 the barriers that make it difficult for district nurses to provide competent care, and

3 the type of education they wanted.

This presentation will provide nurses working in the mental health sector practical strategies on how they can assist general community nurses and their clients experiencing mental ill health to ensure their health care needs are met.

4.15 PM **SESSION C.2** Jockey Room (L2)

TITLE: **Balancing the dilemmas in therapeutic relationships in mental health care**

PRESENTER: **Ravinder Kumar**

The therapeutic relationship in mental health nursing is a fundamental aspect of mental health nursing care. This presentation examines the many dilemmas mental health nurses can face in trying to establish therapeutic relationships while also needing to maintain professional boundaries. Nurses are directly engaged in practices that are intended to promote safety, recovery focused care and risk management. This can involve moral dilemmas in managing risk while also maintaining their relationships when re-evaluating the centrality of risk reduction in mental health nursing. Nurses' plight, when tasked with providing care through constant observation to avert any risks,

is that they can not only fear the adverse outcomes in the care for consumers but also fear blame if consumers abscond. Risk-focused care can challenge the relationship when Physical, legal and chemical restrictions emphasise power differences and nurses to deliver enforced treatment. Research suggests that there is a need to reframe safety and ways to achieve it to create environments perceived as truly safe and to support meaningful therapeutic engagement and treatment. Recommendations put forward are that the Safewards, Shared decision-making, clinical supervision, and Care pathways in a therapeutic milieu to foster a therapeutic relationship while maintaining safety and professionalism.

BLOCK SEVEN

4.30 PM **SESSION A** Meeting Place (L1)

TITLE: **Physical health assessment and cardiometabolic monitoring practices in three inpatient units over the first 72-hours of admission**

PRESENTER: **Rebekah Howard**

Background: Cardiovascular disease and type 2 diabetes are common causes of premature death for people with mental illnesses. Therefore, cardiometabolic monitoring (CMM) is recommended for consumers affected by severe mental illness. This study aimed to examine CMM and physical assessment practices for adult mental health consumers within 72-hours of inpatient unit (IPU) admission.

Methods: A retrospective descriptive exploratory design was used by medical record audit. Data were collected for a randomly selected sample of 228 consumers admitted to any of three acute mental health adult inpatient units between January and June 2016.

Findings: The mean age was 37.5 years and 51.3% were women. Few consumers (15.1%) were diagnosed with cardiometabolic comorbidities on admission. Two-thirds (67.5%) of consumers were prescribed high cardiometabolic risk medications. Documented assessment of known cardiometabolic risk factors was low and alignment of staff practices differed from recommended CMM (<56%).

Conclusion: Most consumers received incomplete and infrequent CMM, not aligned with recommendations or based on known cardiometabolic risk factors. This study informs future policy and interventions to improve CMM and physical health assessment practices for consumers in inpatient unit settings.

4.30 PM **SESSION B** Silks Room (L2)

TITLE: **Using clinical decision support systems and the Dynamic Appraisal of Situational Aggression to enhance nursing risk assessment and intervention**

PRESENTER: **Tess Maguire**

The Dynamic Appraisal of Situational Aggression (DASA) is a validated risk assessment instrument designed to assess the risk of imminent aggression and is most often completed by nurses. While risk assessment must be followed with intervention to prevent aggression, since the initial development of the DASA there has not been any suggestion regarding appropriate nursing intervention follow DASA assessment. Other studies conducted on short term risk assessment instruments have reported structuring nursing interventions following assessment, reduced aggression and the use of restrictive practices (see Abderhalden et al., 2008; van de Sande et al., 2011). This presentation will discuss the development of an Aggression Prevention Protocol that structured nursing interventions according to the level of DASA risk, giving priority to the least restrictive interventions. The protocol was then embedded into an electronic version of the DASA (eDASA) by using a Clinical Decision Support System as there is evidence that they can aid clinicians at the point in time when they are making decisions about care. Results from the testing of the eDASA and Aggression Prevention Protocol found there was a reduction in verbal aggression, rate of restrictive interventions and use of PRN medication when the protocol was instigated.

4.30 PM **SESSION C** Jockey Room (L2)

TITLE: **New tools for old problems: How nurses and IMHA's self-advocacy resources can support consumer rights**

PRESENTER: **Wanda Bennetts**

In June 2018, in response to a coproduced report ("Supported decision making under the Mental Health Act - What consumers want"), Independent Mental Health Advocacy ('IMHA') committed to making self-advocacy resources. Using the lived experience of consumers in our Speaking from Experience advisory group, as well as a diverse group of consumers across the State, IMHA was able to co-produce self-advocacy tools and resources that can help consumers speak up and exercise their rights. From this process we made written and online factsheets, self-advocacy videos, a wallet-card and self-advocacy workshop, as well as an online tool for consumers to make their own self-advocacy plan. We went further than just produce tools; we utilised the expertise consumers had in navigating the system, to make a consumer-informed plan with mental health services to promote these resources. A central player in this plan were nurse's who understood their role to promote and protect consumer rights. This presentation outlines this process as well as the experiences and vision that IMHA has for working with the nursing profession in a rights-based mental health system.

4.30 PM **SESSION D** The Mounting Yard (L1)

TITLE: **The Hospital Admission Risk Program (HARP) at Barwon Health: Exploring clinician and consumer experiences of integrated & values-based care within a regional multidisciplinary care coordination service**

PRESENTER: **Tim Brown**

The Hospital Admission Risk Program (HARP) is a service that assists people who frequently present or are at risk of presenting to the emergency department. The aim of HARP is to reduce potentially preventable presentations. HARP participants have a complexity of issues that can involve: physical medical conditions (such as cardiac, diabetes, HIV, respiratory, other medical comorbidities), drug and alcohol and medication challenges, as well as mental health issues and illnesses, and possible child or other complex trauma histories. HARP care coordination is a holistic approach to care and consists of exploring a person's chronic disease journey, complex care needs, and psychosocial circumstances and aims to understand an individual's lived experience and their lifestyle choices. HARP endeavours to work with people to determine their support needs and to improve a person's ability to self-manage their conditions and circumstances. The overall aim is to ensure participants receive the right care, in the right place, at the right time. The following questions will be addressed in this presentation: What are the impacts of these journeys on health and well-being from a HARP clinician and consumer perspective? What are the parallels of HARP work and mental health nursing?

5.00 PM SPECIAL EVENT **20th ANNIVERSARY CELEBRATORY COCKTAIL PARTY** Committee Room (L4)

7.30 PM **CLOSE OF DAY 1**

8.00 AM **REGISTRATION** Market Place (L1)

9.00 AM **KEYNOTE SPEAKER** Meeting Place (L1)

SPEAKER: **Anna Love** *How far have we come since Y2K* (Abstract on page 1)

BLOCK ONE

9.45 AM **SESSION A** Meeting Place (L1)

TITLE: **Clinical Nurse Consultants Project: Improving consumers outcomes through an enabled, well supported and adequately skilled workforce on inpatient units.**

PRESENTERS: **Shingai Mareya & Frances Sanders**

The Clinical Nurse Consultant (CNC) project will fund the recruitment of 31 ongoing CNC positions on inpatient units across the state over the next four years. These roles will provide clinical practice leadership and will support inpatient staff teams in the provision of care for vulnerable and high-risk consumers presenting with high levels of acuity and behavioural disturbance. The CNCs will also hold substantial responsibility for the implementation of priority initiatives and frameworks such as Safewards, reducing restrictive interventions and mental health intensive care framework. The CNCs will contribute towards well-supported and adequately skilled staff teams and importantly, enhance the provision of recovery orientated practice resulting in better outcomes for consumers and their carers.

The following areas will be discussed:

- Context and current challenges on inpatient units.
- CNCs key responsibilities and duties on IPU
- Evaluation and assessing impact of CNC roles on IPU

9.45 AM **SESSION B.1** Silks Room (L2)

TITLE: **The effects of trauma on mental health clinicians who have a lived experience: how we can support ourselves, each other and improve workplace culture.**

PRESENTER: **Stephanie Laraia**

Mental health clinicians hear stories about suffering and trauma from consumers daily. Because clinicians are at the frontline of mental health services, they frequently observe consumers exhibiting behaviours that can be confronting, and which can lead to intense emotional responses. These events can lead to vicarious trauma, secondary trauma, and traumatic countertransference. This often results in high staff turnover, physical and psychological decompensation, compassion fatigue and people leaving the profession. Unfortunately, there is an ongoing cultural problem within many workplaces where mental health clinicians are told that these emotionally confronting experiences are 'part of the job' and clinicians should not be psychologically affected by them. In addition, many people who are drawn to this profession have a lived experience of mental ill health or have lived with or cared for a loved one with mental ill health. This means that at times, it is inevitable that mental health clinicians who are exposed to trauma, whether through witnessing or hearing things, experience strong emotional responses. These strong emotional responses should not be perceived as a sign of weakness. Rather, they should be viewed as a natural response of a truly compassionate and empathetic clinician. This presentation will discuss vicarious trauma, secondary trauma and traumatic countertransference in frontline mental health clinicians, particularly in nurses. It will explore personal experiences and how we can better support each other and improve workplace culture around mental health clinicians' experiences of trauma.

9.45 AM **SESSION C** Jockey Room (L2)

TITLE: **Clinical Innovation in the Specialist Psychiatric Service - John Cade Unit Melbourne**

PRESENTERS: **Helen Kelly, Georgia Borrack, Roxanne Dimaano & Laura Puxley**

The Specialist Psychiatric Service based in the Royal Melbourne Hospital will present information on Clinical Innovations specific to the Neuropsychiatric Unit and the Eating Disorder Unit.

This "Rapid Fire" (1 hour) session will consist of 4 "ignite sessions" (10 minutes each). There will be questions at the end of the presentation.

The Neuropsychiatric Unit (NP)is involved in Clinical Trials treating patients with Niemann-Pick TypeC (NPC)a rare genetic disease. Promising results overseas show that metal mobilising drugs decrease cholesterol build up in the NPC cells and reduce damage. What is NPC?

Huntingtons Disease(HD) is a genetic disorder that affects movement thinking and behaviour. It commonly affects members of the same family. A brief update on the units upcoming research and clinical trials into the effects of two new medications aimed at improving quality of life for those living with Huntington's Disease.

The Eating Disorder Unit (ED) has offered an Art Therapy (AT) Program since 2007. The unit now has three AT masters students and one PHD candidate in what has proven to be a most unique and successful treatment modality. How can our experience of AT therapy assist the treatment of your patients.

Outpatient Groups for ED suffers have commenced and include RO DBT, Life skills, CCSW, Art Therapy and Nutritional Group. Community based clinicians are able to refer ED patients to this program.

9.45 AM **SESSION D** The Mounting Yard (L1)

TITLE: **The implementation of a consumer inclusive ward round on an adolescent inpatient unit**

PRESENTERS: **Melinda Corona & Emma Pettigrove**

Evidence suggests that increased mental health consumer participation in decisions for their own care leads to positive recovery outcomes in the long term. A contemporary nurse-led intervention is currently being developed and will shortly be trialled in an adolescent mental health inpatient unit that follows this very principle. Nurses will implement an allied health ward round that caters for consumer participation in alignment with Safewards intervention guidelines. The aim of the model is to increase young people's sense of self-efficacy, as well as assist with the development of mutually beneficial goals. The consumer-based ward round is being developed with the goal of providing smoother and more holistic care. With all relevant disciplines in attendance, inpatients will be provided with an opportunity to make requests for their recovery. Focus groups conducted on the ward by nurses outline that 92% of inpatients at the Banksia ward feel that they would benefit from the consumer-based ward round. Our aim, as nurses, is to implement the new ward round on the Banksia ward in the near future and present the outcome of the intervention at the Victorian Collaborative Mental Health Nursing Conference in August.

10.00 AM **SESSION B.2** Silks Room (L2)

TITLE: **Trauma-Informed Care and Borderline Personality Disorder**

PRESENTER: **Freya Lance**

Borderline Personality Disorder is one of the most stigmatised mental health diagnoses today, and consumers with this diagnosis often have complex sets of needs that can go unmet by mental health services. Given that many consumers with Borderline Personality Disorder have significant trauma histories, it follows that utilising a Trauma-Informed approach may be helpful when working with these individuals. A nurse practicing Trauma-Informed Care aims to understand the impact traumatic experiences can have on consumers and uses this knowledge to shape their clinical practice. This presentation will discuss the potential benefits of mental health nurses utilising Trauma-Informed Care when working with consumers diagnosed with Borderline Personality Disorder, including: preventing iatrogenic harm and re-traumatisation, encouraging effective therapeutic relationships and communication, and promoting a safe environment for recovery. This information may be helpful for mental health nurses who work with consumers diagnosed with Borderline Personality Disorder, particularly those who have trauma histories.

BLOCK TWO

10.15 AM **SESSION A** Meeting Place (L1)

TITLE: **Translating theory to practice: a multi-modal approach to professional development for emerging mental health nurses**

PRESENTER: **Rosie Barnes**

Epworth Clinic based in Camberwell, Victoria, is a 63 bed private mental health facility that was established in 2013. As a new facility with a mental health nursing workforce of varied knowledge and experience, an opportunity was identified to improve patient outcomes by supporting emerging mental health nurses through the development of an innovative education program. Based on national practice standards, the Fundamentals of Mental Health Nursing

Program (pilot) provides Enrolled and Registered Nurses with a novel approach to translating evidence-based theory into practice. This intensive 22 week program follows a tiered model combining theory, reflective practice, facilitated peer discussion, clinical tasks, peer-to-peer presentation, activity and simulation. A purpose-built eLearning platform is central to the program - guiding weekly milestones, hosting links to learning resources and facilitating tasks. Face to face workshops facilitate supported skill development and consolidation of theory to practice. Evaluation consists of pre and post critical thinking assessment, supervisor surveys and self-assessment surveys. Consumer outcomes will provide an additional measure of program efficacy.

10.15 AM **SESSION B** Silks Room (L2)

TITLE: **Cortex Corner - Staff wellbeing interventions.**

PRESENTERS: **Kerry Fagan & Dannielle McDonald**

Nursing staff in the Austin Statewide Inpatient Children's Unit, whilst caring for children and families, frequently witness and are directly affected by physical and / or verbal aggression on the Unit. It was observed that this had a negative impact on staff with one of the contributing factors being an inability to take space in a calm, non clinical environment post incidents. With the SafeWards Model in mind an appropriate space was sought to allow staff to engage in their own mindful/ sensory self care as needed. Staff identified a shared space that was historically used as a storage room / rear of a screen room. The plan was to utilise this room with minimal impact to others that also needed to also use the space. The room was fitted with lounge chairs, soft, warm lighting, blankets, life like greenery, aromatherapy and furnishings. It now reflects a warm and inviting space and has been functional since mid 2018. Staff now have a comfortable space in which to refocus and reenergise post incidents and also utilise pre and post shifts. Aptly named "Cortex Corner", to remind us of the importance of engaging our Cortex when responding to stress.

10.15 AM **SESSION D** The Mounting Yard (L1)

TITLE: **The lived experience of mental health nurses' providing of recovery-oriented care on an acute unit**

PRESENTER: **Donna Hristodoulidis**

Mental health recovery has become the key principle in guiding mental health nurses' practice. Acute mental health settings offer individuals in serious mental health distress a place for treatment and care, and for many it is often the first step in their recovery journey. The role of the mental health nurse is to work with individuals in mental health distress to begin or continue their recovery journey. There is, however, a paucity of literature on mental health nurses understanding of mental health recovery and how they would implement recovery-orientated care within an acute care setting. This study explored acute mental health nurses understanding about recovery-oriented care.

Following van Manen's hermeneutic phenomenological method the initial themes identified were: definition of mental health recovery, and barriers faced by mental health nurses on acute units.

Mental health nurses' ability to practice recovery-oriented care firstly depends on their definition of mental health recovery and secondly opportunities provided on the acute unit to engage with the person suffering from mental health distress. The presentation will discuss issues mental health nurses encounter that may impede recovery-orientated care on acute units.

10.45 AM **MORNING TEA** Market Place (L1)

BLOCK THREE

11.15 AM **SESSION A** Meeting Place (L1)

TITLE: **There are more people living today than have ever died and other myths of dying**

PRESENTERS: **Robyn Garlick, Julie Lemieux, Wendy Wallace, Rosa Zepeda, Susan Ireland & Valentina Lamevski**

Australians living with mental illness have worse physical health and are likely to die 10 to 25 years earlier than the general population from health conditions caused by factors including smoking, metabolic illnesses and poor diet and exercise. Older people in psychiatric residential aged care facilities tend to have more complex physical health conditions than mainstream residents. Mental health services want to support people dying with dignity and support in familiar surroundings. This is a new knowledge area for most staff and requires a delicate approach to residents and

their loved ones. Caring for the serious mentally ill population facing end-of-life or advanced care wishes is an area that is consistently overlooked. Dignity, respect and choice are key themes to consider. Residential care Aged Persons Mental Health in NWMH - Melbourne Health wanted to ensure that these themes were met in a Quality Assurance project.

The presentations are based on four stages undertaken with Melbourne City Mission and education by Melbourne Health and Peter MacCallum Comprehensive Cancer Centre Services:

1. Pre and Post Project of End of life audit of files of five residents that had recently died undergoing palliative care
2. Pre and Post Project Survey of nurse's skills, knowledge and confidence in advanced care directives and palliative care
3. Pre and Post Project Palliative Care and Advanced Care Planning Continuous improvement audit of clinical and organisational governance of care provided within the services.
4. Developing, implementing and evaluating education based on the Pre-Projects Audits and Survey results.

11.15 AM **SESSION B** Silks Room (L2)

TITLE: **What are undergraduate nursing students' stigma and recovery attitudes pre/post mental health clinical placement: a Victorian study**

PRESENTER: **Kim Foster**

Undergraduate nursing students can hold negative attitudes towards mental health consumers, and may be under-prepared for mental health clinical placements. This study aimed to investigate undergraduate nurses' stigma and recovery attitudes on entry and exit from mental health clinical placement. Over a 12 month period, n=249 students from 7 Victorian universities completed an online survey pre and post clinical placement at a major metropolitan mental health service. On entry to placement, students had positive attitudes towards people with mental illness, and on recovery, both of which improved significantly following placement. Having a family member with mental illness was predictive of improvements in both stigma and recovery attitudes. Students' attitudes towards clinical placement and mental health nursing also improved, with more students intending to pursue a career in mental health nursing, and a graduate mental health nurse position.

University education appears to be better preparing nursing students for mental health clinical placement. Clinical placement continues to be a critical factor in building students' confidence in mental health practice, and in recruiting nurses into the profession. Given the projected shortfall in the mental health nursing workforce, it is vital that mental health services provide positive placement experiences for students.

11.15 AM **SESSION C** Jockey Room (L2)

TITLE: **Welcoming diverse and challenging consumer/survivor views and voices**

PRESENTER: **Indigo Daya**

This talk will present a new conceptual model that aims to help mental health professionals to improve 'consumer' engagement and co-production practices.

Increasingly, 'consumers' are included in mental health sector projects and committees—however, despite some positive shifts, 'consumer' engagement processes are often tokenistic and ineffective. For example, it is common practice to invite only one 'consumer' onto committees that have a majority of clinical members, and it is rare to see people who identify as 'psychiatric survivors' being invited into these spaces.

The conceptual model presents a different way of understanding the diversity of 'consumer' voices and views. It maps different experiences of treatment and care into four broad groups, each with different views about services and what is helpful or harmful. The groups also vary in how people describe their experience, and language preferences, e.g., 'patient', 'consumer' or 'survivor'. People in all four of these groups have equally valid and relevant views and voices for authentic and effective engagement and coproduction.

The talk will explain the model with examples from consumer/survivor narratives, explore ways the model can be applied in practice, and highlight some of the broader implications for the sector.

11.15 AM **SESSION D** The Mounting Yard (L1)

TITLE: **My Journey from Student Nurse to ANUM**

PRESENTER: **Samantha McIndoe**

My name is Samantha McIndoe and I work at The Melbourne Clinic in Richmond. This is my journey from starting out as a student nurse, to a graduate nurse, to an RN, to where I am today as an ANUM.

Being offered a grad year at The Melbourne Clinic was my dream, I loved the role that nurses played in the client's treatment and the friendly culture the hospital has built. I have worked on different specialty wards and faced obstacles which have all been rewarding.

Starting a new job always comes with challenges, thoughts go through your mind…. Just because I enjoy studying it, will I enjoy working in it?

Will I be good at it? Will I make friends?

Will the clients respect me?

What happens if I don't like it?

What if I don't know everything?

Who can I ask for help?

I have successfully completed a Graduate Diploma in Mental Health Nursing. This along with gaining experience has given me the opportunity to progress.

At present I am working as on ANUM in an emotional management program and work in intake. Doing both roles has given me a broader understanding of patient centred care.

Thank you for your time.

BLOCK FOUR

11.45 AM **SESSION A** Meeting Place (L1)

TITLE: **Heartscapes: A new narrative for understanding the complex interplay of mental illness and cardiovascular health**

PRESENTER: **Teresa Kelly**

Introduction: People who live with mental illness are vulnerable to premature mortality from cardiovascular disease. The decline in cardiovascular disease mortality observed in mainstream populations is not evident among people who live with mental illness. This PhD study aimed to explore the complexities that underpin this health inequality through the stories of ten people who live with mental illness.

Methods: A realist qualitative design was employed to frame a multi-method narrative inquiry. Data collection included: clinical file reviews; semi-structured research interviews; and semi-structured narrative interviews. Narrative analysis undertaken across the datasets produced a collection of ten illustrated core stories. Thematic analysis conducted within and across the storied collection generated a metanarrative.

Results, significance, and implications: A landscape metaphor was used to explore how living with mental illness influences cardiovascular health in everyday life. There were four lands: Borderlands, Entangled Lands, Heart Space, and Transformational Lands. This qualitative research generated a new narrative for understanding the complex interplay of mental illness and cardiovascular health. Translation of findings into policy in Victoria is underway. In this paper, I present the 'Heartscapes' as illustration and story. I share the key discoveries, and outline implications for policymakers, researchers, clinicians, consumers, carers, and others.

11.45 AM **SESSION B** Silks Room (L2)

TITLE: **The awakening of students on placement**

PRESENTER: **Ivana Vargovic**

Returning to nursing student coordination after 2 years and facilitating the orientation and debrief sessions, I found the discussion in these groups was different. The atmosphere was heavy with negativity, eye rolling and the occasional sound of snoring.

Feedback from students, showed common concerns around the face-to-face orientation being didactic and repetitive of the orientation booklet. Working with the preceptorship model, Educators have limited time and opportunity to catch up with up to 54 students. Many of the students found the face-to-face sessions with educators unhelpful or irrelevant, particularly when monopolised by a small number of students with negative discussions. The interactive orientation was redesigned to provide more practice and reassurance, hopefully commencing placement with less uncertainty and anxiety. Friday's were transformed into protected reflective spaces. Including positive thinking and self-care in the first Friday session was a must. This presentation will explore the learnings from an evaluation of the student placement feedback, pre and post implementation of the new structure. It will provide an overview of the redesigned program and share the key learnings aimed at improving the placement experience for nursing students.

11.45 AM **SESSION C.1** Jockey Room (L2)

TITLE: **Therapeutic not therapy**

PRESENTER: **Nicholas Barrington**

How do we make sense of the role of mental health nurses, and what is the value of asking the question? While rarely considering ourselves "therapists", much of what we do can, should and needs to be therapeutic. Single session thinking offers a mode for mental health nurses to see themselves being therapeutic even if not being a therapist.

We have a practical history formed from work and need rather than theory and reflection. While much study has gone into therapeutic change, if sequestered into formal therapy it may seem irrelevant to much of the work mental health nurses do, and therefore fail to inform and empower our practice.

I will seek to articulate how drawing from Single Session ideas can empower mental health nurses, to not only make the most of every encounter, but to see the relevance of their skills and experience as essential components of therapeutic input. Through which I want to promote a shared positive professional identity that "FEELS" the value and worth of existing skill sets, that goes on to drive a way to "be with" clients and families in a way that is therapeutic, even when not in therapy.

11.45 AM **SESSION D** The Mounting Yard (L1)

TITLE: **Cultural safety in Mental Health Nursing**

PRESENTER: **Sherryn Aslani**

He aha te mea nui o tea ao?
He tangata he tangata he tangata
What is the most important thing in the world?
It is people, it is people, it is people.

Recovery for an Indigenous person means a multi-dimensional concept of wellbeing is based on belief systems and concepts that purport good health is only possible when cultural, spiritual, mind, family, and the earth that sustains us is well.

This model of health works for all people, because we are blood and bone and we can all trace our histories back to somewhere.

Simple questions lead to surprising conversations and often is a revelation to individuals in the midst of mental illness; that they have a history and that they belong. To Indigenous peoples mental illness stems from separation from family, land, spirituality, their own thoughts and from their beliefs in a higher power and therefore separation from themselves. Mental illness is always about loss and the interconnectedness of the concepts and ideas I will speak about will enable clinicians to challenge and think about themselves in this model and in turn see the consumers they work with in a universally human way.

12.00 PM **SESSION C.2** Jockey Room (L2)

TITLE: **Emergency Department (ED) restraint practices**

PRESENTER: **Cathy Daniel**

Background: Detailed understanding of Emergency Department (ED) restraint practices is lacking.

Objectives: To describe restrictive interventions that occur in Victorian EDs.

Methods: A multicentre retrospective study involving five EDs collated data on all patients who attended in 2016 including the rate code greys and use of restrictive interventions. From each site, 100 patients who had a restrictive intervention were randomly identified and detailed data extracted from the medical record.

Results: In 2016, 327 454 patients presented to the five EDs; the rate of security codes for unarmed threats was 1.49% (95%CI: 1.45-1.54). Within the population that had a security code, 942 had at least one restrictive intervention (24.3%, 95%CI: 23.0-25.7). Details were extracted on 494 patients. The majority (62.8%, 95%CI: 58.4-67.1)) were restrained under a Duty of Care. Physical restraint was used for 165 (33.4%, 95%CI: 29.3-37.8) patients, 296 were mechanically restrained (59.9%, 95%CI: 55.4-64.3), median restraint time 180 minutes IQR: 75-360), and 388 chemically restrained (78.5%, 95%CI: 74.6-82.0).

Conclusion: Care for patients under Mental Health Act (2014) legislation has a strong clinical governance framework and a focus on minimising restrictive interventions, however this will not be the case for the majority of patients who experience restraint in Victorian EDs.

BLOCK FIVE

12.15 PM **SESSION A** Meeting Place (L1)

TITLE: **How can we improve physical health outcomes for our consumers in acute inpatient units?**

PRESENTER: **Marcella Regester**

It's well known that having a mental illness increases the risk of developing other serious health conditions, such as diabetes and cardiovascular disease. This is due to a number of reasons such as limited physical activity, poor diet, social isolation and psychotropic medication. How can we counteract these health issues when someone is in an acute inpatient unit? A random audit of metabolic data of consumers within the inpatient unit (height, waist and weight measurements), revealed that only 12 out of 35 consumers were having these measurements taken at any point throughout their admission. For three consumers that had their measurements taken, a follow up data collection was completed approximately four weeks later. It identified a 9.1% increase in weight, an 11.2% increase in waist circumference and a 12% increase in body mass index. These results indicated that something had to change to improve these outcomes for consumers. One changeable factor identified was exercise, which is backed with research regarding the benefits for mental health. We teamed up with Exercise Physiology students from ACU to create an exercise group within the inpatient unit to see if we could make a difference, for both physical and mental health.

12.15 PM **SESSION B** Silks Room (L2)

TITLE: **Learning from the experts: Peer Support Workers shaping future mental health nurses**

PRESENTERS: **Katherine Fairest, Henrique Van Dunem, Tania Kutny & Hanna Erichsen**

It's been quite an exciting few years within mental health care.

A progressive shift from a purely medical model towards a more holistic strengths based recovery orientated, consumer led service system is just what the doctor ordered!!!

NWMH Graduate nurse program has been in existence for 15 years. From humble beginnings the mental health graduate nurse workforce has grown exponentially over the last 5 years.

This growth has occurred in a time of great change within mental health service delivery.

The current mental health act introduced 5 years ago has changed the landscape & the language around mental health. Though we previously employed a consumer & carer workforce, the more recent employment of a peer support workforce has added another dimension in ensuring recovery orientated practice is front & centre of mental health nursing practice. The Peer support workforce has had a significant & positive impact on graduate mental health nurses particularly at the commencement of their graduate year.

Historically graduate nurses were provided with a session on Recovery from a mental health nurse. Over recent years, consumers & carers were provided with an allocated time to talk all things "Recovery" throughout the graduate orientation block. A recent article (Happell, et al, 2019) emphasise that recovery orientated mental health care needs to be delivered by those who are Experts by Experience.

Henrique Van Dunham has been a lead in delivering mental health content to NWMH graduate nurses. This year, Henrique delivered sessions on MSE, Recovery, and risk assessment including dignity of risk. His impromptu sessions have been highly rated on graduate nurse evaluations proving that peer support is an essential component in early career knowledge & skill development. In this presentation, you will hear from Henrique, Katherine & Tania who will share their perspectives on the importance & value of hearing from a peer support worker prior to commencing work within a mental health service.

12.15 PM **SESSION C** Jockey Room (L2)

TITLE: **Valuing, resourcing and supporting consumer and family carer lived experience workforces**

PRESENTER: **Lorna Downes**

The Centre for Mental Health Learning Victoria (CMHL) is the central agency for public mental health, including lived experience, workforce development in Victoria, supporting access to quality, contemporary learning and development. The Lived Experience Workforce Development Coordinators are key team members of the CMHL. They work closely with consumer and family carer workers, the Department of Health and Human Services (DHHS), training organisations, health services, and peak bodies to support the development of the mental health lived consumer and family carer workforces in Victoria. Their work is informed by the following frameworks:

- Human rights and rights-based practice
- Co-production and co-design
- Trauma informed
- Intentional Peer Support
- Recovery oriented practice

In this presentation they will discuss the new lived experience workforce strategies, and recent work with organisations to prepare for, recruit, and support consumer and family carer workers.

12.15 **SESSION D** The Mounting Yard (L1)

TITLE: **Support for families where parents have a dual diagnosis - let's talk about it!**

PRESENTERS: **Paula Kelly & Michelle Hegarty**

Studies show that 23% of Australian children live in households where a parent has a mental illness (Maybery, et al, 2009) and 11.9% of children live with at least one parent who has a substance use problem (Office of Applied Studies, 2009, cited in Maybery et al, 2013). Local data also suggests that up to 30% of adult mental health service users are parents (Eastern Health FaPMI, 2018). So with co-occurring drug and alcohol problems affecting around 50% of people with a mental illness (Sane Australia, 2016), we know that many service users we work with will be parents living with dual diagnosis. Mental illness and substance use add additional stressors to the role of parenting and can impact family relationships and children's wellbeing. Given this, parents and their children may benefit from supports providing accurate information regarding dual diagnosis, personal wellbeing and self-care, feelings, coping skills, relationships and available supports (Caselman, 2015; Moe, Johnson & Wade, 2008, cited in Naylor et al, 2016). This presentation outlines strategies for supporting whole of family recovery with families living with parental dual diagnosis, including peer support, information, safety planning and key messages "it's not your fault" and "you are not alone".

12.45 PM **LUNCH** Members Lounge (L2)

12.45 PM **SPECIAL EVENT** **COLLAB FOUNDERS PANEL** Members Lounge (L2)

1.45 PM **KEYNOTE SPEAKER** Meeting Place (L1)

SPEAKER: **Dr Lynne Coulson Barr**

Are we there yet? Reflections from the first five years of the Mental Health Complaints Commissioner. (Abstract on page 2)

BLOCK SIX

2.45 PM **SESSION A** Meeting Place (L1)

TITLE: **Multi-perspective accounts of engaging with early intervention services for first episode psychosis: a longitudinal qualitative study using trajectory analysis**

PRESENTER: **Rachel Tindall**

Early intervention services provide treatment for young people, aged 15-25 years old, who have experienced a first-episode of psychosis. They were established to meet the unique needs of this group but continue to have high attrition rates. This study aims to understand the experience of (dis)engagement over the total treatment period at an early intervention service. Qualitative interviews were conducted with young people, their caregiver(s) and their key clinician(s) at set time intervals. Data was analysed by longitudinal, trajectory analysis. Nine participant groups (young person, caregiver if applicable and key clinicians) were followed through their time at an early intervention service in Melbourne, with treatment periods ranging from eight months to two years. Participants came from a variety of cultural backgrounds and had various psychotic diagnoses. Engagement was impacted by personal factors (e.g., social circumstances) and service provision (e.g., continuity of care). The purpose of engagement changed over time and varied between participant groups. Triangulating the experience of engagement between key stakeholders allows a comprehensive understanding of what promotes good service engagement, and what may precipitate service disengagement. This study demonstrates the importance of service flexibility and responsiveness to individual circumstance and can be used to inform clinical practice and service provision.

2.45 PM **SESSION B** Silks Room (L2)

TITLE: **Debunking the Myths of Working in Private Mental Health: a Nurses Perspective**

PRESENTERS: **Rebecca Sprekos, Greg Coath & MN Gacutan**

There is a narrative that exists around working in a private mental health service amongst prospective and established nursing professionals, that the private mental health sector does not provide an equal service to its public counter parts and working within this private sector will not afford you the same opportunities and learning experiences as you may receive in the public sector.

One of the key areas where private health services excel is through the delivery of dynamic Psychological Interventions and Programs. These include Dialectical Behaviour Therapy (DBT), Trauma Processing, Eye Movement Desensitisation and Reprocessing (EMDR), Acceptance & Commitment Therapy just to name a few. These Programs are run continuously in private settings to equip and empower participants with the knowledge and skills that are often transformative mentally and emotionally.

The aim of this presentation is twofold. Firstly,to bust the myths or narrative that exist around private mental health services and provide some insight into the opportunities that are available within the private sector for both the new Graduate and the established Nurse. Secondly, and more importantly, it is an opportunity to explore the breadth of clinical services and evidence based programs that contribute to the recovery journey of the private sector service user.

2.45 PM **SESSION C** Jockey Room (L2)

TITLE: **Cross Sector Collaboration**

PRESENTERS: **Jo Stubbs & Henrique Van-Dunem**

In 2017 the Victorian Mental Health Interprofessional Leadership Network was asked to lead work that looked at new integrated, collaborative workforce models that would help people with mental illness access services they need through more effective referrals and inter agency care planning and coordination.

The original project did not identify which sectors the work would focus on. After significant consultation the VMHILN narrowed the focus to mental health and AOD.

This paper will explore the process of consultation, collaboration and project planning. A scoping review looking at theoretical principles that inform implementation of cross-sector initiatives was completed and a training package on dual diagnosis for the lived experience workforce was co-designed and co-delivered through the Western Cluster.

This paper will identify the challenges and key learnings from the project to date.

2.45 PM **SESSION D** The Mounting Yard (L1)

TITLE: **Emotional CPR: Supporting people through emotional crises by Connecting, emPowering and Revitalising**

PRESENTERS: **Lorna Downes & Neil Turton-Lane**

Emotional CPR (eCPR) is an experiential program designed to teach people how to assist others through an emotional crisis using three simple steps: Connecting, emPowering and Revitalising

In this presentation Neil and Lorna will give a brief overview of eCPR, share their experiences of learning, teaching and practising eCPR, discuss its relevance in mental health nursing and facilitate an activity that allows participants to experience eCPR.

eCPR is based on principles shared by a number of support approaches; trauma-informed care, peer support, counseling after disasters, emotional intelligence, suicide prevention, and cultural attunement. It was developed with input from individuals who have learned how to recover and grow from emotional crises.

The three key practices of eCPR are:

Connecting: The Connecting process of eCPR is heart to heart and involves deepening listening skills, practising presence, and creating a sense of safety.

emPowering: With eCPR we do not strive to fix, judge, advise, or empower someone else, but rather by seeing others as strong and whole we create conditions that allow us to all be empowered.

Revitalizing: In the Revitalising process, people re-connect with their vital centre, feeling a sense of renewed energy, vitality, and/or sense of groundedness.

BLOCK SEVEN

3.15 PM **SESSION A** Meeting Place (L1)

TITLE: **Innovations in Co-facilitating the Collaborative Recovery Model**

PRESENTERS: **Margie Nunn & Vivienne Power**

This presentation will outline the journey taken by clinicians and lived experience trainers to develop and deliver Collaborative Recovery Model (CRM) training in a metropolitan public mental health service.

The Eastern Health Mental Health Program adopted CRM to maintain a standard of care consistent with the National Framework for Recovery-Oriented Mental Health Services (2013).

Implementing CRM demands innovations. CRM is co-designed, co-produced and co-facilitated by people with lived experience as equal partners alongside clinicians. It is an evidence-informed, strengths-based coaching and training resource, developed for use across Australian mental health services (Oades, Crowe & Nguyen, 2009). It is applicable across settings, ages and cultural groups, offering a strong interface with existing therapeutic practices and tools.

At Eastern Health CRM Training is delivered across three days, with a 'booster' session at six months, then annually thereafter. Monthly team coaching sessions assist the transfer of knowledge into practice.

Over 600 mental health staff have been trained in CRM since 2017. This is the largest roll-out of its kind by an Australian public mental health service.

Sharing stories of change, hope and growth from clinical and lived experience has been transformative and reflects the evolving role of lived experience in mental health services.

3.15 PM **SESSION B** Silks Room (L2)

TITLE: **Seeds of Hope**

PRESENTERS: **Nicky Slocombe & Sindu Marottickal**

Seeds of hope is a project that has been introduced on an acute aged mental health unit utilizing the role of nature in enhancing health and well-being of patients, by providing them an opportunity to interact with nature. There is considerable evidence which reports that humans have an innate need to affiliate with the natural environment within which they have evolved and they have a preference to respond to natural stimuli. Patients were provided with their

own plant pots and were encouraged to plant seeds in it. We have a range of seeds and they can select seeds of their choice. Once planted, patients can check the pots regularly to assess the growth of seeds. When the plants have grown, patients can take it with them at the time of discharge. Seeds are metaphor for hope and hope underpins the recovery process of mental illness. Through this project, we are targeting recovery-oriented outcomes related to personal responsibility, emotional and physical well-being and socialisation.

3.15 PM **SESSION C** Jockey Room (L2)

TITLE: **Collaborative and coordinated support for mental ill-health: the challenges of reinventing ways forward**

PRESENTER: **Bronwyn Williams**

Care Coordination is an important aspect of service provision for people who experience Mental Ill-Health and other complex issues. The Eastern Melbourne Mental Health Service Coordination Alliance (EMHSCA) has been supporting staff across the region to work together for the benefit of this cohort since 2007. With disruptive changes to Mental Health and Alcohol and Other Drug services, and the adoption of fee-for-service models across disability and primary health affecting collaboration, service providers need to discover new ways of working that may ameliorate effects arising from these extensive reforms. This presentation is based on a recent local study involving mental health consumers, carers, staff and leaders seeking to understand the phenomenon of care coordination, where it works and doesn't work, and what is needed to preserve and improve it as the service system changes. We discovered that it is "what you know" and "who you know" that supports continuity of care and this requires multi-level structural support to improve if we are going to impact the current chasmic 'gap' in connected service provision for people who experience mental illness and their carers.

3.15 PM **SESSION D** The Mounting Yard (L1)

TITLE: **Modifiable risk factors linked to premature consumer mortality: An audit of physical health co-morbid conditions**

PRESENTERS: **Joanne Suggett & Trentham Furness**

It is well known and has been for over 50 years that consumers' co-occurring poor physical health is linked to premature mortality compared with the general population. Since 2017, we have been investigating premature mortality of consumers who had been accessing NorthWestern Mental Health services. Of N=79 consumers, the mortality mean age was 53 years (range = 28 to 70 years). Most common (85%) mortality causes were cardiovascular diseases, respiratory conditions, and cancers. Therefore, the aim of the current study was to describe clinical and sociodemographic characteristics of this cohort and determine prevalence of modifiable risk factors linked to cardiovascular diseases, respiratory conditions, and cancers. An audit of clinical medical records (including Coronial reports) was undertaken encompassing records from 2009-2018. Consumers who died due to cardiovascular disease (n=31) were most often sedentary and poorly engaged with treatment. Consumers who died due to respiratory conditions (n=21) and cancers (n=15) were also sedentary and had a poor diet. Obesity (76%), harmful tobacco smoking (73%) and alcohol consumption (25%) were most prevalent modifiable risk factors linked to premature consumer mortality. Mental health clinicians need to assist consumers with evidence-based interventions that target healthier lifestyles with particular focus on reducing obesity and tobacco smoking.

BLOCK EIGHT

3.45 PM **SESSION A** Meeting Place (L1)

TITLE: **ACT-ivating Recovery in Public Mental Health: The Transdiagnostic Application of The Wise Choices Group Program**

PRESENTERS: **Brendan Snell & Robert Bruno**

Acceptance and Commitment Therapy (ACT) is a psychological intervention based on modern behavioural psychology which integrates mindfulness, values work, and behaviour change strategies to assist people to live a meaningful life. ACT adopts the perspective that experiencing unpleasant thoughts, emotions, or sensations are not inherently problematic, but rather our responses to these experiences is what may result in suffering. Given this, the central aim of ACT is to increase one's flexibility with which they respond to difficult internal experiences.

Wise Choices is a group-based program informed by ACT. Although ACT itself is suitable for a range of psychiatric presentations, Wise Choices was originally intended as a treatment for Borderline Personality Disorder. This presentation will explore the trans-diagnostic implementation of Wise Choices within a public mental health setting. The authors will discuss the ACT processes which underpin the program, the barriers to implementation, adopting a trans-diagnostic approach, and participant outcomes.

3.45 PM **SESSION B** Silks Room (L2)

TITLE: **Primary Nursing in Mental Health Inpatient Units; improving service integration and person centred care.**

PRESENTERS: **Emily Stowell & Godwin Dhliwayo**

Author (s) surname, initial. Organisation affiliation Stowell, E and Dhliwayo, G. Mercy Mental Health (Melbourne) Introduction In 2018 the Acute Inpatient Units at Mercy Mental Health adopted a new Model of Care (MOC) based on the principles of Primary Nursing (PN).

Under this MOC, Mental Health Nurses work with one consumer and their carers/families throughout the admission. This ensures continuity of care, fosters therapeutic relationships and maximises opportunities for recovery.

This initiative was driven by the recognition that MHNs had become disengaged from making clinical decisions and monitoring the ongoing care of consumers. This was due to a lack of interaction with the multidisciplinary teams (MDT), a shortage of skilled MHN's and the prevailing MOC that saw MHN's work as being task rather than relationship-focused.

Objectives:

- To improve service delivery for consumers through a MOC that emphasises continuity of care and relationship building
- To strengthen the professional role of MHNs

Description of the work: The Acute Services Leadership Team and the Education Team at Mercy Mental Health:

- Developed a Recovery Care Plan template
- Established weekly MHN led MDT meetings.
- provided training and support for all staff on the MOC change.

Outcomes:

- MHNs lead the development of Recovery Plans with consumers, families and the MDT and present plans at weekly MDT meetings to further support integration of care.

Implications for mental health nursing: The leadership role of MHNs is recognised in coordinating services to ensure treatment, care and planning optimises the consumer experience.

Mental health nursing is viewed as a relationship rather than a task-orientated role. MHNs adopt therapeutic relationships with consumers, strengthening their role as advocates.

3.45 PM **SESSION C** Jockey Room (L2)

TITLE: **Perceptions of shared decision-making in serious mental illnesses: A cross-national comparative study**

PRESENTER: **Chongmei Huang**

Objectives: To compare consumers' and health professional's preferences for medical decision-making across China and Europe.

Methods: This study had a cross-sectional design. Chinese respondents' characteristics, preferences for decision-making were collected by questionnaires. European data was obtained from literatures.

Results: Most Chinese preferred shared style (71.2%) and moderate information (77.8%), while most European preferred shared style (66.0%) and high information (54.2%). One-sample test showed significantly lower score in China than in Europe. Two-independent samples T-test showed that consumers rated higher on work-related decisions and information need, and lower on medication-related decision and family involvement than mental health professionals

did. T-test showed that mean scores of the medication-related decisions (t=-10.53) were below, while working-related decisions (t=16.69) was high than the middle of the scale. Fisher's exact test showed that some characteristics of consumers (e.g. education level, employment status, and history of illness) and mental health professionals (e.g. gender, age, and occupation) were associated with their preferences.

Conclusion: The mental health community preferred shared style in medical decisions across China and European. The preference for decision-making is a complex interplay of cultural, contextual, and individual factors. Opinions of consumers and mental health professionals may differ, as to the level of involvement in specific decisions. Practice implication: There is no one-size-fit all approach and future SDM models should take culture and family into consideration.

3.45 PM	**SESSION D**	The Mounting Yard (L1)

TITLE: **The use of a therapeutic milieu within the contemporary inpatient mental health setting**

PRESENTER: **Aaron McGregor**

A presentation and discussion of evidence surrounding the utilisation of therapeutic milieu concepts within a contemporary inpatient child and adolescent mental health service (CAMHS). In understanding and applying the core principles of milieu therapy, a variety of positive outcomes become apparent to consumers, staff and the ward overall. The use of therapeutic milieu has been criticised due to the potential for a breakdown of professional boundaries and escalation of consumers in the ward setting. However, by integrating traditional theories with modern practice these challenges and criticisms are able to be overcome. The importance of utilising evidence based practice as well as continuing to research the efficacy of interventions is vital in ensuring continual improvement in consumer care. In implementing best possible practice, the approach of drawing from experience alongside current evidence based research optimises the potential for integrational success. Keywords: Milieu, child, adolescent, mental health, CAMHS.

4.15 PM	**CLOSE OF CONFERENCE**	**PRIZES AND AWARDS**	Meeting Place (L1)
4.30 PM	**DRINKS**		Market Place (L1)
5.00 PM	**CLOSE OF DAY 2**		

NOTES

NOTES

1999 – 2019 Celebrating 20 Years of Commitment to Mental Health Practice

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

CPN Centre for Psychiatric Nursing
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ANMF Australian Nursing & Midwifery Federation VICTORIAN BRANCH

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