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ABSTRACT

Introduction to Wellness Recovery Action Plan (WRAP)

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Introduction: The Wellness Recovery Action Plan® (WRAP®) is a manualized, self-management system delivered in a self-help context for persons coping with trauma and life challenges. WRAP® practices are the most widely disseminated, self-directed, person-centred practices in the United States (Roberts & Wolfson, 2004).
Course Description: This course is for anyone who wants to learn about Wellness Recovery Action Plan (WRAP®) and begin to incorporate it into their lives to improve personal wellness and professional development and improve their quality of life. This course is highly interactive and encourages participants and sharing from participants. The course also lays a broad foundation to build a peer-led WRAP® workforce. Successful completion of this course fulfils the prerequites to be trained as a Certified WRAP® Facilitator.
Learning Objectives: Following successful completion of this course, participants will be able to:

- Apply the 5 Key Concepts of Recovery to their everyday life to improve their quality of life.
- Identify tools and action plans to counter the negative effects of life challenges and improve responses to disturbing thoughts and feelings to achieve improved states of wellness.
- Describe the history, foundation, and structure of the Wellness Recovery Action Plan® (WRAP®).

WRAP® is a proven tool for personal wellness to anyone seeking behavioural changes over the lifespan.

Generalized anxiety disorder in people of African descent living in Australia during the COVID Pandemic

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Migrants, including people of African descent living in Australia may be more psychologically vulnerable in a rapidly changing environment during a pandemic as they were exposed to multi-faceted issues of Covid-19. The Covid −19 pandemic became a public health concern posing a lot of psychological issues globally; its impact on the mental health of African descent living in Australia cannot be overlooked. To examine the prevalence and correlates of likely generalized anxiety disorder in people of African descent living in Australia during the Covid −19 pandemic.
Methods: We collected data from people of African descent living in Australia using an online Generalized Anxiety Disorder (GAD-7) and sociodemographic questionnaire to collect Covid −19 related variables and clinical information from participants. The online survey was circulated to individuals of African descent through community organizations. Anxiety symptoms were measured using the Generalized Anxiety Disorder (GAD-7) scale. Likely GAD was deemed to be present when participants scored 10 or more on the GAD-7 scale. Data were analysed with SPSS version 25 using Chi-squared/Fishers Exact tests and bivariate logistic regression analysis.
Results: Overall, 192 Africans living in Australia participated in the survey. The prevalence of likely GAD in respondents was 53.8%. Participants who were aged under 30 years were about 13 times more likely to present with likely GAD compared to participants who were aged between 30 and 49 years (OR-12.99; 95% CI: 1.85–90.91). Similarly, participants who perceived they had been emotionally impacted by the pandemic were 23.26 (1/0.043) times more likely to present with likely GAD compared to participants who perceived they had not been emotionally impacted by the pandemic (OR = 23.26; CI: 4.42–125).
Discussions: Given the high prevalence of likely GAD among African descent in Australia, particularly those who are younger than 30 years old and those who perceived they had been impacted by the pandemic, interventions designed to alleviate the mental health of African descent in Australia are needed.

Nurses' motivations for entering mental health nursing: Findings from current transition-to-practice nurses

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Background: Mental health nursing is an unpopular career choice for most graduating nursing students and recruitment of nurses into the field remains a critical

challenge. To ensure a sustainable and skilled mental health nursing workforce to meet current and future mental healthcare needs, The Royal Melbourne Hospital/NorthWestern Mental Health developed a range of transition programs to attract, educate, and support nurses. There is little current evidence on transition nurses' motivations to enter mental health, particularly those of general nurses and enrolled nurses. The aim of the current study therefore was to understand the motivations of transition nurses (graduate and postgraduate registered nurses, general nurses, and enrolled nurses) regarding their decision to work in mental health nursing.

Data and analysis: This study reports findings from a larger survey study where $n=44$ transition nurses responded to the question: What prompted you to choose mental health nursing? Inductive content analysis was used to analyse open-ended responses.

Findings: Two main categories (personal motivation and practice-related motivations) were identified from analysis which reflected a range of motivations and influences on nurses' choice to work in the field. Personal motivations were nurses' individual desires and motivations for choosing mental health nursing. These included a lived/living experience of mental distress. Nurses also identified a desire to challenge stigma and to support consumer recovery. Practice-related motivations were external influences on nurses in choosing a career in mental health nursing. These included a previous positive mental health clinical placement, and previous experience working with consumers. Respondents also noted they found mental health nursing rewarding.

Conclusions: There are several important findings from this study. Understanding nurses' motivations for entering mental health provides important information about approaches that can be taken to attract and retain staff. Importantly, the findings show that student nurses must be provided with at least one dedicated mental health placement where they are positively supported by health services. Given the proportion of participants who identified a lived/living experience of mental distress, services recruiting nurses should also consider strengthening workforce mental health and wellbeing strategies.

Investing in carers: Increasing their capacity to care

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Background: Caregiving for people with mental illness (MI) is increasingly recognized for the impact on carers. Numerous studies have highlighted the necessity for respite care services as a way that may favourably impact carers' quality of life '. A literature review found a lack of knowledge regarding the experiences of carers for people with (MI) with respite care with most studies focused on carers of people with dementia, and/or physical or intellectual disability. Few research has examined the respite requirements and experience of carers for people with MI.

Aim: This paper presents preliminary findings from a PhD study that utilizes phenomenology to explore the experiences of respite for those who care for people with mental illness.

Methods: An interpretative phenomenological approach was utilized in the study. Individual in-depth semi-structured face-to-face interviews provided narrative data that were analysed using van Manen's 6 step approach. Findings are described as themes.

Conclusion: It is important to understand the experiences of carers for people with mental illness regarding respite. Given the illness chronicity carers of people with mental illness, carers may benefit from a more systematic, proactive approach to respite care. Improving the mental and physical health and capacity of carers to care more effectively should be a cornerstone of high-quality mental health practice.

Harm reduction: Nurses' views on the use of restrictive practices within the mental health service

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In recent years, restrictive practices in mental health nursing have been generally accepted as harmful and actively discouraged. Most countries have started implementing measures to limit their use. However, there is a lack of evidence for the status of restrictive practices in Saudi Arabia. The use of such practices, including seclusion and restraint, largely depends on the nursing staff's intervention. This research centred on eight Saudi mental health nurses' experiences and perceptions of restrictive practices. The nurses' perspectives towards the recommended decrease in restrictive practices were explored using the tool of a focus group, which exposed seven significant themes. Difficult to minimize practices when stimulated by fear; constrained by time and space; a purpose of either treatment or management; a safeguarding mechanism for everyone; a last resort to reduce harm; a significant cause of work-related stress; and language and culture barriers. Overall, the research highlighted the subject's multi-faceted, controversial, and problematic nature. There was no clear consensus: some respondents felt restrictive practices should be minimized, and others felt they were indispensable; some regarded them as a legitimate measure to expedite the management of the client, and others as a treatment requiring a doctor's order. The typical infrastructure of mental

health institutions, with congested spaces and no single rooms, was seen as an impediment to the reducing interventions. The recommended implementation priority, from seclusion to mechanical or chemical restraint, was also contested. Furthermore, the participants disputed which situations required intervention, e.g., whether restraints should be used to prevent self-harm or danger to others. Some respondents felt nurses should act as the client's advocate, championing the minimisation of restrictive practices. However, what is clear from the findings is that mental health nurses require assistance to unleash their potential in reducing restrictive practices. Providing of a conducive working environment is essential, comprising adequate staffing; professional development opportunities; and more effective use of space, including a single-room provision to facilitate timeout with the clients. Providing interpreters is essential to de-escalate aggression.

Co designing the reduction of community treatment orders in Victoria's Community Mental Health Services

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The Royal Commission into Victoria's Mental Health system (RCVMHS) laid out a vision of what a reimagined mental health system could look like, and how it would support the mental health and wellbeing of Victorians for years to come.
RCVMHS identified reducing restrictive interventions as one of the key priorities of the work for the Mental Health Improvement Program in Safercare Victoria (SCV), along with reducing compulsory treatment, preventing gender-based violence and preventing suicides in healthcare settings.
SCV is looking to build on expertise from across the state, partnering with people who have lived and living expertise, building on existing improvement efforts to accelerate implementation of best practice within the Victorian mental health system.
Recommendation 55 of the RCVMHS tasked SCV to work with mental health and wellbeing services to: increase consumer leadership and participation in all activities to reduce compulsory treatment; support the design and implementation of local programs, informed by data, to reduce compulsory treatment; and make available workforce training on non-coercive options for treatment that is underpinned by human rights and supported decision-making principles.(1) Co-design is a method and a process that supports testing assumptions. It provides a method to come up with ideas that could support better responses or solutions collectively and collaboratively.(2) SCV will undertake building the capacity of co design in six community mental health and wellbeing services. The co-design process will be supported by journey mapping the experiences of consumers, carers and clinicians from when a Community Treatment Orde r(CTO) is put in place, the experience of care whilst on a CTO and the support for people after CTO is revoked. The audience will learn that the human experience of people around CTO's will inform change to a more human rights approach. By this method of approach, to reducing compulsory treatment orders, co-design will be embedded in six community mental health and wellbeing services providing new opportunities and role development for mental health nurses.

1. https://www.health.vic.gov.au/mental-health-reform/recommendation-55
2. Co-design: Doing it in the real world with Authenticity, Indigo Daya, TACSI.

Effectiveness of systematic clinical supervision on work related strain, intercultural sensitivity and sense of coherence

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Introduction: Clinical supervision is a promising intervention for the personal and professional development of the nurses through a supportive working relationship. It is not only an educational activity but also a professional relationship where both supervisors and supervisees benefits by facilitative and evaluative activities. It empowers the nurses to practice effectively towards the safety and quality of patient care. However, virtually there is no study from the Middle Eastern countries on impact of clinical supervision on sense of coherence, work related strain and intercultural sensitivity.
Aim: The aim of this study was to examine the effectiveness of clinical supervision on perception of work-related strain, sense of coherence (how people view life) and intercultural sensitivity among nurses working in a public mental health facility in the Middle East.
Method: We adopted repeated measures uncontrolled clinical trial design. Data were collected at baseline, and then at sixth and twelve month after the implementation of clinical supervision. Four self-reported questionnaires were administered: Work-related strain inventory, sense of coherence-(shorter version, 13 items), intercultural sensitivity scale and Manchester Clinical Supervision Scale.
Results: One-hundred and thirty-six nurses volunteered for the study. The majority of participants were male and in their late 30s. The majority of participants had migrated from South East Asia to Qatar specifically to work in the health care system. There was significant

decline in means score of intercultural sensitivity noted from baseline to at one year. However, no remarkable change noted for sense of coherence and work-related strain from baseline, 6 months and at 12 months. This might be due to the fact that during the study COVID-19 pandemic has impacted the nursing workload and there were challenges to have face to face supervision sessions. However, study participants have acknowledged that clinical supervision is important, and improved care, and facilitated self-reflection.

Reconsidering cognitive remediation as a nursing intervention in psychiatric inpatient units in hunter New England

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A nursing intervention is "An action undertaken by a nurse in order to relieve or alter a person's responses to actual or potential health problems".
In mental health, the breadth of nursing interventions is wide ranging, from the custodial and restrictive, to the physical and medical, to psychosocial and psychological interventions. This paper proposes that Cognitive Remediation, a traditionally allied health based intervention within HNELHD should be reconsidered as a nursing intervention and that it sits within the remit of psychosocial and psychological interventions that nurses are best placed to implement.
Cognitive Remediation (CR) is "A therapy designed to tackle the cognitive difficulties associated with mental health problems…CR approaches involve completing cognitive tasks on repeated occasions with gradually increasing complexity". CR is delivered via computerized programs of varying length and complexity, 1-on-1 by a clinician, or a combination of both. The goal is to improve cognitive function so that people completing the program are better able to engage in day to day activities such as work, study, social interaction and independent living. Interestingly, cognitive impairment and cognitive difficulties are not rare in this patient cohort, and in some instances, cognitive decline is seen as diagnostic for some psychiatric illnesses.
The evidence for CR is good, with improvements across a range of cognitive domains in various studies. Nurses, having various instances of patient interaction in a shift are well placed to identify and discuss cognitive difficulties experienced both during an admission as well as prior to, during everyday life. And once identified, could swiftly move through the process to initiate a CR program for the person. Once initiated, CR programs are usually clinician non intensive, able to be personalized to target specific areas of concern and are measurable and effective.
This process sits well within the definition of a nursing intervention and also combines well with other aspects of care nurses complete as part of their role- such as care planning and relapse prevention planning. Including CR within this process could improve patients overall experience of inpatient mental health as well as their cognitive function.

Growing a responsive and pivotal workforce development organization

Kylie Boucher
Centre For Mental Health Learning, Melbourne, Australia

In 2018 the Victorian Department of Health funded a new central agency for public mental health workforce development. The agency was established with objectives including to provide access to quality, contemporary workforce learning and development activities; connecting, collecting and sharing information, tools, and resources, and reducing duplicative effort across the sector.
Only half-way into its three-year establishment period, the workforce development landscape in Victoria drastically changed in response to the pandemic. The new agency swiftly and nimbly redirected its energy into online connecting and collaborating whilst growing from 7 people to its current size of 30, keeping it on the front foot in supporting Victorian mental health services.
Despite the challenges, this agency is now recognized as providing robust leadership, including consumer and carer leadership. It has developed a strong organizational lens that facilitates positive systems change, responding strategically and creating sustainable workforce development solutions. It fosters collaboration and respect and is accessible to the mental health workforce.
It is responsible for leading numerous reform projects including a codesign program, access to supervision program, child information sharing scheme training, and supporting the multidisciplinary pre-qualification program. It also delivers core workforce development work including delivering training across and specific to disciplines, establishing and maintaining communities of practice, maintaining a website linking to key resources and other workforce development opportunities, and contributing its leadership, expertise and sector intelligence to the work and initiatives of other connected partner organizations.
This presentation will describe the process and challenges involved in collaboratively establishing this agency, being resolute, visionary and pragmatic in building an improved Victorian mental health system, whilst adhering to underpinning principles of integrity, transparency, respect, and inclusion.

Ketamine treatment for difficult-to-treat depression: A new clinical specialty in mental health nursing

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The Advanced Interventions in Mood Disorders (AIM) Clinic is a new service offering low-dose ketamine treatment for consumers with difficult-to-treat depression. The innovative model of care established for the AIM Clinic has allowed for the development of a new clinical speciality for mental health nursing.

Evidence for the effectiveness of low-dose ketamine treatment for difficult-to-treat depression has been growing over the past 20 years. The AIM Clinic offers consumers a three-week course of twice weekly intravenous ketamine infusions with the aim of improving depression symptoms, as well as reducing anxiety and suicidality and improving quality of life. Consumers are referred to the Clinic by psychiatrists from local area mental health networks, who maintain responsibility for the consumer's care. The AIM Clinic carefully screens consumers for eligibility to ensure that ketamine is a safe and appropriate treatment option for them. Treatments comprise a low dose of ketamine – a titrated dose of between 0.5–0.8 mg/kg, equivalent to 25–40% of the average dose required for surgical anaesthesia – infused over 40 minutes, with close bedside monitoring. After the infusion, consumers continue to be monitored for a further 80 minutes before being discharged home. Safety and side effect data are carefully reviewed over the course of treatment.

The specialist skills of mental health nursing are fundamental to the operations of the Clinic; from triaging referrals and sensitively managing consumer expectations in relation to the eligibility criteria, to assessing and managing dissociative and psychotomimetic short-term side effects that are common during ketamine treatment, this innovative model of care provides unique opportunities for the expansion of mental health nursing practice.

This presentation will describe the development of the model of care for the AIM Clinic and provide an update on the first months of the Clinic's operation.

Recruiting and building a skilled mental health nursing workforce – A long term strategy

Rachel Bowes
St John Of God Healthcare, North Richmond, Australia

Like most mental health services, St John of God Hospital Richmond faces a number of nursing workforce challenges. These include the recruitment of suitably skilled and experienced mental health nurses; the attraction of graduate nurses into the post graduate mental health pathway; equipping the existing nursing workforce with the clinical proficiencies required to deliver specialist programs; building a cohort of mental health nurse leaders and addressing poor performance, fatigue and burnout.

As well as operating in a competitive recruitment environment, the hospital also suffers from being relatively rurally located and not attached to a larger medical hospital. As a private not-for-profit facility the funding and revenue model creates additional challenges in relation to staffing levels and recruitment. The biggest selling point is a beautiful location and the development of a brand new facility opening this year.

This required the organization to be strategically creative and committed to address these challenges and to treat recruitment and workforce development as a long term priority which had high level buy in. The strategy included executive agreement to become comfortable with vacancies and using short term or temporary staffing, rather than compromise on our expectations and aspirations for individual nurses and the workforce as a whole. Recruitment for the sake of filling numbers was avoided as far as possible, which seems counterintuitive in the face of high workforce vacancies, but is critical in adhering to the integrity of the recruitment and development strategy.

This presentation will discuss some of the innovative recruitment strategies employed (some successful, some not so), the ongoing work to identify and address key mental health skills gaps in relation to the needs of the service users, the approaches to address succession planning and leadership development in the mental health nursing workforce, and the strategies developed and in place to tackle underperformance, workforce wellbeing and fitness for practice.

Development of staged clinical supervision implementation strategies

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Queensland Health, Brisbane, Australia

Introduction: The Queensland Office of the Chief Nursing and Midwifery Officer (OCNMO) has funded a series of projects to build clinical supervision capability for Queensland nurses and midwives, the first of these commencing in 2020. Through the development of the Clinical Supervision Framework for Queensland Nurses and Midwives (2021) and the successful development, delivery, evaluation and rollout of a 4-day Clinical Supervision Education and Training Workshop, Queensland has now established the environment to support the progression of clinical supervision implementation.

Main Body: Whilst the momentum for clinical supervision is building in Queensland, a well-articulated implementation plan is essential to the successful introduction of clinical supervision in the workplace.

In 2023, OCNMO funded a Clinical Supervision Implementation Project to build on the foundations and recommendations of previous projects, by developing staged strategies to support Health Services across Queensland to implement clinical supervision for nurses and midwives in Queensland.

The process for developing a state-wide clinical supervision implementation plan required broad consultation across Health Services, and with nurses and midwives from a range of levels, roles, clinical environments and geographical locations. The Clinical Supervision Implementation Project team also conducted a clinical supervision implementation literature review and a clinical supervisor support survey, prior to commencing the development of the staged implementation strategies.

Conclusion: This paper will overview the key findings from the literature review and project consultations, including the early implementation experiences from the authors and other key stakeholders. The process for developing the staged implementation strategies will be outlined and an overview of the strategies will be provided. The development of these strategies aims to build a defined path that can be utilized to support Health Services to sustainably implement this important professional development activity for nurses and midwives in Queensland.

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The development of a group clinical supervision video

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Introduction: This presentation will focus on the development and production of a Group Clinical Supervision resource video. Group Clinical Supervision improves communication in teams (O'Connell et al., 2011) and develops team structure and cohesion (Dawber, 2013); however to date, most nurses and midwives in Australia have not been exposed to group clinical supervision and many have a limited understanding of its purpose and parameters.

Main Body: The purpose of the Group Clinical Supervision video resource aims to build confidence and capacity for group clinical supervision and to enable nurses and midwives to develop an understanding of what to expect from, how to participate in, and how to maximize the benefits of group clinical supervision. The focus was not on "how to facilitate" group clinical supervision, but rather to assist nurses and midwives to discover how "to be" in a group by demonstrating how to set goals and objectives, provide feedback and offer support and affirmation.

Conclusion: Group Clinical Supervision begins with developing a Group Clinical Supervision Working Agreement (CSWA) (Hawkins & Shohet, 2012). This needs to be clearly constructed in the group and more systematically communicated than in individual supervision (Bond & Holland, 2010, p.209). The video addresses what nurses and midwives should expect when collaborating to develop a group CSWA, group process (Hawkins & Shohet, 2012) and how individual group members contribute to, and participate in a group.

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Mental health nurses' experience of resilience during COVID-19: A qualitative inquiry

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Despite the significant challenges posed by the COVID-19 pandemic for the healthcare system and the mental health nursing workforce, there has been limited research on mental health nurses' resilience in this context. The aims of this interpretive qualitative study are to explore the impacts of the COVID pandemic on the practice of nurses working in mental health, and how nurses maintained their resilience in this challenging context. Qualitative semi-structured interviews were conducted with 20 nurses working at a large Victorian metropolitan mental health service. Thematic analysis of interviews

resulted in four main themes: Experiencing significant disruptions; Making meaning of shared chaos; Having a sense of purpose; and Growing beyond the challenges. COVID was disruptive to nurses' relational practice, teamwork, and engagement with the consumers, and they must adapt by creating new ways of delivering care to the consumers. To maintain their resilience, nurses drew on their sense of duty and professional commitment to stay committed to keeping up care quality and providing the best care that meet consumer needs. They also proactively managed themselves by being in touch with their mental and emotional states and using self-regulatory strategies (such as cognitive reframing and positive self-talk). They attended to self-care with a range of resources including workplace counselling and supportive networks of friends, family, and colleagues. Conversely, nurses' capacity to adapt to COVID-related workplace challenges was diminished in the absence of adequate organizational support. These results have important implications for the sustainability of the mental health nursing workforce against current and future adversities in healthcare. It is recommended that mental health nurses are provided with resilient interventions and trainings to equip them with appropriate coping strategies for managing workplace stress. In addition, organizations can support staff retention and resilience and reduce workplace stress from conditions created by the pandemic by actively supporting staff's psychological self-care, including leave arrangements, and organizing realistic workloads and flexible work arrangements.

Educating undergraduate nurses in trauma informed care

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Australian mental health clinicians possessing knowledge of trauma informed care (TIC) is supported by government strategic direction (Commonwealth of Australia, 2017a, 2017b; Mental Health Select Committee, 2022). However, there is no clear understanding, consensus, or direction in relation to the education of undergraduate nurses in this area. The primary aim of this project is to determine the acceptability, appropriateness, and feasibility of the inclusion of TIC education in an Australian undergraduate nursing curriculum. Secondary aims will measure knowledge changes and evaluate learning after participants complete their undergraduate mental health clinical placement. This project is a multiphase, mixed methods (MM) pilot study with a sequential-concurrent data collection pattern and qualitative emphasis. Participants will complete pre and post intervention knowledge questionnaires in addition to quantitative surveys related to acceptability, appropriateness, and feasibility of the education intervention. Participants will be sent a qualitative survey to complete after attending their undergraduate mental health clinical placement to evaluate learning and gain insights about the education intervention. This project will add to the literature about the acceptability, appropriateness, and feasibility of TIC inclusion in undergraduate nursing curriculum in Australia. Further, this will support a greater understanding of the outcome that this education has in undergraduate nurses. It is necessary to first establish this knowledge before later exploring what impact this has for undergraduate nurses and if this impacts consumer experiences of care. TIC requires systemic support through inclusion in, and support of policy, procedure, and management and leadership practices, in addition to a comprehensive and systematic education for clinicians (Yang et al., 2019). However, what a comprehensive and systematic education contains is yet to be established.

Connecting undergraduate nurses to industry, a bespoke mental health nurse mentoring program

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The 2022 International Council of Nurses publication on the global mental health nursing workforce highlighted the seriousness of the mental health nurse workforce recruitment and retention problem. The mental health nursing workforce is predicted to have largest under supply of all nursing sectors by 2030 (Health Workforce Australia, 2014). Peak industry bodies have made statements that highlight that "without an appropriately qualified mental health nursing workforce, Australian mental health services will not be able to provide safe, appropriate and therapeutic treatment for people who experience mental illness" (The Australian College of Mental Health Nurses (ACMHN), 2019, p. 25). For a long time, mental health nursing has been viewed by graduate nurses as the lesser preferred graduate option (Redknap et al., 2015). Subsequently, there have been varied attempts within undergraduate nursing curriculum to address this issue (Browne et al., 2013) in a hope to bolster the mental health nursing workforce. Jack et al. (2017), highlights that nurturing a sense of belonging to both the undergraduate student role and the profession while students are completing work integrated learning can be of benefit in supporting students' professional and personal development.

In conjunction with the Employability Programs team, a bespoke mentorship program was created within the mental health undergraduate nursing course. Interested undergraduate nurses are connected to industry mentors and supported in developing a relationship via zoom, phone or email. This is facilitated by support emails from the Employability Programs team and the mental health nursing academic. The supported program runs for 6 weeks; however, mentors and mentees and invited

to stay in touch if mutually acceptable. Initial feedback from mentors and mentees is overwhelmingly positive. With mentors acting to provide advice, professional guidance and support through industry knowledge.
Future intentions are to formally evaluate the program with the intention to follow up over time to establish if participating in mentorship program translates to employment in the industry. Further feedback is being sought to improve and expand the program into other speciality nursing fields.

Mental health recovery: An approach to unleash Thai mental health nurses' potential

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Background: A recovery-oriented approach is increasingly recognized as necessary to support a person's recovery journey. In many English-speaking countries, recovery-oriented services have been adopted as the national policy direction for reforming mental health services. Despite recovery-oriented practice becoming more prominent globally, there is a lack of research on this person-centred approach within Asian countries, and mental health nurses perspective of this approach is not well understood. The perspective of mental health recovery in Asian countries may differ from that in Western countries due to culture, religious stigma, gendered norms, and negative societal attitudes towards mental illness. In Thailand, knowledge surrounding the concept of mental health recovery is not widely understood by mental health professionals, and has not been widely established within the Thailand context. To enhance the future development of recovery-oriented practice, understanding the meaning and experience of mental health recovery was explored.
Aim: This study explored the meaning of mental health recovery as it is understood by nurses working in mental health services within the Thailand context.
Methods: An interpretative phenomenological approach guided the research. Individual in-depth semi-structured face to face interviews provided narrative data that were analysed using van Kaam's Psychophenomenological Method (PPM). Findings are described as themes.
Conclusion: Preliminary findings from this study will be discussed in this presentation. Noting that recovery-oriented practice has relevance to mental health service delivery, understanding the meaning of mental health recovery as it is understood by Thai nurses working in mental health services will enable key stakeholders to identify and address gaps in existing service delivery. This could ultimately support mental health policy direction and unleash Thai nurses potential to deliver recovery-oriented care – ultimately benefiting all involved.

Transitioning traditional learning to a digital platform

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Introduction: With an increased expectation for Mental Health Nurses to maintain a competent knowledge base and for learning to improve clinical practice. Nursing education needs to meet an expanding clinical need, and with increased time pressures, learning needs to be both contemporary as well as a strong clinical base. There has been a an expectation to move clinical education from a traditional face to face mode to making use of digital learning platforms to host various diverse requisite clinical training requirements.
History: Since 2018 Metro North Hospital and Health Service has had an electronic digital learning portal called the Talent Management System. Which has become the learning and training hub for all the legislative, mandatory, requisite and upskilling learning that all clinical, medical and administrative staff need to complete at the Metro North HHS including all Mental Health Clinicians to complete their professional learning.
Education: With time and service pressure increasing and for Mental health Nurses to be concordant in many skill sets. Mental Health Nurse educators in cooperation with specialist talent and learning advisors have moved specific learning needs into the digital learning environment. At Metro North Mental Health RBWH, three diverse learning needs have been through a transition process from a time consuming traditional and paper based paradigm of learning to a contemporary digital platform that allows the individual learner to complete their learning in their own space, either at the clinical environment or home environment. These learning modules are very diverse. They include the use of a specialized ligature knife to be used in emergency situations where mental health clients need releasing in an emergency and life threatening situations. To the monitoring and recording of the training needed to competently prepare, administer, monitor and document the administration of the Olanzapine Relprevv Long acting Injection. With the final learning need moving the completion from a frustrating, time consuming paper based learning module covering Mental Health Visual observations to a digital format.
Conclusion: With transition to the digital platform, learning for Mental health Nurses is enhanced and meets diverse service needs.

How can we do this better? Nursing care for people who self-harm that matters

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In Far North Queensland (FNQ) there is a higher health burden associated with self-harm compared to the rest of the nation. FNQ has a similar challenges associated with remoteness and small populations that are reflected in many Australian states. So why is the incidence of self-harm events in this area higher?

A self-harm event is considered to be the single most important risk factor for future suicide, with FNQ having a high rate of suicide among young people, this is of significant concern. Emergency healthcare professionals, particularly accident and emergency (A&E) nurses, are often the initial provider of treatment and care to persons who self-harm. Care is then transferred to nurses working in mental health, regarded as having the skills to care for people who engage in self-harm. Research since the mid 1970s continues to highlight the need for educational preparation for undergraduate nursing across all disciplines, yet this is an ongoing problem with 2022 research identifying the same problems across nursing disciplines associated with feeling unprepared, emotionally drained and in many cases fighting stigma (Østervang et al. 2022, McGough et al. 2021, McCann, & Clark, 2007). Despite having a higher incidence rate of self-harm hospitalisations, no comprehensive investigation into the experiences of any nurses when treating persons who self-harm in the FNQ region has occurred. Given that the experiences of nurses are likely to influence both clinical practices and the outcomes of persons who self-harm, an understanding of why previous research in this area is consistently producing the same outcomes is needed.

We wanted to do something different, we want to compare the perceptions and experiences of frontline staff in both ED and MH services in FNQ and make practical use of that knowledge. To do this, we need to capture today's front line nurses experiences and attitudes using tested questionnaire tools and semi-structured interviews. This will include what training in self-harm they have received. Evaluation of these experiences alongside someone with lived experience of receiving nursing services aims to develop a practical, workable, and demographically appropriate intervention for preparing nurses to work alongside someone who has self-harmed.

Care coordination is the missing link in healthcare

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Care coordination remains a significant gap across the healthcare landscape. People with chronic illness and complex psychosocial needs are often navigating a complex maze of services with little to no support. GP's and hospitals are overwhelmed, specialist services work in their silos and community health lacks continuity of care due to short-term funding. Despite collaborative healthcare being considered best practice and routinely a requirement of government funding, the health system remains fragmented to the detriment of consumers and health workers alike.

This presentation will utilize 2 case studies to identify the barriers and benefits of care coordination to address current pressures on the system. When clinicians work together, improving health outcomes and staff wellbeing is possible. The case studies will highlight the strength of multi-disciplinary teams working together to support consumers with complex needs.

The first example will showcase a small community GP clinic that provided long-term and person-centred care for thousands of young people and families. Within a Social Model of Health framework, this multidisciplinary team routinely collaborated with tertiary, secondary and primary youth services to achieve the best health outcomes for young people presenting with complex psychosocial issues. A key success of this clinic was longer term funding and retaining staff, which ensured continuity of care. All this was achieved with a team of less than 3.0 FTE.

The second case study will highlight the impact on consumer care when services are fragmented and poor communication results in consumers being lost to follow-up. This presentation will identify the importance of care coordination to unify the sector and improve consumer care.

It is time we unleashed the potential of MHN's to improve coordination in private and funded care environments. Collaboration is one of the greatest strengths of nursing and we could bring significant change to a system in distress.

Mental health undergraduate students in nursing positions in Northern NSW: A feasibility study

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Introduction and Background: Nationally and internationally, there is growing concern for the declining

mental health nursing workforce (Browne et al., 2013; State of Victoria, 2011). This research will determine the feasibility of introducing a new designation of nursing, the Mental Health Undergraduate Student, in an apprenticeship-style employment model in the Northern New South Wales Local Health District (NNSWLHD). This region has experienced significant shortages especially since the floods, along with high community needs.
Aims/Objectives: The aim of this research is to address workforce shortages through an innovative co-designed educational approach. The research questions are:

- Can a MHUSIN program be established and sustained in the NNSWLHD MHAOD services?
- In what ways, does a MHUSIN impact recruitment and retention of mental health nurses?

Project Description/Description of the Work: This feasibility study will commence with a scoping literature review followed by a Delphi study, undertaken to determine how this new MHUSIN role might address workforce shortages in NNSWLHD.
Outcomes/Significance/Policy and Practice Change: This research will determine the feasibility of introducing a new designation of mental nursing, the MHUSIN, within acute mental health inpatient settings in Northern NSW.
Implications for Mental Health Nursing: The implications of this study are to benefit the recruitment and retention of mental health nurses now and into the future. The findings may also assist other regional and rural health districts.

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Introducing an assistant in nursing workforce in regional inpatient mental health units

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Introduction and Background: Until 2020, the Northern NSW Local Health District (NNSWLHD) Mental Health, Alcohol & Other Drugs (MHAOD) service did not employ Assistant in Nursing (AIN) staff. Since this time, AINs have gradually been recruited to acute inpatient units. Most AINs are local nursing students and are provided with support, including paid education days and regular check-ins from senior education staff.
Aims/Objectives: The overall aim of this recruitment strategy is to address ongoing nursing workforce challenges in the acute inpatient units in the NNSWLHD MHAOD service. Other aims include:

- Expanding mental health nursing skills for students and AINs with an interest in mental health nursing
- Increasing interest in mental health nursing recruitment by providing a clear and supportive pathway into the service

Project Description/Description of the Work: This recruitment strategy and workforce model was developed in responding to the need for improved pathways into mental health nursing in the NNSWLHD. Further improving the AIN's mental health nursing skills, two paid education days are provided in their employment. A scope of practice addendum has been developed in consultation with managers and educators due to the specific nature and context of the work.
Outcomes/Significance/Policy and Practice Change: Due to the recency of this project, longitudinal data regarding the impacts of this workforce change are unavailable. It is expected that this workforce model will increase the likelihood of student nurses continuing to participate in the NNSWLHD MHAOD nursing workforce in future.
Implications for Mental Health Nursing: The implications of this project are the improved recruitment and retention of mental health nurses in this regional health district. The outcomes may also be replicated in other services.

What makes for a good mental health professional? The changing face of our sector

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Who and what even is a mental health professional these days? Is it just about qualifications, accreditations and professional development? And even if someone is categorized as a mental health professional what happens when they do not meet up to a client or service user's expectation of what they think a mental health professional should be? Is it enough to just have the degree and certificate or are service users asking for much more from their treatment providers? How do theses changes in expectations affect mental health professionals working in these roles? What can we do to better equip mental health professionals to rise to the challenge?
In this session, a Mental health and suicide prevention educator will share their insights into the changing face

of mental health professional care and issues that she has seen in her work with those with a lived experience as well as educating professionals. As an individual who also identifies as having a lived experience of mental illness and suicide, they will provide examples of different types of interactions that they have experienced.
There will be a focus on the most significant issues faced by those seeking help as well as suggestions on how mental health professionals can address these. Topics that will be discussed include:

- Consistency and accessibility.
- Vulnerability.
- Trauma informed language.
- Providing autonomy.
- Humanizing and normalizing.
- Collaborating and connecting with other treatment providers.

Attendees will leave this presentation feeling better equipped to advocate for both their own needs while receiving treatment as well as to advocate for the needs of those they are supporting or care for. It will also provide mental health professionals with the opportunity to sit in the other chair and to see things from a different perspective to evaluate and reflect.

Maintaining equilibrium: Mental health nurses' experience of resilience in the face of emotional labour

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Introduction and Background: Emotional labour (EL) is a form of workplace adversity that can negatively impact mental health nurses' (MHNs) well-being and capacity for therapeutic work. Resilience is a dynamic process of positive adaptation in the face of adversity that promotes increased well-being. Building and strengthening MHNs' capacity for resilience can help mitigate the negative effects of EL. There is little evidence; however, on MHNs' experiences of resilience and how they positively adapt to the EL of their work.
Aim: To explore MHNs' experiences of, and how they build their capacity for resilience in the face of EL.
Methodology and Methods: This research used an interpretive qualitative design. Semi-structured telephone interviews were conducted with $n = 11$ purposely selected MHNs. Reflexive thematic analysis was used to analyse the transcripts from the audio-recorded interviews.
Findings: Four themes were constructed. The first three describe how MHNs maintain their resilience in the face of EL: Maintaining equilibrium through proactive self-care, Having a positive mindset grounded in purpose, and Being attuned to self and others. The fourth described what hinders MHNs' resilience: Running on emotionally empty. MHNs maintained a state of equilibrium by attending to their personal and professional well-being. This helped them replenish and sustain the energy required to self-regulate, manage their mental–emotional state, and enact boundaries. In turn, this assisted them to positively adapt to their EL. High workload, and a lack of organizational support hindered MHNs' resilience.
Significance: Strengthening MHNs' resilience can help them maintain their equilibrium and well-being, which can increase their positive adaptation ability and their capacity to remain therapeutic in the face of EL.
Translation to Policy and Practice: Insights provided by MHNs in this study demonstrate there is an equal emphasis on individuals and organizations. MHNs need to take a proactive stance to maintaining their equilibrium and well-being by engaging in self-care and opportunities for personal and professional development and growth. Organizations need to design, and support MHNs to access resilience-building initiatives and strategies that can strengthen MHNs' self-regulation, interpersonal practice, self-care, and well-being, in addition to promoting life-work balance, and a psychologically and physically safe workplace and culture.

Pioneering through authentic partnership. Developing training for nurses to understand and elevate lived experience workforces

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Embedding lived and living experience workforces is central to the mental health reform underway in Victoria (Department of Health, 2022). However, there are significant barriers to lived and living experience workforces being able to work effectively and thrive within services. Clinical staff do not yet fully understand lived experience work and scope, and well-established power dynamics and models of care impede lived experience ways of working (Our Future Project Partnership, 2021).
Clinician attitude is a significant barrier to the change required to embed and enhance lived experience roles in public mental health services (Cleary et al., 2011). As the largest discipline within the mental health workforce, nurses are in a powerful position to elevate lived experience workforces within mental health services. To do this, nurses - like all non-LLEW disciplines - need to first understand lived and living experience work, and value the difference it makes to the consumers, families and carers they support.

The Lived and Living Experience Workforces (LLEWs) Development Program aims to develop and implement projects which grow, support and sustain lived and living experience workforces in public mental health, alcohol and other drugs alcohol (AOD), and harm reduction sectors in Victoria. The program builds on decades of activism and advocacy by people from a range of lived experience perspectives. Our organization is involved in the training stream of the program and several projects involve the production of training for non-LLEWs (e.g. clinical staff, managers and leaders) about lived and living experience workforces.

The training delivered as part of this program will increase nurses' understanding of lived and living experience workforces, how to work in partnership and unleash the potential of both the lived experience and nursing workforces. This will result in care that is truly recovery-oriented, providing better outcomes for the consumers, families and carers that we support.

Clinical development programs in public mental health crisis intervention teams

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Eastern Health, Box Hill

Recruitment and retention of clinicians continues to be challenging across public health and mental health. Although the COVID-19 pandemic rapidly evolved nursing shortages (Lopez, et al. 2022) the shortage in mental health nursing has been evident for many years (Adams, Ryan & Wood, 2021). Some of the issues related to this include workplace conditions, occupational violence and aggression, and an ageing clinical workforce (Buchan, et al. 2015), the latter reason being the catalyst to commence a tailored development program.

Traditionally to work in a crisis intervention team a clinician required a long list of experience beginning in the acute ward and then community work, before joining crisis intervention teams as a senior clinician. This, however, is a long process that over time has slowed the recruitment of mental health nursing and allied health clinicians in this crisis field.

At Eastern Health in Melbourne the Crisis Intervention Teams include; the telephone triage service, three Emergency Department response teams, three Crisis Assessment and Treatment Teams, and the Police Response Team. This is a large service that requires a range of clinical and interpersonal skills.

In 2021 the Clinical Development Program was developed to attract what traditionally would have been classified as more junior nursing and allied health staff. The program is 9-months in duration and provides education days, blocked rostering across each team, double the supernumerary time in each area, an experienced preceptor, standardized milestones, and support from the clinical coordinators. There are two intakes each year of four participants.

The Clinical Development Program has mostly recruited mental health nurses. It has recorded good levels of satisfaction and increases in clinical confidence from the participants. Most participants have remained with the team and a several are completing the team's one-year Clinical Leadership Program with a view to becoming a senior clinician. The last two intakes have not required advertising due to the positive word of mouth about the program.

While this is not the sole response required for a workforce shortage, the program has been successful in addressing some shortfalls in mental health nursing and allied health recruitment in this specialized area.

Conditions for co-production: A power sensitive, relational approach to centring lived experience in mental health

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Work that utilizes methods of co-production is increasingly being called for in the design, evaluation and delivery of services, as well as research and training in the mental health sector. While the growing popularity of co-production has the potential to make meaningful changes in the way consumers, families, and carers play a role in the development and delivery of programs and services, there are many instances of projects, labelled co-production, that fail to meet the principles that enable the genuine power sharing and capability building required in co-production.

This presentation will outline a model of authentic, relational co-production which specifies core principles of practice and strategies that can be used utilized when facilitating co-produced projects. Key to effective co-production is a conscious effort to create conditions within a project that enable all team members to feel safe and supported to share ideas, that work to build the capability of team members to take up key roles within the project, and that enable a consistent attunement to power dynamics within a team. These conditions for co-production can be used by practitioners who are involved in co-production processes to ensure that the transformative potential of co-production is realized.

Realist synthesis on the effectiveness of a rapid response system in managing mental state deterioration in acute hospital settings: Examining contexts, mechanisms, and outcomes

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Introduction: Mental state deterioration in patients is a significant problem in acute medical settings that results in adverse outcomes, such as continued use of restrictive interventions (1–3). However, evidence-based early identification and management interventions to mitigate this deterioration require further research, particularly from a causal framework (4). We conducted this realist review to test and refine initial program theories by synthesizing the literature to understand how an intervention for mental state deterioration management by a medical response team is supposed to work (or not) in the context of a tertiary hospital.
Methods: Based on realist methodology, we systematically synthesized the literature for empirical evidence to test and refine our initial program theories (5, 6). The realist approach emphasizes unpacking how causal mechanisms are shaped and constrained within particular contexts (7).
Results: Healthcare systems are complex, with interconnected components that involve patients, clinicians, managers, policy, and the interaction between agents, power, and competing interests is dynamic (8). Therefore, an organization needs to consider the dynamics of this connectedness when any improvements are introduced. According to research, the three main elements that facilitate an effective intervention are care processes, therapeutic practices, and organizational support (9). The essential components influencing positive outcomes include alignment between the intervention and other structures, improving clinical skills and organizational culture through training, risk assessment tools, a readily available response system, and governance structures committed to addressing change (10–13).
Conclusions: This review highlighted that it is likely that the foremost essential aspects will improve outcomes. Our theories are articulated into contexts, mechanisms, and outcomes configurations according to realist methodology at the micro, meso, and macro levels. A specialized intervention combined with other strategies such as environmental changes, supportive policies, training, and strategically involving consumer consultants will provide long-term solutions for addressing deterioration. In addition, the leaders of an organization should be committed to change and avail resources. Most importantly, clear communication at all levels of the organization is critical. We envision improved models of care and resilient staff capable of assessing, managing, and escalating the root causes of mental state deterioration.

Supporting family recovery in mental health: A personal perspective and innovative practice approach

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Recovery-oriented care is a priority in mental health services. Although personal recovery is an individual experience, the family as a whole go through a recovery process when a family member has mental illness. Person-centred approaches alone may not be sufficient to address families' needs. Family-focused approaches are important in supporting relational recovery and addressing the psychosocial needs of all family members.
The aim of this presentation is to describe the personal experience of living in a family with mental illness and discuss the importance of taking a whole-of-family approach to practice. The presentation includes the lived experience of mental health nurse who grew up in family where both parents had mental illness and introduces an innovative framework for essential family-focused practices (EASE: Engage, Assess, Support, Educate) that can be used by clinicians to support families. A video on the application of EASE in practice concludes the presentation.

What are the effects of a resilience program on mental health nurses' wellbeing and resilience?

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Mental health nursing is internationally recognized as a stressful occupation due to healthcare organizational stressors and the demanding nature of mental health nursing work itself. Resilience programs can support nurses' wellbeing and resilience and assist with workforce recruitment and retention. This presentation presents findings from a partially clustered randomized controlled trial of the Promoting Resilience in Nurses (PRiN©) program (QUT) delivered to nurses at a large metropolitan public health service in Victoria in 2021–2022.
The PRiN© program is a strengths-based program delivered face-to-face over 2 days (spread 3 weeks apart) by trained facilitators. The aim of the trial was to determine the effects of PRiN on mental health nurses' coping

self-efficacy (primary outcome), and emotional intelligence, psychological well-being, psychological distress, workplace belonging, resilience, post-traumatic growth, and turnover intention (secondary outcomes). A total of $n = 144$ nurses enrolled in the trial and were randomly allocated to program or control group, with $n = 122$ completing the trial. Online surveys were collected on entry to the trial (T1), following program delivery (T2), and 3 months following program delivery (T3). Data were analysed using linear mixed modelling. Key findings included statistically significant differences between program and control groups for coping self-efficacy, wellbeing, and post-traumatic growth after the program (T2), and statistically significant differences in psychological distress, wellbeing, and resilience 3 months following the program (T3). The program was found to be effective in promoting mental health nurses' resilience and capacity for post-traumatic growth and improving their mental health and wellbeing.

Resilience programs can be effective in promoting mental health, wellbeing and resilience and are recommended for implementation in a range of healthcare settings as part of a suite of wellbeing strategies to support the nursing and health workforce.

Supported decision-making in mental health treatment planning: A systematic, integrative review

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A growing momentum around the world is seeing mental health policies and legislation being developed to improve collaboration with service users so they can be more involved in their care and treatment planning. Shared and supported decision-making can both apply in mental health treatment planning to improve opportunity for more service user involvement. While research suggests that mental health professionals generally endorse in-principle the concepts of shared and supported decision-making, in practice progress on this is lacking.

A systematic, integrative review of the literature was undertaken, with the aim of identifying research intervention studies conducted to support, or facilitate, treatment planning with mental health care service users. The following questions informed the review: (i) What research has been undertaken in this field since 2008? (ii) What are the barriers to its implementation? (iii) What is the evidence around the associated outcomes for people with mental illness? and (iv) How do service users and clinicians experience it? A systematic search of 7 databases was undertaken. Publications were screened according to pre-determined inclusion/exclusion criteria, and those included in the review were then analysed and the findings integrated using the JBI approach to mixed method systematic reviews.

Database searches identified 7186 publications. After duplicates were removed and screening occurred, a total of 86 publications were included and formed the basis of this review. Findings of the review in relation to the first two questions posed above, will be outlined and gaps in the research will be discussed in this poster presentation.

Labour petrification: A new form of 'burnout'?

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Introduction: The psychological phenomenon of 'burnout' has been associated with poor work performance, job dissatisfaction, unkindness, and difficulties in retaining nurses (Johnson et al., 2018). Burnout is, however, also a sociological phenomenon having developed in a peculiar social-cultural milieu associated with the rise of modern bureaucratic institutions such as the regimented asylum system (Schaufeli, 2017). Today, the former institutions have been replaced by a more 'progressive' mental health care system. Is it possible that this new regime has generated new adverse psychological phenomenon on par, but qualitatively different than, burnout?

Aim: To operationalize and explore the concept of 'labour petrification' contrasting it with the idea of 'burnout'.

Description: This paper explores, contrasts, and frames the idea of 'labour petrification'. It draws on scholarship that describes similar phenomena. Qualitative evidence, drawn from interviews done with nurses, is presented so as to further elucidate the concept.

Outcome: This paper argues that with the rise of managerialism, and an associated risk/blame culture, mental health nursing has become afflicted with a new psychosocial phenomenon best described as 'labour petrification'. The word 'petrification' supposes that nurses have increasingly become paralysed by fear—petrification arises when workers are subject to threats relating to organizational risks and an associated blame culture. Importantly, managerialism also colonizes nurses' folk means of getting by leaving them vulnerable and dependent. Without adequate means of getting-by, they become susceptible to fear. Fear 'petrifies' the nurses, impeding the development of their craft and character. As a result, the workers become mistrustful, their practice narrowing to the performance of accountability rituals, and their thinking becomes defensive and risk averse.

Implications: Currently the concept of labour petrification exists as a hypothesis in need of more research and testing. The nature of labour petrification requires further qualitative description examining how workers 'get by' and what troubles them. It would also be useful to

conduct quantitative research, including factor analysis, testing the relationships between variables relevant to the phenomenon.

Universal domestic violence screening

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Men and LGBTIQ people experience Domestic Violence (DV) (ACON, 2023) (Bates, 2020). They face many unique challenges in seeking help such as receiving negative judgement, DV stereotypes and nonphysical abusive behaviours (Bates, 2020). The New South Wales (NSW) population is predicted to grow by 14% in the next 10 years, which will affect the requirement for service and quality of care (NSWSF, 2018). Current DV screening primarily targets women when engaging with the health system during admission into Emergency Departments and Mental Health Services (NSW Health, 2006). Not to undermine the needs of women, this should also be inclusive of other demographics (Bates, 2020). The Australian Charter of Healthcare Rights and the Mental Health Act 2007 explain that patients are to receive high-quality care (ACSQHC, 2019) (MHA, 2007). These standards of care have been overlooked if these populations are not being screened.

Recommendations: Develop DV screening tools to capture DV in all populations and reduce perpetrator stereotypes.

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The effects of forest bathing on psychological well-being: A systematic review and meta-analysis

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Globally, around half (55%) of the population lives in fast-paced urban settings, where many people find it challenging to manage their stress and respond to crises with a positive mindset. These challenges resulted in prolonged distress, where anxiety and fatigue caused physical and mental health concerns. Many theories, such as the biophilia hypothesis (Wilson, 1992), the Attention restoration theory (Kaplan & Kaplan, 1989), and the Psycho-evolutionary stress reduction theory (Ulrich, 1984), have poised the salubrious or therapeutic effects on mental health and well-being when individuals are reconnected to a natural environment. In this systematic review, we evaluated the effects of forest bathing on psychological and physiological outcomes. We searched four English and five non-English databases (Chinese and Korean) for peer-reviewed studies published between January 2000 and March 2021. This review adhered to the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analysis Statement 2020. The primary outcomes explored in this review were mainly psychological, including anxiety, depression, mood, and quality of life. We conducted a meta-analysis on each outcome using the random-effects model. Heterogeneity was assessed by the I^2 statistic. We included 36 papers (21 in English, 3 in Chinese, and 12 in Korean), with 3554 participants in this review. Our meta-analysis suggested that forest bathing can significantly reduce symptoms of depression and anxiety. Results from this review reinforced mental health nurses' important role in championing the need for forest preservation as expressed in United Nations Sustainable Development Goal 11.7 for sustainable cities and communities. Furthermore, mental health nurses can advocate for forest bathing as a non-pharmaceutical and non-psychological intervention to prevent and control non-communicable diseases and improve people's quality of life and well-being.

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Vaccine-preventable hospitalisations in adult mental health service users: A population study

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Background: People living with mental illness are at an increased risk of hospitalization for vaccine-preventable conditions, which can result in preventable illness and increased mortality. The objective of this study was to examine the risks of hospitalization for vaccine-preventable conditions among mental health service users in New South Wales (NSW), Australia.
Methods: This study used linked population data from NSW to identify vaccine-preventable hospitalizations (VPH) for 19 conditions between 2015 and 2020. Adult mental health service users ($n = 418\,915$) were compared to other NSW residents using incidence rates standardized for age, sex, and socioeconomic status. Secondary analyses examined admissions for COVID-19 up to September 2021. Incidence rate ratios (IRRs) with 95% confidence intervals (CIs) were calculated to determine the relative risks of VPH, which were further analysed based on age and sex.
Results: The study identified 94 180 VPH, with influenza, hepatitis B, and herpes zoster accounting for most cases. Mental health service users had a higher incidence rate of VPH compared to other NSW residents (aIRR 3.2, 95% CI 3.1–3.3), with the highest relative risks observed for hepatitis (aIRR 4.4, 95% CI 4.3–4.6). Elevated relative risks were observed for all conditions, including COVID-19 (aIRR 2.0, 95% CI 1.9–2.2). Mental health service users were younger at the time of their first VPH admission, with the largest age gap observed for vaccine-preventable pneumonias (11–13 years younger).
Conclusion: Mental health service users in New South Wales have an increased risk of hospitalization for many vaccine-preventable conditions. This may be due to reduced vaccination rates, more severe illness requiring hospitalization, greater exposure to infectious conditions, or other factors. The findings highlight the importance of prioritizing mental health service users in vaccination strategies. These results may inform targeted vaccination interventions for this at-risk population. Mental health nurses play a vital role in vaccination advocacy and provision for mental health service users.

Infant removal from birth parents; how mental health nursing information is used by courts

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Despite infancy being the time of greatest need for nurture and care in the human lifecycle, The World Health Organization has estimated that one in seven children every year are affected by abuse, neglect, and associated death. Infants who experience prolonged adversity are at risk of developing poor mental health which can cause long term health, emotional and social problems. To offer protection, internationally across numerous jurisdictions, courts and child welfare departments make difficult decisions regarding the removal of infants from birth parents and placement in out-of-home care (OOHC) on a daily basis. Such processes often involve consideration of advice from mental health nurses (MHN) and other health professionals, who have potential to make a major contribution in the identification of infant neglect, maltreatment, and long term adverse sequalae including death. The removal of an infant can also have profoundly damaging physical, physiological, social and emotional effects on birth parents. With appropriate support by MHN's birth parents can be motivated to change harmful behaviours and improve parental capacity. Despite the profound significance of infant removal, however, MHN's and other health professionals often fly blind regarding how information may or may not contribute to court decision-making. Ongoing development of MHN's roles will be hampered if the current lack of transparency about how courts consider health information continues. This paper presentation will outline the findings of a scoping review conducted in 2022 which revealed that there is a lack of transparency and heterogenous nature of court decisions regarding infant removal (Gregory-Wilson et al., 2022). Findings suggest that greater clarity is needed about how health information may contribute to court decisions about infant removal. MHN's should be at the forefront of change to ensure we lead and have an impact on the future mental health service delivery in the child protection setting for infants, families and communities. More research is needed to enable unleashing of the potential of MHN's in assisting courts with decisions about infant removal from birth parents.

Vulnerability theory: a framework for mental health nursing research for infants in out-of home-care

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Data from the Australian Institute of Health and Welfare and the World Health Organization report that infants aged under 12 months are the most likely group to be removed from their birth parents and placed in out- of home care (OOHC). Numerous interpersonal and social concerns contribute to the challenges associated with the placement of infants in OOHC. These include issues ranging from how mental health services are delivered, to legal dilemmas such as how courts and child welfare departments make decisions about removing infants from birth parents in the first place. Mental health nurses (MHN'S) work with families in a wide variety of ways to equip them with the resilience to navigate both present and future health challenges. In the child protection setting MHN's are often members of care teams making them well-placed to research topics concerning groups such as infants who are placed in OOHC. Developed by North American legal scholar Martha Fineman in 2008, a contemporary macro-legal-political theory with potential to inform research exploring the nexus between healthcare and law is vulnerability theory. Vulnerability theory posits that all people are vulnerable and will, at some stage across their lifespan, be dependent on social relationships, institutions, or the state, to mitigate their vulnerability. MHN's are mandated to advocate for vulnerable populations, however, are reliant on resources, health care funding and appropriate models of care in order to respond to crisis, challenges, and change. Due to the wide array of challenges that can be experienced by a person over their life span, conceiving vulnerability as a universal, inevitable, and enduring aspect of the human condition, vulnerability theory provides fertile ground for explaining how law impacts individuals, families and communities. This paper presentation will explain how vulnerability theory has the potential to inform exploratory studies and research focused on developing new models of care as well as ways of conceptualizing practice and creating and evaluating policy for mental health nursing practice.

Coercion in community mental health nursing – The ethical dilemmas

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Coercion is a defining feature of public mental health services in Australia. Much of the research and recent policy directives aiming to reduce coercive interventions have been focused on inpatient mental health settings, particularly regarding restrictive practices such as seclusion and restraint. Implementation of the Safewards Model of Care is an example of a successful initiative to reduce such restrictive practices. However, increasing numbers of Australians are subject to coercive interventions in community mental health settings delivered through community treatment orders. This is despite conflicting evidence of the effectiveness of community treatment orders and concerns about the potential for harm.

As in hospital settings, coercion in community mental health care holds risks of traumatisation and retraumatisation. Forced treatment appears contradictory to the key principles of empowerment and self-efficacy in personal recovery. Moreover, some may consider forced treatment as a breach of human rights. The experience of coercion may cause people with mental illness to avoid seeking care at times of mental health crisis which risks relapse and further trauma. Coercion can also compromise the therapeutic relationship which is core to the work of meaningful mental health nursing.

The tension between providing best practice care that avoids coercive practices, and ensuring the conditions of community treatment orders are met creates potential for ethical dilemmas for mental health nurses. This presentation will examine the increasing prevalence of coercion and involuntary treatment in community mental health services and explore the ethical issues that mental health nurses need to consider in these settings. By being mindful of and accounting for the potential for harm arising from coercive practices we are better able to manage the associated ethical dilemmas and focus on the provision of person-centred, trauma-informed, and recovery-oriented nursing care.

Head to health – A collaborative approach in community mental health care

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Head to Health Penrith is a Federally funded mental health service operated by Neami National and works closely with the Primary Health Network, Aboriginal services, public and private mental health services, and other Non-Government Organizations. The service provides an innovative model of care that provides short to medium term support for mental health conditions. It provides support for consumers, and targets the population considered to be in "missing middle". The model of care is unique in that the peer workers are both the first and last point of contact.

Head to Health has a workforce with an equal ratio of peer workers and clinicians from a variety of specialities that include social workers, psychologist, psychotherapists, counsellors, mental health nurses and nurse practitioners. The service is person centred, and recovery focused, and operates 7 days per week for both booked and walk in appointments available from 1300-2130 hours. The centre is able to cater to booked, ongoing case management like appointments and therapy sessions, along with a crisis and walk in service.

Patients present with a variety of mental health and psychosocial concerns and the service provides immediate support and assessment. The centre allows for consumers to access support and sensory modulation rooms in a supportive and non-judgemental environment.

In November 2022, this component of care was complimented with the provision of the SafeHaven – for acutely suicidal operated by the Nepean Local Health District and reporting to the Primary Health Network.

The aim of the service is to provide a safe and welcoming environment, which is less clinical than other services. There aim is to provide care under the ethos of the least restrictive care, and to provide alternatives to the Emergency department.

This paper will provide a more comprehensive review the model of care; discuss some of the challenges and successes of working in this evolving model of care and how Mental Health Nurses and Nurse Practitioners are an integral role and with an expanded scope of practice and role that is outside already established mental health services.

Clinical supervisor masterclass for mid-career MHNs: A novel program for accessibility and translation to action

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The limited access to quality individual clinical supervision (CS) and majority uptake is a longstanding issue for mental health nurses (MHNs) internationally. This situation was worsened by isolation and workforce challenges through COVID years. Yet, safe reflective spaces are essential for worker wellbeing, and for excellent clinical practice with consumers and families. A Victorian government survey found that many MHNs in key roles were not confident stepping into supervision practice. In this context, in 2022 the Centre for Mental Health Nursing was commissioned by Victorian Government to develop, deliver and evaluate a CS masterclass for mid-career MHNs. The program supports a substantial project of the Chief MHN, to establish high quality CS relationships for the majority of MHNs in Victoria.

This paper will present the content and experience of this novel and accessible clinical supervision learning and development program. The 9-module masterclass will be introduced, including demonstration of the online and synchronous workshop content and design features: radical flipped classroom design, scaffolded content, active engagement, reflection and peer learning, synchronous online workshops and masterclass linkage to concurrent high quality supervision experience, all aimed for translational impact. MHN participant surveys will be analysed to report uptake, acceptability and skill development, noting program improvements that were based on feedback. The program is strategically placed to make a substantial and timely impact on MHN clinical supervisor development.

We have to work together: Can service users and mental health nurses co-design a post-registration curriculum?

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Service users have a right to participate in mental health delivery, education and research, with participation being imperative to support positive outcomes for all. Mental health nurses recognize this need, and increasing initiatives to involve service users in mental health nursing education are being reported in the literature. However, the approaches described are often ad hoc and tokenistic. While there is literature describing mental

health service user involvement in pre-registration education for nurses and the impacts on student learning, the experiences of mental health service users and academics using a co-design approach for post-registration curriculum for mental health nurses has not been well articulated.

This study aimed to explore the process and outcomes of co-designing an Australian post-registration mental health nursing curriculum, using a qualitative case study design. Participants included five stakeholders: one mental health service user, two carers and two academics. Interview data were collected in two focus groups. Contextual data including photographs, written notes and audio recordings, were collected throughout five working groups. Data were analysed using reflexive thematic analysis.

Results found that participants developed trusting relationships which allowed for sharing of a wide range of experiences and supported successful collaboration. Participants all held a shared ambition and commitment to improve mental health services and service user experiences, acknowledging that this begins with education. Participants did experience challenges throughout the process. There was a shared sense of not having achieved what they had hoped for at the end of the five working groups, and participants grappled with rigidity of bodies who govern education and the need to adhere to policies and practices.

To the authors knowledge, this is the first study exploring the stakeholder experiences of post-registration curriculum development using a co-design approach. Findings highlight the collaborative approach needed for co-designing curriculum and the importance of academics supporting stakeholders throughout this process, despite challenges that may arise.

We are continuing to lead this curriculum development using a co-design approach to support change and innovation in the education space to impact positive mental health nursing care.

Understanding women secluded in forensic mental health settings: A retrospective study

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The use of seclusion in Australia is common despite awareness of potential harm and exacerbation of trauma. It's known that the frequency of seclusion use in forensic mental health settings is higher than general settings, despite approaches for seclusion reduction and eradication.

There is limited research which focuses solely on the use of seclusion for women admitted to forensic mental health settings, with much of the research within this area focused on men. It is understood that women are being incarcerated at higher rates than men, and the number of women in forensic services is increasing. Research is required to understand factors associated with women being admitted to forensic settings, to further support seclusion reduction and eradication.

A retrospective cohort study was conducted to explore factors associated with seclusion use for women in a secure forensic hospital in Australia. All women admitted to the study site over a five-year period were included in the study. Data were collected from medical records and included demographic and clinical information. Seclusion data were also collected where the participant experienced seclusion.

There were 111 admissions during the study timeframe, involving 82 women. Preliminary results indicate the mean age of women at first admission was 43.8 years (SD = 9.9) years. Of all admissions, 18% ($n = 19$) women were Indigenous, 77% ($n = 78$) were not in a relationship, 70% ($n = 70$) had at least one child and most often not in the woman's care, and 61% were receiving a disability support pension prior to admission. Across all admissions, 43% ($n = 48$) experienced a seclusion episode, with women secluded due to violence or a risk of violence towards others. Early findings show women who experienced seclusion had a schizophrenia type diagnosis, a co-occurring substance use disorder was common, and the majority had a known history of trauma.

This study contributes to current understandings of clinical and demographic factors associated for women in forensic mental health settings. These understandings may further support and inform approaches to seclusion reduction and eradication, through early identification of women who may be at risk of experiencing seclusion, to be able to support sex specific interventions.

What do we do when the bucket is empty?

Glenda Harrington

Eastern Health, Montrose, Australia

I do not think I need to state the obvious that our mental health workforce is depleted.

Recruiting and retaining staff in this "buyer's market" comes with challenges.

Eastern Health's Adult Access service comprises the following services; Crisis Assessment and Treatment Team, Phone triage, Emergency Department response, Mental Health and police and Ambulance Victoria teleprompt. This service comprises a multidisciplinary team of over 70 EFT and with that comes challenges in recruiting and retaining staff, especially recruiting into senior roles. With the impact of covid and the recommendations from

the Royal commission, more work needed to be done to recruit and retain staff. This presentation will outline our recruitment and retention strategy within an Adult Access service in Eastern Melbourne. It will discuss key programs that provide opportunities for staff to grow and develop within the service and provide a leadership / career progression structure.
The programs to be discussed include;

- Discovery days - "try before you buy"
- Access Clinical Development Program – a supportive program that allow for early entry into the access team
- Leadership mentoring program - a program that supports our emerging leaders develop and grow into seniors and,
- New opportunities for Enrolled nurses.

We identified early that the bucket was empty and to meet our short fall we needed to grow our own.

Clinical Supervision Framework for ACT nurses and midwives: A significant step to unleash workforce potential

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Clinical Supervision (CS) is a core component of best practice for Mental Health Nurses (MHNs) and a requirement for Credentialed MHNs. However, the potential of CS for professional growth and transformative action has not been fully realized due to a range of implementation barriers. Effective CS is known to generate new insights and energize staff, improve healthcare, team-functioning and staff well-being. The imperative for mental health reform, action on workforce shortages and other issues accentuated by the COVID-19 pandemic have provided the opportunity to strengthen a commitment to CS.
Australian College of Mental Health Nurses, Australian College of Midwives, Australian College of Nursing (2019). Position Statement: Clinical Supervision for Nurses & Midwives 2019. Australian College of Mental Health Nurses. www.acmhn.org/
The presentation provides an overview of the Clinical Supervision Framework for ACT Nurses and Midwives (the Framework) developed to enable implementation of the joint Position Statement on CS (ACMHN, ACM, ACN, 2019) in the ACT Health context. The Position Statement was the impetus for the Chief Nursing and Midwifery Officer (CNMO), ACT Health Directorate to take action, with the long-term vision that all ACT nurses and midwives would have access CS over time. The CNMO recognized the potential of CS to support and develop staff, and provide a positive impact on workplace culture. The Framework is a significant outcome of the CS Pilot Project (July 2020 – June 2021) and ongoing CS project (now incorporated into the Towards a Safer Culture Initiative).
Six integrated core principles provide a strong foundational structure for the Framework and underpin all aspects of CS implementation and sustainability: Trust, Structure, Choice, Clarity, Learning and Quality. Consultation to develop the Framework and an ongoing collaborative approach has already improved access to CS, the interdisciplinary sharing of knowledge, ideas and support, and provided excitement for the future.
Knowledge of the Framework is of high significance for MHNs, and other health professionals aiming to maintain standards of practice, support and develop staff, encourage innovation and provide quality healthcare. MHNs are well-placed to lead dialogue and research into how CS contributes to transformative action. The Framework is planned to be launched mid-2023.
Australian College of Mental Health Nurses, Australian College of Midwives, Australian College of Nursing (2019). Position Statement: Clinical Supervision for Nurses & Midwives 2019. Australian College of Mental Health Nurses. www.acmhn.org/

Recovery in a collectivist society: Saudi consumers, carers and nurses' shared experiences of recovery

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Mental health recovery is a personal process that has been extensively explored in individualist societies. Therefore, consumers of collectivist cultural backgrounds who receive care that was designed for individualist culture might not experience recovery-oriented interventions as satisfying. Due to existing cultural differences, recovery should be first explored from the perspective of a collectivist society. Saudi society was chosen as an example of a collectivist culture where the concept of recovery was yet to be explored. Therefore, this study explored recovery from the perceptions of Saudi consumers, carers and registered nurses following a qualitative descriptive design. Sixteen consumers, ten carers and eight registered nurses participated in online semi-structured interviews. Inductive thematic analysis was employed to analyse English-translated versions of the 34 interviews. The consolidated criteria for reporting qualitative studies 32-item checklist was used. Two themes and six subthemes have emerged: Theme 1: Consumers, carers and nurses' shared perceptions of recovery; Subtheme 1: Consumers, carers and nurses' shared experiences of recovery as a

transformation; subtheme 2: Consumers and nurses shared experiences of recovery as a restoration of normal life, subtheme 3: Consumers' and nurses' shared recovery perception of recovery essential values and theme 2: Distinguished consumers, carers and nurses' perceptions of recovery; Subtheme 1: Consumers' and Carers' Recovery Definitions and subtheme 2: Recovery process. These findings indicated that recovery might be regarded as a universal concept for consumers regardless of their cultural background. Shared experiences of recovery as transformation and Carers' bond of recovery were unique findings to these participants. Therefore, policymakers should consider our findings that aligned with recovery in individualist culture as a gateway for initiating practice change. Unique findings of collectivist culture should be considered in planning for care to consumers of this culture.

Mental health nursing in schools: Overdue and under the spotlight

Brent Hayward
Department of Education, Victoria, East Melbourne, Australia

Introduction: There are growing claims that governments must do more to address the mental health needs of children and young people, and schools have become a location for the delivery of mental health supports. School mental health research has recognized a need to identify the core elements of school nursing practice, and organizational readiness and implementation. Further to this, the mental health support needs of students with intellectual disability are argued to be of particular attention. These perspectives therefore suggest that mental health nursing in specialist schools is an important focus.
Aims

- Describe the practice of mental health nursing in a specialist school for students with intellectual disability.
- Identify the implementation considerations for mental health nursing in specialist schools.

Methods: A single-case holistic case study design and observant participator approach were used. The observant participator, who is the presenter, worked as a mental health nurse in a specialist school to document the work of a mental health nurse in this specific context. A self-reporting job analysis method using categories of tasks from an existing study were used to collect and interpret the data. This study was a quality improvement project.
Results: All categories of school nursing tasks were recorded, although those related to planning, professional performance, and personnel were recorded far more than management, assessment/diagnosis, practice/treatment, and health education/promotion.
Implications for the profession: The results indicate that working in a specialist school requires a reorientation of mental health nursing away from typical assessment and intervention, and towards establishing and maintaining relationships with students and staff which permit structured in situ working.
Translation to policy: The results of this preliminary study help to describe how to successfully establish mental health nurses in schools, particularly specialist schools. The results can be used to better articulate mental health nursing in this context to attract and retain mental health nurses in schools.

'Angry Stan': Development of a prototype conflict resolution simulation for undergraduate mental health nursing education

Mike Hazelton
University of Newcastle (retired), Callaghan, Australia

Introduction and Background: The prevention and management of aggressive and violent behaviour has emerged as an important issue in health services in recent decades and has started to be addressed in undergraduate nursing and other health professional education. This presentation describes the development and characteristics of an immersive virtual reality (IVR) conflict resolution simulation. The Simulation was designed for use with undergraduate nursing students as a module in a second-year mental health nursing course in an Australian Bachelor of Nursing program.
Aims/Objectives: The 'Angry Stan' conflict resolution simulation was developed as a prototype in response to concerns regarding the lack of innovative teaching and learning approaches addressing the important topic of conflict resolution in clinical service settings.
Project Description: An important aim of the project was to develop innovative ways to engage students using an immersive virtual reality learning experience that could be repeated with different groups of students across multiple learning locations. An important impetus for the project was students' comments that they did not feel supported and were not given opportunities for guidance and learning development when exposed to conflict situations in the clinical environment.
The 'Angry Stan' development team wanted to encourage student anticipation and inquisitiveness regarding what it might be like to encounter a person who is behaving aggressively, within a safe and supportive learning environment.
Outcomes: The presentation will outline the background and initial conceptualization of the 'Angry Stan' IVR simulation and describe its characteristics and the technical equipment used. The presentation will also provide an overview of the 'Angry Stan' conflict resolution simulation with supporting graphic images.

Implications for Mental Health Nursing Education: The project team felt that an IVR simulation could provide a realistic experience of a clinical situation in which students can immerse themselves and learn, explore and practice conflict resolution skills, in a non-threatening way.

The implementation of 'Clinical supervision for mental health nurses: A framework for Victoria'

Rebecca Helvig; **Kate Thwaites**
Safer Care Victoria, Melbourne, Australia

Clinical supervision is a core component of practice for many clinical professional groups. In Victoria the Mental Health Nursing Award has recognized the importance of clinical supervision for mental health nurses since the early 2000s. Despite this, uptake has been poor. In 2018 The Chief Mental Health Nurse of Victoria embarked on the lofty project of developing and implementing Clinical Supervision for Mental Health Nurses: A framework for Victoria and the development of a set of Standards for Clinical Supervision for Mental Health Nurses. This is an Australian first.

The project has engaged with all key stakeholders, including lived experience advisors, and has been supported by a Governance Group that includes leading academics in the field. This project was initially piloted in one service, expanded to five services and is now in its final year and has expanded to all Victorian mental health services.

The Chief Mental Health Nurse, now within Safer Care Victoria has also developed a set of resources, and a Community of Practice to support this expansion. The resources include a series of videos and webinars that speak to the purpose, processes and structures that have been tried and tested in our early implementation sites. They are intended to provide useful information to, and support resource sharing between services implementing the Framework within their service.

Despite the challenges COVID and workforce on mental health services over the past few years. Interest in and the importance of the implementation of the Framework has been recognized as an extremely valuable both for clinical practice development, and its workforce support and nourishment impacts.

This presentation will discuss some of the key stages of the project and core areas services need to consider for sustainable, high quality clinical supervision for mental health nurses.

The enrich program-youth mental health in a peri urban community health setting

Louise Hemingway[1,2,3]
[1]*Sunbury Cobaw Community Health, Sunbury, Australia;* [2]*ACMHN, Deakin, Australia;* [3]*Orygen Youth Health, Parkville, Australia*

With acuity in the public mental health setting increasing and with less available resources, the bulk of non-acute mental health interventions are falling to private practitioners, GPs, primary and community health teams. These teams are under resourced to manage the acuity and complexity that is now presenting through their doors. The Enrich Team aims to fill this gap for 12-25 year old's by targeting the "Missing Middle". Too complex for psychologists, GPs and school well-being teams but not meeting the threshold for tertiary services. The Enrich Team services the peri urban areas of the Hume and Macedon Ranges councils where there is limited access to headspace services. The program is funded by the North Western Melbourne Primary Health Care Network in a partnership with Sunbury Cobaw Community Health and Orygen Youth Health.

The team consists of Mental Health Nurses and other allied health professionals with support from Orygen Youth Health psychiatry.

Providing secondary consultation and upskilling for local providers. Linkages have been developed with school wellbeing teams, general practices, psychologists and community health teams including alcohol and other drug teams, family services, family violence, financial counselling and NDIS teams. The team is now embedded in the local community providing a valuable link between local and tertiary services.

Enrich provides a 3–6 month flexible episode of care aiming to provide assessment, diagnosis, therapeutic intervention and appropriate referral pathways for emerging mental illness where barriers exist to engagement with alternative services.

The role is a challenging opportunity for mental health nurses to use a range of skills to engage, assess and develop treatment plans for vulnerable young people that have been even more disengaged by the recent COVID pandemic. Working in Community Health is rewarding and allows for creative practice while still having the support of a tertiary mental health service.

My experience in the graduate support nurse pilot program in mental health inpatient services

Theresa Heritage
Bendigo Health, California Gully, Australia

Overview: As part of the State's response to the Royal Commission into Victoria's Mental Health System,

Bendigo Health is one of six pilot sites chosen to participate in a trial program to employ a Graduate Support Nurse (GSN). The GSN is integral to the practice guidance and day to day assistance provided to Graduate and early career nurses. The GSN assists NUMs, CNSs and ANUMs to support practice development and provide high quality care.

Background: I started in February 2023 to coincide with the graduate nurse intake. The role provides practical clinical support to graduate nurses and early career nurses, including transition to mental health nurses, graduate ENs, RUSONs, and other newly commencing nursing roles.

Meeting the challenge: With a new position, I found that I needed to develop the role into something effective and worthy. I applied my previous experience of working in Bendigo Heath's four specialist Mental Health Inpatient Units into my new role. There was no fixed schedule, or previous experience to draw on, so I focussed on the priority areas of need. Specifically, to assist early career nurses in achieving their goals by helping them to develop their clinical skills.

Results: I have found both satisfaction and many challenges within my role. My satisfaction includes the flexibility and availability to provide 1:1 support to graduate nurses (GN).

I bring a positive strength, flexible, practical and sufficient approach in supporting early career nurses. Nurses need hands-on skill development, and direct on the floor support to provide good quality patient care.

I have found it challenging for people to understand what my role is and is not. E.g., the term 'Graduate Support Nurse' confused people and narrowed my role to just focus only on GNs.

Conclusions: The GSN position plays an important role in Mental Health Inpatient Services. It is already showing signs that the support provided can lead to better quality patient care. By offering regular on the floor support early career nurses, receive a positive impact on skill development. I hope my new role will lead to embedding a new clinician for all Mental Health Services.

The long way around

Karen Hewitt[1,2]; **Chez Peart**[1]
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In 2021 Centre for Mental Health Learning undertook a scoping project into Mental Health Enrolled Nurses (MHENs) workforce with Victorian Area Mental Health Services (AMHS) and specialty areas. The scoping project results showed that approximately 20% of MHENs state-wide were studying for their Bachelor of Nursing (BoN), despite AMHS not actively collecting figures. Senior Nurse Educators who participated in the scoping project acknowledge that many of their MHENs were completing their BoN. Often unit managers held this knowledge because they approved leave.

However, additional research needs to be improved due to the limited studies completed.

With significant shortages of nurses across Public Health Services (PHS) in Victoria, Victorian Government announced in 2023 that they would offer scholarships and incentives to upskill ENs to RNs. Transition scholarships will be provided through an application process in 2023 and 2024 to ENs employed in Victorian PHS.

This incentive will support ENs to complete a 2-year transition course – a transition from diploma to degree – that leads to registration as an RN.

Further consolidation of these skills through the BoN will result in highly experienced nurses who are valuable to services in their graduate years and beyond.

Encouraging Public Mental Health Services (PMHS) to support MHENs wanting to transition to RPNs. Nurture, cultivate, sustain and invest in a group of nurses who have worked as ENs and wish to continue to develop professionally in the mental health sector.

Retention of a workforce that services have already invested in and continue encouraging them to grow and flourish professionally. These nurses are role models who continue developing expert mental health nursing skills. Supporting this pathway, services must nurture, cultivate, and sustain. This is especially important as Victorian PMHS struggles for experienced nurses. These emerging RPN leaders could encourage other ENs to advance their professional development by completing a BoN.

This presentation will showcase two case studies of MHENs who have transitioned to RPNs and the factors that supported their journey from a service level, a personal level and a professional level—also addressing challenges, barriers, and positive outcomes.

Loneliness in Australian older adults with mental illness

Ilina Agarwal[1]; Conor O'Luanaigh[1]; Lee Jones[2]; Rosie Bruce[1]; Isabella O'Brien[4]; Stephen Parker[1]; Andrew Teodorczuk[1]; **Niall Higgins**[2,3]
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Background: Older adults with mental illnesses are particularly vulnerable to the impact of loneliness. Despite this, loneliness is not regularly screened for in mental health services and remains under-recognized and under-treated. This research examines the prevalence of loneliness (overall, emotional, and social) in community-dwelling older adults with mental illness in an urban

Australian setting and its relationship with depression and anxiety.

Methods: A cross-sectional survey methodology was used to assess the point prevalence of loneliness in older adults (65+ years) with mental illness accessing an older adult mental health service. Four questionnaires were administered to examine loneliness (De Jong Gierveld Loneliness Scale), depressive symptoms (Geriatric Depression Scale – Short Form), anxiety symptoms (Geriatric Anxiety Inventory) and cognition (Montreal Cognitive Assessment). Data were analysed using correlation and linear regression. Loneliness was dichotomized based on clinical thresholds to understand the effect of loneliness on anxiety and depressive symptoms.

Results: 54.1% of respondents reported loneliness, and emotional loneliness was more prevalent than social loneliness. There was a moderate, positive correlation between overall loneliness and depressive and anxiety symptoms. Both emotional and social loneliness were also associated with clinically significant depressive and anxiety symptoms.

Conclusion: More than half of older adults with mental illness experience loneliness. Given known and well-researched associations between loneliness and poor physical and mental health, we advocate that routine screening of loneliness is relevant for this vulnerable group. Through prompt recognition, effective bespoke interventions targeted at loneliness, such as intergenerational groups, could be introduced by nurses to improve physical and mental well-being, quality of life and aid recovery.

Artificial intelligence in nursing: trustworthy or reliable?

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Background: Trustworthiness in Artificial Intelligence (AI) innovation is at the forefront of priorities and the role that trustworthiness plays in the acceptance of AI cannot be understated. Clinicians have highlighted trust and confidence as barriers for AI within clinical application. However, while there is a call to design and develop AI that is considered trustworthy, AI itself lacks the emotional capability to confer trust.

Aims: The objectives of this paper is firstly, to highlight the enigma of seeking or expecting trust attributes from a machine, and secondly, to reframe the interpretation of trustworthiness for AI through evaluation of its reliability and validity as consistent with use of other clinical instruments. To discuss AI in terms of its trustworthiness alone risks illogically endorsing human attributes to a machine. This paper presents a breakdown of the components of trust in the context of AI in health.

Methods: An integrative review investigating the incorporation of artificial intelligence and machine learning-based decision support systems in mental health care settings. A systematic search of published empirical literature from January 2016 to December 2021 was undertaken across six databases. Four studies met the research question and the inclusion criteria (Higgins et al., 2023).

Results: While trustworthiness may seem overly simple, it is a complex concept, and it should be considered an additional barrier for nurses' acceptance of AI into practice. Communicating the system's validity and reliability while creating transparent interpretable innovations will form a significant component to support the implementation of AI-based clinical instruments in routine clinical nursing practice.

Conclusion: The role of Artificial Intelligence (AI) in nursing, especially in the mental health setting, is in the early stages of design and development. Sole focus on the demonstration of trust, instead of a focus on the usual requirement for reliability and validity attributes during implementation phases, may result in negative experiences for nurses and clinical users.

Higgins, O., Short, B. L., Chalup, S. K., & Wilson, R. L. (2023). Artificial intelligence (AI) and machine learning (ML) based decision support systems in mental health: An integrative review. International Journal of Mental Health Nursing. https://doi.org/10.1111/inm.13114

Characteristics of people seeking mental health care in emergency departments: Identifying gaps in service delivery

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Nationally, the number of Emergency Department (ED) presentations for Mental Health (MH) help-seeking has been rapidly rising with EDs the main entry point for most individuals (AIHW, 2022). The aim of this research is to describe the characteristics of people seeking help related to MH presentations in two EDs on the Central Coast Local Health District (CCLHD), NSW Australia. This retrospective cohort study examined the sociodemographic and presentation characteristics of individuals seeking MH care in Gosford and Wyong EDs

between 2016 and 2021. These sites aligned with the primary aim of the study comprising all ED's in CCLHD. Data were collected using existing records and analysed using descriptive univariate analysis with SQL, Python, and Seaborne, with missing data handled through case deletion. Statistical significance between the two sites was determined using a p-value <0.05.

Preliminary findings indicate that First Nations peoples were overrepresented, accounting for 12.63% of MH presentations, despite a population representation of 4.9% in the catchment area. Suicidal ideation was the most common presenting problem (38.19%), "Did not wait" or "Left at own risk" accounting for 10.20% of departures from ED and Ambulance arrivals accounting for 45.91%, with higher rates at Wyong.

The findings suggest the reasons underlying First Nations peoples' access and egress disparity dynamics remain elusive. Notedly, a large proportion of presentations relate to a potentially life-threatening condition (suicidal ideation), exceeding the capacity of bed occupancy. Departure and arrival dynamics need to be better understood in consultation with community and lived experience groups to improve future design access and egress pathways for emergency MH care.

Dominant help-seeking dynamics for MH conditions in ED at CCLHD are characterized in three main themes: First Nations MH; suicidal ideation; and access and egress pathways. Future research should focus on practice that prioritizes cultural safety for First Nations peoples and collaborate with primary care providers and community MH services to address the identified gaps in service delivery for people seeking MH care in ED.

Australian Institute of Health and Welfare. (2022). Mental health services in Australia. https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/emergency-department-mental-health-services

Competing for a stronger workforce: Strategy for recruiting and retaining new graduate nurses in Australia

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Recruiting and retaining new graduate nurses is a significant challenge for Mental Health and Drug and Alcohol (MHDA) services in Australia. This presentation will outline a MHDA strategy that looks to differentiate itself from other new graduate programs, offering greater perceived value to potential applicants and delivering a program that exceeds expectations.

The strategy involved initially starting with a case for change and approval for investment into the new graduate programme as a solution for future projected staffing issues, current practice deficits and development of a learning culture. The programme was redesigned with an emphasis on scenario-based learning, simulation, and reflective practice. Foundational content was covered through Mental Health Pathways in Practice, that provides a contemporary structured framework.

MHDA's commitment was further shown when the service secured 30 new graduate positions per year with three intake points. 10 of these positions are supernumerary full-time equivalents, allowing all new graduates to experience a community MHDA setting. The four-month rotations provided the new graduates with varied experiences across varied hospital based and community programmes, spanning the age range and service streams. In addition to this, MHDA formed a partnership with a university, resulting in additional structured education and the opportunity for new graduates to earn a graduate certificate in mental health nursing at the end of the year. This partnership not only provided new graduates with academic recognition but also enabled them to develop their skills and knowledge beyond the clinical setting. Dedicated clinical nurse educator coverage ensured that the new graduates received the support and guidance needed to transition smoothly into the workforce. This comprehensive approach to recruitment and retention is seen as instrumental in attracting top talent to MHDA services while also providing a robust learning and development program to retain existing staff.

The presentation will showcase how MHDA services can compete for a stronger workforce through innovation while enhancing service delivery and professional development opportunities. Attendees will learn practical approaches to developing new graduate programs that set themselves apart, attracting and retaining top talent through market differentiation and perceived value.

Overcoming Australia's mental healthcare workforce challenges: A Local Health District and University partnership case study

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In 2020 the Australian Government's Productivity Commission Inquiry Report into mental health made clear that Australia's mental healthcare workforce is ageing in an unsustainable manner. When combined with poor recruitment and retention rates among employers, our nations' mental healthcare workforce is headed for a major staff shortfall in the medium and long term. A key finding of the report was the need for greater collaboration between Mental Health and Drug and Alcohol (MHDA) services and Universities to develop innovative

approaches to professional development, research and service delivery. This paper presentation will describe the development of a partnership between an MHDA service and a University, with a focus on improved outcomes for consumers, staff, and mental health nursing culture.

Beginning with an ambiguous destination and an advantageous encounter, the MHDA service engaged several universities in an attempt to re-develop its approach to Post-Graduate training. The intention behind something different was to improve the experience for new graduates, with the secondary benefit of being able to market this to potential applicants.

Once a University partner had been identified, collegiality became crucial. Success requires both parties to have faith in innovation and collaboration, demonstrating this through a willingness to work together towards an undefined goal. This necessitated an open-mindedness and active search for opportunities, which the creativity of the parties fostered. Over a 12-month planning period participants met on many occasions to brainstorm and develop new and novel ideas to improve the new graduate experience. However, the collaboration was not without its challenges, as misalignment of goals, project scope creep, and bureaucracy at both ends presented some hurdles that had to be overcome. Despite these challenges, the partnership persevered, resulting in a successful collaboration that overcame the obstacles.

Attendees of this presentation will gain insights into the learnings of this process to establish a successful partnership between MHDA service and a university. Implementation of these approaches has begun to lead to improved outcomes for consumers, staff, and the mental health nursing culture. The presentation hopes to inspire participants to create their own partnerships to enhance mental health service delivery and professional development opportunities.

Australian preregistration mental health nursing curriculum inclusion of gender and sexuality: An integrative literature review

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Introduction: A recent integrative review revealed there is a lack of evidence to support Australian pre-registration mental health nursing curriculum regarding inclusion of relevant gender and sexuality content. Given the increasing recognition of gender and sexual minorities as a vulnerable group, it is crucial for mental health nursing education to integrate relevant content to ensure students are equipped with the knowledge and skills necessary to provide person-centred gender-affirming care.

Results: Relevant databases were searched between 2012–2022 using MeSH terms for sex and gender, resulting in 1866 items. Only 6 six items met the inclusion criteria, which focused on mental health, preregistration students, and gender/sexuality. The Critical Appraisal Skills Programme (CASP) was employed to evaluate the evidence pertaining to gender and sexuality within preregistration mental health nursing curriculum. No Australian data were found.

The absence of evidence suggests a need for further research to develop and evaluate effective approaches to teaching and learning about gender and sexuality content in pre-registration mental health nursing education in Australia. Such research could also explore the potential barriers and facilitators to the integration of gender and sexuality content in the curriculum.

Recommendation: Recommendations for pre-registration curriculum include the development of specific modules or courses on gender and sexuality including relevant content across existing courses, and experiential learning approaches such as simulations or case-based learning. Learning resources should be developed in consultation with gender and sexual minorities with cases informed by their experiences in accessing mental health care.

Implications: Overall, the inclusion of gender and sexuality content in pre-registration mental health nursing curriculum is critical to ensure that graduates contribute to a workforces where mental health services are accessible and inclusive for all individuals, including those who identify as gender and sexual minorities.

Nursing care for combined mental health and substance use disorders: A case study methodology

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Background: A recent literature review found that treatment integration is ideal for optimal consumer outcomes for consumers with combined mental health and substance use disorders. Growing scientific evidence and numerous recommendations to integrate nursing care for mental health and substance use disorders have been ignored. Hence the case study methodology is selected to investigate nursing care for people with combined mental health and substance use disorders from various inpatient mental health settings in Adelaide, SA. This approach will explore the complexities of nursing care using multi-data collection methods (Quan & Qual) to gather information from nurses. Information will be analysed, and the findings will be combined to formulate a report.

Aim: To provide insight into a case study methodology that may contribute a unique and valuable method to explore nursing care for people with combined mental health and substance use disorders.

Discussion: A case study approach supports engagement, and its holistic approach generates an in-depth, multifaceted understanding of a complex issue in its real-life situation. It allows the exploration of several variables through comprehensive data collection methods, allowing the triangulation as such validating findings. This approach will offer additional insights into the gaps in nursing care for people with combined mental health and substance use disorders. It also could result in the development, adoption, implementation, and evaluation of nursing care in mental health services.
Implications: Case studies provide theoretical and empirical knowledge and contribute to theory to confirm expertise, challenge, and overturn preconceived notions. Also, it could contribute to developing the knowledge of nursing care for people with combined mental health and substance use disorders.
Objectives: To highlight the characteristics and benefits of case study methodology exploring nursing care for people with combined mental health and substance use disorders.
Conclusion: Case study methodology can comprehensively investigate current practices, focusing on real-world decision-making scenarios within a real-world context, and can provide valuable insights into complex phenomena. It would enable nurses to give their perspectives on solutions that will improve nursing care and support people with combined mental health and substance use disorders, contributing to the development of knowledge of nursing care.

What is needed for trauma informed mental health services in Australia? Perspectives of clinicians

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Introduction and Background: Trauma Informed Care (TIC) is an approach to service delivery, which requires mental health nurses and organizations to consider that all individuals who access their services may have experienced trauma and that experiences of mental health conditions and treatment can also be harmful and traumatic. While TIC is increasingly emphasized in mental health policy and frameworks in Australia, people working in mental health settings have struggled to translate the values and principles of TIC into their everyday practice.
Objective: This co-designed qualitative study reports thematically analysed data from semi-structured mental health clinician and senior manager interviews and focus groups.
Methods: Clinician focus groups were facilitated by a consumer researcher and a mental health clinician ($n = 6$ clinician focus groups with a total of $n = 64$ clinicians across three local health districts LHDs in NSW. Focus groups were multi-disciplinary including community; inpatient; consultation liaison; education and training; eating disorders; child and adolescent; early psychosis; rapid response; and other specialized mental health programmes. A total of $n = 6$ senior manager interviews were conducted across regional and metropolitan LHDs.
Outcomes: Analysis identified 10 requirements for the progression of TIC in mental health services in Australia. Summarizing, clinicians and managers identified:

- Clinicians described a lack of support for their well-being and a lack of structures to facilitate professional self-care.
- Clinicians valued peer workers were essential to TIC, but felt they were currently under-represented in services.
- TIC was identified as beneficial for drawing attention to language and, also for thinking differently about experiences and labels.
- Resources impeded TIC i.e., workloads, staffing, recruitment, work environments, and access to education and training.
- Managers identified service structure, interactions with other services, models of care, and expectations of reporting influence TIC.
- All managers identified that wider system-wide bed pressures and insufficient community resources meant that teams were functioning in states of reactivity, which hampered innovation in TIC.

Implications for Mental Health Nursing:

- Mental health nurses are in powerful position to progress TIC
- There are competing variables to successful TIC implementation
- Mental health nursing well-being is critical to implementation of TIC

Professional Development for the Mental Health Workforce in Northern NSW

Anna Howell; **Ryan Rooney**; Vanessa Tyler
Northern NSW Local Health District, Australia

Introduction: Historically in Northern NSW, Mental Health-specific training and learning was mainly undertaken during a Transition to Practice program (TTPP), a series of in-services delivered by staff or through a post-graduate degree. Professional development was seen as something that happened outside of clinical duties, if the clinicians and managers had the time.

It was clear that attracting and retaining staff that were confident and supported to grow their own professional practice in Mental Health was identified as a need.
NNSWLHD developed a joint plan for the use of Mental Health Pathways in practice (MHPiP), guaranteed protected education time, and a robust TTPP as elements to shape our workforce in a positive manner and to strengthen the care we give to people with a lived experience, while also providing an opportunity for new and existing staff to feel valued.

Aims & Objectives:

- To facilitate sustainable professional development opportunities for all staff.
- Increase consumer wellbeing outcomes by improving mental health clinical practice.
- To create sustainable options for mental health staff to engage with learning that is mental health focussed and provides choices to engage in all aspects of care.

Outcomes & Implication:

- Focus Groups conducted to better understand how and what staff wanted to learn, including any recent changes in attitudes to professional development.
- Introduction of protected learning time.
- Regular 1:1 and group reflective practice sessions using MHPiP resources and material.
- Development of MHPiP Facilitators to facilitate learning and development across a large geographical area.
- Introduction of specific MHPiP Units into existing programs such as the Transition Program and New Staff Orientation
- Monthly managerial reporting of learning opportunities and MHPiP sessions to understand current learning trends.

2–3 learning objectives:

- Standardize professional development pathways.
- Support learning and enhancement of clinical practice with a focus on reflective practice.
- Provide a robust and evidence based graduate program, encouraging participants to continue specialist study.

Back to the future creating a culture of care, learning and trauma- informed psychotherapy practice

Claire Hudson-McAuley
The Growing Heart, Warrandyte, Australia

Claire will present the results of an immersive training program conducted this year, with aims of increasing trauma-informed psychotherapy practice skills in a group of nurses and a midwife, via a 120 h course which includes 8 hours per week of pre-session learning and integration activities and 4 hours per week of supervised practicum in reflecting teams via zoom.
An important aim of the program is to build staff morale and cohesion, as well as confidence in trying approaches over and above reliance on medication. Participants are encouraged to focus on getting to know themselves and what they are bringing to interactions with clients. The course relies on the principles of the PTMF and the Blue Knot Foundations clinical practice guidelines for working with complex trauma. Practical skills are interspersed throughout the course with supported self-reflection.
Participants in the course come from Cairns to Western Australia, and are employed in diverse clinical settings. This presentation evaluates the course from the perspective of the participants and facilitators.

Reforming the Tasmanian Mental Health Nursing Workforce. Embedding clinical supervision into nursing practice

Julia Hunt; **Nicole Howard**; **Rohan McGill**
Tasmanian Health Service, Hobart, Australia

Clinical supervision is a formally structured professional arrangement between a supervisor and one or more supervisees purposely constructed to provide a space for critical reflection on work issues brought to that space by the supervisee(s). The broad aim is to support professional development through increased awareness and understanding of the complex human issues within the workplace. The focus is the finding of meaning in our work rather than a forum for the provision of advice.
Clinical supervision is increasingly being recognized as a core component of professional support in contemporary mental health nursing, and evidence demonstrates a clear correlation in enhancing the wellbeing and resilience of the workforce, as well as having a positive impact on recruitment and retention, self-care and ultimately improved clinical outcomes for the consumers with which we work.
Background: Tasmanian Statewide Mental Health Services (SMHS) are currently undergoing a reform process with renewed focus on the development, wellbeing, and cohesion of our local mental health nursing workforce. Highlighting retention, recruitment, and resilience, and with identified knowledge, access, skill and resource gaps relative to formal clinical supervision, it is timely that we explore strategies and programs to embed clinical supervision as 'core business' into our workplaces and professional practice.
Aim: The aim of this project is to establish an integrated, consistent, service-wide program of clinical supervision available and accessible to all nurses in our organization. The eventual goal is the development of a framework

specific to the Tasmanian Health Service Nursing workforce.

Method: In this light, regular group supervision will commence at a selected trial site within the Adult Community Mental Health Service, with a plan to eventually expand to other sites. Individuals were identified and recruited through a Statewide EOI process to form a supervisor 'pool' with provision of training in an 'Action Learning Sets' model. The initial focus group is comprised of junior nursing staff working within a community care team. The assessment and planning phase of the project commenced in November 2021 with implementation of formal supervision for the pilot group commencing in October 2022. Evaluation and planning, and expansion is scheduled across 2023.

Mental health nurses need to emulate midwives and escape nursing

John Hurley
Southern Cross University, Coffs Harbour, Australia

Unleashing mental health nurses (MHN) capabilities has been long identified as offering additional therapeutic benefit to consumers. More recently, in the context of rising mental health need and workforce paucity, the obvious utility of a skilled and talented MHN workforce has been broadly forwarded, yet steadfastly ignored (Hurley et al., 2020). Arguably, there is a dissonance between what MHNs know they can therapeutically deliver, and what those outside our discipline think or indeed want us to deliver.

The lack of advocacy for an 'unleashing' of MHN capabilities (other than the ACMHN) is an informative and damming silence. National and State nursing leaders have not acted to support meaningful changes for MHNs in the 40 years since nursing registration turned comprehensive. Nor have we as a discipline been collectively straining at the capability leash in order to be 'unleashed'. Rather, there is largely muted acceptance of an ineffective MHN educative pathway that fails to meet the needs of consumers, carers, or the discipline (Lakeman et al., 2022). While experimentally disproven, the apologue of the boiling frog holds truth. MHNs are largely unreactive to the corrosive threats from the protracted and gradual erosion of our discipline from proponents of comprehensive nursing.

The history of Midwifery in Australia offers MHNs a case example of how and why escape from nursing is a necessity. Carolyn Hastie, in Midwifery: Women, History, and Politics, identified how Midwifery was utterly subsumed by the culture and values of generalist nursing. Decisions on their education standards were made by nursing bodies. The skills of the midwife were underutilized, and their identity blurred. However, Midwifery reclaimed specialist registration, largely through direct entry being reinstated. Parallels to MHNs in 2023 are stark. This paper aims to review how midwives achieved this and explore our options to emulate.

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Conception and misconceptions about mental health in Gwafan Community of Jos North Nigeria

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Abstract

Mental health difficulties faced by individuals all over the world has been on the increase with the outbreak of COVID-19 pandemic. Some of these difficulties are easily identified while others are not because the challenges are internalized, yet many individuals in that state do not receive treatment. This paper is framed from a social psychological perspective. It is an attempt to gauge the conception and misconception of mental health in Gwafan community, Jos North Plateau State, Nigeria (West Africa). The aim is to ascertain which side of the scale the pendulum swings. In a broad sense, Mental health education and awareness is necessary for a healthy community development. However, in a society such as ours in Nigeria (West Africa), that is not knowledge base, information thrives faster than its authenticity, people easily embrace hear-say, speculations, superstition and supernatural. This paper sets out to examine the level of awareness of the people on mental health, or the lack of it. Additionally, it seeks to ascertain their access to mental health services and good practices. Data collected through field study by the use of descriptive research design, sampling both literate and illiterate persons in Gwafan Community by a purposive sampling technique via interviews. The findings include first, the fact that a larger population have misconception about Mental Health. Second, this misconception is a result of lack of basic knowledge on Mental Health. Based on the aforementioned, the paper recommends that there is need for more Mental Health Education among populace and access to Mental Health services and practices (Preventative and Curative). The paper concludes that in a society that is not knowledge-base, every attempt should be made to shift people's mindset from superstitious knowledge to evidence-based knowledge which can empower them to make informed decision not only on mental health, but

on associative health issues that can aid their wellbeing, livelihood and sustainable development as a whole.
Keywords: Conceptions, Misconceptions, Mental Health, Knowledge, Superstition, and Service delivery.

Conversation topics in psychiatric consultations with and without a shared decision-making system

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Background: Psychiatric treatment is based on communication between professionals and patients. Shared decision-making (SDM) is expected to promote doctor–patient communication and patient–centred treatment. However, little is known about what is discussed in psychiatric consultations and how SDM intervention impacts doctor–patient conversations.
Objectives: (1) To identify topics of doctor–patient conversations in psychiatric outpatient consultations. (2) To examine differences in the contents and quantity of conversations between the SDM system group and the treatment as usual (TAU) group.
Methods: We conducted a qualitative content analysis on audio-recorded and transcribed data of psychiatric outpatient consultations collected in a randomized controlled trial. We included 52 participants – 25 in the SDM group and 27 in the TAU group – and 104 consultations were analysed, two per participant. Conversation quantity was assessed by counting words in the transcripts.
Results: Five categories for 28 topics were generated. The categories and conversation quantities were (1) symptom: 26.8%, (2) lifestyle: 37.5%, (3) treatment/service use: 15.7%, (4) global state/goal: 7.3% and (5) others: 12.8%. The topics with the highest conversation quantities were current job in lifestyle (11.2%, e.g. relationship problems in the workplace), medication in treatment/service use (9.5%, e.g. reduction of medication) and future job in lifestyle (7.2%, e.g. using employment services). SDM group had a significantly higher conversation quantity than TAU in the overall consultation and the symptom and lifestyle categories. However, no significant difference was observed between the two groups in the proportion of each category to the overall consultation.
Conclusion and Significance: Daily life issues – especially those related to work – were the main topics discussed in psychiatric consultations. The SDM system seems to encourage patients and doctors to take more time to discuss patients' concerns, but the topics are not likely to be significantly different from consultations without the system. Since the topics in the consultation are assumed to reflect the patients' concerns, our findings may inform mental health professionals about the concerns and interests of patients living in their communities.

Service use patterns in community mental health outreach: A Sequence analysis of 35-month longitudinal data

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Introduction and Background: Community mental health outreach teams, including mental health nurses, are typically multidisciplinary. They deliver various service types. However, the trajectory of service use patterns remains poorly understood.
Aims/Objectives: This study aimed to examine service use patterns in community mental health outreach using longitudinal service data.
Project Description: We analysed service and clinical data of Tokorozawa City mental health outreach service users in Japan. The trajectories of main service types were mapped per month for the first 35-month period. Then, they were analysed using state sequence and clustering methods. The services consist of 12 types, including family support, services for psychiatric symptoms, and no support. We described the demographic characteristics (i.e., sex, age, living situation, and diagnosis) by cluster. The Research Ethics Committee at the National Center of Neurology and Psychiatry in Japan approved this study (No. A2020-081).
Outcomes and Significance: Trajectories were split between three clusters using the 35-month records of 23 service users. Cluster 1 had a long service period and much support for psychiatric symptoms ($n = 4$, male 75%, average age 57 years). Cluster 2 had a long service period and significant family support ($n = 5$, male 20%, average age 37 years). Cluster 3 had a short period and used various services ($n = 14$, male 43%, average age 42 years). In Cluster 2, all participants lived with their families. The most common diagnoses were mood disorders in Cluster 1 (100%) and schizophrenia in Cluster 2 (60%). Cluster 3 featured a variety of diagnoses.
Implications for Mental Health Nursing: This study suggested that use patterns may vary depending on service length, frequency of family support, and assistance for psychiatric symptoms. In clinical settings, multidisciplinary professionals' roles, including mental health nursing, might also vary depending on patterns. As users' characteristics may differ for each pattern, further research with more data is required.
Learning Objectives: Learning about the service use patterns for community mental health outreach and considering practical implications.

Metabolic matters: Improving compliance with a metabolic monitoring form in the inpatient setting

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South Western Sydney Local Health District Mental Health, Liverpool, Australia

People living with a mental illness are at higher risk of developing metabolic related illness such as diabetes and cardiovascular disease. This can be attributed to by psychotropic medications and the symptomology of mental illness.
The aim of this project was to increase the compliance with metabolic monitoring forms by 70%. This included developing a multi-disciplinary process to completing forms that ascertained quality information regarding consumer's metabolic health status.
Using the improvement science methodology and collaborative multi-disciplinary approach was developed and implemented to increase the compliance of metabolic forms to 70% over 10 months in 2022. This collaborative approach involved the development of a MDT checklist to address outstanding parameters that needed completing as well as identifying consumers at risk of metabolic syndrome, allowing for follow up interventions to be included in the consumers care.
Improving overall quality, and compliance of metabolic monitoring forms has resulted in consumers; who otherwise may not have been identified as being at risk, being identified as having metabolic syndrome. As a result of identifying physical health needs during the inpatient stay has resulted in early intervention/treatment being provided to consumers during their inpatient stay as well as ongoing follow up in the community by GP's and community health teams on discharge.
Developing multi-disciplinary approaches to physical health in the inpatient mental health setting can assist in identifying co-morbid physical health issues. Identifying these co-morbid physical health issues earlier, and before complications occur, can help improve the longer term physical health of people living with a mental illness.

Oral health- related knowledge, attitudes, and practices of individuals experiencing mental illness– A systematic review

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People with a mental illness experience poorer oral health outcomes compared to the general population which can have a negative impact on their quality of life. Most reviews though have focused on the oral health adversities of this population group and very little is known about their perceptions and practices in this area.
The aim of this systematic review was to synthesize the evidence regarding oral health knowledge, attitudes, and practices of people with mental illness to inform preventative strategies and interventions.
Database searches were conducted till August 2022 with no limitations placed on year of study. All studies that were available in English language and, explored oral health knowledge, attitudes, and/or practices or people with a mental illness were included. A thematic synthesis was undertaken of 35 studies (27 high-moderate quality) resulting in three themes and nine sub-themes. Individuals with a mental illness were found to have limited oral health knowledge particularly around the effects of psychotropic medication. In addition, various barriers to oral health care were identified including high dental costs, negative impact of mental illness, dental fears, lack of priority and poor communication with dental and health care providers. Participants also had reduced frequency of brushing and dental visits.
Providing oral health education and raising awareness in mental health settings may reduce oral health disparities among consumers and the need for future complex dental treatment.
Mental health nurses are in continuous contact with consumers compared to dental practitioners and are thus uniquely placed to promote good oral health hygiene practices and provide early interventions like screening and timely dental referrals.
To recognize the importance of oral health for patients with mental illness. To identify the current challenges for people with mental illness to maintain oral health. To acknowledge the important role that mental health nurses can play in promoting oral health among consumers.

The heart of the issue – Treating mental health presentations as the emergency they are!

Penny Jones; Daniel Morrison
Mid nNorth Coast Local Health District, Coffs Harbour, Australia

Mid North Coast Integrated Mental Health Alcohol and Other Drugs (IMHAOD) has implemented a new Emergency Mental Health & Addiction Assessment Response Team (EMHAART) service that provides safe and easily accessible pathways aimed at improving client outcomes and experiences. The service provides advice, triage, initial assessment, and referral service to facilitate access to the appropriate mental health or substance use disorders (SUD) services for the people of MNCLHD across their lifespan. MNCLHD has a wide distribution of clients that have challenges accessing services resulting in the need to refine and centralize

'front-end' 24/7 referral, access, and entry pathways as a priority to IMHAOD services. Additionally, Aboriginal and Torres Strait Islander people are less likely to access our services in the 3 months prior to suicide. The overall access to Mental Health for people who suicide, in the 3 months prior to suicide, is 5.6% for Aboriginal and Torres Strait islander population and 35% for the general population.

To address these risks, development of a service model of care that focuses on establishing a 'no wrong door' approach and improving front end service provision to more clients faster and more effectively is being implemented. This ensures that clients are receiving the right service at the right time delivered in a way that is most suitable to them.

By taking an integrated care approach, clients will be able to reach a team of multidisciplinary specialist mental health and substance use disorders staff a timely manner. This service has expanded capacity for face-to-face initial triage and assessment. Co-design with mental health staff and peer workers, consumers, Emergency Departments, police and ambulance services has supported a clinically driven early response by this team.

Additionally, this highly responsive, client focused service, minimizes reliance on Emergency Departments and has streamlined the fragmented referral pathways in addition to services being provided by local teams at our three key locations.

This culturally lead and safe service embeds both a just and restorative approach. The specialized team are also experts in the delivery of a trauma informed, least restrictive care to ensure safety for our consumers.

Recruitment, retention and nursing workforce development: Highlighting Alfred Health's transition to mental health nursing program

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The difficulties in recruitment and retention into the mental health nursing workforce have been consistently acknowledged in Australian literature (Happel and Gough 2009) and these challenges to nursing workforce, particularly in specialty areas, have only been perpetuated post pandemic.

Graduate nurse programmes or transition to practice programmes have been promoted as a potential strategy in improving both recruitment to, and retention within, the nursing profession; however, Clearly and Happell (2005) Identify that it is surprising that this strategy receives so little attention within the nursing literature.

The Alfred Infant Child and Youth Area Mental Health and Wellbeing Service (ICYAMHWS) is a tertiary community mental health service that has a long history of supporting nurses' transition into this specialized area of nursing by providing its very own Transition to Community Mental Health program. The program has continuously developed over the years to meet the workforce professional development needs to recruit, retain and develop mental health nurses.

The culture of community mental health nursing is strong and diverse within the service, and the program has continued to expand with nursing currently represented in each of the different teams including: Access, Early Intervention Mobile Outreach Service, clinic based, infant 0–11 team, neurodevelopmental and intellectual disability team and the Child and Youth HOPE team.

Nurses also provide discipline specific nursing assessment with the clinic's eating disorder program and central to supporting the nursing workforce within the service is the provision of fortnightly clinical supervision imbedded into the culture of nursing.

This paper aims to celebrate how the Alfred ICYAMHWS Transition to Mental Health program has continued to attract, develop and retain mental health nurses and aims to inspire other health services to grow their community nursing workforce into the future.

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Structural relationship between changes in recovery and difficulties in severe and persistent mental illness

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Introduction: Based on the proposal that difficulty is a component of recovery (Stuart et al., 2017), we previously identified a structural relationship between recovery and

difficulties in daily living (DDL) among people with severe and persistent mental illness (SPMI) (Watanabe et al., 2022). Additional studies addressing whether DDL affect changes in recovery are required to promote recovery-oriented practice.

Objectives: To examine the structural relationship between changes in recovery and DDL among people with SPMI.

Methods: We collected data over 24 months from April 2017 for people with SPMI who used community services for at least 6 months, evaluating at three points (initial, and 2 and 4 months after). Measurements included recovery: the Japanese version of the Recovery Assessment Scale (RAS); DDL: the WHO Disability Assessment Schedule 2.0 (WHODAS2.0); the subjective meaning of difficulty (SMD: sense of imbalance, alienation, deprivation, and marginalization): the Classification and Assessment of Occupational Dysfunction (CAOD). A Bayesian latent curve model (BLCM) of the RAS was constructed, including WHODAS2.0 and CAOD. The posterior predictive *p*-value (PPP) and convergence statistic (CS) were used as indices of the goodness of model fit. This study was approved by the institutions' ethics committees (B16-200).

Results: Sixty-nine participants (27 females, mean age 52.9 ± 10.5 years) were enrolled in the study. The goodness of fit of the BLCM was PPP = 0.35 and CS = 1.001.

Implications for practice: This model suggests strategies for recovery-oriented practice, where DDL and SMD may relate to recovery.

Learning objectives:

- To learn the importance of practices to reduce DDL and lay the foundation for recovery.
- To learn the possibility of practices to improve SMD (sense of imbalance, alienation, deprivation, and marginalization) that underlie DDL.

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Therapeutic conversations: Making space to practice in chaotic institutional environments

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Introduction: Increasing managerialism, driven in part by notions of risk, compromise the mental health nurses' therapeutic engagement with clients potentially impacting their recovery. While the importance of therapeutic relationships in mental health recovery is acknowledged there is little evidence about how managerial processes encroach on this relationship.

Aim: To explore mental health nurses experience of engaging in therapeutic relationships within the current practice environment.

Method: This paper utilized an interpretive phenomenological approach, using interviews with mental health nurses.

Results: Managerial processes significantly impacted the practice of nurses who struggled to make space for therapeutic relationships within a chaotic milieu. The chaos is associated with increasing austerity within the health system; this has resulted in high staff turnover and staff shortages.

Discussion: Findings from this New Zealand study reflect the tensions experienced by mental health nurses in New Zealand, Australia and other OECD countries attempting to negotiate the conflicting demands of managerial and patient needs. The results of the research demonstrate the costs to the staff in terms of burnout and/or desire to leave the profession. Through these processes nurses are losing their sense of professional identity and lacking strong leadership from their professional organizations.

Managerial demands dominate the practice field at the expense of therapeutic engagement between nurses and clients ultimately affecting client recovery. While nurses' integrity means they desperately try to make space for the therapeutic work, they often become burnt out and disheartened.

Implications for practice: While nurses are often blamed for failures in the system, the structures that disable nurses in their attempts to practice therapeutically requires urgent responses, strengthening professional organizations and engaging in democratic partnerships with consumer groups.

Nursing education: Introducing restorative resilience clinical supervision in Regional Queensland

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The Australian College of Mental Health Nurses (ACMHN) supports clinical supervision, recognizing it as central to practicing within the ACMHN Standards of Practice for Australian Mental Health Nurses (2010). In Queensland, all mental health nurses are expected to access clinical supervision (Queensland Health, 2009).

Nevertheless, in regional Queensland, there is a paucity of mental health nurses who are clinical supervisors. Furthermore, access to contemporaneous evidence-based education in the provision of clinical supervision is challenging.

In response to this gap, mental health nurse educators searched for clinical supervision education which they (as qualified clinical supervisors) could provide "in-house". They discovered the Restorative Resilience Model of Supervision-An organizational training manual for building resilience to workplace stress in health and social care professionals (2016).

The Restorative Resilience Model of Supervision (2016) was designed to support health professionals in the National Health Service (NHS) to process their workplace experiences and support them to build resilience levels to ensure they had future coping strategies beyond the initial life of the supervision sessions. Research within the NHS suggests that resilience-based supervision may have a positive impact on nurses' ability to function (2022).

In 2022, educators commenced the facilitation of the one-day workshops on the Restorative Resilience Model of Supervision in regional Queensland.

In 2023, the Restorative Resilience Model of Supervision was reviewed during a webinar sponsored by the Office of the Chief Nurse and Midwifery Officer in Brisbane.

Responses from participants who have attended the supervision workshops in regional Queensland have been favourable and registered nurses enrolled in the 2023 clinical academic partnership program receive Restorative Resilience Supervision from nurses trained in the model.

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Working together with law enforcement agencies for the better outcome for the consumers

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Fixated threat assessment centers (FTACs) have been established in the United Kingdom, Australia, and New Zealand. The model was developed to assess and manage risk from isolated loners who write concerning communications or make problematic approaches to politicians or the British royal family. The essential feature of FTACs is that they are police units jointly staffed by police officers and mental health clinicians. Fixated individuals often suffer from mental health issues and may cause harm to themselves and/or others if left untreated. The Australian Federal Police (AFP) set up a unit in 2016 with a national remit to assess and manage harassing behaviour towards Australian Commonwealth High Office Holders.

There are a number of challenges that are unique to a service that accepts and manages referrals across the whole of Australia, as the country has a federal system of government comprising state police and health services as well as a national police service (the AFP). Each state has its own mental health legislation, with variations regarding how treatment can be mandated and how information can be shared between agencies. There is limited recognition of community mental health orders between jurisdictions, meaning that an individual being treated involuntarily in one state can easily fall out of mental health care when travelling to another state. Further, each Australian state jurisdiction maintains its own medical record systems, with no mechanism for real-time access to interstate records unless an individual clinician identifies the need to do so and makes the necessary contact with other mental health services. This becomes problematic in managing mentally ill fixated individuals who travel across jurisdictional borders, as police and health services may be unaware of any history of mental illness or of any fixated behaviours towards public figures.

Mental health nurses working collaboratively with law enforcement agencies can be beneficial for the better outcome for mental health consumers. This collaboration can help to ensure that mental health consumers are

receiving the best possible care and are not being subjected to unnecessary or overly restrictive interventions.

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HOPE program-suicide prevention service delivery across a rural and urbanizing catchment

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The Victorian Suicide Prevention Framework saw the implementation of Hospital Outreach Post Suicide Engagement [HOPE] programs across Victorian Area Mental Health Services. The HOPE Program provides intensive support in the community for a period of 12 weeks following a suicidal crisis. The HOPE program which services the Lower Hume catchment (part of Goulburn Valley Area Mental Health Service [GVAMHS]) was the final HOPE program to be operational in Victoria. It is run from Seymour and was officially opened in December 2022. The HOPE team in Seymour consists of two clinicians and two members of the lived experience workforce and is charged with providing care according to the HOPE remit across three Shires: Mitchell, Murrindindi, and Strathbogie. Murrindindi and Strathbogie Shires are classified as small rural towns, as are some parts of the Mitchell Shire. However, the Mitchell Shire's southern corridor is considered the most rapidly urbanizing locale in Victoria. Those who live in rural contexts and those who live in rapidly urbanizing centres face unique and complex challenges with regards to mental health and wellbeing. Whether rural or urbanizing, these communities have specific and unique mental health service delivery needs (Corscadden, Callander, & Topp, 2019 & Krabbendam et al., 2020). The challenge considered by the authors is how does a small, rurally located, HOPE team provide timely, effective, and equitable mental health care within a vast geographical region to communities which are uniquely at risk of poor mental health outcomes but who have differing service delivery challenges and needs? The authors consider ways to implement evidence based-best practice which is congruent with the recommendations arsing from the royal commission and exemplifies the standards set forth by The Victorian Suicide Prevention Framework.

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Can education of clinicians within a rural mental health service increase efficacy of Telehealth?

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It is noted within literature that rural residents consistently have poorer health outcomes than their urban counterparts, due partially to geographical distance and healthcare related costs. Telehealth has been touted as and demonstrated to be a viable solution to this healthcare disparity. Despite the evidence proving the efficacy of telehealth initiatives, widespread implementation and uptake of same has been slow. Within a rural Australian mental health service there was noted to be both an absence of telehealth related training and observable uptake reluctance of telehealth among clinicians. The evidence-based practice brief aimed to determine whether the implementation of an education program targeted towards enhancing clinicians' understanding and use of telehealth would be justified. Additionally, the practice brief aimed to identify which areas of education might be most pertinent to the increased uptake of telehealth among rural healthcare workers. A review of the literature databases CINAHL and PsycINFO were undertaken, and five documents selected for inclusion to inform the evidence-based practice brief. The selected documents were critically appraised, their key findings elucidated and synthesized, and recommendations duly formulated. The review and appraisal of literature indicated that education of clinicians can be an influential means towards improving how clinicians-within mental health and other healthcare settings-perceive usefulness, ease of use, attitude towards, and ultimately uptake of telehealth services and interventions. Based on the literature, a total of six recommendations are outlined with regards the importance of education for clinicians around use of telehealth, and specific educational domains.

Substance abuse among students in a high school in Ghana

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Introduction and Background: World Health Organization has referred to substance abuse as the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. From previous study, prevalence

of alcohol, cigarette, and marijuana use in Ghana was lower than other African countries and Western countries. Lifetime rate of alcohol use was 25.1 %; lifetime cigarette use was 7.5 %; and lifetime marijuana use was 2.6%(Adu-Mireku, 2008).

Aims/Objectives/Hypothesis: To assess the prevalence and Influence of psychoactive substance use among Senior High School Students.

Methodology Design: Cross-sectional design with a structured questionnaire was used to collect data.

Results: The results showed that 92% of the participants first knew about illicit drugs through their friends. Most of the respondents 49.2% had used cough syrup containing codeine whilst 41.3% had use caffeine, and 28% had used cannabis. The majority, 44% of the participants, often took the substance when available and14% took the substance on a daily basis. It was found that participants strongly agreed that psychoactive substance use had an effect on Poor academic performance.

Outcome/Implication the Profession: Respondents generally reported being introduced to such substance through peer pressure and curiosity. Students commonly used alcohol, codeine cough syrup, and coffee. Poor academic performance, dropout of school, declining retention rates and decreased ability to concentrate were the effects of substance use on students. People with addiction often have other health issues, such as mental health conditions or lung or heart disease.

Translation to Policy and or Practice Change: The Ministry of Health, Mental Health Authority and other organizations should team up to intensify health education on substance use among students.

Restoration of a sense of safety and resourcing for recovery and relapse prevention

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For many mental health services, the provision of 'trauma-informed care' is a virtue-signalling but distant aspiration. This presentation will outline how a private mental health service, AVIVE has reimagined mental health care so that all inpatient service users can access an evidence-based, trauma-informed and recovery-focused programme integrated with their psychiatric treatment. Specifically, this presentation will focus on the role of mental health nurses in supporting people on their journeys to wellness. This includes providing a staged, open group programme and focused psychotherapeutic time with people to support the development of a personalized recovery and relapse prevention plan developed by the author.

The therapeutic programme is firstly focused on restoring and maintaining a sense of safety. All staff in AVIVE facilities will be trained and supervised to facilitate these conditions. The first week of the inpatient group program focuses on skills and practices to restore a sense of safety and develop and practice distress tolerance and emotional regulation skills. The group then aims to facilitate and strengthen the development of personal and social resources to support treatment, improve well-being, and lead a thriving life. Mental health nurses will support people (including families and supporters) on this recovery journey. The evidence to support this approach (which is drawn from the polyvagal theory, positive psychology and nursing theory) will be outlined and strategies to evaluate effectiveness discussed.

Nurses facilitating mental health education in acute inpatient mental health settings: A literature review

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Education is integral to nursing roles and is embedded within their scope of practice (NMBA, 2018). Standards of Practice (NMBA, 2016) compel nurses to maintain their capability for practice. Thus, ensuring nurses have the knowledge and skills to provide education empowering individuals to make informed decisions and initiate positive changes for their health. Inpatient mental health nurses have a unique position to deliver education to consumers such as emerging adults and their families.

Emerging adults are young people aged 18–29 years old who navigate changes relating to autonomy, identity and social roles (Arnett, 2015). This age group has the highest prevalence of mental health concerns and mental illnesses such as depression, anxiety and drug and alcohol abuse (National Institute of Mental Health, 2019). Nurses are often the first point of contact during emerging adults' admission in acute mental health settings (Nolan & Petrakis, 2019). Yet, there is very little known about mental health education that occurs in acute mental health settings. These include the experiences of inpatient mental health nurses who provide the education and those who receive the knowledge, such as the consumers and their families.

The presentation will consider the findings of a literature review that sought to establish the experiences of registered nurses facilitating emerging adults and their families receiving mental health education in acute mental health settings. This literature review will use thematic analysis to analyse the literature.

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Embedding a dual trained sexual health/psychiatric nurse in a youth hospital in the home

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The equally well framework for mental health clinicians identifies sexual and reproductive health and bloodborne viruses as a priority area (Department of Health and Human Services, 2019). Sexual and reproductive health is a speciality area that requires sensitivity and a trauma-informed lens, and consideration must be taken into individual's preferences and needs. Young people that are affected with mental health concerns have more significant sexual health needs than their peers due to several factors, which include; symptoms of a mental illness such as; impulsivity, anhedonia, negative symptoms, side effects of psychotropic medication, and poor self-esteem (Sanchez et a., 2020). Diagnostic overshadowing and clinician knowledge gaps can lead to sexual and reproductive health issues being missed, leading to delays in treatment and poorer health outcomes. Orygen at home has been operational since 2021 and provides 24–7 services for acutely unwell young people between the ages of 15–25 in Melbourne's North Western metropolitan catchment area. This consumer group is primarily admitted as an acute alternative to hospital-based care. This innovative service model has embedded a dually trained sexual health and psychiatric nurse to facilitate health screening, education, assessment, and referral pathways. This model has enabled young people to have their sexual and reproductive health concerns escalated to appropriate services and would be beneficial across other mental health services

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Borderline personality disorder and occupational participation, engagement and sustainability: A review

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Borderline Personality Disorder (BPD) is listed in the DSM-5-TR (American Psychiatric Association, 2022) as a debilitating long-term psychiatric condition characterized by marked impulsivity, emotional dysregulation, long-term suicidal and self-injurious behaviour, interpersonal conflict, affective instability, and anger. The combination of characteristics and symptomatology in many cases makes employment in long-term situations difficult, with the above listed symptoms causing difficulties in everyday activities and functioning. Meaningful and willing occupational participation and engagement (henceforth referring to paid employment, volunteering endeavours, or studying/educational pursuits) on a long-term basis, has often been found to be a major issue for those consumers with BPD. Traditionally, while employment itself has been seen as having as having a favourable impact on symptomatology typical to those with BPD (Beeney et al., 2018), negative characteristics and behaviours traditionally associated with the condition generally see consumers struggle to find and maintain work (Juurlink et al., 2020).
The integrative review was the first to place both 'barriers' and 'enablers' to occupational participation alongside each other, as well as exploring treatment options and benefits to consumers with BPD who do engage in regular employment, volunteer or study. Negative symptomatology was a major barrier to meaningful and sustainable occupational participation, and people with BPD regularly engaged in self-stigmatizing and non-disclosure. In contrast, positive symptomatology such as boldness, creativeness and honesty were found to be enablers in finding and maintaining employment. Additionally, the review found that occupational participation and engagement by people with BPD was an important aspect of their recovery and a key element in improving symptoms, in conjunction with regular therapy.

This presentation will outline the research conducted to formulate the integrative review for publication. It will briefly explain the findings of the review and make recommendations as to how to address deficits in occupational engagement and sustainability in the BPD population group. It will explore mental health nurses having conversations with those consumers with BPD as to the value of employment, volunteering or education/study in their life and the possible stability and/or relief of some typical characteristics/symptomatology.

Supporting the consumer with borderline personality disorder in the Emergency Department: An authoethnograpic view

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Borderline Personality Disorder (BPD) is a psychiatric condition characterized by a range of complex characteristics including recurrent suicidal and self-mutilating behaviours and a high degree of affective instability (DSM-5-TR, 2022). These criterion have seen consumers with BPD present to both psychiatric and general emergency departments in rates far exceeding those of patients with various other mental or physical illnesses (Hong et al., 2019). Those people living with BPD can present for various reasons, including for safety, intentional self-harm (which can occur with or without suicidal intent) necessitating medical intervention, suicidal ideation, and other situational crises.

Traditionally, there has been a high level of stigma associated with both presentations of self-harm and with the diagnosis of BPD in general. Some studies show that it is nursing as a profession that are the health professionals with the poorest attitude towards this cohort (Dickens et al., 2019). Further to this, or perhaps due to it, nursing and medical literature has found that there can be empathy-failure from nurses towards people who present to the ED after intentional self-harm (Baker et al., 2021), which this population group is particularly sensitive to and who can identify where improvements can be made (Meehan et al., 2021). When looking at whether patient interactions matters, those patients who experience positive interactions with clinicians report higher levels of trust, an increase in help-seeking behaviours and greater participation in treatment (Cully et al., 2020).

Nurses, particularly mental health nurses within the ED, are well placed to provide mental health care to those consumers with BPD in a holistic, empathic, trauma-informed manner of care using effective language and appropriate non-verbal communication skills. These timely interventions by skilled mental health nurses can be used to build rapport with consumers, increase safety and support, and reduce unnecessary admissions, repeat presentations and risk of other maladaptive behaviours.

This presentation uses an autoethnographic approach to introduce the audience to both the stigma associated with BPD and self-inflicted wounds, followed by explaining and advocating for best-practice care as evidenced by both the most recent academic literature and by consumers themselves.

The need for alternative clinical placements: A critical discussion

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The World Health Organization's (2021) Mental Health Atlas 2020 identified that registered nurses make up approximately 44% to 68% of all registered professionals working within mental health settings. Although in Australia, the mental health sector is projected to have a shortfall of approximately 13 500 registered nurses working by 2025 and approximately 18 700 by 2030 (Health Workforce Australia, 2014). A combination of a high exit and low entrant rates, and an ageing mental health nursing workforce, has resulted in the mental health sector experiencing the largest undersupply of registered nurses compared to other nursing specialties. To rectify the forthcoming undersupply of registered nurses practicing in mental health, an increased exposure to individuals with a lived experience of mental illness and recruitment into the mental health nursing sector needs to occur at a university level.

The Australian Government Productivity Commission's (2020) Mental Health Inquiry Report identified five major priority reforms; (1) Prevention and early help for people, (2) Improve people's experiences with mental healthcare, (3) Improve people's experiences with services beyond the health system, (4) Equip workplaces to be mentally healthy and (5) Instil incentives and accountability for improved outcomes. Recommendations for increased collaboration with individuals with lived experience of mental illness has inspired proposed changes to the Australian university curriculum for the next generation of health care professionals. The Productivity Commission identified a need for diverse and alternative clinical placement options to increase the understanding of mental illness through the lens of those with lived experience. Such placements address the need to empower and reduce stigma through more consumer and health professional interactions outside of the typical clinical environment.

With a focus on recommendations from the Inquiry Report for more alternative clinical placement options, this presentation will discuss the emerging findings of an ongoing PhD project which focuses on the experiences of undergraduate registered nurses completing an alternative clinical placement.

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Cultural therapeutic healing: Creating culturally led and informed therapeutic practices to support First Nations' children

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The Victorian Aboriginal Child Care Agency (VACCA) provides support to more than 600 children in Out of Home care through our foster care and kinship care programs. The Aboriginal Children's Healing Team (ACHT) is a specialized multidisciplinary therapeutic team within VACCA, who provide individual assessment and healing work to children, secondary support to professionals and child focused therapeutic work to carers and families.

Using an action research approach, the ACHT are developing a model of care for developmentally vulnerable Aboriginal clients based around the integration of mainstream mental health, child development and trauma informed approaches with Aboriginal Social Emotional Well Being (SEWB).

ACHT staff use screening tools, multidisciplinary assessment and therapeutic/clinical review processes alongside cultural support and clinical supervision to guide our work. This approach allows the team to reflect and adapt their therapeutic practices to appropriately respond to and balance mental health and other risks while strengthening social and emotional wellbeing outcomes through the fostering of connection to Country, kinship and culture.

ACHT staff make use of traditional and contemporary Indigenous healing practices within a resilience, trauma and mental health informed SEWB framework, building a model for the delivery of positive outcomes in the health and wellbeing of Aboriginal and Torres Strait Islander children. While the model is still in its early stages, it is clear culturally led and trauma informed therapeutic work has the potential to shape future changes in the application of therapeutic care for Aboriginal clients.

Transition program: Role of the CNE in supporting a growing workforce

Aimee Li-Tran; **Mini George**; **Neha Silakar**
RMH/NWMH, Parkville, Australia

COVID-19 had a major impact on the mental health (MH) workforce recruitment and retention. This was viewed as an opportunity to strengthen the existing transition program and address the serious workforce gap. With the growth in numbers, demands for greater clinical support for novice nurses led to the introduction of Entry to Practice Clinical Nurse Educators (ETP-CNEs) to each area MH services.

This presentation aims to outline retrospective and literature-based findings regarding the ETP-CNEs role in supporting transition nurses entering into MH. There will also be reflections of the challenges and successes within the last 2 years from an ETP-CNE's perspective, learning overviews and recommendations.

The review includes literature articles published after 2015 using the following databases: CINAHL, PyscINFO and Pubmed. Free search was conducted using the inclusion and exclusion criteria.

Keywords: Mental health nurse, transition program, education program, experience, transition nurses and graduate nurses.

Literature review highlighted the importance of the ETP program and role of the CNE. Research findings identified negative and positive experiences that relates to factors such as training guide, role ambiguity, preceptorship, staff experience and assertiveness. CNEs play a significant role in assisting transition nurses to facilitate learning and skill acquisition in a flexible, supportive and mutually-respectful environment. A challenge faced by ETP-CNEs was to identify learning needs of each individual and develop personalized learning plans focussing on their strengths and weaknesses. Future longitudinal research is recommended to ascertain the benefits of the program on workforce retention.

Literature highlights the need for ETP programs to reflect and adapt to changes of workforce demands. It is evident that further research is required to understand what type of clinical support is most effective for transition nurses. As such, CNE's role is essential in ensuring transition nurses are well supported particularly during the initial phase, where they are considered novice nurses in a new speciality area. With better support, there will be greater job satisfaction and higher confidence in practice and retention rate.

Unleashing the potential of thriving at work to improve job satisfaction in mental health nursing

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The future of mental health nursing in Australia is dependent on the balance between recruitment strategies to build the mental health nursing workforce and retention strategies to sustain it. While recruitment is a priority for mental health nursing, support to the current workforce is crucial to sustain the capacity to provide care and assist new nurses entering the mental health nursing profession. Although the nature of mental health nursing is immensely rewarding, the satisfaction experienced by nurses impacts on their decision to remain within this profession. Ongoing workforce challenges and concerns about the impact of burnout highlights the need to act now to increase job satisfaction.

Improving work satisfaction in mental health nursing has predominantly applied approaches to mitigate burnout, with nurses encouraged to utilize resilience when facing adversity. While this strategy has merit, other available strength-based approaches to improve job satisfaction have been overlooked. This includes the construct of "thriving at work" developed through the School of Business in Michigan, which has strong evidence to improve work satisfaction. While historically not researched in healthcare settings, including the mental health nursing workforce in Australia, new research into understanding thriving at work for mental health nursing shows significant promise.

A qualitative PhD research study using the interpretive methodology of philosophical hermeneutics was conducted with rural nurses providing mental health care in Northern NSW. This study explored how nurses perceived thriving at work and describes specific ways nurses positioned themselves to obtain energy to enhance their satisfaction at work. They described key organizational factors that promoted their sense of forward momentum while acknowledging the ebb and flow nature of thriving at work. Key findings from this research will be discussed highlighting the organizational responsibilities to establish thriving at work, while acknowledging how to generate and manage the experience of thriving at work within individuals. These findings are pivotal to the development of new strength-based workforce development strategies that have a role in positively contributing to recruitment and retention for the mental health nursing profession in Australia.

Digital mental health interventions for refugees and asylum seekers: A literature review

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Introduction: Refugees and asylum seekers face significant challenges in accessing mental health care due to traumatic events and persecution. Digital mental health interventions (DMHIs) offer a scalable, flexible, and effective solution to improve the mental health and well-being of these priority populations. This literature review aims to analyse the current literature on DMHIs for the management and treatment of mental health conditions among refugees and asylum seekers.

Aim: This review aims to critique available literature on DMHIs for refugees and asylum seekers, identify gaps in the literature, and provide recommendations for future research and practice.

Methodology: The study employed an integrative literature review design to synthesize both theoretical and empirical evidence. The literature search focused on studies between 2010 to 2021 to align with a period of relevant policy change in the Australian context, and the accelerated uptake of smart phone technology. The search was performed on the electronic databases Medline, CINAHL and Google Scholar, which yielded 10028 articles. Only 10 articles were relevant and included in the final review.

Results: Thematic analysis identified four main themes and two sub-themes, including: Types of DMHI used; Barriers encountered in DMHI; User experience of DMHI; and Mapping gaps. The review identified gaps in the current literature and recommended strategies to improve mental health care for refugees and asylum seekers, such as addressing linguistic and demographic barriers and structural barriers.

Significance/Implication for the Profession: This integrative review highlights the urgent need to address mental health care for refugees and asylum seekers using innovative solutions, such as DMHIs. The findings will guide future priorities in research and practice, align with the international priority to address Sustainable Development Goals (SDGs) for universal healthcare access, and inform mental health services, refugee processing services, and governments.

Relevance for policy and practice change: The study's implications for policymakers, humanitarian agencies, and NGOs highlight the potential benefits of leveraging technology to offer culturally sensitive resources for refugees' specific needs. These findings inform interventions promoting mental health and well-being, improving mental health services for this population.

Comparison of discharge decisions between accredited persons and medical officers for deliberate self-poisoning patients

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The Accredited Person programme was introduced in NSW in 2003. The Mental Health Act authorizes appropriately experienced and credentialed non-medical health professionals, to make an initial decision about a person's need for involuntary admission under the NSW Mental Health Act 2007, an authority previously held by medical officers only.

A comparison study of discharge decisions, for persons admitted for hospital-treated deliberate self-poisonings, between an Accredited Person (a mental health nurse) and Medical Officers was conducted. Specifically, over a 10-year cohort, we examined discharges to a psychiatric hospital under a Mental Health Act certificate in comparison to other discharge destinations.

There were 2237 index assessments (Accredited Person = 884; Medical Officer = 1443). One-quarter (27%) were referred for assessment under the Act at the psychiatric hospital, with the Accredited Person significantly more likely (32%) to require this compared to the Medical Officers (24%); Risk Difference: 8.3% (4.5 to 12.1). However, after adjusting for patient characteristics; Risk Difference: −3.0% (−5.9 to −0.1) and for propensity score, Risk Difference: −3.3% (−6.7 to 0.1), the Accredited Person and Medical Officer likelihood of discharging for an assessment under the Act was similar. This study indicates that the Accredited Person Programme in the general hospital is favourable and wider implementation and evaluation is warranted. Mental health nurses in the NSW Accredited Person Programme can provide hospitals (and other settings) with an efficient and cost-effective means of extending the capacity of a service to respond to acute mental health presentations in a manner that is consistent, effective and appropriate in context of delivery of clinical care. This research provides evidence to support and validate the potential that we as mental health nurses can contribute in practice.

Development of the forensic mental health nursing clinical reasoning cycle

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To date the systematic guide for consumer care across the state-wide forensic mental health (FMH) service in Victoria (Forensicare) was guided by the Nursing Process (NP). There has, however, been suggestion that the NP may not sufficiently explain the complex methods used to make clinical judgements. In a recent study a group of nurses from across the FMH service participated in a Nominal Group Technique designed to explore the NP and the Clinical Reasoning Cycle (CRC) to determine which framework would be most suitable. Participants unanimously selected the CRC, although suggested the need to make adaptations to enhance implementation in a FMH setting, as the focus of the cycle was considered to be general acute health focused (Maguire et al., 2022a).

This presentation will discuss the next phase which resulted in the development of the FMHN-CRC. Focus groups were held with a range of disciplines including the lived experience workforce to explore the cycle and the suggested FMH nursing adaptations. Following data analysis and further changes to the model, the adapted version was then explored in a focus group with international FMH nursing academics. Results from this study confirmed a need to make adaptations, in particular the addition of prompts to consider cognitive bias, recovery-oriented practice, consumer family and carer engagement and offending behaviour (Maguire et al., 2022b). While there was some reluctance from nurses to own the cycle, this was not shared by the other disciplines who supported a nursing specific cycle. The FMHN CRC may assist FMH nurses to highlight their unique and special contribution to care, and assist in articulating FMH nursing practice.

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MH nurses at the core dealing with NDIS/Group home clients presenting to ED

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This presentation discusses the challenges faced by NDIS clients with mental health issues who frequently present to emergency departments (EDs) due to difficulties accessing appropriate mental health services. The lack of available mental health services in the community and the complexity of NDIS clients' health needs are the main reasons for these presentations. The article provides general principles for managing patients with mental health issues in the ED, including ensuring patient safety, conducting a comprehensive assessment, providing supportive care, consulting with mental health specialists, developing a treatment plan, and coordinating care. Strategies for managing NDIS clients' care include building relationships with community mental health services, developing crisis plans, and providing ongoing support and education to clients and their families. Overall, a coordinated and holistic approach to mental health care is needed to improve the outcomes of NDIS clients with mental health issues.

Fathers' experiences as a parent in the NICU: Preferences for mental health support and intervention

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Background: Parents who experience an admission to the neonatal intensive care unit (NICU) are at substantially greater risk of developing a postnatal mental health condition. This recognition has since resulted in many services adopting routine maternal mental health screening in a move towards family-integrated models of neonatal care – though there remains a paucity of similar procedures to address paternal mental health. The mental health impact of a NICU birth is not limited to mothers, with growing attention placed on the impact that a NICU birth has on fathers and the family system.
Routine screening and intervention programs tailored to NICU fathers remain limited, despite compelling evidence that articulates the potential downstream consequences that unresolved mental health difficulties following a NICU birthplace on fathers and those family members in proximity – including mothers and children.
Aims: In response to the paucity of policies and programs embedded in Australian birthing hospitals, this growing program of research has sought to address the following objectives.

1. To identify the role that fathers play during a NICU admission.
2. To facilitate a consumer-led approach to understanding the challenges of fathers in the NICU and to have fathers offer ideas to provide tailored and targeted opportunities to deliver support.
3. To develop and pilot the NICU Dads intervention at a large NICU located in Perth, Western Australia.

Project Description: Objective 1 was recently completed and published and used to complement the activities currently being undertaken as part of activities 2 and 3. Approximately 100 NICU fathers have participated in a study that sought to understand their experience as a non-birthing parent and shared their ideas about how fathers can be better supported as part of routine care.
Implications for Mental Health Nursing: Preliminary analysis suggests that fathers demonstrated a strong preference for peer-based models of support, facilitated by, and in conjunction with, onsite professional mental health support, and for educational materials about how they can care and support their babies and families whilst in the NICU. Mental health nurses working in perinatal care are optimally positioned to support these families throughout service delivery.

Bendigo Health's Safewards working group (SWWG): facilitated identification, development and mentoring of emerging leaders

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Overview: Reinvigorating our Safewards Working Group (WG) and holding regular Reducing Restrictive Intervention (RRI) reviews has improved leadership pathways for mental health nurses and strengthened our collaborative approach to patient care. We have demonstrated the power of working together, of using out shared knowledge and the lived experience voice.
Background: A successful pilot project launched in 2014 led Bendigo Health to establish the Safewards model. Safewards is a core competency of our workforce and RRI is a key area of focus. Since the pilot project, motivation fluctuated within individual teams. We identified the need for holistic professional development for nurses.
Meeting the challenge: NUM's and Clinical Educators identified potential leaders within each unit; demonstrating passion and enthusiasm for Safewards and invited them to create the WG. Multidisciplinary Representatives including Lived Experience workforce (LEW) meet once per month to discuss strategies and

ignite passion. In turn creating progression and interest in RRI Review and reduction of RI.

Results:

- The WG process has identified leadership qualities in staff such as, the ability to generate meaningful conversation within their teams and to feedback the outcomes of strategies.
- Generated interest in leadership roles and intervention champion roles among early career nurses.
- · A safe space for emerging leaders to develop and be mentored through the WG.
- · Sharing new ideas among the WG is adapted and developed
- · Consistent planning, auditing, and feedback have been key to keeping leads interested.

Conclusions: Management support is crucial in supporting the collaboration with allied health and LEW to allow nurses to tap into their own potential. People feel valued when they can contribute to the team they work in. The WG share the same passion and speak the same language of care. Through the group, staff have been able to develop their individual skills and mentor their colleagues, improving team building and a team approach, leading to enhanced retention and recruitment.

Introducing the Adult Individual Resilience Scale

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Introduction: My practice as a mental health nurse displays that people experiencing depression and anxiety comment on the decline or loss of personal resilience. During the COVID 19 pandemic Moore (2011) research reported an inverse relationship between loss of resilience and the experience of symptoms of depression and anxiety. In this population study, the participants completed several instruments to assess the relationship; however, this would not be possible in the therapy setting.

Background: Whilst current resilience measures continue to claim utility in the therapy setting none are considered sufficiently robust or reliable for this setting (Windle, 2011). In past presentations I have shown how the resilience scales developed do not fully cover the domains of resilience as theorized in research literature. I have presented that a new patient reported outcome measure needs development.

Aim: This presentation reports the outcomes of a Delphi Study aimed at developing a patient reported outcome measure designed to assess symptoms of depression, anxiety and their relationship to personal perceived resilience.

Method: Using a Delphi Study this research developed a patient reported outcome measure, allowing for future RASCH analysis. Purposive sampling recruited 3 mental health nurses, 3 psychologists and 3 former patients with "lived experience" of depression or anxiety. Using the REDCap database an initial pool of 99 items were examined by the participants over 3 consecutive rounds of the Delphi.

Results: Agreement between Delphi participants produced the final instrument named the Adult Individual Resilience Scale (AIRS) comprising 51 items and two qualitative questions to assess individual perceptions of resilience.

Discussion: Delphi Panel discussions produced a patient reported outcome measure the psychometric properties of which will be further assessed in cross sectional survey using RASCH analysis. The field testing of this measure will reduce measurement items to 25–30 questions making the measure suitable for use in the therapy setting. The qualitative information collated will aid targeted therapy intervention by understanding the relationship of depression and anxiety to personal resilience.

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'It's very values driven': A qualitative review into the meaning of compassion in healthcare professionals

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Introduction/Background: Compassion is commonly conceptualized as an emotional response to the suffering of others that motivates helping behaviour. Compassion provides the ethical foundation for healthcare practice and is essential for the provision of person-centred, recovery-oriented healthcare. Despite an increase in research on the concept of compassion over the past two decades, how compassion is understood by those working in healthcare remains unclear.

Aims: The aim of this review is to explore the meaning ascribed to the concept of compassion by healthcare professionals.

Methodology: A qualitative systematic review was conducted following PRISMA guidelines. Four electronic

databases were searched and English, peer reviewed studies that explored health professionals' understanding of compassion were included. Included studies were appraised for quality before data were extracted and thematically analysed.

Findings: A total of 17 papers met inclusion criteria. An overarching theme, "It's very values driven" underpins the four main themes identified: (1) "It's about people and working with them": Compassion as being human, (2) "There is this feeling": Compassion as being present, (3) "If I do not understand them, I will not be able to help": Compassion as understanding, (4) "Wanting to help in some way": Compassion as action.

Outcomes/significance/implications for the profession:

Compassion was understood as a humanistic and relational construct that generates an emotional response to understand another person and motivates a desire to help. Meanings of compassion are nuanced, varied and contextual depending on the clinical setting and future research should explore novel qualitative methods that deepen understandings beyond traditional research data collection methods.

Translation to policy and/or practice change:

To unleash the potential of compassion in healthcare it is essential to understand how compassion is situated within the broader political, social, and organizational context. Healthcare professionals want to help others and work with compassion and to do so they need supportive humanistic organizational structures and teams.

Safewards model and the elimination of restrictive practices

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The Safewards model originated in the United Kingdom and there has been several large scale research studies over several years. A randomized controlled trial of the model established a decline in conflict at each stage of the Safewards model, resulting in less restrictive interventions and conflict and improved therapeutic relationships (Bowers et al. 2015). Creating a safer mental health service for consumer and staff.

In October 2016, the Office of the Chief Mental Health Nurse (OCMHN) and the Victorian Managed Insurance Authority partnered and committed to a 4 year program to consolidate and implement Safewards in trial sites across Victorian area mental health services. In 2017, a study was undertaken during this time of trail sites and it was established Safewards was highly acceptable to staff and consumer and there was a significant reduction in seclusion rates.

More recently the Safewards Model had been trialled in Emergency Departments and General Acute Care Wards with positive results to minimize conflicts in clinical environments.

The priority of working towards the elimination of seclusion and restraint has been prioritized more recently with Recommendation 54: Towards Elimination of seclusion and restraint in the Royal Commission into Victoria's Mental Health System. The embedding and sustainability of Safewards in all area mental health services is fundamental to achieve this recommendation, and the research evidences that there is less conflict and the Safewards Model once embedded is accepted and well received by consumers and staff.

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Regional Victorian community mental health nurses understanding and experiences of e-mental health interventions

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Internationally there is an increasing prevalence of mental health concerns in society. To address this increasing demand, e-mental health applications (which include on-line therapeutic applications, teleconferencing and videoconferencing) have been developed, and proven as effective as face-face treatment, for high prevalence mental health disorders such as depression and anxiety. To maximize the potential benefits of e-mental health, an understanding of the mental health nurses perspective was integral to ensure the uptake of e-mental health was maximized, as the mental health-nursing workforce are the largest mental health workforce providers in Australia. The overall aim of my thesis was to capture an understanding of regional community mental health nurses experiences and understanding of e-mental health. The multiple case study was the methodological approach used for this study. This approach allowed multiple perspectives to assist with gaining a deeper understanding of regional community mental health nurses experience and understanding of e-mental health. E-mental health resources were available to all staff and staff knew they existed; however, there was a lack of evidence of their application. Furthermore, despite the resources being accessible, staff knowledge of how to use the resources was about clinical governance and/or leadership to support the implementation was not readily evident. Contributing to this was the performance inequality of technology infrastructure. There was an interest in enhancing the uptake of e-mental health

interventions in the workplace by staff. The barriers of unreliable technology, inequitable resources, assumed knowledge of e-mental health and lack of policy to guide and support practice were fundamental factors influencing the uptake of e-mental health in this study. Major funding, clinical governance and leadership, adequate infrastructure and routine education and training for staff of the e-mental health resources in the workplace are all required to assist with embedding e-mental health routinely into clinical practice.

A state-wide program in clinical supervision for mental health nurses: Conceptual framework and program design

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Background: The past decades have seen a growth in interest and understanding in workplace support within mental health settings through Clinical Supervision (CS). While there is no universal definition, CS typically involves structured discussion regarding professional development, professional boundaries, caseload, clinical decision making, and staff interpersonal issues. Research evaluating the benefits of CS has shown improved support for those working in isolation, developing deeper nursing competence and knowledge, and reducing burn out. Just as there are diverging views of the definition and effectiveness of CS, there are differences of opinion in the duration and method of training for people to become Supervisors.
Methods: Funded by SA Health, and developed through sector wide consultation, a state-wide CS mentorship program commenced in April 2023. The program aims to educate and train mental health nurses in CS. This program consists of seven 90-minute workshops delivered every 2 weeks by national and international nurse leaders by the secure Zoom platform covering topics such as what CS is and what it is not, building effective relationships between supervisor and supervisee, understanding the impact of CS, ethical implications, different approaches to CS, and ways of maintaining the sustainability of CS within a workplace. Throughout the program participants are encouraged to undertake scheduled homework (in between each workshop) including supervision practice in the work setting. Formative and summative evaluation is embedded throughout the program. Readings and online resources are provided to participants.
Results: Forty mental health nurses in two cohorts of 20 are currently completing the workshops. Participants include both urban and regional nurses with experience ranging from nurses who have previously engaged in CS and are seeking formal training, and those who are new to the practice. This presentation will explain the framework and program design, the strengths and challenges related to organizational support, highlight how barriers have been overcome, all with a view to developing a positive and sustainable culture of CS within mental nursing.

Awakening the future mental health nurse in the undergraduate student

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Recent curriculum mapping and upcoming accreditation processes at RMIT University highlighted a number of considerations for the undergraduate nursing student in the area of mental health nursing. Currently RMIT delivers content across two theory units and practical units in the 2nd year of the nursing program. This process has also highlighted the importance of acknowledging and addressing the mental health wellness and resilience of the undergraduate students to assist in addressing the industry concerns surrounding vicarious trauma and burnout. It is recognized by Chahula and Varley (2022) that vicarious trauma and secondary stress trauma in undergraduate nurses can have a longstanding impact on care delivery and workforce retention.
Course coordinators across the 2nd year of the undergraduate nursing program are utilizing the concept of cross-pollinating content and concepts focusing on continuity within learning opportunities across various modalities.
Concrete theoretical content is transferred between multiple courses primarily utilizing practical client scenarios with an emphasis on simulated based learning. With increasing complexity, a scaffolded approach using constructivism learning principles builds upon previous knowledge and experience. This allows the development of new knowledge and experiences whilst reinforcing core principles of recovery and promotion of mental health wellness in consumers.
By engaging the student through constructivism, students can better engage with learning opportunities and therefore practically apply their newly established learning in a clinical setting. This is done with the goal of enhancing student's clinical placement experience and in turn increase the interest in mental health nursing as a profession.
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Thinking about psychosis: A novel e-learning module exploring contemporary explanatory frameworks for psychosis

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As mental health nurses, our practice is governed predominantly by the medical model, which tends to draw its explanations purely from science. However, everyone has their way of making sense of their experiences. This sense-making can be informed by many things, including (but not limited to) a person's culture, religion, society, and science. Subsequently, an insurmountable gulf can exist between a person's understanding of experiences and our understandings as clinicians. The greater this discrepancy, the greater the negative impact on a person's recovery. Experiences like psychosis are often seen as 'un-understandable', which presents a formidable barrier to genuine connection and therapeutic relationships, the most fundamental elements of our practice.

This online training module brings together diverse perspectives and contemporary explanatory frameworks for psychosis, challenging the learners to explore and unpack their preconceptions. It seeks to build a new understanding of psychosis for mental health nurses, moving away from Psychosis as an un-understandable, biologically determined phenomenon with low expectations for people to recover. Learners move towards understanding psychosis as a meaningful, understandable, and likely experience of personal recovery. The modules explore and summarize these frameworks, identifying the implications for practising within the current model of care whilst embedding ways of working with a wider range of perspectives.

This novel training package draws upon content written by experts in the field, which is then presented in an accessible manner aimed for the novice practitioner. Whilst this training is explicitly written for graduate mental health nurses, nurses of all experience levels can benefit from exploring the content. Scheduled for release in mid-2023, delegates will have the opportunity to learn about the training content, uptake, and early evaluation information.

Empowering nurses in mental healthcare: Insights from Limpopo South Africa

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Background: Globally, nurses are the frontliners and pillars of health care service delivery. They play a critical role as primary health care clinicians in prevention, screening, diagnosis and management of disease. Nurses require the support of all stakeholders to provide mental health care among persons living with HIV at the primary level. Prevention, early diagnosis and retention in treatment remain the hallmarks of primary healthcare. The study explored primary health care nurses' perceptions of the support to provide mental healthcare to persons living with HIV in Limpopo province, South Africa. The ultimate purpose was to develop measures to empower nurses in mental healthcare interventions.

Method: An explorative qualitative design was adopted. Twenty four professional nurses providing primary healthcare service were purposively selected using homogenous case sampling approach. Data were collected through three focus groups interviews and eight in-depth individual interviews in five clinical facilities. Data analysis followed Graneheim & Lundman thematic analysis and three themes emerged.

Results: Findings showed little support for nurses in dealing with screening of mental health among persons living with HIV. It also highlighted the critical need to empower and upskill professional nurses in primary health care settings to lead in mental health interventions. Nurses mainly used their nursing background knowledge of mental health to deal with complex care for persons living with HIV.

Conclusion: Integrated care modalities are critical in complex care in prevention of mental disorders among persons living with HIV. Thus, a new set of competencies as support mechanisms, including the use of health technologies, should be considered.

Preparation for mental health nursing practice: How does Australia compare with Europe?

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Quality mental health service delivery is increasingly focused on providing a recovery oriented and rights-based approach to care. Achieving this aspiration will require 'the right number and equitable distribution of competent, sensitive, and appropriately skilled health

professionals' (WHO, 2021, p4). Given nurses typically make up the largest occupational group within healthcare settings, their impact on future mental health service delivery is arguably the greatest. Therefore, it is necessary to examine how adequately prepared nurses working in mental health settings are, and the implications of current approaches for mental health service users.

We compared the minimal education requirements to work as a registered nurse in a mental health setting in five countries: Australia, Ireland, Germany, Denmark and France. Through clarification and comparison, we found profound differences in course accreditation, curriculum content, hours of supervised placement, assessable competencies, support for transition to practice, and protected legal title on completion of the course. Given these differences, it is concerning that once registered, scope of practice is similar across all five countries; even though the registering bodies in four of the countries do not recognize mental health nursing as a sub-speciality within the discipline of nursing.

Of the five countries compared, Ireland is the only country to acknowledge mental health nursing as a sub-speciality within the discipline of nursing; nurses are prepared, registered, and legally recognized as Psychiatric Nurses. This approach creates mental health service delivery where service users and families can be assured that the nurse caring for them has been educated and assessed against standardized competencies determined by the Nursing and Midwifery Board Ireland and has undertaken prescribed supervised clinical hours in mental health settings. In comparison the minimum requirement to work in mental health services in Australia, Denmark, France and Germany is general nursing registration. With varying amounts of mental health content and practice requirement incorporated into general nursing courses.

Mental health service users have a right to meet nurses with required competencies to deliver evidence based, recovery-oriented care. If nurses are to lead and impact on future mental health service delivery, we must begin by adequately preparing mental health nurses.

Minimizing the use of seclusion and restraint in acute inpatients units through a multilevel intervention

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Introduction and Background: After recording some of the highest seclusion rate in the State of New South Wales, a mental health service adopted a seclusion reduction framework to develop a multilevel intervention to improve practice in this area, and ultimately to reduce the rates of seclusion in the service.

Aim: The aim of presentation is to explore the impact of the implementation of the multilevel intervention on the practice culture within inpatient units.

Methodology: The methodological approach used in this research was multi-sited ethnography. The research collected a mixture of qualitative and quantitative data. This included quantitative data collection on seclusion and restraint statistics. Qualitative data included semi-structured interviews with staff.

Result: Our research found that post-adoption, there were clear changes in practice culture. Seclusion became a practice of last resort and other options became prominent in staff's practice. There was a sense of shared purpose across the multidisciplinary team, with more opportunities for collaborative practice using forums such as safety huddles and least restrictive care meetings. The clinical environment was viewed as being more therapeutic for service users and less frightening for staff. Over the period of implementation, the seclusion rates on the units declined.

Discussion: The use of this complex multilevel intervention changed both organizational and individual factors in decision-making about care in acute mental health services. The strategies appeared to both reduce and prevent the use of seclusion and restraint through culture change.

Implications for mental health nursing: Staff do not want to seclude and restrain people but can find themselves practicing in systems which have become reliant on seclusion and restraint to promote safety. By changing the system and the practice tools that underpinned it, staff can work in less restrictive ways.

Behind the mask: the lived experience of an autistic/ ADHD mental health nurse

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The stigma of autism is established in society, and so there is a need to address myths and misconceptions. Mental health nursing involves the provision of quality care services while managing complex and unpredictable situations. It also involves understanding how people think and gaining insights into their person. The inclusion of lived experience workforce is being promoted to understand these challenges and provide recovery-focused and strengths-based care. There is a dearth of studies on autistic burnout; currently, it is gaining more attention among the lived experience workforce. Autistic burnout is a debilitating condition that impacts functioning, it is triggered by the stress of 'masking' and living in an unaccommodating neurotypical world.

My presentation is based on my lived experience of autism/ ADHD, and working as a graduate mental health

nurse in regional Victoria in 2022. My first year of practice offered me insights as to the travails, triumphs, and tenacity of neurodivergent clinicians in the workplace. Working across three areas as a graduate, I experienced different challenges and identified strengths that came with each rotation. I also discovered the need to promote neurodiversity within the workforce and experienced how neurodivergent clinicians thrive in an environment that highlights our strengths and mitigates our struggles. I hope this account of my reflections will provide a greater understanding of neurodivergent perspectives and burn-out mitigation among neurodivergent clinicians.

Exploring young people's and their parents'/carer's experiences of a combined day and residential inpatient program

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Introduction and Background: The Rivendell Adolescent Mental Health Unit offers a unique pathway of care for young people experiencing vulnerabilities and mental ill-health. Rivendell's close partnership with the Department of Education is reflected in its person-centred recovery-focused program, where, in addition to providing specialist combined day and residential inpatient care, the young person is supported to continue to attend an adapted school program. Feedback about the program and experiences of the young person and their parents/carer have been positive, however, often informally received at the time of care. Once the adolescent/young person is discharged, the impact of the program is rarely known. Meaningfully capturing this information as part of a service evaluation is essential for continuous practice improvement to positively impact future experiences of young people and their families.
Aim: To explore the experiences of young people and their parents/carers of the Rivendell program.
Description of the Work: A nursing-led mixed-methods evaluation research project with ethics approval (HREC/16/CRGH/111) was undertaken between October 2018 and April 2022. Individual telephone interviews were conducted with $n = 60$ young people and their parents/carers ($n = 89$). A purpose-designed 18-item questionnaire comprising nine Likert-scale and nine short-answer open ended questions was used to collect data on young people's and their parents'/carer's experiences of the program during their stay and Rivendell and in the 6 months following discharge Descriptive statistics were used to analyse quantitative data. Qualitative data analysis is in progress.
Outcomes: Forming positive relationships were identified by young people and their parents/carers as key to their recovery and in developing skills and strategies to self-manage symptoms of mental ill-health. Parents/carers identified nurses as particularly helpful. Findings also highlighted additional support was needed during transitions of care, prompting practice change.
Implications for mental health nursing: Findings from this study demonstrate the relationships between nurses and young people and their parents/carers are essential to their recovery during and beyond their inpatient care. Strengthening interpersonal relationship capabilities in working with young people and families are recommended.

Providing mental health consumers with access to their mobile phone while in hospital

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Introduction and Background: As a way of minimizing risk and addressing safety concerns many units prevent consumers from having their own mobile phone. However, mobile phones have become essential for connecting with others and day to day functioning. This restriction also undermines personal recovery and autonomy by preventing consumers utilizing a tool with potential therapeutic value.
As a result, one LHD implemented a change in practice that provided consumers access to their phone while admitted to an inpatient mental health unit based on specifically developed practice guideline.
Aims/Objectives: This paper will present the findings of a study that used qualitative and quantitative approaches to explore the views of both consumers and clinicians about this change in practice.
Method: Data were collected before and after the implementation via a brief survey and interviews/focus groups with both participant groups. Study approval was provided by the local Research Ethics Committee.
Questions included views about the importance and frequency of particular mobile phone functions, any perceived issues/challenges and benefits envisaged before the change, and the extent to which any of these occurred during the implementation.
Outcomes/Significance/Policy and Practice Change: Differences were found in the survey results between staff and consumer participants about mobile phone use and the benefits of this change. Risks and concerns and the importance of a clear protocol to guide implementation were expressed by both groups.
The main themes derived from the qualitative data were around the complexities of assessing consumer

suitability and managing the risks for staff, the benefits for consumers around improved independence and taking responsibility for their own recovery.
Implications for Mental Health Nursing: These themes will be discussed against the broader concept of balancing restrictive practices and consumer autonomy and the implications these have for mental health nursing practice.

Consumer experiences of safewards in acute inpatient mental health units

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Introduction and Background: Safety is an important concern within acute inpatient environments. It is therefore important to adopt models that can improve safety and enhance the consumer experience within these settings. Safewards is a model based on 10 interventions aimed at promoting safety. It has demonstrated evidence in reducing instances of restrictive practices such as seclusion and restraint, essential in preventing the retraumatisation of consumers. Safewards has been widely implemented nationally and internationally.
Research into how consumers experience Safewards and its impact on their personal safety needs is extremely limited. Reflecting the ethos of "nothing about us without us", a detailed exploration of consumer perspectives is essential.
Aims: This presentation describes a consumer focused methodological approach to exploring consumers' experiences of Safewards within acute inpatient mental health units.
Project Description: A qualitative approach was undertaken involving focus groups with consumer inpatients in two acute inpatient units in Victoria and New South Wales. A novel methodological approach will be presented along with an overview of the initial findings.
Outcomes: Outcomes will be discussed alongside the current evidence for Safewards and the extent to which it is facilitating personal safety and recovery-oriented practice within acute inpatient mental health units.
Translation to policy and/or practice change.
The potential implications of this knowledge for the implementation and delivery of Safewards in the future will also be presented.

Growing our workforce: Victorian pre-qualification employment program

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Victorian Mental Health Services experience ongoing challenges recruiting new staff. As part of implementing the Mental Health and Wellbeing Workforce Strategy 2021–2024, a range of pipeline positions were funded by the Department of Health to build, develop, and retain Victoria's Mental Health Workforce. The Pre-qualification employment initiative provided Area Mental Health Services with the opportunity to employ undergraduates to work part-time in mental health settings while completing their studies.
The Department of Health partnered with workforce development organizations to deliver an accompanying program aimed to provide support to pre-qualification project coordinators across eight services, ensuring statewide collaboration and reducing duplication of effort for individual services. Project coordinators from participating services were supported through monthly meetings facilitated by the workforce development organizations. These meetings provided a space for the coordinators of the program to problem-solve challenges, share resources and contribute to the design of reflective practice sessions that were made available to all pre-qualification program student participants. Reflective practice sessions were facilitated by experienced staff for pre-qualification staff, providing opportunities for students to share experiences and learn from each other in a structured environment.
The implications for mental health nursing include building the capacity of mental health services to attract a soon-to-be-qualified workforce to choose a career in mental health and promote them as the employer of choice. This support program helped reduce duplication of effort, refined and promoted scope, and provided opportunities for reflective learning. Most significantly, student applications for graduate positions suggest the program enhanced the readiness and motivation of participants to apply for graduate and post-graduate positions in mental health.
During this presentation, we will discuss the benefits of providing a support program to accompany the prequalification initiative and reflect on our learnings from the 2022 pre-qualification support program. Attendees will be able to better understand the intentions of the program and learn about future programs.

Building capacity for trauma informed care training across Queensland

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Trauma is prevalent but knowledge on its impact and the required healing responses are not. We aim to change that through strategic assertive outreach and improving access to trauma informed care (TIC) training and resources.

TIC is a strengths-based framework that is responsive to the impact of trauma, it is underpinned by a comprehensive understanding of the neurological, biological, psychological and social effects of trauma. TIC is founded upon the key principles of safety, trustworthiness, choice, collaboration and empowerment (MHCC, 2018).

- Funding from OCNMO to develop and deliver TIC train-the-trainer workshops for nurses and midwives
- Collaboration between mental health nursing educators and lived experienced researcher/educator
- 3 x 2-day workshops scheduled to be delivered over 3 months
- Workshops focused on TIC content and meaningful ways to embed TIC into service delivery
- Recruitment process through Directors of Education and Directors of Nursing and Midwifery
- Participants required to have executive leadership support to attend

Outcomes:

- 70 participants across 3 workshops
- 15 out of 16 Hospital and Health Services attended.
- Many non-mental health service lines participated
- Evidence of improvement in knowledge of TIC and in perceived capability in delivering TIC among trainers.
- Universal barriers to delivering TIC training included time, resources, support
- Community of practice formed to support trainers.

Implications for Mental Health Nursing:

- There is an appetite for TIC beyond the line of mental health services.
- This is our opportunity to support the holistic health journeys of our consumers by reducing exclusion and stigma through meaningful collaboration and integration
- TIC is not meant to be contained in the delivery of care, it is reminding nurses and midwives that they too must realize the prevalence of trauma in their own profession if they are to recognize its effects and capably respond to themselves and their colleagues to sustain a healthy workforce.

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I wish they would just ask: Views of mental health consumers about sexual safety

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Admission to an adult acute in-patient unit (AAIPU) can be quite difficult for people living with a mental illness as well as their relatives. Consumers receiving care on AAIPU have reported feelings of fear of assault, concerns regarding coercion, limited recovery-focused support and lack of therapeutic engagement (Staniszewska et al., 2014). A sexually safe environment recognizes the need for routine identification of sexual risk in all patients and also recognizes the particular vulnerability of some consumers due to their past history of trauma, illness, emotional turmoil or need. There is paucity of studies that has specifically sought the views of consumers receiving care within acute inpatient units about their sexual safety.

This presentation will provide the views of mental health consumers about the issue of sexual safety on the acute in-patient unit. These views were gathered during a descriptive-exploratory study that utilized semi-structured interviews to collect data from $n = 12$ consumers that have received care on an acute in-patient unit. The data were analysed using thematic analysis. Four themes emerged from the analysis. During this presentation one of the themes would be discussed; "I wish they would just ask".

Consumers accessing care on an acute in-patient unit have a right to feel safe while on admission. Consumers would like MHNs to ask them regularly about the issue of sexual safety while they are on admission. There is a need for mental health nurses to listen to the voices of consumers about their concerns regarding the issue of sexual safety and work collaboratively in effecting changes to the way care is delivered. The design and model of care on the acute inpatient unit needs to take sexual safety of consumers into consideration.

"It's like a roller coaster": Mental health of women experiencing perimenopause and menopause

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Introduction/Background: Women from various cultural backgrounds have identified a change in their psychological wellbeing when experiencing perimenopause and menopause (With hold for review). However, stigma related to the menstrual cycle and mental health, in addition to inequity for women in accessing sexual and reproductive health services, perpetuates an unspoken message that women should suffer this phase in silence (World Health Organization, 2017).
Aims: To explore Australian women's experiences of perimenopause and menopause and how this impacts on their mental health.
Methodology and Methods: Concurrent mixed methods using an online survey and qualitative interviews.
Results: 412 women completed the survey and 25 women participated in interviews in 2022. Three themes specific to women's mental health were identified from the data: 1) increased anxiety and depression, 2) a negative impact on emotions and 3) a negative impact on self-worth.
Outcomes/significance/implications for the profession: There is a need to improve clinical assessment and education about perimenopause and menopause for healthcare providers.
Translation to Policy and/or Practice Change: Early detection of deteriorating mental health during perimenopause and menopause is critical to ensure the wellbeing of women.
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Enhancing clinical handover in mental health settings through the use of ISBAR

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The need to strengthen clinical handover practices was identified following a Mental Health Clinical Handover Forum.
Nursing Clinical Leaders and Peer Workforce participants identified the utilization of ISBAR as key in strengthening handover and increasing staff confidence and competence in this practice. The development of educational resource to support this was proposed.
A working group was convened of clinicians and peer workers to develop a series of clinical handover videos depicting transitions of care from triage to discharge, including an example of the recently introduced person-side handover demonstrating nursing, consumer and peer workers working together in shared decision making.
The leadership role of nurses in communicating for safety through the practice of clinical handover is consistently demonstrated throughout the videos.
The videos were piloted across two clinical areas and positively evaluated in terms of increased understanding of value of ISBAR in supporting clear, concise and safe clinical communication. The resource is utilized within the organization. Training packages and currently being added to My Health Learning.
This is the first known video resource demonstrating effective use of ISBAR in supporting the delivery of clear and concise information during transfer of care in a number of mental health settings and scenarios. The video predominately puts the consumer at the centre of care and highlights the importance of the nursing leadership role in the delivery of clinical handover using ISBAR.
The project highlights the potential for mental health nurses to be leaders of change in supporting and leading practice improvement through the demonstration of best practice. The series of videos overall demonstrated nursing leadership, nurses using graded assertiveness and the strength of using ISBAR to communicate for safety.
These resources demonstrate real life examples of the use of ISBAR in a variety of clinical health settings, encouraging reflective practice discussions either individually or within teams and the importance of nursing leadership in this practice.

Introducing the neuroplastic narrative: A non-pathologizing foundation for trauma-informed and adverse childhood experience aware approaches

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Most people accessing mental health services have adverse childhood experiences (ACEs) and/or histories of complex trauma. In recognition of this there are calls to move away from medical model approaches and move towards trauma-informed approaches which privilege the impact of life experience over underlying pathology in the aetiology of emotional and psychological suffering. Trauma-informed approaches lack a biological

narrative linking trauma and adversity to later suffering. In its absence this suffering is diagnosed and treated as a mental illness. This paper articulates the Neuroplastic Narrative, a neuroecological theory which conceptualizes emotional and psychological suffering as the cost of surviving and adapting to the impinging environments of trauma and adversity.

The Neuroplastic Narrative privileges lived experience and recognizes that our experiences become embedded in our biology through evolved mechanisms that ultimately act to preserve survival in the service of reproduction. Neuroplasticity refers to the capacity of neural systems to adapt and change. Our many evolved neuroplastic mechanisms including epigenetics, neurogenesis, synaptic plasticity, and white matter plasticity allow us to learn from, and adapt to, past experiences. This learning and adaption allows us to better anticipate and physiologically prepare for the future experiences that (nature assumes) are likely to occur, based on past experiences. However, neuroplastic mechanisms cannot discriminate between experiences; they function to embed experience regardless of the quality of that experience, generating vicious or virtuous cycles of psychobiological anticipation, to help us survive or thrive in futures that resemble our privileged or traumatic pasts. The aetiology of suffering that arises from this process is not a pathology (a healthy brain is a brain that can adapt to experience) but is the evolutionary cost of surviving traumatizing environments. Misidentifying this suffering as a pathology and responding with diagnosis and medication is not trauma-informed and may cause iatrogenic harm, through perpetuating stigma and exacerbating the shame which attends complex trauma and ACEs. As an alternative, this paper introduces the Neuroplastic Narrative, which is situated within an evolutionary framework. The Neuroplastic Narrative complements both Life History and Attachment Theory and provides a non-pathologizing, biological foundation for trauma-informed and Adverse Childhood Experience aware approaches.

Promoting an inclusive and values-based lens in mental health nursing through applying the CORE approach

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In response to the Royal Commission into Victoria's Mental Health System, there is a need to think beyond incremental innovation to deliver a mental health system that helps all Victorians live their best lives to unleash their potential. Practice models and frameworks depicting enablement strategies for authentic and values-based care lack scrutiny into how they are applied in clinical practice. Further, a broader clinical lens can be applied in the development and utility of person-centred models of care and inclusive practice approaches. Such models are utilized in other allied health disciplines and can be championed by mental health nursing.

Aim: The aim of this paper is to introduce and apply the Capabilities, Opportunities, Resources and Environments (CORE) approach for inclusive practice, which is an evidence-, strengths- and values-based practice framework developed from Australian social inclusion research (Brown et al., 2022; Pereira et al., 2020), to mental health nursing case narratives situated within a regional Australian community care coordination setting.

Discussion: Each element of the CORE approach and its application to case narratives from a Victorian community mental health nursing context will be explored, including working with consumers living with chronic and complex health, disability and psychosocial issues who frequently present to tertiary health settings.

Conclusion: The clinical utility of the CORE approach and its application to inclusive mental health nursing practice and 'doing' recovery oriented practice is presented as a promising way to promote the values, aspirations and potential of consumers irrespective of practice context.

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Living in paradise, working in Sydney

Evan Player[1]; **Evelyn Paradisis**[2]; Aileen Manahan[2]; Bronwyn Walker[2]; Sophia Vanderwai[2]; Anita Mansfield[2]; Dianne Latta[2]
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COVID has changed the way we think about mental health practice occurs and may have been a catalyst for the future with engaging in digital technologies to facilitate engagement with people with lived experience of mental illness. One Door in an organization that has

embraced changes in thinking. One Door began seeking a Credentialed Mental Health Nurse to work within its team in late 2021, applicants were advised that they did not have to reside in Sydney. A suitable Credentialed Mental Health Nurse was found in Regional Queensland. The presenters will discuss the experience of integrating a Credentialed Mental Health Nurse into the One Door Team who practiced remotely, but was a productive and useful member of the team. We will discuss how and why the role was developed, the challenges of virtual work that needed to be overcome, and the limitations of remote work as a Mental Health Nurse. This will reflect that One Door is a progressive organization that embraces new opportunities for contemporary mental health practice in the post COVID era. They will show a model of how these new ways of using technology can be adopted successfully and unleash the potential of digital technologies for Credentialed Mental Health Nurses to practice remotely.

PACER (Police Ambulance Clinician Early Response) Tasmania: A least restrictive community based first response

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The Tasmanian Mental Health Reform Program has led the development of a PACER (Police Ambulance Clinician Early Response) pilot in Hobart. This service shares the common goals of the Reform of increasing community-based alternatives to hospital-oriented services with a focus on trauma-informed and least restrictive care.

The Tasmanian PACER service was designed to improve consumer outcomes by reducing avoidable presentations to the emergency department, restrictive practices and associated adverse events including traumatisation, fear, stigma and physical injury. Other aims were to promote interagency collaboration, increase service capacity and improve linkages with community-based supports.

The model, developed through 2020–2021 and launched in 2022 is based on a tri-agency 'gold standard' evidence-based model. Model development utilized a literature review, data analysis, consultation and a tri-agency reference group and benefited from a partnership with the ACT Australian Federal Police. There was consumer representation at all stages of consultation, development, implementation and operationalisation.

The PACER service offers a tri-agency response accessible via a '000' call. It provides a rapid, specialist response to people of all ages experiencing acute mental health or behavioural concerns in the community. It offers timely mental health assessment, brief interventions and referrals. It operates over extended hours and has both medical emergency first response and direct admission capability.

The model presents an opportunity for mental health nurses to take the lead in a community-based emergency using the full breadth of their skills to provide alternatives to hospital based interventions and restrictive practices.

The evaluation framework includes consumer, stakeholder and staff feedback and a variety of data collection tools. A snapshot of the service at 28 weeks indicated that, of consumers seen by PACER, 81% remained in the community in contrast with previous outcomes of around 88% of mental health related emergency calls resulting in an emergency department admission involving use of the Mental Health Act.

Finding the right job for the person: A person-centred response to the growing supply crisis

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Critical shortages in the healthcare workforce have necessitated a paradigm shift in recruitment, away from a focus on "finding the right person for the job", towards "finding the right job and lifestyle for the person and family".

The Tasmanian Mental Health Reform Program was initiated after several major system-wide reviews throughout 2019 and 2020. The proposed reforms would require significant workforce growth and workforce availability was identified as a key risk to their implementation.

Challenges included:

- A current workforce approaching retirement age (44% of the mental health workforce aged over 55)
- Demand exceeding predicted local graduate output
- Minimal corporate knowledge of international recruitment given Tasmania's previously sustainable workforce (due to minimal service growth over preceding decades).

Specific resourcing was established to scope pathways for interstate and international recruitment. It was hypothesised that pursuing this through individual hiring managers would create inefficiencies, inconsistencies, and a negative experience for candidates.

The project resulted in the creation of a concierge role, featuring a hybrid of clinical, migration and human resources expertise.

The success of the role has been measured both quantitively (international and interstate job offers,

commencements and overall active talent pool) and qualitatively, examining the overall experience of the candidates. Other positive indicators have been:

- Continued recruitment successes during border closures and migration changes
- Positive embrace by clinical managers and human resources
- Growth of mutually beneficial networks with both internal and external agencies

Lessons learned include:

- Need for proactive stakeholder engagement to minimize resistance
- Need for specific technical knowledge (migration, registration)
- Use of candidate feedback to improve subsequent migration experiences
- Advertise to engage candidates and their families in a person-centred way
- Clinical experience increases credibility.

The success of the project has led to the establishment of an equivalent role in Statewide Allied Health Services, focusing on the hospital workforce.

An international collaboration to systematize mental health nurses' undergraduate education for best practice in nursing

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Background: Internationally, mental health is recognized as critical in undergraduate nursing studies leading to nursing registration (Bennett, 2021, Happell, et al., 2020). The nursing program at the Juan N. Corpas University Foundation (Columbia) was redeveloped to include mental health as part of the nursing curriculum for undergraduate nurses. During the nursing program, students undertake foundational mental health units for seven semesters with a course in clinical and community mental health in their eighth semester.
Collaboration: A course advisory panel was established using nurse leaders from Tasmania connected through the International Council of Nurse (ICN) with leaders in Columbia to review material course material and best practice benchmarking. The role of the course advisory panel was to work in collaboration to provide international perspectives and build an understanding of contemporary mental health nursing practice.
Outcome: The international collaboration project demonstrates the ability and process of overcoming many challenges to provide an international lens to course development and review. The challenges of overcoming language, culture and distance, and health care systems between the two countries, was motivated by the joint investment to the project between Columbian and Australian nurse leaders for the passion of training a future ready mental health of nursing workforce as part on an undergraduate program.
The purpose of this poster is to highlight how an international partnership can contribute to nursing curriculum design and implementation. The stakeholders as part of this project identified, promoted, and monitored the elements of the care relationship in nursing, with overarching objectives to:

- Improve health care at all levels of complexity and in all areas of care; and
- Protect the wellbeing and integrity of the professionals providing the nursing care.

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Online cultural competence training and experiences with Cald consumers: Perceptions of mental health nurses

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Background: The global shortage of nurses and international migration of both the nursing workforce and the population have increased the need to train nurses to deliver quality, culturally competent (CC) care for an increasingly diverse population worldwide. The delivery of CC care and practices that align with social justice principles are believed to reduce health disparities. It has been widely researched that cultural competence is vital for mental health nurses (MHNs) to establish rapport with their consumers to assess their needs and provide holistic care. However, there is insufficient knowledge of an effective educational intervention to enhance the CC

of MHNs due to the heterogeneity of CC intervention strategies.
Aim: This study is part of a larger project to evaluate the effectiveness of an online education package for MHNs. Additionally, to explore the perceptions of MHNs on educational interventions to improve their cultural competence and experiences with people from Culturally and Linguistically Diverse (CALD) communities.
Methods: A qualitative descriptive design was used to collect and analyse the perspectives of 9 mental health nurses on an online education package and their experiences working with consumers from CALD communities.
Results: During the thematic analysis the themes and sub-themes identified were: MHNs' perceptions of the CC education package, Engaging with CALD consumers (Attitude changes in MHNs, Cultural assessments, and Cultural explanations), Perceived barriers and challenges while caring for CALD consumers (Time to fully engage, Language barriers, Working with interpreters, Need for resources on the CALD population), Providing culturally appropriate services (Importance of health information and literacy).
Conclusion: Health organizations worldwide have defined their care for specific populations based on cultural standards within their political, economic, and social systems. However, these standards and their practice context may vary; hence, a single set that fits all cultures is unattainable. Educational needs of nurses for cultural knowledge, challenges, difficulties in nurse–consumer–family encounters, and predispositions in organizational infrastructure were identified as the challenges for MHNs in achieving CC. These challenges highlight the need for further education when caring for consumers with a CALD background.

Adult survivors of child abuse – when the nurse is the child and visa versa

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Trauma informed care is something that mental health nurses embrace, but do we use it in relation to ourselves if we are adult survivors of child abuse. This presentation aims to explore how as mental health nurses we acknowledge these abuse issues. How we can allow ourselves to let the trauma informed care we use with others help ourselves. As an adult survivor of child abuse linking what we do as a professionals and what we need for ourselves is not always acknowledged. As mental health nurses it is sometimes easier to focus on others rather than on ourselves. Or maybe we are not able to join the dots with what we do as a professional and what we need in our personal life. Truth is there is no divide between work and life, it is about balancing all aspects of life. To do this we must be able to acknowledge who we are, what our story is, and how we can embrace all aspects of ourselves. Then and only then can we be true to ourselves and to our profession. There are lots of adult survivors of child abuse who have never spoken their truth, some of these are also mental health nurses. This presentation is aimed at creating a safe place to discuss a topic that is not always easy to share. This presentation is built on no shame, no guilt, no judgement. This presentation is about where being heard is key. This presentation is about mental health nurses and adult survivors of child abuse.

Safety for all breakthrough series collaborative: Towards elimination of restrictive interventions

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Background: The Royal Commission into Victoria's Mental Health system (RCVMHS) laid out a vision of what a reimagined mental health system could look like, and how it would support the mental health and wellbeing of Victorians for years to come.
RCVMHS identified reducing restrictive interventions as one of the key priorities of the work for the Mental Health Improvement Program in Safercare Victoria (SCV), along with reducing compulsory treatment, preventing gender-based violence and preventing suicides in healthcare settings.
SCV is looking to build on expertise from across the state, partnering with people who have lived and living expertise, building on existing improvement efforts to accelerate implementation of best practice within the Victorian mental health system.
Eliminating Restrictive Interventions:
The trauma of using seclusion and restraint has lasting effects on consumers, families and supporters. Staff involved also experience distress. People with lived and living experience feel that the intervention of seclusion and restraint breaches their human rights and working towards elimination of restrictive interventions will make those human rights real.
The Safety for all: Towards Elimination of restrictive practices held working groups comprising of consumers carers and clinicians to identify drivers for change towards eliminating restrictive interventions. The change ideas identified can be grouped into three categories: 1. Workforce; 2. Environment; 3. See me know me.
We will present and explain the methodology of Improvement Science developed by the Institute of Healthcare Improvement in how the drivers for change will be tested through a plan, do, study, act cycle together with local data to create change. We will engage the audience in a discussion regarding the change ideas we are working on.

Collaborative learning through knowledge exchange: Mental health nursing policy & practice in Wales & Australia

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Background: People with severe mental illness (SMI) experience poorer physical health with 13–30 years shortened life expectancy, mainly because of physical health, with poor access to healthcare (De Hert et al, 2011a; 2011b). This health inequality is widening, requiring policies and interventions to drive improvements in this area (Firth et al, 2019). Mental health nurses have a pivotal role in achieving these improvements (Lundström et al 2020); however, barriers remain (Rodgers et al, 2018). What can we learn from mental health nursing practices internationally?
Aims: A funded international knowledge exchange project was undertaken, between Wales and Australia, with 4 key aims:

1. Share and synergize: To share and exchange knowledge relating to mental health nursing practice, research, innovation, development and implementation.
2. Enhance mutuality: To enhance mutual understanding of the Australian and Welsh contexts and cement a partnership for future collaboration.
3. Strengthen evidence: To build on evidence in areas of mutual research interest to develop a program of work to bring about innovation.
4. Identify opportunities: To identify opportunities to develop capacity to grow evidence and further enhance the technology's utility in mental health care.

Method: The knowledge exchange project included an Australian contingent ($n=2$) to visit Wales to (a) attend and visit 4 of 7 heath boards to experience coal-face exposure to mental health care delivery in 11 inpatient, community and forensic settings across Wales; and (b) engage with 3 UK universities. This facilitated sharing of operational, aspirational, policy, practice and research activities in Australia and Wales, with a focus on future opportunities in nursing led innovations in mental health care.
Outcomes: Significant differences were found for professional identity of mental health nursing; undergraduate (mental health) nursing program qualifications; mental health models of care and service configuration; infrastructure and design of mental health facilities and services; workforce structure and workplace culture; and the role of nurse-led mental health facilities (scope of practice).
Conclusion: The face-to-face knowledge exchange provided the opportunity for rapid exposure to coal face mental health nursing delivery to enhance mutual learning and information sharing, and cross pollination relating to mental health nursing practices.

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Building capacity to respond to the unique challenges faced by the forensic mental heath population

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Most people with a serious mental illness do not commit crimes yet they are seriously overrepresented in our criminal justice system. They experience high rates of disadvantage, social exclusion and re-incarceration that leads to a downward spiral of compounding legal, social, health and mental health difficulties within this system. People in the criminal justice and prison system have the same rights as the general population to access health and mental health treatment yet frequently experience

barriers to accessing services. Whether prison is the proper place to treat and manage a person experiencing serious mental illness is an important question for government to consider. The royal commission into Victoria's mental health system recommended work towards reducing restrictive practices and it is important to recognize that providing treatment for serious mental illness in a prison setting is not consistent with the principle of least restrictive practice.

In response to the overrepresentation of people with serious mental illness in prison settings, the justice and court systems have responded by shifting the responsibility for MH treatment from prisons to community settings through the introduction of alternative sentencing options, for example, therapeutic court programs and community corrections orders with MH treatment conditions. The diversion of people with serious mental illness from the justice system in to the health care system is theoretically sound however, there remain significant barriers to accessing MH treatment for this population.

The provision of mental health treatment for people with mental illness who are a high risk for offending or already in the criminal justice system requires a skilled mental health workforce. Building capacity within the MH workforce to increase awareness, knowledge and skills to identify and effectively respond to the unique needs of this client group is crucial to improving outcomes. As a group, MH nurses are in a position to reduce barriers and influence outcomes for this client group through clinical leadership and advocacy and engagement in continuing professional development.

Psychedelic assisted therapy: An emergent paradigm for mental health and potentially mental health nursing

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In 2023 the Australian Therapeutic Goods Administration approved the limited prescription of psilocybin and MDMA by psychiatrists in specific circumstances. This offers potential relief for many people suffering severe, enduring, complex and "treatment resistant" distress associated with post-traumatic stress disorder and intractable depression. It further offers opportunities for psychotherapists who wish to develop skills and apply existing skills in this specialized niche field of practice. Mental Health Nurses are well poised to take advantage of the possibilities offered by psychedelic-assisted therapies for a number of reasons we will discuss.

The use of psychedelics to enhance consciousness and as 'mind medicine' has thousands of years of history. In traditional societies and enduring cultures, psychedelics have been used safely in the context of careful preparation, rituals and ceremonies and oversite by elders and experts. While it is tempting to be distracted by the 'psychedelic experience' inherent in the use of these medicines, we make the point that the experience itself is of limited value unless embedded in a safe, skilful, and well-informed setting in which a therapeutic context is vital (Lakeman, Emeleus & Ryan, 2023). Indeed most research into the medical use of psychedelics has incorporated hours of psychotherapeutic preparation, supervised dosing and crucially extensive post-dosing integration. That context provides the opportunity for people to 'reset' previous maladaptive or self-defeating modes of thinking but that does not happen purely as a result of ingesting psychedelic substances. It is an outcome of skilled therapy assisted by those substances.

This presentation will briefly address some of the history, significant evidence, research and practice base for the mechanisms of action and the use of psychedelic-assisted psychotherapy. We will outline the clinical settings and practice skills desirable to facilitate change using the medicines, with an emphasis on practice relevance for mental health nursing and some thoughts about future directions.

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Establishing a mobile vaccination clinic for consumers in inpatient care: Addressing a service gap

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Introduction and Background: After age, severe mental illness is the most significant risk factor associated with poorer outcomes related to COVID-19. Consequently, consumers have higher rates of hospitalization, morbidity and mortality. Yet, globally, their vaccination uptake remains inequitable. In inpatient settings, several systemic factors were identified as barriers to consumer vaccination including access issues (structural and political), lack of vaccine education, and obtaining informed consent. One solution to address this was to embed mobile vaccination clinics (MVCs) within the mental health service.

Aim: To facilitate COVID-19 vaccination uptake for consumers admitted to inpatient care through the establishment of MVCs.

Description of the Work: The MVCs project involved advocacy, education, empowerment and collaboration with consumers, carers, mental health clinicians, and other key stakeholders regarding COVID-19, vaccination, and finding pathways to facilitate the uptake of vaccines by consumers.

Outcomes: Following the development of operating procedures that encompassed NSW Health policy directives MVCs for consumers in inpatient care commenced in September 2021. Since that time, $n = 454$ vaccines have been administered to $n = 327$ consumers during $n = 54$ clinics. Empowering consumers to make decisions regarding their health resulted in consumer-led expansion of clinics to encompass a broader range of vaccinations.
Implications for Mental Health Nursing: Mental health clinicians are uniquely positioned to advocate for the mental and physical health care of consumers, promote vaccine equity and improve vaccination uptake in vulnerable populations. Partnering with consumers regarding their physical health care may reduce perpetuation of perceived power imbalances in broader aspects of mental health care.

See the person, not the diagnosis: Undergraduate mental health education at La Trobe University

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Each year, up to 900 students at La Trobe University go out into the Australian community to become nurses and midwives. It is critical that these future nurses and midwives are well equipped to care for a person's mental health regardless of their practice settings.
Historically, mental health education has focused heavily on diagnosis and intervention. This outdated approach is extremely limited as it disregards the individuality of the person and the uniqueness of the individual, social and political context. While the students may be able to pass a theoretical test with this style of education, it does not adequately prepare students to work with people in the community. Preparing our future health professionals via high-quality mental health education is an important step in enabling a meaningful recovery process for people with mental illness.
Therefore, significant curriculum changes were made to enable the principle of "see the person, not the diagnosis". Recovery-oriented practice can inspire genuine change in clinicians' attitudes and practice behaviours (Mabe et al., 2016). One of the ways to actualise this in classroom was via creating stories. The fictional stories were made with practising clinicians, using an artificial intelligence technology to create highly realistic faces to bring the stories to life. Every scenario asked students a series of carefully considered questions that were designed to lead them into a robust discussion. Students were encouraged to challenge their beliefs and thinking habits, which prompted "unlearning" as much as "learning". The students shared their ideas with peers in a curated safe environment, and respectfully discussed the differences in beliefs and bias, leading them to be more strength focused, self-aware and reflective.
This presentation will discuss the details of changes made in this award-winning curriculum, including students, peer and industry feedback, with an aim to provide helpful insights to mental health nurse educators who are educating general nurses and undergraduate students.
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Evaluation of clinical supervision implementation for mental health nurses in Victoria, Australia

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The Royal Commission into Victoria's Mental Health System has recognized the importance of a skilled and capable mental health workforce in providing safe and high-quality care to consumers. As the role and scope of mental health nurses continue to grow and expand, clinical supervision is increasingly considered key support to contemporary nursing practice (Howard & Eddy-Imishue, 2020).
The Victorian Chief Mental Health Nurse produced a clinical supervision policy framework and undertook an implementation project to support mental health services in integrating clinical supervision in all mental health nurses' practices (Department of Health, 2018). The purpose of this study is to evaluate the clinical supervision implementation to date, by exploring nurses' experiences and the factors affecting this experience. The data are collected, analysed and synthesized via an explanatory mixed-method design, using an initial survey followed by an individual semi-structured interview.
This presentation will report preliminary survey data collected from four participating public mental health services in Victoria. The online survey was advertised through an email and a poster distributed to the nurses' stations, offices and tea rooms. The survey used a MCSS-26, a Likert scale research questionnaire widely used in clinical supervision evaluation studies (Winstanley & White, 2011). This survey was specifically developed to explore the supervisee's perspective and multiple factors such as the value of clinical supervision, finding time, rapport with the supervisor, supervisor support, improved care and skills, and reflection.
By exploring the supervisees' experience, this evaluation study will offer valuable insights into what makes clinical supervision work for individual nurses in what circumstances. These insights can assist organizations in effectively implementing and sustaining clinical supervision for their mental health nurses.
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Clinical partnerships: A novel model of care for mental health nursing

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Introduction: Within the acute inpatient mental health setting, there are multiple factors that contribute to the complexities in the delivery of nursing care. To provide appropriate care, support must be provided to clinicians of all skill levels. The objective of this study is to introduce a novel nursing model which we have called "Clinical Partnerships," that proposes to combine two known models of nursing care: (i) Individual Patient Allocations and (ii) Team Nursing. We aim to answer the question: Does the "Clinical Partnerships" nursing model increase perceived clinician job satisfaction within the acute inpatient mental health setting?"
Method: The pre-post survey study design uses a validated self-report instrument called The Nursing Workplace Satisfaction Questionnaire that has three domains: intrinsic, extrinsic, and relational (Fairbrother, 2009). A higher score from the 5-point Likert scale with 15 questions was reflective of higher perceived workplace satisfaction. The approach taken retains the current Individual Patient Allocation (IPA) and adds one aspect of the Team Nursing (TN) model where a novice and an advanced clinician are paired to promote collegial communications, problem-solving, and mentoring.
Results: Pre-survey, novice staff scored slightly higher (58/75 versus 55/75) on Workplace Satisfaction. Overall staff found their work meaningful and worthwhile and had enough support from colleagues but opinions were divided on whether they had enough time to deliver good care. All staff felt like they belonged to a team.
Discussion: The IPA model requires the shift co-ordinator to solely provide advice and assistance for all staff. This has the potential to reduce collegial communications that may be detrimental to how novice clinicians perceive they are being supported in the workplace. Although TN promotes problem-solving when explicit accountability of actions is essential, TN alone is inadequate due to shared accountability. Employment of novice clinicians is steadily increasing and new ways of supporting and upskilling nurses in the clinical environment is required to promote greater outcomes for the consumers of the mental health service and novice clinicians alike.

Sharing information for child wellbeing and safety – Application to nursing practice

Shaina Serelson
Centre For Mental Health Learning, Coburg, Australia

The Child Information Sharing Scheme (CISS) allows services to share information with other authorized organizations more freely to support child wellbeing and safety. Mental Health Nurses working with children, young people, and families can gain a more comprehensive understanding of wellbeing needs of children they work with. This early intervention model allows children to receive improved support across sectors.
The Child Information Sharing Capacity Building Project aims to build the Victorian Mental Health workforce's awareness of and confidence in using the Child Information Sharing Scheme. The project team conducted extensive consultation with local services, Specialist Family Violence Advisors (SFVAs), Families where a Parent has a Mental Illness (FaPMI) coordinators and Strengthening Hospital Responses to Family Violence (SHRFV) to support implementation.
The project team developed information sessions, including best practice examples, reflective practice, and key steps of the process. Services had differing needs, so the project team developed tailored sessions, including local context and policies. Key learnings included how to have initial conversations with families, learning about the other information sharing entities, and focusing on wellbeing and not just risk. Mental health specific resources were developed, including CISS decision making posters, and clinician pamphlets.
The project team has been successful at raising the profile of the Child Information Sharing Scheme. Many attendees shared they were not aware of CISS prior to this project and will utilize this scheme regularly moving forward. Services have reviewed and updated their policies to promote ease of this legislation. FaPMI coordinators reported an increase in secondary consults in relation to CISS and SFVAs reflected the need to increase consideration of child wellbeing and safety in relation to family violence.
This session will provide a roadmap of the project, information about legislative requirements as a nurse working in Victoria's mental health system, and resources to support your work.
Victorian Department of Education and Training. (2023). Child information sharing scheme: information for authorized professionals. https://www.vic.gov.au/child-information-sharing-professionals

By ENs, For ENs: How Statewide Victorian EN educators are building a new way forward

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The Mental Health EN (MHEN) Educator roles were agreed in the 2016–2020 Enterprise Bargaining Agreement (EBA), and in 2020 Statewide MHEN Educators joined the Victorian centralized mental health workforce development agency. This important milestone provided an exciting opportunity for MHENs to develop as leaders and build structures to support this important profession.

These roles develop the capability of the growing MHEN workforce in Victoria. This presentation will describe the purpose and work of the statewide EN educators.

The statewide EN educators immediately conducted comprehensive scoping of the Victorian MHEN workforce to understand where MHENs are working in Victoria, and their professional development gaps and opportunities. This scoping, and ongoing engagement and consultation, guides the program of work.

The statewide MHEN educators established the Mental Health Enrolled Nurse Practice Network (MHENPN) in 2021. The Network is the first of its kind, open to any experienced mental health enrolled nurse in Victoria, and meets every 2 months. A separate networking group has commenced in 2023 to support the growing number of EN Educators and EN entry level programs. These two groups are integral for MHEN connection and development in Victoria.

The statewide educators have also developed MHEN specific training. Finding Your Voice training addresses specific EN professional needs as identified by services including unpacking challenges of the EN role, implementing reflective practice, and raising concerns more effectively.

An EN Introduction to Mental Health full training day now appears regularly on our statewide training calendar for ENs newly entering the mental health workforce. This session covers introductory content on Trauma-Informed Care, The Mental Health Act including Supported Decision Making, and the Victorian Mental Health System.

The work of the statewide EN educators has created significant practice change, evidenced by the greater inclusion of ENs in broader mental health work such as Clinical Supervision, mental health nursing advisory groups, and policy development spaces. The implications of this work highlight Enrolled Nursing as a fulfilling career, not merely a stepping stone to RN roles.

Mental health nurse potential to improve psychosocial support for parents who receive a prenatal diagnosis

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Pregnancy may be considered a time of significant transition where expectant parents are future-focused, planning the arrival of their newest family member. During this time, parents may view antenatal screening, such as ultrasound or genetic screening, as routine appointments or the chance to bond with their unborn baby. These routinised and typical pregnancy expectations can threaten informed consent and preparedness for unexpected news about the baby's development, genetics or health and underscore the potential for heightened shock and distress. A suspected or confirmed prenatal diagnosis of a fetal anomaly can transform pregnancy into a medical event, leading to a cascade of testing, appointments with different specialists, complex health information and, at times, decisions to be made about the continuation or end of the pregnancy.

Receiving unexpected news about the health, development or genetics of has been described as a rollercoaster of emotions and may increase the likelihood of significant acute and enduring psychosocial challenges in the perinatal period, including post-traumatic stress disorder, anxiety, depression and suicidal ideation. Despite the known impact of prenatal diagnosis on psychosocial health and the potential subsequent risks to postnatal outcomes and the neurodevelopment of a fetus in a continued pregnancy, there remain striking gaps in psychosocial support leading to inequity of access and a lack of culturally sensitive care. Mental health nurses may reduce these gaps in service delivery.

Mental health nurses may support parents in the perinatal period and when credentialed, may be eligible to provide Medicare Benefits Schedule rebated non-directive pregnancy counselling. The varied knowledge and skills of mental health nurses suggest they are ideally positioned to provide comprehensive psychosocial support to families who may benefit from non-directive counselling, therapeutic interventions, linkages with condition and peer support organizations, practical assistance, advocacy support, monitoring or grief and transition support during the perinatal period.

An overview of relevant literature, visualizations of parent journeys and an introduction to available specialty training and networking options will illuminate pathways for mental health nurses to enhance psychosocial support for parents who receive a prenatal diagnosis of a fetal anomaly.

Safe Haven – An innovative model led by peer workers in a non-clinical way

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Introduction: Based on a lived experience model successfully trialled in the UK and at St Vincent's Hospital Melbourne, Safe Haven provides an alternative to attending the Emergency Department for vulnerable adults experiencing a mental health crisis. The IWAMHS adapted model aims to provide a safe, therapeutic space in a 'non-threatening, non-clinical' warm and respectful environment, offering support and linkages through contact with peer support workers and a mental health clinician. Safe Haven is a space for those who might otherwise 'fall through the cracks'.
Safe Haven is available to consumers and carers within IWAMHS as well as consumers considered to be out of area but registered with mental health services and those with no established linkage with tertiary mental health services but have been referred via the RMH Emergency Department. It is staffed with 2 x Peer workers and 1 x Senior Clinician. Opening hours are Friday/Saturday/Sunday 2 pm - 8 pm.
Key Workforce/Organizational outcomes:

- Making the 'lived experience' an ordinary part of contemporary health care.
- Challenging the paradigm of the 'multi-disciplinary team' to one of a Multi-Dimensional Workforce.
- Increased organizational opportunity and capacity for Peer Workforce to collaborate, Co-design and lead, new and yet to emerge initiatives.
- Expanded awareness of and Increased opportunities for clinicians understanding and appreciation of the value and particular expertise of the Lived Experience Workforce in the work that we all do together.

Barriers:

- Challenging Clinical hierarchies and governance.
- COVID 19 response and restrictions.
- Finding staff who had the clinical knowledge but also a curiosity to challenge some of their own learnings.

Achievements:

- Guests less likely to attend ED after coming to Safe Haven.
- Open discussions that challenge the way we approach suicide prevention - to provide example story with this.
- Ensuring the space is culturally safe and LGBTQIA + friendly - demonstrated by attendance data and approach to inclusivity.
- Changing the language within Safe Haven to reflect the values of Safe Haven.

Overview and summary of Safe Haven will be presented.

Unleashing the potential of using the self as the research instrument

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As a beginning mental health nurse in the late 1980s I learned about the therapeutic use of self and how to use my own personality and style to develop a therapeutic relationship with consumers. When I undertook my Bachelor of Education which drew heavily on humanistic psychology, I explored how to utilize the self in both educative and managerial relationships utilizing the same principles. As a PhD candidate undertaking qualitative research, consideration to the use of self as the vehicle for research or use of self as the research instrument, is crucial.
This presentation will provide an overview of my PhD research using a qualitative approach that includes participant observation and semi-structured interviews to explore the practice of Consultation-Liaison Mental Health Nursing in a general hospital setting. In preparation for fieldwork, I have read, reflected on, and written about what it is to be a participant observer considering concepts like insider-outsider positioning, theoretical sensitivity, and reflexivity. These concepts are coming to life as my fieldwork progresses. My presentation will reflect on approximately nine months of fieldwork. I will share my reflections, challenges encountered, and suggestions for researchers considering this approach.
This presentation extends the focus of the sub-theme "Research to practice", by articulating "practice to research."

Emergency Department and Crisis Community Psychiatric Clinicians' perspectives regarding innovations required to reduce restrictive interventions

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Background: Internationally consumers and their families have raised concerns about safety in current mental health service delivery. Underfunding and risk-averse management practices are implicated as key challenges. This study aimed to explore clinician perspectives on needed changes to reduce restrictive interventions,

to improve conditions for consumers and staff alike. Current Australian literature often focused on In-Patient Settings rather than crisis and Emergency Department settings and the unique role psychiatric nurses and other clinicians play in this space has not been reported on.
Method: Utilizing a co-operative inquiry approach, this unique study was clinician-led and co-produced by researchers and clinicians. Community and Emergency Department Crisis Mental Health Clinicians (from both nursing and social work backgrounds) explored their use of restrictive interventions, and what they need from policy and resources to change practices. Of interest was how clinicians would prefer to work, and how they are constrained by limitations in funding and environment.
Results: Themes identified from the data included: What enables holding of risk?; How much intervention is too much?; How do staff manage delivering imperfect solutions?; In what ways are consumers seeking containment?; How does time and having time present as important in holding risk?; How can a space or environment be less restrictive?; What makes holding risk so isolating and personally stressful for clinicians?
Conclusion: Clinicians work tirelessly to ensure that they are least restrictive in their engagements with consumers, however often services and systems are not designed to facilitate this. This study presents immediate actionable issues, and considerations for policy and practice, and for future research.

Building psychological safe spaces in mental health. Teaching undergraduate nurses to develop recovery-oriented practice

Bernadette Solomon
Te Pukenga (Manukau Institute of technology), Auckland, New Zealand

There has been growing concern that people accessing mental health services are not receiving an inclusive, recovery focused service. Current research indicates there are barriers which include attitudes, skills, and knowledge in practice.
Aim: The study aimed to explore the experience and meaning of recovery-oriented practice for 10 nurses working in an acute mental health service in New Zealand. A phenomenological and hermeneutic lens was used to explore the nurses' experience of working in a recovery-focused manner with service users in the inpatient setting.
Findings: The findings revealed that recovery-orientated practice is a challenge for nurses working within acute mental health wards. Although the experience and meaning of recovery-focused care varied, there were some common elements in the practice accounts.
It was found that the nurses' role in creating different therapeutic spaces to promote safety, relational commitment and healing for service users were paramount to supporting the service user's recovery journey. A main discussion point highlighted within the research was the importance of education about providing therapeutic safe spaces as being an integral part of the service users recovery journey. This finding while important for post-graduate nurses, is also key knowledge for undergraduate nursing students who are developing their mental health and recovery knowledge and skillset.
Summary Implications: Psychological safety is a crucial determinant of safe and effective care in mental health. This has implications for how nurses learn to manage new ways of working alongside service users, and for integrating recovery-oriented practice within the reality and challenges of practice.
The importance of building safe, committed, and healing relationships with service users was highlighted within this study, and how worthwhile it is for nurses to let go, to a certain extent, of the traditional boundaries that may create barriers to building recovery. This provides the key steps and consideration that provides the tools and skills that should be integrated into tertiary education for undergraduate nurses. It is important that psychological and therapeutic safety is taught within the curriculum, as it can inform practice, and support mental health service users within clinical placement.

Mental Health Nurses' attitudes towards mental illness and recovery-oriented practices: A non-participant observation study

Anju Sreeram; Wendy Cross; Louise Townsin
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The national mental health policies accentuate the importance of having positive attitudes, skills, and knowledge among mental health professionals to facilitate recovery-oriented practice in all areas of mental health care. However, evidence suggests that mental health professionals' negative attitudes towards mental illness are still evident. There is a lack of recovery-oriented practice in the acute inpatient units. At the same time, there is also a paucity of studies to understand Mental Health Nurses' attitudes towards mental illness and recovery-oriented practice specifically. Therefore, this non-participant observation study aimed to explore Mental Health Nurses' attitudes towards mental illness and recovery-oriented practice in the acute inpatient units by observing the interactions between the consumers and nurses. The Mental Illness Clinicians Attitudes Scale-v4 and The Recovery Attitudes Questionnaire inspired the development of a non-participant observation chart for this study and the observations were recorded in the chart. Six observations were conducted in the three acute inpatient units. They were focused on Mental Health Nurses' knowledge about mental illness,

communication, dignity, respect, anxiety, fear, punishment, facilitation of real choices for consumers, physical care, cooperation with consumers' families and others and recovery orientation. Interpretive descriptive analysis was used to analyse the data. The results show that Mental Health Nurses generally have positive attitudes towards mental illness and recovery-oriented practice. Some deficits in the physical care of people with mental illness in the acute inpatient units were observed. Therefore, future research could address the adequate preparation of Mental Health Nurses to provide physical care to people with mental illnesses.

The role of the mental health nurse in medical hotel quarantine during the COVID-19 pandemic

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Aim: To explore how the mental health nurse in medical hotel quarantine worked in partnership with the nursing workforce to assist in the care of people experiencing mental distress.
Background: In March 2020, the Sydney Local Health District opened the nurse-led Special Health Accommodation (SHA) to quarantine travellers returning from overseas with COVID-19 or complex health issues (Fotheringham et al., 2021). Nurses in the hotel facility were working autonomously, frequently adjusting policy as information about COVID-19 became available but they did not have the requisite mental health experience. As the Delta variant emerged in 2021, community members with mental health and substance use issues who were unable to isolate after contact with COVID-19 were admitted to the facilities. Mental health nurses were seconded to the facilities to provide comprehensive mental health assessments and develop care plans.
Method: This descriptive qualitative study explored how nurses in SHA described their experiences, the challenges they faced and how they overcame them. Twelve semi-structured interviews including one with a mental health nurse were conducted on Zoom from February to May 2022 with all levels of nursing staff (nurse managers to assistants in nursing) who had worked in SHA for three months or more. The data were analysed using Braun and Clarke's six-step thematic analysis.
Findings: The management of people with mental health concerns was a prominent theme. Nurses described how mental health clinicians developed guidelines and provided education about mental health issues to support the nursing workforce.
Conclusion: In the advent of future pandemics, the role of mental health nurses needs to be a high priority in developing the quarantine workforce.

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Building mental health nurses workforce capability through the delivery of Train the Trainer programs

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Victoria's central agency for public mental health workforce development was established to support access to quality, contemporary workforce learning and development, and training. The agency connects, collects and shares the information, tools, resources and expertise created through Department investment in mental health learning and development.
Since it's establishment, the agency has identified areas of high priority for learning and development needs and identified existing learning programs that support some of these areas. Two areas of high priority are Trauma Informed Care training and Suicide Risk.
Over the years some services have invested heavily in developing training packages on these topics while other services have struggled to find the time and resources to develop training packages.
Train the trainer programs are a way of sharing training packages and upskilling nurses to deliver training that has been developed externally.
This presentation will explore how a central workforce development agency partnered with an Area Mental Health Service to share the training package titled Suicide Risk: understanding, responding and engaging to interested education teams across the state. Another training package tiled Trauma Informed Care has also been converted into a Train the trainer package.
During this presentation you will hear about the strengths and weaknesses of Train the trainer programs, how they have been implemented and key learnings.
Responding to the recommendations of the Victorian Royal Commission into Mental Health Services and the release of the Victorian Mental Health and Wellbeing Workforce Capability Framework will also be explored in the presentation.

Delivering a free training calendar for the Victorian Public Clinical Mental Health Workforce

Jo Stubbs
Centre Mental Health Learning, Pascoe Vale South, Australia

In 2018 the Victorian Department of Health funded a new central agency for public mental health workforce development. The agency provides access to quality, contemporary workforce learning and development activities, and connects, collects and shares information, tools, resources.
In 2020 the agency launched its free Area Mental Health Service training calendar for the Victorian public clinical mental health workforce. The presentation will explore how the Learning and Practice Development Team engages and works with the sector to understand workforce development priority areas and inform training development and delivery. Engagement strategies include committees, working groups, special advisory groups, surveys, site visits, consultations and training data feedback mechanisms… This careful stakeholder engagement helps us to understand the unique practice development needs of distinct disciplines including nursing, in order to deliver a calendar of events that are contemporary and appropriate for the workforce.
How the training calendar responds to and aligns with the recommendations of the Royal Commission into the Victorian Mental Health System and the new Victorian Mental Health and Wellbeing Workforce Capability Framework will also be described in the presentation.
Department of Health Victoria, 2021, The Victorian Mental Health and Wellbeing Workforce Capability Framework, https://www.health.vic.gov.au/sites/default/files/2021-12/victorian-mh-and-wellbeing-workforce-capability-framework-pdf.pdf/
Royal Commission into Victoria's Mental Health System, 2021, Royal Commission into Victoria's Metal Health System, https://finalreport.rcvmhs.vic.gov.au/

Gaps in best-practice recommendations: Unleashing nurses' critical appraisal and advocacy potential

Caitlin Stuchbury
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Introduction: Mental health nurses utilize evidence-based best-practice techniques and are encouraged to refer to evidence synthesizing publishers for current recommendations. However, recent updates to the best-practice recommendations for intramuscular injection technique revealed that even these publications are not immune to selection and publication bias, resulting in recommendations which may be harmful for mental health consumers.
Aims: This paper will discuss the recent changes to the best-practice recommendations for intramuscular injection technique; emphasizing the importance of critical appraisal skills for all mental health nurses, and the need for strong mental health nursing advocacy within translational research.
Description: Current best-practice recommendations available through popular publishers advise against, or exclude, aspirating for blood prior to administering an intramuscular injection. However, the best practice recommendations, and the systematic reviews which inform the recommendations, are solely informed by a limited number of vaccine and toxoid studies. As a result, these recommendations do not account for the vastly different dosage and adverse drug effect profiles of the injectable antipsychotic and benzodiazepine medications used throughout mental health care.
Significance: Best-practice recommendations are vulnerable to the same biases as all clinical research. Current recommendations for intramuscular injection technique have been developed without the consideration for the dosages and adverse drug effects of psychotropic medications, questioning the validity of the recommendations for this drug class. This highlights a significant gap for evidence-based practice, given the prevalence of intramuscular antipsychotics within mental health care. This example highlights weaknesses in the blunt application of these recommendations, and emphasizes the importance of critical appraisal skills for all mental health nurses regardless of clinical or academic setting. It is also reflective of a wider trend of selection and publication bias in mental health and healthcare research, providing potential for mental health nurse advocacy.
Implications: Mental health nurses must be aware of the limitations of the best-practice recommendations currently available. As highly skilled advocates, mental health nurses are well-placed to advocate for the consideration of our consumers' needs during the development of best-practice recommendations.

Utilizing digital mental health options to maximize access and impact

Heidi Sturk
Queensland University of Technology, South Brisbane, Australia

Aims: The demand for mental health support is increasing, yet many individuals face difficulties accessing care. Government-funded digital mental health services are becoming a key component of mental health service delivery and provide accessible low-cost options for information, prevention, assessment, diagnosis, counselling,

and treatment. These services can complement face-to-face therapies, free up care providers to assist those with more complex needs, provide treatment for those on waiting lists, and flexibly respond to increased demand. Mental health nurses can significantly enhance the quality of care for their patients by recommending and utilizing digital mental health services, but limited awareness of relevant options hinders their ability to do so effectively. The Australian Department of Health and Aged Care provides funding to eMHPrac (e-Mental Health in Practice) to deliver free education, training and support to health practitioners about evidence-based digital mental health services. eMHPrac is a consortium of Queensland University of Technology, the Black Dog Institute, Menzies School of Health Research and the University Centre for Rural Health (North Coast) of the University of Sydney.

Method: Over the past 9 years the eMHPrac consortium has provided training and support via range of modalities. Impact of training is measured through assessment of mental health knowledge, skill and confidence. eMHPrac also monitors numbers of new registrations on digital programs and services from Government funded providers, and whether these registrants were referred by a health practitioner.

Results: eMHPrac now has strong brand recognition as a respected provider of expert and impartial advice about digital mental health. Training evaluations show increases in knowledge, confidence and skill acquisition. There have also been significant increases in registration numbers to online programs and webchat services.

Conclusion: Continued investment in promotion, training and resource development is essential to address gaps in digital literacy and digital mental health knowledge for mental health nurses and the wider allied health workforce. In this presentation we will outline insights from our work. We will also highlight relevant digital options for mental health nurses and how to best utilize these with patients and their families to maximize mental health care access and impact.

The physical health nurse consultant and mental health consumer: Unleashing the important therapeutic partnership

Tracy Tabvuma[1]; Brenda Happell[1]; Robert Stanton[2]
[1]*Southern Cross University, Lismore, Australia;* [2]*Central Queensland University, Rockhampton, Australia*

People diagnosed with mental illness (hereon referred to as consumers) experience a disproportionately lower life expectancy of up 30 years compared to the general population. Systemic issues such as diagnostic overshadowing and stigma from healthcare professionals have inhibited the development of positive therapeutic partnerships that enable consumers to seek and engage support for their physical health concerns. Consumers have called for healthcare professionals to skilfully develop and prioritize therapeutic partnerships whilst coordinating and providing physical healthcare. The aim of this qualitative descriptive research was to explore consumer views and experiences of their interactions with a specialist mental health nursing role, the Physical Health Nurse Consultant. Semi-structured interviews were conducted with 14 consumers from a large public Community Mental Health Service in the Australian Capital Territory. Interviews were transcribed and thematically analysed. Therapeutic partnerships was an overarching theme identified from the data and included three sub-themes: personal attributes of the Physical Health Nurse Consultant; behaviour change engagement strategies; and impact of the therapeutic partnership. Consumers described the personal and professional attributes of the Physical Health Nurse Consultant that enabled the establishment and maintenance of their highly valued therapeutic partnership. Unleashing these therapeutic skills of the Physical Health Nurse Consultant was perceived to positively impact consumers' personal and clinical outcomes. With increasing support from consumers, clinical practice settings should realize the potential of the Physical Health Nurse Consultant scope and expertise in improving physical health outcomes and move towards embedding this role in routine practice.

MHNs – Career satisfaction and commercially smart

Ruth Tarrant
Open Arms, DVA, Woden, Australia

My career is a strong example of what MH nursing offers if you choose to explore your own professional potential, develop your professional identity and get creative. Many possibilities already exist. The more of us delving into the possibilities the greater our reach as a profession. Our skillset is wholly holistic by it's very nature – yes, we attend to their physical health, mental health, psychosocial health, occupational health, financial health. That's holistic in ways no other discipline offers. Just us.

In my career I have worked the following roles (these are the more interesting ones).

- Island Nurse
- Mental Health hospitals, private and public
- Inpatient units
- Crisis care
- Intensive MH care units (now known as PECC units
- Community teams
- Prisons,
- Police cells
- GP Clinics as an employee
- Australian Defence Force as a Civilian

- Department of Home Affairs writing policy, advising on in-house and external education programs for staff health and wellbeing; devising and presenting their biggest ever staff mental health and wellbeing project – the Podcast called Mental Health and Wellbeing Minis.
- Open Arms, DVA

I've also had a Private Practice on and off as life dictates, since 2004.
In my PP I've worked with executive men who want to stop hurting their partners and families – and serious enough to pay me $1000.00 per session to get them out of that lifestyle; I've run weekly meditations groups on self care, self nurturing – called Soul Nourishment to reduce anxiety, stress, depression and blood pressure for $15 a session; I've worked in GP clinics as a private practitioner charging Medicare, bulk billing and/or, charging a gap where that's appropriate.
To do PP well, there are 17 quick tips you need to start working on before changing your currently job. These tips are about business structure; choosing your model of care; getting clients you want to work with and will pay you; confidence and simple marketing strategies that work.
Draw on people's experience, listen to those of us who have done it then create your own excellent career from there.

Enabling nurses accessing to healthcare: Using technology to support nurses with their sensitive health challenges

Glenn Taylor
Nursing and Midwifery Health Program Victoria, Cremorne, Australia

Life changed substantially for every Victorian nurse in March 2020. For some the change was irrevocable. With the outbreak of the Coronavirus disease (COVID-19), our nurse colleagues were confronted by a range of issues and challenges never seen before. Every Victorian nurse was impacted - physically, emotionally, psychologically or spiritually - to some degree, in the last 3 years.
Overnight, our nursing colleagues were asked to work differently. This impacted their work environment and practices. They had to place physical barriers between themselves and their patients, clients and residence. They confronted additional challenges which required them to conform with government and organizational protocols. All became tired. For many, tiredness led to lethargy, and for some this resulted in complete exhaustion and burnout. Some continue to experience the effects of these circumstances to this day.
Additionally, COVID-19 infiltrated the personal lives of our nursing colleagues. They navigated new pathways and established new routines, to keep them and their families safe. They home-schooled, share crowded house, – or lived in isolation – spent extended periods away from families, friends and loved ones and many had limited or no access to their regular hobbies or pursuits.
In March 2020, our service model, which had provided nurses with face-to-face counselling and support since 2006 became redundant. However, overnight we found a solution to this challenge. We established a telehealth platform which gave our service users access to our support.
In addition to providing on-line individual counselling, we created and delivered numerous on-line groups. Examples of these include those designed for students, early career nurses, managers, peak bodies, educators, special interest groups and various colleges. This provided these participants with a safe place where they could openly share their fears, concerns and frustrations. Importantly, it was also a platform for nurses to share ideas, strategies and tips for navigating their many challenges.
COVID-19 forced us to find other ways of engaging stakeholders, and in doing so we unleashed new and exciting ways to support Victoria's nursing workforce. We enhanced our service offering in 2020 and this continues today!

How do student nurses communicate with consumers? The lived experience perspective

Hannah Thompson; Christopher Patterson; Lorna Moxham; Kelly Lewer
University of Wollongong, Wollongong, Australia

Background: The recovery-orientated approach is considered best practice in mental health nursing. The holistic recovery model is a comprehensive outlook that puts people with lived experience of mental illness at the centre of care, recognizing that recovery is a unique and highly individualized journey. Through this understanding, people are supported to find purpose, hope, connection, and fulfilment. Recovery-orientated care is inclusive of recovery-orientated communication. Communication is a core component of recovery-orientated practice, underpinning all other nursing skills and a vital aspect of the therapeutic relationship. The words we choose and how they are delivered – matter. It is, therefore, critical to consider how people hear and interpret communication and how words can have far-reaching effects, both negative and positive. It is evident in research the importance of recovery-orientated language and communication; however, research shows that despite mental health professionals having received education around recovery-orientated communication, transferring this into clinical practice is at times lacking.

Aim: The presentation explores findings from an honours study that explored if people with lived experience of mental illness think nursing students are communicating in a recovery-orientated way.
Methods: The research paradigm was qualitative, specifically using Heideggerian phenomenology to explore lived experience. Data were collected via individual, semi-structured interviews, facilitating in-depth and rich conversations. Data were analysed using van Kaam's Psychophenomenological method (PPM). This revealed themes and an essence of meaning.
Conclusion: The significance of recovery-orientated communication and its link with improved health and well-being is well-known. This study's findings provide insight into how the knowledge gained through university nursing education about recovery-oriented communication is applied in clinical practice, as heard by people with lived experience.

Mental health nursing career pathways- development of a transition to practice program in Central Australia

Ali Thorn; **Christine McDougall**
Mental Health Services Central Australia Region, The Gap, Australia

Mental health nursing shortages represent a global concern, with the World Health Organization estimating a 12.9 million deficit in skilled health professionals by 20 354. The recruitment and retention of a mental health nursing workforce is not just a challenge in capital cities, but regional and remote Australia as well. Central Australia struggles to attract and retain staff in all disciplines across all domains of health. Similar to other jurisdictions, recent declining numbers of graduate nurses pursuing careers in mental health has led to an ageing workforce. The Mental Health workforce in the NT was "stable" in 2011–2014, but has decreased since 20 153. The vacancy rate for mental health nurses in Central Australia is 30–40% since the COVID-19 pandemic. This is further complicated by recent negative media attention due to concerns about rising crime and 'anti-social behaviour' on the streets of Alice Springs1. Employment of a Workforce Development Lead in collaboration with the Nurse Education Consultant and other senior staff, led to the development of a strategy to urgently address the current mental health workforce crisis and develop career pathways into mental health nursing as an initiative ensure we 'grow our own' skilled and sustainable workforce into the future.
Several initiatives have already been implemented in Central Australia such as recruitment and retention strategies, review of rostering and Clinical Supervision processes and increasing Allied health, Lived Experience peer support worker roles and Aboriginal Health practitioner positions.
This paper will discuss the process for implementation, challenges and successes to date for introducing a transition to practice program in Central Australia in 2023. Transition programmes have the potential to make a positive contribution to the mental health nursing workforce2.

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Clinical supervision from implementation to integration; learnings from one mental health service

Stuart Wall; **Janine Davies**; Lucy Keegan
Peninsula Health, Frankston, Australia

There is an increased recognition of the importance of clinical supervision as a key component of mental health nursing practice (ACMHN, 2019; DHHS, 2018). Alongside this recognition comes a need for organizations to have the practices and processes in place that will reduce barriers to engagement in this important element of mental health nursing practice. However, the implementation of clinical supervision for this cohort can be challenging for healthcare organizations (Gonge & Buus, 2016).
In partnership with the Chief Mental Health Nurse in Safer Care Victoria, Centre of Mental Health Learning and the Centre for Mental Health Nursing, a pilot was commenced in 2019. This pilot supported the operational application of the Clinical Supervision framework for Mental Health Nurses (DHHS, 2018). Utilizing the principles of effective clinical supervision as defined in the framework, one mental health service was able to implement and sustain clinical supervision within its workforce.
Utilizing the Clinical supervision for mental health nurses; A framework for Victoria, this service ensured that the support for the supervisee, supervisors and their organization were cemented in practice. Key elements of success for this service included the use of clinical supervision navigators, communities of practice, executive support, ongoing communications strategies and an orientation program to clinical supervision in mental health nursing.
This presentation will outline the journey of this metropolitan area mental health service as it made its way from initial implementation to the integration of clinical

supervision for mental health nurses ensuring that clinical supervision became business-as-usual.

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Supporting our community with the addition of a wellbeing workforce; a mental health nursing perspective

Stuart Wall[1]; Bronwyn Lawman[1]; **Sean Hegarty**[2]; Lucy Keegan[1]
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Public Mental Health Systems in Victoria are facing significant workforce challenges. In late 2021, there were an estimated 500 mental health clinical staff vacancies across the state. This resulted in a highly competitive recruitment landscape with Area Mental Health Services competing for the same pool of clinical mental health professionals. One Area Mental Health Service investigated an innovative strategy to support this ongoing recruitment issue.
Rapid and decisive solutions were required to ensure our Area Mental Health Service could continue the safe, personal, effective and connected care it prides itself on delivering to consumers, carers and families. Nursing leaders and education specialists partnered with a local Non-Government Organization (NGO) to utilize their workforce of highly skilled individuals who, at that time, were in abundant supply.
This strategy not only provided an immediate response to the workforce shortage, but it also aligned with the Royal Commission into Victoria's Mental Health System which recommended that "area mental health and wellbeing services are delivered through partnerships between public health services of public hospitals and non-government organizations that deliver wellbeing supports" (State of Victoria, 2018, p.191).
Through a comprehensive onboarding, orientation and workforce integration strategy this Wellbeing Workforce was positively received across all teams, which included case management, crisis, brief intervention and acute inpatient services. This alternative workforce provided consumers with recovery orientated practice, psychosocial support and individualized care that both complemented and enhanced the clinical care already provided within mental health clinical teams.
This presentation will provide a wellbeing worker and mental health nursing perspective on this innovative initiative. Challenges and enablers to the implementation and sustainability of this new workforce will be investigated to provide a commentary on why this program was able to demonstrate higher value to mental health nursing and service delivery than first envisioned.

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Supporting the mental health of employees in response to workplace-related incidents

Stuart Wall; **Janine Davies**; **Siobain Bonfield**; Bronwyn Lawman
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The purpose of this presentation is to provide an overview of the wellbeing strategy implemented to support mental health employee's working at Peninsula Health, following a significant incident.
Peninsula Health is committed to supporting employees in response to workplace-related incidents and recognizes that the piling rig incident was a significant event and early intervention to enhance coping (Richins et al., 2019) was required. It was important to provide support for healthcare workers who are at increased risk of experiencing work-related stress, burnout, and general mental health problems (Chana, et al., 2015; Howgego, et al., 2005). Estimates from previous epidemics suggesting up to a third of staff will experience high levels of distress following a traumatic event (Brewin, et al., 2000).
The literature on PTSD (Post Traumatic Stress Disorder) recommends principles of screening and active monitoring for PTSD and other stress-related adverse outcomes post a critical incident, especially when a group are known to be at high risk of mental health difficulties (of which healthcare workers are). Furthermore, healthcare workers, such as nursing staff, can be unaware of the early signs of traumatic stress which means that they do not access early intervention or obtain the supports that can help them to naturally recover.
New psychological health regulations for Victorian employers are expected to commence this year. These regulations highlight that we must consider psychological

injury in the workplace and have a range of options in place to mitigate any psychological risks, such as that from significant incidents in the workplace.
In addition to on-site EAP (Employee Assistance Program) supports, we used team reflective spaces called 'A Space to Think and Connect' which draws upon peer group processes to manage post incident stress, facilitating cohesion and supportive links with peers, we provided a summary of safety measures in place during Mental Health Staff meetings and provided employee tours prior to relocation. It was essential that we provided a range of options to support employees present on the day, with the opportunity to recover and to feel safe to be able to return to work.

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Building alcohol and other drug (AOD) capability through clinician-consumer co-designed education

Stuart Wall[1]; **Kirsty Morgan**[1,2]; **Jessica Reece**[1]; Belinda Berry[1]
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Building capability among nursing and medical workforce to care for inpatients who have co-occurring mental illness and alcohol and other drugs (AOD) needs is a challenge for public hospitals. Early engagement and referral to specialist services can assist in minimizing complications arising from co-occurring substance use disorders (Charalambous, 2002). Research has found that stigma towards people with alcohol or drug concerns is a significant barrier to early intervention and that changing clinicians' attitudes is key (Haber PS & Riordan, 2021).
This presentation will showcase a model that has been implemented at a Melbourne public hospital utilizing an AOD clinical educator and AOD lived experience educator. Together they diagnosed key capability gaps related to caring for patients with substance use disorders and have co-designed training content in response. Delivery of training is also co-facilitated to enable hospital staff to be exposed to people with lived experience of substance use disorder outside of their role as 'patients'. Embedding a lived experience educator is transforming the way training is designed and delivered at the health service. Sharing our model will provide learnings for participants so they can consider application in their workplace settings.
Emerging feedback from clinicians indicates that incorporating the patient experience in education encourages clinicians to reflect on how they interact with patients presenting with complex needs and further evaluations plan to assess its effectiveness in reducing individual-level drivers of stigma.

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Keeping-well: Promoting Social Emotional Well Being to support sense-based emotional regulation of First Nations people

Katrina Ward[1,2]; Alison Hutton[3]; Rhonda Wilson[2]
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For First Nations (FN) people in Australia, the biomedical model of service delivery does not always align with ways of knowing, being and doing. Institutional privileging of a biomedical model does not adequately accommodate a culturally relevant focus on the social and emotional well-being (SEWB) of First Nations peoples (Ward & Wilson, 2022), with an emphasis on 'keeping well'. Previous literature on social emotional wellbeing of Aboriginal people predominately concentrates on the importance of general themes such as family, culture, identity, and country through the use of a holistic model of health, which aligns with a culturally appropriate delivery of mental health care. The development of a prototype intervention to support sense-based emotional regulation of FN people with mental health conditions will be presented. This research aims to investigate culturally appropriate ways to promote SEWB and maintain robust mental health for people with chronic mental

health conditions. This will demonstrate the importance of connection and belonging to identity, country, and culture with an emphasis on narratives and stories about 'keeping well' following an episode of mental health care. This will be achieved through utilizing Indigenous research methodology of story work through using survey's and/ or yarning circles which provide a culturally safe area which has a focus on groups to collect stories and oral narratives about the journey of recovery, and to examine the journey to 'keeping well'. A sensory tool will be designed for development and tested as an intervention to strengthen the connection of senses and the role it plays in deeper emotional regulation to promote 'keeping well'. A synthesis of these studies will feature the effectiveness of the interventions, implementation tool kits and models to further expand the body of evidence to address and promote young FN peoples' SEWB.

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Trauma-informed care in acute mental health units through the lifeworld of mental health nurses

Allyson Wilson; John Hurley; Richard Lakeman; Marie Hutchinson
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Trauma-informed care has gained increasing popularity in mental health services over the past two decades. Mental health nurses remain one of the largest occupations employed in acute mental health settings and arguably have a critical role in supporting trauma-informed care in this environment. Despite this, there remains a limited understanding on how trauma-informed care is applied to the context of mental health nursing in the hospital environment. The aim of this study was to explore what it means for mental health nurses to provide trauma-informed care in the acute mental health setting. The study design was qualitative, using van Manen's approach to hermeneutic phenomenological inquiry. A total of 29 mental health nurses participated in this study. There were three overarching themes that emerged; these entail: embodied trauma-informed milieu, trauma-informed relationality and temporal dimensions of trauma-informed mental health nursing. The study found that for mental health nurses, there are elements of trauma-informed care that extend far beyond the routine application of the principles to nursing practice. For mental health nurses working in the acute setting, trauma-informed care may offer a restorative function in practice back to the core tenants of therapeutic interpersonal dynamics it was once based upon.

Priority, pedagogy and privilege: Decolonisation of mental health nursing curriculum

Rhonda Wilson
University of Newcastle, Gosford, Australia

This paper discusses the need for pedagogical reform in mental health nursing education in Australia, with a focus on addressing the needs of First Nations people. Mental health nursing pedagogy has traditionally privileged Western educational models. However, First Nations people have lived, worked and cared for each other in Australia for at least 65 000 years prior to, and following colonization. Indigenous ways of knowing, being, doing, and belonging offer a wealth of knowledge that can be incorporated into pedagogical methods. Yarning, which draws on cultural protocols, social trust, reciprocity, deep respectful listening and learning, story, and consensus, is one such method that can be used to strengthen culturally safe mental health nursing curriculum.

Improving the mental health care experiences of First Nations people is a national priority, given that they are overrepresented as consumers in mental health services throughout Australia. Literature suggests that a lack of cultural safety is associated with poorer health outcomes for First Nations people, so ensuring that mental health nursing graduates are equipped to provide culturally safe care is crucial. First Nations people experience high rates of mental illness and are twice as likely to die by suicide than non-Indigenous peers, highlighting the urgency of addressing this issue.

Indigenous yarning methods can be applied to strengthen culturally safe mental health nursing curriculum. The significance of doing so is that it prioritizes cultural safety for mental health service users and alleviates Social and Emotional Wellbeing (SEWB) distress. Decolonizing mental health nursing curriculum has the potential to improve the mental health and SEWB outcomes for First Nations people, and reform is urgently required to respond to the overrepresentation of First Nations people receiving mental health care in Australia.

Portable digital sensory rooms: Unleashing technological precision to address emotional dysregulation, de-escalation, distress and discomfort

Rhonda Wilson; Oliver Higgins
University of Newcastle, Gosford, Australia

This paper presents an innovative prototype for a portable digital sensory room designed to support the social and emotional well-being of First Nations people, although it is likely to be beneficial for all populations. The review of literature indicates that sensory rooms are not suitable as a sole de-escalation strategy to reduce

restraint or seclusion, but they hold promise to promote well-being generally and to support and ease the discomforts associated with emotional dysregulation and distress.

The presentation aims to demonstrate the innovative prototype and discuss the Internet of Things (IoT) deployment and design features used to develop precision individualized treatment prescriptions. The sensory room uses a private IoT server written using NodeJS and is designed as an Application Programming Interface (API) architecture allowing for multiple interfaces if required. The room contains a range of data input and output options, including sensors and digital equipment, with no-touch and minimal touch monitoring functions. Additionally, the system integrates sensors in soft furnishings, detecting heart rate, respiratory rate, SpO2 monitoring, and the roadmap includes EEG, ECG, virtual and augmented reality, galvanic skin response, and cortisol testing. The demonstration prescription draws on holistic social and emotional well-being (SEWB) principles and First Nations knowledge, yarning methods, and story.

First Nations people are overrepresented as consumers in mental health hospital and service settings. It is important to design therapeutic responses that respond to First Nations ways of knowing, being, doing, and belonging and ensure cultural safety is prioritized in therapeutic innovation for mental health conditions. The digital innovation of a portable sensory room offers a design solution suitable for contemporary mental health care of First Nations people.

The significance of this innovation is that it responds to the over-representation of First Nations people receiving mental health care in the Australian mental health service provision sector. New solutions are urgently required. The learning objectives of this paper are to explore the strengths and limitations of sensory rooms in the mental health context, consider the potential for digital design to transform sensory therapeutics, and recognize the need for innovative solutions to support SEWB of First Nations people.

Unleashing Artificial Intelligence (AI) in mental health nursing. Potential for ChatGPT as a clinical solution?

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University of Newcastle, Gosford, Australia

Introduction: The paper will discuss the use of emerging technologies, such as AI and ChatGPT, in mental health nursing practice. Mental health nurses have previously familiarized with and used social media to strengthen their practice as educators, scientists, and clinicians. The tide is changing with the integration of Artificial Intelligence (AI) and ChatGPT, and with it, mental health communication has been revolutionized.

Aim: The presentation will emphasize that mental health nurses should understand the strengths and limitations associated with technology use, including AI, and equip themselves to address any limitations that may arise.

Discussion: The advantages of AI in mental health nursing practice include extending and enhancing mental health nursing practice, but human critical clinical judgement will always be essential as an implementation consideration. Mental health nursing services can be delivered through various modes, and mental health nurses must ensure that their perspectives as technology end-users are not omitted from education, professional development and discussions surrounding AI and social media implementation.

Significance: AI and ChatGPT have been unleashed and offer potential to revolutionize mental health care. Mental health nurses should reflect on their biases, dominant sentiment, decisions, actions, and narrative about their engagement with emerging technologies to ensure that their considered perspectives and expertise are included and amplified in ongoing public discourse.

Implications: It is important that mental health nurses contribute to the discussion about the adequacy of design of AI and continue to influence ongoing development within the mental health context to enable clinical solutions suitable for contemporary mental health care.

Digital health proof of concept and prototype: Tailored response to supporting women nurses during menopause

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This presentation will focus on the urgent need for innovative solutions to support the nursing workforce, particularly those experiencing discomforts associated with peri-menopause and menopause. With more than 20 million nurses worldwide, and the profession dominated by a largely female workforce, it is crucial to address the needs of this population. The COVID-19 pandemic has further highlighted the need for solutions that promote the well-being of nurses, as many have reconsidered their professional and personal life balance.

A qualitative study conducted across six countries has identified the scope and acceptability of digital health tools to support working nurses during menopause. The study revealed that end-users desire a wider array of resources to support them through the discomforts associated with menopause. Based on these findings, a proof of concept and prototype of a digital solution has been

developed, aimed at promoting the comfort of nurses during menopausal life phase. The solution provides a non-pharmacological, complementary digital health alternative to support nurses during menopause.
This presentation will provide an overview of the prototype, demonstrating the iterative approach to technological development of the digital solution. The presentation will also discuss the potential impact of this solution on the nursing workforce, addressing the need for tailored resources to support nurses during menopause. Ultimately, the digital solution presented in this session has the potential to improve the quality of life for nurses experiencing discomforts associated with menopause and promote job satisfaction and retention in the nursing profession.

Consumer-led suicide education for student nurses: Preliminary findings of a doctoral project

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Introduction: Consumer-led education in mental health nursing has shown positive effects on student learning and stigma. Consumers have identified a desire to have greater involvement in mental health nursing education, and prolonged time with student nurses (Yousiph et al., 2023). The focus on educating nursing students about suicide care has become increasingly important. In this regard, nursing students, when on clinical placement, reported feeling fearful when caring for an individual with suicidality. Consequently, educating nursing students from consumers' lived experience of suicidality needs further understanding.
Aims/Objective: This presentation will discuss the preliminary findings of a doctoral study concerned with the experiences of individuals with suicidality educating nursing students.
Description of the work: Preliminary findings from this multiple, exploratory case-study research project amplifying the consumer voice, will be presented. This includes emerging themes from observations and in-depth interviews.
Outcomes/significance/policy and practice change: Understanding the consumer experience will advocate for the consumer role in student nursing education, as well as supporting the involvement of lived experience. This has the potential to transform the education of nursing students regarding suicide care.
Implications for mental health nursing: Results provide an understanding of individuals' lived experience in educating nursing students. Findings, therefore, could transform consumers' future involvement in suicide education, increasing opportunities for nursing students to learn from those with lived experience.
Identify 2–3 learning objectives significant to paper/poster/workshop:
This presentation will demonstrate that:

- Involving consumers in nursing education positively affects stigma and learning.
- Educating nursing students about suicidality is empowering for consumers.
- Future suicide education for nursing students should involve those with lived experience.

References

Yousiph, T., Patterson, C., & Moxham, L. (2023). Exploring the benefits and challenges of being a consumer educator in nursing education: A scoping review. Journal of Psychiatric and Mental Health Nursing, https://doi.org/10.1111/jpm.12909. Advance online publication. https://doi.org/10.1111/jpm.12909

YOUTH AND FAMILY WELLBEING TEAM

Sharing care between clinicians and lived experience

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In 2015, the Youth and Family Wellbeing Team was established. The team aims to support children and young people, aged 12 to 21 years, and aims to connect people and their families to local services and when needed can support them in times of mental health crisis. The team is unique in its composition as it's comprised of clinicians and lived experienced workers. The multidisciplinary team is strongly based on the Assertive Community Treatment (ACT) and Flexible Assertive Community Treatment (FACT) model. The team uses a shared-care approach, which sees young people and their families/carers receiving specialized support for their diverse needs such as psychosocial support, metabolic monitoring, or psychotherapy. This allows for more intense work to occur within a shorter period of time. The team was able to reduce the use of acute inpatient services and presentations to the emergency department. In addition, the team was able to show improved outcomes for young people.
To ensure that the key learnings were captured, the whole team (clinicians and the peer workers) engaged in collaborative reflection facilitated by an external facilitator. These discussions focussed on the key learnings, perceived strengths, and weaknesses of the team and the FACT Model, as well as the value of mental health nurses and peer workers working together. This presentation

will present the model of care, key outcomes for the consumers and their cares as well as the teams learnings.

CYMHS ACUTE RESPONSE TEAM

Reducing distress and improving consumer care

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An increase in under 18 mental health presentations to the emergency departments (ED) was observed from 2016 to 2019. Throughout 2020, an increase in demand for child and youth mental health services (CYMHS) occurred, mimicking national trends. More locally, the service experienced dramatic increases in referrals from carers, schools, primary care, private practitioners, and young people themselves. This surge in demand across the catchment areas was compounded by the lack of private CYMHS options in these areas. In 2021, the Mental Health Alcohol and Other Drugs Branch approved and provided funding to establish the Acute Response Team to meet this ongoing increase in service demand.
The Acute Response Team is composed of 10FTE positions working Monday to Friday from 0700 to 2100 hours. The service provides in-reach into the EDs and provide mental health assessment for young consumers who present with mental health concerns. The service also provides short-term brief interventions where clinically indicated. The aim is to connect young people and their parents/carers with supports in their community. The team is predominantly composed of senior level Mental Health Nurses (Clinical Nurses, Clinical Nurse Consultants, Nurse Navigators). The model has been designed in a way that allows for these Mental Health Nurses to practice to their full scope and promotes autonomy and advanced clinical practice.
During the first year of operation, the team and its model were able to meet the demand being seen within the ED setting as well as begin to decrease the length of stay in ED by 60 minutes on average. Community teams saw an average of 20% reduction in the number of referrals being received from the ED setting, as the short-term brief interventions allowed for clinicians to provide tailored, targeted therapy, as well as support with linking into external supports. Qualitative feedback was continuously collected over a 12-month period from consumers, their carers/families, as well as internal/external stakeholders, with over 90% of the feedback being positive. This presentation will focus on the model of care, lessons learnt, difficulties, future opportunities, and overall outcomes of the project.

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