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2012 IN REVIEW

As I reflect upon 2012 and the work of the Centre for Psychiatric Nursing, I am amazed that so much has happened in such a short period of time. Now I know why it has been so hard to arrange meetings with our staff this year! Many of the highlights of the year have been reported elsewhere in this and earlier editions of Carillon. In June, Dr Zewdu Wereta left the CPN and Finbar Hopkins reduced her work fraction to 2 days per week after being awarded the Babe Norman scholarship from the Nurses Memorial Centre to complete her PhD. At the time of writing we are negotiating a short-term secondment for a Victorian mental health nurse to back-fill Finbar's position and to work in our research program. I would like to take this opportunity to acknowledge the contribution Zewdu made to the CPN during his three years with us. In addition to being a statistics wizard, Zewdu has been an absolute pleasure to work with, being completely unflappable and always courteous despite the sometimes high-pressure work environment. We wish Zewdu the very best for his ongoing career.

The CPN training and practice development program is constantly reviewed to ensure that both the content and delivery methods continue to meet the needs of the mental health nursing profession. This involves ongoing liaison with our many stakeholders including clinicians, senior psychiatric nurses, educators, consumers, other health professionals, as well as staying abreast of current and planned policy directions. One of the important developments in 2012 was the release of the 8th October of *A new Mental Health Act for Victoria: Summary of proposed reforms*. This document sets the government's policy directions for the reform of the mental health act that is expected to be released in 2013. In launching the policy framework, the minister for mental health noted that this major reform will require mental health services

and those who provide mental health care to "put patients in public mental health services at the centre of decision-making on their treatment and recovery". In order to prepare mental health nurses for these changes, the CPN has introduced several new practice development activities (see 2013 Training Calendar in this issue of Carillon). In April we hosted a symposium titled *Whose Recovery is it Anyway? – can personal recovery influence clinical practice?* and we have scheduled a further symposium for next year on trauma-informed approaches to mental health care.

The 13th Victorian Psychiatric Nursing Conference was, once again, a huge success with about 245 delegates from Victoria, interstate and New Zealand enjoying a packed program of high-quality presentations from keynote speakers and mental health nurses at the forefront in the development of practice knowledge.

We were fortunate to have the opportunity to showcase some of the CPN's recent work at the 18th International Network for Psychiatric Nursing Research conference in September this year. Held annually in the beautiful historic city of Oxford, the NPNR has a reputation for rigorous academic review of submitted abstracts and is an important event on the international mental health nursing research calendar. The theme of this year's NPNR conference was *Mental health nursing and research through the ages...* and the opening Keynote Conversation between internationally renowned mental health nursing researcher and historian, Emeritus Professor Peter Nolan and Professor Alan Simpson from City University, London, offered a fascinating insight into some of the key historic developments in mental health care during Peter's career and left delegates wanting more.

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CHANCELLOR'S ENGAGEMENT AWARD 2012

Congratulations to Dr Bridget Hamilton (CPN Honorary Researcher) & Cath Roper (CPN Consumer Academic) who were successful on a project enabled through a University of Melbourne Vice Chancellors Engagement Award. Dr Hamilton is the project lead on the project.

Internationally, mental health consumers are active in curriculum design, in teaching into clinical programs, in research design and ethics reviews and in oversight of the quality of service provision. There are many untapped opportunities for the University to increase consumer involvement in teaching and research. This project will connect people with consumer experience to real life opportunities to share their views and expertise in academic, health and social services, for the benefit of students and practitioners, the quality of research, and for consumers generally.

Project partners are: VICSERV, Southern Health; Mental Health, Alcohol and Other Drugs Program, St Vincent's Mental Health Service, Victorian Mental Illness Awareness Council, Our Consumer Place.



L to R: Professor Glyn Davis, Vice Chancellor, University of Melbourne; Cath Roper, Centre for Psychiatric Nursing; Vrinda Edan, Director of Consumer & Carer Relations Southern Health; and Flick Grey, Our Consumer Place. Absent: Dr Bridget Hamilton, School Of Health Sciences, University of Melbourne.

Weblink for full details of the 2012 awards and grants: http://www.mepo.unimelb.edu.au/files/kt/mu_Engagement_Awards16pp_120913_v04.pdf

carillon

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please contact the CPN on the details below.

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2012 IN REVIEW

We delivered oral presentations about our research in the areas of administration of intramuscular injections, mental health triage competency and consumer experiences of care. Rebecca Corbett, psychiatric nurse consultant at Barwon Health and recent masters graduate of the University of Melbourne, presented the findings of her research into sexual health screening practices in community mental health case management. One of the highlights of the conference was the preview screening of *Round the Bend: a history of psychiatric nursing in Victoria*. The audience of mental health nurses from UK, Ireland, Japan, US, Canada, The Netherlands, Thailand and Australia were clearly moved by the documentary and, despite coming from countries with very different histories of mental health care, all experienced a deep connection with the work of our Victorian mental health nursing pioneers. We made some very useful connections with researchers from UK and Europe and look forward to continuing the development of our international collaborative work.

As advertised in the September issue of Carillon, the CPN hosted the launch on World Mental Health Day (Oct 10, 2012) of the feature length film documentary, *Round the Bend: a history of psychiatric nursing in Victoria*. The audience of over 250 people, including several of the nurses whose oral histories feature in the film, packed the University of Melbourne's beautiful Elisabeth Murdoch Theatre. The film has been a 7 year labour of love for two Victorian psychiatric nurses, Natisha Sands and John Vokoun, and was filmed and produced without funding and in their own time. The film has received overwhelming acclaim and since its launch has been screened several times and is scheduled for further presentations for various mental health services over coming weeks. We expect that the final film will be available on DVD for order from the CPN website in early 2013. We are also very excited about the establishment of a psychiatric nursing history collection at the CPN (see elsewhere in this issue of Carillon).

I am very pleased to report that the past year has been one in which our connections through collaborative work and consultancy have continued to grow. We have current research projects underway in collaboration with mental health nurses and other mental health professionals in 14 Victorian mental health services, in addition to those with interstate and international colleagues. The development of such collaborations is essential to the development of high quality, high impact research. As well as enabling data collection from larger sample sizes, the involvement of clinicians in our work is an important part of building nursing research capacity in mental health services.

On behalf of the staff and executive committee of the Centre for Psychiatric Nursing, I would like to thank the many nurses and others who have contributed to our work program over the last year and wish you all a safe and happy Christmas. We look forward to continuing our work together as we face the challenges of 2013.

Best wishes,
Stephen Elsom
Director, CPN

THE CENTRE FOR PSYCHIATRIC NURSING EDUCATION AND TRAINING TEAM INTRODUCE A NEW INITIATIVE FOR 2013

Over the past decade, recovery has become the driving force behind policy service and practice development internationally, nationally and statewide. Victoria is poised on the cusp of adopting a new set of practices away from containment and management of risk towards supporting an individual's self-determination and the dignity of risk and these principles also inform Victoria's forthcoming Mental Health Act. As we head into a new reform era that will have significant impact for the mental health workforce and for the design and delivery of mental health services, it is timely for the CPN to address the question of how we can best contribute to sustained cultural change within mental health service provision and practice.

The CPN education & training team is developing a new initiative that seeks to engage with leaders, managers and practitioners working within mental health specialist services. The purpose of this engagement is to offer tailored and site specific support and assistance to self selecting services and/or programs in the work of aligning local policies, practices and service development with articulated government priorities.

Why a new approach to education and training?

The CPN will continue to provide one and two day workshops. As you will note from the 2013 CPN training calendar, we are introducing new workshops aligned with both the Department of Health's 'Framework for Recovery Oriented Practice' and policy intentions underpinning proposed legislative changes to the Mental Health Act Victoria.

While education and training will always play a vital role in preparing and advancing the knowledge and skills of mental health practitioners, our thinking has also revisited such questions as: 'what happens after participants leave training, how easy is it for them to incorporate new learning into their workplace and how does broader cultural/systemic change come about?' These are particularly relevant questions in a period of reform.

What is the approach?

The approach is based on a practice development change methodology. The aim of the methodology is to provide a structured, guided, process for change conducted on site within a mental health service or program. The facilitated process is based on identifying, implementing, evaluating and sustaining specific, small-scale practical projects that are aligned with Victoria's reform agenda. The aim is achieved through the CPN education and training team working intensively with a self selecting service or program on a local enterprise or project, by providing expert on-site consultation, liaison, support and resources. The approach begins with a guided process of identifying a priority area to work on, who needs to be involved, and what kinds of differences would be anticipated if the initiative was successful.

Principles underpinning the approach

Partnerships between lived experience and clinical sets of expertise (co-production of knowledge) form the overarching principle of the

methodology. The CPN education and training team comprises consumer and clinical facilitation. The approach takes into account the realities of the context and environment within which work takes place as a critical starting point in assessing readiness for change, selection of priorities to work on and likelihood of success. The practice development approach recognises that people working within the sector already possess skills, capabilities and the capacity to find solutions to local problems. Facilitation is guided by the values of co operative learning, mutual sharing and development of knowledge and expertise. Learning and outcomes are shared rather than working in isolation.

What will the time frame be to this approach?

It is anticipated that the time frame for this approach will vary according to the needs of each organization. For some this work may be a short time frame such as three months and for others it may involve longer time periods of six months to one year duration.

Who will we work with?

The CPN education and training team is interested in working with service leaders, managers, senior staff, quality personnel, and clinical teams on projects of importance to that service and to consumers of that service.

What will we do?

The CPN education and training team will first facilitate a process to identify current environmental opportunities and challenges, and identify a priority area to work on, with the objective of introducing an initiative to address the priority. The practice development approach incorporates service and practice levels inclusive of for example, policy development, review of documentation suites, identification of training and support needs. The facilitators (the team) provide consultancy through the development and implementation of a small scale in-house project or larger intervention and can assist with research and evaluation and associated outcomes such as preparing for publication and conferences.

Sample topic areas for projects include:

- Trauma informed and recovery oriented service systems
- Embedding clinical supervision in the organisation
- Reducing restrictive practices
- Advance statements
- Promoting Autonomy and Self-determination in legislated contexts
- Embedding supported decision making.

Finbar Hopkins, Lecturer &
Cath Roper, Consumer Academic, CPN

If you or your organisation is interested in hearing more, please contact the CPN on 03-83449626 or cpn@nursing.unimelb.edu.au

INTERVIEW WITH GARETH EDWARDS

THIS CONTINUES OUR INTERVIEW WITH GARETH THAR WAS STARTED IN THE SEPTEMBER ISSUE OF CARILLON



Gareth Edwards

Finbar: *We are interested in the key thing that mental health nursing students should learn ... but there is still a sense that we need to change cultures as well in nursing?*

Gareth: One of the things that really struck me about the conference

is that I forget that I kind of stand up there and disclose about my own mental health background, and what that led to at the conference was a lot of people or professionals coming up and talking about their own personal circumstances of mental health. It really made me think we kind of construct this as an “us and them” argument, often in the consumer world the consumer is against the mental health sector, but the rates of mental illness in the sector is so large it’s not so much them as “us and us” and yet we talk about these topics as though it’s somebody else without reflecting on the personal view. So in terms of any students of any discipline working in mental health, I think respecting their own personal experiences and own personal perceptions is really important and useful in their education. I also think as well they need some way to think about the profession they have chosen, because the Foucault’s sort of analysis of the rise of psychiatry, those sorts of ways of looking at the way medicine has colonised certain areas of the human experience. It’s a really useful perspective. It gives a little bit of context as to why we have so many nurses in the first place, and as to why they are working in this area rather than blindly accepting that this is the way things are and have always been.

That social constructivist kind of approach, which not one everyone will resonate with, is I think useful none-the-less.

Finbar: *What do you think would be the top issues that would help to facilitate nurses and consumers bringing about change?*

Gareth: I think going back to that nurses know best kind of philosophy. When I started as a nurse aid, I was never a nurse but that was the framework that employed me in my first care giver role and some of the way that was taught to me on the job was that it’s the role of the nurse to walk alongside the patient. Historically that’s where it came from; it was about the day to day walk alongside them. Keeping so much sense of that support, it’s a very accompanying kind of journey.

One of the interesting things for me is how best to blend nursing with the new roles in our peer support, which have equally got a kind of walk alongside philosophy. How to make the most of that mixture? Because obviously people need support, but they don’t need kind of dispersed support. So how to make the most of these kinds of other support roles that for me can construct what the nurses can provide. In many ways the nurses are like a middleman, that’s how it always feels. You’ve got the doctor in charge, you’ve got the the patient receiving the treatment and the nurses are the ones that have to navigate that tricky middle bit.

I think that’s a real key issue: making sure the nursing profession stays aligned with the patients or consumers in a way that is useful for them.

Finbar: *Now you are also interested in new technologies and how they empower people’s recovery?*

Gareth: Yes, it’s certainly an area I have certainly grown into over the last five or six years.

Finbar: *Do want to tell me what you are thinking in terms of new technologies?*

Gareth: A lot of my interest in that at the moment is the self help approach. The fact that you need technology to support peoples own assemblage of help giving and recovery focused materials. I am involved with things that augment those deliverables as well, particularly new technologies that support nurses in the field, make it easier for them to do note taking remotely and all those sorts of things, but the primary interest really is how do you capture information that will help somebody and make it available to them when they want it and in the medium that they want it.

Finbar: *So, the last question for the interview is - what is more important the process or the outcome do you think?*

Gareth: Again, it’s an interesting one. Because as a sector, and certainly when I arrived in New Zealand the thirst to become outcome focused was sensational and it was all everyone wanted to talk about, in fact it was all the global energy and all the new money was coming from was to be outcome focused sector, which again I will just to reiterate we have got a medical intervention that we judge on social criteria. Even if you look at the HONOS scale or similar scales a lot of that is social and non medical. I even question whether it’s a useful thing to judge on non medical criteria. The other thing to say on the outcomes focus and certainly its one of the things we have been saying here in New Zealand for the last 15 years is whose outcomes are we talking about?

It might be a good outcome for the health professional and the psychiatrists but it might not be a good outcome for service users.

Finbar: *So you were very aware of that being the case in New Zealand?*

Gareth: Yes, I mean we were following the drive from the UK and from Australia to become outcomes focused and as soon as that initiative started taking hold here very quickly we were saying “now whose outcome are we trying to measure and assess as being useful?”

And it becomes a little bit kind of “tick boxy”, becomes a little like “ok well now the symptoms aren’t profound - they’ve got a house, they’ve got a job, we’ve addressed their benefits - that’s a good outcome. It never really resonates with people’s own experiences.

I think it would be useful to start again talking about process. It’s a balance; obviously process and outcomes are both equally important, but it’s been so outcomes focused over the last decade or so, a conversation about process would allow us to concentrate on the things we can affect and maybe less on the things that we can’t. It allows you to step in and support roles.

Finbar: *If you had a parting statement, or parting words for nurses who will be reading this transcript, what would they be?*

Gareth: The key ones are “walk alongside” and “share the journey”. That for me is both at an individual level – this is something that me and my key worker can share the journey together – but it’s also at a systemic level – let’s find our points of alliance, we don’t always have to agree, but we share a lot more than we differ.

And I guess my parting words are always on this topic – “*There is plenty here to celebrate, we often get fixated that this is a problem we need to solve it, and if you go back to that Foucault-ian view of the world, I struggle to see all of it as a problem, there is some humanity there we can celebrate and I think nurses are a good group of people to join us in that celebration*”.

Finbar: *Indeed Gareth! Thank you for your time.*

HIGHER DEGREE STUDY OPPORTUNITIES AVAILABLE

Are you interested in pursuing a Masters or PhD?

Exciting research opportunities exist for people interested in pursuing research higher degrees in mental health nursing practice.

For further information contact:

Associate Professor Stephen Elsom
E: sjelsom@unimelb.edu.au T: 8344 9460

From everyone at the
Centre for Psychiatric Nursing ~
Wishing you a safe and
happy festive season

The CPN will be closed from
Friday 21 December 2012
and reopen on
Monday 7 January 2013

STATISTICS IN NURSING: DISTRIBUTION

Figure 1 (right) shows three of the most common shapes of frequency distributions. All three figures have high frequencies in the centre of the distribution and low frequencies at the two extremes. These extremes are known as the upper and lower tails of the distribution. The upper tail of the distribution in figure 1 (a) is longer than the lower tail. Most of the values tend to cluster toward the lower tail with only fewer values at the upper tail. This is called positively skewed or skewed to the right. The lower tail of the distribution in figure 1 (b) is longer than the upper tail. Most of the values tend to cluster toward the upper tail with fewer values at the lower tail. This is called negatively skewed or skewed to the left.

When data is skewed, the mean gets pulled in the direction of the skew. With right-skewed data, the mean is higher than the median whereas with left-

Figure 1: Frequency distributions

Fig 1A: Positively skewed

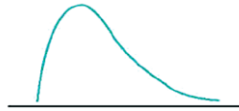


Fig 1B: Negatively skewed

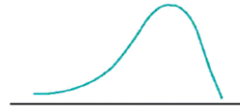
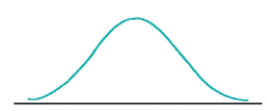


Fig 1C: Symmetrical



skewed data, the mean is lower than the median. The more skewed a distribution, the greater the difference between the mean and the median. Thus, the median is a better measure of central tendency when dealing with skewed distributions.

The distribution in figure 1 (c) is symmetrical about the centre. This shape is described as a 'normal curve' and is commonly referred to as a 'bell-curve'. A reasonable description of many variables is provided by the normal distribution, which is also known as the Gaussian distribution. The bell curve is tall and narrow for small standard deviations while short and wide for large standard deviations. If a variable is normally

distributed then a change of unit does not affect this. For example, height is a normally distributed variable whether it is measured in centimetres or inches. A key feature of the normal distribution is that the mean, median and mode are equivalent. In all normal curves, about 68% of all cases fall within one standard deviation from the mean, about 95% of all cases fall within two standard deviations from the mean and about 99% of all cases fall within three standard deviations from the mean.

Roshani Prematunga
CPN, Research Assistant

CPN OFFICE ARRIVES AT ITS FINAL DESTINATION

On 15 & 16 December 2012 the Centre for Psychiatric Nursing is moving from its temporary offices into its new home.

As from 17 December 2012, the Centre for Psychiatric Nursing will be located on the sixth floor of the Alan Gilbert Building, University of Melbourne in Carlton.

Our telephone and website details will remain the same. Our new fax number will be listed on our website.

Our new street address will be:

161 Barry Street Carlton Vic 3053

and you can access the below web link to find us:

<http://maps.unimelb.edu.au/parkville/building/104>

CENTRE FOR PSYCHIATRIC NURSING TRAINING CALENDAR 2013

The Centre for Psychiatric Nursing has developed its 2013 Training Calendar identifying the workshops that will be delivered in the first 6 months of 2013. The Calendar will be published on the CPN website late in December this year.

We have left intentionally the prioritising of workshops for last 6 months of 2013, to allow for the changes and professional development requirements that may arise from the implementation of the new Mental Health Act. In this way we will be more responsive to the

professional development needs of mental health nurses and allied mental health staff as they arise throughout the year. Also it allows us to further develop the new Professional Development Initiative as outlined by Cath Roper and Finbar Hopkins on page 1 of this issue of the Carillon.

THE TRAINING CALENDAR FOR THE FIRST 6 MONTHS OF 2013

8 March	Action Learning Sets – Group Supervision
26 March	Supported Decision Making – What you need to know
11 & 12 April	Clinical Supervision Training for Nurses
16 April	Promoting Autonomy & Self Determination – working in a recovery oriented way
18 April	One Day Symposium – “Trauma Informed Approaches”
14 May	Transformation & the Self in Clinical Practice
22 May	Action Learning Sets – Group Supervision
11 June	Facilitating Therapeutic Groups
8 & 9 August	14th Victorian Collaborative Psychiatric Nursing Conference

All workshop outlines will be available on the CPN website at http://www.cpn.unimelb.edu.au/education_and_practice_development/practice_development_workshops

Should you have any queries on the **2013 CPN Training Calendar** please do not hesitate to contact us on **03 8344 9626** or cpn@nursing.unimelb.edu.au

Registration for the workshop in 2013 will be available only online by clicking on the Register Button on each workshops outline page.

COLLECTING OUR HISTORY

Following the successful launch of *Round the Bend: a history of psychiatric nursing in Victoria*, we are very pleased to announce that the film's producers, Natisha Sands and John Vokoun, have offered to curate a digital history collection to be hosted by the Centre for Psychiatric Nursing. We expect to launch the collection in early 2013 on the CPN website.

The collection will include digitised copies and photographs of policy documents, nursing curricula, text books, articles, badges, uniforms, etc. In fact anything of interest from our history as psychiatric nurses could become part of the collection.

We are happy to receive contributions in any form, including hard copy documents, photos etc or you could send digital copies (photos, scanned documents, etc) to cpn@nursing.unimelb.edu.au

For larger items or those that are unsuitable for mailing, we are happy to arrange to visit and photograph your items for inclusion in the collection.

You can contact us on **03 8344 9626** or at cpn@nursing.unimelb.edu.au

CONFERENCE, SYMPOSIUM & WORKSHOP REGISTRATIONS GO ONLINE

As from the 1st of January 2013 all registrations for conference symposiums and workshop run by the Centre for psychiatric Nursing will be done on line.

The new system allows you to select the event you wish to attend, register and pay the registration fees on line.

Once you have completed your online registration you will be able to print out your own tax receipt and a confirmation letter the event you have

registered for. The confirmation letter will detail where the event will be held and provide any other information you may need to attend the event.

You can go to the relevant area of the Centre for Psychiatric Nursing website to locate the event you wish to register for and the by clicking on the register now icon it will take you to the registration and payment online system.

Should you have problems with this new system please do not hesitate to contact our office on 03 8344 9626 for assistance.

Greg Mutter
Centre Administration Manager



14th VICTORIAN COLLABORATIVE PSYCHIATRIC NURSING CONFERENCE

8 & 9 AUGUST 2013

CALL FOR ABSTRACTS

**DEADLINE FOR
ABSTRACT SUBMISSION**

**FRIDAY
8 MARCH
2013**

Abstracts of no more than 200 words are invited for 30 minute paper, poster and 60 or 90 minute workshop presentations that focus on the practice of psychiatric nursing. All posters submitted for the conference will be entered into the Conference Poster Competition with a \$100 Gift Voucher going to the winning entry.

Papers with a focus on recovery from mental health problems are particularly encouraged.

Papers from practicing clinicians and post graduate students undertaking clinical projects are particularly encouraged. If you are interested in presenting a paper but would like more information, support or guidance please contact Steve Elsom at CPN:

T 8344 9460
E sjelsom@unimelb.edu.au

Abstracts can be submitted electronically. The instructions and format for the submission of abstracts are located on the CPN website: www.cpn.unimelb.edu.au

If you are unable to submit an abstract electronically please contact the CPN:

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