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For more information or contribution details please contact the CPN on the details below.

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WORKFORCE DEVELOPMENT PROJECTS

The Centre for Psychiatric Nursing has been commissioned by the Department of Health Victoria to undertake several workforce development projects over the next two years. At the time of writing, we are in the process of appointing a project manager who will work closely with CPN staff and the office of the Chief Mental Health Nurse to ensure the timely and successful completion of the projects. In brief, the projects are:

Recovery-oriented practice toolkit

It is recognised that Victorian mental health services are currently in the process of transformation toward recovery-orientation and that it is being approached in diverse ways across different service elements. The successful implementation of recovery-oriented practice requires both bottom-up and top-down organisational directions. Mental health service users and the Victorian consumer, carer and peer workforces across the public mental health service and community managed sectors have a key role in identifying quality resources that support recovery oriented practice. Equally, embedding recovery-orientation requires take up by all mental health workers at all levels within organisations.

The need to gather evidence based high quality recovery resources that can support organisations to develop, implement and monitor progress of recovery initiatives and support the mental health workforce is essential to the transformation toward recovery-oriented mental health services.

The aim of this project is to support the implementation of the Framework for Recovery-Oriented Practice by developing a toolkit to support mental health services, including the PDRSS, in building on their efforts to adopt a recovery approach.

CAMHS Training

Last year, the Department of Health supported a collaborative project between the CPN and Mindful to develop a course for nursing staff in the inpatient units of Child and Adolescent Mental Health Services (CAMHS) in Victoria. The train-the-trainer course integrates material from the Mindful Developmental Psychiatry Course as well as new material relating to reflective therapeutic practice. The aims of this project are to:

- Embed the training in mental health services training programs
- Establish a targeted roll-out of the training to inpatient settings including supporting the service to train its staff and measure competence.
- Establish a formative evaluation methodology to influence implementation activities and ensure reach.

Gender-sensitive practice training

Gender sensitivity and safety training materials have been developed for the Department of Health by the Women's Mental Health Network Victoria. The Building gender-

sensitive and safe practice training package presents a modularised resource broken into short topical sessions.

The Workforce Development, Gender Sensitivity and Safety Project aims to:

- 1 Assist senior nurses, nurse educators and nurse inpatient unit managers to lead practice change addressing gender sensitivity and safety
- 2 Support all public mental health services to plan delivery of the Building gender -sensitive and safe practice training program for nursing staff employed in adult acute inpatient units
- 3 Establish a process that ensures continuation of workforce development addressing gender sensitivity and safety within expanded inpatient mental health settings across Area Mental Health Services
- 4 Develop and commence an agreed evaluation approach
- 5 Ensure that consumer input is sustained within the gender sensitivity and safety-training program and incorporated in an approved and acceptable manner.

Nursing and health expo

The Australian College of Nursing (CAN), Nursing and Health Expo is a dedicated annual event specifically designed to enhance the profile of nursing as a profession. It provides education providers, employers, hospitals and recruitment agencies with an opportunity to access nursing students, registered nurses, enrolled nurses and secondary school students.

From 2009-2012 the Department of Health has supported a Mental Health Nursing Victoria booth at the Expo. The office of the Senior Nurse Advisor (now Chief Mental Health Nurse) in the Mental Health Drugs and Regions Division, in collaboration with the Victorian Senior Psychiatric Nurse Forum, has supported this promotional activity and feedback from senior nurses indicates that it is a valuable exercise in promoting mental health nursing in Victoria. The CPN will work with the VSPN and education providers to ensure a successful event in 2014.

The workforce development projects will involve consultation and liaison with a broad range of stakeholders including consumers, service managers, educators and clinicians. We look forward to working closely with Victorian mental health nurses and other important stakeholders to ensure that these projects bring about meaningful and sustainable improvements in mental health care.

REVIEW OF THE 14TH COLLABORATIVE PSYCHIATRIC NURSING CONFERENCE

The Conference was held on 8th & 9th August at Monee Valley Racecourse.

205 registrants attended the conference this year, with 10 mental health and related organisations having trade display tables.

The conference consisted of four keynote presentations, thirty six individual presentations and three 90 minute workshops.

Again delegates had a choice of three consecutive sessions over the two days. The consecutive sessions were made up of 36 presentations, 3 workshops and 4 keynote presentations.

This year's keynote presenters were: Mr Pier De Carlo, Director Mental Health Act Implementation, Mental Health Drugs & Regions Division, Department of Health Victoria, who presented on the impact of recovery orientated practice and reform, Professor Brian McKenna, Professor of Mental Health at Australian Catholic University, who presented on his new role with

Australian Catholic University & NorthWestern Mental Health, Dr Bridget Hamilton, Senior lecturer in Mental Health at University of Melbourne who presented on Victorian nurse's use of a tailored support service to improve their own health and Ms Carmela Salomon, Mental Health Nurse/ PhD who spoke about consumer experiences of antipsychotic discontinuation and the impact on the therapeutic relationship.

The keynote speaker's presentations were again, all of the highest quality with feedback from the conference delegates showing that the keynote presentations were very relevant, as well as having an impact upon delegates by both stimulating thought and discussion or having personal impact upon clinicians practice.

This year the three workshops were presented to provide participants with more interactive and experiential understanding of how theory can inform practice.

The three workshops topics were *Making attachment theory relevant to your practice* presented by Finbar Hopkins & Joan Steiert; *Supported decision making: what does it mean for me?* presented by Cath Roper, Penny Weller & Piers Gooding; *I won't ask, and you don't tell – a workshop about sexual health in the mental health setting* presented by Rebecca Corbett.

The Early Bird Registration refund prize was also drawn at the conference closing ceremony and the winner was Ms Pajic-Jondic, a graduate nurse employed by NorthWestern Mental Health. NorthWestern Mental Health will be refunded her conference registration fee.

To participate in this draw for next year's conference, you will need to be an Early Bird and have your registration in by 23 May 2014. Next year conference registrations will again only be available on-line via the conference website.

All registrations will close date by Friday 25 July 2014 so if you are intending registering for next year's conference you will need to diarise that date.

Feedback from the conference delegates indicated continued satisfaction with all aspects of the conference.

The collaborative parties, Centre for Psychiatric Nursing, Australian College of Mental Health Nurses (Vic Branch), Australian Nursing Federation (Vic Branch) and the Health & Community Services Union would like to thank all delegates, presenters, major sponsors and trade display sponsors for their assistance in making this another successful conference and look forward to the 15th Victorian Collaborative Psychiatric Nursing Conference to be held on the 7 & 8 August 2014.

RECOVERY AWARDS RECOGNISE WODONGA MENTAL HEALTH SERVICE

Wodonga Adult Mental Health Service received two awards at the recent Australian and New Zealand Mental Health Services (TheMHS) Conference in recognition of the redevelopment of services towards recovery oriented practice.

Recovery Orientated Practice Project – moving a clinical service towards recovery oriented practice received a silver achievement award in category 1 – Assessment and/or Treatment Program or Service.

Wodonga Adult Mental Health Services are leading the way towards recovery-oriented practice in the local area, being the first clinical service to actively move towards focusing on wellness and the individual's personal recovery. As part of this change a number of creative and innovative strategies and tools are used towards redesigning the clinical service from an illness focus to one that focuses on wellness. The approach began with specially designed training for the leadership team on recovery principles with a focus on individual and systemic barriers. The managers became the champions for the project. An occupational therapist was employed as the Recovery Project Officer who worked in conjunction with the Mental Health Professional Development Unit (MHPDU) to continue the implementation.

Strategies included the development of a website promoting wellbeing and health; an education program for all staff about recovery and creating partnerships with the local TAFE, university and secondary school. The redevelopment of the waiting area and entrance to be welcoming and hope inspiring contributed to the makeover of the service. In addition, a fruit box for staff and people attending the service also promoted wellness. A key strategy has been the adoption of



L-R: Alison Delphin, Greg Calder and Dannielle McLeish

consumer developed assessment tools such as the Recovery Star and WRAP. The project is a model that can be used to demonstrate that clinical mental health services can reorient service delivery to a recovery approach within an existing clinical structure.

The service's journey to recovery is an ongoing process as culture change requires time, resourcing and guidance. Through consistent leadership, education and innovative practice progress is evident with service users commenting on the change; they state we are more welcoming, are listening and most importantly we are focusing on their recovery.

Recovery Hub: Hope Inspire Achieve – www.recovery.awh.org.au A mental health promotion website for the community received a silver achievement award in category 6 – Innovative Use of Technology.

The Recovery Hub is a unique website that is strength focused, promotes hope, choice and self-responsibility through providing up-to-date information and practical strategies for people in the community to manage their mental health and wellbeing. The site aims to be a hub of

information and resources on recovery, self-help strategies and recovery oriented practice. We acknowledge that there are many pathways to recovery and it is best to support people to pick which strategies work best for them.

The Recovery Hub began as a resource for services and a hub for recovery-oriented practice information. However, with community and service user consultation and feedback, it developed into a comprehensive health promotion tool, to meet the needs of people living in the community and people who may be experiencing mental health distress. The site has a detailed list of recovery resources which support clinicians who wish to use a positive approach in their work.

Currently it attracts local, national and international interest with over 40 countries having accessed the website across the world. The site is reviewed and updated regularly to ensure it continues to meet the needs of the community. Feedback from people about the site has included:

"I wish this was available when I first became unwell" and "I have been able to get some new ideas from the website that I will use to manage my illness."

The awards were presented by Senator Jacinta Collins, Minister for Mental Health and Aging, and Professor Allan Fels, Chair, National Mental Health Commission and Dean, Australia and New Zealand School of Government. Six panels, drawn from different disciplines from across Australia and New Zealand, including consumer and carer organisations, assessed the applications. This year there were 65 entries across 8 categories, plus a 9th category for media contribution.

By Maureen Cuskelly, Manager Mental Health PDU & Alison Delphin, Recovery Project Officer - Albury Wodonga Health

MAKING ATTACHMENT RELEVANT TO YOUR PRACTICE

A 14TH VICTORIAN COLLABORATIVE PSYCHIATRIC NURSING CONFERENCE WORKSHOP

The 14th Collaborative Psychiatric Nurses Conference was held on the 8th and 9th of August at Monee Valley Racecourse. This year the conference offered three workshops to provide participants with more interactive and experiential understanding how theory can inform practice.

Joan Steiert, Clinical Nurse Educator Precept from Monash Health and Finbar Hopkins, Lecturer in Nursing at the CPN conducted a joint presentation 'Making attachment relevant to your practice'.

The workshop was designed to provide an overview of attachment theory and attachment styles in children and adults. The presenters discussed the relevance of early in life attachment and the origins of trauma. The relevance of attachment theory for nursing practice was highlighted using case studies, and a short video.

The primary message of the workshop was to apply the tenets of attachment theory to working with clients in a clinical setting. Using the concept that attachment can be understood as an enduring emotional tie to a significant other/ caregiver (usually a parent), characterized by a tendency to seek and maintain close proximity, comfort and security particularly during times of stress. Separation of the person from the caregiver or a caregiver who is physically present but emotionally absent produces intense distress.

Across the lifespan secure emotional connection to a significant other usually a partner, spouse, sibling, parent or child helps mediate and calm the stress response activation system. In addition, it helps regulate feelings of distress and provides a secure anchor point for dealing with the trials and tribulations of everyday life. Given that nurses work with clients in times of emotional distress and when they are separated from their loved ones an understanding of how their attachment ties become activated at these times was emphasised.

Nurses work with people across their lifespan and therefore are continually working with people in

transition. Transition may be a developmental transition such as adolescence or circumstantial like illness or trauma. Transition when looked at from an attachment development perspective means that an admission to hospital triggers for a patient a separation from their significant other.

Furthermore, patients experience a sense of loss and a feeling of not belonging as they go from a known world to an unknown one. Other reactions they may experience include feelings of being unsafe or unanchored; their observed behavior may revolve around crying, clinging, anger, acts of self-harm, fear and the seeking of continual reassurance and connection.

Understanding feelings and behavior from an attachment perspective is useful for nurses when looking at how they might best respond to and emotionally support patients experiencing distress. Interaction with and connection to a caring, supportive and reliable adult such as a nurse will help the patient develop a sense of safety and security. It is notable that the more securely connected we are to others the more separate and different we can become. The attachment framework can also be used to examine the main aspects of the relational context that nurses work within and explore further their role in providing a reliable emotional and physical base for patients.

In conclusion, attachment has much to offer nurses in their everyday clinical practice and adds to their understanding of the patients lived experience. Attachment is a lifelong process that is with all of us from the cradle to the grave. Attachment is essentially a theory of trauma that poses the question - what has happened to this person, rather than what is wrong with this person and what is this person's lived experience?

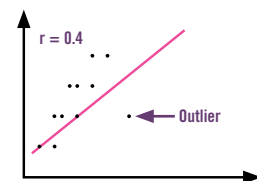
Finbar Hopkins, Centre for Psychiatric Nursing and Joan Steiert, Monash Health

STATISTICS IN NURSING RESEARCH

CORRELATION BETWEEN INTERVAL/RATIO VARIABLES

The most commonly used coefficient to measure correlation between interval and ratio variables is the Pearson correlation. Pearson correlation is also known as the Pearson Product Moment Correlation coefficient (Pearson's r). Pearson's r provides a measure of the magnitude and the direction of a linear relationship between two variables measured on either an interval or ratio scale. However, it is not necessary to have both variables measured on the same scale as one variable can be interval and one can be ratio. Furthermore, it is not necessary to have both variables measured in the same units. For example, a person's weight can be correlated with their cholesterol levels where age is measured in years and cholesterol level is measured in mmol/L.

It is important to first construct a scatter plot to examine whether a linear relationship exists between the variables. Scatterplots can show the direction of the relationship and whether there is a positive, negative or zero correlation between the variables. They can also be used to detect potential outliers. It is important to eliminate outliers before calculating correlation coefficient as they can have a large effect on the line of best fit and the Pearson correlation coefficient as can be seen from the figure below:



Possible values for the Pearson correlation range between -1 and +1 and describe the magnitude and the direction of the relationship between two variables. The sign of the correlation indicates the direction of the association. A value less than zero indicates that there is a negative correlation between the variables; a value greater than zero indicates a positive correlation, and a correlation of zero indicates no relationship between the variables. The stronger the linear relationship between two variables, the closer the Pearson correlation coefficient will be to either -1 or +1. It is possible to test whether the correlation coefficient is statistically significant. However, a significant correlation coefficient does not imply that a strong linear association exists between two variables. Despite a weak linear association, a correlation coefficient close to zero may be significant in large samples. Although Pearson correlation can be used to establish the strength of the relationship between two variables, a cause-and-effect relationship cannot be established.

Roshani Prematunga
Researcher, Centre for Psychiatric Nursing

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SUPPORTED DECISION MAKING AS A STRATEGY AND APPROACH FOR RECOVERY FOCUSED PRACTICE

Victoria is already in the midst of reforms transition towards embedding recovery oriented practices and supported decision-making can be seen as a congruent strategy fitting within a recovery focus. Supported decision-making is significant for mental health in Victoria following expected changes to the Mental Health Act (MHA) which has been influenced by the United Nations Convention on the rights of Persons with Disabilities (CRPD) to which Australia is a signatory. Article 12 (3) of the convention requires that “States Parties shall take appropriate measures to provide access by persons with disabilities to the support they may require in exercising their legal capacity”. This translates to ensuring that people receive whatever support they need and want in order to make decisions.

Supported decision-making ...can consist of organisations, networks, provisions or agreements with the aim of supporting and assisting an individual with a mental illness to make and communicate decisions. In supported decision-making, the individual is always the primary decision maker, but it is acknowledged that autonomy can be communicated in a number of ways, thus provision of support in different forms

and intervals can assist in the expression of autonomous decisions. Supported decision-making enables the individual to retain legal capacity regardless of the level of support needed. (Pathare S, Shields LS. Supported decision-making for persons with mental illness: a review. Public Health Reviews. 2012;34)

At this year’s Collaborative Conference, Cath Roper co-ordinated a facilitated workshop with Dr Penny Weller and Piers Gooding on supported decision-making. The underpinning principles are based on assuming that people are capable of making decisions about most areas of their lives and can communicate their will and preferences to build valid decisions. Supported decision-making holds a view of autonomy as relational and interdependent - people often draw on their own networks to help them make decisions and in this way, competence can be enhanced. Along with taking responsibility for decisions made, the person enjoys ‘dignity of risk’ – learning from mistakes, taking risks, growing and gaining experience.

Participants in the workshop had the opportunity to work through scenarios in groups, applying some of the principles of supported decision-making and reporting back. It was our hypothesis

that many of the routine practices mental health practitioners engage in either formally or informally would be congruent with supported decision-making principles which proved to be the case. At the same time, these principles necessarily shine a light on, and may sit in tension with approaches that have historically been highly influential in the development of mental health service delivery and care and which are of direct concern to mental health nurses. These are, risk practices, duty of care and ‘best interests approaches’. Supported decision-making asks us to approach consumers in a different way by assuming competence, by aiming to positively influence and strengthen competence and decision-making through support and resources. Examples are: providing access to good information, individual advocacy, being networked into resources in the community that may assist the consumer, and facilitating access by the person to the people they would normally turn to for support in making decisions. If you would like to read more about supported decision-making, you can download the article: *Supported decision making as a strategy and approach for recovery focused practice* by Penny Weller and Cath Roper in VICSERV’s Autumn/Winter edition of the journal, *New Paradigm*, (pp6-8)

<http://www.vicserv.org.au/uploads/newparadigm/12476%20VICSERV%20New%20Paradigm%20Autumn%202013%20FA.pdf>

Cath Roper, CPN

NURSES FOR NURSES: VICTORIAN NURSES’ USE OF THE NMHP, A TAILORED SUPPORT SERVICE TO IMPROVE OUR HEALTH

Nurses’ own health: a problem?

Nurses want to live well and thrive at work and across all aspects of life. Nurses can experience challenges to their own mental health problems in common with people across our community and such problems can be related to work stress. Mental health nurses in particular experience higher levels of stress and trauma than most workers, even than emergency workers. Nurses use substances, including alcohol and a range of licit and illicit substances, recreationally and use can also increase, in the context of work stress.

Nurses face particular challenges, in relation to such problems. There is evidence of added stigma among nurses, regarding mental health and substance use problems –amid expectations that nurses should cope, and should behave with high ethical standards. Nurses do not readily access support, so mental health and substance use can be hidden problems for nurses. When problems do come to light, nurses are often subject to a disciplinary approach to substance use problems via employers and relevant regulatory bodies.

Dr Bridget Hamilton and Dr Rachel Duncan were commissioned by the (outgoing) Nurses’ Board of Victoria (NBV) to evaluate a support program in Victoria that is founded on a different approach - nurses supporting nurses.

The NMHP: does it help?

The Nursing & Midwifery Health Program (NMHP) was uniquely established and is governed by a Board that included the NBV, academics and the Australian Nursing Federation. It provides brief

and ongoing support, tailored for nurses with mental health or substance use problems. The evaluation (approved by the ethics committee of the University of Melbourne) consisted of analysing the routine data collected for almost 600 episodes of care, supplemented by interviews with focus groups of clients, employers and staff of the regulator, and analysis of routine feedback surveys.

The evaluation showed the program to be responsive to nurses, providing a range of key services that were highly valued by nurses and also by employers and the staff of the regulator. Key services were: accessible phone contact, individual counselling and group support, longer term case management, advocacy between regulators, employers and nurses. All of these elements were enhanced through being provided by nurses who are specialists in mental health and alcohol and drug fields. The positive experience of the program is reflected in the fact that over time, the majority of nurses (> 90%) self-refer to the program, a mode of entry that is different to other support services interstate and overseas. The NMHP services were shown to be well targeted to support most nurses’ recovery, including return to work.

Dr Bridget Hamilton, Senior Lecturer, School of Health Sciences, University of Melbourne

The full report can be obtained at the NMHP website: <http://www.nmhp.org.au/documents/UoM-Report-31DEC2012.pdf>, or by contacting Dr Bridget Hamilton Ph: 90354224

Seeking expressions of interest

PROJECT MANAGER

The Centre for Psychiatric Nursing has been funded by the Mental Health Drugs and Regions Division of the Department of Health to undertake workforce development projects in the areas of recovery-oriented practice, gender-sensitive practice and inpatient child and youth mental health services.



We are seeking to appoint a project manager to manage these projects and work with the Director and staff of the CPN to ensure the successful completion of all project deliverables. Full-time or part-time employment may be negotiated (e.g. 1.0EFT for 12 months; 0.6EFT for 18 months). The project manager will be expected to have:

- A relevant degree plus substantial work experience in mental health.
- Knowledge and understanding of the Victorian Government's mental health reform agenda and policy directions including recovery orientated practice.
- Experience in project management coordination and excellent organisational skills, including proven ability to prioritise tasks to meet deadlines.
- Excellent interpersonal skills with a demonstrated ability to liaise in a mature and effective way with a wide variety of external stakeholders from diverse backgrounds.
- Excellent writing and proof reading skills with the ability to produce high quality reports.
- A high level of motivation and initiative

Expressions of interest in this position should be sent by email in the first instance to the Director of the CPN, **Associate Professor Stephen Elsom**, sjelsom@unimelb.edu.au

We are aiming to fill this position as soon as possible and your assistance by circulating this message within your networks would be appreciated.

15th

VICTORIAN COLLABORATIVE PSYCHIATRIC NURSING CONFERENCE

Thurs 07 & Fri 08 August 2014

Moonee Valley Racecourse

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