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# 10TH VICTORIAN COLLABORATIVE PSYCHIATRIC NURSING CONFERENCE – ANOTHER SUCCESSFUL ANNUAL EVENT

On the 13th & 14th of August 2009, 365 delegates attended the 10th Victorian Collaborative Psychiatric Nursing Conference at the Moonee Valley Racecourse in Moonee Ponds, Victoria.

Delegates were from various private and public Victorian Mental Health Services, South Australian and Queensland public Area Mental Health Services and Victorian, South Australian & Queensland Academic Institutions.

Delegates chose between three consecutive sessions over the two days, with a choice of 51 presentations and 5 keynote presentations.

Keynote presenters were Mr Nigel Fidgeon from the Nurses Board of Victoria who spoke of the changes in the nurses registration landscape in Australia, Ms Beth Wilson Victorian Health Commissioner who gave a poignant and humor filled presentation of her experiences as Health Commissioner and its relation to mental health, Mr Greg Miller from Northwestern Mental Health who spoke on the 10 years of the Conference and his involvement and experiences with the Conference over the last 10 years, Mr Adam Burns from NorthWestern Mental Health and



It's always busy around the Conference breakout area

Ms Prue Shanahan from St Vincent's Mental health, both recent mental health nurse graduates who spoke of their experiences of mental health nursing.

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 great conference and look forward to 2010 and the 11th Victorian Collaborative Psychiatric Nursing Conference.

## OUR JOURNEY – YOUR FUTURE, THE REGULATORY LANDSCAPE



Nigel Fidgeon

I was recently invited to provide the key note address at the 10th Victorian Collaborative Psychiatric Nursing Conference held on 13th & 14th August in Melbourne.

The invitation to present at this important conference provided an opportunity to talk to mental health nurses about a wide range of key issues facing their specialty and the nursing profession at this

time of continuing change in the healthcare arena.

#### **Changing Times**

As health care professionals, change is a constant for us all. The level of change at the moment is, I believe, on a scale that hasn't been seen for at least 20 years. As a result of this unprecedented change, it is now more important than ever for mental health nurses to have a voice in the way the health system evolves to meet growing demands and changing models of care in the context of increasing demands and broad scale health reform.

In its recently released final report, the National Health & Hospital Reform Commission has identified three reform goals:

- 1 Tackling major access and equity issues that affect outcomes for people now.
- 2 Redesigning our health system so that it is better positioned to respond to emerging challenges; and
- 3 Creating an agile and self-improving health system for long-term sustainability.

It goes further to identify five key priorities regarding access and equity, the second of these listed is 'Improved care for people with serious mental health illness'. Despite the fact that the Federal Government has endorsed the 123 recommendations arising from the report; the true challenges lie in the implementation. Mental health nurses have a vital role in shaping the change to achieve better outcomes for people suffering from mental illness.

The Nurses Board of Victoria (NBV), as the statutory regulatory body responsible for safe guarding the public through the regulation of nursing & midwifery in Victoria, is already witnessing changing trends in the Victorian register that add a further 'dynamic' to our healthcare system with nurses providing the largest component of the health workforce.

The Nurses Act (1993) resulted in the closing off in the previous divisions of the register for division 3, 4 and 5 with this continuing with the implementation of the Health Professions Registration Act (2005). Since this time, mental health nurses have been registered either as

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# OUR JOURNEY – YOUR FUTURE, THE REGULATORY LANDSCAPE

#### Continued from page 1

division 1, with or without recognition of additional qualifications, or remained in the now closed division 3 of the register. Trends since 2004 show an increase of 16% in division 1 registered nurse with recognition of additional qualifications. It is apparent that as a specialty group of nurses in an area of increasing demand, mental health nurses remain largely 'unidentifiable' as a specialty on the register.

The age demographic of nurses has also continued to shift upward with the largest portion (28 per cent) of the total register now in the 46-55 age bracket. This shift, combined with increasing representation of internationally trained registered nurses, (25 per cent of first time registrations in 2005 to 40 per cent in 2009), brings a change in workforce diversity to the nursing profession in this state.

Over recent years we have witnessed blurring discipline boundaries, new emerging roles, increased scope of practice and different models of care in some settings, instigated to address the growing demand on services in the face of health workforce shortages. There are now five generations living simultaneously, a first for western countries, with each of these generations having different needs and expectations when it comes to healthcare. This creates new and difficult scenarios.

#### **NBV** Role

As the regulator of nursing and midwifery in Victoria, one role the Board has is to manage professional conduct matters. It should be highlighted that the NBV is not a 'policeman' or 'big brother', the role of regulating nurses is to ensure, like any regulated service, that the public is kept safe and can be assured of the standard of care it should expect and receive. For nursing, it is also highly relevant to preface this with the fact that for the 15th consecutive year the Roy Morgan Image of Professions Survey continues to rank nurses highest, with 89% of Australians rating nurses as the most ethical and honest of all professions.

The Board's Professional Conduct program follows three key legislative areas that determine the ability of a nurse or midwife to maintain registration.

- 1 Professional Conduct
- 2 Performance Assessment
- 3 Health Assessment

The area of professional conduct can include matters that are deemed as unprofessional conduct or professional misconduct. Unprofessional conduct relates generally to where a nurse provides care that is less than what the public might reasonably expect, or a standard lesser than the profession might expect. By comparison, professional misconduct is where there is a consistent failure to reach or maintain a reasonable standard of competence or conduct that falls short of expected standards, or conduct that is not of good character.

If a notification is received concerning the competence of a nurse or midwife NBV can require that nurse to undergo a performance assessment conducted by independent assessors in the area of specialty concerned. This allows for an independent assessment to be undertaken providing an avenue to identify and specifically address clinical competence issues.

The ability to require a nurse to undertake an independent health assessment provides a process to assist nurses or midwives that may have impairment to their practice, due to either physical or mental issues, or where there are drug or alcohol abuse also impacting on ability to practice safely.

The NBV is pleased to use funds received through registration fees to fully fund the Victorian Nurses Health Program, a unique program in Victoria that provides an excellent service operated by nurses for nurses. NBV has been active in seeking continuation of this invaluable service with the transition to the new national registration scheme in 2010 where the NBV will cease to exist. To date, NBV has secured further funding for three years post transition to the new national scheme, until such time the newly established national board can consider its future role.

#### **Policy Drivers**

The number of Australians aged over 85 is forecast to quadruple by 2047. This, coupled with the recognition by the World Health Organisation that mental illness is a major contributor to the burden of disease in the 21st century, provide two clear policy drivers for changes to current healthcare system. Workforce issues including the ageing nursing workforce in Victoria, there will

need to be changes to the way services are delivered into the future. In 2006, 7.3% of the total employed workforce worked in health, the current projections indicates this will need to be 20% by 2025.

With so many drivers and the continuing increased demand on services that we are witnessing, it will mean change will continue and will be necessary to address the health needs of the Australian population.

#### **National Regulation**

The introduction of a national registration system for the ten health professions in July 2010 will see for the first time in Australia a single registration system. This will allow health professionals to more readily move around the country. Whilst the change to a new national system of registration will bring many positives, there is still much that remains uncertain at this stage with elements of the new system. What is apparent from the current draft legislation is that there will be no recognition of additional qualifications in the area of mental health. Mental health nurses can still have a strong identity however through the well established and recognized credentialing process in place through the Australian College of Mental Health Nurses. It is important that those nurses working in the specialty to seek to influence national changes that will see mental health as an area of approved practice, and potentially, in time, gain recognition of additional qualifications through legislation. Alternatively, to the self-regulatory credentialing process could possibly be aligned to the national registration scheme.

In conclusion, we are in an era of significant change within our healthcare system combined with an unprecedented regulatory reform process for the health professions in Australia. With mental health illness representing such a significant burden of disease in our community, I encourage mental health nurses to be active in seeking to influence the change agenda. You need to ensure the integral role of mental health nurses is identified through a unified, professional voice. This voice can then be heard and seen to positively influence the change agenda so as to improve outcomes for clients who are reliant upon receiving high quality mental health services.

### Nigel Fidgeon

Chief Executive Officer Nurses Board of Victoria

#### VOX POP: 10 YEARS OF COLLABORATIVE CONFERENCES! WHERE TO FROM HERE?



**Judy Wallace** South West Healthcare, Warrnambool

The conference should continue with the same format, but we should try to get more people involved. It's good for people to go back to their place of employment and pass on the information.



**Deborah Gemmola** South West Healthcare, Warrnambool

The conference should continue, it is a good forum to catch up with peers and meet friends. Being from Warrnambool, we can be isolated so it is good networking for us.



Suzanne Tennant Headspace, Morwell

I think the conference needs to have 3 areas. One area focusing on the future; a second area focusing on policy and procedures and the issues arising from those policy and procedures, and the third area focusing on skills development.



**Bosede Adetifa** La Trobe Regional Hospital, Traralgon

I think we should keep going with the conference. Mental health nursing is not stagnant; we need innovations and changes for the better.



Louise Hemingway Orvgen Youth Health

There needs to be more youth focus, and we could have alternatives outside public mental health and perhaps preventative care.



Gayelene Boardman Victoria University

The conference should continue to be research focused and showcasing new initiatives.

## TERESA KELLY: REFLECTIONS ON MY SECONDMENT TO THE CPN



Terea Kelly

My two-year secondment to the Centre for Psychiatric Nursing (CPN) has been a journey of learning, challenge, and opportunity. During this time I have worked with a very talented and generous team who have, from the very beginning, supported and challenged

me in ways that have afforded me abundant professional development and learning opportunities. When I commenced at the Centre I made a pact with myself to embrace all new learning opportunities that came my way, and there have been plenty!

I hit the ground running with my first big challenge being to facilitate the 4-day preceptorship subject single-handedly. I had never taught 7 hours straight before. It was exhausting, challenging and rewarding. The student group was small, enthusiastic and a pleasure to work with. This was my first experience with the CPN's education and training program. Over the months to follow I developed and facilitated numerous workshops on a variety of interesting and relevant topics including clinical supervision, solution-focussed nursing, evidencebased practice and practice development.

Within my first few months at the CPN, research caught my eye. The CPN research team welcomed my growing interest, curiosity and involvement. Very quickly I was working alongside my research colleagues discussing research possibilities, doing literature searches, chatting about research possibilities, exploring research designs and preparing research grants. Before long I was an active participant in the always lively and energetic CPN research meetings and making substantial contributions to research design and grant applications. These research meetings were a source of invaluable learning for me. With the support of the CPN research team, I was awarded the 2007 Australian College of Mental Health Nurses and Bristol Myers Squibb Research Grant. Over the next year or so I worked collaboratively with my colleagues progressing and completing a qualitative research project that explored mental health nurses' and mental health consumers' perspectives on verifying patient identity during medication administration. I learnt a lot from this research process. I particularly appreciated the mental health consumer and nurse participants' generous contributions to the research.

2008 was the year I went to practice development school. In the February I attended the 5-day International Practice Development School in Sydney, mid-year I participated in the first Victorian Practice Development Master Class and in October I co-facilitated at the International Practice Development School in Melbourne and at a CPN practice development workshop in Adelaide.

Throughout my exposure to practice development I learnt about practice development theory, concepts, principles and practice. I extended my facilitation skills and developed my appreciation of the practical contribution practice development

can make to progressing sustainable practice improvement in clinical teams and in health care

I easily integrated what I learnt from the practice development schools and master class with the CPN's research, education and practice development agenda. By late 2008 I was exploring practice development as a framework for understanding evidence in the health care context and as vehicle for progressing evidence-based practice and quality improvement initiatives. More recently I have begun to explore translational research as a scientific extension to practice development and as a method to progress evidence-based practice improvement in mental health nursing.

When reflecting on my time at the CPN I think mainly of the people with whom I have worked -Associate Professor Stephen Elsom, Greg Mutter, Cath Roper, Dr Cadeyrn Gaskin, Damien Khaw, Rosemary Charleston, Dr Natisha Sands, Dr Bridget Hamilton, Dr Zewdu Wereta, Roshani Prematunga and Finbar Hopkins. It has been a privilege to have been part of such an extraordinary team.

## **NEW STAFF JOIN THE** CENTRE FOR PSYCHIATRIC NURSING

Associate Professor Stephen Elsom and the existing staff at the Centre for Psychiatric Nursing (CPN) recently bid farewell to Ms Teresa Kelly who returned to her Senior Nurse position at NorthWestern Mental Health (NWMH). Teresa spent 2 years seconded from NWMH to the CPN as lecturer involved in coordinating and delivering practice development workshops, and contributing to the CPN's research program.



Finbar Hopkins, Dr Zewdu Wereta and Roshani Prematunga

Ms Finbar Hopkins recently joined the CPN in the role of lecturer and brings extensive experience in education, training and research within the higher education sector in mental health. Finbar was previously employed at the Australian Catholic University in Melbourne where she coordinated undergraduate nursing programs.

Dr Zewdu Wereta and Ms Roshani Prematunga have both recently joined the CPN. Zewdu and Roshani are employed as Research Assistants and bring valuable research skills to contribute to the CPN's existing and future research programme.

Both come to us from overseas, with Zewdu having developed his research skills in Ethiopia, Kenya & the United States, and Roshani, originally from Sri Lanka, having worked most recently at the University of Auckland.

## CENTRE FOR PSYCHIATRIC **NURSING - 2009 NURSING FELLOWSHIPS**

Natalie Spencer was the recipient of the Centre for Psychiatric Nursing -2009 Nursing Fellowships and received \$1,000 to assist her to attend the IAFMHS Conference-'Facing the future forensic mental health' in Edinburgh, Scotland



Natalie Spencer

Natalie's current role as a psychiatric nurse is to work with people who experience the coexistence of a mental health issue as well as a substance use issue. The IAFMHS Conference will be an opportunity to network with other service providers and

explore new trends and future directions in the area of forensic mental health.

Natalie's client group mainly consists of men over their 30's, single, unemployed and homeless. Given this is the profile Natalie deals with a lot of clients who have been incarcerated for extended periods and have a forensic background. It is common for this client group to present to her service for support such as counselling and pharmacotherapy treatment.

Currently Natalie's service has linkages with the corrections services that will often refer clients to them and as the service is not a mandated service and all of the clients are there voluntarily, the services often do not have any formal reporting requirements.

This conference will hopefully provide Natalie's and her employer, North Yarra Community Health staff with a broader understanding of how to improve the management of this client group along with other services who are involved in their care as well as looking at new initiatives, ideas and thoughts on a more client focused model.

The Centre for Psychiatric Nursing offers fellowships to enable mental health nurses in Victoria to undertake activities that will enhance nursing practice.

The Fellowships will be awarded to assist the development of innovative approaches to enhancing nursing practice. Possible fellowship activities include:

- Projects for changing clinical practice
- Mentoring in clinical practice
- Professional education including assistance with cost of attending national and international conferences
- Observational visits; and
- Assisting experts to visit the clinical setting in Victoria.

The CPN offers 5 Nursing Fellowships to the value of \$1000 each on an annual basis. Further information on the CPN Nursing Fellowships can be found on the website at: www.cpn.unimelb.edu.au



# VICTORIAN COLLABORATIVE PSYCHIATRIC NURSING **CONFERENCE**

**CALL FOR ABSTRACTS** 

# 12 & 13 August 2010

As joint hosts the Centre for Psychiatric Nursing, The Australian College of Mental Health Nurses (Vic Branch). The Health and Community Services Union and the Australian Nursing Federation invite you to attend this exciting conference.

The aim of this conference is to focus on the practice of psychiatric nursing and how this practice contributes to better health outcomes for the consumers of services

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. Themes below are listed for your consideration but papers need not be restricted to only those shown.

# Call for **Abstracts**

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:

T: (03) 8344 9626

E: cpn@nursing.unimelb.edu.au F: (03) 9347 4375



#### Themes

- Innovation in practice
- Sustainability of psychiatric nursing
- Consumer perspectives
- Carer perspectives
- Clinically-based research
- Psychiatric nursing across the life-span
- Rural issues
- Cultural and indigenous issues
- Dual diagnosis
- Dual disability
- Recovery









AIJAЯTSUA **QIA9 POSTAGE** 

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