



Volume 13 Issue 40
March 2010

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MENTAL HEALTH NURSE GRANT SUCCESS

A team of researchers lead by Dr Kay McCauley-Elsom, senior lecturer in mental health nursing and midwifery at Monash University, has been awarded the prestigious Nurses Board of Victoria Mona Menzies Postdoctoral Nursing Research Grant for 2010. The \$45,000 grant will be used to conduct a study that will explore midwives' and maternal child health nurses' confidence, ability and attitudes in the assessment of maternal depression and suicidality in the perinatal period using the Edinburgh Postnatal Depression Scale (EPDS). This is a timely study with the recent release of the National Perinatal Mental Health Action plan 2008 and given that these midwives and maternal child health nurses are usually the frontline clinicians responsible for the mental health assessment of women during the perinatal period.

The project will build upon Dr McCauley-Elsom's masters and doctoral research, which investigated respectively, the attitudes and skills of midwives in the assessment of mental health, and the management of psychosis during pregnancy. "We know that midwives and maternal child health nurses are the main, and sometimes only, health professionals with whom many women come in contact during the perinatal period" Kay said. "Although midwives and maternal child health nurses are not mental health specialists, they are required to be able to assess the mental health needs of these women and to refer to specialist mental health services when necessary. This study will tell us how confident these health professionals are in using a standardised assessment tool,



L-R: Ms Jakqui Barnfield, Dr Kay McCauley Elsom, Professor Louise O'Brien, Associate Professor Cheryle Moss, Associate Professor Stephen Elsom

the Edinburgh Postnatal Depression Scale, to conduct mental health assessments. The EPDS, while originally designed for use in the postnatal period has been validated for use in the antenatal period, and it also asks women about their intent to harm themselves".

The project aims to recruit up to 600 practising clinicians who will be asked to complete several survey tools to explore and quantify their attitudes, ability and confidence in undertaking mental health assessments, specifically focussing on suicidality. Some of the instruments to be used include the Modified Understanding of Suicide Prevention scale (USPS) (Samuelsson, Asberg, Gustavsseon, 1997); the SSS-EQ Coping with suicidal persons questionnaire (Appleby et al, 2000); and the Attitudes to Suicide Prevention scale (ASPS) (Heron, Ticehurst, Appleby, Perry, Cordingly, 2001).

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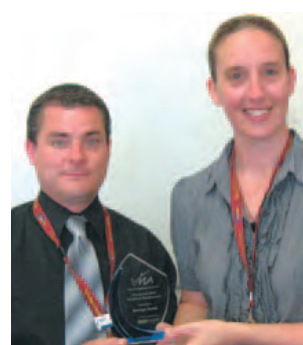
WORKFORCE DEVELOPMENT AWARD WON BY BENDIGO HEALTH'S PSYCHIATRIC NURSING PROFESSIONAL DEVELOPMENT TEAM

The Victorian Healthcare Association (VHA) is the major peak body representing the public healthcare sector in Victoria. Members include public hospitals, rural and regional health services, community health services and aged care facilities. Established since 1938, the VHA promotes improvement of health outcomes for all Victorians from the perspective of its members.

In November last year the VHA held its annual conference in which hundreds of Victorian delegates came together to discuss health care reform. The event also showcase's and rewards entrants who demonstrate innovative people centred approaches to healthcare.

The two main awards are in the categories of Population Health Approaches and Workforce Development.

The Workforce Development Award was won by Bendigo Health's Psychiatric Nursing Professional Development Team for their Small Rural Hospitals Project.



Tim Lenten and Ivane St Clair with the Award

Through this program small rural hospitals have strengthened their knowledge and enhanced their processes in the management of mental health problems and psychiatric emergencies. It also demonstrates that Bendigo Health Psychiatric Services are implementing

pioneering methods of professional development, consistent with the new directions for mental health - that being mental health is everyone's business!

The conference was opened by Mr Daniel Andrews, Victorian Health Minister and closed by the Mr Warren Snowdon, Federal Minister for Indigenous Health, Rural and Regional Health.

The aim of Small Rural Hospitals Project is to enhance mental health capacity of small rural hospitals in the Loddon Mallee Region.

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Is published quarterly by the CPN.
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WORKFORCE DEVELOPMENT AWARD WON BY BENDIGO HEALTH'S PSYCHIATRIC NURSING PROFESSIONAL DEVELOPMENT TEAM

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Small rural hospitals are an important component in the continuum of health care for rural residents and are increasingly being required to respond to presentations of psychiatric crisis, self harm and para-suicide, and those who experience enduring serious mental illness (Clarke et al., 2006).

However, providing adequate care for people with serious mental illness has proven to be challenging for small rural hospitals, as staff within these services can lack skills, confidence and experience in the management of mental disorders.

The Small Rural Hospitals Project is an initiative developed by Bendigo Health in consultation with the 22 rural hospitals throughout the Region. The project has three key objectives:

- Establishing links between specialist mental health services and rural hospitals to ensure effective collaboration around mental health care;
- Enhancing the skills of staff through education and training;

- Embedding changes to practice through ongoing supervision and the provision of mental health resources.

Evaluation of the program to date indicates that:

- **Changes in attitude toward people with mental illness:** Pre- and post-intervention survey demonstrated significant changes in staff attitudes toward people who experience mental illness. Post-intervention staff demonstrated an increased awareness of the impact of their attitudes upon those seeking mental health care and the majority of staff viewed consumers much more positively and had less blaming attitudes.
- **Change in attitude toward the provision of mental health care:** Prior to the intervention there was a common view that mental health care 'was not our role'. After the interventions staff demonstrated greater preparedness to engage with those seeking mental health care. They were able to verbalise better insight into the significance of mental illness in people's

lives, the importance of acceptance and the effect that positive attitudes among health care workers can have.

- **Increased knowledge:** the evaluation found significant improvement in mental health knowledge among staff.
- **Reduced stress and increased confidence among staff:** having greater understanding of mental health problems, interventions and tertiary mental health services reduced the anxiety for staff that was associated with mental health presentations. The opportunity for supervision and debriefing also enabled staff to address difficult issues they had experienced in working with people with mental illness.
- **Increased Collaboration:** The program has been instrumental in developing the Small Rural Hospitals Mental Health Network to promote collaborative relationships between SRH emergency department staff and local community mental health services.

RETURNING TO THERAPEUTIC GROUPS

WORKSHOP ON GROUP WORK AT THE CPN

At the risk of sounding like a cliché but I must say it - so here goes! When I first started mental health nursing therapeutic group work was an important skill for all nurses to master regardless of our practice setting or specialty area. Therapeutic groups were viewed as providing us with a potentially more therapeutic modality than the two person nurse-patient encounter. At that time, experienced nurses were able to guide members from many backgrounds and deal with their likes and dislikes, similarities, dissimilarities, fears, attraction and competitiveness. A space was created for clients to give and receive feedback about the meaning and effect of their various interactions with each other. Therapeutic group work, although very challenging was also providing mental health nurses with an authentic



Group participants L-R: Jean Lynch, Di Welton, Henk Wolthuisen, Stephen Fan, Danielle Kilgour and Wendy Davies

professional identity separate from, but complementary to, other allied health groups.

Group work in psychiatric care settings means that nurses have many different roles. For example, a nurse may conduct therapy sessions with a group of consumers; facilitate a support group for a group of consumers who share a similar problem; plan and implement a social/recreational group for a consumer group that has a need to socialise; or provide consumer education information to a

group that has a need for information related to an aspect of their physical or mental health. The benefits of group interventions for the nurse/facilitator include being able to support several consumers at once; draw on strength and ideas of the group to develop creative solutions; and provide additional social and supportive interactions to the consumers. Benefits for the consumer include; being able to learn from the experiences of other members; observing others in social interactions; to rehearsing new ways of interaction in a supportive environment; and developing a place or a sense of belonging.

However, since the early 1990s, nurses' skills at running groups was eroded for a variety of reasons. Some of these reasons included changes to hospital admission policy that allowed only acutely unwell admissions to the in-patient unit with shorter length of stay in hospital, an emphasis on newer more effective medication, and brief interventions such as cognitive behaviour therapy together with an increased nursing administrative load.

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CENTRE FOR PSYCHIATRIC NURSING 2010 TRAINING CALENDAR

The Centre for Psychiatric Nursing has released its 2010 Training Calendar, a copy of which can be found on the CPN website.

The calendar includes practice development workshops, clinical research fellowships, the dates of the 11th Victorian Collaborative Psychiatric Nursing Conference, and one day symposia.

The practice development workshops are designed on current issues facing mental health nurses and are tailored to assist nurses to maintain, develop and enhance their current mental health nursing practice.

The clinical research fellowship is a 10 week program that requires a commitment of 2 days a week, and is designed to develop Mental Health Nurses' confidence and skills in the critical consumption of research, the findings of which can be used to inform their practice.

The 11th Victorian Collaborative Psychiatric Nursing Conference is Australia's largest Mental Health Nursing conference that focuses on the practice of psychiatric nursing and how this practice contributes to better health outcomes for the consumers of mental health services. The focus of the program is on clinical practice and related issues. The conference also encourages and supports first time presenters to present what is happening in their clinical practice, allowing them to contribute to the promotion and advancement of mental health nursing practice.

The CPN one day Symposia are opportunities for the mental health workforce to be involved in and contribute to debate and exploration of current issues and topics within the mental health arena.

This year, a one day symposium, scheduled for May, is titled '*Coercion in Psychiatry – Human Rights and Clinical Imperatives*'. We have invited international and local speakers who will lead sessions to discuss topics such as whether we need community treatment orders, containment and conflict, advance directives. The discussion sessions will be followed by a session which will incorporate participants' involvement looking at the way forward followed by drinks and nibbles to celebrate the day. Further information and a flyer will be available on the CPN website soon.

www.cpn.unimelb.edu.au

ALFRED PSYCHIATRY GENDER SENSITIVITY AND PATIENT SAFETY PROJECT

In May 2008 Alfred Psychiatry formed a multidisciplinary working group using a practice development model to consider gender. The original meeting identified the scope of the role of the group. Staff constructed a list of goals to implement change and all had a clear focus to prioritise ways in improving gender sensitivity and patient safety. We identified exemplars of incidents where gender safety was compromised in the inpatient unit and realised that we lacked a framework to explore current practice and to develop changes to better meet the needs of patients.

Two reports guided discussion The Victorian Women and Mental Health Network (2008) *Nowhere to be safe – Women's experiences of mixed-sex psychiatric wards* reported recommendations that provided good examples of ways the ward environment and practices needed restructure. The Department of Human Services *The gender sensitivity and safety in adult inpatient units project Final Report* (2008) provided sound recommendations for the group to consider for action and implementation.

The group was also informed by three methods of naturalistic data collection:

- We conducted consumer focus groups on the inpatient ward to investigate issues experienced by our consumers.
- Issues raised allowed us to examine the ward environment using a Gender Approaches to Safety and Care in Inpatient Wards audit.
- We looked to other services who had already made progress towards gender sensitive care and arranged for scoping visits of their service along with information from CASA and similar organisations. Thanks to all the services involved.

This information was reported to management and clinical meetings across the year along with the outcomes of a literature review and data collated from monthly Riskman reports. We considered variables from these reports such as staffing, gender mix, actual incident and demographics. All sexual vulnerability incidents reported in riskman were tabled monthly. Some serious incidents were

analysed in more detail to identify opportunity for improvement. All results were considered and an action plan for implementation for change was made and supported by management.

Members of the group were supported to attend conferences and this assisted with benchmarking and the ability to capture new ideas. A presentation was made to Alfred Psychiatry Grand Round that was a little out of the ordinary. We chose to abandon the usual ways of presenting project outcomes and used the voices of the consumers from the focus groups to tell rich narrative descriptions of their experiences of admission and threat to their sexual health needs. This resulted in interesting clinical debate.

Possibly the major outcome of this project has been the formation of a special interest group to promote better outcomes for gender sensitivity practice at Alfred Psychiatry. We acknowledge we have more work to do and see this as ongoing long term work. The group considers that five outcomes have arisen from the project to date that have changed the way we practice:

- More appropriate and sensitive Policy has been developed to reflect responsibilities of staff when an incident of sexual assault occurs in the inpatient unit to reflect best practice.
- Where possible males and females are allocated to bedrooms in separate corridors to provide gender separation.
- Greater understanding of patient perspectives/evidence based findings that have informed service redesign and policy have been achieved.
- Staff awareness has been raised through changes to practice and feedback education. This awareness has been lead by staff working on the wards which is great. We are seeing more incidents reported through Riskman and greater reporting up of incidents to the nurse manager on-call after hours when incidents occur.
- And our work has been supported by a grant of \$320,000 to assist in the redevelopment of the

acute inpatient environment. This supports the ability to enable more appropriate gender sensitive and safe care. Redevelopment works will commence early 2010.

Thanks to all of those consumers and carers who are brave enough to have shared their stories and to the committee members past and present who have experienced the journey. I would also like to thank our research for your passion and the integral part that you have played in this process.

Shelley Anderson

MENTAL HEALTH NURSE GRANT SUCCESS

Continued from page 1

The interstate team of academics and clinicians assembled by Dr McCauley-Elsom includes: Jakqui Barnfield, Clinical Nurse Consultant from Southern Health's mental health program; Professor Louise O'Brien from Charles Sturt University in NSW; Bernadette Harrison, Outreach Team Leader for Frankston City Council Family and Youth - Maternal and Child Health Service; Associate Professor Cheryle Moss from Monash University; and Associate Professor Stephen Elsom, Director of the Centre for Psychiatric Nursing at the University of Melbourne.

"We are very fortunate to have such a highly qualified team with a diverse range of research skills and experience to work together on this important project" Kay said.

An initial step in the project is to validate the survey instruments with a small group of clinicians who have qualifications and experience in both midwifery and mental health/psychiatric nursing. If this sounds like you and you are interested in being part of this project, please email Kay on:

Kay.McCauley@med.monash.edu.au

Congratulations to Kay and the team. We wish you every success with this important work.

SYMPOSIUM

Coercion in Psychiatry Human Rights & Clinical Imperatives

Monday 3 May 2010

8:45am – 4:30pm

TBA

University of Melbourne

8:30 am	Registrations, Tea & Coffee
8:55 am	Welcome Address
9:00 am	<i>Do we need a Mental Health Act?</i> Ms Tina Minkowitz – Centre for Human Rights for Users and Survivors of Psychiatry, New York Mr. Bill Moon – Information Officer, Victoria Mental Illness Awareness Council, Consumer Consultant NWMH
10:30 am	Morning Tea
11:00 am	<i>Community Treatment Orders</i> Dr. Lisa Brophy – Social Work Academic Education, NWMH
12:00 noon	Open Discussion
1:00 pm	Lunch
2:00 pm	<i>Advanced Directives</i> Mental Health Legal Centre
3:00 pm	<i>'Moving Forward'</i> Panel Discussion Panel (TBA)
4:00 pm	Drinks & Nibbles
4:30 pm	Symposium Close

11th

VICTORIAN COLLABORATIVE PSYCHIATRIC NURSING CONFERENCE

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.

Registrations
are now open

The registration form is available on the CPN website:

www.cpn.unimelb.edu.au

If you require further information please contact **Greg Mutter** at the CPN:

T: (03) 8344 9626

E: cpn@nursing.unimelb.edu.au

F: (03) 9347 4375

Early Bird registrations close:
28 May 2010

All other registrations close:
16 July 2010

Themes

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



RETURNING TO THERAPEUTIC GROUPS

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Collectively, all of these factors changed the focus of nursing care from therapeutic group work to intensive stabilisation of vulnerable clients with an eventual aim of discharging them back to the community.

At the CPN, we have had several discussions about the many ways in which we could reclaim our therapeutic skills with a particular thought being given to mental health nurses as a therapeutic change agents. Hence, the workshop on Group Work was developed and offered on the 12th of November 2009 at the CPN. This workshop was attended by 23 mental health nurses and two social workers from across Victoria. Many of these participants were already engaged with running groups and wanted to validate, revisit and gather new skills to take back to their practice. Feedback from the workshop indicated that the workshop was timely and worthwhile.

Subsequently, the CPN approached by Forensicare Director of Nursing Adjunct Associate Professor Trish Martin, to run an in-house Group Work session for their staff.

In addition, seven clinical group supervision sessions were offered to support the staff in establishing and maintaining therapeutic groups and will be ongoing until mid year. The group supervision sessions are helping nurses to identify and develop therapeutic groups in a manner that is central to their professional practice. As well, group supervision also provides a space for the nurses to talk about their group work skills, problem solve, share ideas and offer each other support.

As the facilitator of this group, it is evident that what is emerging from this process is that the participants are reclaiming their 'therapeutic self' and through this they are also empowered to change some aspects of their clinical practice.

The staff at the CPN would like to take this opportunity to thank Adjunct Associate Professor Trish Martin for initiating, facilitating and supporting this important initiative at Forensicare.

Finbar Hopkins

MAILING DETAILS HERE

AUSTRALIA
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