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## TRAVELLING TOP END MENTAL HEALTH NURSES

Martin Musco (Marty) and I took a deep breath in early 2008, and decided to spread our professional wings and send off a few conference abstracts, believing at best, maybe we'd get a poster presentation. Much to our surprise, or maybe that should be horror, three of the abstracts we had sent off were accepted for oral presentations. Our first acceptance was probably a given, the Australian College of Mental Health Nurses (ACMHN): Winter Symposium in Darwin in August 2008, local content always being an important aspect. The other two acceptances were unexpected, the 34th ACMHN Conference held in Melbourne in October 2008 and the European Psychiatric Nurses Association: Horatio Festival of Psychiatric Nursing: the age of dialogue, held in Malta in November 2008.

So we had gone from attending the ACMHN 33rd Conference in Cairns in 2007 saying, "*we can do that... we should put a presentation together...we've got such a unique practice setting, it would be great to let others know what's happening up here in the Top End*", to actually having to produce something. Yes, panic had set in, what's the best cure for panic: meaningful action to resolve the stressor, otherwise known as "stop procrastinating and stressing and just get on with it!"

The process of preparing the presentations was a growth experience for both of us. Marty is the Mental Health Inpatient Unit Community Liaison / Discharge Planning Nurse in Darwin and I am a Remote Mental Health Nurse who visits various townships and indigenous communities in the Darwin remote region of the Top End of the Northern Territory (NT). We have known each other through our work for nearly ten years and are both employed within Top End Mental Health Service (TEMHS). Our professional interaction however, has mainly been limited to inpatient review meetings and phone contact, particularly when I am travelling out bush. We had never actually worked alongside each other or embarked on professional activities together. Yet, here we were, about to stand up in front of our professional peers interstate and overseas and perform.

The beginning of writing was very slow. Before we could progress we needed to establish connection with each other. First we needed to clarify what it was we both hoped to convey to the audiences, and second, we needed to explore each other's practice experiences and expectations of conference presentations. It soon became clear that we both share a passion for our work. In



Deb Spurgeon and Martin Musco with the Stan Alchin Award

particular we share a passion for working with indigenous people and a belief that mental health interventions, support and treatments can make a significant difference for our clients, their families and communities. Once we got started, there was no stopping us, we both looked forward to our weekend get togethers when our thoughts, ideas and stories just flowed, gushed is probably a more apt description. Then came the hard part - culling back our presentations to ensure that the salient and crucial information was conveyed in the limited time allowed for each conference presentation. When every word is so precious and every photo so meaningful, choosing what to leave out was, in Marty's case, akin to having a limb severed. The process of writing our presentations was not without argument and disagreement, the exchanges occasionally got heated but we worked it through and came to consensus, each of us having to give ground from time to time. Most importantly we learnt from each other and achieved a deeper level of respect, understanding and admiration for each other's role, strengths and abilities. We now have a collaborative professional alliance that had not previously existed in the same manner and I doubt this would have emerged had we not undertaken these presentations.

Our efforts were rewarded tenfold, TEMHS and the Principal Nurse for NT supported our applications to attend the conferences with some modest financial reimbursement and approval of conference leave. More importantly, cover for our positions was provided by TEMHS. This enabled us to attend the conferences without our colleagues having to cover our absence and pick up our workloads. To our great amazement, our presentation, *You can't take the person out of the communication process*, won the Stan Alchin Award at the 34th International ACMHN Conference in Melbourne! To achieve such recognition cannot be understated. By attending the Horatio Festival in Malta, we learnt that our own ACMHN conferences are indeed high calibre and stand equal in content, quality and organisation to the European conference, we may be antipodeans but we have a level of professional sophistication on par with others.

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

### Editorial Staff

Teresa Kelly  
Greg Mutter

### Centre for Psychiatric Nursing

School of Nursing and Social Work  
The University of Melbourne  
Level 5 / 234 Queensberry Street  
Carlton VIC 3053

## WOMEN FOCUSED CARE AND GENDER SENSITIVE PRACTICES

Gender sensitive practice in the acute inpatient psychiatric setting has emerged as an important issue with recognition of the risk of traumatic experiences during admission. A range of literature and government policies identify the key issues which need to be considered in the implementation of a program to deliver gender sensitive mental health practices.

The Peninsula Mental Health Service has instigated the development of gender sensitive practices within their acute inpatient psychiatric unit. The lead committee for this program, known as Kya WEAVE, aims to develop education based policies for all staff to ensure that a women friendly environment and women focused care is available to all women within Peninsula Mental Health Service.

Women's experiences from their past and current life situation can impact on their physical health as well as their mental state and can influence their acceptance of treatment, perceptions of safety, and sense of worth and autonomy. Issues related to substance use, physical and sexual abuse, pregnancy and parenting raise dilemmas in treatment and care. In some instances admission to mental health services may cause re-traumatisation and expose women to the risk of abuse. Clinicians need to be trained to identify and record sexual coercion and abuse, as well as developing interventions to help women protect themselves. Specific programs are needed that meet the needs of women who have had these experiences.

*Women's experiences from their past and current life situation can impact on their physical health as well as their mental state and can influence their acceptance of treatment, perceptions of safety, and sense of worth and autonomy*

The most recent Victorian Government Report (2008) – The gender sensitivity and safety in adult acute inpatient units project, highlights the gaps that currently exist with the delivery of care for women within the acute psychiatric settings in Victoria. It recommended:

- 1 The Department of Humans Services (DHS) Mental Health Branch develop guidelines on gender sensitivity and safety.
- 2 That there be a review of key performance indicators.
- 3 That guidelines should be developed in relation to responding to allegations of sexual assault and the processes that should be followed in this instance.
- 4 That guidelines be developed by the Office of



Fiona Reed, Kay McCauley-Elsom and Jakqui Barnfield

the Chief Psychiatrist on preventing and responding to sexual activity and promoting of sexual safety within acute inpatient services.

- 5 That there should be provision for choice for patients to be treated within single-sex environments, and that within existing units there should be designated female only area wings.
- 6 That there be an annual provision by the DHS to meet the priority to improve gender sensitivity within current services, which will lead to improved safety.
- 7 That a steering committee be established to monitor these recommendations, and
- 8 That the project be evaluated formally by 2011.

A current example of gender sensitivity work is that by the 'Kya Weave' committee at Peninsula Mental Health Service, whose aim is to improve the care of women during admission to their acute inpatient units. Kya is the indigenous term for wise women, and the acronym WEAVE represents the anticipated outcomes of the project for women. That is: to promote a sense of **Wellbeing** and worth, encourage **Empowerment**, provide female **Advocacy**, giving them a **Voice** and sense of value and **Enlightenment**, and recognition of their own needs. To date, this committee with the support of Peninsula Health executive and the Southern Cluster Education committee and the Department of Human Services Mental Health and Drug Division, has enhanced the privacy and safety of women, particularly at night, with the introduction of segregated bedroom wings, the provision of a female only lounge and female discussion and therapeutic groups. The running of a one day conference on gender sensitive issues and the development of a staff training workshop was part of the key work undertaken by the committee. Gender sensitive practices have been immersed in the rewritten unit policies with regard to admission procedures, the reporting process of sexual abuse issues, parenting roles and child protection agency involvement with children. Ongoing research will establish the extent that these practices are making a difference to the care received by women. Importantly it has been recognised by the Kya Weave committee that this must be a sustainable change and lead to ongoing development in practice.

**Kay McCauley-Elsom**  
School of Nursing and Midwifery  
Monash University

**Jakqui Barnfield and Fiona Reed**  
Peninsula Mental Health Service

### A CELEBRATION TO MARK THE 10TH ANNIVERSARY OF THE VICTORIAN CONFERENCE

This years Victorian Collaborative Psychiatric Nursing Conference (13th & 14th August at Moonee Valley Race Course, Moonee Ponds, Victoria) will be the 10th year that the conference has been run.

To celebrate this achievement, the joint conference hosts the Centre for Psychiatric Nursing, The Australian College of Mental Health Nurses (Vic Branch), The Health & Community Services Union and the Australian Nurses Federation (Vic Branch - Psychiatric Nurses Special Interest Group) are organising a special celebratory night to be held at the San Remo Ballroom on Thursday 13th August 2009.

The event will be a celebration of the success of the conference and also a celebration of psychiatric nursing in Victoria. The evening will provide an opportunity for psychiatric nurses to get together in a social environment to celebrate their achievements and catch up with friends and co workers who they may not have caught up with for many years.

The San Remo Ballroom in Nicholson Street, Carlton North, is a beautifully maintained Art Deco venue that will contribute a stylish ambience to the evening.

The evening event titled '**Psych Nurses Big Night Out**' will start with pre-dinner drinks and canapés at 7pm followed by a three course meal and then dancing and socialising until 11.30pm. Attendees are being requested to "Dress to Impress".

Included in the \$55 cover charge for the evening, are beer, wine and soft drinks. San Remo Ballroom bar will be open for the purchase of limited spirits.

To avoid disappoint, early registration is advisable as the San Remo Ballroom has a limited capacity.

Registrations will close when the venue capacity is reached or on Friday 31st July 2009. No door sales will be available.

To register for this event, you can obtain a registration form and flyer from the Conference section of the website at:

[www.cpn.unimelb.edu.au](http://www.cpn.unimelb.edu.au)

## AN INTERVIEW WITH AMANDA HEIB –

### A 2008 CLINICAL RESEARCH FELLOWSHIP PARTICIPANT

#### What was the impetus for participating in CRF?

I have always been interested in research within nursing practice as I believe there has got to be an evidence-based reason for us to practice the way we do. I was prompted by the nurse educators at Peninsula Health to have a look at the flyer advertising the 2008 CRF program. I started thinking about what aspect of practice I would like to know more about. I thought the use of pet therapy in nursing homes would be a great research topic since I often visit aged care facilities and they always have pets. So pet therapy was my first idea for a research topic. From there I did a little bit of initial research into the topic and then wrote a brief proposal and submitted it as part of my application to the CRF program.

#### What was it like participating in the CRF?

Once I commenced the CRF it was time to decide on a final research topic. Initially my mind was going at a million miles an hour as to what would be a good research project. I came up with so many research ideas different from pet therapy. I found myself wanting to change my topic a few times over the first three weeks of the course. I think this was partly because my initial review of the literature found that some of the interventions I thought would be beneficial to my nursing practice, in fact when I researched it more, had less than satisfying results. Pet therapy as an intervention, in fact, does not make much difference for residents of nursing homes.

I think that this exploration of research topics in the first few weeks of the program was quite beneficial for all of us. I don't think that any of the CRF participants kept their original research ideas that they had all eagerly brought along on day one.

The CRF participants came from different fields of psychiatric nursing – adult, aged, child and adolescent, community, in-patient, regional and metropolitan. Throughout the program we laughed, we worried, made friendships, worked together, and learnt a lot from each other.

#### What did being a participant in the CRF involve?

When we had finally found a topic that we would like to research, we moved into the next step of writing a research question. This sounds quite basic, but it took me three weeks to get it right. We received so much assistance from our wonderful teachers that this was not as frustrating as it could have been.

Now that I was on the right track and away from researching dogs, cats and horses, I was gathering all my 'quick and dirty' literature on competencies and confidence scales in nursing practice. Because I had such a focused question (thanks to the CRF facilitators) I was well on my way to writing my background and method.

#### What was the clinical problem you were interested in exploring?

I began to think a bit more broadly about my own practice and the way the other CRF participants also practiced in their respective fields. A lot of discussion, in the classroom and on the train trips to and from class, was based around the 'other



Amanda Heib

side' of nursing in our everyday practices. I found I wanted to research more on the topic of how confident psychiatric nurses are in treating patients with medical co-morbidities, focussing on nurses working in an aged in-patient unit.

As we all know the human body is quite interesting and obviously the way it works intrigues us and this is why we become nurses, well why I did anyway. Obviously the brain is quite complex and this is one of the reasons I love being a psychiatric nurse. I now work with aged patients and these patients often have a range of medical co-morbidities.

In my practice in working with the aged, I have been challenged and required to draw on my general nursing practice every day. As a result I wondered about how confident nurses working in our aged in-patient psychiatric unit were nursing patients with multiple co-morbidities.

#### How did you explore this problem?

I began with talking to a couple of my colleagues, who also participated in the CRF, about how confident they were in 'medically' nursing the psychiatric in-patients. I also gathered information from the Chief Psychiatrist's Office about medical staff's roles with these patients.

As a result of my investigations, a research instrument that consisted of a 4-point Likert scale that required nurses to rate their own confidence with nursing procedures that they may or may not practice on a regular basis. This instrument served as an anonymous survey that asked the psychiatric nurse participant to rate their confidence, not knowledge, on tasks such as obtaining a blood sugar level (BSL), inserting a female catheter, and setting up, administering and monitoring IV antibiotics.

#### What were your findings?

I was shocked by the great response that I received from nurses working on the aged persons in-patient unit. I gave an informal and short education session about what I was researching to the staff during their hand-over periods on the in-patient wards. I assured them that participation was anonymous. Potential participants received the survey in a sealed envelope and were asked to place the completed surveys in a sealed box. I think the added bonus of chocolate frogs for participants also was a good idea. Who doesn't like chocolate?

The findings of my study were varied and it was difficult to find a substantial result. This was possibly due to the research instrument being too broad. In summary the findings indicated that confidence in everyday practices on the in-patient

unit was high, however, the findings also indicated that these practices were not always carried out on a regular basis.

#### What did you learn?

I had a great experience participating in the CRF program and highly encourage anyone who is slightly interested in finding a bit more of a reason as to why we practice the way we do to join the program.

I learnt a lot more about the basic principles of research practice and have a lot more confidence myself in asking the question 'why?' in my everyday practice.

I learnt how to write a research question, to research background information in various ways including re-learning how to use CINAL and practising 'quick and dirty' literature searches. I learnt how to critique articles and how to take criticism (in a good way). I learnt more about how to tally results and how to discuss findings.

We completed a presentation at the end of the CRF course to our peers and facilitators. From the other participants' presentations I learnt a little bit more about metabolic syndrome, nursing in regional hospitals, seclusion response and recovery in adult in-patient psychiatry, elder abuse and child and adolescent nursing practices.

#### Where to from here?

Following the completion of the CRF we all finalised our research projects, assembled a poster and participated in the poster presentations at the Victorian Collaborative Psychiatric Nursing Conference. The poster presentations at the conference received a good response and much interest from the delegates about our research.

Following the CRF and its challenging but rewarding experience, I decided to apply for a Masters in nursing course with a research component. I was successful in my application and look forward to commencing these studies in 2010.

## TRAVELLING TOP END MENTAL HEALTH NURSES

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Through some of the Horatio Festival presentations and proceedings, we realised that the standards of mental health nursing in Australia and service delivery conditions are far superior to that in many other countries in the world. Other presentations provided food for thought, challenging our thinking and way of viewing our practice.

We encourage any mental health nurse who is contemplating the idea of attending or presenting at a professional conference to take a deep breath and give it ago. Look what happened to us - one year we are in the audience at a conference, the next we undertaking an exploration of our practice, performing on centre stage nationally and internationally and have established a professional relationship with each other that previously didn't exist. We are a bit conferenced out now, but then there is that conference in Canada in 2010...

Deb Spurgeon  
deb.spurgeon@nt.gov.au

10<sup>th</sup>

VICTORIAN COLLABORATIVE  
PSYCHIATRIC NURSING  
CONFERENCE  
REGISTRATIONS

13 & 14  
August 2009

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](http://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](mailto:cpn@nursing.unimelb.edu.au)**

**F: (03) 9347 4375**



See page 2 for details of the 10th Anniversary Celebratory Event – Bookings essential

Early Bird registrations close: 29 May 2009  
All other registrations close: 17 July 2009

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



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