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representing progress & communication over distance

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LAUNCH OF THE FRAMEWORK FOR RECOVERY-ORIENTED PRACTICE

"While recovery is owned by and unique to each individual, mental health services have a role in creating an environment that supports, and does not interfere with, peoples recovery efforts".

The *Framework for Recovery-oriented Practice* is a new document from the Victorian Department of Health, outlining ways to strengthen the mental health service system so that it can best support a recovery focus. *The Framework* was launched by Minister Mary Wooldridge on August 10th 2011. This will be a useful document for framing professional development activities, leadership activities and shaping cultural practices within services. It's been a long time coming – although Australian mental health policy and standards have used recovery language for some time now, to date, there has not been a local, philosophically and conceptually consistent framework that could guide service development. *The Framework* is that document.

The document is to the point, easy to use, and practical. At 26 pages, it's easy to carry around. The framework contains nine domains: promoting a culture of hope; promoting autonomy and self-determination; collaborative partnerships and meaningful engagement; focus on strengths; holistic and personalised care; family, carers, support people and significant others; community participation and citizenship; responsiveness to diversity; reflection and learning. The core principles underpinning each domain are set out followed by "key capabilities" which are the behaviors, attitudes, skills and knowledge required. Boxed sections in each domain contain pointers and examples of good practice and good leadership, making the document practical and useful. This is the section that has the potential to both inspire and support the making of changes wherever you might be working.

From a consumer perspective, it is good to see a document acknowledging the origins of recovery concepts in the consumer movement. Importantly, recovery is not presented as a model, but as a philosophy whose elements include self determination choice and empowerment. It is also heartening to see a government document that is starting to use new language in new ways. For instance, Carers is broadened to include families, support people and significant others, and there is a new emphasis on autonomy, self determination, and citizenship signalling a move away from a deficit approach.

Another new aspect raised in *The Framework* is the acknowledgement that our thinking about risk will need to change, if practice is to be directed toward supporting people's self determination. The flip side is that people will need opportunities to be able to take responsibility for their own lives. Through this process, *"a degree of risk tolerance in services is necessary"*. It means having many more open conversations about risk, with each other, with people using services, and between mental health practitioners.

There will be an implementation process to follow up the release of the framework – watch out for ways you can get involved.

Cath Roper
Consumer Academic, Centre for Psychiatric Nursing

The Framework for Recovery-oriented Practice can be downloaded from: http://docs.health.vic.gov.au/docs/doc/0D4B06DF135B90E0CA2578E900256566/$FILE/framework-recovery-oriented-practice.pdf

REDUCING DISTRACTIONS DURING MEDICATION ADMINISTRATION – TRANSLATING THE EVIDENCE INTO PRACTICE

Medication safety is a major focus of the Centre for Psychiatric Nursing's research program and many mental health nurses in Victoria have heard about the *"red vest project"*. Briefly, interruptions and other distractions experienced by nurses during medication administration have been thought to be associated with medication errors. Research in various fields of human performance has reported similar links, for example, using a mobile telephone whilst driving has been reported to cause impairment in performance similar to having a blood alcohol concentration of 0.05. An interesting piece of research conducted by Dr Tess Pape from the University of Texas found that the use of a focussed medication administration protocol reduced the number of distractions experienced by nurses during the administration of medication. Further, she found that if the nurse donned a red safety vest in addition to following the protocol, the number of distractions was further reduced. The obvious gap in Pape's study was that no attempt was made to see whether reducing the distractions actually reduced the number of errors. There was a clear need for further research to establish this link.

In response to this need for research, staff of the CPN and NorthWestern Mental Health designed an observational study to confirm that the use of the focussed medication administration protocol in conjunction with the safety vest, reduced distractions and medication administration errors. After a great deal of work was completed in designing the project, applying for several grants, consulting with nurses, managers,

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2011 IN REVIEW

2011 has been another year of exciting new developments and lots of hard work for the Centre for Psychiatric Nursing (CPN). One of the most significant events of the year was the review by the University of Melbourne of the CPN. The University requires that all of its research centres and institutes be reviewed to ensure that they are meeting their stated objectives and contributing to the university, faculty, school and department strategic directions. The review was conducted by Ms Tracy Beaton, Senior Nurse Advisor to the Mental Health Drugs and Regions Division of the Victorian Department of Health, and Professor Ian Everall, Cato Chair and Head of the Department of Psychiatry at the University of Melbourne. The report of the review represents a pleasing endorsement of the current work and directions of the Centre as well as a series of recommendations designed to further improve the impact and influence of our work. The review's commendation for the CPN's achievement of the goals stated in our Strategic Plan 2009-2012 is welcome recognition of the work completed by CPN staff over the review period. The findings of the review regarding the centre's research performance are a pleasing endorsement of our approach to building an internationally recognised program of research in mental health nursing practice. The CPN was found to be "a highly valued Research Centre within the Faculty of Medicine, Dentistry and Health Sciences" and the review found that the CPN's "commitment to improving its research profile and the rigour attached to its research is notable". The review also notes that the CPN's achievements to date have resulted through relationships developed with research collaborators, industry and other stakeholders and it recommends further development of these partnerships. One of the first important tasks to be undertaken in the New Year will be the development of a new strategic plan incorporating the findings and recommendations of the review. We look forward to working closely with all of our stakeholders to ensure that our work remains relevant and responsive to the needs of the mental health nursing profession.

The various workshops and other practice development activities offered by the Centre continued to be popular in 2011 and we are very grateful to the many mental health nurses and other health professionals whose expertise contributed to the success of these activities. The 12th Victorian Collaborative Psychiatric Nursing Conference was another great success this year with many first time conference attendees making their presentation debuts and lots of positive feedback received regarding the high quality and relevance of the keynote and concurrent papers. A particularly exciting development in 2011 on the practice development front was the CPN's receipt of a grant of $80,000 from the Victorian Department of Health to develop and deliver training for clinicians working in acute child and adolescent psychiatric inpatient units. The Centre's professional development coordinator, Finbar Hopkins, has been working closely with colleagues from Mindful and the Department to prepare for the delivery of this training in 2012.

The Centre for Psychiatric Nursing will be closed during the University's closedown period from 22 December 2011 to 3rd January 2012. Personally, I have accrued too much annual leave so will be taking an extended break from 15 December through to 30th January to relax, swim, sail, walk, build a new deck and write a new textbook! I would like to take this opportunity to thank the many mental health nurses and others who have contributed to the work of the Centre in so many ways and we look forward to continuing this work into 2012 and beyond. Whether you are taking a break or working through the Christmas and New Year period, on behalf of the staff of the Centre for Psychiatric Nursing, I wish you a safe, peaceful and happy Christmas and a wonderful new year.

Associate Professor Stephen Elsom
Director CPN

CENTRE FOR PSYCHIATRIC NURSING 2012 WORKSHOPS – INVITATION FOR INPUT

CPN staff are currently developing the 2012 CPN Professional Development Workshop Calendar.

To ensure that the CPN offers professional development that is appropriate and fulfills the needs of the health staff working within the mental health arena, we are inviting you to provide input to 2012 workshop topics that you feel would help you improve or refine your clinical practice to have a better outcome for consumers of mental health services in Australia.

Shown opposite is a draft of the proposed workshops that the CPN are planning to run in 2012 and we would like you to consider them and provide emailed feedback including new workshop topics that we can provide to assist you develop new practice skills or update current practice skills that will help you deal with the changing requirements of your clinical practice within the mental health service changing frameworks, funding requirements and changing current legislation.

Should you have any other topics or feedback on the proposed training that you would like us to consider for the *CPN 2012 Professional Development Training Program*, please do not hesitate to email us at: **cpn@nursing.unimelb.edu.au**

Enrolment details flyers and application forms for all CPN workshops can be found on the CPN website at: **http://www.cpn.unimelb.edu.au/education_and_practice_development/practice_development_workshops**

FEBRUARY
Psychopharmacology Update for Psychiatric Nurses – 1 day
MARCH
Action Learning Sets – Group Supervision – 1 day
Facilitating Therapeutic Groups – 1 day
APRIL
Clinical Supervision Training for Nurses – 2 day
MAY
Recovery Practice – 1 day
Action Learning Sets - Group Supervision – 1 day
Smoking, Nicotine & Mental Health – 1 day
JUNE
How to Read a Journal Article – 1 day
Solution Focused Approaches to Nursing - 2 day
JULY
Clinical Supervision Training for Nurses – 2 day
AUGUST
13th Victorian Collaborative Psychiatric Nursing Conference – 2 day
SEPTEMBER
Psychopharmacology Update for Psychiatric Nurses – 1 day
Preceptorship in Nursing – 3 day
OCTOBER
Assessment Day - Preceptorship in Nursing – 1day
NOVEMBER
Facilitating Therapeutic Groups – 1 day
DECEMBER
Physical Health Monitoring – 1 day

CARILLON – now an eNewsletter

The Carillon will is now only available as an e-copy publication via email or from our website: **http://www.cpn.unimelb.edu.au/**
If you want to receive an e-copy please email us at **cpn@nursing.unimelb.edu.au** to provide us with your current email address.

CLINICAL SUPERVISION AND IMAGINATION

If you light a lamp for somebody, it will also brighten your path.
Buddhist Saying

When I was asked to write a piece for the Carillion my initial response was to think about it as another task to be completed. However, after some reflection I began to see myself sitting down and writing a short piece. Then I began to imagine who would read this piece and how they might find it helpful and maybe even share it with others who would find it helpful.

My interest in clinical supervision is two fold, I run training workshops in clinical supervision at the Centre for Psychiatric Nursing, and I am also a clinical supervisor. I currently, supervise four senior nurses all of whom work in very challenging environments. Meanwhile, I am also exploring the imagined world of the pregnant woman in my PhD study. So bringing all those strands of my professional life together has enriched how I think and practice clinical supervision.

My goal as a clinical supervisor is to provide supervisees with a supportive and reflective space and also shine a light on areas of their practice that might otherwise go unnoticed in their busy professional lives. Following each clinical supervision session I usually spend some time reflecting on how I thought the session unfolded. This post reflection time allows me the opportunity to me to consider my own thoughts and feelings about the session as well reflecting on what I might introduce in the next session in order to help my supervisee. I use a small diary for this post reflection process to jot down ideas as well as my thoughts and feelings.

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CLINICAL SUPERVISION AND IMAGINATION

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Reviewing one of these diary entries I noticed I wrote the word imagination. Attending to imagination in clinical supervision is worthwhile for several reasons. Firstly, the imagined world is a rich repository of snapshots, representations, images and thoughts just waiting to be opened up and used to find positive solutions. In the imagined world there are many realms of possibility. Secondly, the imagination allows supervisees to see, hear and behave in new ways. Thirdly, the imagination is a portal to the creative aspect of the individual.

Working with imagination in supervision sessions I focus my questions to open up the supervisee to imagine a new behaviour, a new role or a new self image. To help the supervisee explore their imagination it is important to spend some time exploring their imagined world and preparing them to imagine positive solutions. The questions I use to tap into the imagined world include the following examples; tell me about how you imagine yourself responding to x? who would be present, what would the situation look like, where would it happen and how would it happen?. Imagine how you would feel, imagine what you would think. What would need to happen or change for you to achieve that image?

These questions are a brief account of a technique that could help to liberate and free up their creative self to make more of an appearance and have more of a presence in their imagined world.

In conclusion using imagination as a technique in clinical supervision enables supervisees to see themselves or aspects of themselves in a new light and gives them a picture of themselves in ways that they might not have though as possible.

Finbar Hopkins
Consumer Academic
Centre for Psychiatric Nursing

13th VICTORIAN COLLABORATIVE PSYCHIATRIC NURSING CONFERENCE

CALL FOR ASTRACTS

9 &10 August 2012

Call for Abstracts

DEADLINE FOR ABSTRACT SUBMISSION

Friday 9 March 2012

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.

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

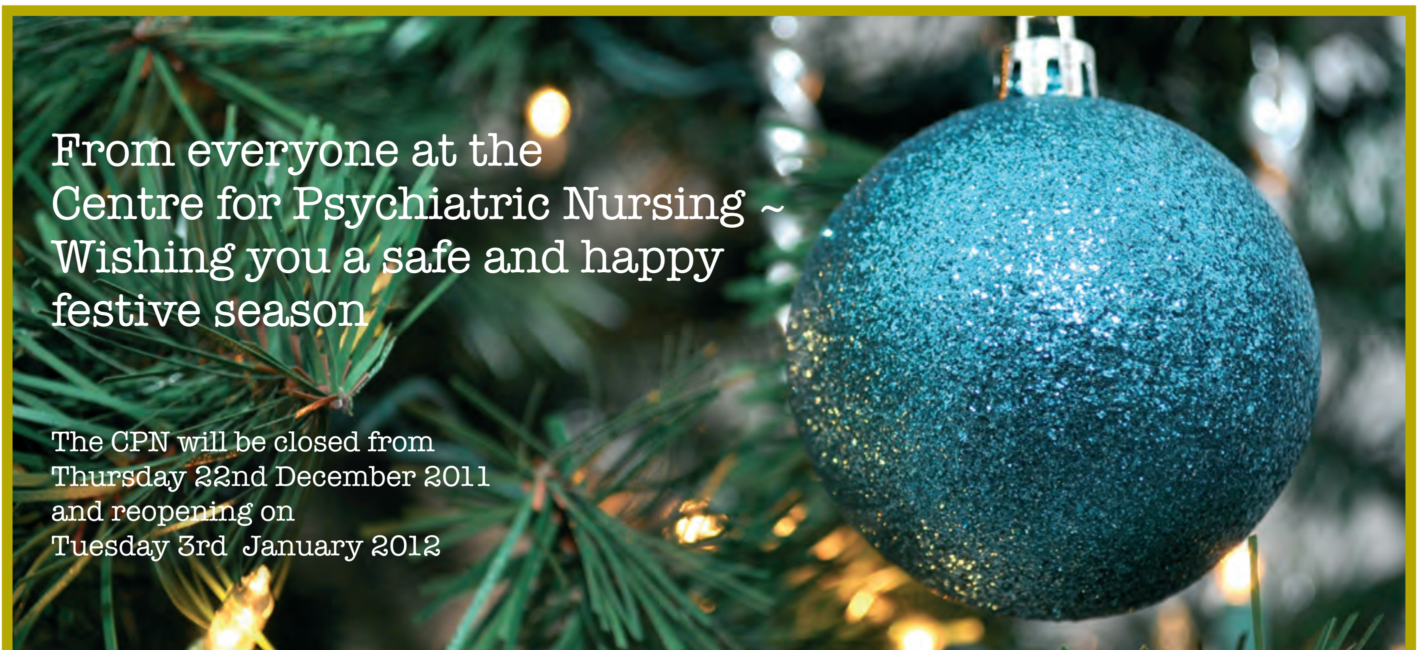
Abstracts can be submitted electronically. The instructions and format for the submission of abstracts are located on the CPN website: **www.cpn.unimelb.edu.au**

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) 9035 8519

THEMES

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



REDUCING DISTRACTIONS DURING MEDICATION ADMINISTRATION

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pharmacists and consumers, seeking and receiving ethics approval, the whole project was effectively scuttled by the emergence of new evidence. The publication of an impressive, large scale, NHMRC funded study conducted by Dr Johanna Westbrook and her colleagues in Sydney, provided the answers we had been seeking. Westbrook et al found a clear association between interruptions and medication administration errors and that both could be reduced using the methods Pape had previously suggested. In the face of this new evidence, proceeding with the project we had designed was ethically unjustifiable. In short, to subject clinicians to direct observation of their practice, with a specific objective of detecting errors, was too intrusive and burdensome with little prospect of adding any new understandings.

With evidence available that medication errors can be reduced by implementing measures to reduce the number of distractions and interruptions experienced by nurses during medication administration, we recommended to senior clinicians at NorthWestern Mental Health that we move immediately to translation of this evidence into practice. Subsequently, NorthWestern have decided to implement the "red vest project" across all inpatient services in 2012. This will involve extensive consultation with nursing staff, other health professionals, pharmacy and consumers. The CPN will be working closely with the project implementation group on this exciting practice development project and we look forward to evaluating its impact.

INTERNATIONAL COLLABORATION IN MENTAL HEALTH TRIAGE

In the December 2010 issue of Carillon (Volume 13 Issue 43) I reported about the work we had commenced with colleagues in Wales to introduce a mental health triage service in the context of broad reforms to mental health service systems in that country. At that stage, Associate Professor Natisha Sands and Associate Professor Stephen Elsom had recently returned from a week of consulting with mental health clinicians, policy makers and academics in Wales. In March this year, Mr Ian Stevenson and Ms Gill Thornton travelled from Wales to visit Victorian mental health triage services to learn from the wealth of experience of clinicians and managers in developing effective models of MHT service delivery. Over a two week period, Ian and Gill visited MHT services in metropolitan and rural areas of Victoria and also made a series of presentations at the Centre for Psychiatric Nursing, Deakin University and Barwon Health about the now infamous suicide cluster in Bridgend, Wales. We are grateful to the senior clinicians and managers from Barwon Health, The Alfred and Latrobe Regional Hospital who welcomed our visitors and generously contributed their time and expertise regarding operational aspects of MHT services.

I am pleased to report that a Memorandum of Understanding has been finalised between the University of Melbourne (through the Centre for Psychiatric Nursing), Deakin University, Glamorgan University and Swansea University. This MOU represents a high level agreement to collaborate on a program of research, education and consultancy in mental health triage. The Welsh Assembly Government has passed the Wales Mental Health Measure, which establishes the framework for the reform agenda. The MHT service is scheduled to be introduced in a staged manner from May next year and will be fully operational in October 2012.

With the timeframe for introduction of the mental health triage service in Swansea established, we have been working with academic staff from the Glamorgan and Swansea Universities on the program of research that will inform and be informed by the service reforms. The carefully planned nature of the service changes in Wales presents a unique opportunity to undertake research that has not been possible in Australia due to the adhoc manner in which mental health triage services have evolved in this country. This research will include evaluation of the impact of the introduction of triage using a range of measures including service usage (emergency departments, primary care, inpatient units, community services, etc) and stakeholder perspectives (consumers, carers, health professionals, community). Initial work will involve investigation of the reliability and validity of clinical instruments for risk assessment and dispositional decision making in the Welsh context. Importantly, the research that we conduct in Wales will produce further evidence to inform the ongoing development of mental health triage services in Australia and internationally.

In May next year, Associate Professors Elsom and Sands will travel again to Wales to provide intensive training for the clinicians who will be working in the new mental health triage service and for those from other services that will be affected by the introduction of MHT including crisis care and emergency department clinicians. In addition to this training, we also anticipate a busy schedule of meetings and consultation as well as data collection for the initial research projects.

Associate Professor Stephen Elsom

STATISTICS IN NURSING RESEARCH – LEVELS OF MEASUREMENT

A variable has more than one attribute of interest. Analyzing a variable begins by assigning values to each attribute. Values are allocated to attributes in different manners; by measuring attributes or assigning arbitrary values. The manner values are assigned to attributes determines the amount of information that a variable provides. A level of measurement refers to the relationship among the values that are assigned to the attributes for a variable. An understanding of level of measurement is useful to interpret data and select appropriate statistical technique for analysis. Four levels of measurements are common: nominal, ordinal, interval and ratio. Amount of information provided by these levels of measurement increases in the order they are mentioned above.

Nominal level of measurement refers to arbitrary assignment of values to attributes to simply classify data. Values indicate whether or not the individual attributes belong to some distinctively different categories. Distances between attributes do not have any meaning. Attributes cannot be quantified or ordered. Gender, for example, is a nominal variable with two attributes: Male or Female. A value of 1 can be assigned to Male and 2 for Female or vice versa. The numbers 1 and 2 serve merely as labels for the attributes.

Ordinal level of measurement refers to assignment of ranked values to attributes when classifying data into categories. Attributes are ordered but distances between attributes do not have any meaning. Compared with nominal, ordinal level variables provide more information. Socioeconomic status, for instance, can be measured using three ranked categories; low, middle or high socioeconomic groups which shows order in socioeconomic status.

Interval level of measurement assigns values by measuring attributes. Here attributes are both ranked and distance between attributes does have meaning. For example, temperature, as measured in degrees Celsius, constitutes an interval scale. A temperature of 40 degrees is higher than a temperature of 30 degrees, and an increase from 20 to 40 degrees is twice as much as an increase from 30 to 40 degrees. At the interval level of measurement, the zero point is arbitrary and is not a true zero. Zero degree does not mean there is no temperature.

Ratio variables are very similar to interval variables but in ratio measurement an absolute zero is meaningful. For example, income is a ratio variable where a value of zero means no income. Most statistical data analysis procedures appropriate to interval variables are also appropriate to ratio variables.

Roshani Prematunga & Dr Zewdu Wereta
Researchers, Centre for Psychiatric Nursing

HIGHER DEGREE STUDY OPPORTUNITIES AVAILABLE

Are you interested in pursuing a Masters or PhD?

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

For further information contact:

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