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ABSTRACT

Experiences of sub-Saharan African migrant carers of young people with psychosis: An integrative literature review

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Migration of Africans to Australia has increased in recent years. The sub-Saharan African population in Australia doubled between 2001 and 2011. Psychosis, marked by hallucinations, delusions, and disorganized thinking, poses challenges globally, particularly among sub-Saharan African migrant populations. Mental health (MH) treatment for these individuals involves navigating personal, familial, and culturally entrenched beliefs. High-income countries often neglect the cultural backgrounds and migration experiences of migrant populations, leading to difficulties in accessing suitable MH services.

This paper presents the findings of a literature review about the experiences of sub-Saharan African migrant carers of young people diagnosed with psychosis and their engagement with mainstream MH services.

An integrative literature review was conducted using databases CINAHL, Medline, PsycINFO, and Scopus. Studies from 1999 to 2023 focused on the experiences of sub-Saharan African migrant carers with psychosis were selected. Data extraction and analysis were completed on all included studies. Fourteen studies were eligible for inclusion and analysed.

Eight primary themes arose: Carers' burden; inflexibility within the Western MH care model; alternative explanations for MH issues; cultural safety; cultural insensitivity; distrust in the Western biomedical model of care; accessibility to suitable supportive services; and MH literacy.

Findings suggest hesitancy and lack of trust in Western MH systems to effectively accommodate the diverse experiences of sub-Saharan migrant carers with services. These findings underscore the significance of cultural competence in MH care provision and the necessity to understand the experiences, challenges and needs of this growing population.

The high incidence of psychosis among young sub-Saharan African migrants has attracted local and international attention in recent years. Yet, little is known about experiences of Sub-Saharan African migrant carers of young people with psychosis. Existing studies fail to differentiate the experiences of sub-Saharan African migrant carers from other migrant groups or have focused on individuals with psychosis. More attention on sub-Saharan Africans migrant carers and the challenges faced by these carers in accessing appropriate MH services, particularly regarding psychosis, is required.

Further research is needed to specifically examine the experiences and challenges faced by sub-Saharan African migrant carers and the influence of culture on help-seeking behaviours.

Advancing what is known about risk factors for youth inpatient suicide in Saudi Arabia

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Suicide is the fourth leading cause of death for those aged 15-29 years, as per the World Health Organization. In Saudi Arabia, contributing factors to the high prevalence of suicide among young people include age, psychiatric disorders, family issues, and hospitalisation. In Saudi Arabia, in people aged less than 29 years of age who attempted suicide, 75% were hospitalised involuntarily. While many young people are hospitalised following a suicide attempt, research indicates that compulsory admission for psychiatric inpatient treatment can potentially increase the risk of suicide during hospitalisation.

The Ministry of Health in Saudi Arabia reported a tenfold increase in suicide incidents in inpatient units between 2011 and 2020 and research reports that suicide attempts among youth in Saudi Arabia are on the rise. Despite this, little is known regarding the suicide risk factors in young inpatients in Saudi Arabia.

This presentation discusses a review of the available literature, concerning suicide prevention among inpatient youths in Saudi Arabia. It summarises research findings, identifies research gaps, and makes recommendations for future research.

Contemporary suicide, self-harm and overdose prevention training in a large public mental health service

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Suicide prevention is a globally recognised priority area in healthcare supported by national and local government policy.

Providing access to contemporary suicide prevention training is a strategy that builds capacity of the mental health workforce to provide evidence-based suicide prevention clinical practice and increases worker confidence.

Metro North Mental Health (MNMH) embarked on an aspirational goal of reducing preventable deaths, and in 2022 launched the ASPIRES: Suicide, Self-harm and Overdose Prevention Plan (2022-2024).

The ASPIRES Plan supports several initiatives including the development and implementation of an ASPIRES Pathway and the development and delivery of contemporary evidenced-based suicide prevention training to a multidisciplinary mental health workforce within the largest Hospital and Health Service in Australia.

A key aspect of the ASPIRES Plan is embedding a Restorative Just and Learning Culture (RJLC). Adopting this approach acknowledges that suicide prevention is challenging work, and that staff support is a vital component of any suicide prevention initiative. To support RJLC adoption, MNMH developed an Incident Response Framework with a focus on healing, acknowledging that many people experience harm when an incident occurs, including families, carers, and staff. The framework also supports ongoing learning from incidents and system improvement, using the Systems Engineering Initiative for Patient Safety (SEIPS) framework.

The ASPIRES education package was co-developed by MNMH with Insight (statewide alcohol and other drug training and education provider), and informed by the international evidence base, the Zero Suicide in Healthcare (ZSiHC) Framework, and included lived experience co-design processes. The training is a blended learning model including an eLearning component and in-person face-to-face training. The training, led by a mental health nurse and psychologist, has been delivered to more than 700 MNMH staff including clinical, lived experience and first nations workforce members. The ASPIRES training has resulted in an increase in perceived confidence and capability of attendees in suicide risk assessment, interventions and ongoing clinical management.

The presentation will provide an outline of ASPIRES and discuss the learnings that have been gained through developing and delivering contemporary suicide prevention training to a large and varied workforce.

Utilising innovative technology to address mental health challenges of refugees and asylum seekers

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This paper focuses on the design of Digital Mental Health Interventions (DMHIs) to improve the mental health outcomes of refugees and asylum seekers in Australia. Australia hosts a small fraction of the global total of over 114 million displaced persons, reflecting a wider trend where most refugees are settled in lower-income countries across Africa, Asia, and the Middle East. Despite the resettlement numbers, refugees in Australia encounter profound mental health (MH)challenges such as depression, anxiety, and post-traumatic stress disorder are prevalent. These are exacerbated by the trauma of pre-migration experiences, acculturation stress, and the complexities of post-migration resettlement.

Firstly, a review of resettlement policies, practices and MH challenges faced by refugees and asylum seekers in Australia between 1901 to 2023 was conducted. Secondly, this paper builds on a program of research that has established through a literature review that various digital platforms and tools have been successfully implemented globally with effectiveness in supporting MH among refugees.

These combined reviews present the challenges in the implementation of DMHIs, such as issues related to technological access, privacy concerns, and the need for culturally tailored approaches are identified, informing the design process. The findings inform the design of digital interventions to support this population and improve their MH outcomes.

Access barriers to MH services are present and solutions proposed using DMHI. Challenges include linguistic and cultural differences, stigma surrounding MH, differing perspectives about MH conditions, causes and treatments, dominant Western biomedical models of mental health literacy, and the general ineffectiveness of MH care approaches in meeting the unique needs of refugees. These barriers contribute to the underutilization of MH services and highlight a critical gap in healthcare provision for refugees and asylum seekers, leading to poorer MH outcomes.

This paper guides mental health professionals, digital health developers, policymakers, and researchers on the critical role of innovative technologies in enhancing mental health equity and accessibility for refugees and asylum seekers. By leveraging digital solutions, healthcare providers can offer more inclusive, effective, and responsive services, thus significantly improving the mental health outcomes for these populations.

Development and implementation of skill matrix and competency framework for Post Graduate Mental Health Nurses

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Background: Mental health competencies, integrating knowledge and professional aptitudes, are instrumental in delineating the requisite skills for mental health nurses. They provide clarity within the organizational workforce, outlining anticipated behaviours and performance standards crucial for achieving organizational objectives. Furthermore, competencies serve to inform nurses of actions and behaviours valued and recognized within the workplace.

Objective: The aim of this study is to provide a supportive structure for Post Graduate Diploma Mental Health Nurses (PGDMH-RNs) through the implementation of a competency development framework and skill matrix.

Method: Employing a process evaluation approach, we have developed a skill matrix and competency development framework PGDMH-RNs through an exhaustive literature review and collaboration with Nurse Consultants and Nurse Unit

Managers. Utilizing a SharePoint platform, access has been granted to all Nurse Consultants and Nurse Managers. The skill matrix, employing a traffic light system, categorizes individuals as "green- competent," "orange- currently learning," "red- no previous experience," or "purple-needs more exposure." Individual meetings are held between PGDMH-RNs and Nurse Consultants or Nurse Educators to discuss each skill and competency listed in the matrix, reflecting on the previous month's work. Additionally, in the competency development framework, PGDMH-RNs are required to obtain signatures from Clinical Nurses or Nurse Consultants after demonstrating proficiency in listed activities.

Results: The Skill Matrix and Competency Development Framework were implemented in October 2023. To date, 27 PGDMH-RNs have utilized the skill matrix and competency development framework. PGDMH-RNs have found it beneficial in targeting specific competencies requiring improvement, aiding Nurse Managers and Nurse Consultants in identifying areas of strength and areas requiring additional support. Moreover, the Competency Development Framework serves as evidence of completed competencies for PGDMH-RNs, while aiding Nurse Managers in tracking progress and identifying remaining areas for development.

Conclusion: The skill matrix and competency development framework have effectively supported the professional growth of PGDMH-RNs. Through systematic evaluation, these tools have clarified performance standards, facilitated targeted skill development, and aided Nurse Managers in providing support. Continued refinement will further enhance nurse competence and patient care outcomes.

Implementation and evaluation of clinical supervision for Post-Graduate Diploma Mental Health Nurses in South Australia

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Background: Nurses play a crucial role in healthcare delivery, yet they frequently encounter significant workplace stress, which can compromise patient care quality and job satisfaction. This stress has been linked to adverse patient outcomes, job dissatisfaction, and attrition. Clinical supervision has emerged as a promising approach to address these challenges by enhancing nurses' clinical competence and overall well-being.

Aim: This study aims to implement a clinical supervision model for Post-Graduate Diploma in Mental Health Registered Nurses (PGDMH-RNs) and evaluate its effectiveness in mitigating work-related strain and fostering resilience among post-graduate diploma mental health nurses in the Southern Adelaide Local Health Network, Australia.

Methods: Clinical supervision guidelines were developed, delineating the roles of supervisees, supervisors, and line managers, with particular emphasis on confidentiality and documentation. Utilizing a prospective longitudinal design, baseline data will be collected, followed by educational preparation for nurses and the commencement of clinical supervision sessions. Data will be gathered at 6 and 12-months post-intervention using validated instruments, including the Manchester Clinical Supervision Scale-26©, Work-related Strain Inventory, and Resilience Scale, alongside demographic information.

Results: The effectiveness of clinical supervision will be evaluated through statistical analyses, examining changes in work-related strain and resilience over time, associations between demographic variables and outcomes, and correlations between baseline work-related strain and resilience.

Conclusion: This paper delineates the implementation steps of clinical supervision in South Australia and offers insights into strategies to support nurses in managing work-related stress, enhancing resilience, and improving patient care quality, thereby addressing concerns regarding workforce sustainability.

Unveiling excellence: A proactive approach to Mental Health Nursing Education

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Background: In mental health nursing, continuous in-service education is vital for maintaining nurses' competence and effectiveness due to the dynamic nature of mental health care. This ensures that nurses stay updated with emerging practices, technological advancements, and evolving patient needs, ultimately enhancing patient outcomes and ensuring safety.

Objective: This study aims to assess the learning needs of mental health nurses and develop an educational calendar to address those needs, making education accessible through centralized and decentralized approaches.

Method: Using a process evaluation approach, a need assessment survey was conducted from September to October 2023 to identify specific learning needs. Based on survey findings, an educational calendar was developed, focusing on delivering sessions during double staff time. Feedback was collected after each session to refine offerings.

Results: The survey involved 123 predominantly female registered nurses with an average experience of over a decade. Key areas identified for further education included psychotropic medications and administering ventrogluteal injections. Additionally, nurses expressed interest in research and journal club participation. Between September 2023 and March 2024, 67 face-to-face and 13 online sessions were conducted, reaching over 500 mental health clinicians. Most of the face-to-face sessions were delivered during double staff time. Feedback indicated high satisfaction, with 98% reporting that sessions met expectations. Recorded sessions addressed accessibility concerns for night staff.

Conclusion: This study underscores the critical role of in-service education in meeting mental health nurses' ongoing learning needs. Through a thorough needs assessment and tailored educational calendar, this study demonstrated a proactive approach to enhancing nurses' competence and effectiveness. Centralized and decentralized sessions ensured accessibility, facilitating engagement. Positive feedback highlights the effectiveness of these initiatives. Continued efforts are essential for

maintaining competence, improving patient care outcomes, and delivering high-quality mental healthcare services.

The influence of nursing staff composition on seclusion in a forensic mental health inpatient setting

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Background/Aim: Seclusion remains controversial and despite global attempts to minimise and abolish its use in acute and forensic mental health care, the rates of seclusion use in some forensic mental health inpatient settings continue to rise. Nursing staff composition is one factor that is considered an influencing force on seclusion use, however, there is limited research on the impact of nursing staff composition and seclusion use in forensic mental health inpatient settings. Nursing staff composition refers to the ward/unit staffing levels, skill mix, gender ratio and role allocation. This research sought to examine whether seclusion use in a forensic mental health inpatient setting could be attributed to staffing composition or contextual factors such as day of the week, month, or other clinical variables.
Method: This quantitative study was completed by undertaking a retrospective data collection audit on all seclusion data, daily ward reports and staff rosters. Data were collected for all shifts in the hospital over a six-month period. Data collected included the number and ratio of female and male staff, the number and ratio of registered and enrolled nurses, the number and ratio of temporary and permanent staff, as well as the presence of senior staff on duty.
Results: The use of seclusion was influenced by three staff variables: The number of registered nurses on duty, the presence of a lead nurse, and the shift coordinator on shift.
Conclusion: These results provide important insights for forensic mental health inpatient services in understanding what factors may increase the likelihood of seclusion use as well as opportunities to reduce the need to use seclusion. Senior nurse leadership and direction are critical variables in enabling staff to identify clinical deterioration in consumers and intervene early, which can reduce seclusion use. This study highlights the importance of optimising staffing profiles to ensure the presence of skilled staff that can ensure staff, visitors, and patients' feel safe.

Unlocking minds: Exploring mental health perspectives among nursing students

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Mental health nursing education has received considerable attention in relation to its representation within the Australian comprehensive model of nursing education. Discussions have largely focused on its representation, or lack thereof, within curriculum and ways to improve the perceived attractiveness of the profession amongst nursing graduates. Despite decades of debates surrounding these important issues, very little is known about nursing students' understandings of mental health. This qualitative research utilised phenomenography to explore the variation in nursing students' understandings of mental health. Twenty Bachelor of Nursing students from one metropolitan Melbourne University who were enrolled across all year levels of the three-year preregistration Bachelor of Nursing degree were invited to share their understandings of mental health through undertaking individual interviews. Mental health literacy is a critical aspect of nursing education, findings from this research exposes the extent of learning needs for nursing students.
Seven major themes emerged from this study identifying the significant variation in how students understood mental health. These understandings were phenomenographically mapped and reflected incomplete understanding's through to the most complete and sophisticated understandings. The extremes of how mental health was understood ranged from mental health being described as something to be afraid of, through to it embracing a spectrum of wellness and illness reflecting a holistic perspective of wellbeing. Factors influencing students' understandings included personal or family experience with mental illness, childhood upbringing, exposure, or lack of recognisable exposure to mental illness, stigma and to a limited extent, education.
The relevance of this research extends to students, mental health nurses, mental health nurse academics and educationalists. A key strength is that it identifies the vast variation in how mental health is understood in addition to exploring what influences these beliefs. These findings provide a valuable opportunity for targeted mental health education within the preregistration curriculum. As it stands today, this research has confirmed that mental health is a heavily misunderstood concept. As a profession we understand the consequences of such misunderstandings is far reaching. Mental health, a core concept in health care, ought to be appropriately understood for any attempt of quality care to be delivered.

Promoting recovery-oriented language in mental health nursing education: A qualitative exploration of student reflections

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Murdoch University, Wannanup, Australia

The presentation reports upon a study addressing the issue of nursing graduates lacking essential skills for mental health nursing practice, with a particular focus on non-stigmatising language. The research aimed to identify barriers in addressing students' pre-conceived assumptions, which influence the promotion of recovery-oriented language, through the examination of reflective journals from mental health placements.
Using a qualitative exploratory approach, second-year undergraduate student reflections from acute mental health placements were content-analysed. Thematic analysis revealed four main themes: anxiety related to preconceptions of mental health facilities and consumers, uncertainties in communication, perceptions of the mental health nurse's role, and challenges in using recovery-oriented language.
The findings highlight the crucial role of language in promoting equity and diversity in mental health services. Students' reflections reinforce the ongoing difficulty in employing non-stigmatising, recovery-oriented language, indicating a need for

further research to explore effective strategies in achieving this goal. Additionally, students' concerns align with previous research, emphasising the impact of preconceived assumptions on mental health, and the challenges in embracing diversity within the nursing environment.

This study contributes to the ongoing discourse on enhancing mental health nursing education by emphasising the importance of language in advancing equity and diversity. By linking the promotion of non-stigmatising, recovery-oriented language to the broader goals of equity and diversity, this research aimed to ensure that mental health services provide inclusive care for all individuals.

Empowering Mental Health Clinicians: Bridging gaps in recovery-oriented training through transformative learning strategies

Paul Beckett
University of Sydney, Camperdown, Australia

The implementation of recovery-oriented practice models in mental health services has not been adequately realised, resulting in suboptimal treatment outcomes for consumers and their supports. Ineffective staff training has been identified as one factor that has contributed to the challenges impeding implementation.

The aim of this study was to explore the implementation of a Strengths Model training program which included staff engagement in individual and group supervision, in a community mental health service.

Realist evaluation was used to develop and test program theories that could explain 'what works, for whom, in what circumstances, how and why?' Initial program theories in the form of six contexts, mechanism, outcome statements were developed through a realist review of the literature and interviews with key informants. Individual interviews were then conducted with sixteen workers and managers in a community mental health service.

The findings highlighted how participant motivation to use the Strengths Model developed through a transformative learning process consisting of reflective learning in clinical and group supervision, and experiential learning which occurred through the use of the model with consumers. The learning and development opportunities provided through engagement in supervision, and through the identification of consumers' strengths, enhanced clinician commitment to using strengths-based practices, and their perception of consumers personhood. Both learning processes were necessary in the activation of participant's empathy, self-awareness, and hopefulness, which were key therapeutic mechanisms. However, the activation of these mechanisms was enabled or inhibited by contextual factors at the individual, inter-professional, and organisational level.

The findings suggest that mental health clinicians are not adequately prepared for the challenges of working from a recovery orientation, and that current organisational approaches to training underestimate the level of education and supervision required. Participants in this study required an extended period of individual and group supervisory support to develop and sustain their use of the Strengths Model. Experiencing first-hand, the positive benefits of conducting strengths assessments with consumers was also essential for facilitating their learning and development, and this suggests that a more ongoing and comprehensive approach to staff education is required.

Virtual-ICAMHS: Supporting the mental health of children and families in regional and rural Western Australia

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WA Country Health Service, Perth, Australia

Western Australia is the largest state in Australia and its health services are delivered by five major Health Service Providers. The West Australian Country Health Service (WACHS) is geographically the largest one in the state - and indeed the world - with a territory extending across 2.5 million square kilometers. WACHS is responsible for providing public health treatment to nearly 550,000 residents outside the Perth metropolitan area, 10% are of Aboriginal descent. Delivering high-quality mental health services is not without its challenges, however, technological advances are increasing options for providing quality care via the use of virtual telehealth platforms.

In WA regional areas, children and youth-focused mental health services are in high demand and delivered by the Child and Adolescent Mental Health Services (CAMHS) in the community. CAMHS' services provide care for severe, complex and persistent mental health conditions. Due to limited availability of community alternatives, children may face long wait times to access assessments and present to an emergency department (ED) in crisis. The Virtual ICAMHS (V-ICAMHS) has been developed to meet the needs of children and families after crisis presentations to a regional ED by providing follow-up care to children and their family for up to three weeks following discharge. The V-ICAMHS episode of care enables the completion of subsequent mental health assessment, monitoring of risk and providing brief crisis interventions and further follow-up planning. V-ICAMHS liaises with CAMHS clinics, assists in streamlining appropriate referrals and initiates referral to community-based services more suited to identified current needs. In turn, this positively impacts on crisis resolution, improves support to consumers and reduces subsequent ED representations.

This presentation provides specific details of the V-ICAMHS and its outcomes to date. It is aimed to assist clinicians working with children and their families in rural communities to understand how the service can support them in meeting the needs of their consumers. Finally, it will provide an opportunity for service providers operating in other settings to discover how virtual services can break down the barriers of physical space and help tailor resources to meet service gaps.

Advancing? Try a reboot

Pat Bradley[1,2]
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As a profession, we know we are undervalued in every sense of the word. Sadly, as specialist education and identity is devalued, students have little exposure to the theoretical and ethical basis

of professional practice. This contributes to loss of professional identity and weaker service to the user community. It is a sad reality that many RNs exit postgraduate programs never having heard of Hildegard Peplau.

Without the negotiating power of shared professional understanding and philosophy, MH nursing has all but disappeared from the health landscape. Clinician discontent is expressed in rapid turnover and reduced educational intakes, and academic disgruntlement in learned articles. Recent articles in our own journal have highlighted the professional ground lost (or surrendered) over decades. But it is well within our ability to turn the situation around – if action is taken quickly. ACMHN is reclaiming our place at the policy table; clinicians and educators can and must become vocal in re-stating the place of specialist MH nursing in person-centred service delivery.

In Australia, MHNs were leaders in adopting practice standards in 1983 which emphasised access, inclusion and user rights. Today our standards underpin leadership and innovation in service delivery including credentialing for practice, professional clinical supervision and inclusive practice to sustain recovery. Our understanding of the interplay of physical and mental and social issues places us uniquely in primary care to advance the service of people with complex presentations.

My doctoral research, centred on Aboriginal women's experience of inpatient service, culminated in a model based on SEWB and Safewards principles and Peplau's theory to characterise MH nursing as having the potential to promote personal growth in a tertiary setting. These well-explored theories and models are not new – they are professional bedrock, applicable across the service spectrum, a firm, practical argument for the value of MH nursing. They should be embedded in every specialist educational program as the basis for professional induction and development.

We have the tools, the leadership, common cause with user groups and a window of opportunity – I suggest we take a deep breath and a trip back to the future. Reboot.

Empowering the expansion of the mental health nursing workforce in Western Australia – The Horizon Projects

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Background: A significant expansion is occurring in Western Australia to support the increased demand for mental health services. The Mental Health Workforce Planning Project (MHWPP), led by the Clinical Workforce and Leadership Unit, Clinical Excellence Division, has developed an interprofessional Mental Health Clinical Workforce Action Plan, expanding mental health services across the state.

Aims: To raise awareness and summarise current West Australian initiatives designed to support the current nursing workforce and broader mental health workforce.

The Horizon project action plan builds capacity, capability, and sustainability of the workforce in the next three years.

Methods: This presentation showcases the findings of the Mental Health Commission and the Department of Health Strategic Workforce and Development Directorate's body of work for 2022-2024.

Results: Discussion on the proposed actions within priority areas.

Conclusions: This presentation aims to update the mental health nursing workforce in Western Australia about the Department of Health's initiatives to improve the mental health workforce through Horizon One and Two. It highlights the vital work of growing the next generation of students and graduates into mental health professionals.

A mixed methods process evaluation of the Promoting Resilience in Nurses (PRiN) randomised controlled trial

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Mental health nurses (MHNs) face substantial stressors in their practice including interpersonal conflict, occupational violence, use of coercive practices, heavy workloads, and caring for consumers in distress or with trauma. These stressors can be detrimental to nurses' practice and wellbeing, and influence intention to leave the workforce. Improving MHNs' resilience using resilience interventions can be a beneficial preventative approach to support their wellbeing and practice. However, while there are many resilience interventions in the wider field of nursing, few of these are designed for MHNs, and there is only one randomised controlled trial of a resilience program for Australian MHNs.

A convergent mixed methods process evaluation was conducted alongside a partially clustered randomised controlled trial of the Promoting Resilience in Nurses (PRiN) program for MHNs in a large Australian public mental health service. The aims were to evaluate the PRiN program implementation and identify factors that may help explain variation in participant outcomes in the trial. Using surveys, fidelity checklist, and semi-structured interviews, data on nurses' satisfaction and experiences with the program, barriers and facilitators to program participation, and program fidelity were collected. Qualitative and quantitative data were analysed separately then integrated using joint display to generate meta-inferences. Key findings and meta-inferences indicate that 95% of workshop units were fully delivered as intended, nurses and managers were very satisfied with the PRiN program and viewed the program as a legitimate part of nurses' continuous professional development (CPD). Nurses had a better understanding of how to build and maintain resilience and wellbeing using self-regulation and stress management strategies, interpersonal communication skills, and self-care. Consequently, they reported higher levels of resilience, wellbeing, emotional intelligence, and less stress because they could effectively manage challenging situations in the workplace, including calmly responding to medical emergencies or resolving conflict with consumers and colleagues. Organisations who wish to support the mental health nursing workforce could incorporate the program into nurses' CPD, provide protected CPD times and adequate staffing levels, and have senior staff (e.g.,

local managers and senior area nurses) encouraging nurses to attend the program as a form of professional self-care.

Engaging the knowledge experts; incorporating consumer co-design to the development of community perinatal mental health care

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Adjusting to motherhood can be a difficult period, with significant changes to routines, lifestyle, and relationships. For some new mothers, individual circumstances can be associated with difficulty adjusting to the changes a new baby brings, and these experiences can lead to poorer mental health and mother-infant relationship difficulties. Early identification and intervention for mothers who are experiencing difficulties in adjusting to a new baby can reduce distress and protect against further deterioration of the mother's mental health, thereby supporting positive experiences with their baby and overall wellbeing. Community-based group-based interventions for new mothers have demonstrated efficacy to improve mental health symptoms and prevent common postpartum psychological disorders and support the quality of the mother-infant relationship.
The term co-design is considered in research to describe working with consumers from the creation of an idea through to the implementation of an intervention. To determine local relevance to mothers in Western Australia, a contemporary, innovative, and participatory approach of consumer co-design guided the ongoing development of a perinatal mental health intervention: New Beginnings. Incorporating the lived experience from mothers as knowledge experts, in tandem with guidance from mental health clinicians ensured the Australian Commission on Safety and Quality in Health Care (ASCQHC) standard 2 was addressed effectively. "Patients are partners in their own care" demands collaboration between stakeholders to deliver high-quality health care. Internationally, consumer co-design has been established as imperative across the perinatal period due to association with improved intervention efficacy.
This engaging presentation will showcase the translation of empirical research findings alongside our application of the recommendations offered within a national strategy for working with consumers in women's health research applied to the perinatal mental health setting. The results of lived experience captured within a statewide survey and facilitation of a focus group with members of the New Beginnings program offers perinatal mental health personnel attending the presentation an opportunity to gain knowledge and confidence around engaging consumer and community involvement to inform innovative service delivery design.

The Road Home Program: Improving equity and access for people experiencing homelessness

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[1]First Step, St Kilda, Australia; [2]Launch Housing, Melbourne, Australia; [3]LDC Group, Melbourne, Australia

The Road Home Project is a collaborative partnership between First Step and Launch Housing and has identified there is a pivotal role for a Mental Health Nurse in supporting homeless people and housing workers in crisis accommodation. People accessing crisis accommodation are some of the most vulnerable in our community, and they are often disengaged from health and other primary care services by the very nature of their homelessness, often presenting with multiple and complex needs, and frequently falling between the gaps of different services.
Hence a partnership was established known as the Road Home Project, which centres upon a strong and multi-disciplinary team to deliver mental health care, legal support, and general health care to homeless people, where they need it most, which is in the crisis accommodation setting. This service delivery approach is a stark contrast to the single-discipline outreach approaches that characterize much of current community sector support services.
The role of the Mental Health Nurse in such a project has provided mental health support to individual people who are homeless, which includes assessment of mental health and risks, counselling, psychoeducation, advocacy, medication monitoring, and supporting referrals to the most appropriate longer term mental health support services that fit with transitional and longer-term housing. Furthermore, the Mental Health Nurse role in the interdisciplinary team, provides ongoing education and secondary consultations to housing workers, supporting the legal team in advocacy and supporting the work of the Nurse Practitioner in addressing the overall physical and well-being needs of homeless clients.
It is in this way the Road Home Project supports homeless people who represent a very diverse population across many domains, often with co-occurring illnesses, through increasing their ability to access mental health care, health care and legal support. This provides clients with a more equitable chance of addressing their homelessness, getting their psychosocial needs catered for and optimizing their chances of making the most of addressing their homelessness, and builds their capacity to work towards a more stable future.

Look beyond – See more than my diagnosis

Noxi Chiweshe
Barwon Health Australia, Geelong, Australia, Australia

The poem has been carefully crafted to evoke emotions, promote understanding, and encourage open dialogue about mental health challenges.
I intend to create a space for reflection, empathy, and connection, offering a creative and accessible approach to engaging with the complexities of mental health. I firmly believe that poetry has the potential to inspire hope, foster empathy, and

facilitate healing, making it a valuable addition to the diverse array of presentations at the conference.

The Living Room: A peer-led mental health service for enhancing student wellbeing and suicide prevention

Amanda Cole; **Dawn Reid**
Edith Cowan University, Joondalup, Australia

The mental health of university students has been widely recognised as one of the key factors affecting their retention and success, with less than one-third of students with a mental health condition having sought help from formal services. Wellbeing challenges among students at university are often multifaceted, encompassing feelings of isolation, social pressures, family issues, financial challenges, anxiety, study stress, and increased risk of suicide.

The Living Room (TLR), a new and innovative student peer-led mental health service, serves as a low-barrier drop-in space, offering a welcoming and inclusive place for students to engage in peer-to-peer discussions, seek support, and receive early intervention and recommendations for mental health and wellbeing concerns. Importantly, the service is led by student peer advisors and coordinated by a mental health nurse. All students who visit The Living Room engage in a conversation with a Peer Support Advisor. This conversation is guided by a Welcome and Wellbeing Questionnaire, which embeds a suicide prevention model and clear points to seek further expertise from mental health professionals.

Key Issues Explored:

1. The need to assess and evaluate services and supports for university students, focusing on enhancing student success and wellbeing.
2. Understanding the social and emotional wellbeing of students, particularly evaluating the effectiveness of a low-barrier, student peer-led mental health service model.
3. The significance of addressing gaps in understanding student mental health needs and challenges and evaluating innovative, low-barrier approaches like The Living Room.
4. Promoting wellbeing through early discussion, assessment, and intervention strategies to address suicide risk, and crises among university students.

Diagnostic overshadowing, health inequity and health literacy with intellectual disability: Time to shape up

Natalie Conley
James Cook University, Cairns, Australia

There is no doubt that there is a need for specialist intellectual disability nurses. Care for people in mainstream services is fragmented, and since the loss of the specialist Intellectual disability nursing role in Australia, there has been an increase of 38-53% avoidable deaths among people with intellectual disability compared with 17% of preventable deaths in the general population. The Jay Report (1979) recommended the integration of people with intellectual disability into community settings as opposed to requiring special needs. This began the questioning for the need for specialist services and nurses and learning disability nurses were disestablished in Australia and New Zealand in 1983. Over the years, this loss of specialty has come into serious question. Yet despite several inquiries and reports into health inequity among people with intellectual disability, compulsory education in nursing programs has not been re-established. The lack of preparation of nurses in mental health care has been identified as a significant barrier to accessing effective mental health care yet people with intellectual disability have the right to enjoy the highest attainable standard of health without discrimination based on disability as per Article 25 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD).

Australia's Disability Strategy 2021-2031 Health and Wellbeing outcome priority 3 states. Mental health supports and services are appropriate, effective, and accessible for people with a disability. This policy priority highlights inadequate training, diagnostic overshadowing, and lack of specific mental health services for people with intellectual disability is creating inequity.

We have a duty of care to address this inequity, to raise awareness of the lack of education and training and bring this back into standards of care. This primary responsibility lies within the Governmental domain and Universities are on this list alongside mental health supports and services. Access provision is equality, accessing appropriate and effective health care is equity.

How can we do this better part II? Self-harm: What's really happening on the frontline?

Natalie Conley[1]; **Tanya Park**[2]
[1]James Cook University, Cairns, Australia; [2]Far North Queensland Hospital Foundation, Cairns, Australia

In the 47th International ACMHN conference we presented our self-harm project proposal to explore how we can improve frontline nursing for those who engage in acts of self-harm. This presentation discusses the initial findings.

Research from the last four decades continues to highlight the need for educational preparation for nursing across all disciplines, recent published research is identifying the same problems across nursing associated with feeling unprepared, emotionally drained and reinforcing stigma. The experiences of nurses influence clinical practice and outcomes for persons who self-harm. Previous research in this area continues producing similar results about the experiences of frontline nurses despite numerous recommendations. This project is different, it compares the perspectives of both ED nurses and MH nurses working in FNQ to find a comparison between these groups related to skill and need.

The research team conducted an exploratory investigation into nurses' experiences and perceptions to test the methodological approach and gain information to inform the development of a larger research project.

Results: Using a quantitative internet-based survey based on established instruments, data revealed a snapshot of the perspectives of both ED and MH nurses in FNQ.

Mental health nurses are on the frontline as 'experts' in the field of self-harm, respondents demonstrated a high understanding of client need but felt let down by the hospital system.
ED nurse respondents are generally the first point of call within the hospital setting but many feel unprepared questioning motive and find meeting needs challenging.
These findings will inform the qualitative investigation journey.
Conclusion: Comparing these results with previous research, the diversity of understanding for motive for self-harm is evident between cohorts, exploring emotional intelligence, person-centred care and resource access needs to be the focus of future investigation for frontline nurses.
The next stage is to expand the scope of the project to include additional clinical contexts across Queensland more broadly. This will inform a fit-for-purpose education intervention that focuses on what the MH nurses do that can be translated to wider support and managing the self and resource development to improve the experiences of all nurses and clients.

Teaching culturally safe care for First Australians and mental health in a white academic world

Natalie Conley
James Cook University, Cairns, Australia

I am an English-trained nurse, who moved to New Zealand, became a lecturer in mental health for nursing and began to immerse cultural safety into my curriculum. 25 years later I am teaching Aboriginal and Torres Strait Islander Health and Wellbeing to undergraduate nursing students. How does this happen?
This is my story and explains the power of understanding person-centred care and culturally safe practice regardless of race, creed, or background. I want to show nurses the power of partnership and using a recovery-based framework as a methodological approach to teaching and learning: The 3'Rs'.
The 3 'Rs' are Respect, Reflection and Recovery. They align with Ramsden's cultural safety principles and the AHPRA Code of Conduct. This is not a 'should do' approach, it is a can-do approach and works well with client care, community engagement and working with students. The 3 'Rs' require working alongside students, clients, and significant others, that sharing knowledge is a two-way process and while culturally safe care is determined by the receiver of care, in my opinion, the receiver of knowledge too. Teaching culturally safe care must be a safe process in itself, respecting student diversity and bias, creating a safe reflective approach and using recovery principles such as meaning, connection and strength. Working in partnership allows people to acknowledge their opinions and feelings as opposed to creating an atmosphere of fear for speaking out, thus fostering social and emotional wellbeing. This is not a researched, published approach, this is an area of human connection that we all do. The 3 'Rs' work when people see this connection and the value for not only their nursing role but their social and engagement role. It offers meaning and hope, reflecting on identity and connection that fosters respect and empathy enhancing the process of decolonisation and nursing student growth.
My presentation takes you on that journey and how you can use the 3 'Rs' to enhance the provision of care and understanding of culturally safe practice in mental health.

SIMHS (Supporting Improved Mental Health in Schools) – An innovative model of support

Tim Crowley
Women's and Children's Hospital, North Adelaide, Australia

The Supporting Improved Mental Health in Schools Program is an innovative model, recognised as internationally unique, involving collaboration devised by Hospital School SA between CAMHS, Paediatrics, young people, families, and enrolled schools. This communication-based through-care approach provides comprehensive mental health care for young people being admitted for mental health or presenting for emergency mental health services. The SIMHS structure has been instrumental in providing care to over 4000 young people in 2022 alone. This has included a targeted response through 625 statewide school visits last year.
By working together, this model ensures that the young person's mental health needs are addressed holistically and that there is a coordinated approach to their care. This approach has shown to be highly effective in achieving positive outcomes and was the recipient of the Non-Clinical Excellence Award by the Women's and Children's Health Network, presented at an International Conference in Europe and is being implemented by several paediatric hospitals internationally as best practice.
Our outreach program is designed to ensure that Hospital School SA appropriately facilitates the process of gathering and sharing information that was previously inaccessible to enrolled schools. As a result, we provide school-based collateral information to the treating team, as well as transition information to enrolled schools that is suitable for the reviewing or formulating of school-based support plans. Our program is highly effective in ensuring that all stakeholders are able to collaborate to provide the best possible outcomes for young people. Education and health are inherently different systems with often, opposing dynamics. SIMHS bridges the gap between clinical treatment, intervention and school-based supports and shows mental health support is possible when, in partnership, we take a team-around-the-child approach. The SIMHS approach to collaborative care between systems is adaptable across departments supporting the transposition of clinical response to helpful school-based strategies.

A statewide Victorian approach to improving safety for consumers who are at harm of ligature

Janine Davies; **Anna Love**
Safer Care Victoria, Australia

In response to Improving Inpatient Safety for consumers in adult acute mental health Inpatient units for all people from diverse communities. Safer Care Victoria (SCV) (sponsored by the Chief Mental Health Nurse for Victoria) commenced a piece of work with key stakeholders including, jurisdictional and international partnerships, WorkSafe, Industrial bodies, identified lived experience colleagues and sector leaders. In the absence of national standards in minimising the potential for ligature-related risks in Australia, it was identified the requirement for a standardised approach to the principles of training of workforce,

assessing and managing ligature risk within the public mental health sector in Victoria.
This presentation will explore the importance of organisational/clinical governance, training/education, and the development of a standardised anti-ligature assessment tool. The implementation of a Victorian ligature risk review project committee supported scoping anti-ligature practices in 2023 within the public mental health services in Victoria. Following a thematic analysis of current practice in 2023 this supported a project plan to implement changes in practice in 2024. Identifying key training principles and a standardised approach re: assessment of consumers at harm of ligature and effectively managing the identified risks.

The 'Story Holder.' Enhancing the admission experiences to an adolescent acute mental health unit

Naomi Doyle; **Claire Loynd**; Marianne Wyder; Ryan Zeppa-Cohen
Metro South Addiction And Mental Health Services, Meadowbrook, Australia

When admitting a young person to an adolescent inpatient unit, there were delays between the young people's referral to an inpatient unit and the time they were admitted. This had impacts on a young person's and families experience of the inpatient setting. Furthermore, this process also impacted on the workload of community teams, particularly when this was a planned admission. As a result, many young people were still triaged and admitted through the emergency departments.
The Logan Acute Adolescent Inpatient Mental Health Unit (LAAIMHU) created a Clinical Nurse (CN) position to address these concerns. This position aims to improve the transition for young people from community to an inpatient, and from inpatient to community. This position has focused on streamlining the referral pathways between the community, private non-government organisations or the emergency department and the inpatient unit. The position provides one point of contact enabling referrers to share the information consistently and promptly with the ward. In addition, the CN also facilitates the initial conversations with a young person and their family around their goals and can clarify any concerns they may have. The CN co-designs the goals of the admission with the referrers, the young person and their family, as well as balancing the risk and benefits of an admission for the young person.
Since the role has been created, there has been a reduction in the number of admissions/referrals that were made out of hours, and there has been a reduction on the wait time in the ED setting. There has also been a substantial increase in direct admissions from community mental health and as such eliminating the use of the ED altogether. This poster will present the model of care, the intake questionnaire, the referral pathways created as well as preliminary data on the effectiveness.

Approaching mental health crisis reform within the Brisbane North region

Louise Durant; Elizabeth Eggins; Kathryn Turner; Kylie Burke
Metro North Mental Health – Crisis Reform Project, Brisbane, Australia

The response to mental health crises is widely acknowledged as a challenging and complex issue both nationally and internationally. Existing responses at both national and international levels are perceived as lacking and ill-suited for the task at hand. Therefore, successfully addressing mental health crisis response necessitates a shift from singular solutions to more strategic and connected regional approaches. These approaches should encompass the full continuum of care within a network of services built upon a shared framework. The framework should emphasise prevention and early intervention, coordinated responses during crises, and the provision of services and supports following a crisis to promote recovery. These components should be evidence-based and rooted in agreed principles and practices to ensure more effective, efficient, and humane care. The ultimate goal is to ensure that consumers receive appropriate care in the right place and at the right time.
The Metro North Mental Health Crisis Reform project aims to scope, co-design, and deliver a strategy with a clear vision for crisis reform in the Brisbane North Region in Queensland. This strategy will bring the community in line with the worldwide consensus that acute mental health care is an essential component of comprehensive integrated recovery-focussed mental health services. This presentation describes the activities of the project, key enablers to success, and highlights major learnings for undertaking complex multisystem reforms. Interwoven throughout is our active inclusion of individuals with lived experience and First Nations representatives. We will describe the implementation of essential crisis service models of care realised through this work, such as crisis stabilisation facilities, mobile crisis response teams, and mental health hospital in the home.

Partnering with consumers to deliver a therapeutic and functional environment for mental health crisis

Louise Durant; Kathryn Turner
Metro North Mental Health, Brisbane, Australia

The response to mental health crises is widely acknowledged as a challenging and complex issue both nationally and internationally. There is worldwide consensus that acute mental health care is an essential component of comprehensive integrated recovery-focussed mental health services. Traditionally, in Australia (and other developed nations) a significant proportion of crisis mental health care has occurred in the Emergency Department (ED). It has long been recognised that the ED environments are an unsuitable space for those in mental health (MH) crisis and the economic burden on public hospital EDs created by MH presentations is significant.
A Crisis Stabilisation Facility (CSF) aims to provide an alternative to ED assessment and treatment to people experiencing a mental health crisis in a safe and therapeutic environment. A

suite of multidisciplinary interventions is offered to consumers by a highly skilled team with both clinical and lived experience staff. The overall goal is to meet people's immediate needs, facilitate their recovery journey, link them with the right supports, and reduce the likelihood of recurrent crises.

In 2023, Metro North Mental Health (Brisbane, Queensland) embarked on a journey to co-design with consumers (service users) and staff, a new CSF for people experiencing mental health crisis. Using the Metro North Codesign Framework, our methods involved recruiting our co-design team, aligning our vision, exploring and connecting, imagining and deciding, creating and testing. Learnings from our journey informed the design delivery of a purpose-built space that can be considered for future therapeutic space design. Design elements which facilitate safe and therapeutic environments, such as through biophilic elements are demonstrated through the design and have been applied to enhance the consumer experience of the space.

Promoting safe inpatient environments – We're all in this together

Fiona Dziopa; **Rosemary Sorrensen**; **Ryan Zeppa-Cohen**; **Anne Steginga**
Metro South Addiction and Mental Health Service, Brisbane, Australia

Introduction/Background: Aggression within mental health inpatient settings is complex and is influenced by multiple factors. Within Metro South a number of indicators suggested aggression in the acute mental health inpatient settings was increasing, with increased reliance on restrictive practices. To address same, a nurse-led co-design approach, involving interprofessionals (including lived experience workers), was implemented to develop solutions to work towards the prevention of workplace aggression, violence and the elimination of restrictive interventions.

Description of Intervention: An inter-professional Safe Environment Taskforce was formed to facilitate focus groups with nurses, allied health, medical staff and lived experience workers. An evidence-based multi-factorial framework of aggression guided the focus groups, with participants considering each factor to identify individual/team strengths and opportunities for improvement.

Outcomes: The inter-professional focus group feedback, coupled with clinical and workforce data, lead to the development of a Safety Response Team model. Safety Response Teams, led by nurses, are currently being trailed within the mental health inpatient setting across Metro South.

The feedback also guided the development of a service-wide multi-factorial Safe Environments Action Plan, which is being monitored through a newly formed Safe Environment committee.

Significance: The methodology facilitated direct care staff to consider the complex and multi-factorial nature of aggression. This supported moving away from tendencies (at times) to attribute blame on the person admitted to hospital who is expressing aggressive behaviour, as well as supporting team members to understand we all play a role in preventing aggression.

Factors influencing nurses managing mental state deterioration in acute hospitals: Refining theories through realist evaluation

Tendayi Bruce Dziruni[1]; Alison M. Hutchinson[2]; Sandra Keppich-Arnold[1,2]; Tracey Bucknall[1,2]
[1]*Alfred Mental and Addiction Health, Melbourne, Australia;* [2]*Deakin University, Melbourne, Australia*

Introduction: In acute hospital settings, patients presenting with mental state deterioration present a uniquely complex and demanding challenge. The impacts of mental state deterioration are well documented including poor patient outcomes, traumatic use of restrictive practices and negative experience for patients and staff. Consequently, ensuring that patients who present with mental state deterioration receive timely and appropriate care is a key concern for healthcare organisations. However, the effectiveness of interventions depends on evaluating and understanding the underlying causal generative mechanisms including exploring and addressing the factors that influence the staff's ability to manage mental state deterioration effectively.

Aims: Based on realist evaluation methodology, this study aims to refine program theories and identify factors influencing nurses' ability to manage mental state deterioration in acute hospital settings.

Method: A survey instrument based on initial program theories was developed to collect quantitative and qualitative evidence for theory testing and refinement.

Results: 50% of nurses in select clinical units completed the survey, revealing challenges in managing mental state deterioration. 80% had received some training in mental health, although 56% reported the training being less than an hour long. 53% rated their de-escalation skills as low. About 30% activated response teams for help, and only 16% formally reported mental state deterioration within the preceding 4 weeks. From free text responses, nurses highlighted the need for tailored training, implementing daily mental status assessment forms, improved teamwork, communication, and better organisational support for high-risk patients.

Conclusion: The study emphasises the importance of addressing the challenges faced by staff to address mental state deterioration. It is essential to improve clinical skills through tailored training, teamwork, and effective communication of safety. Additionally, organisational factors such as standardised response team models and improving risk assessment and reporting processes play a key role.

Exploring the journey through Perth's Mental Health Court: A therapeutic approach

Teri Ekanayake[1]; Linda Trinh[2]
[1]*State Forensic Mental Health Service, Perth, WA, Australia;* [2]*Department of Communities Adult Community Corrections*

Perth's Mental Health Court, established in March 2013, offers a unique therapeutic solution for offenders grappling with mental health issues. This voluntary court targets individuals willing to address their mental health, alcohol and other drug (AOD),

offending and psychosocial needs by providing a dedicated support for recovery. The Start Court has a team comprising a dedicated Magistrate, Police Prosecutor, Lawyers, Community Corrections Officers, Outcare (including peer workers), AOD diversion officer and Clinical Team. The court offers a comprehensive approach to offender rehabilitation and provides the magistrate with an alternative to traditional sentencing options that are fair and proportionate.

This presentation will delve into the journey through Perth's Mental Health Court, outlining the process from application to graduation. Key aspects to be discussed include the application process, which entails voluntary participation and a commitment to addressing mental health needs. Following application, participants undergo assessments conducted by the Clinical Team and Outcare to tailor interventions to individual needs.

Throughout their court journey, participants engage with the multiagency, multidisciplinary team comprising legal, clinical, and community support professionals. The court emphasises collaboration and recovery-focused individualised care, providing a supportive environment for participants to address underlying issues contributing to their offending behaviour.

Graduation from the Mental Health Court signifies successful completion of the rehabilitation journey, marked by progress in addressing mental health needs and reducing the risk of reoffending. This presentation will highlight factors contributing to successful outcomes, including participant engagement, therapeutic interventions, and community-based support.

By exploring the process of the journey through Perth's Mental Health Court, this presentation aims to provide insight into the effectiveness of therapeutic approaches in addressing the complex needs of offenders with mental health issues. It underscores the importance of collaboration, individualised care, and voluntary participation in promoting recovery and reducing recidivism among this vulnerable population.

Multi-Morbidity in Older Adults (MODS) research programme. Key findings and relevance in global healthcare context

David Ekers[1,2]
[1]*Tees Esk and Wear Valleys NHS, United Kingdom;* [2]*University of York*

Background: Depression in older adults (≥65) is often underdiagnosed and under-treated. Older adults are more likely to have long-term physical conditions which increases the risk of depression and worsens outcomes of all conditions. Older adults may be socially isolated or experience loneliness, both of which can increase the risk/impact of depression.

The MODS Programme: MODS is a 5-year programme of research funded by the UK National Institute of Health Research (NIHR PG RP-PG-0217-20006) to explore the adaption of a brief telephone-delivered psychological intervention, Behavioural Activation (BA) to support functioning in older adults with complex multimorbidity including depression. It consists of four key workstreams.

- WS1. Intervention adaption
- WS2. Pilot Randomised controlled trial (RCT)
- WS3. Large-scale Multicentre RCT
- WS 4. Post COVID adaption

Results: WS1 recruited an active patient and public involvement advisory group and stakeholder consensus groups to support adaption of the intervention. Two small case series were conducted ($N=10$) to test materials and feedback. WS 2 delivered a randomised pilot study ($n=100$) to further test study/intervention procedures and conducted further qualitative analysis and adaptions due to CV 19 pandemic. WS3 conducted a large-scale ($N=449$) multicentre RCT and examined clinical, cost and qualitative ($N=40$) outcomes. WS 4 a smaller RCT ($n=110$) was conducted to explore the post-COVID adaptions conducting detailed process evaluation, observing descriptive statistical outcomes by group.

Discussion: Outcomes from WS1 & 2 will be discussed and related to adaptions due to the onset of the COVID-19 pandemic. As WS 3 primary outcomes will be presented in detail in another presentation, here we will recap and outline qualitative findings alongside cost-utility data and relate to implementation. WS4 process evaluation findings will be considered in context of what we know in relation to BA and older adults, quantitative findings placed in context using meta-analysis.

Summary: This presentation will provide an overview of one of the largest programs of research to be conducted in this clinical population. We will provide an overview with key results from each WS, how they inform clinical practice of brief scalable interventions and relevance in a global healthcare context.

Prevention in the time of COVID: The Behavioural Activation in Social Isolation (BASIL+) trial

David Ekers
Tees Esk And Wear Valleys Nhs Ft/university Of York, United Kingdom

Background: Depression often coexists with loneliness, and there is growing recognition of the adverse impacts of loneliness on health. Older adults were more likely to be socially isolated during the COVID-19 pandemic, with risk of depression and loneliness.

Behavioural Activation (BA) could feasibly maintain mental health in the face of COVID isolation. By adapting BA to address social isolation and maintain social networks, we tested its impacts on prevention and treatment for depression and loneliness.

Methods: We undertook a multicentre randomised controlled trial [BASIL+ ISRCTN63034289] of BA to mitigate depression and loneliness among older people scoring 5 (or over) on the PHQ9 socially isolated during pandemic conditions. BA was offered by telephone to intervention participants ($n=218$). Control participants received usual care, with existing COVID wellbeing resources ($n=217$).

Results: Participants engaged with 5.2 (SD 2.9) of 8 remote BA sessions. Adjusted mean difference (AMD) for depression (PHQ-9) at 3 months [primary outcome] was -1.65 (95% CI -2.54 to -0.75, $p<0.001$). There was an effect for BA on emotional loneliness at 3 months (AMD -0.37, 95% CI -0.68 to -0.06, $p=0.02$), but not social loneliness (AMD -0.05, 95% CI -0.33 to 0.23, $p=0.72$).

For participants with lower severity depression symptoms (5-9 on the PHQ-9) at baseline, there was an effect AMD PHQ9 1.13 (95% CI −2.26 to 0.01, $p=0.051$), though this was less pronounced than for those scoring 10 or more at baseline (-2.48, 95% CI -3.81 to 1.16, $p=0.0002$).
Secondary outcomes will be presented.
Conclusion: The research community's response to COVID was largely to measure impacts on mental health. We prioritised our trial infrastructure to advance science in prevention and treatment. The BASIL+ trial showed that BA can be readily adapted and scaled for older people, with impact on depression and loneliness. Whilst we already knew that BA works for depression for older people, the BASIL+ trial adds to an emerging evidence base in preventing and mitigating loneliness in the face of social isolation. In this presentation, we will discuss the process of realigning research priorities during the COVID-19 pandemic, implications post pandemic and relevance of scalable remote therapy in Australian context.

Increasing access and reducing stigma: The experience of mental health nursing in a cancer centre

Ria Esberey
Peter MacCallum Cancer Centre, Parkville, Australia

Engage Victoria, through the development of the Victorian Cancer Plan 2024-2028, has identified that one of the Victorian government's main priorities is to achieve equitable outcomes for all people who experience cancer. Currently, 70 percent of people with cancer develop significant psychological distress with 30 percent having a diagnosable mental health disorder. These diagnoses can range from adjustment disorders to anxiety, depressive disorders, and psychotic disorders. Of people who are diagnosed with cancer, those who experience co-occurring significant and enduring mental health disorders are amongst the most vulnerable. No current evidence yet indicates this cohort will experience increased rates of cancer, however in comparison to the general population, they generally experience poorer outcomes due to their limited access to care, with an increased risk of mortality. The symptoms of their mental illness often drive the difficulties accessing the care they need for their cancer and often mean that these people will slip through gaps in screening systems.
The aim of this presentation is to describe the role of a consultation liaison mental health nurse in a large, tertiary cancer hospital and the common issues encountered in attempting to deliver better physical health outcomes and increase access to services for people suffering with a significant and enduring mental health illness. Two de-identified case studies will be presented to explore and compare the challenges this cohort of patients may experience. The focus will be on the nursing interventions and screening of these patients and how supporting oncology nursing staff through education significantly improves outcomes for these people by increasing their access to care and reducing stigma. It will also explore the importance in the role of liaison work in physical health settings, which further establishes strong relationships between different disciplines and works to improve outcomes for patients.

Integrating Aboriginal and Torres Strait Islander mental health clinicians into Australia's mental health workforce

Julie Ferguson
Charles Sturt University, Katoomba, Australia

This year marks the thirtieth anniversary of the Djirruwang Program in New South Wales. The Djirruwang Program was developed to increase the Aboriginal & Torres Strait Islander mental health workforce. Charles Sturt University has partnered with New South Wales Health and in more recent times with Victoria Health to offer the Bachelor of Health Science (Mental Health) degree.
The program has grown and developed over the past 30 years. There have been more than 300 Aboriginal and Torres Strait Islander people graduated from the Bachelor of Health Science (Mental Health). Many of these clinicians have been employed through NSW Health and Victoria Health in traineeship positions. The positions are a step in the right direction towards a culturally safe and supportive environment for Aboriginal and Torres Strait Islander people to have their mental health needs met.
The statistics continue to show that Aboriginal & Torres Strait Islander people have higher incidence of mental health-related problems due to histories of colonisation, trauma, violence, and abuse. The rates of youth suicide and incarceration have grown exponentially over the past decade. The rates of children being removed from their birth families continue to grow. The Closing the Gap reports each year show the Gap between Aboriginal and Torres Strait Islander people's life expectancy and chronic disease including mental illness continues to widen. How can we as mental health clinicians assist with slowing the statics from growing? How can we integrate our fellow Indigenous Mental Health clinicians into our services so that we are providing the best possible care for our Aboriginal brothers and sisters?
This paper will discuss the development of the Djirruwang program and some of the complex issues that many of the students of this program face in the workplace when trying to provide culturally responsive and competent services to all clients.

Happy in the home – A less restrictive option to hospital-based care

Judy Foord; **Amanda French**
Barwon Health, Geelong, Australia

Barwon Health Mental Health Hospital in the Home (MH HITH) is the only Victorian based, 9 bed, acute adult mental health inpatient service, delivered in the home. Intensive home-based mental health care and treatment is provided by a multidisciplinary team, offering a true alternative to that provided in hospital-based Acute Inpatient Mental Health Units.
As a result of the Royal Commission into Victoria's Mental Health System, Barwon Health has developed an innovative service that aims to increase access to acute mental health services, reduce admissions to the Swanston Centre Acute Psychiatric Admissions Unit, and the McKellar Mental Health and Wellbeing Unit. It provides an alternative pathway for escalation and step-down of care from other areas of the service. Mental Health Nurse Practitioners

(NP) have been embedded into the team to provide services out of hours for people requiring admission to the team, prescription of medication, pathology orders, and escalation of care for a person when their condition is deteriorating. People are often traumatized during admission to an acute mental health unit. This is particularly applicable to people from Indigenous communities and non-Australian cultures. MH HITH is trauma-informed, culturally sensitive, recovery-focused, involving both the consumer and carers in all aspects of care planning.

This presentation aims to bring awareness to less restrictive alternatives to acute inpatient mental health care and treatment. It will provide an overview of Mental Health Hospital in the Home, its functions, and results (including consumer/carer feedback) so far. A brief case study will highlight the advantages of home-based care for an Aboriginal female with multiple physical health co-morbidities, and issues with access to services. The team communicated regularly with the Koorie Mental Health Liaison Officer to support the consumer with her needs.

Move ready, transitioning mental health inpatient operations to a new setting

Joy Fullerton; **Shaveta Sood**
Northern Health, Epping, Australia

This presentation is intended for mental health professionals, health administrators, policymakers, and researchers interested in the logistical, clinical, and patient-centred aspects of relocating an operational Mental Health inpatient ward to a new location. Attendees will gain insights into the challenges, move ready strategies, and outcomes associated with such transitions, facilitating informed decision-making and best practices in similar endeavours.

Transitioning mental health inpatient ward operations to a new setting is a multifaceted process that demands careful planning, collaboration, and consideration of various stakeholders' needs. This presentation examines the experiences and lessons learned from relocating mental health inpatient services to a new facility. Through a combination of case studies, data analysis, and stakeholder perspectives, we explore the challenges encountered, move ready strategies employed, and outcomes achieved in this transition. Key themes include logistical considerations, clinical implications, consumer experiences, and organisational impacts. By sharing insights and best practices, this presentation aims to inform and guide professionals involved in similar initiatives, ultimately improving the quality of care for mental health consumers receiving treatment in an inpatient setting.

Delegates will explore the:

- Logistical Challenges of transitions of service. Gaining insight into the logistical complexities involved in relocating mental health inpatient operations, including facility preparation, staff orientation and resource allocation.
- Enhancing Patient-Centred Care strategies ensuring continuity of care and optimising the consumer and carer experience throughout the transition process, addressing concerns such as communication, safety, and comfort.
- Learn how to mitigate potential risks, disruptions and maximise organisational effectiveness during the relocation of mental health inpatient operations.

Optimising mental health inpatient bed management: The interplay of access and flow

Joy Fullerton
Northern Health

This presentation explores mental health bed management strategies developed in response to 2021 Royal Commission recommendations, focusing on timely delivery of care for mental health consumers in Northern Victoria. It discusses "access" and "flow" as pivotal concepts, addressing bed availability, admission wait times, and discharge facilitation. Access ensures appropriate service availability, while flow optimizes transitions through care levels. The interplay between access and flow is crucial for efficient resource utilisation and quality care delivery. Understanding these dynamics is vital for navigating complexities in mental health inpatient management, enhancing service capacity, and meeting consumer needs effectively.

Access in this context refers to the mental health consumer's ability to obtain the correct mental health service at the right time in the right place. This includes factors such as availability of appropriate bed stock, wait times for admission, and service access. Strategies to improve access involve enhancing bed capacity, streamlining referral processes, and addressing barriers to admission.

Conversely, flow pertains to the movement of mental health consumers through the care continuum, from admission to discharge or the transition to lower levels of care. Optimising flow involves minimising lengths of stay, facilitating timely discharge or transition to community-based services, and preventing unnecessary or prolonged hospitalisations through effective coordination among stakeholders.

This abstract delves into the nuanced interplay between access and flow in mental health inpatient bed management, highlighting their complementary yet distinct roles in ensuring the efficient utilisation of resources and delivery of high-quality care. It underscores the importance of balancing timely access to inpatient beds with streamlined flow processes to maximize outcomes for mental health consumers.

In summary, a comprehensive understanding of access and flow dynamics is essential for navigating the complexities of mental health inpatient bed management. By addressing both aspects with strategic interventions and collaborative efforts, healthcare systems can enhance their capacity to meet the diverse needs of mental health consumers while optimising resource allocation and improving overall care delivery within the public mental health setting.

Collaboration on inpatient mental health units when mental state deteriorates: The family experience

Karen Foster
Edith Cowan University, Tranmere, Australia

Mental health nurses are a constant presence on often busy and unpredictable acute mental health units, where people may be admitted involuntarily when acutely unwell to prevent further deterioration. Within this context, nurses are expected to provide recovery-focused care, and a physically and emotionally

safe therapeutic environment. Nurses facilitate early detection of deterioration in mental state, to promote safety and provide the appropriate level of support and care. Family members are one of the three members of the Triangle of Care, involving the person with living experience, family members and staff. Family members often know their loved one's baseline mental state, strengths and early warning signs well and are therefore an integral part of this process of early recognition of mental state deterioration. Inclusion of families should occur where possible from the point of admission, and include decision making about care options during admission, safety planning and discharge planning. Involving families should also respect individual needs and differences regarding who is involved in their care, which may be an extended family network, close friends and how they are involved. This can be difficult to achieve, however, due to practical constraints, individual preferences, and the need to maintain confidentiality. This presentation will explore the preliminary findings of a PhD study investigating the perspectives of family members regarding collaboration in recovery-focused care with nurses and people with living experience of mental illness in an acute inpatient mental health setting. This study takes a broad definition of "family" to be that defined by the person with living experience of mental illness. This respects and reflects individual needs due to differences such as gender diversity, cultural expectations, and the autonomy of people with mental illness. The data collection method, encouraging participants to utilise creative methods (for example art and music) to reflect on and describe their experience, encourages involvement in research and practice development for those who are less comfortable with more traditional verbal discussions. Finally, implications for clinical practice to promote inclusion and engagement of diverse populations within mental health care are presented.

Do we practice what we preach/teach as mental health nurses?

Kim Foster
Australian Catholic University, Melbourne, Australia

This presentation draws on evidence gathered across a series of studies with mental health nurses on their wellbeing and practice, and from the author's extensive background in mental health nursing. The aim is to critically reflect on the philosophy and practice of mental health nursing and propose systemic strategies to more effectively address our own mental health.

Mental health is a human right. Regardless of our backgrounds or roles, we have equal rights to have our mental health needs addressed. Mental health nursing practice involves the purposeful use of self – thoughts, feelings, attitudes and skills – in interpersonal interactions with people experiencing mental distress, in order to provide therapeutic care and support their recovery. Our research, however, indicates we are not always practising what we preach. While mental health nurses are strong advocates for consumers' mental health, we are not necessarily attending to our own or colleagues' mental distress. Further, we sometimes cause harm. Mental health nurses have reported lack of recognition of their mental distress by colleagues and managers, stigmatizing and shaming of their mental health problems, bullying behaviors, and lack of timely or effective psychological support. This has implications for our authenticity, credibility, and effectiveness as mental health professionals.

If we are to redress this concern, it is relevant to critically reflect on the relationship between 'practitioner'/'self' and between 'self'/'other'. Arguably, there are double standards in our attitudes towards others' mental health and that of our own, and on a broader level, a lack of parity of esteem for the mental health of practitioners. This inequity has important implications for the mental health of mental health nurses, for practice, and for attracting and retaining staff.

There is a need for critical reflection, discussion, and reform at all levels (profession, organization, team/unit, and individual) to address this systemic concern for our profession. Strategies to support our mental health will be proposed for the profession at large; organizational support for mental health nurses; education and training; and individual and team approaches.

Panarchy Theory: A new framework for mental ill health and care?

Cathy Francis
University of Newcastle, Newcastle, Australia

Do you feel that the medical model does not necessarily fit well with mental ill health and care? This presentation could appeal to you. Previously, I have training as an environmental scientist although I am now studying a Master of Philosophy in the field of mental health. I have come across a concept that was developed for understanding and managing complex ecological systems, which I would like to explore with you through this presentation – I believe it can also apply in mental health care: The Panarchy Theory. This theory was developed by a group of multi-disciplinary scientists known as the Resilience Alliance. To start with, this theoretical framework characterises complex systems "as dynamically organized and structured within and across scales of space and time". Within a panarchy (a 'whole' system) there is a nested series of inter-connected hierarchies, with smaller-scale domains (that could be an individual person, for example) sitting under progressively larger-scaled ones (e.g. that could comprise a family, a community, a society and so on). At each hierarchical domain, there is an ongoing "adaptive cycle" that takes place – with phases of both collapse and renewal. These terms are all ecological ones and different terms could be used in a mental health setting. However, features of the Panarchy Theory relevant to mental health care include: (a) the potential for transformation is emphasised, (b) understanding inter-connectedness is key and (c) it allows resilience to be examined over time and space. Also, the current state of an adaptive cycle is never considered to be fixed, where change is inevitable and dependent on resources, capital, perturbations (outside influences) and processes. Importantly for a mental health application of this theory, likely effective interventions can be identified and evaluated in this context. I think this could be a new framework for offering care to those seeking help with their mental health, that doesn't centre on a disease and disorder classification, but rather looks at a person and their panarchy holistically in time and space. I hope you will join me to get nerdy and discuss, I'm interested in the mental health nurse's perspective.

Suicidal ideation in the Emergency Department

Cathy Francis[1]; Rhonda Wilson[2,3]; Rachel Sheather-Reid[3]; David Durden[3]; Oliver Higgins[1,2,3]
[1]University of Newcastle, Newcastle, Australia; [2]RMIT University, Melbourne, Australia; [3]NSW Health, Central Coast Local Health District, Central Coast, Australia

For people presenting to the Emergency Department (ED) with suicidal ideation, it may be their first or last port of call for care, for some it may be their only option. What happens in the ED and afterwards for people with suicidal ideation is critical for their health outcomes. In Australia, the number of people presenting to the ED with suicidal ideation can be substantial. The ED represents a vital opportunity for the health service and professionals to provide care for people experiencing a suicidal crisis, including those with suicidal ideation. However, the literature available on service user experiences indicates that an ED visit for suicidal ideation can often be a negative one. From the ED professionals' perspective, they also acknowledge some significant barriers and let downs to providing care for people with suicidal ideation in that environment. Consequently, there have been calls for research to have a greater focus on ED-related stressors and their potential impact on people with suicidal crisis. To contribute to addressing this knowledge gap, we conducted a retrospective cohort study on quantitative data available from two public ED's in New South Wales (Australia). The aim was to better understand the experience of those presenting to the ED with suicidal ideation and to identify if/where negative stressors may be occurring and thus improved. The study included all people attending the ED with suicidal ideation recorded as their presenting problem. The sample for the current study was drawn from 1st January 2016 to 31st of December 2021. Data will be presented descriptively and covers how people with suicidal ideation were triaged, how long they were waiting, what sort of care they received and how many people didn't receive care. The results highlight some significant improvements that can be made in caring for people with suicidal ideation in the ED. They also highlight some areas for future investigation, to better understand people's experiences, how care might best be provided in the ED and the importance of the role of ED alternatives.

Caring for young consumer experiencing an eating disorder in the inpatient setting

Amanda Godfrey; **Theresa Wilson**; Marianne Wyder; Claire Loynd; Ryan Zeppa-Cohen
Metro South Addiction And Mental Health Services, Meadowbrook, Australia

In line with national trends, the acute adolescent inpatient mental health unit (Ward 2A) at Logan Hospital has witnessed an increase in young people experiencing eating disorders. Caring for young people experiencing eating disorders in the inpatient setting can be complex and must involve physical and psychological considerations. The main goal focuses on weight gain alongside normalising the relationship with food. Historically, inpatient admissions have focussed on exercise and movement restriction, as well as consuming the necessary calories.
Several changes were introduced on Ward 2A to ensure that young people had increased control and ownership in their recovery journey. Some of the changes included

- Extensive training for nursing staff
- Abandonment of forced bed rest
- Co-development of a flexible meal plan between the young person, the family and the dietitian
- Adapted three-step meal approach with a focus on normalising of eating
- Alternative food options when a young person identifies that they are struggling
- Extensive meal support that includes ward staff and the young person's family

The above changes and modifications have resulted in a reduction of the utilisation of higher levels of the three-step meal plan, which has included a reduction in the need for restrictive practices. As a result of these changes, young people in the inpatient setting have more control and choices in their recovery journey and the staff, young person, and their family/carers work collaboratively to help the young person physically stabilise, and begin to improve their relationship with food.

Caregivers' experiences in helping individuals with mental health conditions integrate into the community

Yong Shian Goh
National University of Singapore, Singapore

Background: The progressive deinstitutionalisation of mental health care has increasingly shifted care responsibilities from healthcare professionals to family caregivers for individuals with mental health conditions. Caregivers must balance many obligations, which often compromise their overall health and well-being while helping their loved ones integrate into the community.
Aim: To identify and understand caregivers' needs and challenges as they help individuals with mental health conditions integrate into the community.
Methods: This study used a descriptive qualitative approach to explore the experiences and challenges of caregivers for individuals with mental health conditions when integrating back into the community. A semi-structured guide was used during the videoconferencing interviews between December 2021 and November 2022. This study was reported according to the 32-item Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist. The University Institutional Review Board reviewed and approved the study (NUS-IRB-2021-589).
Findings: Fourteen caregivers were individually interviewed by the primary author. Most caregivers are female, with an average of fifteen years of experience caring for their loved ones. Using Braun and Clark's six-phase thematic framework, we inductively extrapolated the themes and subthemes from the data. The two themes were (i) challenges (whose subthemes included personal challenges in caregiving, the lack of awareness, and stigma and employment) and (ii) support (whose subthemes included the

importance of socialisation for individuals with mental health conditions, existing avenues of support, and potential areas for support).

Discussion: Our findings highlighted the importance of strengthening psychosocial support and supplementary support services to help manage caregivers' challenges as they continue their caregiving responsibilities.

Implications for Practice: Our findings have underlined the importance of providing psychosocial support for caregivers as they juggle different challenges in life while balancing other responsibilities. Priority areas include having a centralised point of contact within the community for caregivers. Government or Not-for-profit organisations can lead by initiating employment-enabling initiatives for individuals with mental health conditions and their caregivers. At the same time, there is a need to continue working on de-stigmatising and demystifying mental illness for individuals with mental health conditions and their caregivers through the implementation of more effective anti-stigma interventions within the country.

"Coerced into coercion": Ethical challenges for community mental health nurses when responding to acute suicidality

Stephen Haines[1,2]; Robert Stanton[1]; Carina Anderson[3]; Anthony Welch[2]

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Restrictive practices in psychiatric care are not limited to inpatient settings. Increasing numbers of Australians are subject to coercive interventions in community mental health services through the use of community treatment orders. Community mental health nurses are aware of the potential for harm, human rights issues, and the risk to the therapeutic relationship associated with coercive interventions. However, these nurses may be required to consider and deliver coercive interventions, including involuntary hospitalisation, when responding to the needs of people presenting with acute suicidality. As community mental health nurses consider the best interest of the person, they may experience pressure to respond coercively to acute suicidality from a number of directions including service management, the community mental health team, family members and even the person themselves.

This paper presents preliminary results from a grounded theory study exploring the ethical challenges experienced by nurses in community mental health services when responding coercively to acute suicidality. One-on-one semi-structured interviews with community mental health nurses were thematically analysed using the methods of constructivist grounded theory. One emerging theme is being 'coerced into coercion'. This theme is about community mental health nurses feeling pressured into making treatment decisions that may be contrary to what the consumer desires, or what the nurse considers to be in the best interest of the person. This pressure may lead to ethical challenges for the nurse and potential moral distress. The potential for moral distress associated with these ethical challenges might be mediated by the nurse's confidence in the beneficence of their decision making, which is informed by contemporary principles of mental health nursing including the provision of person-centred, trauma-informed, and recovery-oriented care. Other factors that may mediate these ethical challenges include the years of experience of the nurse in the treatment setting, and additional qualifications related to mental health nursing.

Enhancing mental health care: Exploring the impact of GRiP-S

Jennifer Hamilton[1]; Amanda Cole[1]; Richard Bostwick[2]; Irene Ngune[1]

[1]Edith Cowan University, Joondalup, Australia; [2]Curtin University,

The aim of this study was to assess the impact of a new approach to clinical supervision named 'group reflective integrated practice with Safewards (GRiP-S)' which integrated the Safewards model within Proctor's clinical supervision framework.

A mixed-method explanatory sequential study informed by the lean change feedback system was conducted to assess the impact of this new approach to clinical supervision, named 'group reflective integrated practice with Safewards (GRiP-S)'. The study assessed the impact of GRiP-S by exploring mental health nurses' perceptions of the effect on Safewards implementation, clinical supervision, and clinical practice. This study was conducted in a metropolitan private hospital in Perth, Western Australia. The Manchester Clinical Supervision Scale-26© survey ($n=102$) and Safewards Fidelity Checklists ($n=17$) were used to collect quantitative data, and individual semi-structured interviews ($n=18$) with mental health nurses were analysed using interpretive phenomenological analysis.

The results demonstrated that the GRiP-S approach enhanced mental health nurses' confidence and competence in practice; facilitated a deeper understanding and cohesive adoption of evidence-based interventions; reinforced positive change management strategies and the supportive role of clinical supervision; and supported prior findings on the influence of group reflective practice. Furthermore, barriers and enablers to mental health nurses' engagement with clinical supervision were consistent with prior literature.

These findings propose that GRiP-S can have a positive impact within mental health inpatient settings to simultaneously provide supportive clinical supervision and reflective practice, focusing on recovery-orientated patient care interventions and addressing quality improvement initiatives.

Recommendations from the study highlight the need for implementing supportive education frameworks and allocating sufficient resources for monitoring, facilitating, and reviewing staff capability to engage with patients, specifically in providing interpersonal care interventions, such as the Safewards interventions. This includes adequately resourcing clinical supervision for mental health nurses.

The implications of this research extend to the enhanced adoption of the Safewards model, improved access to clinical supervision within mental health services, and service alignment

with the National Safety and Quality Health Service Standards and current National Nursing Workforce Strategy.
The target audience for this presentation are mental health nurses, allied health professionals, clinical supervisors, nursing administrators and health policymakers.

How to ensure clinical supervision (CS) benefits nurses and consumers: Mapping to stakeholder-designed program logic

Bridget Hamilton; Hosu Ryu; Teresa Kelly
University of Melbourne, Canterbury, Australia

Background: Clinical supervision aims to benefit nurses' wellbeing, development and practice. However, there are implementation challenges, and universal uptake among nurses is uncommon. This paper reports outcomes of a government policy initiative to implement clinical supervision in Victoria, Australia, with data from a program logic evaluation.
Method: A cross-sectional survey of nursing 366 supervisees was conducted to investigate the implementation of clinical supervision across four organisations. We will report on five key indicators from the program logic that underpinned clinical supervision implementation, to answer these 3 questions: What is the relationship between clinical supervision implementation and 1. nurses' preparation for clinical supervision, 2. their experience of the organisation valuing clinical supervision and nurses' own wellbeing, and 3. nurses' perception of their own growth in relational practice?
Results: The findings showed positive associations for the outcomes set out in the program logic objectives. Nurses reported: they had sufficient training in clinical supervision; their workplaces were supportive of clinical supervision and nurturing of participants; and they had grown in relational ability. Each of these findings was significantly stronger for the (65% of) participating nurses who were currently engaged in clinical supervision, compared to those who were not.
Conclusion: We highlight the contribution of a program logic, within a multifaceted initiative and including a strong authorising environment, to the effective evaluation of clinical supervision implementation.

We are supposed to be caring: Experiences of bullying in nursing

Brenda Happell
Southern Cross University, Merrijig

Background: Everyone has the right to access a positive workplace free from bullying and harassment. As a profession nursing has a responsibility to positively impact the health and well-being of the communities they serve. It is, therefore, surprising to many that they experience some of the highest rates of bullying of all occupations. Even more concerning, most of the bullies are other health professionals who should be motivated by the desire to do good for others.
Methods: In-depth interviews were conducted with 12 health professionals, including seven nurses, who self-identified as having experiences of bullying. The data were analysed thematically.
Findings: Participants described their heart-breaking experiences of bullying and how they impacted their lives professionally and personally. The main themes identified from this work include: recognising bullying; experiencing bullying; tactics of the bullies, both blatant and subtle; the impact of bullying; actions taken to mitigate bullying and its consequences.
Discussions and Conclusions: These stories highlight the people behind the statistics, and show the devastating, even life-threatening impact bullying has on all aspects of the targets' lives. Awareness of these profound impacts is necessary in addressing bullying and providing a safe and positive work environment where health professionals can use their skills and knowledge to contribute to the health and well-being of their communities.

Queensland and the least restrictive way!

Kobie Hatch[1]; **Nathan John Dart**[2]; Adjunct Shelley Nowlan[2]; John Reilly[1]
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Reducing restrictive practices in mental health services is both an international and national imperative. Despite considerable investment, commitment and efforts, there has been limited improvement in the rates of restrictive practices, such as involuntary treatment, seclusion, and restraint in Queensland in recent years.
In alignment with the priorities of Better Care Together (Queensland's five-year mental health alcohol and other drugs plan) several initiatives have been implemented to support addressing the review recommendations and work towards the reduction of restrictive practices within Queensland.
In late 2022, the Queensland Chief Psychiatrist commissioned an external review to consider how seclusion and mechanical and physical restraint were used across the mental health service system. The review sought to identify key actions to support improvement in clinical practice to reduce and where possible eliminate the use of seclusion and restraint. The review identified 18 system-wide recommendations across 8 key domains, which closely align to the Six Core Strategies© in reducing seclusion and restraint. The Hospital and Health Services have been supported to use a Six Core Strategies© approach and audit to develop and inform action plans to reduce and where possible eliminate restrictive practice (including seclusion) in Queensland.
The recent appointment of a Nursing Director (Mental Health Alcohol and Other Drug Advisor), and a Least Restrictive Way, Clinical Nurse Consultant in 2023 has provided an opportunity to support statewide mental health nursing leadership on this issue. Statewide forums, networks and projects have been undertaken in collaboration with the mental health workforce, people with lived experience and First Nations people to identify key strengths and areas for action to reduce restrictive practices within mental health services.
This paper summarises the outcomes and evaluations from key activities coordinated by the Office of the Chief Nurse Officer and the Office of the Chief Psychiatrist in building nursing leadership, capability, and capacity to reduce restrictive practices.

The paper outlines the key findings and evaluations from the Six Core Strategies© audits and action plans and the key themes identified at the statewide forums and networks.

Lived experience workforce (LEW) integration into the MDT: Perspectives of LEW and mental health clinicians

Olivia Hatchman[1]; **Louise Alexander**[2]; Kim Foster[3]; Sally Buchanan-Hagen[2]; Kinga Pemo[2]; Michael Steele[4]
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Introduction: The Lived Experience Workforce (LEW) are important members of the mental health multidisciplinary team and despite this, there continue to be issues with their integration. In recent years, the LEW has significantly increased in Australia, increasing at an average rate of almost 16% annually in the past decade. While the role of LEW is to support consumers, families and carers, there remains a need for effective integration into multidisciplinary teams (MDT).
Aims: The aims of this co-designed mixed methods study are to: understand the experiences and perceptions of LEW regarding their integration into the MDT; to understand barriers and enablers to fulfilling their role; understand clinicians' perceptions of how LEW have been integrated into the MDT.
Design: This study employed a mixed methods design with two points of data collection: an online quantitative survey and qualitative interviews.
Results: Preliminary results suggest that clinicians value the contribution of the LEW within the MDT. The results identified resistance and tension among the LEW that may be a barrier to successful collaboration and integration. The LEW identified systemic and cultural challenges when working within the MDT that suggest further education and support for this group may be advantageous.
Implications to practice: The findings of this research suggest that the current framework of Intentional Peer Support (IPS) may be inadequate in addressing the cultural integration of LEW within the MDT. A more structured and targeted clinical supervision model may be appropriate for this group.
Conclusions: The LEW are important members of the MDT. Barriers to their integration and cohesion continue to be an important element to the LEWs success in supporting and collaborating with clinicians, consumers, families, and carers.

Cultural considerations in child mental health nursing and life-limiting illness: A case study

Brent Hayward
Monash University, Clayton, Australia

The scope of mental health nursing extends beyond serious mental illness, clinical settings, and even treatment. This presentation describes culturally informed support by a mental health nurse to a Korean child and his family during a period of adjustment to multiple changing life circumstances.
The case occurred in a school setting. The 11-year-old child had Duchene muscular dystrophy (DMD) and a traumatic brain injury and was regularly sobbing during class and not easily consolable. Exploration of the situation with the student himself and his mother, as well as referring to the published literature, identified several important reflections which will be explored in this presentation. First was the progression of DMD, second was the poorly described impacts of brain injury in this case, and third were the cultural considerations relating to illness, gender, and the authority of professionals.
It can be challenging for the mental health nurse to appreciate all the variables impacting the person in front of them. This can be exaggerated when it occurs in a cultural context unfamiliar to the mental health nurse. This case points to the importance of not assuming mental illness or disorder but instead, appropriately interpreting emotional distress as a normal and expected response to personal challenges in a broader context of a life-limiting illness. This presentation also contributes to the limited existing literature about culturally appropriate mental health care for Korean families.
Mental health nurses who work with children, work in non-clinical settings, with people with life-limiting illness, or who provide culturally informed care to consumers and their families will find this presentation novel and practically orientated.

Rapid assessment nursing in emergency departments

Scott Haworth; **Mark Fullerton**
Metro North Health, Herston, Australia

The National Emergency Access Target (NEAT) was introduced into Australian hospitals in 2011 and was designed to promote flow through the Emergency Department (ED). However, NEAT may act as a distraction from providing quality care in pursuit of time-based targets. It was reported in the Mid-Staffordshire review where elevated mortality rates correlated with the introduction of NEAT. A recent study identified a significant amount of time lost due to treatment delay and departure delay.
Delays in response and transfer of people with a mental illness have led to conflict arising between ED and Mental Health Teams. Mental Health is cited as one of the worst performing areas for patient-related delays. The Mental Health, Acute Care Team (MH-ACT) staff report on their capacity to promptly respond to referrals. The reporting is confounded by the number of referrals made – some of which could have been resolved by a more robust initial triage performed by the ED.
Metro North Mental Health (MNMH) commenced a 'Rapid Response' trial aimed at understanding if there are any patient flow and consumer experience benefits, through co-locating a senior mental health nurse role within the ED. The ED Triage Nurse and the Rapid Response Nurse work collaboratively (both within their respective scope of practice) to bring together the Australasian Triage Scale (ATS) and UK Mental Health Triage Scale. The aim is to more accurately quantify psychiatric acuity and develop response plans commensurate with the presenting issue.
A secondary objective of the trial is to elucidate discreet opportunities for the Rapid Response Nurse to provide the ED staff with education around clinical presentations and mental health systems. To build capability and capacity within the ED environment.
This presentation will provide an overview of the MNMH Rapid Response Model of Service and provide an update to the

evaluation from a Mental Health, Emergency Department and consumer experience perspective.

Disproportionate mental health presentations to emergency departments in coastal regional Australia of first nations people

Oliver Higgins[1]; Rachel B Sheather-Reid[1]; Stephan; K. Chlaup[2]; Rhonda Wilson[1,3,4]
[1]Central Coast Local Health District, Gosford, Australia; [2]School of Information and Physical Sciences, University of Newcastle, Newcastle, Australia; [3]RMIT University, Bundoora, Australia; [4]Australian College of Mental Health Nurses, Deakin, Australia

Emergency department (ED) presentations for mental health (MH) help-seeking have been rising rapidly in recent years, with ED's as the main entry point for most individuals in Australia. This research aimed to identify the service usage demographic for people seeking MH care in the ED, specifically in this case, to understand the usage by First Nation Peoples. This retrospective cohort study examined the sociodemographic and presentation characteristics of individuals seeking MH care in two EDs between 2016 and 2021. Data were collected using existing records and analysed using descriptive univariate analysis with statistical significance between the two sites determined using X2 test, $p < 0.05$. The overall data presented in this analysis shows an overall ED mental health presentation rate of 12.02% for those who identified as 'Aboriginal but not Torres Strait Islander origin', 0.36% as 'Both Aboriginal and Torres Strait Islander' and 0.27% as 'Torres Strait Islander' totaling 12.63%. This is an overrepresentation compared to the local population of 4.9%. One site recorded 14.1% of ED presentations identified as Aboriginal and/or Torres Strait Islander, over double the site's demographic of 6.3%. Given the disproportionate representation of First Nation peoples in MH-related ED presentations, further research is required to prioritise a First Nation research perspective that draws on First Nation research methods, such as yarning and storytelling to understand the unique cultural needs and challenges experienced by First Nation people accessing MH care via ED. Understanding the demographic is but one step in supporting the cultural safety needs of Aboriginal and Torres Strait Islander people.

Machine learning reveals determinators for admission to acute mental health wards from emergency department presentations

Oliver Higgins[1,2]; Stephan K. Chalup[3]; Rhonda Wilson[1,2,4]
[1]Central Coast Local Health District, Woongarrah, Australia; [2]RMIT University, Bundoora, Australia; [3]School of Information and Physical Sciences, University of Newcastle, Newcastle, Australia; [4]Australian College of Mental Health Nurses, Woongarrah, Australia

This research addresses the critical issue of identifying factors contributing to admissions to acute mental health wards for individuals presenting to the Emergency Department (ED) with mental health concerns as their primary issue, notably suicidality. This study aims to leverage machine learning models to assess the likelihood of admission to acute Mental Health (MH) wards for this vulnerable population. Data collection for this study used existing ED data from 01/01/2016 to 31/12/2021. Data selection was based on specific criteria related to the presenting problem. Analysis was conducted using Python and the InterpretML machine learning library. InterpretML calculates overall importance based on the Mean Absolute Score, which was used to measure the impact of each feature on admission. A person's "Age" and "Triage category" are ranked significantly higher than "Facility identifier", "Presenting problem", and "Active Client". The contribution of other presentation features on admission shows a minimal effect. Aligning the models closely with service delivery will help services understand their service users and provide insight into financial and clinical variations. Suicidal Ideation negatively correlates to admission yet represents the largest number of presentations. The nurse's role at triage is a critical factor in assessing the needs of the presenting individual. The gap that emerges in this context is significant; MH triage requires a complex understanding of MH and presents a significant challenge in the ED. Further research is required to explore the role that machine learning can provide in assisting clinicians in assessment.

Community video consultations for smoking cessation in people with a mental illness: A randomized trial.

Peter Hjorth
Offentlig Hospital, Vejle, Denmark

Background: Smoking is the single factor with the highest impact on reducing the life expectancy of patients with mental illness. Patients experience difficulty in participating in smoking cessation programs but are concerned about the impact of tobacco on their health and finances. Smoking cessation advice via videoconferencing might be an alternative to an ordinary in-person consultation.
Aims: The study compared the rates of smoking cessation using two interventions and investigated predictors of reduced cigarette use.
Method: We carried out a double-armed randomized controlled trial with follow-up at 6 months. Patients diagnosed with schizophrenia, affective disorders receiving treatment in outpatient clinics were eligible for inclusion. Intervention 1 involved daily video consultations; intervention 2 was treatment as usual.
Results: Seventy patients were included. Rates of smoking cessation were 45%. Predictors for a 50% reduction in smoking were antipsychotic medication load [odds ratio (OR) 0.54; $p = 0.045$] and number of nicotine patches (OR 1.02; $p = 0.06$). Predictors for a reduction in the number of cigarettes to <10 were antipsychotic medication load (OR 0.52; $p = 0.04$), number of nicotine patches (OR 1.01; $p = 0.02$) and number of cigarettes at baseline [OR 0.95 ($p = 0.09$); adjusted OR 0.94 ($p = 0.02$)]. Patients prevented weight gain during the cessation period.
Conclusion: The smoking cessation rate was 45.5% in the video group and 45.0 in the treatment as-usual group.
Predictors for reduction in smoking were antipsychotic medication load, number of nicotine patches and number of cigarettes at baseline.

Depression and cold-water bathing, the patient-experienced impact on depression: a semi-structured interview study

Peter Hjorth
Dansk: Offentligt hospital (inkl. universitetshospital), Vejle, Denmark

Background: Major depression significantly impairs psychosocial functioning and diminishes overall quality of life, posing a prevalent mental health challenge. Despite winter swimmers endorsing the health benefits of ice-cold water immersion, scientific evidence supporting these claims remains limited. This study addresses the knowledge gap by examining the subjective impact of cold-water bathing (CWB) on depression from patients' perspectives.
Objectives: This study aimed to explore the experiences of patients with depression who participated in CWB, to comprehend how this unconventional therapeutic approach influences patients' well-being. Additionally, the study investigated patients' perspectives on the optimal design of a health service incorporating CWB.
Methods: Qualitative in-depth interviews explored patients' experiences of CWB within 1 month (March 2022) of participating in an earlier study that investigated CWB for the treatment of depression. We used SRQR guideline.
Results: The analysis identified a central theme, labeling CWB as an existential window of joy and enhancing quality of life. Patients' experiences were rich and predominantly positive, and further elucidated through five interpretive themes: 'Revitalizing self with energy and vitality'; 'Feeling nature as poetic'; 'Balancing a journey through a palette of emotions'; 'Socializing through pleasure and challenges'; and 'Recovering from depression through a medical-free frame.'
Relevance to Clinical Practice: Participants perceived CWB as an existential window of joy, enhancing their quality of life, which was elucidated through five interpretive themes. Regular CWB was associated with positive experiences in patients with depression. Our findings offer crucial insights for clinicians and nurses in psychiatry, guiding the implementation of CWB as a patient-centered and enjoyable treatment. Notably, CWB may serve as an effective adjunct treatment for depression, potentially preventing new episodes and mitigating deteriorations in patients with complex and enduring risks of depressive episodes. This research contributes to the development of innovative and holistic approaches in nursing in mental health care.

Gender and sexuality in preregistration mental health nursing curriculum: An integrative review

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Introduction: Gender and sexual minorities face significant health disparities due to stigma and lack of systematically delivered mental health nursing education, both nationally and internationally compared to cisgender and cissexual people.
Aims: To locate, analyse and synthesise the philosophical/conceptual and practical evidence supporting the inclusion of gender and sexuality in preregistration mental health nursing education in Australia or internationally.
Method: An integrative review of the literature was conducted. The search of six electronic databases (CINHAL, Scopus, Google scholar, OVID, Cochrane, LGBTQI+) yielded 1866 items within the timeframe of 2012 through to 2022. Six eligible articles were included that met the inclusion criteria. Data extraction and analysis utilising the Critical Appraisal Skills Programme (CASP) and Empirical Testing Thematic Analysis (ETTA) were completed on the six published studies form the United States of America, Great Britain and Ireland that met these criteria.
Results: The review did not identify Australian evidence of gender and sexuality content in preregistration mental health nursing curriculum but did identify international evidence. Four common themes affecting the delivery of gender and sexuality in preregistration mental health nursing curriculum were identified:

- Theme 1: Institutional factors
- Theme 2: Legal, policy and sociocultural factors
- Theme 3: Existing curriculum, practitioner, student assessment tools and cultural theories that could support inclusion of regarding gender and sexuality content are underutilised
- Theme 4: Factors directly impacting LGBTIAQ+ people's health and wellbeing

Conclusion: Addressing the lack of pre-registration mental health nursing curriculum can enhance the health and wellbeing of gender and sexual minorities and nursing practices in Australia. This research's importance is amplified internationally due to the widespread absence of such content, benefiting the global mental health nursing field and LGBTQIA+ communities by incorporating gender and sexuality into nursing curriculum.

The 'soft hurts' of discrimination: LGBTIQA+SB awareness training, and the importance of allyship

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This discussion paper broadly focuses on the efficacy of LGBTIQA+SB awareness training that nurses undergo in Western Australia. Of specific concern is the impact that nurse awareness has on the experiences of trans, intersex, queer, asexual, Sistergirl, Brotherboy (and appended such as non-binary) consumers of mental health services. Beginning with a content analysis, the strengths and weakness of statewide mental health nurse training for LGBTIQA+SB awareness will be outlined. An interpretive phenomenology follows, exploring the influence of discourses on LGBTIQA+SB conceptualisation. Initial notes suggest that TIQA+SB awareness training may lack conceptual depth, while nurses' acknowledgement of the LGBTIQ+ abbreviation is widespread yet generalised. To address this, and improve care outcomes, it is proposed that the concept of allyship be reconfigured in nurse awareness training.
Historically allyship has been problematised as the letter A at the end of the LGBTIQA+ abbreviation, becoming a symbol of privileged displacement, erasing A for asexuality. While

supporting contemporary LGBTIQA+SB activism, arguments presented here highlight the immanent utility of allyship, especially through expanded interpretation, underpinned by discrimination analysis. Allyship understood through the lens of theory (how discrimination and othering impact subjectivity), and practice (how we do our care), may allow nurses as discerning actors, to apply synergistic allyship. It is argued that by moving beyond 'awareness' of LGBTIQA+, to an understanding of subjectivity, confident nurse allies will boost TIQASB+ consumer experiences of safety and care. As much transgender, queer and mental health scholarship attests, routine exposure to discrimination, bias and ignorance causes emotional and psychological harm. To reduce the possibility of 'soft hurts' manifesting within mental health nursing (accumulated, nuanced, micro-aggressions), this paper rationalises how informed allyship can serve as a practical backbone to support theoretically improved awareness.

The emphasis on 'soft-hurts', gestures to protective factors of allyship for mental health nurses and consumers. Experiencing mental unwellness or distress compounds the difficulty for consumers, and staff, to protect themselves from negative effects of LGBTIQA+SB discrimination and bias. In this context, mental health nurses working in policy, management, education, and clinical settings will benefit from this presentation, as will nurse researchers of difference and diversity education.

A conceptual model of integrative nursing for mental health and substance use disorders

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Background: An initial literature review highlighted numerous recommendations advocating for the integration of nursing care for people with combined mental health and substance use disorders (CMHSUD). Despite these recommendations, the quality of nursing care remains suboptimal, and the service delivery models remain fragmented. The review highlights a fundamental need for improved integrative care models. This integration requires nurses to translate evidence-based theoretical perspectives into a conceptual framework suitable for practice. Nursing theorists support the transition process by applying a rigorous approach to modify models for nursing practice reform.

Aim: To outline a conceptual framework to address the challenges of providing integrated nursing care for people with CMHSUD.

Method: A selection of relevant theoretical perspectives was critiqued, and these informed the development of a conceptual model for achieving sustainable integrated nursing care for people with CMHSUD.

Findings: The literature reviewed, as part of a broader program of research, revealed three main themes impacting the delivery of nursing care: individual nursing characteristics; nursing education and professional development characteristics; and organisational characteristics. The proposed conceptual model, which was developed consists of seven pillars: person-centred care; holistic care; strength-based approach; empowerment; evidence-based practice; nurses' self-care approach; and organisational supports. Together the themes and seven pillars constitute a conceptual framework for nursing care.

Implications: Addressing the complexities of combined disorders requires a comprehensive theoretical foundation based on integrated care. The proposed conceptual framework has the potential to promote a model of adequate care and enhance the quality of nursing care and consumer outcomes.

Conclusion: Incorporating the adapted and expanded seven principles as pillars of integrative nursing care lays a foundation for sustainable integration. Moreover, it effectively addresses the nursing care challenges related to mental health and substance use disorders.

Next Steps: The conceptual model will be tested in the convergent mixed-method design to collect data from registered nurses across Australia in public mental health settings.

An island state of change: Creative conversations within the Tasmanian mental health nursing workforce

Julia Hunt

Statewide Mental Health Service, Tasmanian Health Service, Australia

To advance equity, access, and diversity in the provision of health care, services can also look inwards and reflect on factors influencing service delivery including nursing leadership, workforce mental health and wellbeing, and organisational culture. In the context of an extensive mental health reform process, and in response to the recent commission of enquiry to the Tasmanian Governmental response to child sexual abuse in institutional settings, Statewide Mental Health Services (SMHS), have embarked on a robust program to inspire a momentum for organisational change.

Aims include creating a positive circle of influence, enabling space for creative leadership, highlighting ethical behaviour, and embedding into practice a forum for critical conversations. Initiatives include the expansion and development of initial projects in the south of the state to embed clinical supervision into nursing practice. Accessing formal training and support to develop clinical supervisory competence and confidence statewide, mentoring and coaching initiatives, implementation of structured frameworks for practice development. Action Learning Sets, at senior leadership and organisational levels, exploration of recruitment and workforce retention strategies and succession planning.

Creating frameworks to understand, manage, implement, and adapt to whole of service change processes, and specifically the mental health nursing workforce, has required a considered, structured, and transparent approach. Dialogue is open and encouraged. The next steps involve exploration of evaluative measures, and identification of barriers and facilitators of change. How do we capture the development of culture and evaluate meaningful change?

This paper explores initiatives implemented to support culture and leadership change within the mental health nursing

workforce, across SMHS, as well as the challenges of effective evaluation. Key issues include embedding positive change and creating a space for effective and dynamic leadership through implementation of formal projects and processes as well as models of evaluation. It is essentially a conversation about creating change in a specialised and unique health service to enhance service provision and the experience of those for whom we provide care, as well as our valued workforce.

Co-designing and co-facilitating prevention and management of aggression training in a forensic mental health setting

Hannah Jackson; **Jack McCullough**
Forensicare, Fairfield, Australia

The Forensicare lived experience team, partners with clinicians to codesign and cofacilitate prevention and management of aggression training. The training is delivered to all clinicians that commence with Forensicare services.

This approach is innovative because there have historically been assumptions that lived experience workforce (LEW) involvement in this type of training will be retraumatising. To address this, as well as other common misconceptions including the perceived fragility of the LEW and clinicians' natural reaction, wanting to protect the wellbeing of others.

Drawing on anecdotal feedback from the LEW at other services, we are often asked why LEW is involved in this training, to which we respond, why not?

The delivery of an interactive workshop brings together abstract charters and frameworks to improve outcomes, through the consideration of various perspectives including consumers, carers, and clinicians. With a solution-focused approach, we explore some of the complexities to each perspective, linking it back to translation into practice.

Guided by trauma-informed principles, our intention is to decrease the opportunities of trauma for everyone involved. This is achieved through challenging the status quo and reinforcing the importance of treating our consumers as humans rather than a risk category.

Through robust conversations with those who have experienced restrictive practices first hand, we are encouraging reflection of practice and the detrimental impact of restrictive practices. What we hope to have achieved through these workshops is the creation of a safer environment for all.

Peer navigation initiatives as part of the contemporary mental health workforce: An integrative review

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Introduction and Background: This integrative review is focused on peer navigation programs for people living with mental ill health. Peer navigation is a consumer-centered model of care first developed in cancer treatment and later other areas of health care, peer navigators provide guidance and support through complex health systems, acting as a bridge between clinical and community services and social supports.

The role of peers in healthcare delivery relies on the affinity, connection and experiences peers share with their communities to enable effective communication, education, advocacy and support. The involvement of lived experience consumers in their own care and wellbeing is a hallmark of contemporary practice. The literature demonstrates that evaluation of peer navigation has been diverse in its traditions and conceptualisations. Thus, an integrative review approach was appropriate.

Study Objectives: We sought to identify existing literature studies outlining peer navigation in mental health services. From this literature, we identified exemplars of ways to develop and support this workforce for best practice delivery.

Methodology and Methods: 27 papers met the inclusion criteria; four databases (MEDLINE, CINAHL, Scopus and PsycINFO) were systematically searched in March 2024 along with grey literature. Results were screened using Covidence, and were not restricted to any design, outcome or county.

Results: The literature has identified examples of programs that incorporated health systems navigation. The literature also provided strong theoretical bases for peers to enhance program effects. Studies primarily reported program effects on continuum of care outcomes.

Outcomes/Significance/Implications for the Profession: Further research is required to capture the role mental health peer navigators play in promoting quality of life, mental health, self-advocacy and management in diverse settings and populations. Peer programs are complex, social interventions. Future work should evaluate detailed information about peer navigators, their activities, the quality of peer engagement and employee and community support structures to improve quality and impact.

Translation to Policy and/or Practice Change: The meaningful involvement of key populations of mental health consumers has underpinned successful national mental health strategies, with peer and community-based responses now recognised globally as being critical.

Virtual reality emotional awareness and regulation training for mental health clinicians – A feasibility/usability study

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Gold Coast Hospital and Health Service

Introduction and Background: Mental health clinicians provide crucial emotional support and de-escalation interventions to distressed mental health consumers, for emotional support and behavioural regulation. Effective de-escalation requires clinicians to be emotionally self-aware and able to regulate their own emotional states before supporting consumers. In response to the need for improved staff knowledge, skills, and confidence in de-escalation engagement, a five-module virtual reality emotional awareness and regulation training program was identified.

Aims/objectives/Hypotheses: This study aimed to determine the training's value as part of a wider de-escalation training provision, focused on improving staff engagement with consumer distress, reducing the potential for challenging presentations.

Methodology and Methods: Ethics approval was obtained before commencement of the study (HREC/2023/MNHA/97678). Mental health staff were invited to attend a 1-day workshop, repeated over six days in September 2023. The workshop process incorporated the use of virtual reality headsets, controllers, and respiratory telemetry belts. The training was evaluated for feasibility and usability using a descriptive pre and post-training, study design.
Results: A total of 62 staff members participated in the training. Feedback from the participants indicated positive feedback and outcomes. Staff reported the virtual reality technology and training program as practical, feasible, and easy to use, providing an engaging, immersive, and safe space for personal exploration of emotional states, including recognition of stress response activation, and use of evidence-based strategies to regain emotional control. Staff reported increased confidence in assisting consumers to regain emotional control, thereby reducing potential for anger and challenging behaviours.
The follow-up survey results at three to six weeks post-training, indicated transfer of theory into practice leading to potential for more effective and timely de-escalation engagement with potential for subsequent reduction in anger and challenging behaviours.
Outcomes/Significance/Implications for the Profession: Mental health staff and training educators reported the value of virtual reality training for emotional awareness and regulation training in mental health. Further, a funding submission to purchase virtual reality hardware and software licence is being submitted, with further training and research evaluation planned in the future. Our study revealed virtual reality as an effective format for delivering training to mental health staff.

Enhancing nursing leadership through emotional intelligence: Implications for staff retention and wellbeing in mental health

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Introduction and Background: Amidst a global shortage of mental health nurses, understanding factors contributing to nursing attrition is vital. Nurses who feel unsupported in the workplace have higher turnover intentions, emphasising nurse leaders' pivotal role in improving staff wellbeing and retention. We posit that a focus on emotional intelligence (EI) in nursing leadership is necessary to support and foster a diverse workforce.
Aims/Objectives: This paper reports findings from a scoping review into the impacts of nurse leader EI on nurse retention. Secondary aims included examining EI-informed leadership impacts on nursing job satisfaction, wellbeing, and identifying best EI leadership training practices. Evidence gaps were highlighted, and recommendations then developed to inform improvements within the mental health context.
Methodology: Systematic literature searching yielded 593 papers for title and abstract screening. Included studies covered the relationship between nurse leaders, emotional intelligence, and staff retention. The five-step Arksey and O'Malley (2005) framework for scoping reviews was used as the guiding framework, with reporting conducted in accordance with the PRISMA-ScR. A total of 30 papers were analysed and data extracted, while each paper was independently subjected to quality screening using the Mixed Methods Appraisal Tool (MMAT).
Results: Key themes emerged, highlighting trends, barriers, and opportunities for enhancing leadership practices to develop an EI-informed leadership program in mental health, specifically focusing on staff retention, and wellbeing. Findings included the discrepancies in manager EI self-rating scores compared to staff experience, and a need for consistent language regarding EI traits.
Outcomes/Significance: Equipping nursing leaders with advanced EI skills is essential to support nurses' wellbeing and workplace retention. By providing leaders with the necessary support and training, a resilient and proficient workforce can be developed that meets the multifaceted needs of mental healthcare consumers.
Translation to Practice Change: The review contributes to the evidence base highlighting the direct correlation between EI-informed nursing leadership, staff wellbeing, and staff retention. It emphasises the necessity of developing specialised leadership training underpinned by EI frameworks to equip nurse leaders with the knowledge and skills essential to address the demands of the contemporary workforce, leading to enhanced service provision and outcomes for consumer and families.

Enhancing disability nursing practice in Australia: Addressing educational preparedness

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Background: People with intellectual disabilities encounter significant health challenges, leading to poor outcomes and a 26-year life expectancy gap compared to the general population. This underscores the critical need for improved public health and social policies to enhance healthcare quality in hospital and community settings.
Aim: An integrated literature review was conducted to examine the state of disability nursing practice in Australia following the implementation of the National Disability Insurance Support (NDIS) scheme.
Method: This review included English-language studies published from 2010 to 2023. Systematic searches in five databases resulted in a final sample of 32 studies.
Results: Thematic analysis yielded the following three themes: Workforce development and professional standards, hospital experience and support needs of individuals with intellectual disabilities, and nursing curriculum and intellectual disability. Findings indicated a lack of nurse preparation for effective health communication with this population and a gap in evidence guiding nursing practice and policies in intellectual disability care. Nurses had varying understandings of practice standards, highlighting a need for standardised guidelines. Nursing curricula were found to lack adequately preparing students to address the unique needs of individuals with intellectual disabilities. To address these gaps, our study recommends integrating clinical

placements and specialised content on intellectual disability nursing within nursing curricula. Additionally, the development of specialist postgraduate programs is urgently needed to enhance nursing expertise in this field.

Significance and Practice Change: The study underscores the need to integrate Intellectual Disability education into nursing curricula to enhance nurses' readiness for comprehensive care of individuals with intellectual disabilities. The absence of specific registration standards for Intellectual Disability nursing is a crucial gap that must be addressed to recognise these nurses' essential role in health care officially. Addressing care gaps across various healthcare settings, including palliative, emergency, and primary care, is vital for ensuring high-quality care.

Implications for Mental Health Nursing: The dearth of research on the mental health of individuals with intellectual disabilities is concerning, as mental health nurses frequently engage with this population. It underscores the need for comprehensive mental health support and specialised training to address the unique challenges faced by these individuals.

Mental health, trauma and first responders in rural Australia: Implications for mental health nurses

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Exposure to traumatic and/or violent events is an inherent part of the role which can have a profound effect on the mental health of first responders. For first responders, attending to life and death situations is a daily reality, and exposure to traumatic events considered a significant part of their role. Frequent exposure to such traumatic and stressful situations can result in an accumulative impact putting first responders at risk of developing mental health problems such as increased anxiety and depression, post-traumatic stress disorders (PTSD), panic disorders, substance use, and suicide. Suicidality for Australian first responders have recently increased with prevalence considered much higher compared to the general population. We undertook a scoping review to explore impact of trauma experienced during the line of duty on first responders' mental health. Findings: There was limited evidence available reporting on regional, rural, and remote populations.

There is a uniqueness to rural areas that impacted first responder's mental health including responding to patients/clients they personally knew, high community expectations of them and their role. They are working as single responders and distance impacting response times; rural first responders are less likely to access mental health care compared to their metropolitan counterparts. Rural areas may still have high levels of stigma attached to mental illness. The most common potentially traumatic experience was serious injury, death and fear for personal safety, and emotional trauma was linked to high community expectations and to responding to situations involving friends and family. Most interventions/strategies for first responder's mental health due to experience of trauma have not been evaluated using rural Australian First responders. Interventions evaluated on first responders with some impact include physical activity interventions; assistance dog programs (for PTSD); and resilience interventions. Mental health nurses working in regional, rural, and remote areas in Australia it might be essential in help to address this gap in accessing mental health delivery, providing timely interventions for first responders mental health, and helping to reduce the stigma associated with mental health.

Beyond gatekeeping; Dialogically dismantling systemic barriers to improve access to mental health services

Andrew Jong; **Mick Kelly**

Alfred Infant, Child and Youth Mental Health and Well Being Service, Moorabbin, Australia

The Access Team at Alfred's Child and Youth Area Mental Health and Wellbeing Service (ICYAMHWS) was created in June of 2022 in response to the Royal Commission into Victoria's Mental Health System to make access to mental health services more accessible and transparent.

Beyond a triage phone call, and as the first point of contact for young people, their families and carers wanting to engage with a mental health service, the access team endeavours to provide accurate assessment, brief intervention, and consultation that demonstrates respect, support and compassion. Alfred's ICYAMHWS includes a perinatal service, clinic based and mobile outreach services for you people aged 0–25, a mental health and intellectual disability team and a developmental assessment and management team.

With increased demand for the service, the team comprising with a strong nursing discipline, have continued to adapt their model of care and refine their processors to ensure appropriate access to services in a timely manner. The Access Team have modelled their services delivery on dialogical practice and principles of open dialogue that, at its core, emphasises listening and responding to the whole person, rather than simply treating their symptoms.

The Access Team have adapted their processes to include meeting young people and their families in their preferred environments, arrangement of face to face appointments in culturally and linguistically safe ways, encouraged participation of the young person's network in their story telling and strive to be thoughtful in limiting the amount of times a young person is required to repeat their story as they navigate through the service. The team aims to deliver meaningful contact to all new referrals in a timely manner, and now generally runs without a wait list of no initial contact greater than a week.

This paper endeavours to highlight the reflections and learnings of how the principles of dialogical practice have shaped service delivery in the Access Team to advance access of mental health services for young people, their careers and families.

Need to correct, before you can connect

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As nurses, holding an awareness around the importance of providing a service that embraces inclusiveness, meets cultural diversity and inequities in mental health care, can be pivotal in providing effective person-centered care. By recognising that mental health engagement and treatment, is a continuum, incorporates respect of the community's diversity, cultural identity, encourages innovations and future developments in care delivery, as it should be seen as ongoing and evolving in nature. In New Zealand in the late 19th century, mental health treatment's emphasis was on long-term institutionalised care.

With changes in the health legislation being introduced, there was acknowledgement of the need to address the obligations of Treaty of Waitangi's health commitments, as there were significant gaps in providing equity to Maori people, also that Maori whaiora, who were treated in institutions had limited access to their whanau. Focus moved to the community mental health teams, with the emergence of community care acute treatment teams being formed, known by multiple names throughout the world within New Zealand, known largely as PAC (Planned acute care) or Home-based treatment teams (HBT).

Home-based treatment team were created to design, a sense of Whanaungatanga (working together), empowering people to have a responsibility in their own recovery, with the service focusing on planned support in the least restrictive environment, providing recovery focus, ongoing assessment of treatment effectiveness and risk, whilst promotion of empowerment (Mana Motuhake), acknowledging the need for respect for culture, personal identities and to be treated with stigma or bias. In essence to "correct, we need to connect".

How a Mental Health Nurse GP liaison role supports access and equitable service delivery

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Western Health Mental Health and Wellbeing Service, Sunshine, Australia

Western Health, Mental Health and Wellbeing Services is one of Victoria's largest mental health services providing acute inpatient, crisis and case management to a catchment area of approximately 64 postcodes and growing.

In 2021 the Victorian Royal Commission gave public mental health direction for three core functions. The third function relating to the General Practitioner Liaison role (GPL), came about with departmental funding used across the two large community teams to fund two mental health nurses (RPN4) and two consultant psychiatrists. The funding aims to close the gap between primary and tertiary services allowing for clear referral pathways and to assist and guide linkages to other relevant services; diagnosis clarification to general practitioners (GPs) and treatment options; education to both GP, consumers, families and other service providers.

Under the shared care model anticipated by the Royal Commission, a GP will be the consumer's main care provider, supported by professionals from the Area Mental Health and Wellbeing Service. There is evidence that shared mental health care is effective for consumers with complex support needs, as it promotes recovery, prevents relapse, and reduces admissions to tertiary mental health services. Shared care can also increase collaboration between primary and tertiary mental health services and reduce overall healthcare costs, by reducing allocations into service for case management and minimise stigma of mental health services.

Shared care support includes primary or secondary consultation and consists of initial assessment, completed by the GPL nurse. Consultation with the psychiatrist around treatment planning. This can include either verbal or written recommendations back to the GP, for ongoing care and treatment with the option to re-refer the consumer back in a three-to-six-month time frame. The consumer can receive care for a limited time period with the GPL nurse for planned treatment, then re-refer to the GP.

Since the GPL program began in July 2022, 391 consumers have been assessed: 35 consumers referred to mental health service for case management; 348 consumers were referred to their GP after assessment and consultation; 10 consumers were referred to the GPL for secondary assessment.

Enhancing mental healthcare delivery through codesigned Safewards education: The value of lived experience integration

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Austin Health, Heidelberg, Australia

Austin Health has been successful in implementing and embedding a clear strategy for the maintenance and implementation of Safewards in clinical practice across our bed-based services, ongoing success due to a sustained and ongoing education support and a division-wide refresh. Currently, education is delivered through a full one-day training session compulsory for all bed-based staff of all disciplines to attend every two years. Refresh educational training is conducted monthly, covering different interventions, and areas of Safewards from the Mental Health Nursing Education Team.

In 2024, the Safewards one-day training was redesigned using a co-design approach with Lived Experience Consumer Consultants and Mental Health Nurses. The new design of the training looked at ways to encourage active participation from the attendees and to engage in reflections and scenario-based components. The delivery of Safewards incorporates a mixture of the mental health nursing education team as well as members of the lived experience workforce.

This co-designed approach to Safewards education is not merely about the theoretical components of Safewards but is grounded in the practice insights and first-hand perspectives of the lived and living experience workforce. By deeply integrating and bringing forward the voices and experiences of those who have navigated the mental health system and mental health challenges, Safewards education gains an authentic perspective that is not only relevant but also resonates with Mental Health Clinicians and recipients of care.

The value of incorporating the lived experience perspective into Safewards education has been profound. It allows for Safewards

to be humanised, bridging the gap between theory and real-world application and repercussions. By incorporating our lived and living experience workforce, it provides invaluable insights into consumer-mental health clinician interactions and enables more nuanced discussions and practical strategies for conflict de-escalation and prevention. This approach not only enriches the learning experience but also fosters a more holistic and compassionate approach to care, promoting recovery-oriented practices and reducing restrictive practices.

Implementing a mental health nursing learning pathway in an outback mental health service

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North West HHS, Queensland Health, Mount Isa, Australia

Introduction and Background: The need to attract and train mental health staff and support and retain them are key strategic pillars of the National Mental Health Workforce Strategy 2022-2032. The strategy emphasises that this is particularly important in rural and remote services due to acute staff shortages in these locations.
Aims/Objectives: This paper's aim is to describe a project to implement a mental health learning pathway in a Queensland Mental Health Service.
Project Description/Description of the Work: Approval for the project was obtained from local executive leadership team. The implementation of the project began with information sessions about the learning pathway framework and process.
The nurses were informed about the learning content they need to complete as they progress from beginner to advanced level, and the processes for reinforcing learning; these include preceptorship, clinical supervision, annual performance review, post-graduate studies, a mental health service orientation day, a centralised training calendar, and a local Community of Practice (COP)
The COP meetings have focused on setting up a supportive process for learning and the community has been invited to identify tasks the group can undertake when they meet. So far, the group has developed ground rules, and identified group supervision and analysing case studies as activities they'd like to engage in.
Dates agreed as 'Milestones' in the project plan have been followed when implementing these processes.
Outcomes/Significance/Policy and Practice Change: Given the project is still in progress, a formal post-evaluation of the project is planned for when the implementation phase has been completed.
Implications for Mental Health Nursing: Well-structured and easily navigated learning pathways can enhance the knowledge and skills of mental health nurses, their professional identity and improve clinical outcomes.
The introduction of COP in mental health services may prove effective for contributing to the retention of staff, because COPs emphasise including community members in a supportive process, in addition to focusing on the task of learning knowledge and skills.

Nurses as mothers of adult children with schizophrenia: Are they members of the peer workforce?

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Schizophrenia is a global concern for mental health nurses working across inpatient and community environments. This presentation aims to bring to the forefront the unique perspective of nurses who are also mothers of adult children with schizophrenia. A doctoral study was conducted to delve into the caring roles of these women, leading to the discovery of four distinct types of caring roles: constant carer, coordinator carer, watchful bystander carer, and life coach carer.
The study revealed that these roles amalgamate professional expertise and mothering knowledge into an informed care model. While previous research has yet to delve into these dual roles, this presentation underscores their responsive approaches and contributions to mental health nursing and caregiving as peers. The study findings indicate that these caregivers' insights into mental health care are shaped by their experiences and represent an untapped resource in mental health nursing.
Through their narratives, the women illuminated the various modes of caring that they transitioned between while addressing the needs of their adult children. Grasping their experiences could enhance mental health nurses' comprehension of how their colleagues and peers could be involved in evaluating mental healthcare practice. The audience members could be empowered to incorporate the findings into their clinical experience and cultivate a personal understanding of the lived experiences of their contemporaries, thereby enriching their practice.

Unfolding narratives: The value of drama to teach difficult conversations

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Nursing students learning how to care for people experiencing mental ill health or distress may encounter difficulty when attempting to connect theoretical knowledge with practical applications. With the limited availability of mental health clinical placements, nursing students may never experience working in a mental health setting. However, registered nurses are expected to care for and develop therapeutic relationships with consumers experiencing mental ill health or distress in all areas of health care. Drama can be used as a conduit in nursing education to support nurses in developing effective interpersonal skills.

This project aimed to create a scripted performance of an authentic scenario as a short film for a mental health case study for a second-year clinical nursing subject. The case study is a complex yet realistic scenario that generates conversations about person-centred care, collaboration, nurse and consumer partnerships, critical thinking and empathy. The students re-enact the scenario with their peers and debrief with the tutors to complete the learning experience.

Student engagement with the scenario in a clinical education setting was evaluated using a validated tool, The Debriefing Experience Scale in a Qualtrics survey and the data were analysed using descriptive statistics and the Braun and Clarke thematic analysis.

The results revealed that the nursing students valued the debriefing session with their tutors and their understanding of consumer's lived experiences improved. This promoted the learning of applied theoretical knowledge using practical scenarios through drama.

Consumers' experiences of comprehensive-prepared graduate nurses and their nursing care in acute mental health settings

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This presentation aims to discuss the consumers' perspectives of comprehensively prepared graduate nurses and their nursing care in acute mental health settings. With the comprehensive nursing program as the gateway for registration to become a nurse in Australia, many nurses are working in acute mental health settings without more specialised mental health knowledge and skills. While there is a myriad of nursing literature highlighting experienced mental health nurses' perspectives of having comprehensively prepared graduate nurses working in acute mental health settings, the perspectives of consumers are lacking.

The objective of this presentation is to report on the findings of a completed exploratory qualitative study with consumers to explore their experiences of being cared for by comprehensively prepared graduate nurses. Purposeful sampling recruited 12 consumers who were admitted to the inpatient mental health units in Western Australia. Data were collected using semi-structured interviews and data saturation was achieved. Braun and Clarke's method of thematic analysis was used to analyse the collected data and three themes emerged. The emerged themes were: You got what it takes to be a mental health nurse; slow down and spend quality time with us; and read in between the lines when we share our negative lived experiences.

The findings highlighted that there was no significant difference between the level of quality of care provided by experienced mental health nurses and comprehensively prepared graduate nurses to support their clinical and personal recovery. Areas highlighted by the consumers that comprehensively prepared graduate nurses may need to develop include confidence, professional identity, micro-communication skills, and the ability to travel alongside consumers with negative lived experiences.

Evaluating an aggression management education that incorporated virtual reality: Pre-post pilot study with nursing students

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Introduction and Background: Virtual reality (VR) is an effective way to overcome the cost, time, and logistic problems of planning and delivering education and can be used to simulate high-risk clinical situations without exposing the person to the potential consequences of encountering the event in the real world. Therefore, it is likely that VR could be incorporated into education on aggression management for nursing students without the actual consequences of doing it in real-life clinical settings.

Aims/Objectives/Hypotheses: A pilot study to evaluate an education on aggression management that incorporated VR for teaching aggression management. The research questions guiding this study were to: Determine pre- and post-education differences in nursing students' attitudes and confidence of managing aggression in clinical settings, and their empathy, knowledge, and attitudes toward persons with a mental illness? Evaluate nursing students' experiences regarding the use of VR in their education on managing aggression?

Methods: Quantitative pre- and post-education surveys were used to collect data. The surveys included (i) Confidence in coping with Patient Aggression Instrument(CCPA), (ii) Jefferson Scale of Empathy Health Professions Student(JSE-HPS), (iii) Management of Aggression and Violence Attitude Scale (MAVAS), (iv) Mental Health Literacy Scale(MHLS), and (v) Opening Minds Scale for Healthcare Providers(OMS-HC). The collected pre- and post-education measures were analysed using SPSS and the selected statistical significance level for testing the hypotheses were $p < 0.05$. Basic demographic data were collected pre-education and the Virtual Reality Neuroscience Questionnaire(VRNQ) and session evaluation data were collected post-education.

Outcomes/Significance/Implications for the Profession: Eleven nursing students participated in this study. There was a significant difference in median total scores of MAVAS factors external and situational/interactional, and CCPA scale. However, there were no significant differences between the other pre- and post-education JSE-HPS, MHLS, and OMS-HC measures. Most participants reported that the sessions in the education were conducted in an engaging manner (6.45, SD = 0.820) and that the debrief session was useful for consolidating their learning (6.36, SD = 0.674).

Translation to Practice: The use of VR in nursing education is potentially beneficial to prepare nursing students for real-life clinical challenges and should be further explored to develop evidence-based practice.

First Nations Australian's perspectives in nursing curricula

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Aboriginal and Torres Strait Islander Peoples health and wellbeing is everyone's business, not simply the responsibility of First Nations academics who already carry a vast cultural load.
Cultural Safety requires integration in all domains of nursing and midwifery education for reform in Aboriginal and Torres Strait Islander health education. There had been attempts at an individual subject level to improve content, yet no overview of the specific content added.
The recruitment and retention of Aboriginal and Torres Strait Islander mental health nurses necessitates academic content which embeds Cultural Safety. Creating space for First Nations voices and respecting Indigenous worldviews in curriculum supports the Cultural Safety of First Nations students while building confidence in the future workforce to provide Culturally Safe care. We were also mindful that Aboriginal and Torres Strait Islander students may not self-identify without visible reason to believe they can expect to experience Cultural Safety.
This Project Aimed to: Establish the current state of First Nations Health content in specialty nursing subjects by using 'Yindymarra' (respect) in bringing a First Nations lens to our curriculum; establish pathways for students to identify safely.
Method: The University of Melbourne Department of Nursing established a working group in 2023 to lead a revision of curriculum. An audit of all subject content in seven specialty courses included 29 subjects to establish if there were learning outcomes, content, and First Nation Peoples health perspectives included.
Results: Less than half the courses have First Nations Academics represented at reference meetings, a third of subjects had content but only half was informed by a First Nations Academic.
Discussion: Ideally, all First Nations students should feel safe enough to self-identify if they want to.
This review used the principle of 'Yindymarra' (respect) to bring a First Nations lens to our curriculum and avoiding the 'tick-box' approach. The audit has revealed we need a considered approach to improve the curriculum, and this data provides a baseline to inform this process.
Conclusion: Aboriginal health and wellbeing is everyone's business in the Department of Nursing and the audit was useful to begin to explore curriculum improvements.

Mental health nursing – Strength with Immersion (SwIM) program

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The Mental Health (MH) Strength with Immersion (SwIM) Program is an Office of the Chief Nurse Officer initiative, supported and funded by the Mental Health Alcohol and Other Drugs Branch, through Better Care together (Queensland's five-year mental health alcohol and other drugs plan). The MH SwIM program represents an innovative approach to enhancing the clinical capabilities and skills of nurses within a mental health context. Designed to cater for all nurses across Queensland, the program is currently being hosted by the Townsville Hospital and Health Service to be more accessible to regional and remote nurses.
The program's primary aim is to increase the MH nursing capabilities of non-mental health nurses, thereby promoting MH nursing as a career option, contributing to the long-term workforce sustainability of MH nursing. Through a comprehensive curriculum encompassing education workshops, clinical supervision, and preceptorship, participants gain the confidence and competence needed to deliver high-quality nursing care in a mental health context. Empowering nurses to develop essential mental health skills and knowledge, the SwIM Program contributes to the cultivation of a highly skilled nursing workforce capable of addressing the diverse needs of mental health consumers.
Crucially, the MH SwIM Program is designed to align with both individual learning goals and organisational objectives, ensuring a symbiotic relationship between professional development and service improvement. Key features include personalised guidance from a dedicated Mental Health Nurse Educator, alongside a supported supernumerary clinical immersion across a variety of mental health settings.
Participant feedback underscores the alignment of the program's objectives with their needs, affirming its effectiveness in promoting professional growth and lifelong learning in mental health nursing. The invaluable experience gained from the program is described as immeasurable, emphasising its profound impact on enhancing skills and knowledge in mental health nursing.
In summary, the Mental Health SwIM Program represents a proactive and holistic approach to addressing the educational needs of nurses and clinical needs of mental health consumers. Through its immersive educational model and learning objectives agreed prior to immersion, the program serves as a catalyst for strengthening mental health skills of nurses across Queensland.

Bringing all voices for transformation: The work of Safer Care Victoria's Mental Health Improvement program

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The Royal Commission into Victoria's Mental Health System (RCVMHS) set out 74 recommendations for a new approach to mental health and wellbeing treatment, care, and support. The RCVMHS laid out a vision of what a re-imagined mental health system could look like, and how it would support the mental health and wellbeing of Victorians for years to come.
RCVMHS were explicit in identifying that people with lived experience of mental illness or psychological distress will need to be central to the design and delivery of the new mental health and wellbeing system. The Mental Health Improvement Program (MHIP) within the Clinical and Professional Leadership Unit (CPLU) of Safercare Victoria (SCV) have a key role in supporting

reform and system improvement activities. These activities include: towards the elimination of restrictive practices (Rec 54); improving sexual safety in mental health inpatient units (Rec 13); adopting the Zero Suicide Framework in healthcare settings (Rec 27); reducing compulsory treatment in community mental health settings (Rec 55.4); and Mental Health Learning Health Network (Rec 52.2).

The work is in collaboration with health services, consumers, carer, supporters, families, and the clinical and non-clinical workforce; with each initiative well underway with programs establishing ways of working in readiness for scale and dissemination across the sector through the Mental Health Learning Health Network. SCV is looking to build on expertise from across the state, partnering with people who have lived and living expertise, building on existing improvement efforts to accelerate implementation of best practice within the Victorian mental health system.

SCV is strengthening its governance and structures to continue to develop, embed, and lead the inclusion of all voices across the program's initiatives and Victoria: including those groups who are over-represented in the mental health system, but voices are often not heard.

The development of the Safewards Secure model

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Safewards is a model designed to prevent conflict (events that threaten staff or consumer safety e.g., aggression) and containment (things staff do to prevent or minimise conflict events e.g., restraint or seclusion). While Safewards has been successful when introduced into acute inpatient settings, there have been mixed results in forensic mental health settings. Against this background, a program of research was designed to develop Safewards Secure, a model for forensic mental health services to use in conjunction with the original model.

This presentation will be of interest to nurses working in forensic mental health and secure settings and will discuss two studies designed to develop Safewards Secure. The first study used a Delphi design to enable forensic mental health and Safewards experts to identify flashpoints and key influences within the six domains of the Safewards model and issues involved in the implementation of Safewards in a forensic mental health setting. All flashpoints and influences were checked against evidence in the literature, and only suggestions supported by evidence were included in Safewards Secure. These key influences and flashpoints were integrated as an appendage to the original model and the Safewards Secure model emerged.

While the Delphi study was able to identify key influences and flashpoints, another piece of work was required to develop staff and consumer modifiers, and addition to the interventions. The final study involved forensic mental health experts with experience implementing Safewards, engaging in a Nominal Group Technique (a structure group consensus method) to determine staff and consumer modifiers, and adaptations to the interventions. Experts from five countries attended an online Nominal Group Technique guided by a literature review to elucidate modifiers and additions to the interventions. Experts reached consensus on the modifiers and interventions and made suggestions to enhance the model.

Issues explored in this presentation will include consideration of the unique key influences, flashpoints and modifiers present in a forensic mental health setting that differ from acute generalist mental health settings, and how an adapted model may provide a more comprehensive understanding of conflict and containment in forensic mental health settings.

Expanding prevention and management skills for occupational violence and aggression across public health hospital services – A mental health nurses' domain

Jeanette Makhoul
Northern Health

This abstract elucidates the critical significance of extending the application of prevention and management skills for occupational violence and aggression beyond mental health services to encompass broader public health hospital services. While traditionally confined to mental health settings, occupational violence and aggression manifest across various public health hospital settings, necessitating a comprehensive approach to mitigate associated risks. Such expansion acknowledges the universal nature of these challenges and the imperative to safeguard the well-being of healthcare professionals across diverse healthcare contexts. Mental health nurses are uniquely positioned to provide consultation, education and lead research due to their specialized knowledge, skills, and experience in supporting individuals experiencing behavioural challenges. By extending prevention and management skills across public health hospital services through a specialised MHN team, services address the interconnectedness of occupational violence and aggression with broader public health hospital challenges, including workforce retention, patient safety and service quality. Through the success of this holistic approach, mental health nurses will be at the forefront of a co-produced and interdisciplinary research approach exploring the neurobiology of violence and aggression, creating and implementing related models of care and assessments transferable across public health hospital by gaining recognition of the value of their integrated and specialist skill set.

Conclusion: In conclusion, extending prevention and management skills for occupational violence beyond mental health services into broader public health hospital domains is essential to ensure the well-being of healthcare professionals and improve the quality of care delivery. Mental health nurses play a pivotal role in spearheading these efforts and should be recognized for their valuable contributions in addressing this pressing public health hospital issue.

Mental health nurses' perspectives on Australian Stepped Care Model in primary mental health services

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This presentation delves into mental health nurses' experiences within the PHN-funded Stepped Care Model (SCM) services in Australian primary mental healthcare settings. Through semi-structured interviews, nurses' perspectives were explored on the implementation and effectiveness of the SCM across diverse settings, focusing on their roles, motivations, approach to care, and encountered challenges.

The findings reveal a rich tapestry of roles undertaken by mental health nurses within the SCM, ranging from providing psychotherapy to individuals with mild to moderate needs to coordinating care for those with severe and complex challenges. Central to their practice is a commitment to consumer-centered and recovery-focused care, tailored to meet individual needs.

However, the study also uncovers significant challenges faced by mental health nurses working within the SCM. These include professional isolation, resource constraints, limited session availability, and administrative burdens, which impede optimal service delivery and hinder consumer outcomes.

In light of these findings, this presentation underscores the urgent need for structural enhancements to optimize the SCM's effectiveness and ensure it meets the diverse needs of consumers. Insights from our research are relevant to policymakers, Primary Health Networks (PHNs), service providers, and clinicians seeking to refine and improve mental health interventions within primary care settings.

Overall, this presentation contributes valuable insights to the discourse on the effectiveness of the SCM within Australian primary mental health care, offering actionable recommendations to enhance service delivery and improve consumer outcomes.

Adult Individual Resilience Scale: Mixed methods, assessment of personal perceptions of resilience in therapy settings

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Adult Individual Resilience Scale (AIRS): The results of a mixed method study proposing a new scale of resilience for use in the clinical mental healthcare setting.

Introduction: The prevalence of depression and anxiety continues to escalate. Recognizing how mental health issues impact personal perceptions of resilience is increasingly critical. Resilience scale development has progressed over a 50-year span; however, the scales available remain unsuitable for use in clinical mental healthcare settings for individuals because they are extrapolated for populations rather than individuals. A significant gap between measures developed in population studies and clinical settings was identified following a systematic review of resilience scales. A Delphi study followed to construct and refine elements for inclusion in an individual Patient Reported Outcome Measure (PROM). Synthesis of the findings of these two prior studies informed the implementation of a cross-sectional study to refine the items and assess the suitability of the scale for individuals seeking clinical mental health care. Our aim was to design a PROM for use in the clinical mental healthcare setting. This presentation reports the preliminary findings of the final stage of its development.

Method: To date, 48 adult participants have completed the PROM together with several other validated conventional instruments. For quantitative and qualitative data, factor analysis and content analysis techniques are applied.

Results: Early findings indicate the use of an individualized scale is more relevant in a clinical setting compared with established population scales.

Conclusion: The Adult Individual Resilience Scale (AIRS) PROM is intended to be used by mental health practitioners in face-to-face contact with consumers. This has implications for mental health nursing, and for the provision of therapy assisting clinicians to measure factors of resilience including the consumers' perception of resilience as therapy progresses. These findings are important as consumers and mental health nurses are suggesting that therapy would be improved if they could understand perceived resilience in the context of depression and anxiety. The research shows how this can now be achieved and provide future research initiatives.

Appreciative inquiry as an inclusive approach to generating positive change in mental health care

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Introduction/Background: Recent media attention and coronial inquiries have been focused on the failures of the mental healthcare systems and problems that need fixing. Those of us who work in mental health care are driven to help others and want the best for those that are accessing mental healthcare services. While we are cognizant of the failures within the system, we are aware of the strengths and positive impacts certain models of service delivery provide and can easily identify exceptional examples of quality mental health care, including compassion.

Appreciate inquiry is a positive, strengths-based model that seeks to identify what works well and generates positive and sustainable change. Appreciative inquiry can be used for the development of practice guidelines, frameworks, and recommendations for public health policy. This approach is dialogical and relational and lends itself to creative approaches of inquiry.

Aims: The Cultivating Compassion Project aimed to explore how compassion is understood in mental health care and how we can cultivate and embed compassion into mental healthcare systems.

Methodology: The overarching methodology used in this project was appreciative inquiry. This approach to inquiry often consists of the 4-D cycle: 1. Discover 'the best of what is', 2. Dream 'what might be', 3. Design 'how it can be', 4. Destiny 'what will be'. To achieve this, we chose to use a multi-modal approach to capture the stories of participants within one public mental healthcare organisation. This included interviews and art-based workshops with 14 clinical and lived experience staff working within mental health care.
Findings: The use of Appreciative Inquiry as an inclusive and participatory approach to mental health research design enhanced communication and fostered a generative dialogue amongst participants. The innovative intersection of appreciative inquiry and creative approaches empowered participants to engage in visionary thinking about an ideal future for mental health care.
Discussion and Conclusion: Appreciative inquiry is an innovative approach to engaging diverse communities to reconsider our current models of mental health care. It is an approach that initiates conversations and creates opportunities for shared learning and co-creation. This approach has the potential to build on existing strengths and successes and facilitate sustainable change in mental health care.

Body mapping compassion: Embodied understandings of compassion in mental health care

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Introduction/Background: Art-based health research approaches have the potential to provide inclusive and novel opportunities for alternative forms of representation. Traditional research approaches often privilege the dominant narratives within society and can reinforce the power of language and privilege. To create mental healthcare services and models of practice that provide accessible and equitable care to all persons, we need research approaches that give power to all voices and stories.
The Cultivating Compassion Project is an Appreciative Inquiry into compassion in mental health care using art-based approaches to data collection and knowledge mobilisation. Body mapping workshops have been the primary data collection method. Body mapping involves tracing a life-sized outline of the body and exploring one's own visceral and embodied, lived and living experience using visual mediums such as colour, line, symbols, words, and collage.
Aims: To explore the embodied understandings of compassion by those working in mental health care and how compassion can be cultivated in mental healthcare systems.
Methodology: Clinical and lived experience staff working within mental health care participated in interviews and a series of body mapping workshops. The workshops, held at a local art therapy studio and co-facilitated by an art therapist, consisted of four, 2-hour sessions and involved participants engaging in art-based warm-ups, mindfulness activities and deep reflection of their visceral understandings of compassion.
Visual analysis of the body maps started with participants at the point of creation through written keys and verbal descriptions. Further analysis considered how the body map was made, the composition and posture of the body, visual elements used, and points of interpretation in relation to interview data and field notes kept by the researchers.
Findings: The final life-sized body maps were unique, individual representations of participants embodied lived experiences. Common symbols and metaphors featured across the body maps and the differences highlighted the role of social context, culture, and religion on individual understandings of compassion.
Discussion and Conclusion: Body mapping as a research approach provides an opportunity for accessible and equitable mental healthcare research and advocacy, especially for those people who may face stigma and are often excluded from traditional healthcare research.

Honouring participant voice: Narrative portraits of compassion in mental health care

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Introduction/Background: The stories at the heart of mental healthcare systems are often lost through the positivist processes of traditional research approaches. Narrative portraits are rich descriptions of individuals constructed though the storytelling process that honour the context and diversity of participants living perspectives. They help to contextualise the findings of this research within the broader social fabric and allow the voice of participants to be honoured and remain whole.
The Cultivating Compassion Project explored compassion in mental health care with participants recruited from the lived experience and clinical mental healthcare workforce at one public hospital in Victoria. Interviews formed the first stages of the project that subsequently incorporated visual and creative approaches to data collection. The data from the interviews were constructed into narrative portraits.
Aims: The aim was to explore understandings of compassion in mental health care and uncover how we can embed compassion into mental healthcare systems.
Methodology: Narrative portraits were developed through a narrative analysis of the interview data collected. Each interview transcript was systematically coded using symbols and colour to identify narrative features within the data, along with people, places and hidden characters, and times. Key quotes were identified that responded to the research question exploring understandings of compassion in mental health care.

The construction of narrative portraits involved weaving together verbatim quotes to create vivid portrayals of each participant that captured their understandings of compassion. This was an ongoing process of writing, editing and revisiting the original interview data. Where possible narrative portraits were returned to participants for reflection to ensure their story had been accurately represented.
Findings: The final narrative portraits are constructed from mostly verbatim quotes and present a rich, embodied tapestry of how compassion is understood by those working in mental health care.
Discussion and Conclusion: Each portrait provides a unique perspective that is situated within the social, cultural, and personal contexts of the participant's subjective experience. Narrative portraits are a powerful way to value the lived and living stories of research participants in mental healthcare research.

Diagnosing queer: Homosexuality, gender, and the diagnostic and statistical manual

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Introduction and Background: This paper will provide a historical critique and draw from lived experiences of the impact pathologising and legislation had on GLBTIQ+. Only in the most recent version of the Diagnostic and Statistical Manual (DSM) the last pieces used to pathologise homosexuality were removed. In the first edition of the DSM (1952), homosexuality was classified under 'sociopathic personality disturbance'. By citing homosexuality as a mental illness, the APA and its members stigmatized LGBTQ+ people. During the 1970s the civil rights movement rallied to declassify homosexuality with a common slogan 'Stop it! You are making me sick' meaning that there was no reason to pathologize a person's sexuality. The movement was successful in gaining declassification. However, subsequent diagnosis of 'sexual orientation disorder', 'ego-dystonic homosexuality' and 'gender identity disorder of childhood', perpetrated psychoanalytical theory, legislation and religious beliefs which continued to discriminate and cause harm such as conversion therapies.
Aims/Objectives/Hypotheses: To identify the ways that pathologizing sexuality perpetuated misunderstanding and discrimination in the LGBTIQ+ population.
To illustrate how participants in this study revealed the impact of social injustice on their choices, lives, livelihood and mental health.
Methodology and Methods: The study has used historiography and qualitative descriptive design to collate data.
Results: The first DSM (1952) established a hierarchy of sexual deviancies vaulting heterosexual behaviour to an idealized place. Participants described the impact that societies attitudes and living with laws that forbid and discriminated had on their mental health and livelihood. Participants suggested there was no such thing as 'coming out' rather people were 'brought out' against their wishes with their lives as criminals and deviants displayed in the press.
Outcomes/Significance/Implications for the Profession: Despite advances in LGBTQ+ rights and acceptance, stigma, both internal and external, continues. Many LGBTQ+ people develop an internalised homophobia that can contribute to problems with self-acceptance, anxiety, depression, difficulty forming intimate relationships, and being open about sexual orientation.
Translation to Policy and/or Practice Change: The DSM has pathologized homosexuality with psychiatry's constant struggle to distinguish mental disorder, from diversity and difference, thus supporting societies views of homosexuality being immoral and illegal behaviour.

Improving equity and access in physical health screening: Exploring nurses' views in mental health rehabilitation

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Introduction and Background: Mental health consumers experience poor physical health compared to the general population. Subsequently, the identification and management of physical health issues is an important consideration for all mental health services. Despite the establishment of policy directives for mental health services, routine physical screening remains inconsistent. Local audits within a mental health rehabilitation revealed suboptimal routine physical health screening. A large number of consumers were also found to be at high risk of developing co-morbid physical health disorders such as metabolic syndrome. A lack of clarity regarding local physical health screening guidelines was also identified. As a result, a physical health project was undertaken including the implementation of a specifically developed online screening tool to improve physical health screening processes.
Aims/Objectives: This paper will present an overview of the implementation of the online screening tool and the findings of the qualitative evaluation phase.
Project Description/Description of the Work: Two semi-structured focus groups were conducted with nursing staff asking their views about the physical health of consumers within the setting and the implementation of the online physical health screening tool.
Outcomes: Nine nurses participated and after a process of conventional content analysis two main categories emerged: The physical health of mental health consumers and implementation of the physical health screening tool. A further five sub-categories emerged for each main category. Participants recognised that consumers within this setting were at risk of developing physical health co-morbidities and identified a number of challenges regarding this. Participants were also positive about the implementation of the online screening tool and agreed that it had improved physical health screening processes in this setting.
Implications for Mental Health Nursing: The results of this study showed improvements to physical health screening processes through the introduction of an online screening tool. It provides an opportunity for mental health nurses to strengthen

their involvement in improving the physical health of consumers within a mental health rehabilitation setting.

Workforce development for enrolled nurses through an engaging and accessible online video series

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At the start of 2022, the Mental Health Enrolled Nurse (MHEN) educator team at the Centre for Mental Health Learning (CMHL) looked at innovative ways to engage and support the mental health enrolled nurse workforce in Victoria. The team embarked on a project to develop a video series for the enrolled nurse (EN) workforce that would be housed on the CMHL website.

The idea behind this video series was to look at a variety of topics that enrolled nurses were interested in and then create a short video that could be accessed anytime and used as an ongoing resource. The length and topics for these videos have now been given more flexibility based on the interest or need of the presentation.

The MHEN educator team developed a list of potential topics based on statewide workforce development scoping of the EN workforce from 2021. The list of topics was then taken to the MHEN Practice Network to decide which of the potential topics should be developed into a video. The team has also utilised the expertise from the enrolled nurse educators across the state. The EN educators have a good understanding of the workforce development needs.

The team has developed and uploaded eight videos so far. There are three videos that are part of a series called 'A Day in the Life' which focuses on the experiences of MHENs across different services and roles. Other videos include Clozapine Basics for enrolled nurses, dual disability for ENs, psychiatric enrolled nurse level 3 advancement, wellbeing, and an introduction to clinical supervision for MHENs.

This presentation will provide an overview of the video series and highlight the importance of creating accessible resources for enrolled nurses who work in mental health nursing throughout the state.

Enhancing mental healthcare accessibility for neurodiverse individuals through mental health nurses as solution advocates

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This paper will present a twofold discussion about the need for improved mental health accessibility for people with neurodiversity generally, and the need for improved inclusion of mental health nurses who are neurodiverse specifically. Mental health nurses who identify as neurodiverse are embedded human resource champions who are ideally placed to enrich engagement experiences of people with neurodiversity who are seeking mental health care and their neurotypical mental health nursing peers. A gap has been noted whereby a lack of education and professional development in working with neurodiverse populations has been identified across all areas of health care. This has often resulted in mental health nurses receiving education and professional development that is not tailored to their practice or skill set as it is often delivered by other disciplines. A robust discussion about inclusion and engagement of neurodiversity is required as global data indicates an increase in the prevalence of adults seeking assessment and treatment for attention deficit hyperactivity disorder and autism spectrum disorder. Innovation to respond to the increase in help-seeking demand can be leveraged through the inherent knowledges of lived experiences of mental health nurses who can be mobilized as champions to support solution formation.

Educational preparation from a lived experience perspective is suggested as a mechanism to empower neurodiverse mental health nurses, equip neurotypical mental health nurses. This provides perspectives to enhance the care of neurodiverse consumers, especially during the early engagement and access to mental health service phases of care provision. It is hoped that practice innovation can emerge leading to meaningful and satisfying professional engagement that values the knowledge that arises from lived experience integrated with a model of holistic professional development.

Mental health nurses will be empowered in supporting timely access to care, thereby offsetting avoidable delays to help seeking where it is needed. Transformative educational innovation strategies that harness the lived experience expertise of mental health nurses who identify as neurodiverse is of benefit to the professional development of all mental health nurses and will translate into inclusive experiences for neurodiverse people, either as mental health nurses, or as consumers seeking mental health care.

What nursing students need to know about mental health: Comparing academic and lived experience views

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Mental health care is an integral part of the care provided by nurses for people in a variety of healthcare settings. Therefore, well-prepared nurses are vital to advancing equity, access, and diversity in mental health care. Mental health is a crucial aspect of health and well-being, and as a national priority area, it should also be a priority area for educational institutions preparing nurses for practice.

As part of a larger study to develop a virtual mental health centre as a learning space for nursing students, the perspectives of people with lived experience and teaching academics were used to inform the development of learning activities.

This presentation presents the divergent views of these two groups regarding what nurses need to know about working with people with lived experience. By highlighting the nuances of the viewpoints, the discussion aims to emphasise the elements valued by the two groups and the implications for nursing education and care.

As part of a larger study to develop a virtual mental health centre as a learning space for nursing students. The views of people with lived experience were used to inform the development of learning activities. This presentation presents findings about the

views of teaching academics and people with lived experience about what nursing students need to know about mental health.

Enhancing mental health and addictions undergraduate student clinical placements

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Mental health clinical placements play a vital role in preparing future healthcare professionals to address the complex challenges of contemporary health care. There is a growing recognition of the need to enhance the quality of these placements to better support students and optimise their learning experiences. Clinical placements play a significant role in shaping students' career intentions. Our study explores how exposure to diverse practice settings, patient populations, and interdisciplinary teams can influence students' career pathways and professional identities.

Objectives of this two-year project include: Scoping factors that facilitate and barriers to providing quality mental health (MH) and alcohol and other drug (AOD) placements; increasing access and number of student placements; increasing the positive experience of students who undertake placements; and improving relationships and collaboration between services and education providers.

This is a 2-year mixed methods study. This presentation will focus on the first project objective: the scoping of services and the university providers. Nearly all Victorian clinical agencies have been consulted and provided valuable insights into the contemporary landscape of student placement experiences in MH. The consultation process explored how to best prepare nursing and allied health students for MH clinical practice and identified existing gaps in the current delivery of course content. Students' readiness became a prominent theme and was found to be influenced by the level of preplacement preparation, therapeutic skills, and confidence in clinical skills. These efforts are essential for cultivating a skilled and compassionate MH workforce capable of providing high-quality care. Our project aligns with the growing recognition of the importance of Australian MH care services and aligns with Victorian Royal Commission into MH recommendations, to work towards a well-trained health workforce.

The development of the Forensic Mental Health Nurse Competencies Assessment Tool ('FMHN-CAT')

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People with mental health problems are more likely to encounter the legal. They have poorer physical health, mental health and have additional co-morbidities. Little is known about the competencies required of forensic mental health nurses to provide people with safe, effective nursing care. As mental health needs increase, so do the specialised competencies required of nurses. No comprehensive tool exists to assess the competence of forensic mental health `. The aims of this study were to: (1) establish the clinical practice competencies required of a forensic mental health nurse and (2) develop an assessment tool to assess these competencies.

The study involved three phases. A Delphi phase involving forensic mental health nursing experts was used to develop an initial competency list. This list then informed the second phases, where consumers and carers of consumers of forensic mental health nurses were asked to comment on the initial competency list using a survey method. Findings from the first and second phase were used to inform the third phase of the study where phone interviews were used with forensic mental health nurses to determine the usability of the assessment tool.

The findings of the study were used to develop the Forensic Mental Health Nurse Competency Assessment Tool ('FMHN-CAT'). Ninety-two competencies' indicators were established across three domains: attitudes and values; knowledge for practice; and care and treatment skills. The tool used numerical rating scales across each competency indicator.

To the authors knowledge, this is the first time that consumers and carers of consumers of forensic mental health services have been consulted about the competencies required of forensic mental health services. The resulting FMHN-CAT is unique and has many potential applications, including in workplace learning, recruitment, and professional development.

In conclusion, this study fills a crucial gap in understanding the competencies needed for forensic mental health nursing. Through input from experts, consumers and carers, a distinct list of competencies was developed. The FMHN-CAT has many potential applications, including workplace learning, recruitment, and professional development in a specialised field.

Australian veterans and their families – Do we know who they are?

Julie Millard Am
Julie Millard Consultancy, Erskineville - Gadigal, Australia

The Australian Royal Commission into Defence and Veteran Suicide inquired into the overrepresentation in deaths by suicide of serving and former serving Australian Defence Force (ADF) members. A veteran is any person who is serving or has served more than one day. There are approximately 580,000 former serving veterans, and 85,000 people currently serving. Involvement in deployments and traumatic events, which can occur in both combat and non-combat environments can see veterans experience mild to severe mental and physical health conditions.

There are significant reports that identify the mental health issues for veterans. The 2018 Mental Health Prevalence, Mental Health and Wellbeing Study found that transitioned ADF members experienced affective disorders at 11.2%, with just over 20% having suicidal ideation, plans or attempts in the previous 12 months. The common conditions for transitioning ADF members are post-traumatic stress disorder, major depressive disorder, back/hip injuries, anxiety disorders, obesity, sleep disorders and diabetes. Members may also experience shame and guilt from being medically transitioned from the ADF, with trauma

often unresolved. Of particular concern is the suicide rate for former serving women in the under 30 age group, which is 2.8 times the rate for Australian women generally in the under 30 age group. (AIHW 2022).

The Interim Report of the Royal Commission into Defence and Veteran Suicide (August 2022) highlights the limited data being collected nationally on the rates of veteran suicide and suicide behaviour. Military service is unique and is all-inclusive, covering veterans and their families' health care, employment, career, housing and financial needs. This all ends on transition from the ADF. Significant changes to healthcare policy, data collection and mental health nursing practices are required. Healthcare services need to provide accessible, safe and culturally responsive interventions that are appropriate and sensitive. It is crucial that mental health nurses understand the unique culture of the defence forces. We need to reduce the high veteran suicide rate and ask the questions, be holistic and trauma-informed in our communications and interventions and raise awareness of the mental health needs of veterans and their families.

Improving access to NRT: Establishment of tobacco treatment specialist roles in mental health units

Jenny Minchell; Hoiyan Karen Li
Darling Downs Health, Toowoomba, Australia

Many patients of inpatient mental health wards have some substance dependence including tobacco dependence. Nicotine Replacement Therapy (NRT) is an important first-line evidence-based treatment for tobacco dependence. However, delays in the provision of NRT at admission can increase unnecessary discomfort and agitation for our patients with pre-mature self-discharge. In the lead up to this project, there were 41 documented clinical incidents related to smoking-related behaviours (e.g. aggression, altercations) in our inpatient mental health wards in the financial year.

NRT provision in mental health inpatient wards must be tailored for individuals due to previous treatments, the impacts of tobacco smoke on psychotropic medications and the complexity of polysubstance withdrawals. A credentialed Tobacco Treatment Specialist (TTS), can provide expert advice and develop treatment plans with choice, timing and combination NRT options.

The aim of this project was to establish a TTS/CNC-specific scope of practice role within two public inpatient mental health wards. A new nursing credentialing category was created which allows TTS/CNC to order NRT on inpatient medication charts without waiting for medical review. This involved creating a health protocol and a specific scope of practice for nurses. Health protocols can be changed and the TTS/CNC can now implement NRT orders on National Standard Medication Charts. All patients coming into the mental health wards now have the opportunity to access TTS/CNC support.

96% of staff on the mental health wards believed that the TTS/CNC role was useful and 40 patients have been referred to the TTS/CNC. Establishing CNC/TTS roles across hospital services can help to increase patient access to NRTs while in hospital and this may over time, allow ward nurses to arrange standing orders to help alleviate other substance withdrawals in a timelier fashion.

Scope of practice credentials in mental health nursing: Stepping up NRT on inpatient wards

Jenny Minchell; Hoiyan Karen Li
Darling Downs Health MHAODS, Toowoomba, Australia

Timely provision of Nicotine Replacement Therapy (NRT) on mental health wards can assist patients in managing tobacco dependence and reduce clinical incidents. NRT provision must be tailored for consumers in hospital due to lived experience factors, impacts of smoke on psychotropic medications and the complexity of polysubstance withdrawals. A credentialed Tobacco Treatment Specialist (TTS), can provide a specialized treatment plan with choice and combination of NRT options on medication charts with a health protocol. A TTS/CNC role was utilized in two public inpatient mental health wards where the mental health nurse could order NRT on National Standard Medication Charts.

Aims/Objectives: The aim of this evaluation was to determine the benefits of a new scope of practice in Mental Health nursing to address the treatment of nicotine-dependent patients on two public inpatient mental health wards. Data were captured within six months of the TTS/CNC role extension to include activities provided by the role, the types of NRT accessed and feedback from patients.

Outcomes/Significance/Policy and Practice Change: The TTS/CNC service provided 40 patients with tailored tobacco dependence support on mental health wards including 85 orders of NRT in medication charts (patches and oral NRTs). Patients NRT needs and preferences were varied and the need for tailoring was observed. Professional and clinical governance was modified to support the specific Scope of Practice with a new credentialing category of Credentialed Tobacco Treatment Specialist. The TTS/CNC also provided clinical support for staff to increase overall awareness of NRT prescription complexities in mental health patients.

Establishing CNC/TTS roles across hospital services can help to increase consistent and individual NRT orders while in hospital and this may over time, enable ward nurses to implement individualized orders to help alleviate other substance withdrawals in a timelier fashion.

Preventing diagnostic overshadowing to improve the physical health of mental health consumers

Renee Molloy
Monash University

Mental health consumers are more likely to live with poorer physical health and die prematurely of physical illness than the general population. Mental health nurses, with their unique position at the intersection of physical and mental health care are well positioned to address this disparity. However, the practice of mental health nurses is not necessarily adequate to address this need.

A contributing issue is diagnostic overshadowing. This occurs when symptoms of a physical illness are incorrectly attributed to an existing mental health condition, leading to misdiagnosis,

delayed treatment, and poor health outcomes. It is a quality, safety, and practice standard issue, and a human rights violation. Several factors increase the vulnerability of mental health consumers to diagnostic overshadowing including systemic issues within siloed and inequitable health care, limitations in mental health nurses' knowledge and skills, unconscious bias, stigma towards consumers with mental health needs, and challenges mental health consumers may have in effectively communicating their physical health needs.

Mental health nurses can prevent diagnostic overshadowing by collaborating with families and carers, prioritising continuing professional development on this topic, regular reflective practice to uncover bias, developing therapeutic alliances, advocating for and providing holistic assessment and intervention, challenging stigma expressed by colleagues, and pursuing equitable health care.

This presentation will:

- Define diagnostic overshadowing in the context of the physical health of mental health consumers
- Describe the factors that contribute to diagnostic overshadowing to enable recognition and therefore prevention
- Explore the strategies mental health nurses can adopt to limit diagnostic overshadowing in their practice.

Equity and access for young people: Advancing mental health nursing work in schools

Anita Moyes
Edith Cowan University, Perth, Australia

Background: Most Australian young people attend school until they are at least 17 years of age. Schools are therefore an ideal setting for intervening with emerging and established mental health problems. Nurses have been working in Australian schools for more than a century but mental health nursing work in Australian schools remains largely invisible.

Aim: To describe the mental health and psychosocial care delivered by nurses working in secondary schools in Western Australia.

Methods: The study used classic grounded theory methodology. Thirty-one semi-structured interviews were undertaken with nurses working in government secondary schools across Western Australia. Data collection and analysis were undertaken concurrently. Data analysis employed the constant comparative method of analysis. Interview data were transcribed, then coded and categorised using NVIVO. The deconstructed data were subsequently reassembled into a substantive theory using inductive analysis.

Results: Nurses reported that young people with mental health problems had a high utilisation of nursing services provided in schools and often presented with complex social and mental health issues that were difficult to resolve. Nurses provided sophisticated psychosocial and mental health support for young people in crisis, with suicidal ideation or self-harm, often for long periods of time. Many interventions were oriented to social and occupational functioning, conflict resolution, problem solving and development of life skills. Nurses identified that young people presented to them in schools irrespective of their level of engagement with external mental health service providers. In some circumstances, nurses in schools were the only source of mental health support young people had access to. Nurses caring for young people with mental health problems in schools considered their work to be very important but identified a need for more clinical, professional and case support in schools.

Conclusion: This study identified that there is an important role for mental health nurses in schools, but only a minority of Australian young people have access to mental health nursing care at school. Access and equity can be advanced by increasing the number of mental health nurses working in schools.

What are the views of mental health nurses about the consumer's experience of Safewards?

Antony Mullen[1,2,3]; Brenda Happell[2]; Bridget Hamilton[4]; Stephanie Skinner[1]
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Introduction and Background: Safety is a priority for mental health nurses working in acute inpatient mental health units. To maintain safety, restrictive practices such as seclusion and restraint are often used within these settings. However, restrictive practices have been associated with negative consumer experiences. As a result, strategies such as Safewards have been applied to reduce the likelihood of these practices. The importance of understanding consumers' experiences within acute inpatient mental health units has been highlighted. However, the understanding about how consumers experience Safewards is limited. Mental health nurses have an important role to play in the experiences of consumers within these settings. Therefore, the perspectives of nurses are required when seeking to understand how consumers experience Safewards.

Aims/Objectives: This paper presents findings of a series of focus group interviews asking nurses about their perspectives of the consumers' experiences of Safewards within two acute inpatient mental health units.

Project Description/Description of the Work: Focus group interviews were conducted with nurses from units where Safewards was practised. Participants were presented with a summary of findings from focus groups conducted with consumers exploring their experience of Safewards. Nurse participants were then asked to share their perspectives and insights about these experiences.

Outcomes: Eighteen nurses from two sites took part in the focus groups. Preliminary data analysis revealed two emerging themes relating to the influence of nursing practice on the consumers' experience of Safewards. Firstly, involving and engaging consumers in Safewards, and second, organizational, practice and environmental expectations impacting on Safewards.

Implications for Mental Health Nursing: This is one of the first studies to examine the views of nurses about the consumers experience of Safewards. These results provide an opportunity to further understand the influence of nurses in applying Safewards and how this may translate into positive consumer experiences.

Improving access to care: The role of a nurse in a gender diversity service

Ellen Murray
SA Child and Adolescent Mental Health Service, North Adelaide, Australia

In recent years, there has been growing recognition of the importance of gender-affirming care for trans and gender-diverse people across all ages. As a mental health nurse in a child and adolescent gender diversity service, I have had the privilege of helping support young people and their families access affirming and holistic care over the last 3 years. This presentation will showcase the work done in this space.

Mental health nursing in this context has evolved to adopt a holistic approach, emphasising supportive and affirming care for individuals who are trans and gender diverse. This has included fostering a safe and inclusive environment, psychoeducation to other services and agencies as well as advocacy for the improvement and accessibility of services.

Through genuine advocacy efforts, I have been able to secure a grant to start a chest binder program for those wanting a gender-affirming garment and will be the recipient of Nursing Study Grant to visit nurse-led clinics in New Zealand in 2024/2025. Despite significant progress, mental health nursing in child and adolescent gender diversity services continue to face several challenges. These include limited access to specialised care, stigma surrounding gender diversity, and disparities in healthcare provision. Additionally, nursing professionals encounter ethical dilemmas related to confidentiality, informed consent, and parental involvement, highlighting the need for comprehensive training and support. Addressing the complex mental health needs of gender-diverse youth requires a multifaceted multidisciplinary approach that integrates clinical expertise based on best practice, advocacy efforts to promote equitable access to care and enhance the well-being of this vulnerable population.

Introduction to Mental Health Day for new Enrolled Nurses entering the mental health workforce

Emma Murrell
Centre for Mental Health Learning, Whittlesea, Australia

Enrolled Nurses play a crucial role in Australia's healthcare system. The Enrolled Nurse workforce is growing each year, and an increasing number of Enrolled Nurses are choosing mental health nursing as a career option. As a result, there is a need and desire for more Mental Health Enrolled Nurse entry-level programs and training opportunities that cater specifically for Mental Health Enrolled Nurses.

Scoping was conducted in 2020 to identify and understand the professional development gaps and opportunities of the Victorian Mental Health Enrolled Nurse workforce. Using focus groups, communities of practice, and 1:1 consultation, Mental Health Enrolled Nurse Educators engaged with all 23 Victorian Area Mental Health Services over several months.

The results showed that not all services have entry-level programs, there was a lack of funding to support the educational needs of Enrolled Nurses, and that more training support is needed for smaller services. As a result, Enrolled Nurse-specific training was developed: the Victorian Mental Health Enrolled Nurse Introduction to Mental Health Day. Appearing regularly on the Statewide training calendar, the online session covers introductory content on trauma-informed care and the Mental Health Act, including supported decision making. It explores the role of Enrolled Nurses in mental health, the role of allied health in mental health, a consumer's perspective, and well-being/self-care. Attendees have an opportunity to connect and share experiences and resources with their peers. Over a two-year period, this training has been delivered to 63 Enrolled Nurses from 20 area mental health services. Feedback has been positive, with attendees reportedly leaving the day feeling motivated, supported and empowered as new nurses.

During this presentation, we will discuss the benefits of providing Mental Health Enrolled Nurses with tailored educational support and reflect on our learnings since the inception of the training. Attendees should better understand the intentions of the training and learn about the future of the initiative.

Consumer perspectives of engagement with primary care for their physical health

Irene Ngune[1,2]; Dianne Wynaden[3]; Karen Ruth Heslop[3]
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Primary care in Australia, especially through general practice, is pivotal in delivering care to people with mental illness, with General Practitioners (GPs) providing the majority of Medicare-subsidized mental health-specific services. This study explored consumer perceived level of engagement with their GPs, particularly in relation to physical health checks and interventions.

Participants were recruited from a larger cohort involved in a study on the physical health outcomes of people with mental illness. A total of 170 participants identified a GP as their primary care provider were invited to participate, with 100 completing the survey. The survey assessed satisfaction with GP services, and the extent of physical health checks related to medication side-effects, other physical health checks, and age-recommended screening tests.

Results showed high levels of satisfaction with the care they received from their GP. However, screening for medication side effects was generally low across both groups. Furthermore, most participants aged 50 years and over had not been offered age-recommended screening tests, indicating a gap in preventive health care such as smoking, diet and weight management.

This study underscores the importance of general practice in the care of people with mental illness but also reveals areas needing improvement, particularly in preventive health checks and screening. It suggests that despite patients' general satisfaction with GP services, more comprehensive strategies are required to enhance the physical health monitoring of individuals with mental illness. The findings advocate for innovative complementary approaches to ensure holistic care. Care in primary care could be made more accessible by having mental health nurse practitioners located in primary care who could facilitate

the screening of patients and complement GP care. This advanced practice role for nurses has been recommended in a recent report supporting advanced practice roles for nurses in primary care to improve access to health care, particularly for people from vulnerable groups.
Further research with larger sample sizes is recommended to understand patient experiences better and develop effective interventions for this population.

Brief psychological intervention for young people with eating disorder behaviour in the general hospital setting

Catherine O'Halloran; Tess Holt
Eastern Health, Box Hill, Australia

Many public health networks in Victoria do not have specialty eating disorder units for adults. Young people presenting with medical instability as the result of an eating disorder are admitted to general medical wards for medical/nutritional resuscitation. Each patient who is admitted for medical management of an eating disorder under general medicine is assisted in consultation with Dietetics and Consultation and Liaison (CL) Psychiatry.
Starvation dramatically affects both the mind and the body and often results in impaired concentration, problem-solving and comprehension. It can be assumed that highly structured therapeutic modalities are not suitable to be administered in an acute hospital setting, and many of the current eating disorder management protocols do not stipulate the provision of formal psychological intervention during these medical admissions.
Young people who have been hospitalised for treatment of an eating disorder have expressed that they want more one-to-one emotional support to manage distress and increase motivation, in addition to the physical treatment. In line with the Collaborative Recovery Approach, the inclusion of more formalised psychological engagement during hospitalisation has the potential to contribute to a greater sense of autonomy and collaboration for patients, and more individualised and person-centred support.
An initiative aimed to gain a deeper understanding of each patient's degree of anxiety and depressive symptoms, and their health-related quality of life during medical admissions for an eating disorder. The findings suggest that incorporating brief psychological intervention into the existing medical management for eating disorders may reduce psychological distress and enhance distress tolerance for this population.

Consultation liaison: Changes to Victorian mental health legislation and its impact on medical wards

Catherine O'Halloran; **Leah Hann**
Eastern Health, Box Hill, Australia

The introduction of the Victorian Mental Health and Wellbeing Act 2022 brought with it many broader improvements in addition to changes in the way restrictive interventions are monitored and reviewed. The first stage of the implementation included the general hospital setting as well as mental health programs and inpatient psychiatric units. As a result, Consultation Liaison services experienced a significant increase in workload, initially due to the confusion in relation to reporting the use of chemical restraint in the general wards, particularly with regards to the elderly experiencing delirium and dementia. In addition to this, there was an escalation of requests for the provision of education and debriefing around restrictive interventions, clarification regarding duty of care, and the completion of reporting requirements under the mental health legislation.
The Royal Commission into Mental Health made several recommendations in relation to the expansion of Consultation Liaison services, at the same time Consultation Liaison appears to have been overlooked with the roll out of the new Mental Health Wellbeing Act 2022. This presentation aims to describe the impact of changes to work practices related to the Mental Health and Wellbeing Act 2022 from the perspective of a Consultation Liaison psychiatry service.

An effective care framework in a nurse-led clinic

Ah-Nya On
Anya Specialist Nursing Consulting, Keilor East, Australia

Nurse-led mental health clinics are a viable first point of access to the mental healthcare system. This presentation will use a case study to demonstrate a model of care in a nurse-led clinic. It is a joint presentation by a Credentialed Mental Health Nurse and a patient.
The patient will present her lived experience as a consumer of the nurse-led clinic. The Credentialed Mental Health Nurse will demonstrate the collaborative nursing process as the cornerstone for applying therapeutic nursing interventions. The efficacy of nursing interventions is evaluated using the Life Satisfaction Scale and K10 Measures, administered at 3 monthly intervals.
Nurse-led clinics can improve timely access to mental health care, reducing the need to access crisis support and increasing preventative care. Maintaining an effective model of care with accurate service evaluation are integral parts of nurse-led clinic development.
Changes in healthcare funding policy, support from organisational leadership, and workforce preparedness are some important considerations that must be addressed so that these clinics can be successfully implemented.

Reducing mental health stigma among future healthcare clinicians using audio-visual narratives of stigma and recovery

Christine Palmer; Karen-Ann Clarke; Kay Pozzebon; Mark Baker; Anita Hamilton; Mx Rosiel Elwyn; Nigel Barr; Phil Nield; Celine Jona; Aleisha Gray
University of the Sunshine Coast, Australia

Stigma expressed by healthcare professionals has been reported as the third most experienced form of discrimination by people with enduring mental health concerns. Undergraduate health students have been found to endorse stigmatising attitudes, so undergraduate coursework is a pivotal point of influence where attitudes can be explored and gently challenged.

There is a lack of high-fidelity audio-visual material within an Australian context to support undergraduate teaching and learning of mental health concepts. It was hypothesised that having high-quality, locally developed audio-visual artefacts to enable students to critically examine their attitudes and responses to people with mental health concerns would lead to a reduction in stigma and an increased willingness to engage with people with mental health concerns.

This co-designed project aimed to prepare graduates in nursing, midwifery, paramedicine, and occupational therapy to become influential catalysts for change in mental health care, challenging stigma and working collaboratively with people in their care or who work alongside them as peer workers. A multidisciplinary team of researchers and Lived Experience experts came together to co-design this mixed methods project. Nine Lived Experience experts were videorecorded discussing their experiences of stigma and recovery and they were asked to provide students with 'pearls of wisdom' to inform students' practice. These artefacts were then incorporated into teaching mental health care early in 2024.

Students were invited to complete the Opening Minds Scale for Health Care Providers, the Social Distance Scale and the Level of Contact Report, using a pre–post-test design. Further, the teaching team members (predominantly mental health nurses), were invited to participate in focus group interviews to describe their experience of using the audio-visual artefacts in teaching. Thematic analysis provided themes to describe their experiences.

This oral presentation discusses the results of the student and teacher data, describing the impact of the voices of Lived Experience experts on the attitudes and beliefs of health students (86% nursing students), and the experiences of teaching staff in using the artefacts to teach students about stigma and recovery. These results will inform teaching practices across a range of undergraduate health curricula.

Exploring stories of care and caring in nursing: A collective narrative

Tanya Park; Tim Barlott; Eduan Breedt; Megan Simmerfeld; Nicole Tailby
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In this presentation, we delve into the narratives of care and caring. Through a collective narrative approach, we sought to illuminate the lived experiences of nurses and people living with a mental illness, shedding light on moments of connection, understanding, and hope. Drawing upon feminist theorist Joan Tronto's conceptualization of care as an activity that maintains, continues, and repairs our world, encompassing our bodies, selves, and environment, we frame our exploration of care within a broader context. For people with chronic mental illness, experiences of discrimination, exclusion, and limited social supports often contrast sharply with the nurturing and supportive acts commonly associated with care.

Methodology: Utilizing a collective narrative approach—an affirmative, trauma-informed methodology grounded in storytelling— we explored stories of care with people who have a chronic mental illness and registered nurses. For this presentation, we will share the findings from the nurses' stories of care and caring, with links to the collective findings where caring and feeling understood were shared.

The narratives shared by registered nurses revealed a multifaceted experience of care, characterized by moments of connection, empathy, and advocacy. Nurses described care as more than just a task; it was a deliberate and relational act aimed at fostering healing and well-being. Several themes emerged from their stories: the right gift, hope for change, navigating system restrictions and being there, just there.

Conclusion: Through their stories of care and caring, registered nurses demonstrated a commitment to care. Their narratives underscored the relational and reciprocal nature of care, highlighting the importance of empathy, advocacy, and hope in fostering healing and well-being. As we move forward, it is essential to heed the insights gleaned from these narratives, striving towards a future where compassionate and understanding care is not only a possibility but a reality for all people.

A look inside the mental health promotion labyrinth facing perinatal mental health nurses in Australia

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For pregnant women and mothers on their journey to parenthood in Australia, it is estimated that 1 in 5 mothers and 1 in 10 partners will experience perinatal anxiety and depression. This is estimated at a national cost of $877M per annum. As defined by World Health Organization (WHO), complete health is "physical, mental and social wellbeing, not merely the absence of disease or infirmity". 'So I'm pregnant, I'm parenting and I am one of the "Ones"'. Can I be supported in my contact with perinatal healthcare professionals to improve my mental health and emotional wellbeing? Or is it just about referral for treatment and prevention? It is proposed these are different directions within perinatal mental health care yet are not equally represented within empirical research outcomes.

Recent scoping review findings suggest a disjointed conceptualization of emotional wellbeing exists across disciplines. Researchers have called for a universal definition of emotional wellbeing but are challenged by developing a working definition related to critical stages across the lifespan.

The entry to the labyrinth facing mental health nurses working across the perinatal period with pregnant women and mothers begins within the "detect pathology and disease" orientation of clinical care. In the absence of a clear and concise definition of what it means to be emotionally well across the perinatal period, an opportunity is lost therefore to standardize mental health promotion conversations within our mental health nursing workforce. The theoretical framework of salutogenesis explains mental health and mental illness to co-exist on a spectrum with continual movement between the two. Are our nurses supported within systems designed to prioritize optimizing mental health? This presentation will disseminate the data from a scoping review of literature and national surveys of Australian women and perinatal mental health nurses in 2024 to better understand emotional wellbeing and the barriers facing the workforce working across the perinatal period.

Neuro-ecological diversity: An alternative to shaming narratives that perpetuate the pathologizing and criminalizing of inequities

Haley Peckham
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This paper contends that the dominant frameworks of the mental health and criminal justice systems are implicitly founded on the shaming premise that having less equates with being less and thus conceptualize the outcomes of inequities in ways that perpetuate and maintain them.

The distress and behaviors associated with intergenerational inequities are recognized by the mental health system as mental illness – being less than healthy, and by the criminal justice system as being a criminal, less than our law-abiding counterparts. Both systems assume and apply normative standards. Falling short, carries shame and stigmatizes. In turn, shame drives distress and behaviors that, of themselves, perpetuate inequities.

Attempts to formulate without shame have generated trauma-informed approaches which ask: "What happened to you?" However, the assumption that trauma and adversity are harmful and lead to impairment, pathology and criminality persists, along with shame. Here, I put forward an evolutionary adaptationist perspective that reframes shame-ridden assumptions of pathology and criminality, rescues trauma-informed narratives and invites possibilities for nursing research and practice.

Drawing on the Neuroplastic Narrative which shows that our capacity to adapt to diverse environments during development is strategic and neither pathological or criminal, I extend this analysis to define Neuro-Ecological Diversity. Our capacity to adapt to ecologies that range from harsh and unpredictable to safe and predictable produces commensurately neuro-ecologically diverse brains and physiologies.

Adapting to adverse and traumatizing environments specifies a fast life strategy that ultimately preserves survival and reproduction at the expense of preferred health and social outcomes but is an evolved adaptive capacity of populations who experience less safety and less predictability than others but are not lessened and therefore should not be shamed because of it.

The Neuroplastic Narrative and Neuro-Ecological Diversity resources nurses with a non-shaming, appreciative stance, a dignifying alternative to inherently shaming frameworks.

So now we know experiences shape brains. So what? Let's C.H.AT. about the neuroplastic narrative

Haley Peckham
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The Neuroplastic Narrative won the Stan Alchin Award for best research paper at the 2023 Australian College of Mental Health Nurses International Conference. Here I outline what's next.

The Neuroplastic Narrative is a biological narrative and an alternative to the medical model, which instead of looking for our pathology looks at how our ecology is embedded 'under our skin'. It offers any of us who struggle with the impact of transgenerational trauma, complex trauma, adversity and inequity, a dignified, non-shaming way to make sense of our distress and behaviours without pathologizing ourselves. The Neuroplastic Narrative recognizes that experiences shape brains, relationships shape brains, and that our early environment influences our agency in time, whether we seek or defer immediate rewards in favour of long-term gains. But neuroplasticity itself, on which the theory is founded, refers to the capacity of neural systems to adapt and change. So where do we start?

The Neuroplastic Narrative's premise that experiences shape brains, offers compassion retrospectively, for past experiences that have happened and cannot be changed; and hope, prospectively, for new experiences to become embedded mitigating the impact of the earlier harmful experiences. It also raises our awareness of how we experience our agency in time; how often and in what contexts do we prioritize short term gains over long-term goals? A handy acronym: C.H.AT.!

Many of us carry shame that arises from experiences of inequity and/or from trauma. We may feel that having less: love, safety, opportunity, and/or material resources, makes us less, and carry shame that is not ours. Being compassionate with ourselves, finding compassionate others and communities may help. Hope for new experiences to adapt to may come from transforming shaming narratives into dignifying, empowering narratives, that appreciate difference rather than pathologizing it, e.g. neuro-ecological diversity. Changing our agency in time may involve rehearsing and practising "Don't give up what you want most for what you want now".

We are working towards elaborating CHAT into resources and activities that will be built into workshops and form part of an online course in order to make the Neuroplastic Narrative accessible and available to all who may benefit from it.

A systematic review of ethnicity and rapid tranquillisation use in adult mental health emergency settings

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Introduction: Rapid tranquillisation (RT), also termed chemical restraint, is a restrictive practice employed in emergency settings worldwide to prevent harm to oneself or others. Evidence suggests that individuals from ethnic minority backgrounds are more likely to receive RT than their counterparts. However, knowledge about the relationship between ethnicity and RT use in adult mental health emergency settings is lacking. This

understanding may be critical for ensuring culturally sensitive care delivery and minimal RT use in these settings.
Aim: To investigate the association between ethnicity and RT use in adult mental health emergency settings.
Project Description: For this review, we were guided by the Cochrane Handbook recommendations. We included research studies conducted in adult mental health emergency settings in which individuals from two or more ethnic groups were included to compare RT use according to ethnicity. The searches encompassed six databases, comprehensive explorations to uncover grey literature using general and grey search engines and relevant websites, along with reviewing reference lists. Where appropriate, a meta-analysis with a random effect model will be performed to combine findings from similar studies. Additionally, critical appraisal of included studies and assessment of the overall certainty of the evidence using the GRADE approach will be performed.
Outcomes and Practice Change: Five studies were included. The findings may potentially uncover ethnic disparities in RT use in adult mental health emergency settings, highlighting inequities in mental health care and the need for practice changes towards cultural safety and culturally appropriate care. Furthermore, the findings may underscore the crucial importance of targeted interventions if reducing RT is to succeed and the need for further research to improve our understanding of the issue and how practice may be changed.
Implications for Mental Health Nursing: Ethnic disparities in RT use in adult mental health emergency settings will emphasize the need for nurses to improve their performance in culturally sensitive care delivery. To address disparities in care, nurses may prioritize focusing on cultural safety and building therapeutic rapport and trust with individuals from varied backgrounds.

Ethnic disparities in rapid tranquillisation use in adult mental health: A systematic review and meta-analysis

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Introduction: Extensive evidence indicates ethnic disparities in mental health, emphasizing that individuals from ethnic minority backgrounds often receive lower-quality care compared to others. One area where these disparities have been observed is in the use of rapid tranquillization (RT) in adult mental health inpatient settings. Understanding the relationship between ethnicity and RT use is crucial for improving mental health settings.
Aims: To investigate the association between ethnicity and RT use in adult mental health inpatient settings.
Project Description: This review was guided by the Cochrane Handbook recommendations. We included research studies conducted in adult mental health inpatient settings, involving individuals from at least two ethnic groups to estimate an odds ratio (OR) or sufficient data to calculate one for the association between ethnicity and RT use. We searched six databases and explored grey literature using general and grey search engines, alongside relevant websites, references of the included studies and identified reviews. We performed a meta-analysis with a random effect model with the OR as the measure to assess the association. Critical appraisal and assessment of the overall certainty of the evidence using the GRADE approach is ongoing.
Outcomes and Practice Change: Fifteen studies met the inclusion criteria. These studies were conducted in Europe between 2004 and 2019. Preliminary findings from the meta-analysis indicate that individuals from ethnic majority backgrounds were significantly less likely to receive RT than their counterparts (OR 0.67 [95%CI: 0.56-0.80]). These findings underscore significant ethnic disparities in RT use in adult mental health inpatient settings, disproportionately affecting individuals from ethnic minority backgrounds. Addressing these disparities is crucial for ensuring equitable care for all, regardless of ethnicity. Furthermore, recognizing these disparities can inform practice changes aimed at enhancing quality and reducing RT in mental health, ultimately benefiting everyone.
Implications for Mental Health Nursing: Nurses are often on the front lines of decision-making regarding the use of interventions such as RT. It is essential for nurses to be aware of ethnic disparities in RT use and their potential implications for inpatient care. Nurses should advocate for the implementation of culturally sensitive approaches to address these disparities effectively.

Examining ethnic variations in decision-making for rapid tranquillisation in adult forensic mental health inpatient settings

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Introduction: Rapid tranquillization (RT) is a prevalent practice in mental health care used to manage disturbed behavior. While existing evidence underscores ethnic disparities in RT utilization within adult general mental health inpatient settings, investigations into such potential disparities within adult forensic mental health inpatient settings are scant. Therefore, this study endeavors to bridge this gap.

Aims: This study aims to profile and compare individuals from different ethnic backgrounds who underwent RT in adult forensic mental health inpatient settings. Additionally, it seeks to characterize clinical decision-making processes regarding these inpatients.

Project Description: For this multiple-case study, we will employ questionnaires concerning individuals who underwent RT in adult forensic mental health inpatient settings, along with their associated patient records. All cases of RT use from 2021 through 2024 will be included. The questionnaires will encompass sociodemographic and clinical characteristics and self-reported ethnicity to understand this concept nuanced. Data from patient records will consist of staff entries before, during, and after situations involving RT use, which will be analyzed using thematic analysis. Furthermore, statistical comparisons between ethnic groups concerning RT use will be conducted, with the primary outcome being RT use.

Outcomes and Practice Change: Preliminary findings identifying potential relationships between ethnicity and case differences will be presented at the conference. The findings of this study may have significant implications for practice changes within adult forensic mental health inpatient settings. By profiling and comparing individuals from different ethnic backgrounds who underwent RT, we may uncover potential disparities and inform targeted interventions to address them. Additionally, the primary outcome of determining the RT use among different ethnic groups will further guide efforts to implement targeted interventions aimed at reducing disparities and promoting more equitable practices within forensic mental health inpatient settings.

Implications for Mental Health Nursing: Mental health nurses should understand potential ethnic disparities in RT utilisation within adult forensic mental health inpatient settings. Nurses can use this knowledge to refine their practice, ensuring more culturally sensitive and equitable care delivery. Additionally, the study's outcomes may prompt advocacy for changes to promote inclusivity and reduce disparities in mental health nursing.

Interventions to reduce the use of mechanical restraint in adult mental health inpatient settings

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Introduction: Addressing violent and aggressive behaviour in mental health settings often involves resorting to mechanical restraint (MR) in some countries. However, MR use can harm patients and staff. Therefore, minimizing MR has become a global priority, necessitating interventions to ensure success in reduction efforts.

Aims: To explore staff responses toward interventions designed to reduce MR use in adult mental health inpatient settings.

Methods: In this study, we conducted a cross-sectional, questionnaire-based survey. The method and result descriptions align with the American Association for Public Opinion Research reporting guidelines. The questionnaire included 20 interventions designed to reduce MR use. These interventions were developed based on empirical studies addressing the viewpoints of patients, carers and staff regarding MR use and a systematic review of evaluated evidence-based interventions to reduce MR use. Participants were instructed to rate and rank these 20 interventions according to their perceptions of their relevance and importance.

Results: 128 staff members from adult mental health inpatient settings across the Region of Southern Denmark completed the questionnaire. 90.8% of the ratings indicated either 'agree' or 'strongly agree' regarding the relevance of the interventions in reducing MR use. When assessing the importance of interventions for implementation, interventions labelled as 'building relationship' and 'patient-related knowledge' were consistently ranked highly by the staff. In contrast, interventions like 'carers' and 'standardised assessments' received comparatively lower scores.

Implications for the Profession: The findings suggest that staff perceive interventions focusing on building relationships and enhancing patient-related knowledge as crucial for MR reduction. These results highlight the importance of prioritising strategies that foster positive relationships and increase understanding of patient needs among mental health nurses. However, nurses should also see the relevance, for instance, using 'standardised assessments', although importance is not prioritised highly.

Translation to Practice Change: Translating these findings into practice changes involves prioritising interventions that foster positive relationships and enhance patient-related knowledge in mental health nursing and other relevant interventions, even if their importance was scored low. By integrating such strategies, mental health nurses can create therapeutic environments that minimise MR use while promoting holistic patient-centred care.

Equity, access, and diversity in mental health

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Mental health is the foundation of our well-being; however, it remains one of the most overlooked and stigmatised aspects of health care in society. Barriers to access vital services and available resources further impede minority groups with physical ailments often taking precedence due to the nature of accessible routine evidence. It is therefore imperative that we highlight the importance of mental health and the role of mental health nursing in advancing equity, access, and diversity.

Equity for every individual, regardless of their background or circumstance, requires access to quality mental health care. We continue to be confronted with systemic barriers that disproportionately affect marginalized communities. Whether it be due to socioeconomic status, race, gender identity, or sexual

orientation, these barriers perpetuate cycles of inequality and hinder access to essential services. As mental health nurses and advocates it is our responsibility to challenge these barriers, breakdown structures, and ensure that everyone receives the care and support they need.

It is about breaking down the barriers that prevent an individual from seeking help. Often, stigma and discrimination deter people from reaching out for support, leaving them to suffer in silence. Mental health nurses must strive to continually create acceptance and understanding so individuals feel safe to disclose their personal struggles without fear of judgment or ridicule. This can be achieved by fostering open dialogue and promoting mental health literacy, together we can empower individuals to seek help early and prevent crises before they occur. Diversity enriches not only our lives but also our profession and in turn enhances the care we can provide. As mental health nurses we encounter individuals daily from all walks of life, each individual with their own unique experiences, beliefs, and perspectives. By embracing diversity, we are able to recognize and respect these differences, and individualise our approach. This can be achieved through culturally diverse care, language interpretation services and LGBTQ+-inclusive practices, creating value and respected.

The vision for the new V block project at Fremantle Hospital includes 40 new mental health inpatient beds and a 24-hour Urgent Care Service with a state-of-the-art ECT suite that facilitates early access and treatment to services in a timely manner, recognising equity, and access and diversity as the key drivers in mental health.

Workforce development to support mental health nursing recruitment: Curriculum design

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The Australian Government has identified there is a 'maldistribution' of the mental health (MH) workforce, specifically in rural areas across all health sectors. These critical shortages require professional groups to explore opportunities to improve educational and registration pathways. The under-investment and increasing MH demand have resulted in an outdated service model that has failed the needs of MH consumers, their families/carers, and health professionals.

Consideration of First Nation-specific needs for education and training in locally based areas is essential. The recruitment and retention of First Nation MH clinicians is urgently needed. Current research explains how the complexity of socio-cultural factors are not understood or met by the Australian MH services. Further evidence highlights the significance of the deficit in the available MH services within this sector. An immediate change to the educational system of undergraduate registered nursing curriculum is required, integrating a greater MH component as this workforce is a national priority and should be guided by a collaborative partnership with all stakeholders.

In essence, integrating MH education effectively into nursing undergraduate programs equips future nurses with the necessary skills and knowledge and addresses the pressing need for a competent and sustainable MH workforce. Clinical placements and experiential learning in nursing programs contribute significantly to the cultivation of a workforce in delivering holistic care to individuals with MH needs.

An inclusive and comprehensive educational approach identifies the enhancement of positive patient outcomes and strengthens the fabric of MH care delivery across diverse healthcare settings. Research exploration of curriculum design is required to ameliorate the deficits in MH nursing education.

Strengthening capacity to support a statewide mental health service: Development of a multidisciplinary-focused education unit

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Attracting nurses and other clinicians to the profession along with ongoing post-registration specialist training of nurses working in mental health has been an increasing challenge internationally. A statewide service utilised a change management strategy, implementing a new unit supporting clinicians and support staff in the service. Project management principles focused on areas of need for the service and formalized linkages with the University of Tasmania.

This presentation outlines the process of transition from fragmentation with educators dispersed across multiple management streams, to a central unit with specialist educators with a strategic focus with links to Clinical Nurse Educators and Clinical Coaches in clinical teams. The new model is a multidisciplinary team approach encouraging specialist practice and a blend of programs including: Transition to practice nurses, preceptorship, Enrolled Nurses with a capability framework relevant to mental health, an occupational violence program, clinical supervision, regular multidisciplinary education sessions and an online platform accessible by all staff within the service but open to others with a developing interest in mental health topics.

Outcomes include: education is on the agenda across all teams and levels in the sector, generalist staff requesting access and support from the unit, regulatory and legal issues relating to education in the workplace are addressed by a specialised team with links to academia for contemporary practice, traditional models of competency focused training replaced by reflective practices with personal development processes aligning with core and mandatory training where appropriate to professional context, and the model provides a sustainable approach to future development of a seamless program for undergraduate nursing students when transitioning to the workforce. It supports nurses in their pathway to credentialing, with the opportunity for Provisional Credentialing and for experienced Mental Health Nurses, opportunities to demonstrate commitment to the profession and support for Fellowship.

A Tasmanian guide for 'Mental Health Nursing: undergraduate to post-graduate' is under development. The authors offer a best practice guideline for clinical education in the mental health workplace to assist other services in achieving cost-effective effective clinical teaching practices.

H.E.L.P. for assessing the mental health needs of adults with intellectual disability

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People with intellectual disability (ID) experience significantly higher rates of mental health problems compared to the general population but face multiple barriers accessing appropriate mental health care. Cognitive and communication impairments, atypical presentation, and the increased presence of concurrent health conditions significantly complicate the mental health assessment process, acting as a gatekeeping mechanism.

Symptoms of mental health conditions may be mistakenly attributed to the ID itself or dismissed as behavioural problems. The use of standard assessment approaches, which are typically not tailored for individuals with ID, further exacerbates these challenges, leading to potential underdiagnosis or misdiagnosis of mental health conditions. Specific training or expertise is lacking, and there remains a degree of prejudice and low expectations for people with ID which potentially impacts the thoroughness of assessment.

Mental health nurses play a crucial role in early identification, intervention, and management of mental health conditions experienced by people with intellectual disability. There is however little practical guidance on how to conduct such an assessment or how to assist a person with intellectual disability who may present with severally challenging behaviour but unable to communicate what is wrong.

This presentation provides a model for mental health nurses to enhance their assessment practice. The HELP (Health, Environment and supports, Lived experience, Psychiatric disorder) model provides a comprehensive framework for identifying the underlying causes of presentations that can often be complex and multifaceted. By enhancing the capacity of mental health nurses to conduct effective and timely assessments without the need for extensive additional training, this paper aims to improve mental health assessment for individuals with ID, promoting a more inclusive and responsive mental healthcare system.

Dual disability: Conducting mental health assessment of adults with intellectual disability

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People with intellectual disability face multiple adversities and restrictions in their lives, significantly increasing their risk of mental illness. Studies demonstrate that despite high rates of presentation to mental health services, this population experiences major barriers accessing appropriate mental health care. Complex atypical presentations together with cognitive and communication impairments can pose considerable challenges for mental health nurses in identifying mental health problems. Mental health problems are frequently attributed to the person's disability or are dismissed as being "behavioural" despite an increased risk of mental health problems. Notwithstanding the difficulties obtaining mental health services, people with intellectual disability are subject to the highest rate of psychotropic medication of any group. This group are also far less likely to receive focused psychological interventions.

Nurses are key to the delivery of mental health care, but there has been a de-legitimatisation of intellectual disability nursing in Australia and a concurrent erosion of undergraduate and postgraduate education of nurses to support people with intellectual disability. Person-centred nursing care through the adoption of reasonable adjustments can ensure people with intellectual disability receive equitable and appropriate mental healthcare services. This workshop aims to enhance the capability of mental health nurses to conduct effective mental health assessments of adults with intellectual disability.

The workshop uses a progressive case study to illustrate approaches to assessing and identifying mental health problems in an adult with significant cognitive and communication impairments. Participants will explore the necessary adjustments to facilitate engagement, create a suitable environment for assessment, effective communication, and appropriate methods for mental health assessment. Mental health nurses working in triage, acute, and community roles will find this workshop practically helpful.

Enriching our workforce: Development and implementation of a mental health enrolled nurse graduate year

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The demand for mental health services continues to escalate globally, necessitating innovative approaches to bolster the mental health workforce. This abstract outlines the development and implementation of an Enrolled Nurse Graduate Program aimed at cultivating a proficient and committed mental health workforce while achieving exceptional retention rates. By increasing the pool of available mental health nurses to the graduate programs, rather than limiting to registered nurses, our service is able to employ staff with a different set of life experiences, socioeconomic background, and neurodiversity.

With the scope of the enrolled nurse in mental health ever increasing, and the areas in which enrolled nurses are now being employed increasing exponentially, now is a critical time to ensure that new staff have the skills and knowledge to be safe and competent practitioners.

The program draws on best practices in nursing education, the Victorian capability framework, and comprehensive theoretical knowledge, along with hands on experience and tailored clinical support. Enrolled Nurse Educators have been employed to mentor and foster a supportive learning environment where professional development, and self-care are prioritised to mitigate burnout and turnover.

Key components of the program include a specialised coursework in mental health nursing, immersive clinical rotations in diverse mental health. Additionally, innovative retention strategies such as ongoing support networks, regular debriefing sessions, and opportunities for career advancement are embedded

within the program structure. Assessments are competency-based and practical in nature.

Preliminary data indicates promising outcomes, with graduates demonstrating not only a deep understanding of mental health principles but also a strong commitment to long-term career engagement in the field. Retention rates surpass industry standards, affirming the efficacy of the program in cultivating a sustainable and resilient mental health workforce.

In conclusion, the Enrolled Nurse Graduate Program represents a significant advancement in mental health workforce development, offering a replicable model for enhancing retention rates and ensuring the availability of skilled professionals to meet the evolving needs of individuals experiencing mental health challenges.

Bridging knowledge and linkage to care through micro-elimination education for healthcare professionals: A quasi-experimental study

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Aim(s): Evaluate the impact of micro-elimination education to healthcare professionals, and subsequent referrals to community-based nurse practitioner lead hepatitis C clinic for screening.

Methods: A quasi-experimental, pre–post, design was used. Data collected from 101 participants using self-reported questionnaires to measure clinician's knowledge of hepatic C and toward people with mental and substance use disorders. Data of the study were collected with the healthcare professional's hepatitis C virus micro elimination education program questionnaires. Descriptive statistics, independent samples t-test, paired sample t-tests, one-way ANOVA were used for quantitative data analysis.

Results: Participants had a mean age of 44.82 years, representing a variety of healthcare roles: allied health, medical, and nursing, with varying gender distributions. Pre-education confidence levels varied across roles, with nursing showing significant improvements post-education, particularly in hepatitis C screening and treating and addressing substance use disorders. Medical professionals experienced significant confidence increases across tasks, while general practitioners exhibited mixed results, with decreased confidence in hepatitis C virus-related tasks post-education. Observations highlighted consistent significant increase in post-education confidence across roles, emphasizing the intervention's positive impact. Chi-square tests revealed significant associations between experience treating and cases treated per year across roles. Role-specific variations in pre- and post-education confidence levels were observed, guiding tailored educational strategies.

Conclusion: The study underscores the variability in confidence levels across healthcare roles and tasks, suggesting potential areas for targeted training. General practitioners exhibit consistently high confidence levels. Nursing professionals show more variability, indicating opportunities for focused education. Although general practitioners received education sessions, their significant post-education confidence levels do not increase referral rates. Notably, nursing professionals demonstrate the highest referral rates, possibly due to their broad scope of practice and patient engagement skills. Understanding these nuances can inform strategies to optimize healthcare education outcomes and interdisciplinary collaboration in order to achieve an increase in screening and treatment, contributing to the goal of hepatitis C virus elimination.

Recruiting people who inject drugs for hepatitis C screening via a novel community pharmacy: ScreenPay

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Introduction: The Hepatitis C Virus is a blood-borne virus primarily affects the liver, causing inflammation that can lead to liver disease, cancer, and even death. The World Health Organization set a goal in 2017 to eliminate hepatitis C by 2030. The aim of this study is to determine if recruitment of people who inject drugs (PWID) presenting at a novel community pharmacy-based needle syringe program (ScreenPay) offered a monetary incentive increases referrals for hepatitis C screening.

Methods: An interventional study design was used. Data collected from 32 participants using self-reported questionnaire. Analysis was performed in the Statistical Package for the Social Sciences version 25 for Windows. The intervention involved providing people who inject drugs (PWID) with free needle packs containing a referral flyer to ScreenPay for HCV screening at a community pharmacy. The flyer offered monetary incentives and free health checks. Data were collected on referral rates and motivation factors. Analysis included descriptive statistics and chi-square tests. Additional data on substance use and mental health were collected using validated tools.

Results: Health states varied, with 35.1% experiencing moderate challenges in usual activities and pain/discomfort, and 18.9% facing extreme anxiety/depression. No significant associations were found between mobility anxiety and anxiety self-care. Significant positive correlations were observed between depression-anxiety, depression-stress, and anxiety-stress. Males showed a higher tendency for dual referral purposes (59.1%), while all female referrals (100%) were solely for incentives. HCV screening revealed 80% positive cases, with 60% undergoing treatment.

Discussion and Conclusions: The ScreenPay incentive-based approach shows promise in healthcare engagement, yet highlights gender disparities in referral patterns. Implementation of needle syringe programs in community pharmacies proves effective, advocating for its expansion. Findings stress the importance of holistic support addressing mental and physical health needs in PWID. Further research is vital for tailored public health initiatives enhancing well-being and reducing disparities.

Caring for diversity: The mental health nursing role when caring for adolescents with gender diversity

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For a young person, being admitted to an inpatient setting for a serious mental health crisis can have a profound impact on their recovery. In order to care for young people experiencing a mental health crisis, it is critical to provide a safe and non-judgmental space to recover. It is essential that staff provide comprehensive patient care that reflects inclusivity, sensitivity, and safety. This is even more so for people who identify as being LGBTIQA+. This group of young people experience higher levels of discrimination and stigma and are often subjected to violence and harassment.

There has been an increase in number of young consumers who identify as transgender in the inpatient unit at Logan Hospital, and there was desire from the ward staff to upskill to improve the care they provided to this group of young people. One of the inpatient clinical nurses (CN) took charge of this as a quality improvement project. The CN focused on establishing strong linkages between the unit and available public/private and non-government organisations available within the unit local area. Relationships were also formed with services that could be engaged to provide in-services to staff to improve knowledge and awareness.

The inpatient staff were able to create a level of self-sustained knowledge after this education to provide supervision to newer staff members to continue this learning journey. Materials and resources were developed for families and the young people themselves. In addition, to ensure that young people's wishes were respected, changes were made to the intake procedures. These now allow young people to nominate their preferred pronouns and name. These are now reflected on their medical records. Staff also include their preferred pronouns on their badges. Bed allocations were appropriately considered and gender-neutral toilets are now available on the ward. By creating an environment where transgender individuals feel acknowledged and understood, clinicians foster trust and facilitate open communication, essential for effective healthcare delivery.

A novel approach to mental health nursing: Advocating equity, access and diversity through co-production

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In 2020, the Tasmanian Mental Health Service recognised that people with lived experiences are key to ensuring access, equity and diversity in service delivery. As part of the Tasmanian Reform Plan, Peacock Centre opened in May 2023 as a co-designed and co-produced, Peer Lead model of care. Mental health nurses at Peacock Centre have embraced the challenges, collaboratively working with stakeholders and through this reform process created new opportunities for clinical practice.

The Peacock Centre incorporates a 12-bed acute inpatient unit (Peacock House), a Safe Haven as a drop-in service, an Integration Hub for organisations to deliver services in a safe non-threatening environment, and it hosts the Recovery College. The statewide Access Mental Health Helpline operates from Peacock House overnight. Opening of Peacock House involved refurbishment of a heritage building, 6-week staff training, and staggered entry to the acute unit. Partnerships in the Integration Hub continue to be developed to respond to the identified needs of our environment and community.

The Peacock Centre responds to the needs of people in distress through fostering the six pillars of Lifestyle Medicine, eliciting, and then actioning guest feedback to improve involvement and inclusion. Socioeconomic determinants of health are assessed as a key factor in self-determination for the guest.

This new service presented challenges and opportunities which have changed clinical practice for the mental health nurses at Peacock House. Challenges include: recruitment, retention, scope creep, working with an open nurses' station, and coping with change fatigue. Opportunities that have arisen include: training of non-mental health nurses to run therapy and lifestyle programs, time with guests, families and friends in developing interventions and strategies, a space for early intervention, while developing a healthy workplace through diversity. Collaboration with Peer Leads, allied health staff and peak bodies in developing clinical governance processes has resulted in increased therapeutic relationships for our guests. A positive outcome has been a reduction in readmittance to hospital and less attendees in the Emergency Department.

Building a sustainable, future-focused nursing workforce for Australia

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Nurses are the largest health profession in Australia, comprising over 40% of the health workforce. They provide high-quality care and perform key functions across all health and aged care service settings in metropolitan, regional, rural and remote areas. All jurisdictions invest substantially in nursing. Despite this, there has never been a national strategic approach to nursing policy.

The Commonwealth Department of Health and Aged Care in partnership with Victoria and collaboration with all states and territories and the nursing profession is developing a National Nursing Workforce Strategy to provide future-focused national guidance and direction for the profession and the health system. It will provide for nurses to work to their optimum scope of practice to ensure the nursing profession meets the care needs of Australian communities. The Strategy will look at workforce sustainability, diversity of the profession, workforce planning, the challenges of regional, rural and remote nursing and the pathway from novice to expert.

The Strategy will establish a common vision for nursing in Australia and identify and address national priorities that aim to maintain and deliver quality, evidence-based, patient-centred care, build and sustain an experienced workforce, encourage the

uptake of positions in regional, rural and remote areas and support the mental health and wellbeing of the workforce.
The Strategy is informed by extensive public consultation and research including an updated supply and demand model (model) for the nursing workforce. The most recent data available on the supply and demand of the nursing workforce in Australia was last published in 2014, using 2012 data from Health Workforce Australia (HWA). Importantly, the nursing workforce surpassed the number of nurses predicted by HWA for 2025, in 2022 and yet Australia is still experiencing nursing workforce shortages across all sectors.
In this session, we will present the draft Strategy and encourage participants to provide their feedback on the draft Strategy through the public consultation process. Feedback received will be used to refine the Strategy so that it will be widely accepted with actions that are realistic and achievable.

Mental health nursing in the Australian Federal Police: New possibilities for mental health nursing practice

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The Australian Federal Police (AFP) has taken proactive steps in addressing mental health within its ranks by establishing SHIELD, an organizational health capability aimed at providing prevention, promotion, and early intervention services. This initiative, funded by a $64 million allocation from the Federal Government, underscores the AFP's commitment to the wellbeing of its employees, including both sworn and unsworn personnel, across Australia and international locations. SHIELD operates with a dedicated team of clinicians and health professionals, including Mental Health Nurses (MHNs), who play a crucial role in delivering individual and team-based services, training, and resources tailored to the unique demands of AFP's work environment.
MHNs are integral to the AFP's psychological services framework, actively involved in service delivery, risk management, and education for stakeholders, including senior leadership. However, challenges exist in recognizing and representing MHNs within the organization, requiring advocacy and clear delineation of their capabilities. The role of MHNs extends beyond the AFP to sectors such as veteran, defence, and law enforcement, where exposure to psychological risks necessitates specialized support. Legislative changes emphasizing mental health prioritization in workplaces highlight the pivotal role of MHNs in managing psychosocial risks.
By emphasizing the positive impact of MHNs in high-risk environments, this abstract highlights the significance of promoting and advocating for MHN practice within broader organizational health and operational contexts.

Equity in clinical supervision implementation – Are those who really need it getting it?

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Clinical supervision is claimed to be an essential practice that can support mental health nursing practice. Numerous studies have explored its potential benefits, highlighting its role in nurses' development, learning, and emotional support. The focus has shifted from arguing its benefits to how to implement this practice more effectively within the nursing workforce. Historically, clinical supervision implementation tends to happen ad-hoc and locally, without broader support and influence. In Victoria, Australia, the Chief Mental Health Nurse has introduced the clinical supervision framework for mental health nurses to provide the wider-policy support in implementation.
The aim of this presentation is to explore the clinical supervision experience from the supervisee's perspective in the settings where the clinical supervision framework was implemented. This presentation will present a study that was conducted in the four major public mental health services in Victoria.
First, this presentation will provide a snapshot of the characteristics of the clinical supervision that nurses are receiving. Second, the presentation will give insights into which characteristics are associated with perceived effectiveness and satisfaction. The characteristics of supervisee, including work setting, main role, nursing registration type, the characteristics of the supervisor, including discipline, relative seniority, choice of supervisor, and the characteristics of supervision, including frequency, place, length, and type will be explored in association with the perceived effectiveness and satisfaction.
This will inform us of when, why, and for whom clinical supervision was experienced as effective and satisfying, potentially leading to insights that are useful for developing effective and equitable implementation strategies in the future. This presentation will be helpful for the audience who are leaders in the organisation and who are looking to introduce, expand, modify, and sustain clinical supervision practice in their organisations.

CAMH-Crisis2: Crisis Mental Health Services for children and young people in England and Wales

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Introduction: In England, around 1 in 5 children and young people aged 8-25 had a likely mental health disorder in 2023. This has increased from the 1 in 8 reported in 2017. NHS England data has also shown that from 2019 to 2023, 3 times the number of children and young people have been referred to crisis teams for urgent emergency care. Despite the increase in need, there remains a paucity of research around the services that are responsible for delivering crisis care provision for children and

young people in the UK. This 30-month NIHR project, funded by the National Institute for Health and Care Research, is addressing this need.

Methods: A survey to map and describe cross-sector crisis services for children and young people across England and Wales has been administered in English and Welsh. The responses received formed a sampling frame from which 8 contrasting crisis services were selected as case study sites. These sites differ by geography, mode of delivery, service provider and sector and the groups that they work with. At each of the sites, interviews are being conducted with children and young people and family members who have used the service as well as managers and staff. We are exploring how services work and gathering data on how they are used and by whom.

Results: A descriptive overview of the 124 crisis services captured through the survey will be presented as the first UK mapping of crisis services for children and young people. A typology of service models will also be presented. Qualitative analysis of the interview data will focus on understanding how each of the contrasting crisis services is provided, perceived and implemented. These case studies will be compared and contrasted, and the findings assessed against the findings of other research.

Conclusions: We will finish by drawing clear, actionable lessons for the future provision of high-quality crisis services.

Barriers and facilitators to service integration: Stakeholder perspectives from the Barwon region, Victoria

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Recommendation three of the Royal Commission into Victoria's Mental Health System (2021) states that services should "Establish a responsive and integrated mental health and wellbeing system, in which people receive most services locally and in the community throughout Victoria, close to their families, carers, supporters and networks," (p. 39). The report describes a complex, fragmented mental health system that it is in need of integration. Recommendations four and five of the report expand on the notion of integrated care, speaking to integrated service governance, and describing integration as "a broad range of treatments and therapies... a broad range of wellbeing supports... education, peer support and self-help... and care planning and coordination," (p. 41).

Integration between mental health and alcohol and other drug (AOD) treatment services has been a challenge in several states of the country. There are varying staff perspectives to integration, including fears of a loss of professional identity, loss of roles, or a feeling that specialist services will become 'generalised.' This presentation explores the concept of integration among services in the Barwon region on Victoria, by interviewing stakeholders (senior clinicians and service managers, $n = 14$) on their perceptions of barriers to service integration.

Using the Theoretical Domains Framework (TDF), we mapped these perceived obstacles to determine the facilitators and barriers to service integration, also asking participants what their perception of an ideal service integration model would look like. This presentation will explore the results of this study, including the emerging themes during the qualitative interview process included the notion of collaboration with stakeholders, easier service access, increasing workforce capability and reducing stigma.

Nurses with an interest in service integration should attend this presentation to explore common barriers and facilitators to achieving truly integrated mental health services across Australia.

Exploring nurses' reasons for locking external doors on acute adult mental health inpatient units

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The principles of least restrictive, recovery-focussed care are the foundation of contemporary mental health legislation and practice in Australia and many jurisdictions worldwide. Many inpatient mental health units around Australia operate with locked external doors to prevent absconding, aggression and the import of prohibited substances (such as illicit drugs). Arguably, inpatient mental health units with locked doors are incompatible with this style of care and throwback to a time where care for mental illness was primarily custodial.

This presentation will discuss a study exploring nurses' reasons for locking external doors on inpatient mental health units based on the Behaviour Change Wheel framework for implementation science. The first phase of this study repeated a scoping review which found that door locking was not the preferred practice in the management of acute mental health units. Our scoping review explored literature released since this scoping review, finding scant evidence for the contention that locking external doors prevents absconding, aggression or illicit substance importation. Furthermore, locked doors had a detrimental impact on the therapeutic relationship, nurse job satisfaction and intention to leave the profession.

The second phase of the study interviewed Australian mental health nurses to determine both reasons for door locking, and barriers and facilitators to open wards. The semi-structured guide was devised using Behaviour Change Wheel methodology and designed to generate implementation recommendations to reduce the incidence of locked doors on acute inpatient mental health units across Australia.

In this presentation, we argue that several factors exist which prevent the unlocking of external doors on acute inpatient mental health units. We also argue that locked doors are a restrictive intervention that requires urgent consideration rather than a blanket approach.

Evaluation of online simulation to develop rehabilitation nurses' skills in provision of trauma-informed care

Julie Segal[1]; **Louise Alexander**[2]; Damien Khaw[3]; Spencer FowlerSteen[3]; Suzie Hooper[1]
[1]Epworth HealthCare, Mental Health and Rehabilitation; [2]Deakin University, Faculty of Health, Institute of Health Transformation, centre for Quality and Patient Safety; [3]Deakin University-Epworth Healthcare Partnership

Background: Patients involved in traumatic accidents often require prolonged inpatient rehabilitation stays. During their rehabilitation program, signs of PTSD, anxiety, depression and chronic pain may emerge and can be challenging to manage effectively. Rehabilitation nurses working with medical patients therefore need to understand the impacts of trauma, develop skills in caring for patients exhibiting challenging behaviours, and practice within a trauma-informed care (TIC) framework. In this study, we evaluated a hybrid education package that included: delivery of theory using online modules, pre-recorded simulations demonstrating communication and de-escalation techniques, and seminar discussion sessions.
Methods: A mixed methods study design was used, that included focus group discussion sessions and participant surveys to evaluate program feasibility, acceptability and uptake.
Setting: The study was conducted in an inpatient rehabilitation unit that provides care to patients following road traffic accidents and other major physical trauma. The unit is staffed by rehabilitation nurses who had not previously received training in provision of TIC.
Education Program Development: The education intervention was co-designed with input from nurse academics, a nurse practitioner, the nurse unit manager and director of the rehabilitation unit. Pre-recorded scenarios were used to demonstrate key communication and de-escalation techniques. The education program was presented as 10-minute micro-learning sessions, to facilitate use within a busy clinical setting. In 2023, the education program was pilot-tested with all rehabilitation nurses working on the study ward. Nurses were asked to view the background theoretical modules prior to attending a seminar discussion session in which the simulation video were viewed and discussed. The discussion session was facilitated by the mental health nurse practitioner leading the project.
Results: Qualitative feedback from semi-structured interviews found that participants found the use of simulations based on common clinical scenarios that had occurred in their practice setting was highly engaging and made the training program relevant to their practice. Participants also identified the value of adopting a TIC approach to engaging with patients.
Conclusion: The use of online learning and pre-recorded simulations was an effective approach to engaging rehabilitation nurses to develop their understanding of TIC in general rehabilitation settings.

Bridging gaps with the SEWB framework: A lived experience perspective on culturally responsive care for Aboriginal and Torres Straight Islander peoples

Shiobhan Sharpe
University of Melbourne, Melbourne, Australia

Aboriginal and Torres Strait Islander communities continue to face significant challenges when accessing mental health services. Ongoing impacts of suicide, colonization, intergenerational trauma, and systemic barriers are often exacerbated by limited access to Social and Emotional Wellbeing (SEWB) supports and insufficient presence of lived Experience expertise within mainstream mental health services. This presentation explores the SEWB framework as a holistic model of care designed to address these issues and acknowledges the barriers faced when working from a lived experience perspective.
The SEWB framework emphasises a person-centred, strength-based, and culturally sensitive approach to promote improved health and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples. This presentation provides an overview of the SEWB framework and its seven domains, highlighting its importance beyond traditional clinical models. It explores how this framework can be adapted and utilised in mainstream mental health services. Additionally, this discussion addresses the crucial need for culturally responsive care when facing the challenges, barriers, and successes encountered when accessing current SEWB supports. Insights coming from a lived experience perspective will offer reflections of real-world implications of SEWB support and care.
This presentation provides mental health nurses with an understanding of some of the complexities of being in an Identified Aboriginal and Torres Strait Islander role while having to navigate "walking in two worlds", addressing intergenerational trauma and lateral violence whilst still providing holistic, strength-based care. This approach not only supports the Aboriginal and Torres Strait Islander social and emotional wellbeing workforce and lived experience workers, but also Aboriginal and Torres Strait Islander ways of knowing, being and doing are acknowledged and honoured.

Access of general hospital nurses to mental health nursing expertise is necessary and appreciated

Julie Sharrock; Marie Hutchinson; Brenda Happell
Southern Cross University, Lismore, Australia

During the 1990s, mental health nurses began to join their psychiatrist colleagues in general hospitals to support the mental health care of people receiving care for physical health conditions. This was in the same decade that the specialty of mental health nursing was undermined through the collapse of the separate register for psychiatric nurses and the introduction of the comprehensive undergraduate program. The aim of comprehensive education was to produce nurses skilled in the provision of holistic care to service users, regardless of setting. Yet 25 years later, general hospital nurses are still struggling to meet the mental health care needs of people in their care.

This presentation forms part of an exploratory-descriptive qualitative study examining the role of the Mental Health Nurse Consultant within a multidisciplinary consultation-liaison team and its impact on patient care. Using participant observation, the researcher engaged with a large metropolitan teaching hospital over an eight-month period. Data were collected from observation of the mental health nurses as they undertook their work. In addition, hospital documents were analysed, and semi-structured interviews were undertaken with the consultation-liaison team, service users, and hospital staff (primarily nurses).
The aim of this presentation is to share the findings related to the experiences of general hospital nurses when caring for people with co-occurring mental health conditions, and how mental health nurse consultants assist them in delivery of that care.
The general hospital nurses who participated in this study repeatedly expressed a sense of inadequacy of their mental health nursing knowledge, skills, and confidence, and that they struggle when people in their care have concurrent mental health conditions. What the nursing staff appreciated was access to the expertise of the Mental Health Nurse Consultants through regular contact, support and validation, collaborative care planning, and informal and formal education.
The findings of this study raise questions as to whether the aspirations of the comprehensive nursing program have been met. In addition, general hospital nursing staff need access to the expertise of Mental Health Nurse Consultants to assist them in providing mental health care to people receiving care for physical health conditions.

Narratives, job experiences and challenges of nurse academics. A qualitative study

Charanjit Singh; Debra Jackson; Ian Munro; Wendy Cross
Federation University, Mt Pleasant, Australia

Introduction and Background: Although the literature is replete about the work experiences among university academics very little research has been undertaken to examine and explore the experiences among nurse academics.
Aims/Objectives/Hypotheses: To explore the views and experiences of nurse academics about their professional work life.
Methodology and Methods: A qualitative exploratory interview study. Data were collected during 2018/19 using a semi-structured interview method with 19 experienced academic nurses from a range of academic levels within Australia. All interviews were audio recorded, transcribed verbatim and thematically analyzed using a narrative approach. Ethical approval was granted by the relevant University Human Research Ethics Committee.
Results: Participants provided detailed insights into the type of daily occupational stressors they faced. The main themes identified included a lack of work–life balance, lack of recognition and leadership skills, negative workplace culture, incivility towards staff, lack of occupational awareness of the importance of political astuteness and increasing workloads and inequitable distribution.
Outcomes/Significance/Implications for the Profession: The findings have global implications for the recruitment and sustainability of nurse academics. This also impacts upon their professional and work–life balance. In order to ensure a sustainable academic nursing workforce, areas of priority, and strategies were identified. These included effective mentoring of less experienced staff and leadership styles that promote greater inclusiveness, being heard, valued and recognized, improved work–life balance and the need to have a sense of belonging.
The findings indicate that Schools of Nursing within Australia should review their work practices and present policies in order to provide greater work-related empowerment to reduce occupational stress. There is a need to examine present policies that impact upon the daily work–life balance and professional functioning of nurse academics. The findings highlighted the future of nurse academics and the impact it has on nurse education, clinical practice and research and the important global implications for nurse leaders and policymakers in relation to the recruitment and sustainability of nurse academics.

Advancing equity and inclusivity in suicide prevention: Intersectional approaches beyond clinical interventions

Alex Smith; Ritik Kumar
Royal Melbourne Hospital, Parkville, Australia

Suicide prevention efforts must prioritise equity, inclusivity, and diversity to address systemic barriers and disparities contributing to mental health crises. Traditional clinical interventions often fail to address the complex and diverse needs and experiences of marginalised populations, highlighting the need for comprehensive approaches. Suicide knows no cultural boundaries; highlighting the crucial need for mental health services to adequately address service provision of diverse populations. Risk factors and protective measures differ across cultures and ethnicities, along with varying attitudes towards the acceptability of suicide. Whilst international data informs increased prevalence of suicidal behaviour amongst lesbian, gay, bisexual, transgender, queer and intersexual (LGBTQI+) populations, deeper learnings relating to intersectionality assists to appreciate the overlapping nature of how individuals might embody multiple identities.
The Hospital Outreach Post Suicidal Engagement (HOPE) service of The Royal Melbourne Hospital aims to build resilience in individuals whose life have been affected by a suicide attempt, suicidal ideation, intent or planning by providing intensive and individualised therapeutic care and psychosocial support. A retrospective audit of data obtained from service indicated 25% of the population identifies as LGBTQI+, highlighting a necessary response to the unique characteristics of this community.
Recruitment to a LGBTQI+ psychosocial role aims to respond to the invisibility of communities by representing them in service design, promoting language, vocabulary, expertise and understanding to combat former experiences of feeling different from others. This initiative advocates for integrating intersectional frameworks, rooted in principles of fairness and inclusion, to enhance suicide prevention strategies and support systems.
Effective intervention and prevention initiatives should be informed by culturally specific risk and protective factors for suicide, as well as an understanding of the target population's attitudes toward suicide balanced by the significance of feeling connected. Understanding the distinctive support needs of

populations accessing the HOPE service may better equip services to reflect on the value of recruitment and embedding identified positions. Considering this in service design demonstrates positive attention to intersectional LGBTQI+ experiences.

Introducing new ways to respond in the emergency department to LGBTQI+ mental health consumers

Alex Smith; Roisin Smyth; **Laura Honeybun**; **Michelle Whittaker**; Oliva Sexton
Royal Melbourne Hospital, Parkville, Australia

The Emergency Department (ED) may be the initial access point for lesbian, gay, bisexual, transgender, queer and intersexual (LGBTQI+) consumers when presenting in mental health crisis. Adequately meeting the physical and mental health needs of this population requires advancing equity, access and improved knowledge in responding to diversity. LGBTQI+ consumers have inferior mental health outcomes compared to their heterosexual counterparts, yet represent a diverse community with comparatively increased mental health-associated primary presenting issues. The deficiency in the knowledge and training of healthcare workers regarding this vulnerable group, as well as provision of a safe environment where privacy and confidentiality can be promoted are essential to better respond to the unmet needs of this community.

A random seven-day retrospective audit of electronic medical records reviewed the referral process of persons identifying as LGBTQI+ whose primary presentation was triaged as mental health. The Royal Melbourne Hospital ED is resourced with a specialist LGBTQI+ liaison service which provides advice for consumers and their families and supports consumer advocacy whilst building staff capacity. We found that of the 14% contributing to this population, none were offered, nor referred to the LGBTQI+ liaison service.

Through introducing mental health rounding twice daily to the Crisis Hub located within the ED, principles relating to therapeutic engagement will role model person-centred and recovery-focused care; encouraging responsiveness to diversity by coordinating referral to the LGBTQI+ liaison service. Meaningful engagement and enquiry assist us to listen to what matters to the patient whilst fostering supportive and therapeutic relationships with those in our care, and influences reflection and learning.

The dynamic environment of the ED can less easily be modified however understanding barriers and creating opportunities to consider the diversity of patients must be woven into emergency mental health nursing practice within the ED. Offering access to appropriate support via referral pathways is crucial.

Enhancing mental healthcare access: Unlocking the potential of direct admissions

Shaveta Sood
Northern Health, Epping, Australia

Direct admissions serve as a pivotal pathway for individuals in need of urgent mental health care, bypassing traditional referral processes and reducing treatment delays. Despite their significance, the clinical literature lacks a comprehensive exploration of the essential components of this process. This presentation highlights the importance of direct admissions for mental health consumers, identifies existing barriers, explores potential enablers, and proposes innovative strategies to facilitate streamlined admission pathways.

This presentation examines the untapped areas related to direct admission pathways and delves into the critical components of successful and streamlined admission processes, emphasising the role of workforce support and resource allocation. The key areas for successful implementation are identified, encompassing considerations for consumers and carers, workforce training and support, and leadership strategies. Organisational change within the healthcare system is recognised as essential for reinforcing the adoption of direct admissions.

This presentation will discuss the consumers' perspective on the barriers faced in accessing direct admissions and propose alternative strategies to overcome these challenges, fostering inclusivity and accessibility within the mental healthcare system. Enablers of direct inpatient admissions will be discussed with the view of accelerating the transition towards widespread adoption, providing actionable insights for advancing mental healthcare reform. The presentation will also explore the collaborative efforts from all stakeholders required to drive change, exploring the options of optimizing existing human resources and implementing technology-enabled solutions. This comprehensive exploration aims to empower stakeholders with the knowledge and tools necessary to enhance mental healthcare delivery through efficient admission pathways.

Let's talk about it: Rebuilding therapeutic relationships through sensory approaches and post-seclusion de-briefs

Rosemary Sorrensen; Lyndal Wallace; Lok Fai Cheung; Luke Roberts; Marianne Wyde
Metro South Addiction And Mental Health Services, Meadowbrook, Australia

Incidences of aggression can be common within acute inpatient mental health settings. The expression of aggression in an inpatient mental health setting is both complex and multi-factorial and impacts not only on the person but also staff and other consumers on the ward. The trauma experienced by both the consumers and the staff cannot be understated. When a consumer has experienced seclusion, it can be difficult to re-establish a therapeutic relationship. Post-seclusion debriefing can be part of the healing process. To ensure that the debriefs meet the needs of the consumer, a new post-seclusion debrief processes was co-developed between the nursing staff, an occupational therapist and the lived experienced peer workforce.

The new process always starts with an apology. After this, there are a set of four questions which focus on what staff need to be aware of to avoid triggering further aggressive incidents. A whiteboard with consumers, their likes, dislikes, triggers and soothing strategies has been installed on the ward. To ensure cultural safety, when appropriate, the debriefing process is done by an identified Indigenous worker. Environmental changes were also made to ensure that the environment was less

custodial. The hours of the recreation officer were increased to address boredom. The occupational therapist continues to provide regular input into the strategies developed. To support the nursing staff, a reflective space is offered to debrief and reflect on their experiences. Staff were also provided with de-escalation and sensory approaches training.

As a result of the new processes, the use of security on the wards; the number of people who have been placed in seclusion and the time people spend in seclusion have decreased. There has also been an increase in the number of non-pharmacological interventions used in times of distress.

The introduction of person-centred post-seclusion debriefs, combined with tailored approaches to support people in dealing with their distress have enabled nursing staff to practice in a least restrictive way and to provide person-centred care in an acute environment.

Building workforce capability in suicide risk assessment via a train the trainer program

Jo Stubbs
Centre for Mental Health Learning, North Melbourne, Australia

Over 3,000 people die by suicide in Australia each year. Staff working in public-funded clinical mental health services need to be equipped with the skills and knowledge on suicide risk assessment, how to respond and how to engage.

In Victoria, Area Mental Health Services have not had a consistent training program that equips the workforce with the skills and knowledge to engage with people who present with suicidal thoughts and actions. Approximately eight years ago, one mental health service invested significant resources into the development of a contemporary, evidence-based workshop that could be rolled out to their workforce to help build skills and knowledge. The package explored the Chorological Assessment of Suicide Events Approach and the Pisani model.

In this presentation, you will learn how the Centre for Mental Health Learning worked with a mental health service to roll out a train-the-trainer program. The program has been running for three years and 13 services have participated in the program. Educators are invited to an online community of practice and are encouraged to attend educator reflective sessions. With the greater pool of educators across the state, this training program is now being rolled out in mental health nursing graduate programs across the state and has provided some consistency in training and education related to suicide risk.

Building mental health nursing workforce capability to utilise digital mental health

Heidi Sturk
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Aims: The recent growth of digital mental health services funded by the Australian Government provides Australians with additional opportunities to receive mental health care and support. These services offer low-cost options for information, prevention, assessment, diagnosis, counselling, and treatment. They can also complement face-to-face therapies, free up care providers to assist those with more complex needs, provide treatment for those on waiting lists, and flexibly respond to increased demand.

Mental health nurses have the opportunity to play a significant role in recommending or utilising these digital mental health services to their patients, however many report feeling overwhelmed by the range of options available. To address this, the Australian Government funds eMHPrac (e-Mental Health in Practice) to deliver frac education, training and support to health practitioners across Australia. The eMHPrac consortium, funded since 2013, is led by Queensland University of Technology in partnership with Black Dog Institute, Menzies School of Health Research and the University Centre for Rural Health of the University of Sydney.

Methods: Over the past ten years the eMHPrac consortium has provided training and support about evidence-based digital mental health via range of modalities. Impact of training is measured through assessment of mental health knowledge, skill and confidence. eMHPrac also monitors numbers of new registrations on digital programs and services from Government funded providers, and whether these registrants were referred by a health practitioner.

Results: eMHPrac is seen as a respected provider of expert and impartial advice about digital mental health. Training evaluations show increases in participant knowledge, confidence and skill acquisition. There have also been significant increases in registration numbers to online programs and webchat services.

Conclusion: Tailored education and training activities are essential to provide the mental health nursing workforce with the capability to utilise digital mental health effectively and enhance the quality of care for their patients. This presentation will summarise eMHPrac's key learnings from the last 10 years. It will also outline relevant digital mental health services and best practice guidelines for how mental health nurses can utilise these options with a diverse range of patients.

Review of submissions to the Senate Inquiry into the issues related to perimenopause and menopause

Joanne Suggett
Mental Health and Wellbeing Services, Western Health, St Albans, Australia

The impacts of perimenopause and menopause will effect women in multiple areas of their lives. Perimenopause is the lead up to menopause which can last from four to six years before menopause with the average age of onset of menopause being 51 years of age. Traditionally menopause has been known as a stage of life for women, with little known on the total impact to the individual's health and quality of life beyond the symptoms. Understanding the impacts of menopause and the capacity of the health system to assess, screen and provide effective treatment for challenging menopause symptoms is often evidenced by service user experiences. Additionally, the total impact of menopause beyond health rights and healthcare provision is yet to be explored at a government level with inclusion of economic impacts within Australia.

On the 6th November 2023, the Australian Federal Parliament Senate, referred an inquiry into the issues related to menopause

and perimenopause to the Senate of Community Affairs References Committee. The Terms of Reference for the inquiry referenced to nine (9) areas for submissions. The areas included but not inclusive of include physical health impacts, mental and emotional wellbeing, level of awareness among employers and healthcare professionals and economic consequences of menopause and perimenopause. Closing date for submissions was 15th March 2024 for inquiry and report by 10th September 2024. A total of 285 submissions were published on the submission website. The submissions were authored by a range of organisations and individuals including: health care, superannuation, legal and human rights agencies. This paper will undertake a review of the submissions to the senate inquiry, to develop further understandings on the impacts of perimenopause and menopause on the individual and their community. These understandings may further support the provision of clinical assessment and care within the mental health settings to people within this demographic.

Improving physical health outcomes in crisis community mental health care

Nicholas Sutcliffe; **Rebecca Bond**; **Christopher Daines**
Alfred Mental and Addiction Health, Melbourne, Australia

Victoria's Equally Well Framework addresses the stark health disparities experienced by individuals with severe mental illness. This patient group often experiences significant barriers to accessing care or enacting healthy lifestyle choices, and high rates of smoking, alcohol and substance use. In addition, our best available psychotropic medications come with a raft of physical side effects and risks, particularly antipsychotics, most of which have major metabolic impacts, and some of which can lead to life-threatening autonomic dysregulation. Mental health nurses are uniquely equipped to understand the complexities surrounding mental illness and health access and play a pivotal role in advocating for the adoption of holistic care practices. This project adheres to the principles of co-design.

This presentation explores an initiative to implement the Equally Well Framework within a crisis-community setting. The initiative seeks to enhance health access by utilising and expanding the scope of this multidisciplinary team, such as linking patients with sexual health services, facilitating access to smoking cessation supports for interested patients, providing basic metabolic screening and on-referral for medical management, and linkage to community exercise and weight management resources.

Key issues explored in this presentation include identifying and adapting priorities from the Equally Well Framework relevant to the scope and skills of the multidisciplinary team and model of care, the extant strengths and opportunities to offer physical health care, cultivation of a culture of inclusivity and empowerment for both staff and service users, and implementation of tailored interventions and support mechanisms that prioritize prevention, early intervention, and health promotion. The presentation will also share experience in fostering partnerships with lived experience and multidisciplinary stakeholders. The project is being evaluated to assess the impact of these interventions on consumer outcomes.

Healthcare professional perspectives on the impact of the Physical Health Nurse Consultant

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Early mortality experienced by people living with mental health issues (hereon termed consumers) is largely preventable. Healthcare professionals perceive healthcare system inadequacies such as diagnostic overshadowing, stigma and fragmentation of physical and mental healthcare services can be resolved through effective integration approaches. Service and individual-level integration approaches involve multidisciplinary teams collaborating and coordinating care to holistically meet consumers' physical and mental health needs. Evidence suggests appropriately trained healthcare professionals can deliver effective integrated treatment without financial or organisational restructuring. Specialist nursing positions such as Physical Health Nurse Consultants can support and integrate physical and mental health care. Consumers report the Physical Health Nurse Consultant provides dedicated, integrated, coordinated and holistic mental and physical health care.

This study aims to explore the Physical Health Nurse Consultant role from the perspectives of healthcare professionals. A qualitative exploratory study design was used. Fourteen healthcare professionals participated in individual interviews or focus groups. Interview recordings were transcribed, and thematically analysed. Three themes were identified: role functions, including integration of physical and mental health care, impact on consumer physical health outcomes, and impact on service delivery. Healthcare professionals perceive the Physical Health Nurse Consultant effectively integrates physical and mental health care and subsequently support the continuation and embedding of the role in routine practice. Future research is required to explore healthcare professionals' experiences and perceptions of how these roles can be embedded in clinical practice, accompanied by translational research.

Empowering rural and remote mental health: Insight into a nurse-led crisis intervention program in NSW

Cassandra Talbot; Diane Russ
The Healthy Communities Foundation Australia, Collarenebri, Australia

Rural and remote people are the backbone of the Australian economy. The Healthy Minds Program and the National Rural and Remote Suicide Prevention Program provide crisis intervention and mental wellbeing care to under-resourced and disadvantaged communities in rural and remote NSW.

This program is a pioneering initiative that has been co-designed with rural and remote communities, empowering them to shape the services they need, under the guidance of trained professionals. It is a design that focuses on crisis intervention and mental wellbeing. It is a nurse-led program of mental health nurses

and supported by Aboriginal Wellness Workers, Peer Workers, Social Workers and Community Engagement Officers.

A highlight of the design is the collaborative agreements with psychologists and other allied mental health specialists to support and increase access to services for people living in rural and remote NSW to ensure that people needing crucial mental health services are supported at the right place and right time, by a skilled, well-resourced, and sustainable workforce. A goal is to achieve increased mental health literacy and decrease the prevalence of suicide and the impact of poor mental health in rural and remote communities.

Eight clinicians cover approx. 250,000 km^2 to service approx. 40,000 people. Since May 2023, the program has provided crisis interventions for over 250 people in rural and remote NSW.

Key challenges encountered are funding constraints, and the program is not sustainable under the current Medicare Benefits Scheme. Competition between multiple services creates disharmony because they compete for the same pot of funding. To create a sustainable and ongoing program, funding is required to reduce ongoing barriers for clients accessing and navigating services in disadvantaged communities.

Victoria's five-year Clinical Supervision for Mental Health Nurses implementation project

Kate Thwaites; Rebecca Helvig; **Anna Love**
Safer Care Victoria, Melbourne, Australia

Clinical supervision is an important component of Mental Health Nurse's professional development. To support clinical supervision for Mental Health Nurses, the Office of the Chief Mental Health Nurse (OCMHN) developed the Clinical Supervision for Mental Health Nurses: A framework for Victoria.

OCMHN supported the framework with a 5-year implementation plan and project lead role. In 2020, Peninsula Health became the pilot site and lead service in this project, and over the following years this spread to five sites and a Statewide Community of Practice. In this period, the health sector was met with unprecedented pandemic stressors. Where many pieces of work needed to be paused, the value in and thirst for clinical supervision grew. Five years on, this project has come to its formal conclusion, but the work will continue. This presentation will look at what we have learnt over the course of this project, how we will continue to embed and sustain clinical supervision for mental health nurses across Victoria and some of the impacts that this project has had.

Listening to the stories: Embracing diverse insights in post-disaster mental health recovery

Iris Vukelic
MSAMHS Disaster Flood Team, Brisbane, Logan Central, Australia

Introduction and Background: The Metro South Addiction and Mental Health Services (MSAMHS) Disaster Flood Team was established in response to the Southeast Queensland Rainfall and Flood Event in 2022. Jointly funded by the Commonwealth and Queensland Governments under the Disaster Reconstruction Funding Arrangement, the team's primary objective is to provide assistance to individuals, families, and communities impacted by the disaster while enhancing sustainable disaster risk reduction capacity in Local Government Areas (LGAs). While the team employs a multidisciplinary approach, this conference presentation will spotlight the critical role of mental health nurses. Mental health nurses, who have historically been pioneers in psychotherapy practice in Australia, find ample opportunities to utilise their specialist therapeutic skills in disaster mental health recovery settings.

Aims/Objectives: The aim is to promote mental health nursing skills in addressing disaster-related vulnerabilities and improving recovery capacity.

Description of the Work: Mental health nurses in the team deliver a stepped care therapeutic approach to individuals affected by the disaster. Their interventions range from low-intensity interventions and mental health education to specialist trauma-focused therapies. They also conduct education groups and workshops aimed at enhancing the community's capability to respond to future disasters. Additionally, mental health nurses play pivotal roles in fostering partnership, collaboration, and interconnectedness to ensure community recovery and well-being. Through their unique position within disaster recovery teams, they bridge gaps between various stakeholders, including healthcare professionals, community organisations, government agencies, and individuals affected by the disaster.

Outcomes/Significance/Policy and Practice Change: Mental health nurses play pivotal roles by advocating for holistic psychosocial supports, reinforcing the effectiveness of the stepped care approach, and creating a supportive network that enhances community resilience, promotes holistic recovery, and contributes to the long-term wellbeing of affected communities through facilitating open communication, resource sharing, and mutual understanding.

Implications and Learning Objectives for Mental Health Nursing: Mental health nurses within disaster recovery teams hold important psycho-political positions where they educate health and other professionals, advocate for holistic frameworks, develop partnerships, promote nursing capacity, and integrate recovery responses.

Collaborative education design promoting wellness and resilience among nursing students

Julie Waddingham; Sarah McFadyen; Jo-Anne Rihs
RMIT University, Bundoora, Australia

Inclusive education can be challenging, but it is important to embrace the diverse ways in which curriculum content might 'make sense' to students and ensure that they are work-ready when they graduate. A significant gap was identified in students' understanding of mental wellness and resilience when addressing the principles of occupational violence and aggression in an undergraduate nursing curriculum. This omission reflects a less than ideal amount of formal mental health nursing content, in some undergraduate nursing Australian curricula.

Given the global shortage of mental health nurses it is imperative that undergraduate nursing programs attract, educate, inspire, and retain work-ready graduates for the mental health sector. To

take up the challenge of equity, access, inclusivity and diversity of student cohorts, culturally relevant curriculums must ensure they align with the needs of mental health clients and the students' mental wellness and resilience, as the future workforce. Innovative educational delivery is one mechanism to promote mental health nursing as a career pathway as well as equipping these future nurses.

This presentation is an exploration of the pilot implementation of a mental health unit in a Bachelor of Nursing program which has a significant percentage of culturally diverse students. This pilot program utilised constructivism and cross-pollination across theoretical and practical units in the second year of an undergraduate nursing degree. A scaffolded learning approach was built upon previous knowledge and students' diverse experiences. Qualitative results reflect the innovation of intentionally designed learning activities and assessment used. The focus was on actively engaging students, applying 'real-world' skills and having an authentic, practical relevance which embraces access, equity, and diversity.

With a focus on a transformative journey within the pilot mental health units, the diverse cohort of undergraduate students is engaged in processes to enhance their mental wellness and resilience. This then is encapsulated as an experiential knowing and praxis, that equips and inspires them as the future mental health nursing workforce. Innovative education, focused on mental wellness and resilience, to a diverse student body best positions and future-proofs the mental health nursing workforce.

Advancing equity through co-designed co-production training to support service transformation

Stuart Wall[1,2]; Fiona Browning[1]; Melissa Keller-Tuberg[1]; Kirsty Morgan[1,2]; Jessica Reece[1]; Kerryn Rubin[1,2,3]
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In line with recommendations of the Royal Commission into Victoria's Mental Health System, there is a growing need for Area Mental Health Services to place the lived and living experience workforce at the centre of service design and delivery. Achieving this requires services to cultivate a culture of consumer and carer involvement which goes beyond the traditional levels of lived and living experience participation. One mental health service co-designed a training program which targeted senior leaders and developed their understanding and capability of co-production as a method to support service transformation. Driven by the lived experience workforce, a suite of resources was co-planned, co-designed, co-delivered and co-evaluated. These resources were used to support the development of clinical leaders and the lived and living experience workforces' understanding of what co-production is and is not. These workshops provided participants with a practical understanding of how to apply co-production, and other forms of participation, to support service transformation.

This training was co-delivered by the lived and living experience workforce and clinicians. Leaders who attended the training valued the hands-on nature of these workshops which were found to increase their knowledge and confidence of co-production. It was also seen to change thinking about programs and project work and how this can be conducted to benefit all parties involved. Participants indicated that the workshops provided a space to develop understanding, awareness and enthusiasm for co-production within service leadership.

This presentation will be co-delivered and will provide reflections of the learnings of one area mental health service during the design and delivery of introduction to co-production training. It will discuss how this work supported a movement towards true co-production, a vital element of transformation.

Increasing job satisfaction in mental health nurses who are engaged in clinical supervision

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Mental health nursing has the potential to be emotionally taxing and stressful, providing increased risk of turnover and high retention rates. Studies have indicated that engaging in clinical supervision can provide increased job satisfaction, which is seen as one of the strongest predictors for remaining in the mental health workforce.

Led by the Victorian Office of the Chief Mental Health Nurse, Peninsula Health Mental Health and Wellbeing Service conducted a single pilot to implement the Clinical Supervision for Mental Health Nurses: A framework for Victoria. The evaluation found that a majority of the participating mental health nurses said their involvement in clinical supervision supported their professional development, improved their job satisfaction and their satisfaction with mental health nursing more broadly. Participants also reported that clinical supervision provided them with a protected space to develop and made them "better" mental health nurses, highlighting the importance of nursing clinical supervision for the mental health nursing workforce.

This presentation will provide a deeper dive into these results and look at the factors that have supported the continuation of this work. Insights will also be provided on how this innovative work has built, improved access to clinical supervision and has strengthened the relationship between clinical supervision and job satisfaction for mental health nurses.

Transition to specialty practice: An innovative pathway for experienced nurses to enter mental health nursing

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The mental health nursing workforce continues to experience shortages globally, requiring mental health services to explore innovative strategies to support recruitment and retention. Transition to specialty practice (TSP) programs support experienced nurses who have developed an interest in mental health to transition into the mental health nursing workforce.

Recent government funding provided an opportunity for Peninsula Health to develop a program which helps nurses to develop foundational capabilities supported by educators from Nursing, Occupational Therapy and Social Work, delivered over 12 months.

Senior leaders within mental health report the TSP program as a valuable additional pathway into the mental health workforce. The success of this program has facilitated its expansion over the coming years. Feedback suggests the TSP program has supported participants to develop into capable and confident mental health nurses who intend to stay within the mental health workforce. The nursing component of this program has been accredited, and participants are able to access credits towards a Master of Mental Health Nursing providing an important link to tertiary education opportunities.

This presentation will discuss the elements needed to successfully implement and sustain TSP programs and show how cultivating a structured supportive program can provide a pathway for recruitment and retention in a highly competitive recruitment landscape.

Using a co-produced multi-level drug stigma reduction intervention to influence organisational culture

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Mental health nurses working in public health services have considerable contact with people who use drugs (PWUD). Early engagement, appropriate treatment and referral can assist in minimising complications arising from substance use. Research shows that stigma is common across healthcare settings for people experiencing problems with alcohol and other drugs (AOD) and that it is a significant barrier to patients' access to treatment. Education alone is often ineffective in producing sustained changes in attitudes towards PWUD and reducing stigma. Previous studies indicate that building AOD knowledge and changing the language used in relation to substance use disorders (SUD) can produce improved attitudes towards patients with SUD, and that training, combined with hospital-supported anti-stigma policies, and social marketing, may be more effective in reducing discriminatory practices. AOD educators at one hospital applied a multi-level intervention design to reduce drug stigma and discrimination. Education and social marketing interventions were implemented that focused on changing the language that health professionals use when talking about PWUD. Staff were supported to replace stigmatising language with person-first language. Feedback from training and the social marketing campaign identified that interventions had improved staff awareness of destigmatising language and increased staff empathy towards patients with substance use disorders.

This presentation will discuss a multi-level drug-stigma reduction intervention that coupled online and face-to-face education with social marketing approaches to influence organisational culture, including a co-produced video and other digital campaign materials. We will share our experience of co-producing education and social marketing, its reach and impact on prompting change amongst our workforce in how we talk and interact with PWUD.

Emotional well-being to support sense-based emotional regulation of First Nations youth with mental health conditions

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Australian First Nation Young People (FNYP) are overrepresented in mental health morbidity. From 2016 to 2019, almost a quarter (24%) of deaths in FNYP aged 0–24 was due to suicide, compared to 16.7% of non-indigenous Australians. The biomedical model does not adequately accommodate a culturally relevant focus on the social and emotional well-being (SEWB) of FNYP. There is limited evidence emphasizing keeping well to support the recovery of FNYP experiencing mental health conditions in Australia. Some international studies suggest that sensory interventions are suitable to assist with emotional regulation in the mainstream mental health setting; however, these are not identifiable as First Nations ways of being, doing and belonging. Our study seeks to identify any literature specific to FNYP in this regard.

An integrative literature review was conducted to identify effective sensory and emotional regulation strategies to improve FNYP SEWB. Seven relevant articles within the ten-year review period were identified. FNYP rely on culturally appropriate delivery of mental health care that prioritises inclusion of family, culture, identity, and country within a holistic model of care. This major finding exposed a significant gap with minimal literature referring to the use of sensory and emotional regulation interventions to promote FNYP SEWB. Six of the included articles were discussion papers linking cultural aspects to mental health outcomes. While only one mixed method study identified a link between the inclusion of arts and creative activities in the development of coping strategies to maintain SEWB.

The main recommendation arising from this review is supportive of the development of sensory interventions tailored to promoting emotional regulation in support of FNYP. Culturally aligned models of care are urgently required to support this priority population, with sensory interventions identified as suitable for further investigation and innovation towards improved mental health outcomes for FNYP.

Navigating the challenges of delivering Safe Haven services in non-clinical spaces

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Safe Havens aim to provide a welcoming, non-clinical environment for individuals experiencing mental health crises to receive peer-led support and avoid unnecessary Emergency Department (ED) presentation. Designing and operating these services within the constraints of traditional clinical mental

health systems presents a unique set of challenges. This presentation will explore key considerations and lessons learned from implementing a Safe Haven program located on a hospital campus on the NSW Central Coast.

A core component of the Safe Haven model is providing services in a warm, community-based setting rather than a clinical environment. Balancing this non-clinical therapeutic atmosphere with the necessary safety protocols and managing the risk requirements of a clinical service can be complex. Safe Haven managers and workers play a key role in promoting and advocating for the type of care available in a Safe Haven.

The meaningful involvement of peer workers with a lived experience is essential, but also brings unique challenges. Peer workers' own lived experiences of mental health struggles are a strength, but also a challenge when supporting others in crisis. Fostering an environment that values peer workers' capacity for empathy while also providing ample support and encouraging and enabling self-care support is crucial.

Safe Havens must also be prepared to manage unpredictable demand for their services. Surges in utilisation can strain resources and test the boundaries between crisis response and ongoing care. Developing flexible staffing models, strong community partnerships, and clear protocols for transitions to other levels of care are strategies to address this volatility.

Delivering Safe Haven services in non-clinical settings requires a delicate balance. Peer support, a welcoming environment, and a clear scope of practice must be thoughtfully integrated with the safety measures and operational structures of the overarching clinical environment of a health service. The lessons learned from this model can inform broader efforts to make mental health services, including those that support ED avoidance, more accessible and recovery-oriented.

International mental health nursing: Fixing the system that compels us to collude in our invisibility

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Global mental health (MH) burden is substantial, affecting 13% of the population. Treatment gaps persist leading to increased disability and premature death. In low-middle-income countries, up to 85% of people with severe MH conditions lack care. In high-income countries, 35-50% remain untreated. Suicide and depression rates underscore the urgency, with economic loss projected at trillions of dollars.

The nursing workforce faces a global shortage of 30 million nurses. Despite comprising 44% of the global MH workforce, Mental Health Nurses (MHNs) remain largely invisible. Globally, with only 300,000 currently, there is urgent need for more MHNs. The International Council of Nurses (ICN) acknowledges this crisis but fails to fully engage MHN as a distinct discipline. MHNs are often marginalized within broader nursing contexts, leading to a dilution of their identity and expertise. In most jurisdictions registration is a regulatory requirement for practice or employment, but unlike midwifery, the is no a regulatory capacity to identify the MHN discipline. MHNs are often required to collude in regulatory registration processes that deny disciplinary identity; then, made to agree they asked for it. Both title/identity (MHNs) and the broader discipline are concealed in the transaction. This invisibility extends to education, with MHN content diluted in undergraduate comprehensive nursing curricula worldwide. Consequently, there is a scarcity of MHN educators and researchers, hindering the advancement of the field.

To rectify this, regulatory changes are needed to formally recognize MHNs as a distinct discipline rather than merely a specialty. This requires advocacy at both national and international levels to promote legislative reforms. Secondly, there must be a concerted effort to strengthen undergraduate comprehensive nursing education with MHN content and ensure that it is taught by qualified MHN educators. Thirdly, post-graduate accredited MHN educational attainment should be recognised as the gateway to the MHN discipline. Lastly, international collaboration is essential, including full membership for MHN national associations within ICN is required.

Addressing the systemic invisibility of MHN requires collaborative efforts at both national and international levels. By achieving greater regulatory recognition, education, and investment, MHNs capacity and capability can meaningfully contribute to addressing the global MH crisis.

Paediatric consultation-liaison team: Leveraging the Mental Health Nurse Practitioner skillset to enhance care

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The Logan and Redland areas of Queensland are two of the fastest growing areas in terms of population in Australia. This population increase subsequently meant additional pressures placed on community and inpatient mental health services. More specifically, these hospitals did not have their own dedicated paediatric consultation liaison service to support young people in the medical wards experiencing mental health concerns.

The Paediatric Consultation Liaison Team was established in 2023 to address these pressures. This dynamic team is nurse-led and supports children and young people, aged up to 17 years, who have been admitted to a paediatric/medical ward at either hospital. Outpatient support is also provided in collaboration with the Paediatric Department through scheduled appointments. The team is unique in its composition as it is comprised solely of senior mental health nurses, and led by a mental health nurse practitioner who holds credentialing to practice at this advanced level through the hospital and health service.

This poster presentation will focus specifically on the mental health nurse practitioner role and scope of practice, the successes of implementing this specialised NP role within an established inpatient setting, the challenges experienced during the rollout of the team, and the potential areas for future growth in this area.