



The Victorian Collaborative Mental Health Nursing Conference is jointly hosted by:



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NURSING
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Monash
Health



THE UNIVERSITY OF
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Building a better future for **mental health.**

Your dedicated union for mental health professionals.

Who are we?

The Health & Community Services Union (HACSU) has represented mental health professionals for over 100 years. We advocate on issues that matter to mental health workers and are committed to ensuring better jobs in the sector.



Paul Healey
State Secretary



Rebecca Sprekos
Incoming Assistant State Secretary

HACSU is a union run for mental health workers, by mental health workers — with our executive team sharing over 40 years' experience in mental health nursing.

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support and
representation

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campaigning for better
working lives.



Let's **shape the future** of mental health in Victoria!

Join HACSU today to strengthen our collective bargaining power & secure better outcomes for mental health professionals.

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Authorised by Paul Healey, HACSU State Secretary,
7 Grattan St Carlton, 3053.



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Keynote Speakers

Dr Haley Peckham



DAY
ONE

CENTRE FOR MENTAL HEALTH NURSING /
UNIVERSITY OF MELBOURNE

DAY: TUESDAY 19 AUGUST

TIME: 9:40am

LOCATION: VICTORY AB MAIN PLENARY

Dr Haley Peckham is a neuroscientist, mental health nurse, and educator whose work bridges biology and lived experience.

Drawing from her own journey of recovery from complex trauma, she brings a deeply personal and insightful perspective to the fields of mental health and neuroscience. With a background in philosophy, psychotherapy, Mental Health Nursing, and neuroscience, Haley has long been driven by the question of how early life experiences shape our brains, minds, and behaviours. Her early work with children and adolescents in care—many of whom later became overrepresented in the criminal justice and mental health systems—inspired a career-long pursuit to understand the connections between adversity and adaptation.

Haley studied Molecular Neuroscience at the University of Bristol and earned her PhD from the University of Melbourne, where she explored how life experiences shape the brain through neuroplasticity and evolutionary biology. Her research challenges traditional notions of mental illness, instead positioning emotional and psychological suffering as meaningful adaptations to adversity that call for social justice public health prevention rather than a psychiatric response.

Haley developed the Neuroplastic Narrative, a transformative framework that redefines suffering not as pathology, but as a natural response to life's challenges. Haley shares these insights through education and advocacy, promoting ACE-aware and trauma-informed approaches in clinical practice across Australia and the UK.

DR HALEY PECKHAM'S KEYNOTE IS THANKS TO MAJOR SPONSOR
CENTRE FOR MENTAL HEALTH NURSING

KEYNOTE

MHNs Challenging the Narratives That Limit and Lessen Our Contribution

The opportunity for Mental Health Nurses to establish themselves as professionals with a coherent theory that guides practice is ripe for picking. We may have come a long way from being the 'handmaidens of psychiatry' but, largely due to the inherent dualism in our understanding of mental health challenges, our subservience to the pathologizing premise of the medical model persists. Having no viable alternative biological framework of our own we default to psychiatry's assumption that psychological and emotional distress and suffering are evidence of a pathology; if we're being trauma informed, we might assume that pathology has arisen as a consequence of a traumatic event or complex trauma. Either way, we assume that at the biological level something is 'wrong', there is a pathology, which invites a diagnosis and, almost always, medication prescribed by a psychiatrist, which we MHNs conscientiously administer in an act that defines our nursing specialty, implicitly endorses the medical model, and reinforces our position as the administering hand of the prescribing psychiatrist.

The WHO have called out the 'over reliance on the biomedical approach [and] the over-medicalization of human distress' and called for mental health reform that advances equity and social justice. We have been pathologizing inequity. But the dualism persists. Until we recognise the false distinction between the biomedical and the psychosocial we cannot achieve a coherent foundation on which to base reform. We must reform our ideas first.

And this is our opportunity: to recognize that the psychosocial is embedded and becomes the neurobiological, the physiological. Another way of saying this is that 'Experiences shape brains' and this is the premise of The Neuroplastic Narrative, a non-pathologizing biological framework and alternative to the medical model which draws on biology to make ecological, rather than pathological, sense of mental distress and suffering. It's the biology of how what happened to you is carried within you, rather than the biology of what's wrong with you.

The Neuroplastic Narrative is a coherent, non-pathologizing, biological alternative to the medical model that is less shaming and more empowering. What could mental health nursing look like if we took up the challenge to become professionals, independent of psychiatry, operating from a non-pathologizing model of care that foregrounds experience and social justice? And, just as we are empowered by challenging limiting narratives and pioneering new thinking and practice, we powerfully model that process to the people we work with and their families.

World Health Organization (2025) Guidance on mental health policy and strategic action plans Module 2. Key reform areas, directives, strategies, and actions for mental health policy and strategic action plans (p31-32).



Keynote Speakers

Shibs Sharpe



DAY
ONE

UNIVERSITY OF MELBOURNE

DAY: TUESDAY 19 AUGUST

TIME: 1:25pm

LOCATION: VICTORY AB MAIN PLENARY

*Shibs is a proud
Wulgurukaba, Gunggandji
woman originally from Far
North Queensland.*

In a past life Shibs worked in paint & hardware, construction administration and project management. Recognising the significant impacts of intergenerational trauma within her family and through her own experiences, she moved into the mental health sector 4.5 years ago and has worked across a variety of consumer lived experience peer support, academic & leadership roles. Shibs' first role in the lived experience space saw her become the lead peer worker in the development and implementation of RMH MHS Safe Haven and her contributions have since spread to numerous LE initiatives across Victoria. Ensuring the Aboriginal and Torres Strait Islander voice and Social and Emotional Wellbeing lens is captured and highlighted in every space she works in, her passions lay in the areas of complex trauma, the intricacies of grief, suicide prevention and postvention, social injustices and addressing ongoing systemic issues within the mental health sector.

SHIBS SHARPE'S KEYNOTE IS THANKS TO MAJOR SPONSOR
AUSTRALIAN COLLEGE OF MENTAL HEALTH NURSING

KEYNOTE

Decolonising the Mental Health System – A SEWB & Lived Experience Perspective

Decolonising the mental health system is essential when addressing the ongoing injustices, intergenerational trauma, systemic racism, and cultural disconnection experienced by Aboriginal and Torres Strait Islander peoples. Mainstream services are founded on colonial and biomedical structures that disregard the enduring impacts of colonisation. This often perpetuates a cycle of retraumatisation, distrust, disengagement, and institutionalisation.

Drawing on existing literature, the Social and Emotional Wellbeing (SEWB) framework and lived experiences, I explore the cultural harms that arise when mental health systems fail to recognise the lived realities and resilience of Aboriginal and Torres Strait Islander communities. Such harms minimise the importance of interconnected social, emotional, and cultural experiences that are vital to healing and wellbeing.

This presentation offers considerations on decolonising approaches while highlighting strength-based, culturally grounded practices that uphold self-determination. It highlights the SEWB framework as a holistic foundation for healing, while honouring Aboriginal ways of knowing, being, and doing.

In conclusion, this discussion calls for collective responsibility to dismantle harmful practices within mental health systems and elevate lived experience voices as a catalyst for genuine reform. Decolonising the mental health system is crucial in embedding culturally responsive healing while actively addressing and unlearning structures that cause harm under the guise of care.



Keynote Speakers

Anna Love



DAY
TWO

CHIEF MENTAL HEALTH NURSE AND
EXECUTIVE DIRECTOR CLINICAL AND
PROFESSIONAL LEADERSHIP UNIT

DAY: WEDNESDAY 20 AUGUST

TIME: 9:00am

LOCATION: VICTORY AB MAIN PLENARY

*Anna Love has been
Victoria's Chief MHN
since 2015*

ANNA LOVE'S KEYNOTE IS THANKS TO MAJOR
SPONSOR AUSTRALIAN NURSING AND
MIDWIFERY FEDERATION (ANMF)

Anna was appointed Victoria's Chief Mental Health Nurse in 2015 and comes with experience across mental health and addictions medicine, having trained and worked in the UK before moving to Australia. Anna's vision is to ensure we have a skilled, valued, and nurtured mental health nursing workforce. In 2022, Anna was additionally appointed as Executive Director of the Clinical and Professional Leadership Unit within Safer Care Victoria.

Anna is the executive sponsor of the Mental Health Improvement Program, leading significant reform and improvement projects in response to the Royal Commission into Victoria's Mental Health System. Anna provides expert advice on quality and safety matters to the CEO of Safer Care Victoria and the Department of Health. As Executive Director, Anna oversees and supports the work of Victoria's Chief Clinical Officers.

KEYNOTE

Celebrating Mental Health Nurses Doing Extraordinary Things

This keynote will highlight the practical and impactful work of mental health nurses across Victoria who are contributing to reform efforts aligned with the Royal Commission into Victoria's Mental Health System.

Presented by Anna Love, Chief Mental Health Nurse, alongside Deputy Chief Mental Health Nurse Kate Thwaites, the session will explore how mental health nurses are leading improvements in care and enhancing service delivery through innovation, collaboration, and clinical leadership.

The presentation will feature examples of reform implementation in practice and emphasise the ongoing role of mental health nurses in advancing a more responsive, inclusive, and effective mental health and wellbeing system across Victoria.

Dr Tessa Maguire



DAY
TWO

DAY: WEDNESDAY 20 AUGUST

TIME: 2:00pm

LOCATION: VICTORY AB MAIN PLENARY

Dr Tess Maguire is a Senior Lecturer in Forensic Mental Health Nursing

Tess has a joint appointment with Centre for Forensic Behavioural Science Swinburne University of Technology and the Victorian Institute of Forensic Mental Health (Forensicare). She has extensive experience in development and delivery of professional development. Her research focuses on enhancing forensic mental health nursing practice, including nursing interventions to reduce the use of restrictive interventions. She was the recipient of the International Association of Forensic Mental Health Services, Christopher Webster Early Career Award in 2020 and received a National Award from the Australian Council on Healthcare Standard for her clinical excellence and patient safety. In 2022 she received the Chris Abderhalden Award for Young Researchers in the Field of Aggression in Healthcare at the 12th European Congress on Violence in Clinical Psychiatry.

KEYNOTE

Marvelous Models and More

This presentation will cover two models, Safewards and the Clinical Reasoning Cycle. Both models were adapted (with permission) to enhance forensic mental health nursing practice, however, are also of relevance to mental health nursing practice. The models were adapted by engaging nurses, the lived experience workforce and other disciplines with reference to relevant literature. These models will be discussed in terms of how they can enhance efforts to reduce conflict and containment, improve staff-patient interaction, and aid clinical-reasoning and decision making

DR TESSA MAGUIRE'S KEYNOTE IS THANKS TO MAJOR SPONSOR HACSU



RRI Safewards Symposium

DAY
ONE

The RRI / Safewards symposium explores strategies for reducing restrictive interventions and enhancing safety in mental health settings.

DAY: TUESDAY 19 AUGUST

TIME: 10:55am – 12:35pm

LOCATION: VICTORY AB MAIN PLENARY

Presentations cover the evolution of Safewards knowledge, interdisciplinary approaches to safer wards, effective training methods, data-driven practice improvements, and collaborative efforts to transform care. The symposium highlights innovative approaches to empower staff, promote safety for all, and work towards eliminating restrictive practices through transformational learning and shared goals.

Speakers

Bridget Hamilton, She/Her

The Tapering of Safewards Knowledge in Victoria: Quiz Results Over 4 Years

Erynn McMillan, She/Her

One Team, One Goal: Safer Wards Through Shared Learning, Empowering our Medical Workforce

Katalin Pal, She/Her

The effectiveness of delivering short and sharp Safewards training sessions to the medical workforce

Jodie Ten-Hoeve, She/Her

Every Picture Tells a Story – Reducing Restrictive Interventions and Embedding Safewards through Meaningful Data Storytelling

Mandy Kadish, She/Her

Restrictive Intervention- how we have collaboratively changed our practice

Claudia Perkins, She/Her

Reducing Restrictive Interventions

Jennifer Holmes, She/Her

Safety for all

Sara Benson, She/Her

Safewards : Empowering Staff Through Transformational Learning

Rebecca Britt, She/Her

Towards The Elimination of Restrictive Practices Collaborative

Career Pathways Symposium

DAY
TWO

The Career Pathways symposium focuses on innovative approaches to professional development in mental health nursing.

DAY: WEDNESDAY 20 AUGUST

TIME: 9:50am – 11:00am

LOCATION: VICTORY AB MAIN PLENARY

Presentations explore supporting graduates in new service areas, the impact of secondment opportunities, adapting to emergency department needs, and realigning training programs with practice domains. The symposium highlights strategies for enhancing skills, expanding career opportunities, and meeting evolving workforce demands in mental health nursing.

Speakers

Alexandra Martin, She/Her

Supporting graduates & nurse educators to navigate a new area of mental health service: The GGQ Local

Shaina Serelson, She/Her

Expanding Horizons: The Benefits and Impact of Secondment Opportunities on Professional Development for Mental Health Nurses

Freya Lance RMH, She/Her

How Mental Health Clinical Nurse Educators are responding to the needs of an Emergency Department workforce

Kate Lumden, She/Her

Realigning Mental Health Nursing TSP to Domains of Practice at Eastern Health

Early Career Symposium

DAY
TWO

This Symposium highlights innovative strategies for developing the next generation of mental health nurses.

DAY: WEDNESDAY 20 AUGUST

TIME: 3:05pm – 4:15pm

LOCATION: VICTORY AB MAIN PLENARY

Presentations cover quality placements, digital advancements, leadership development, lived experience collaboration, peer workforce growth, and career progression pathways. These talks emphasise the importance of supportive environments and collaborative efforts in shaping the future of mental health nursing.

Speakers

Maddison Adams, She/ Her

The positive impact of a good mental health placement- a roadmap from Undergraduate to Graduate Mental Health Nurse

Ogechi Oluwa, She/her

Digital Frontiers in Mental Health Nursing: Expanding Early Career Opportunities

Siobhan Gurry, She/Her

Our Junior Workforce – Cultivating Leaders & Sustaining a Positive Workplace culture for the growth and development of early career nurses

Harmanbeer Singh, He/Him

Strengthening Undergraduate Mental Health Nursing Education Through Collaboration with the Lived Experience Workforce

Tom Pickup, He/Him

Growing our marvelous Peer Workforce; collaborative practices in recruitment and induction

Mike Sweeney, He/Him

St. Vincent's POP Pathway for Early Career MHN Growth in a Changing Landscape



THE COLLAB 2025



**CENTRE FOR
MENTAL HEALTH
NURSING**

Coproducing excellent practice.

Dr. Haley Peckham's Neuroplastic Narrative Exclusive Collab Offer

**Book In-Person Training for Your Organisation
Now only \$1000!**

As part of The Collab 2025, we're offering organisations the chance to book one of two full-day, workshops for a special discounted rate of \$1000 each (normally \$1300).

Designed for teams of 30–40 participants, these sessions are ideal for building trauma-informed, neuro-aware and shame-competent practice in your workforce.

Life History and Neuroplasticity: Advancing ACE-Aware, Trauma-Informed Mental Health Practice

- Explore how early life experiences shape the brain and behaviour, and learn how neuroplasticity offers a pathway to healing and resilience in mental health care.



Shame Competence for Trauma-Informed Practitioners

- Build practical skills in recognising, responding to, and reducing shame in therapeutic and organisational settings—essential for safe, effective trauma-informed care.



**Visit The CentreMHN
booth to book now.**

Only available to attendees who sign up at The Collab!
Tailored for organisations across health, education, and community services
Available for delivery in metro and regional areas

Special Events

Shame Competence Workshop Delivered by Haley Peckham

DAY
TWO

*This workshop will explore
shame and shame dynamics*

DAY: WEDNESDAY 20 AUGUST

TIME: 3:05pm – 4:15pm

LOCATION: VICTORY AB MAIN PLENARY

We'll look at what shame is and why it's important to recognise, understand and respond to shame. Shame may be conscious or unconscious, it's related to guilt, but what are the differences and why does shame drive so many outcomes that services try hard to prevent? We'll look at the shame compass and shame cycles that link shame to both violence and to disengagement. Finally, we'll look at the inadvertent and sometimes deliberate shaming practices that organizations engage in. This workshop will engage your heart and your mind and may raise your awareness of shame in yourself and others.



Welcome to Country & Smoking Ceremony

Annette Xiberras, Wurundjeri Elder

DAY
ONE

DAY: TUESDAY 19 AUGUST

TIME: 8:40am

LOCATION: VICTORY ROOM BALCONY

Annette has been working in the cultural heritage industry for more than 40 years



Annette has been working in the cultural heritage industry for more than 40 years and was part of the first group of cultural heritage officers employed by AV in 1988. Annette has held the Victorian Aboriginal community -elected chair of the Victorian Traditional Owners Land Justice Group for the past 6 years. Annette's long career in cultural heritage has seen her gain numerous formal qualifications in Cultural Heritage Management and has allowed her to work with some of Australia's leading archaeological experts.

As a Wurundjeri Elder and a former cultural heritage staff member with AV, Annette has built professional relationships with both government bodies and Aboriginal communities. Annette combines these skills with real-world business and commercial experience. Annette's expertise in Aboriginal cultural heritage is reflected in the many honorary positions and qualifications she holds, including:

- Co-chair, Victorian Traditional Owners Land Justice Group.
- Co-Chair, City of Yarra Cultural Heritage Advisory Committee.
- Footscray Arts Committee Member.
- Wurundjeri Tribal Council.
- Member of the National Trust Advisory Committee Member.
- Advanced Certificate Diploma in Archaeological Site Management - North Metropolitan College of Tafe.
- Graduate Diploma of Natural Resource Management -Deakin University.
- Victorian Heritage Council
- Respected Elder Koorie Courts
- Victorian National Trust

THE
COLLAB
2025

Special Events

DAY
ONE

First Nations Nurses Unite

DAY: TUESDAY 19 AUGUST

TIME: 3:25pm – 3:50pm

LOCATION: CHILL OUT SPACE
DANVERS ROOM LEVEL 2

Inviting Aboriginal and Torres Strait Islander Mental Health Nurses and Students to come together to purposefully connect and share with one another about their experience as Mental Health Nurses. **Hosted by Adrienne Lipscombe, VACCA.**

DAY
ONE

Enrolled Nurses Unite

DAY: TUESDAY 19 AUGUST

TIME: 10:25am

LOCATION: CHILL OUT SPACE
DANVERS ROOM LEVEL 2

Hosted by Oliver McDougall – Fisher & Emma Murrell from the Collaborative Centre: this meet and greet session is a chance to meet and chat to fellow Enrolled Nurses.

DAY
TWO

Nursing Students Unite

DAY: WEDNESDAY 20 AUGUST

TIME: 11:00am

LOCATION: CHILL OUT SPACE
DANVERS ROOM LEVEL 2

This popular meet and greet session is back again in 2025.

Hosted by Cathie Miller.

This is a chance for you to meet your fellow nursing students and 2024 Student Pass winners. Meet current graduate mental health nurses, as well as other experienced mental health nurses and ask them anything!



JOIN US IN THE MENTAL HEALTH NURSING COMMUNITY

Passionate about mental health nursing?

Join the Australian College of Mental Health Nursing.

Membership includes:

- Discounted registration for the Victorian Symposium
- Access to the latest in mental health nursing practice, education, and research
- Exclusive member-only content and resources



Australian College
of Mental Health Nurses





Special Events

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DAY
ONE

Social Activity – Drinks

DAY: TUESDAY 19 AUGUST

TIME: 5:00pm ONWARDS

LOCATION: FRIENDS OF FIRE

MARVEL STADIUM

LEVEL 1, GATE 3

740 BOURKE STREET

DOCKLANDS VIC 3008

Unwind after the event and join your fellow Collab attendees for a drink and chat at Friends of Fire.

Happy Hour prices from
5.00pm – 6.00pm

DAY
TWO

Awards Presentation

DAY: WEDNESDAY 20 AUGUST

TIME: 4:20pm

LOCATION: VICTORY AB

MAIN PLENARY



THE
COLLAB
2025

Wellness Room Activities

The Collab can contain content that may be sensitive and sometimes distressing to conference participants. We have set up two spaces where participants can either sit quietly or participate in an activity to take a break from the conference atmosphere.

DAY ONE

DAY TWO

Chill Out Space

DAY: TUESDAY 19 & WEDNESDAY 20 AUGUST

TIME: ALL DAY

LOCATION: DANVERS ROOM, LEVEL 2

THE CHILL OUT SPACE IS THANKS TO MAJOR SPONSORS: CENTRE FOR MENTAL HEALTH NURSING



Hero Room (Wellness Space)

DAY: TUESDAY 19 & WEDNESDAY 20 AUGUST

TIME: ALL DAY

LOCATION: MEDALLION BAR, LEVEL 2

THE HERO ROOM IS THANKS TO SPONSOR AWARE SUPER AND LANEWAY LEARNING

DAY ONE

Delta Therapy Dogs: Helping Animals and People Bring Joy to Each Other

DAY: TUESDAY 19 AUGUST

TIME: 11:00am – 12:30pm

LOCATION: MEDALLION BAR, LEVEL 2

Delta Therapy Dogs is a national leader in the delivery of Animal Assisted Services, with over 1,200 volunteers delivering Animal Assisted Activities (AAA) and Collaborative Animal Assisted Therapy (C-AAT) in hospitals, aged care facilities, youth services, mental health services, correctional facilities, and other health and community services right across Australia.



DAY
ONE

Laneway Learning



Laneway Learning hosts informal evening classes in anything and everything, and aims to make education accessible, community led and fun!

We are committed to providing interactive, entertaining and affordable classes to improve mental wellbeing and foster social connection. We source our teachers from the community and the community that we create is made up of people from all different walks of life. We strive to bring education outside of traditional learning spaces, making it a peer-to-peer experience.

Mindful Abstract
Watercolours

DAY: TUESDAY 19 AUGUST**TIME:** 10:30am**HOST:** MARIA

Let your mind wander in a colourful explosion in this beginners watercolour class! We will learn some basic techniques and brush strokes and make an abstract art piece to reflect our emotions and how we are feeling on the day.

What will we cover? In this fun, hands on workshop you will learn:

- How to work with watercolour paints
- Watercolour painting techniques
- Colour theory



Wellness Room Activities

DAY
ONE

Clay Superhero Hand Building

DAY: TUESDAY 19 AUGUST

TIME: 2:15pm – 3:15pm

HOST: MARIA

Join us for a pottery hand building workshop and learn the basics while creating your own super-hero alter ego! What is your super-power? Kindness, intuition, knowledge? In this workshop we'll spend a few minutes creating our superhero alter-ego and their superpowers. Then we will learn how to make them in air dry clay so you can take them home at the end of the day. You can also make trinket plates or other creations if you prefer.

What will we cover? In this fun, hands-on workshop you will learn how to:

- Condition our clay
- Work with air-dry clay to make objects
- Design and shape clay
- Stamp, emboss, engrave into clay
- Attach pieces of clay correctly for strength



DAY
TWO

Meditative Doodling for Beginners

DAY: WEDNESDAY 20 AUGUST

TIME: 10:30am – 11:00am

HOST: ETHEL

This class give you an introduction to simple doodling using straight forward but versatile techniques. Pairing things back to simple black and white, learn to creative bold and striking patterns with just a single pen.

What will we cover in this hands-on class?

- We'll begin with a brief run-down of practices that have inspired meditative doodling.
- Then we learn about tools needed for this practice (which can really just be simple pen and paper!).
- Next, we cover the basic steps before creating a couple of simple examples, which we will do while practicing our breathing and mindfulness techniques.

DAY
TWO

Self Massage, Stretching and Feel Good Movements

DAY: WEDNESDAY 20 AUGUST

TIME: 2:05pm – 3:05pm TBC

HOST: CLARE

What will we cover? In this workshop you will learn how to self massage forearms, hands, necks and shoulders.

We will explore:

- Where to find the good spots and what to do with “knots” when you do,
- Self care tools the experts recommend to help with repetitive movements and fatigue
- Stretches for when you're too tired to stretch
- Some theory about how these 3 areas hang together and affect one another through daily use.

It's not a substitute for remedial therapy but it will make you feel pretty great!



Day One Program

Abstract Presentations

**10:55-11:20am • PLENARY SPACE – VICTORY ROOM
RRI /SAFEWARDS SYMPOSIUM**

**BRIDGET HAMILTON, SHE/HER
ROSHANI PREMATUNGA, SHE/HER**

A/Professor Bridget Hamilton is Director of the Centre for Mental Health Nursing. She leads a team of clinical nurse academics and consumer academics to build up the skills and contribution of mental health nurses in Victoria, for the benefit of people receiving mental healthcare. She is a clinical academic, a registered nurse with a 35-year career as a mental health specialist clinician, manager, educator and researcher in public sector services.

Assoc Prof Hamilton has lead cross sector translational and program evaluation research over a decade. She has worked with stakeholders including mental health consumers to design and evaluate large reform programs, with aims of 1) driving down use of restrictive practices in mental health settings and 2) building up clinical supervision practice in mental health nursing. Her program of translational research in acute, emergency and community mental health settings aims to implement and sustain such evidence based interventions as Safewards and sensory modulation.

Her research expertise spans ethnographic fieldwork in workplace settings, knowledge translation and program evaluation, discourse analysis and narratives approaches. Embedded in the public mental health services sector, she engages and mentors novice, early and mid career academics. She has supervised 11 PhD students to completion. Together with supervisees, she contributes scholarship to maximising effective engagement and supported decision making, while building leadership and research capacity among mental health nurses and the consumer workforce. She teaches solutions-focused interventions and research methods. Across

her research and teaching roles she highly values partnering with consumers.

Roshani Prematunga is a Research Fellow at the Centre for Mental Health Nursing, at The University of Melbourne. Before joining the CentreMHN team, she acquired skills and experience while working with the University of Auckland and government research organizations in New Zealand. With a background in Public Health and Statistics, Roshani possesses a valuable range of research skills that she brings to her role at the CentreMHN. Her contributions have played a significant role in various research projects, highlighting her commitment to advancing the field of mental health nursing through research and multidisciplinary collaboration

The Tapering of Safewards Knowledge in Victoria: Quiz Results Over 4 Years

Safewards training was introduced in 2014 in Victorian Mental Health Services (MHSs), as a key element of a major project to implement the Safewards model in 18 inpatient wards across 9 organisations (Fletcher et al., 2017). The research was independently evaluated by the Centre for Mental Health Nursing (CentreMHN), within the University of Melbourne. Following the successful trial of Safewards, an 11-item Safewards knowledge quiz was integrated into an online training package, also developed at the CentreMHN. Collection of anonymous data (site, date, and quiz results) was approved by HREC (HREC/15/MonH/66 - 15225L) for evaluation purposes. Between 2020–2024, over 500 members of the mental health workforce from 18 inpatient wards completed the Safewards knowledge quiz. This presentation reports the pattern of quiz results over this period, showing a downward trend in Safewards knowledge, with variations across services. These findings are

★ First Time Presenter ♥ Co-produced Presentation

Abstract Presentations

significant for planning ongoing Safewards training in mental health settings.

ERYNN MCMILLAN, SHE/HER ★

Erynn McMillan is a 3rd year nurse in Austin Health's Adult Acute Psychiatric Unit. She has a wide range of experience ranging from community youth mental health nursing to peri/post-natal mental health and now adult acute mental health and eating disorders. Erynn has a passion for education and saw a gap in the knowledge and clinical skills of junior doctors, sparking the interest in providing intensive-ward specific Safewards training to this cohort of staff. Erynn firmly believes that the best patient-centred care comes from a united and equally skilled clinical workforce.

One Team, One Goal: Safer Wards Through Shared Learning, Empowering our Medical Workforce

At Austin Health's adult Acute Psychiatric Unit (APU), we have implemented targeted Safewards education sessions for all rotating medical staff. To ensure the education is both meaningful and timely, the focus is on the interventions of most benefit to medical staff in the APU setting; that is; Soft Words, Positive Words, Bad News Mitigation, Talk Through and Calming Methods.

Currently, medical staff only complete one two-hour training on Safewards during their intern year, despite Safewards being a cornerstone of mental health care. APU nursing staff, as champions of the Safewards model, often assume the roles of bad news mitigation and de-escalation, including mitigating the impact of bad news received from the medical team.

APU receives consistent feedback from consumers regarding the importance of collaborative

engagement with their medical team and a desire to be "truly heard". This project is designed to empower medical staff to be competent and confident in assuming these roles. Fostering consumer trust and rapport is supported when clinicians take an active role in repairing ruptures in the therapeutic relationship.

To measure the program's impact, we conduct pre-education surveys assessing doctors' confidence and knowledge of Safewards, followed by post-rotation surveys evaluating changes in understanding and clinical application.

KATALIN PAL, SHE/ HER, EMMA CAIN

With over two decades of dedicated service in general and mental health nursing, **Katalin** is a highly experienced and compassionate clinician specializing in the care of individuals across the lifespan. Katalin's holistic approach, coupled with deep clinical knowledge and a genuine desire to make a difference, continues to inspire those she works with and cares for.

The effectiveness of delivering short and sharp Safewards training sessions to the medical workforce

Safewards is a well-researched and proven model of care embraced by all acute mental health and wellbeing wards across Australia, to support staff in the reduction of restrictive interventions. At Eastern health all new nursing and allied health staff including graduates are required to attend the full day Safewards training prior to commencing in their role. While Safewards is mainly a nurse led model of care it requires an interdisciplinary approach.



ANMF

The ANMF stands with the mental health nurses who

STANDS

use their specialist discipline-specific skills to improve

WITH

health outcomes for Victorians living with

MENTAL

mental ill health, and to ensure their families and

HEALTH

carers are supported. – Maddy Harradence, State Secretary

NURSES

The ANMF and members have worked tirelessly to achieve an enterprise bargaining agreement (EBA) offer for mental health nurses that values and rewards nurses and improves conditions and entitlements. Key wins in the proposed 2025-28 EBA negotiated by ANMF (Vic Branch) include:

28.4%¹ (compounded) wage increases for nurses in mental health²

front loading of RPN 2 increases

3-level NUM structure

additional graduate support nurse EFT

parent infant unit additional nursing EFT

additional yearly increment for nurse practitioners

provision that clearly sets out the minimum staffing profiles for all bed-based services³

strengthened nurse-for-nurse replacement provision in community mental health

qualifications allowance will increase by a further 50%

17.5% annual leave loading will now be calculated on five weeks of annual leave rather than four

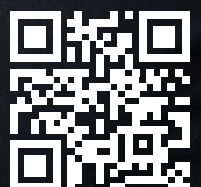
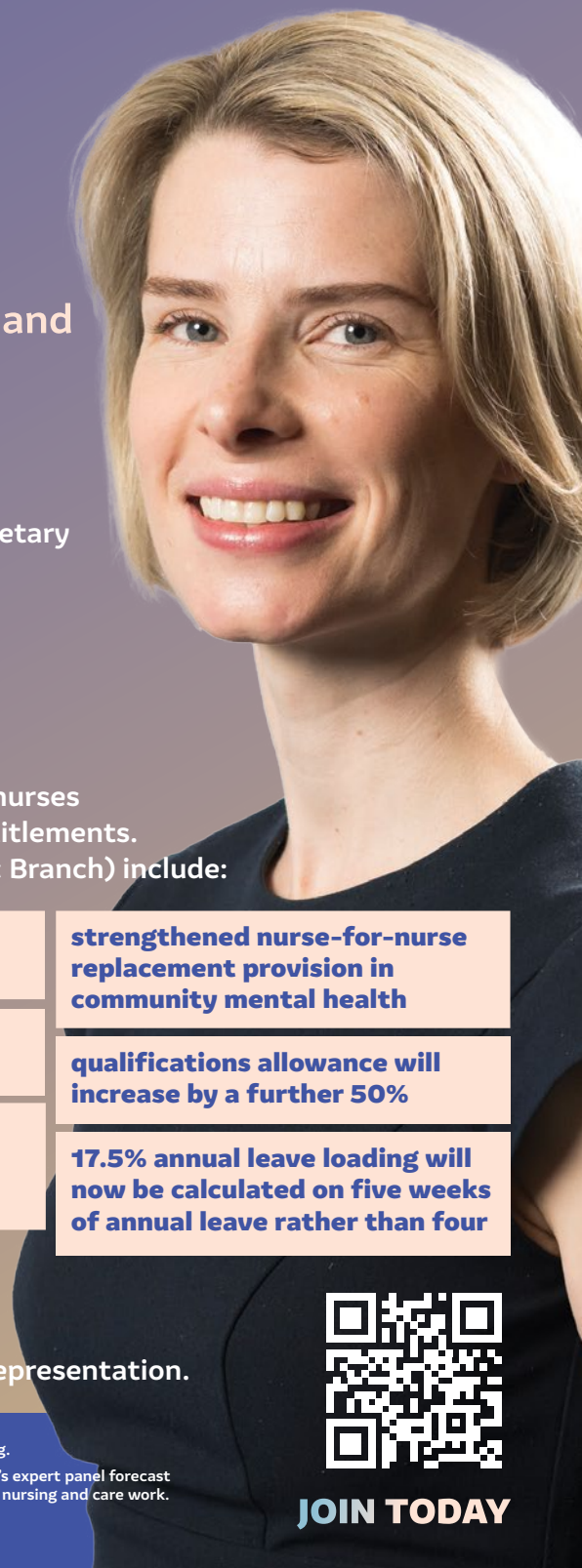
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1. This increase includes the 1.5% increase (July 2024) that ANMF achieved in the last EBA to recognise the delay in bargaining.
2. Closely aligned with general nurses over the four-year agreement. Members achieved the top of the Fair Work Commission's expert panel forecast wage increase in ANMF's aged care work value case – which sought to increase minimum wage rates to reflect the value to nursing and care work.
3. An important foundation step towards achieving nurse/consumer ratios.



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However, the current medical workforce has no or minimal Safewards training.

Therefore, to further improve safety on the wards, the Clinical Nurse Consultants on the acute wards commenced delivering a series of short and sharp, maximum 15 minutes training sessions as per the request of a lead psychiatrist Dr. Shamira. Of the five acute mental health wards two wards participated in this project: IPU1 and Southward. The training sessions were delivered by the current CNCs.

This presentation will discuss an alternative means to deliver the Safewards training in the attempt to close the existing knowledge gap amongst the medical workforce.

JODIE TEN-HOEVE, SHE/ HER

Jodie Ten-Hoeve is the Director of Nursing for the Mental Health and Wellbeing Program and Associate Program Director for the Older Adult Mental Health Program at Eastern Health.

Jodie is the State Wide Clinical Lead for the Safer Care Victoria Program - Working towards the Elimination of Restrictive Interventions in Victoria.

She has held a number of Senior Clinical Nursing Positions including Mental Health Nurse Advisor to the Chief Mental Health Nurse.

With over 40 years experience in Mental Health Nursing Jodie has a passion for ensuring the upholding of human rights and Safety for All within the health system.

Jodie has worked collaboratively with the Lived Experience and Multi disciplinary teams towards this goal and is presenting today as the Chair of Elimination of Restrictive Interventions Mental Health and Non Mental Health Committees at Eastern Health.

Every Picture Tells a Story – Reducing Restrictive Interventions and Embedding Safewards through Meaningful Data Storytelling

Presenting restrictive intervention data that is accessible, meaningful, and action-oriented remains a common challenge in health services. At Eastern Health, we developed a monthly scorecard to complement existing restrictive intervention data, enabling a consistent and reflective approach to sharing and responding to restrictive intervention data across inpatient units in our journey towards elimination of restrictive practices.

This one-page scorecard consolidates key metrics – including restrictive intervention data, Safewards strategies, incidents and status of improvement activities presented alongside run chart data. Used as a structured tool for each unit's Clinical Nurse Consultant to present, the scorecard facilitates richer discussion strengthening the link between data and the context behind it.

By standardising the data presentation while also highlighting unit-specific narratives, the scorecard helps surface emerging insights, track change, and promotes the scaling of successful strategies. It fosters a culture of continuous improvement by creating space for reflection and collective learning, moving beyond numbers alone.

This presentation will outline the development and evolution of the scorecard, its integration with PowerBi visualisations, and the impact it has had in supporting Safewards sustainability. Feedback from committee members and early outcomes will be shared, demonstrating how embedding data in meaningful stories can drive sustained change.



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MANDY KADISH, SHE/HER ★

I am an Occupational Therapist and have been working in the mental health space for over thirty years. I have been based at the Alfred for the last twenty-one years working predominantly as a community mental health clinician and more recently as a team leader and manager. I have also been working as the Act Implementation Lead for Alfred and been involved in supporting the organisation with understanding the legal requirements for use of restrictive interventions within the context of the MHWA 22. I am currently working as a service improvement co-ordinator on the Quality and Patient Safety team.

Restrictive Intervention- how we have collaboratively changed our practice

Restrictive interventions are often distressing, traumatising and non-therapeutic, potentially leaving people who experience them with long-term impacts. Victoria has introduced an updated legislative framework and oversight through changes to the Mental Health and Wellbeing Act 2022 (MHWA 2022) to further regulate restrictive interventions and to ensure they are only ever used as a last resort.

This has created an opportunity for Alfred Mental and Addiction Health to review current restrictive practices across mental health and non-mental health settings. The review aims to streamline practice across whole of hospital as we believe restrictive interventions are “everybody’s responsibility.”

To do this work successfully, we have developed strong partnerships between key stakeholders across the organisation. One key resource we have built is an education video on how to record the use of restrictive interventions in a more helpful and intuitive way. The video was developed to ensure

easy access to a consistent resource that fits in with nurses’ busy schedules. In this presentation, I will share this invaluable knowledge and other key components that helped upskill staff to build increased confidence and competence to perform this task successfully and ensure safe patient care.

CLAUDIA PERKINS SHE/HER ★

Reducing Restrictive Interventions

Over the last two decades there has been increasing critique of restrictive practices in mental health care and broad agreement that these practices undermine the human rights of mental health consumers. Thanks to the advocacy of mental health consumer groups, this approach has now been enshrined in Victorian law. The Mental Health and Wellbeing Act (MHWA) 2022 states that restrictive interventions have no therapeutic benefit and mandates that acute inpatient mental health services reduce and work towards eliminating restrictive interventions altogether. However, the Act does not provide a clear path towards eliminating restrictive interventions and high-quality evidence for individual strategies and interventions to reduce restrictive practices is lacking. Reflecting on how staff and consumers experience restrictive interventions supports the need to find alternatives to these practices but also highlights challenges in eliminating them altogether. It is likely that a combination of different strategies and interventions will be needed to reduce or eliminate restrictive practices entirely. Using best available evidence, recommendations for reducing restrictive practices in acute inpatient services will be made.

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JENNIFER HOLMES, SHE/HER/THEY ★
KATE THWAITES, SHE/HER

***Jen** is an experienced nurse and dynamic leader with a diverse background in healthcare across New Zealand, Saudi Arabia, and Australia. She has worked extensively in acute care, serving as a Clinical Support and Development Nurse in Melbourne, where she championed professional growth and clinical excellence.*

Her passion for improving healthcare systems led her to Safer Care Victoria, where she contributed as a faculty member for the Improvement Coach Program, designing and delivering capability-building initiatives that empowered healthcare teams. Jen managed the Joy in Work program, partnering with the Institute for Healthcare Improvement to reduce burnout and improve joy amongst our Victorian healthcare workforce.

Now leading a dedicated team at Safer Care Victoria, Jen focuses on workforce wellbeing, occupational violence and aggression (OVA), occupational health and safety (OHS), and family violence reform. With a deep commitment to supporting and strengthening the healthcare workforce, Jen combines her clinical expertise with a strategic approach to drive meaningful, sustainable change in complex environments.

***Kate Thwaites** was appointed Victoria's Deputy Chief Mental Health Nurse in 2021, supporting the program of work undertaken by the Chief Mental Health Nurse. Kate was appointed the Director of the Mental Health Improvement Program within Safer Care Victoria in 2023 and leads the program of work which is a recommendation and outcome from the Royal Commission into Victoria's Mental Health System. Kate supports mental health nursing leadership and works with mental health nurses, lived experience advisors, allied health professionals and project officers to develop*

clinical practice improvements and best practice frameworks aimed at supporting the mental health workforce and improving the experience of care for consumers, families, and carers and supporters.

Safety for all ♥

Burnout levels and incidents of occupational violence and aggression in our Victorian healthcare settings remain a persistent and growing challenge for our workforce with significant impacts on staff wellbeing and retention.

This presentation explores a systems level approach that outlines the depth and breadth of efforts made over the last 20 years across a number of domains – from legislation, independent inquiries, various governance groups, funding, guidance and resources produced by government, improvements to data collection and reporting, and our continuous engagement with the sector on wellbeing initiatives.

Drawing on system data from annual reporting and statewide wellbeing surveys, participants will be introduced to practical tools and frameworks that can be applied locally to assess and improve response to risk, improving safety for all. The presentation also draws on the critical role of leadership, data transparency and psychological safety in creating workplaces where staff feel protected and valued.

Attendees will leave with actionable insights and resources to help drive system improvements to reduce preventable harm.

SARA BENSON, SHE/HER ★, REECE JONES – SENIOR CONSUMER PEER ADVISOR – ICYMHs

***Sara** has been a mental health nurse for over 25 years in both the UK and Australia and has worked in a variety of inpatient and community settings in clinical and leadership roles. Sara has a passion for*

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contemporary mental health nursing that fosters client centered, trauma informed and collaborative approaches to improve both consumer experience and worker wellbeing. Sara currently works as a Clinical Nurse Consultant at Austin Health in a nursing Frameworks Lead position across the mental health Division. Sara prioritises the concept of early intervention and collaboration to maximise successful outcomes for consumers and staff. Sara has been involved in the co-design and co facilitation process with LLEW to bring authenticity and context to Austin's training that is reflective, practical, and engaging.

Reece Jones Senior Lived Experience Worker ICYMS
 Reece.Jones@austin.org.au, Austin Health.
 Reece is not a first time presenter. Bio: Reece has 7 years working in multiple service settings as a consumer peer worker. Reece's role within Safewards has been to add his personal experience to all aspects of Safewards from the domains to interventions and plays an integral part of co-facilitation with clinical staff.

Safewards: Empowering Staff Through Transformational Learning ♥

Austin Health has reinvigorated its delivery of one-day Safewards education by embedding adult learning principles and co-designing the program with our lived experience workforce. This approach brings authenticity and context to the training, ensuring it relates to both mental health clinicians and consumers.

Drawing on theories such as Experiential Learning, Andragogy, and Transformative Learning, the education is designed to be reflective, practical, and engaging. A variety of learning methods are drawn upon, including group discussion, simulation, storytelling, and reflection to facilitate a more inclusive and impactful experience.

Evidence suggests that education is fundamental in engaging staff and the sustained implementation of Safewards. Without quality training, staff often lack the awareness, confidence, or motivation to apply Safewards interventions in practice. Research also highlights that effective education enhances not only knowledge, but also clinician confidence and commitment to the model.

This presentation will outline our renewed educational approach, share insights from the co-design process, and present evaluation findings from participants. By aligning adult learning theory with recovery-oriented practice, we aim to foster a culture of safety, collaboration, and sustained positive change within mental health services.

REBECCA BRITT, SHE/HER, AMANDA MCCARTNEY, SHE/HER

Rebecca Britt is an Improvement Advisor with the Mental Health Improvement Program at Safer Care Victoria. Drawing on her background in mental health nursing and expertise in improvement science, Rebecca supports mental health and wellbeing services across Victoria to work towards the elimination of restrictive practices, in response to Recommendation 54 of the Royal Commission into Victoria's Mental Health System. She is passionate about mental health system transformation and is committed to applying an equity lens to her work to ensure better outcomes for all.

Amanda McCartney is a project lead within Safercare Victoria's Mental Health Improvement Program. With a combined lived experience



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(consumer) of public mental health services and project work within government and non-government sectors, Amanda is committed to the process of improving Victoria's mental health services, for all, through her dedication to the implementation of Recommendations from the Royal Commission into Victoria's Public Mental Health (2019). Previous roles have focused on consumer advocacy, lived experience workforce development, and working within services to ensure a human-rights-based approach is upheld alongside agreed mental health principles. Amanda's background includes community consultation with marginalised groups such as the homeless, aged, and women in rural or regional areas with a disability - in addition to the development of suicide prevention and postvention programs.

Towards The Elimination of Restrictive Practices Collaborative ♥

The Mental Health Improvement Program (MHIP) was established as a direct recommendation from the 2021 Royal Commission into Victoria's Mental Health System (RCVMHS). MHIP is partnering with mental health and wellbeing services across Victoria to make improvements to the quality of mental health care and ensure safety for all – with the human rights of mental health care as the central focus.

The MHIP is focussed on four key initiatives in pursuit of RCVMHS recommendations, one of which is the Towards Elimination of Restrictive Practices Collaborative (The Collaborative). This statewide initiative brings together a multidisciplinary team to collaboratively design, test, and implement strategies that reduce the use of seclusion and restraint within Victorian mental health and wellbeing services.

Through learning sessions, online coaching,

data sharing, and collaboration between teams, participating services are building capability in skills such as improvement science, consumer engagement and early recognition and response to deterioration. Early outcomes show a reduction in restrictive practices, improved staff confidence, and enhanced consumer experiences. More importantly, the collaborative is shifting culture – replacing control with connection, and risk management with recovery-focused care.

This presentation will share early lessons from the Collaborative, including effective strategies for sustaining change, the power of co-design principles, and the role of leadership in enabling



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change. This session will inspire services to join the movement towards eliminating restrictive practices and building marvellous mental health care for all.

10:55am • BREAK OUT 1

KATE LAHIFF, SHE/HER ★

Kate Lahiff is an Eating Disorder Liaison Nurse – The Royal Melbourne Hospital.

Kindness, Knowledge and Collaboration: The Eating Disorder Liaison Model

Eating disorders are multifaceted, often misunderstood illnesses that can affect psychological, physical, and social well-being. Recovery is possible, but it can be a prolonged and deeply personal journey. In Australia, many individuals are admitted to medical wards due to the life-threatening complications of these disorders. The predominant focus of medical stabilisation within the prevailing biomedical model often overlooks the psychological needs of individuals. This disconnect between physical and psychological care can perpetuate stigma, hinder recovery, and leave healthcare staff feeling overwhelmed and ill-equipped to offer the support needed. In 2022, the Royal Commission into Victoria's Mental Health System identified this gap and recognised the importance of early intervention. In response, dedicated funding facilitated the creation of the Eating Disorder Liaison (EDL) team, including the innovative role of the EDL Nurse. This role serves as a vital bridge, integrating specialist knowledge into medical settings, fostering person-centred care, and empowering staff through role modelling, education and leadership. The EDL Nurse stands alongside individuals, carers and staff, challenging eating disorder cognitions and shifting the focus from illness to person. By embedding psychological insights within medical care, the EDL initiative

provides a compassionate, holistic approach, nurturing hope and empowering individuals throughout their recovery journey.

10:55am • BREAK OUT 2

KIRBY MOERTH, TANYA LEVEY, JESS DAVIS, DANIEL TALKO, KYLIE BUTLER

We are a multidisciplinary team comprising a nurse, psychologist, social worker, OT, and carer peer worker who have run a pilot trial of post restraint support for consumers who have faced a restrictive intervention under the Mental Health and Wellbeing Act 2022.

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Consumer support after restraint or seclusion - A trauma-informed, evidence-based pilot trial ♥

Following the introduction of the Mental Health and Wellbeing Act 2022 (MHWA) and Chief Psychiatrist Restrictive Interventions Guidelines, our multidisciplinary pilot team identified the need for a consistent, organisation-wide approach to post-restrictive intervention consumer support reviews. The team included a lived experience carer consultant, inpatient mental health nurse, occupational therapist, community social worker, and psychologists.

Previously, debriefing involved only clinical staff involved in the intervention, with no clear process for Emergency Departments. Outdated forms and language were also revised to reflect recovery-oriented principles.

The pilot had two streams: mental health inpatients and consumers restrained in ED and discharged to the community. A spreadsheet tracked offers and uptake of post-intervention support, including peer and carer support, as well as resource utilisation. A consumer information sheet was developed and endorsed via C-Read, providing self-care strategies and service contacts.

From September 2024 to March 2025, 85 post-restrictive intervention support reviews were offered, with a 50% uptake, primarily from inpatients who experienced seclusion or restraint. Few ED consumers responded. This quality initiative demonstrates a viable, trauma-informed model for supporting consumers restrained under the MHWA. The findings of this quality initiative offer a pathway to a viable, trauma-informed model for supporting consumers restrained under the MHWA.

10:55am • BREAK OUT 3

LIZ MUSHANGWE ★

Mental Health Clinical Nurse Educator – Barwon Health

Adoption of the Clinical Reasoning Cycle in Mental Health Drug and Alcohol Services ♥

Learning theories have always reflected the cultural contexts of their time, evolving alongside societal shifts. As such, clinical education must also adapt through scholarly approaches that support meaningful change. The scholarship of integration emphasizes the clinical educator's role in connecting isolated information into relevant, practice-based insights. Quoting Mark Van Doren, "the connectedness of things is what the educator contemplates," highlighting the power of integration in advancing clinical practice.

The Clinical Reasoning Cycle (CRC), developed by Levett-Jones (2013), is a valuable tool for fostering clinical reasoning—particularly important in mental health care. Despite its relevance, there remains a gap in frameworks tailored specifically to Mental Health Drug and Alcohol Services (MHDAS). Forensic Mental Health's adoption of the CRC offers a model that could be adapted for broader use.

The presentation centres on Work-Based Learning theory, particularly its concept of recontextualization, which breaks down the CRC into practical, teachable elements. Four levels of recontextualization align with the CRC's stages, linking theory directly to workplace application. This alignment helps transform clinical reasoning into a structured, evidence-based process.

For clinicians, educators, and leaders in MHDAS, this presentation offers actionable strategies to implement CRC through learning theory, improving both professional practice and consumer outcomes.

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10:55am • BREAK OUT 4 – DANVERS ROOM BRONWYN TARRANT

***Bronwyn** is a senior mental health nurse academic with an international proven track record in curriculum design, scholarly research, learning innovations, and interprofessional education. At the University of Melbourne she teaches mental health, communication, and therapeutic content and skills across the Department of Nursing. She has won two awards with the International E-Learning Association for innovative and bespoke interprofessional curriculum design. In her a new collaborative project, she hopes to foster novice mental health nurses' accuracy and confidence in mental health assessments and their maintenance of confidentiality.*

FRAME: A Digital Framework Supporting Entry-to-Practice and Novice Mental Health Nurses with Embedded Confidentiality Protection ♥

Entry-to-practice nurses and novice mental health practitioners face significant challenges transitioning from theoretical knowledge to comprehensive clinical assessment while maintaining strict confidentiality standards. This presentation introduces FRAME (Formulation, Recovery & Assessment for Mental health Education), an innovative digital framework co-developed with mental health consumers and graduate students to ensure authentic, person-centered practice.

FRAME transforms three essential areas: Mental State Examination (MSE), clinical formulation using the 4 P's framework, and recovery-focused care planning. The tool employs systematic checkbox interfaces with over 120 evidence-based options across biological, familial, psychological,

sociocultural, and trauma domains. Consumer input ensures FRAME reflects lived experience and promotes truly person-centered care, while graduate student feedback provides real-world usability perspectives from active learners.

This collaborative development approach creates authentic representation that moves beyond theoretical frameworks to practical, respectful application. Integrated confidentiality safeguards using respectful pseudonyms reinforce professional ethics throughout the assessment process.

Key outcomes include: structured guidance ensuring comprehensive assessment; systematic frameworks supporting clinical reasoning; embedded person-centered values reflecting consumer dignity; and enhanced documentation confidence. FRAME addresses the learning curve facing novice mental health nurses through guided, evidence-based, privacy-protected pathways that honor both educational excellence and consumer perspectives.

Implementation demonstrates improved clinical confidence, strengthened person-centered practice, and smoother transition to professional mental health nursing.

11:25am • BREAK OUT 1 RACHEL O'NEIL, SHE/HER ★, ASHLEIGH SLEEMAN

PROGRAM NOTE: *Therapy Dog in Attendance. We're excited to let you know that a certified therapy dog, Peggy, a two-year-old miniature Labradoodle, will be present during this session. Attendees are welcome to interact with the dog if they wish or simply enjoy the calming presence from a distance. Please advise The Collab event staff if you have any allergies or concerns.*



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Rachel O'Neil, a dedicated mental health professional with over a decade of experience, has been making mental health recovery fun at Bendigo Health since 2015. Rachel has worked across various settings, including acute and sub-acute wards and community care units, where she has excelled as an Activities Officer, fostering patient engagement through innovative and therapeutic activities.

As the coordinator of the Move for Mental Health program, Rachel plays a pivotal role in creating meaningful connections and providing financial support for activities that transform recovery from a chore into a choice. Rachel organizes a variety of activities, including yoga sessions, art therapy, and nature walks, all aimed at helping individuals discover their happy place and improve their mental well-being. Rachel empowers participants to define their identities beyond their mental health diagnoses, fostering a strong sense of community and enhancing their self-worth.

When she's not coordinating life-changing activities, Rachel enjoys spending time with therapy dogs, demonstrating that sometimes, the best therapy comes with four legs and a wagging tail, bringing comfort and joy to those in need.

Ashleigh Sleeman has been working in the peer workforce for over four years and now holds a senior role. With a strong passion for promoting collaboration between clinical and lived experience staff, Ashleigh is dedicated to shifting workplace culture to create better engagement and outcomes for the people who matter most—consumers. Through the Move for Mental Health program, she's seen how something as simple as movement can open big doors: to self-discovery, connection, and a recovery journey that feels real and within reach. Ashleigh is a proud advocate for strengthening the consumer voice and believes that when we work

together—and don't take ourselves too seriously—we create mental health spaces that are more human, more hopeful, and a whole lot more effective

A Holistic Approach to Recovery ♥

The Bendigo Mental Health and Wellbeing Service's Move for Mental Health program fosters collaboration within the workforce and strengthens the consumer voice by encouraging the inclusion of lived experience perspectives. The program started as a fundraising initiative and has developed into an example of the benefits of working alongside the Lived and Living Experience Workforce (LLEW). Through promoting open communication and



Professor Foster
ACU academic

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providing mental health resources, sharing the workload has helped break down old barriers to ensure greater inclusivity and participation.

Working in partnership has enhanced the program to ensure funds raised are directed to identified areas of need. Targeted mental and physical wellbeing programs are also combating social isolation and loneliness with the following:

- LLEW led groups such as walking, art, and life skills
- Gym memberships and golf sessions offering regular exercise
- Promoting creativity with art exhibitions, raising awareness of mental health

The collaborative approach has empowered our workforce and consumers with increased community engagement and the positive promotion of holistic health.

11:25am • BREAK OUT 2

GLEN MANGELSDORF, LAUREN O'HEHIR ★

Glen Mangelsdorf is an experienced Clinical Nurse Educator specialising in mental health, with over 20 years of expertise across public and private sectors in the UK, New Zealand, and Victoria. His diverse background encompasses acute inpatient care, addictions, community case management, and outreach services. Passionate about men's mental health, suicide prevention, and person-centred risk assessment, Glen is dedicated to enhancing mental health literacy. He champions a person-centred approach, recognising that meaningful relationships are the foundation of effective care. This philosophy informs his educational practice, fostering collaboration, empathy, and impactful learning experiences.

Lauren O'Hehir is a dedicated and experienced

Nurse Unit Manager currently leading a unique hybrid ward at Epworth Camberwell. Her unit encompasses Mental Health, Rehabilitation, and Transcranial Magnetic Stimulation (TMS) services, providing a multidisciplinary and integrated approach to patient care.

With over 10 years of experience in the mental health sector, Lauren has developed deep clinical expertise and leadership skills across a range of settings. She has worked extensively within a number of roles at Epworth Healthcare and has also served as a mental health practitioner in secondary schools, bringing critical support to young people navigating complex psychological challenges.



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Lauren is passionate about delivering high-quality, client-centered care and is known for her commitment to fostering supportive environments for both clients and staff. Her leadership at Epworth reflects a forward-thinking approach to mental health treatment, combining clinical innovation with compassionate care and a strong emphasis on teamwork.

Beyond the Checklist: Innovating Risk Assessment in Mental Health Nursing ♥

Effective risk assessment in mental health nursing is a dynamic process that demands robust interpersonal skills to thoroughly explore a consumer's needs, current experience, their mental health issues and its impact on their wellbeing. However, standardised tools, such as the CRAM, often devolve into a perfunctory checklist, particularly when used by less experienced clinicians under the pressures of a demanding clinical environment. This can limit comprehensive exploration, lead to repetitive assessments, and result in critical omissions, particularly when revisiting a person's history.

At Epworth Clinic, a scholarship-funded project was initiated to re-develop the data gathering forms to guide clinical interviews, allowing for deeper exploration or risk factors, and enhance the risk assessment process, ultimately improving consumer outcomes. The ongoing project intends to introduce: (1) a digital consumer history form, retrievable for subsequent admissions to streamline historical data collection; (2) a dynamic risk assessment form tailored to current presentations; and (3) an update mechanism to reflect changes in risk status. Additionally, a glossary is in development as an adjunct to support clinicians' interpretations by providing contextual data for each risk component. These innovations aim to foster more accurate,

person-centred risk assessments, enhancing clinical decision-making and consumer care.

11:25am • BREAK OUT 3

LAURA RITZERT, SHE/HER

***Laura Ritzert** is a Clinical Nurse Educator for an Acute Adult Mental Health and Wellbeing Unit at Eastern Health. With a diverse background in general practice, medical, mental health, and emergency nursing, she brings a thorough understanding of physical health to her role. Laura is passionate about integrating physical health into mental health care and empowering nurses to provide confident, holistic care to consumers.*

Enhancing Mental Health Nurses' Confidence in Identifying and Responding to Clinical Deterioration

In the Acute Adult Mental Health and Wellbeing space, we commonly care for consumers who have experienced physical health illnesses or conditions. Research indicates that individuals living with mental illness are more likely to experience poorer physical health outcomes than the general population. Therefore, Mental Health Nurses must confidently raise physical health concerns, as appropriate to their clinical settings.

While Mental Health Nurses at Eastern Health have demonstrated proficiency in escalating clinical deterioration concerns to treating teams, and through protocols such as Medical Emergency Team (MET) and Code Blue calls, they continue to report discomfort when involved in these situations. To address this, education and simulation training were introduced to support Mental Health Nurses in recognising and responding to clinical deterioration.

This presentation will provide an overview of the education and simulation-based training delivered to Mental Health Nurses. These aim to enhance the

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knowledge and confidence of nurses around clinical deterioration, using resuscitation equipment, and conducting primary and focused assessments. It will also cover the development and impact of simulation training, specific to MET and Code Blue scenarios in an Acute Mental Health setting. These realistic learning experiences strengthen communication, critical thinking, and teamwork to improve nursing care and consumer outcomes.

11:25am • BREAK OUT 4 – DANVERS ROOM
JOHN BROWN, HE/HIM ★, JOY FULLERTON, MADDISON ADAMS

John Brown: *Psychiatric Nurse Consultant.*

Joy Fullerton: *Barwon Health – Senior Psychiatric Nurse*

Maddison Adams: *Barwon Health – Psychiatric Nurse Consultant*

'Phase 4'; a Regional Hospitals Approach to Providing Contemporary Mental Health Learning and Practice Development in 2025

Geelong based Barwon Health has, like most services, seen a rapid expansion in the number of Entry to Practice practitioners entering the workforce, with a record high eighty-nine new team members joining the service in 2025. This growth represents a 39% increase from 2022. As a regional health service that covers over 16,000 square kilometres, ongoing evaluation of how learning and practice development is provided to this future mental health workforce is considered essential.

This presentation will outline 'Phase 4' of MHET's approach, including an overview of core elements and the benefits of making this visible across the broader organisation. Whilst we are in early days of the change, we are seeing the effectiveness of site integrated Clinical Nurse Educators, implementation of Entry to Practice specific study days and the role

out of one 12-month workplace allocation for the postgraduate nurse program.

The overall expectation of this innovative education plan is to ensure the retention of a highly skilled and motivated workforce, who are supported to thrive as the mental health landscape continues to reform and grow.

11:50am • BREAK OUT 1
ALICE McDONALD, SHE/HER ★, ASHLEY LEEK, SHE/HER ★

Alice McDonald is a Senior Project Officer at Safer Care Victoria, where she plays a central role in the Reducing Compulsory Treatment Initiative within the Mental Health Improvement Program. With a commitment to driving system-wide change, Alice works closely with mental health services across Victoria to reimagine models of care through innovation, collaboration, and a deep respect for lived experience. Alice believes in the changes Victoria can accomplish when clinicians, consumers, families, carers, and supporters all come together to strengthen our shared community.

Ashley Leek, Senior Project Officer, Lived Experience (Consumer) at Safer Care Victoria, leads the Reducing Compulsory Treatment Initiative within the Mental Health Improvement Program. Drawing on a comprehensive history of involvement in reform projects stemming from the Royal Commission into Victoria's Mental Health System, including the elimination of restrictive practices, Ashley brings invaluable insights to this critical work. Her efforts are profoundly shaped by decades of personal experiences as a



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consumer of mental health services. This unique perspective is instrumental in her commitment to ensuring that the voices and expertise of those with direct experience of the system are central to shaping care that promotes the rights, dignity, and autonomy of individuals with mental illness.

Reimagining Mental Health Care: Reducing Compulsory Treatment Through Innovation and Collaboration ♥

Safer Care Victoria's (SCV) Mental Health Improvement Program (MHIP) is partnering with Victorian mental health services to address a key issue identified by the Royal Commission into Victoria's Mental Health System: the overuse of compulsory treatment.

We believe compulsory treatment should be a last resort, used only when absolutely necessary and for the shortest time possible.

Six services are working with SCV to co-design and test innovative, point-of-care solutions. Guided by improvement science and lived experience, these teams are shifting the narrative. Through relational approaches, supported decision-making, and courageous conversations, they are challenging the status quo.

Our strength lies in our diversity. Multidisciplinary teams—including people with lived experience, clinicians, non-clinical staff, and consumers—are collaborating to discover what truly drives change.

We're rewriting the script: placing human rights and quality care at the centre. Our aim is a system where care is empowering, collaborative, and grounded in dignity and respect.

This presentation will demonstrate how innovation can emerge and thrive at the point of care, how local data can drive meaningful change when evidence is limited, and how a ground-up approach

can fuel sustainable reform—powered by creativity, courage, and collaboration.

11:50am • BREAK OUT 2 MISHA ADAIR, HE/HIM

Misha Adair is a Senior Project Officer and Project Lead of the Improving Sexual Safety Initiative in the Mental Health Improvement Program at Safer Care Victoria. He has a background as an Alcohol and Other Drugs counsellor and group facilitator in both private- and publicly funded services and brought a Lived Experience of Substance Use Disorder recovery to his roles in this sector.



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From Post-It Note to Everyday Practice Across a Whole Health Service: Driving Change and Managing Scale and Spread in Victoria's Improving Sexual Safety Initiative

The Royal Commission into Victoria's Mental Health System has highlighted the urgent need to address gender-based violence in mental health facilities, as outlined in recommendation 13. In response, Safer Care Victoria's Mental Health Improvement Program collaborates with metropolitan and regional inpatient mental health services to explore innovative strategies for reducing gender-based and sexual harms. Since early 2023, inpatient units across the state have been testing, refining and adopting novel approaches from a suite of 22 change ideas designed in consultation with clinical, academic and lived and living experience experts.

This presentation will follow the story of one change idea: from its initial conception in online workshops with frontline services, through its design by clinical and lived and living experience staff in an inpatient unit, to refinement through rounds of consumer and carer feedback. Ultimately it will detail the approval process for rolling out this practice change across a health service covering 61,000 square kilometres and serving more than 250,000 regional Victorians.

11:50am • BREAK OUT 3
CLAIRE HAYES, SHE/HER

Claire Hayes is a Credentialed Mental Health Nurse with over 15 years clinical experience. She has worked with various populations, in particular young people from diverse backgrounds experiencing mental health problems. Currently, Claire works as a full-time teaching and research Senior Lecturer at Deakin University. As a Fellow of the Higher Education Academy, Claire is committed to excellence in teaching and learning.

Claire's research interests relate to mental health issues across the lifespan, public health, adolescent inpatient models of care, foster care, mental health engagement and education at all levels.

Simulation-Based Learning Approaches for Addressing Domestic Violence in Mental Health Nursing and Midwifery: A Scoping Review ♥

Background: Domestic and family violence is a significant public mental health issue, often intersecting with trauma, substance use, and complex psychosocial needs. Mental health nurses and midwives are uniquely positioned to identify and respond to domestic and family violence.

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Objective: This scoping review aimed to explore how simulation-based learning has been used to prepare nursing and midwifery professionals to identify and respond to domestic violence.

Methods: Following the Joanna Briggs Institute methodology and PRISMA ScR checklist, we systematically searched seven databases (EMBASE, Education Source, APA PsycINFO, CINAHL, Medline Complete, Scopus, and Web of Science) for studies published between January 1979 and December 2024.

Results: Twelve studies met inclusion criteria. The thematic analysis revealed four main themes: confidence, knowledge, and skills in screening and responding to DV; communication and interprofessional collaboration; simulation-based learning and reflection; and attitudes, beliefs, and challenges.

Conclusion: As frontline responders to domestic and family violence, nurses and midwives must be equipped to provide safe, person-centred, and recovery-oriented care. This review highlights the value of simulation-based learning in developing the workforce's capability to respond to domestic and family violence.

11:50am • BREAK OUT 4 – DANVERS ROOM
SAL HOSKING SHE/HER, JAKE BUSHE HE/THEY

Jake Bushe is a Clinical Nurse Educator working on the Inpatient Unit of Parkville Youth Mental Health and Wellbeing (Wurundjeri land). With five years of experience in youth mental health, Jake finds enrichment in supporting new staff as they navigate the mental health sphere. Their professional values include kindness, transparency, acceptance, and unity, with passion areas in LGBTQIA+ and supporting physical health. Jake's professional goals include establishing a

sustainable and resilient nursing workforce by supporting reflective growth and role-modelling collegial vulnerability.

Sal Hosking is an experienced mental health nurse consultant who has over 30 years of clinical mental health nursing experience. She has previously specialised in areas including general acute adult psychiatry, rehabilitation settings, youth early psychosis, primary mental health teams and consultation liaison psychiatry. Sal has worked in private practice, public mental health services, non-government agencies and general health settings. She currently holds the position of Clinical Nurse Consultant – Undergraduate Coordinator at Orygen and carries a clinical supervision portfolio.

Welcome to Mental Health Nursing – Incorporating Teachings and Reflections to Build Student Confidence within a Youth Specialist Program

Background

Undergraduate nurses require opportunities to engage in placement programs that are progressive, dynamic and responsive to their individual learning needs. At Orygen, we provide an innovative undergraduate mental health nursing program that captures the essence of person-centred mental health nursing care.

Aims

Orygen's Nursing Learning and Development Team recognised that undergraduate nurses are seeking knowledge of contemporary mental health nurse practice, including opportunities to understand the "self" within nursing practice. While the Gibbs Reflective Cycle is well utilised and relevant to evidence-based practice in nursing overall; it is not reflective practice. Highlighting a gap for new learning and experiences; reflective practice and mental health theme-based discussion sessions were introduced in the placement curriculum with

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the aim of consolidating a skill set within mental health nursing, but also a skill set applicable to other nursing settings.

Experiences

By commencing with a full orientation day, undergraduate nurses have an opportunity to conceptualise mental health nursing frameworks and theory – inclusive of trauma-informed care principles and promotion of self-care – before starting in their role. By continuing support in the form of weekly reflective and teaching sessions, we enable undergraduate nurses to build on their nursing skill set, develop confidence, and expand their understanding of care delivery within the mental health sphere.

Reflections

Qualitative experiences are gathered from in-person check-ins and written feedback, and suggest that we are succeeding in guiding undergraduate nurses through reflective growth and increasing their psychological readiness for mental health nursing. This is further demonstrated via their attendance at non-compulsory reflective practice sessions; evidencing that a forum for confidential, non-judgemental and respectful exploration of practice is sought out and appreciated.

Conclusion

Undergraduate nursing placements are as varied as the programs that teach nursing. At Parkville Youth Mental Health & Wellbeing Service, we focus on person-centred health care and role-model this through our undergraduate program. We provide undergraduate nurses opportunities to reflect on their growing competency and develop strengths, confidence and the ability to fully immerse themselves in the process of learning.

12:15pm • BREAK OUT 1

MARTIN PRADEL ★, ELLEN WELSH ★

Martin Pradel: Martin Pradel is a clinical social worker and family therapist, and Head of Family Therapy Services at The Bouverie Centre – La Trobe University. He co-leads the family therapy service, rapid access family therapy innovation (RAFT) and the Walk-In Together translation project. His clinical expertise includes restrictive eating disorders, child and youth mental health, sexual abuse trauma and refugee health.

Ellen Welsh: Ellen holds a Master's in Engineering, has a background in Software Development, and is currently the Digital and Clinical Operations Coordinator at the Bouverie Centre. Ellen has extensive experience in identifying a need for, developing and implementing digital systems in healthcare and research organisations. Ellen is currently undertaking a PhD in Digital Mental Health, designing a family-based platform. Ellen is passionate about improving access to mental health services through considered implementation and evaluation of contemporary and fit-for-purpose digital technology.

The Internship Model - Taking Walk-in Family Therapy to mental health services

The Bouverie Centre created a telehealth, single session family therapy service called Walk-in Together (WIT), and demonstrated its utility within Bouverie's clinical program. In Bouverie's capacity as a Statewide Specialist Mental Health Service with a clinical demonstration purpose, we are now seeking to understand the WIT model's utility and applicability in public mental health services.

A key outcome of the 2021 Royal Commission into Victoria's Mental Health System was to establish



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"Mental Health and Wellbeing Locals" (Locals) to serve as a critical access point for mental health services in Victoria. In 2024, the Victorian Department of Health commissioned The Bouverie Centre to partner with two Locals to adapt and implement Bouverie's WIT model in their context.

In this presentation, we will share a brief overview the translation project with specific and detailed reference to our 15 week 'in vivo' internship within the Bouverie's WIT Service. We will outline the internship model, its intended purpose and its key components in upskilling clinicians to work with families in a single session model. A brief video recording of interns learning experience and scope for replication of the internship model will also be included.

12:15pm • BREAK OUT 2

BRITTANY WILLIAMS, SHE/HER ★, LAURA RITZERT

Brittany Williams and Laura Ritzert work collaboratively at Eastern Health's Inpatient Unit 2 at Maroondah Hospital, serving as the Nurse Unit Manager and Clinical Nurse Educator, respectively. Together, they have built a cohesive team and actively contributed to Safer Care Victoria's Improving Sexual Safety project. With a shared passion for education, they are dedicated to empowering staff, consumers, and carers through awareness and training on sexual safety. Their work focuses on fostering a supportive, trauma-informed environment that enhances the experience of safety and dignity for all.

Promoting Sexual Safety in Acute Adult Care: A Priority in Our Practice. ♥

The Royal Commission into Victoria's Mental Health System Recommendations have highlighted the

significant risk of gender-based violence within Victorian Mental Health Inpatient settings and the negative impact this has on the wellbeing of consumers, carers and staff within these areas. Since this report, sexual safety and gender-based violence has remained an ongoing concern within Acute Adult Mental Health Units as outlined in a report by the Mental Health Complaints Commissioner – "The Right to be Safe", which indicated that 47% of complaints were related to alleged sexual assaults, 38% regarding gender safety, 13% about sexual harassment, and 2% about sexual safety.

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- Community Care Unit

2nd Year Rotations

Two 6 month or one 12 months rotations

- Acute Adult Inpatient
- Community Care Unit
- Mother Baby Unit
- Community Mental Health (Adult and Aged Persons)

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to be invited to partner with Safer Care Victoria and the Mental Health Improvement Program to undertake co-design chance testing to address the identified issue of gender-based violence within mental health IPUs.

The presentation will outline the work we have undertaken through the use of PDSA cycles in relation to the implementation of our Sexual Safety Mutual Expectations, Consumer Sexual Safety Care Plans, Staff Education Sessions and Staff Reflective Spaces. All of which, have allowed us to improve the overall safety of consumers, carers and staff within our adult inpatient unit.

12:15pm • BREAK OUT 3

NAOMI BROCKENSHIRE, SHE/HER

***Dr Naomi Brockenshire** is a credentialed mental health nurse and Lecturer in Nursing at the University of Melbourne where she teaches in the Graduate Diploma of Mental Health Nursing Practice and the Master of Advanced Nursing Practice. Naomi also holds an Honorary appointment with the Nursing Research Department at the Royal Children's Hospital. Naomi's current research prioritises lived-experience collaboration and aims to capture the voices of young people restrained in paediatric hospital settings for the treatment of anorexia nervosa.*

Why Are we Still Doing This?: Reducing the use of Restraint for the Treatment of Anorexia Nervosa in Acute Paediatric Settings

Anorexia nervosa (AN) is a serious psychological illness with significant physiological consequences. In young people (YP), there are substantial impacts on growth and puberty, bone health, and psychosocial development. For those who become medically unstable they may be admitted to an acute care service to ensure adequate nutritional intake is achieved.

Our research, designed in partnership with lived-experience collaborators, aimed to explore the nuanced, personal experiences of young adults who were restrained for feeding in adolescence within an acute paediatric setting, parent/carers of YP restrained in the same context, and both clinical and non-clinical staff providing care.

This presentation will explore a challenging clinical landscape, highlighting key findings from our research, including: the importance of individualised and trauma informed care; the need for specific mental health and eating disorder education and training for staff; the inconsistent use of mental health legislation; and a major need for integration

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of mental health nursing into the care processes for YP with AN hospitalised in acute medical wards. Experiences of all involved were sought to provide in-depth, multifaceted understanding of this phenomenon, resulting in the development of a guideline which promotes consumer autonomy and consistent use of least restrictive interventions for YP with AN.

12:15pm • BREAK OUT 4 – DANVERS ROOM TRUDY BROWN, SHE/HER

Trudy Brown is an endorsed Mental Health Nurse Practitioner with almost 20 year's experience in adult inpatient psychiatry. Her clinical role involves working to improve access to physical health care for mental health consumers. She is currently working towards a PhD titled 'Improving Sexual and Reproductive Health in those with Serious Mental Illness'.

Improving Sexual and Reproductive Health of those with Serious Mental Illness: Scoping Review

The sexual and reproductive health of those with serious mental illness is known to be significantly poorer than the general population. The presenter is currently undertaking a PhD that is looking at improving the sexual and reproductive health of people living with serious mental illness.

A scoping literature review has been undertaken to systematically locate and summarise literature related to adults with serious mental illness and the current access to sexual and reproductive health care available within mental health services. The findings of the scoping review will be presented here. The themes highlight poor sexual health care provision in mental health settings despite consumers wanting sexual health screening and education. It was also found that mental health clinicians did not view sexual health as part of their

role however, this was improved with training in sexual and reproductive health.

The next steps in the PhD journey involve data collection both via a file audit and surveying stakeholders (clinicians, consumers, and carers).

2:15pm • PLENARY SPACE – VICTORY ROOM JEZWYN LAPHAM, HE/HIM

Jezwyn is the project lead for Adopting the Zero Suicide Framework at Safer Care Victoria, a reform initiative aimed at improving care for consumers with suicidality. He is a nurse by background, and is passionate about applying an improvement lens to mental healthcare to achieve positive and sustainable change.

Adopting the Zero Suicide Framework Across Victorian Healthcare Services

The Mental Health Improvement Program (MHIP) at Safer Care Victoria is supporting health services to adopt the Zero Suicide Framework (ZSF), in direct response to recommendations of the Royal Commission into Victoria's Mental Health System. The Framework recognises the critical role that mental health nurses and lived experience workforces play in providing safe and effective care for people experiencing suicidal thoughts and behaviours. In pursuit of this, MHIP are working closely with service improvement teams to implement the framework. Mental health nurses have been pivotal in leading project teams and driving change by leveraging their clinical expertise, leadership skills, and policy development experience.

A key to implementation has been the success of our ZSF Workshops, where we facilitate an in-depth, collaborative self-assessment to determine a service's current alignment with the framework.

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We then provide analysis, recommendations, and ongoing partnership opportunities, culminating in tailored project plans supported by coaching and resource sharing.

This presentation will offer attendees valuable insight into the resources designed, developed, and delivered by Safer Care Victoria to support system transformation, highlighting the vital contributions of mental health nurses to this significant reform initiative.

2:15pm • BREAK OUT 1

JENNIFER LOVE, SHE/HER ★

I'm a Scottish Mental Health Nurse who moved to Melbourne 2 years ago. Previously I have worked on a Forensic learning disability Unit and old age MH but currently work in acute psychiatric inpatient setting. My passion is well being and making sure staff have tools and aid to have a long healthy career and work towards decreasing the number of staff burnouts rates.

Practicing What We Preach: Practical Wellbeing Strategies for MHNs

Mental health nursing (MHNs) is an emotionally demanding profession, requiring constant interpersonal interactions with consumers, colleagues, and multidisciplinary teams. This role often exposes nurses to high levels of stress, including emotional adversity, aggression, and violence, all of which can negatively impact their wellbeing. Additionally, MHNs face workplace stressors such as team conflicts, organisational challenges, and reduced time for direct care, which further exacerbate stress and contribute to burnout, compassion fatigue, and mental distress. Emerging evidence suggests that enhancing workplace resilience in MHNs can mitigate the adverse psychological effects of these stressors

and improve both wellbeing and clinical practice. In response to this, a staff wellbeing initiative was developed through a three-phase approach: firstly, conducting a focus group to assess staff needs and preferences; secondly, creating a wellbeing resource folder with practical activities, support, and guidance; and lastly, establishing a staff wellbeing locker. This initiative aimed to provide tangible resources that promote mental and physical wellbeing, ultimately enhancing both staff morale and the quality of care provided to consumers. This presentation will explore the process of developing the initiative and share the impact it has had on staff through evaluation.

2:15pm • BREAK OUT 2

NICOLA COWLING, SHE/HER,

MELISSA ROBINSON ★, MADDIE BURROWS ★

Clinical Nurse Consultant from Austin Health's Adult & Older Adult Acute Psychiatric Unit working in collaboration with registered psychiatric nurses Melissa Robinson and Maddie Burrows.

Melissa Robinson is a Registered Psychiatric Nurse at Austin Health.

Maddie Burrows is a Registered Psychiatric Nurse at Austin Health.

The HIPPO Project - Handover Involving the Person Promotes Opportunity

Austin is committed to a strengths-based approach working always in collaboration with our consumers to ensure their treatment is in keeping with what is important to them. One measure employed to achieve this is the person present handover. In our



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adult Acute Psychiatric Unit, however, we have struggled to commit to this initiative.

It was recognised that we needed emerging leaders from within our RPN2 nursing team to champion the benefits of including the individual in their handover. Third year nurses Melissa and Maddie volunteered for the challenge and quickly identified the need for a bit of rebranding.

They came up with the HIPPO Project, Handover Involving the Person Promotes Opportunity. This project uses educational resources to promote the benefits to the individual, the nursing team and the overall ward environment. And to demonstrate how problematic it can be to not hear the consumer's voice, Maddie and Melissa have made a video (which we'd love to screen) demonstrating the impact of a handover that fails to include the individual versus when we embrace and promote the individual's involvement. Ensuring consumer's needs are being heard and met helps us to further reduce the risk of conflict and containment.

2:15pm • BREAK OUT 3
NATALIE NARDELLA, SHE/HER ★,
STEPHANIE SILVER ★

Natalie Nardella is a Registered Nurse with over 12 years of experience working in both public and private mental health services. She holds a Master of Advanced Nursing and currently serves as an Associate Nurse Unit Manager and Psychiatric Consultation Liaison Nurse at Epworth HealthCare, providing specialist mental health care while supporting teams across multiple sites in managing consumers with complex needs. In addition to her clinical work, she is a sessional Lecturer for the Bachelor of Nursing Degree with a focus on mental health and nursing research. With a strong

interest in mental health service development and consumer experience, she has a background in resource design, clinical education and project management, and has published research on the implementation of Recovery-Oriented Practice.

Stephanie Silver holds a Master of Business Administration (MBA) from The University of Melbourne, specialising in entrepreneurship. As the Founder of I Am Mindful®, a mental health first aid toolkit developed in partnership with the University of Melbourne, Stephanie has demonstrated significant innovation in designing and implementing a mental health program that supports individuals in managing emotional

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dysregulation and distress. The program has been successfully implemented in over 100 Australian schools and has been used clinically at the Melbourne Clinic (TMC) Psychiatric Hospital. Stephanie has also completed training in Positive Psychology at The University of Melbourne, is a Registered Mindfulness and Meditation teacher with the Meditation Association of Australia and acts as a mental health consumer consultant.

Partnering with Consumers: Co-designing a nurse-led groups program with Lived Experience Experts ♥

Mental health nurses play a vital role in delivering therapeutic interventions to improve consumer outcomes. Despite strong evidence of efficacy, nurse-led therapeutic groups remain underutilised. This study evaluates a newly developed nurse-led group programme, co-designed with a lived-experience consumer expert. The study aims to: evaluate facilitators' perceptions of the intervention and assess how training and experience in group facilitation impact nurses' skills and confidence in delivering therapeutic groups; and: explore consumers' experiences of the intervention regarding capacity building, confidence to manage mental health concerns, and perceptions of care. The intervention will be evaluated using a quasi-experimental mixed-methods design, incorporating pre/post intervention surveys and post-implementation focus groups. The intervention integrates psychoeducation on sleep, relapse prevention and behavioural activation. It incorporates the use of sensory objects within a DBT mental health toolkit, I Am Mindful®. Facilitators receive formal training and ongoing mentorship. Quantitative data analysis will evaluate changes in facilitators' acceptance and confidence in group facilitation, as well as consumers' distress tolerance, ability to self-manage, and acceptability of the programme. Focus group data will be

analysed to gain insights into the experiences of nurse facilitators and consumer participants. This study will provide insight into the benefits and challenges of Nurse-led therapeutic groups.

2:15pm • BREAK OUT 4 – DANVERS ROOM STEVEN YATES, HE/HIM ★

Steven is an experienced Mental Health Nurse with over 10 years of dedicated service across both inpatient and community settings in adult and older adult mental health care. His career spans a wide range of clinical roles, including inpatient



A place without bars on the windows
No obstacle course at the door
Furniture not bolted down
A place with personality
To be, To heal, To grow
A chance at getting things manageable
A team that works with you
No forced options
No arguing for basic rights
A real chance at getting better

Possum Life

The poem was written by Possum Life, a service co-design participant. It helps to ground us in what we are trying to create and why.

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mental health units, Community Care Teams (CCT), Mobile Support Teams (MST), Crisis Assessment and Treatment Teams (CATT), Triage, Emergency Department Mental Health and Police and Clinician Emergency Response (PACER) services.

Currently working as a Clinical Nurse Educator as the older adult portfolio holder combining his diverse clinical expertise with a passion for teaching and workforce development. In this capacity, he supports training and professional development for junior and senior nurses working with older adults, as well as supporting nursing students to ensure high standards of Mental Health nursing care and co-morbid diagnoses such as dementia, management of behavioural and psychological symptoms, and age-appropriate mental health interventions across services.

Steven is deeply committed to advancing best practices in older adult mental health, advocating for equity in care and promoting dignity, independence, and quality of life for all consumers.

Enhancing Therapeutic Engagement in the Acute Older Adult Mental Health Unit

Restrictive interventions are known to have detrimental effects in older adult mental health, particularly among individuals with co-morbid cognitive impairment. These measures can exacerbate trauma and hinder recovery. In response, efforts have focused on increasing therapeutic engagement within the ward environment by increasing structured activities and nursing observations through meaningful interactions improve consumer experience and clinical outcomes work.

Many of the nursing staff within the Older Adult acute mental health units had not received formal Mental health training or completed post graduate studies in this specialty prior to working on the

acute ward and identified these gaps in knowledge when transitioning from previous roles.

To address this extensive Inservice programs were developed to increase nursing awareness to recovery orientated care, therapeutic engagement, clinical risk identification and embed Safewards principles to practice. The aim is to align the mental health care received within the older adult space to the acute adult services.

The acute ward nurses are supported by the Clinical Nurse Consultants and Clinical Nurse Educator during shifts to empower prioritisation to therapeutic engagement with consumers admitted to the ward thus supporting the transition of theory to practice.

2:40pm • PLENARY SPACE – VICTORY ROOM SAMANTHA SCOTT, SHE/HER, ALISON HANSEN, SHE/HER

Samantha Scott currently works as a lecturer at Monash University and has over 20 years clinical experience, predominantly working with adults in mental health settings such as community, aged and inpatient. Educationally, Samantha began as a preceptor- often taking students within her clinical roles and held the student clinical placement portfolio when working in community mental health for many years ensuring students had support whilst on placement. She became a clinical placement educator in the TAFE sector and then moved to the tertiary sector, starting to teach for Monash University in 2017 as a teaching associate and moving on to a lecturer position in 2024.

Alison Hansen is a Credentialed Mental Health Nurse, Senior Lecturer and Deputy Director of Education at Monash University. Her clinical focus is in the area of forensic mental health nursing, specifically working with women in this setting.

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She is currently enrolled in a Doctor of Philosophy (Nursing) exploring the use and experience of seclusion for women in secure forensic hospitals. The focus of Alison's teaching is mental health nursing across pre and post-registration courses. She is passionate about supporting students to think critically about their practice and challenge pre-existing ideas, and promote mental health in order to break down barriers and support inclusion, in a supportive learning environment. She has a strong focus on reducing stigma, supporting recovery and reducing coercive practices.

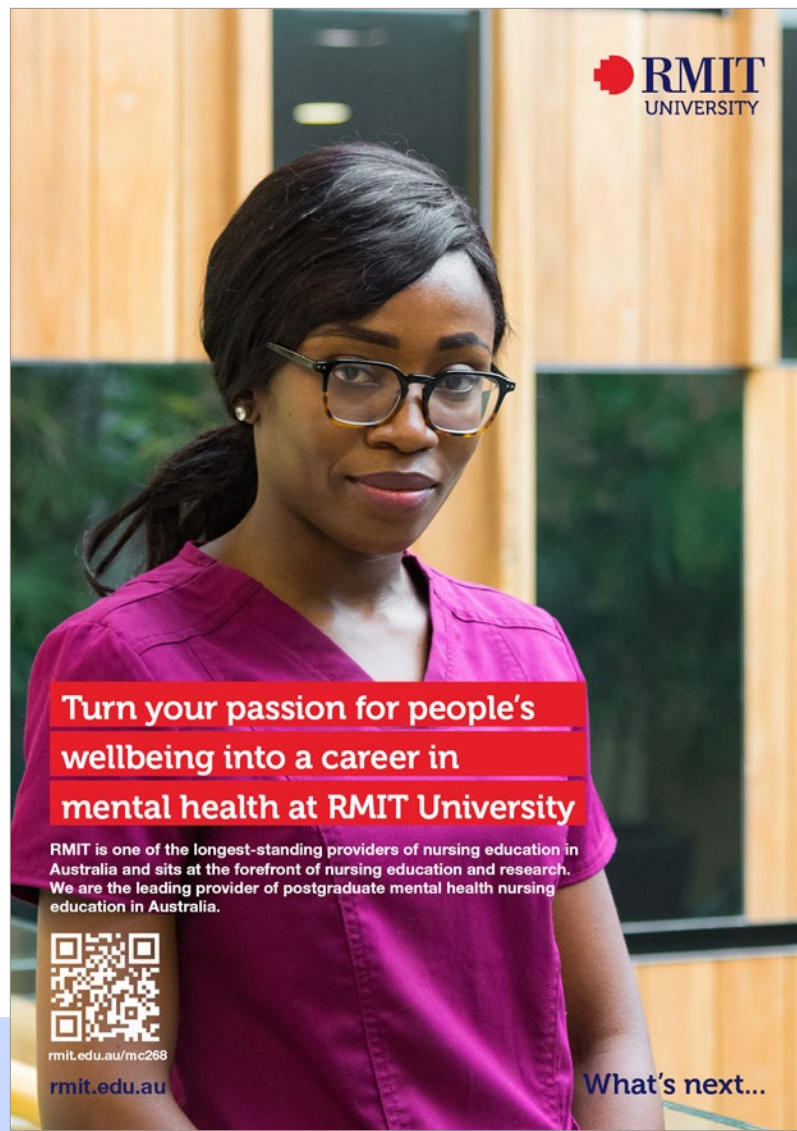
Can the Zero Suicide Framework Help Nursing Students to Support People with Suicidal Thoughts? ♥

Suicide is a key priority for mental health services. Safer Care Victoria implemented the Zero Suicide Framework to improve care for people experiencing suicidal thoughts through the identification of risk, and enhancing communication to improve quality of care. How this is reflected in nursing education is unclear. This is important because students of clinical disciplines, including nursing, are not specified in the Zero Suicide Framework yet are supporting people experiencing suicidal distress during placements.

A scoping review of peer reviewed and grey literature was conducted to explore barriers and enablers to pre-registration nursing students identifying signs of suicidal distress and providing support. A total of 28 studies were included in the review. Data were analysed thematically. Education, confidence, and lived and living experience were enablers to students engaging with people with suicidal distress. Barriers included a lack of knowledge and clinical experience, fear, and negative attitudes and beliefs related to suicide.

The Zero Suicide Framework does not sufficiently

consider students. And surprisingly, little literature about the efficacy of the Framework was identified. Despite these concerning observations, the review identified how nursing education, including clinical placement, can be revised to support pre-registration nursing students to engage with people experiencing suicidal distress.



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2:40pm • BREAK OUT 1

ROSE NGUYEN SHE/HER ★, SIOBHAN GURRY

Rose is a Clinical Nurse Consultant, Upton House - Box Hill Hospital

Siobhan Gurry is Nurse Unit Manager, Upton House - Box Hill Hospital

Supporting Our Nurses: The Implementation of Evidenced Based and Nurse Identified Strategies to Improve the Wellbeing and Resilience of our Mental Health Workforce ♥

There is widespread recognition that workplace stress can have profound negative impacts on nurses' resilience and wellbeing. Building resilience among nurses in the workplace can enhance overall wellbeing. Research suggests that workplace resilience is lower for nurses younger in age, and for nurses with less than 5 years' experience. The Eastern Health Upton House Inpatient Team consists of 50% nursing workforce with less than 1 year of experience. With high levels of burnout, younger nurses and increasing demands in the workplace, a focus on and resilience and wellbeing for mental health nurses is needed to sustain the workforce, adapt to change, and reduce distress.

The implementation of professional development, skills to build resilience, enabling time to reflect, increasing clinical supervision, and having the right managerial support have been proven beneficial in building resilience and promoting wellbeing. Eastern Health Upton House Inpatient Team aim to improve wellbeing and resilience by embedding practical strategies that have been identified by evidenced based research and from our nursing staff, to address the barriers to wellbeing.

Furthermore, the presentation will share key findings from data analysis, employee feedback, survey results, and discussion of key contributors to

positive employee experience, while implementing actionable recommendations and plans for ongoing improvement.

2:40pm • BREAK OUT 2

TOM WILSON, HE/HIM

Tom Wilson is a Senior Psychiatric Nurse at St Vincent's Hospital Melbourne, originally trained in the UK and practicing in Australia since 2016. He brings over a decade of experience across acute inpatient mental health care and alcohol and other drug detox services. Tom is passionate about clinical supervision, leadership development, and fostering a just culture that supports staff wellbeing through a trauma-informed lens. He is a strong advocate for reflective practice and sustainable workforce support, with a focus on psychological safety and therapeutic engagement. Currently undertaking a PhD, Tom's research explores how technology can be leveraged to reduce occupational violence and aggression in mental health settings. With a keen interest in innovation and systems-level improvement, he is committed to developing practical strategies that enhance safety and support for both staff and consumers. Tom is presenting findings from a recent pilot study in the acute mental health context.

Enhancing Safety in Mental Health: Implementing a Tool to Predict and Mitigate Violence

Occupational Violence and Aggression (OVA) impacts 95% of healthcare workers, with only 20% of incidents being reported.

Aim: To evaluate whether implementing the Brøset Violence Checklist (BVC), together with a structured nursing intervention guide, reduces the incidence of OVA in acute adult mental health inpatient settings.

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A retrospective comparative review of routinely collected clinical and administrative data was conducted. All consumers discharged from a metropolitan Melbourne acute mental health inpatient unit over a 6-month period were included (N=467).

Behaviour-related incidents increased by 41% in 2023/2024, and by a smaller increase of 29.1% in 2025. Despite the continued increase, the smaller rise post-implementation suggests a potential moderating effect of the intervention. Compliance with BVC completion in the post-implementation period was 78.3% (N=366/467) across 6500 bed days.

These preliminary findings support the integration of a validated violence risk assessment tool into routine nursing practice. Ongoing analysis of clinical and operational metrics is needed to identify key risk factors and refine strategies aimed at reducing restrictive practices and protecting staff, advancing Victoria's goal to eliminate such practices by 2032.

2:40pm • BREAK OUT 3

CHRISTINE HUGHES, SHE/HER ★

Dr Chrissie Hughes is a registered Clinical Psychologist, Senior Lecturer and Course Coordinator at the University of Melbourne's Centre for Youth Mental Health and at Orygen, a world leading Research and Knowledge Translation organisation. She specialises in teaching of Youth Mental Health, currently coordinating the Professional Certificate in Youth Psychiatry, coordinating subjects in the Master of Youth Mental Health and designing and coordinating a series of Micro-certificates for Primary Care Practitioners supporting Young Peoples Mental Health.

Dr Hughes has over 15 years of clinical experience working with young people and families

experiencing mental ill health, alongside the supervision of training and registered mental health professionals. She currently holds a position in public mental health services in Victoria, with a focus on working with young people and families.

Integrating Lived Experience in Mental Health Education: Co-designing Microcredentials on Youth Mental Health for Primary Care Practitioners ♥

The incorporation of lived experience into the design and delivery of health education has been found to improve empathy, understanding of mental ill-health, person-centred care, and communication with service users.

Primary care practitioners are well placed to provide timely and effective care to young people experiencing mental ill-health, but the need for appropriate specialised training has been identified. To address this gap, a suite of micro-credentials to enhance Primary Care Practitioners' skills and knowledge in youth mental health were developed collaboratively by academic and clinical experts from The University of Melbourne's Centre for Youth Mental Health, Orygen, and the Department of General Practice and Primary Care, alongside young people with lived experience of mental ill-health and their supporters.

Our lived experience experts critically evaluated the proposed curriculum, assessments, and delivery methods, ensuring the programs aligned with the needs of learners and those they serve. Importantly, young people with lived experience and supporters shared their expertise through their production of core learning materials.

This collaborative approach aimed to deliver quality



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education and enhance primary care practitioners' capacity to deliver appropriate, youth-friendly care. The design and outcomes will be discussed, highlighting the meaningful role of integrating lived experience into educational program design.

2:40pm • BREAK OUT 4 – DANVERS ROOM
HARRY SINGH, HE/HIM

I am the Senior Psychiatric Nurse for Eastern Health Mental Health and Wellbeing program. In my role I also support Nurse pool and Mental health program coordinators for the program who oversee access and flow through the program. I enjoy leading new improvement projects geared towards improving service delivery and build workforce capacity. Also, in my role I oversee embedding of Safewards and Equally well Framework into practise across different arms of the program. I am passionate about ensuring Eastern Health MHW&P excels in providing high quality, best practise and "safe always" care to all members of the Eastern community.

Everyone deserves to feel heard, understood and supported - new resource to support the deaf community ♥

Eastern Health partnered with Expression Australia (formerly Vic deaf) for development of the new mental health specific Auslan cards aimed at improving access to mental health services and meeting health needs for deaf and hard of hearing (HoH) consumers.

Often by the time consumers who are deaf or HoH arrive for mental health assessment they report feeling distressed and helpless about communicating their basic needs. Having specialised communication resources build's trust in the service and connection with the community. This new resource is not to replace an interpreter

but rather complement use of interpreter services and allow staff to engage when access to an interpreter is delayed. The cards are mental health specific, aiding critical communication to facilitate risk assessment, treatment planning and care provision in areas such as emergency departments, mental health inpatient units and community teams.

This development paves pathway for developments in digital health to explore new ways of utilising technology to improve access. Cards are available as both hard copies and via QR code.

Eastern Health is the only public mental health service to contribute to the initiative nationally and demonstrates the commitment that Eastern health network has towards promoting diversity and inclusion.

3:05pm • PLENARY SPACE – VICTORY ROOM
SHAINA SERELSON, SHE/HER

Shaina is a proud mental health nurse, having worked across a range of public mental health settings in Victoria. Driven by a passion for mental health reform, Shaina moved to a clinical educator role at the Centre for Mental Health Learning, building workforce capabilities, and developing training packages that are accessible and sustainable. Shaina is currently on secondment with Safer Care Victoria, leading the development of suicide prevention and response training for Victorian healthcare staff aligned with the Zero Suicide Framework.

Advancing Consistent and Contemporary Suicide Prevention Training in Victoria

Safer Care Victoria (SCV) is supporting Victorian healthcare services to implement the Zero Suicide Framework (ZSF), as recommended by the Royal Commission into Victoria's Mental Health System. As

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part of this work, our team is developing a training suite for clinical and non-clinical healthcare workers that aligns with the framework and complements existing training. In pursuit of empowering staff at every level to deliver safer care, the training suite will be made free to all healthcare workers.

Each step in creating the training suite has been carefully considered. An advisory group and targeted co-design working groups have guided development, centring the voices of people with Lived Experience. Their expertise has been critical in shaping content that reflects real-world needs and supports meaningful system change.

The training suite includes new training videos, an e-learning package, and Lived Experience Workforce training. By listening, building connection, and leaning into Lived Experience expertise, we have designed training for all staff based on compassion and connection. This training promotes consistent and high-quality suicide prevention and response across Victoria.

This presentation will be of interest to those engaged in suicide prevention, co-design principles, and contemporary training. We will explore the training packages developed and outline next steps for delivery, accessibility and evaluation.

3:05pm • BREAK OUT 1

LUKA STEFANI, THEY/THEM ★

I am an early-career Enrolled Nurse at Parkville Youth Mental Health and Wellbeing Services, with two years of experience working on an acute inpatient unit supporting young people in crisis. I'm passionate about acute care and the role it plays in early intervention. I have a keen interest in working with young people with lived experience of personality disorders and in learning about psychotherapeutic interventions

that can be implemented in inpatient settings. I also care deeply about supporting and inspiring nurses new to mental health—helping them build their skills, confidence, and connection to the work, while growing a capable team that delivers compassionate care.

More Than a “Self-Care” Problem: Organisational Solutions for Nursing Burnout

Burnout is frequently perceived as a personal failing, attributed to poor resilience, inadequate self-care, or an inability to manage stress. This individualised view places the burden of prevention and recovery on nurses, with idealistic resolutions like time-off, speaking with EAP services capped at 3 sessions or engaging in “self care”. However, this perspective overlooks the structural drivers of burnout, placing undue responsibility on nurses rather than the organisations that shape their working conditions.

This presentation will explore burnout as an organisational phenomenon driven by chronic workplace stressors, including excessive workloads, lack of autonomy, and insufficient organisational support.

Using evidence from research this presentation will highlight key organisational strategies to mitigate burnout. These include mindful workplace strategies—limiting new admissions on understaffed days and structuring rosters to prevent back-to-back late and early shifts, to help manage workload stress. Creating psychologically safe workplaces by embedding reflective supervision at the end of all shifts, rather than only after critical incidents. Ensuring nurses have a meaningful voice in decision-making to strengthen professional autonomy, while cultivating a positive workplace



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culture through peer recognition, team cohesion, and celebrating achievements to improve morale.

Rather than placing the burden on individual nurses to “fix” their burnout, the focus must shift to organisational changes. By addressing the root causes, organisations can move beyond superficial wellness initiatives to create environments where mental health nurses can thrive.

3:05pm • BREAK OUT 2

EMMA PETTIGROVE, SHE/HER

New Frontiers for Nursing in Innovative Youth Inpatient Care: The Hospital in the Home Model

This presentation highlights Orygen’s “Hospital in the Home” (HITH/Orygen@Home) service, an innovative acute mental health care model for young people aged 12-25 in north-west Melbourne. Designed as a holistic, community-based alternative to hospitalisation, the program delivers developmentally appropriate care within the consumer’s own environment, incorporating family and support networks to foster a person-centred approach.

Predominantly nurse-led and interdisciplinary, Orygen@Home offers culturally responsive care to CALD and Indigenous communities, aligning with the Royal Commission’s recommendations. Nurses play a central role in leading interventions and admissions across specialties, including meal support for eating disorders, clozapine initiation, and OCD therapies – interventions traditionally requiring inpatient admission.

The model prioritises collaboration, empowerment, and harm reduction, while building nursing capacity through practical and therapeutic engagement with consumers. As the service expands and evolves, the team continues to refine its approach, aiming

to inspire nurses to lead with confidence and compassion in delivering acute, person-centred mental health care.

3:05pm • BREAK OUT 3

ANDREW JONG, HE/HIM, SANDRA DORSE

Andrew Jong: Andrew is the Discipline Senior Mental Health Nurse at Alfred Infant Child and Youth Area Mental Health and Wellbeing Service (ICYAMHWS). With extensive experience in both inpatient and community mental health nursing, he is passionate about supporting junior nurses in their professional development. Andrew also contributes as a mental health clinician in the service’s Eating Disorder Program and coordinates nursing physical health reviews. His work helps young people and their families stay safely at home while receiving intensive community treatment.

Sandra Dorse: Sandra is a Family Peer Specialist at Alfred’s Eating Disorders Program. Drawing on her lived experience of caring for two daughters with eating disorders, she brings a powerful and authentic voice to the program. Sandra plays a key role in reshaping how lived experiences are integrated within the service and facilitates several early engagement and parent support groups to support families on their journey.”

Breaking the Silence: Engaging Fathers in the Eating Disorder Treatment Journey ♥

Eating disorders are debilitating illnesses with one of the highest mortality rates among psychiatric conditions. When a young person begins to experience eating difficulties, the support of those around them—particularly their caregivers—can be crucial in preventing the illness from taking over their life. While research acknowledges the pivotal role caregivers play in recovery, it often focuses primarily on the young person, with less attention

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given to the unique experiences and contributions of parents—especially fathers—throughout the process of engagement, treatment, and recovery.

The Alfred's Eating Disorder Program has a long-standing commitment to supporting young people and their families using a multidisciplinary, family-based approach. Central to this model is the inclusion of Family Peer Specialists and Youth Peer Specialists, whose lived experience helps inform care delivery and foster deeper understanding of family dynamics.

Program experience indicates that fathers often face distinct challenges during Family-Based Therapy, including difficulties in maintaining connection with their child, navigating their role in refeeding, and feeling isolated or excluded from the care process.

In response, the program developed after-hours 'fishbowl' sessions, grounded in Dialogical Practice, where parents—particularly fathers—share their experiences and insights. This presentation, led by nursing and Family Peer Specialists, will explore the impact of these sessions on engagement, treatment, and recovery.

3:05pm • BREAK OUT 4 – DANVERS ROOM
SIMER PLANE, HE/HIM/HIS ★

Simer is a Clinical Nurse Consultant and Clinical Nurse Educator at Mercy Mental Health & Wellbeing Services, with a background in mental health nursing since 2012. Originally from India, Simer worked in both clinical and academic roles before relocating to Australia in 2020. With dual master's degrees in Mental Health Nursing and Business Administration, Simer is passionate about integrating technology and education to create sustainable, impactful learning for the mental health workforce. In his current role, he collaborates

closely with consumers, families, and staff to support understanding of complex mental health legislation and to co-design effective, person-centred approaches. Simer has a strong interest in the Safewards model and serves as a Safewards Lead at Mercy Mental Health & Wellbeing Services. He also completed an 18-month secondment as an Act Implementation Lead, further strengthening his expertise in system-level change and collaborative practice.

Designing for Change: Developing a Sustainable Mental Health & Wellbeing Act Education Hub at Mercy Health ♥

In response to the Mental Health Royal Commission and the implementation of the Mental Health and Wellbeing Act 2022, Mercy Health recognised the need for a tailored, sustainable, and inclusive approach to workforce education. With limited resources and a broad audience across mental health, general hospital, and specialty units, we developed the Mental Health & Wellbeing Act Education Hub—a centralised, accessible platform to support all staff during this legislative transition.

The Education Hub was designed to meet the distinct needs of diverse clinical areas. The Hub features a comprehensive suite of resources, including videos, quick-reference guides, posters, newsletters, example forms, and direct links to relevant external sites. All content was informed by staff feedback and co-produced with our LEW. To complement this, we developed five newsletters focused on the principles of the Act, supporting staff in building a deeper understanding and reflective application in practice.



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This presentation will explore how the idea was conceived, how sustainability was built into the project from the outset, the types of content included, how it is organised, and snapshots of the Hub in action—including examples of staff feedback and user experience.

3:50pm • PLENARY SPACE – VICTORY ROOM
CHRISTINE DENTON, SHE/HER ★, DEBBIE PLASTOW, JULIA DEARSON

Christine Denton: *Christine Denton is a dedicated mental health nurse with four decades of experience, including 25 years specialising in Child and Adolescent Mental Health Services (CAMHS). Her expertise spans inpatient, residential, and community settings, complemented by a strong background in family services, family violence programs within the NGO sector, and leadership roles. Christine has successfully established multiple mental health programs from the ground up, showcasing her commitment to innovative care and service development.*

The Booboop Centre: Transforming Child and Family Mental Health Care

The Booboop Centre, established in 2023, is a unique residential-based facility dedicated to child and family mental health care. It operates as a state-wide, purpose-built service providing care 24/7 through a three-week residential program. The centre supports children who have experienced adverse life events and trauma-related challenges, along with their families and caregivers, aiming to restore relationships and connections.

The centre uses Milieu therapy to create structured, supportive environments integrated into daily routines, ensuring a consistent and nurturing atmosphere. A multidisciplinary team collaborates to deliver comprehensive therapeutic interventions

tailored to each family's needs. Key features of the therapeutic approach include family therapy, parent management training principles, attachment theory, play therapy, dyad work, and group work for interpersonal and emotional development.

The Booboop Centre's model of care aligns with Victorian State Government priorities, promoting early intervention, strengthening family connections, and empowering individuals to make informed choices that support physical and mental well-being.

The integration of Milieu therapy and a multidisciplinary team approach creates a transformative environment for child and family mental health care.

3:50pm • BREAK OUT 1
SHANELLI MENDIS ★, KATALIN PAL, SHE/HER, CHETHYA GUNARATHNE ★

Shanelli Mendis: *Shanelli is a Clinical Nurse Educator working in Older Adult Mental Health at Eastern Health. She has experience across adult and aged mental health in both inpatient and community settings. Shanelli has a strong focus on Safewards and is passionate about mentoring early-career nurses. She is committed to fostering psychologically safe teams and supporting clinicians to build confidence in complex mental health environments.*

Katalin Pal: *With over two decades of dedicated service in general and mental health nursing, Katalin is a highly experienced and compassionate clinician specializing in the care of individuals across the lifespan. Katalin's holistic approach, coupled with deep clinical knowledge and a genuine desire to make a difference, continues to inspire those she works with and cares for.*

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Chethya Gunarathne: *Chethya is a Mental Health Support Worker at South Ward, Peter James Centre. She is dedicated to improving experiences for people seeking mental health support, she has a Mental Health Certificate IV and Bachelor degree in Psychology with Honours.*

Cultivating Person-Centred Care with the Sunflower Tool in Older Adult Mental Health

In alignment with the Safewards model, our team introduced the Sunflower Tool as an innovative approach to deepen connections with older adult consumers under the “Know Each Other” intervention. This person-centred initiative was implemented in an older adult psychiatric inpatient setting, recognising the unique life stories, values, and preferences of our consumers. The Sunflower Tool—a visual representation capturing an individual’s interests, strengths, and personal history—provided a structured yet flexible means for staff to build rapport and foster therapeutic relationships.

Older adults are often at risk of being perceived solely through a clinical lens, leading to depersonalisation and reduced engagement in care. By using the Sunflower Tool, we created opportunities for meaningful conversations, increased emotional safety and enhanced mutual understanding between consumers and staff. Feedback from both consumers and staff highlighted improved communication, a greater sense of belonging, and more personalised care planning.

This initiative showcases how simple, creative tools can have a powerful impact on improving the quality of care for elders. It reflects a Marvel-ous collaboration with our older adult community—one that values dignity, connection, and innovation. Our project exemplifies how small changes in practice can lead to transformative outcomes in mental health care for elders.

3:50pm • BREAK OUT 2

DHANPREET KAUR SHE/HER ★

Dhanpreet currently work as an Industry Fellow at RMIT University and the Undergraduate Coordinator for the Mental Health Division at Northern Health. She is deeply committed to advancing mental health education and strengthening the integration between academic learning and clinical practice. Drawing on a unique combination of academic expertise and hands-on experience in mental health services, work to foster interdisciplinary collaboration, enhance student learning outcomes, and support the development of future-ready mental health professionals. Focus on innovation, inclusion, and sustainable partnerships reflects a broader vision of transforming mental health education and care delivery across both university and healthcare settings.

The Role of Mental Health Placement Fellows in Shaping Nursing Students’ Experiences and Capacity of Clinical Preceptorship ♥

Background: The ongoing reduced uptake on mental health nursing as primary career choice, aging mental health workforce and growing demand of mental health professionals to support Victoria’s mental health system, exhibits the challenge for mental health area. Multiple studies have indicated that mental health nursing is at bottom of graduate’s preference list as a career choice due to insufficient exposure to mental health settings, poor clinical placement experience and prejudgment about consumers with mental health issues, these factors can vitally impact undergraduates’ decisions to follow mental health nursing.

Method: Mixed method approach was utilised to



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analyse the influence of support from the Mental Health Placement Fellow on the undergraduate's clinical placement experience and overall wellbeing during placements. The industry fellows, funded by the Victorian Department of Health, are allocated within health services to encourage a positive learning environment, bridging the gap between theoretical knowledge and mental health clinical practice. These fellows have also provided education to mental health nurses who are clinical preceptors, on various topics such as supervision, feedback, and assessment.

Results: The process of collecting and analysing data is currently underway, with preliminary findings and outcome demonstrations anticipated to be completed by June 2025.

3:50pm • BREAK OUT 3

MONIKA DREW ★, FRANCIS McNAMARA

Monika Drew is a Psychiatric Nurse Consultant in a Workforce Development Lead for Austin Mental Health with over 20 years of experience in public mental health. She has held various roles in leadership, management, education and training roles, with a strong commitment to developing and empowering the mental health workforce. Monika specializes in leadership, staff support, and professional development, and is passionate about guiding clinicians to grow into confident, compassionate mental health professionals. Monika is a first-time presenter, sharing her insights in "Empowering Heroes: Strategic Leadership in Nurturing a Marvel-ous Workforce through Benner's Helping Role." Her work reflects a deep belief in the power of supportive leadership to transform teams and elevate care.

Francis McNamara is the Senior Mental Health Nurse at Austin Health, master's prepared, with

over 25 years of experience in public mental health. Throughout his career, Francis has held various roles in education, clinical leadership and management. He is passionate about advancing professional practice and improving care outcomes for consumers through ongoing staff development and evidence-based approaches. Francis is a co-presenter at the 2025 Collab Conference, contributing to "Empowering Heroes: Strategic Leadership in Nurturing a Marvel-ous Workforce through Benner's Helping Role." His work reflects a strong commitment to fostering a safer, more therapeutic environment for both staff and consumers.

Empowering Heros: Strategic Leadership in Nurturing a Marvel-ous Workforce through Benner's helping role

The Mental Health Nursing leadership team responded to ongoing concerns that clinical areas were disproportionately staffed with unskilled and inexperienced nursing staff. To address this, the Benner Scale of Clinical Competency - ranging from Novice to Expert, has been implemented to assess the levels of competence into Benner's five stages. This structure has allowed Unit Managers to evaluate individual nurses level of competency to ensure a safe environment. It has also allowed our Unit Managers to offer effective support, growth and professional development for individual staff and overall team development.

Data was shared with key stakeholders as an alternative way of framing staff expertise and providing evidence to inform development. This enquiry allows for further alignment in workforce capabilities and assessment of workforce movement and complexities. It has also captured an insight into early career transformation and competence post 12 weeks of commencing in a Graduate program, suggesting they were not

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novices as was initially feared. This presentation will showcase comparative findings from two acute units and the impressions across the wider division. It also assists the organisation in aligning workforce capacity and capabilities by fostering a culture of continuous learning and growth, nurturing the novice and stimulating the expert.

3:50pm • BREAK OUT 4 – DANVERS ROOM
ANNA LOVE, SHE/HER,
SONALEE GHOSAL SHE/HER

***Anna** was appointed Victoria's Chief Mental Health Nurse in 2015 and comes with experience across mental health and addictions medicine, having trained and worked in the UK before moving to Australia. Anna's vision is to ensure we have a skilled, valued, and nurtured mental health nursing workforce. In 2022, Anna was additionally appointed as Executive Director of the Clinical and Professional Leadership Unit within Safer Care Victoria.*

Anna is the executive sponsor of the Mental Health Improvement Program, leading significant reform and improvement projects in response to the Royal Commission into Victoria's Mental Health System. Anna provides expert advice on quality and safety matters to the CEO of Safer Care Victoria and the Department of Health. As Executive Director, Anna oversees and supports the work of Victoria's Chief Clinical Officers.

***Sonalee Ghosal** is a Senior Project Officer at Safer Care Victoria, supporting the portfolio of Chief Mental Health Nurse, Anna Love. A clinical pharmacist by background, she has been with SCV since 2021. Sonalee has applied her project management expertise to support the design and delivery of Phase 1 and 2 of the ligature safety initiative, led by Anna Love and Janine Davies.*

This work has resulted in the development of novel statewide clinical guidance materials and a standardised ligature point audit tool. She is passionate about partnering with the sector to improve safety, quality, and outcomes for all Victorians.

A State-wide Victoria Ligature and Anchor Point Risk Assessment Audit Tool

In response to Improving the safety for consumers at risk of harm of ligature who are from diverse communities. Safer Care Victoria (SCV) sponsored by the Chief Mental Health Nurse (CMHN), commenced a piece of work with key stakeholders including, jurisdictional and international partnerships, WorkSafe, Industrial bodies, Coroners office, identified lived experience colleagues, sector nursing leaders and the mental health commission for Victoria. In the absence of national standards in minimising the potential for ligature related risks in Australia, it was identified by the CMHN Victoria that there was a requirement for a standardised approach for public Area Mental Health and Wellbeing Services. A piece of work was commissioned by CMHN Victoria to support a standardised approach to organisational/clinical governance, training colleagues on the importance of building a therapeutic relationship/trauma informed care, training of clinical nursing workforce regarding a clinical response to a ligature incident, assessing and managing ligature risk and post incident support for consumers, carers, visitors, and colleagues.

This presentation will explore the implementation of a Victorian state-wide ligature and anchor point risk assessment audit tool following the publication of SCV guidance key principles document "Improving



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the safety for consumers at risk of harm of ligature” which provides guidance on 4 key principles to support public Mental Health and Wellbeing Services in Victoria.

Learning Objective

- Improving safety for consumers
- Organisational/clinical governance
- Standardised state-wide anti-ligature risk assessment tool, state-wide for Victoria

4:15pm • PLENARY SPACE – VICTORY ROOM

KIM FOSTER, SHE/HER, DR JOHANNA BOARDMAN, DR SINI JACOB

Kim Foster: *Kim is a mental health nursing Professor and the Eileen O'Connor Chair of Mental Health Research at Australian Catholic University. She is widely published in mental health and in nursing. Kim leads programs of research in the wellbeing and resilience of the nursing workforce; and addressing the needs of children and families where parents have mental illness. Her work with families aims to improve the quality of life and outcomes for mental health consumers and/or their family and help prevent mental health problems and intergenerational trauma transmission for children.*

Dr. Johanna Boardman *completed her Bachelor of Psychology with Honours in 2015 at the University of South Australia. She went on to pursue her PhD in Cognitive Neuroscience at Monash University's Sleep and Circadian Medicine Laboratory, graduating in 2022. Her research focused on the impact of sleep loss on metacognitive performance. Using both behavioural and EEG methods she investigated whether sleep-deprived individuals can accurately perceive their performance deficits. Following the completion of her PhD, Johanna*

continued her academic journey at Monash University, undertaking her first postdoctoral fellowship. In this role, she coordinated a clinical trial aimed at delivering an intervention for Insomnia Disorder. It was during this position that Johanna developed a passion for health research, leading her to the position of the Eileen O'Connor Postdoctoral Research Fellow within the Mental Health and Wellbeing Program at the Australian Catholic University's School of Nursing, Midwifery, and Paramedicine. Johanna also currently holds an adjunct Research Fellow position at Monash University.

Supporting Children and Families Where Parents Have Mental Illness with EASE

Recovery-oriented care is a priority in mental health services. Although personal recovery is an individual experience, the whole family go through a recovery process when a parent has mental illness. Person-centred approaches alone may not be sufficient to address child and family needs. Family-focused approaches are important in supporting family (relational) recovery and addressing the psychosocial needs of children, parents and family. Clinicians can, however, find it challenging to address family needs within individualistic models of care.

The aim of this presentation is to describe the EASE family-focused practice framework (Engage, Assess, Support, Educate), and the implementation and evaluation of education on EASE with undergraduate nursing students. EASE is a brief evidence-and practice-informed framework developed by international experts, comprising a set of practices and strategies to support essential family-focused practices. EASE can be implemented as part of routine clinical practice. An educational module (lecture, tutorial activities and video) for EASE was developed, implemented,

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and pre/post evaluated with n=807 undergraduate/pre-registration nursing students. EASE education improved students' knowledge and confidence in family-focused practice and EASE, and students were satisfied with the education. EASE is a relevant practice framework for inclusion in nursing and other healthcare professions curricula.

4:15pm • BREAK OUT 1

CAROLINE COLEBY ★, PAM EWERT

Caroline Coleby Lifetime experience in all areas of the equestrian industry including training horses and riders from entry to international level. Completed a Grad Dip in Sports Science and coaching qualifications. Commence work in aged care in 2020 and was drawn to the possibilities of the lifestyle coordinator role. Commenced work at Grutzner House in 2023. Introduced to Dementia Care International's Spark of Life training and trained as a course facilitator. Pam Ewert and I then introduced the program at Grutzner.

Pam Ewert: I completed my BA Social Work in 1996. I later completed a Diploma in Family Therapy, a Grad Degree in Community Mental Health and a Grad Dip in Business Management. I have worked for 27 years in MH, 2 years as a Case manager and 20 years manager in Aged Psychiatry and then 5 years as the Divisional Operations Director for MH. I retired in 2023 and have since volunteered at Grutzner House.

Improving quality of life in psychogeriatric care ♥

GV Health's older adult mental health nursing home introduced the Spark of Life (SOL) Rehabilitative Program in 2023 called Sunshine Club. Sunshine Club is an 'interactive, therapeutic program that

facilitates rehabilitation, builds confidence and enhances the emotional health of people with dementia or mild cognitive impairment' (Dementia Care International, 2025). 'Grutzner House is the first psychogeriatric setting to implement the Spark of Life Rehabilitative Program.' (Jane Verity, Founder Dementia Care International and the Spark of Life Philosophy)

The program was adapted to this setting and within the first session meaningful connection was observed by facilitators. Sunshine Club runs on a weekly basis and the care team have noted improvements in wellbeing and social cohesion from the attending group. There have also been reductions in the behavioural and psychological symptoms of dementia (BPSD) PSD and other behaviours of concern. An unforeseen outcome has been an increased knowledge and understanding of residents' preferences, abilities and life stories. Our residents get excited to attend Sunshine Club and we are considering ways in which we can make the program more sustainable and increase its frequency of delivery to allow more participants to join in.

4:15pm • BREAK OUT 2

EMMA BARKER, SHE/HER

Emma Barker is an experienced Mental Health nurse and leader. She currently holds the position Director of Nursing - Mental Health at Austin Health. Emma is Master prepared in Advanced Nursing Practice, holds a certificate of Developmental Psychiatry, a Diploma of Management along with countless trainings in leadership and contemporary therapeutic approaches to mental health care. She is also an endorsed Clinical Supervisor.



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Emma prioritises the wellness of the nursing workforce and believes that to create effective contemporary compassionate nurses it starts with their wellness.

Organisation-wide Peer-group Nurse Unit Manager Clinical Supervisor Training and Practice – Considerations for Mental Health Nursing

The health and wellbeing of the nursing workforce is paramount to sustainable, quality healthcare systems. This is understood well in mental health. One health promotion and prevention approach undertaken in mental health nursing is clinical supervision. In this service improvement project, clinical supervisor training and peer group clinical supervision practice was extended, organisation-wide, to all Nurse Unit Managers. Mixed methods evaluation demonstrated nurse managers' increased sense of connection and community across the organisation. For some, their lives at work and beyond were transformed. Participants reported a significant increase in flourishing, job satisfaction, improved work relationships, work pride and life satisfaction. Clinical supervisor training and practice contributed to supportive and connected Nurse Unit Managers, including Mental Health Nurse Unit Managers, within diverse communities within an organisation. Further investigation in a controlled experimental study is an important next step.

4:15pm • BREAK OUT 3
EUAN DONLEY, HE/HIM

***Dr. Euan Donley** is a Clinical Lead for the Eastern Health mental health and wellbeing crisis response teams. Euan has a master's degree and a PhD and a 20 year history of clinical and academic work in the field of mental health and emergency*

departments. You can talk with him about that, or preferably Star Wars.

Time in Motion studies to examine effectiveness of team leaders in public health crisis mental health services

Emergency Departments (ED) and Crisis Assessment and Treatment Teams (CATT) continue to get busier across Australia with mental health presentations rising and increased length of stays in EDs. CATT have also experienced a steady increase in referrals, and both teams experiencing the effects of wider staffing shortfalls.

At Eastern Health, Time in Motion studies were implemented across these mental health teams to examine how clinicians spent their time and explore tasks which could be diverted to an existing team leader. The study was completed by an experienced clinician who coded tasks and themes.

Pre and post intervention results indicated considerable improvements in service delivery. In the ED initial assessment wait times were reduced by over two hours and the number of initial assessments doubled. Operational requirements were cut by two thirds and individual tasks by the ED clinician were reduced by one quarter. The CATT also experienced benefits with an increase in consumer attribute time of just under two hours.

This presentation will further discuss how the study was implemented, expand on the results, and discuss future recommendations.

4:15pm • BREAK OUT 4 – DANVERS ROOM
JESSICA LEGGE, SHE/HER ★, ANDREW JONG, HE/HIM

***Jess** is a registered mental health nurse who has worked across both adult and child and youth sectors for the last 14 years. She is currently the*

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FaPMI Coordinator (Families where a Parent has a Mental Illness Program) at Alfred Mental and Addiction Health, where she supports her team to respond to all family members when a parent is unwell. Jess has a keen interest in helping families maintain connection during tough times.

Andrew is the Nursing Discipline Senior at The Alfred's Infant Child and Youth Mental Health and Wellbeing Service (Alfred ICYAMHWS). He has an extensive history of supporting families when children and young people are experiencing mental health crises. As the senior mental health nurse within his service, Andrew is passionate about supporting his team to build their confidence and skills in the area of crisis containment and family work.

Crisis Containment through Connection: Mental Health Nursing and Single Session Thinking

Single Session Thinking (SST) has been embedded at Alfred Mental and Addiction Health since 2006 across both Adult and Child & Youth services. Using a whole-of-family, systemic approach, SST supports families regardless of who the identified consumer is.

Currently, SST is the default intervention during intake in our Child and Youth services, particularly in times of crisis. It is also offered to families of adults admitted to inpatient units—not only for information gathering or discharge planning, but as a meaningful therapeutic intervention for family support.

Mental health nurses are highly skilled in assessment, triage, rapport-building, and attunement to individual and family needs. We often help make sense of complex situations and communicate in ways that foster clarity and reassurance. However, these therapeutic strengths are often under-recognized, and many nurses

hesitate to see themselves as therapists.

As senior mental health nurses, Andrew and Jess champion SST as a collaborative, team-based intervention that aligns strongly with core nursing values. They actively support junior and early-career nurses across the service to develop confidence in using SST and to recognise its therapeutic potential within everyday nursing practice.

4:40pm • PLENARY SPACE – VICTORY ROOM ZOE CLOUD, SHE/HER

Dr Zoe Cloud is a psychologist and Clinical Research Fellow at The Bouverie Centre, La Trobe University. Her research interests focus on family and relational wellbeing, family safety, parent-child attachment, evaluation of intervention models, and the early identification and prevention of child mental health issues, with particular attention to the caregiving environment and family relationships.

Innovating Relational Care for Children and Families: The MERTIL Program Suite for Nurses and Parents ♥

Early relational health is critical for childhood development, and relational trauma within the parent-infant dyad can increase infant risk. In 2018, over 1700 Victorian Maternal Child Health Nurses participated in MERTIL (My Early Relational Trauma-Informed Learning), a professional development program to identify and prevent early relational trauma. Evaluation revealed that post-MERTIL, nurses felt competent and confident to identify and respond to relational trauma. However, response capacity was inhibited by inadequate referral



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options, particularly in rural and remote settings. In response, MERTIL for Parents (My Early Relational Trust-Informed Learning) was developed: a co-designed, online, self-paced parenting program shaped by input from over 1300 nurses and parents. Pilot study findings highlight its strong acceptability and early promise as a scalable, trauma-informed tool to support parent-infant relational health. This presentation shares evaluation findings from the MERTIL suite of programs (for parents and professionals) and explores how mental health nurses can innovate care through early relational health promotion and family-centred support. Attendees will gain practical strategies to embed MERTIL resources into everyday practice to strengthen care for children and families, especially in under-served settings.

4:40pm • BREAK OUT 1

STEPHANIE LIAO SHE/HER ★, MARY-ANNE LAROCCA

Stephanie Liao: *Stephanie Liao is a Registered Psychiatric Nurse and Mental Health Key Clinician with the Older Adult Mental Health Service at the Royal Melbourne Hospital, Waratah Clinic. She is currently undertaking Master Of Nurse Practitioner studies towards endorsement as a Mental Health Nurse Practitioner. Stephanie's clinical expertise encompasses acute adult psychiatric inpatient care, specialist eating disorder services, adult and mother and baby drug and alcohol detox programs, private mental health settings, and crisis intervention through DUTY roles. Her foundational nursing experience in aged care and rehabilitation settings fostered a longstanding commitment to the mental health and wellbeing of older adults. Stephanie holds a Master of Mental Health Nursing from the University of Newcastle and has completed the Royal Melbourne Hospital's*

Mental Health Transition Program. She is also qualified to provide clinical supervision and deliver Single Session Family Consultations. With a strong professional interest in elder rights, trauma-informed practice, and person-centred models of care, Stephanie advocates for greater recognition of elder abuse and the integration of non-pharmacological interventions within mental health services. Through her developing Nurse Practitioner role, she is committed to enhancing service accessibility and contributing to the advancement of high-quality, compassionate mental health care for older adults.

Mary-Anne LaRocca: *Mary-Anne LaRocca, a Credentialed Mental Health Nurse and Key Clinician with the Older Adults Mental Health Service at the Royal Melbourne Hospital, Waratah Clinic. Mary-Anne brings nearly three decades of clinical experience, beginning her career in physical health nursing and later leading as a Nurse Unit Manager in a busy medical-surgical ward (including during COVID), then transitioning to mental health. Her broad background has shaped her holistic, person-centred approach to care, particularly in supporting older adults with complex mental health needs. She holds a Master of Mental Health Nursing from RMIT University, along with postgraduate qualifications in surgical nursing and hospital business operations from ACU. Mary-Anne is a passionate advocate for recovery-oriented, multidisciplinary mental health care that prioritises dignity, respect, and empowerment.*

I Have the Right to Dignify Death! ♥

As Australia's ageing population increases, the need for compassionate and innovative end-of-life care grows more urgent. Voluntary assisted dying (VAD), now legal in most Australian states, provides eligible individuals with the option to end their lives with dignity and autonomy. Older adults, particularly

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those facing terminal illness, neurodegenerative conditions, or complex mental health issues, often express a strong desire for greater control over their dying process. Key reasons for supporting VAD include avoiding pain, preserving independence, and reducing the burden on loved ones. However, many older adults remain excluded from VAD access due to legislative criteria that require full decision-making capacity and a prognosis of death within six months—or twelve months for neurodegenerative conditions. This presents a barrier for those with progressive cognitive decline or enduring mental illness.

This presentation explores how elder care can better honour these individuals' preferences through early conversations about VAD, timely education, and integration of advance care planning. It also considers the ethical challenges and policy gaps that prevent equitable access. By amplifying the voices of older adults, particularly those with mental health concerns, we advocate for inclusive, rights-based reforms that support autonomy, dignity, and improved quality of life in the final stages of care.

4:40pm • BREAK OUT 2

DEBRA KLAGES ★

Debra Klages is a carer researcher, psychiatric and mental health nurse with extensive experience in Canada and Australia. In 2020, she earned her doctorate by combining her nursing knowledge with her personal experiences as a mother of an adult child with schizophrenia. Debra has a deep understanding of post-traumatic growth in nursing, which motivates her to advocate for improved mental health systems. Dr. Klages is dedicated to enhancing nurses' and midwives' professional quality of life. She provides individual and group clinical supervision using Restorative Resilience Clinical Supervision.

Restorative Resilience Clinical Supervision: A retention strategy for graduate nurses in mental health settings

The Restorative Resilience Clinical Supervision Workshop offers trauma-informed education for nurses in mental health environments. This initiative aims to enhance compassion satisfaction and mitigate burnout among nurses who care for individuals with mental health challenges. Research in the United Kingdom has demonstrated that the Restorative Resilience Model of Supervision increases compassion satisfaction and decreases burnout among healthcare professionals in the United Kingdom (Wallbank, 2013). Additional research in Australia is necessary to explore the potential of Restorative Resilience Clinical Supervision in improving graduate nurses' professional quality of life, which could lead to better recruitment and retention rates in the field.

A restorative resilience clinical supervisor's testimonial highlights this approach's value: "The pressures and expectations placed on new graduate registered nurses (RNs) are significant. Implementing a supervision model that emphasizes resilience building and emotional support has been instrumental in retaining these professionals in the mental health sector. Over the past three years, all but one graduate RN who completed their post-graduate year in mental health has continued to work within a mental health service. This outcome reflects the impact of their support, enhancing their self-awareness and understanding of self-care."



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4:40pm • BREAK OUT 2

EMILY STOWELL

Emily Stowell is the Operations Manager of Alfred Mental and Addiction Health (AMAH) Statewide Services, which includes the Women's Recovery Network (WREN) and Ngamai Wilam, a new residential eating disorder service. With a background in mental health nursing, Emily leads service development across inpatient and community settings, championing dialogically informed, trauma-aware, and recovery-oriented care.

Maria Bradshaw is a Project Consultant with a consumer lived experience lens at the Women's Recovery Network, where she advocates for women navigating mental health challenges. Drawing on her own experiences with postpartum PTSD, PND, and ADHD, Maria brings compassion and insight to her work, with a strong focus on improving maternity care and mental health support. Maria is also a proud advocate for the Sunflower Hidden Disabilities initiative, working to raise awareness of non-visible disabilities and promote more inclusive, affirming environments. Through her role at WREN and broader advocacy, she continues to champion women's mental health, maternity care, and neurodiversity.

Embedding Dialogically Informed Practice in an Acute Women's Mental Health Service: Reflections and Consumer Feedback from WREN ♥

The Women's Recovery Network (WREN) is a 35-bed state-wide specialist women's mental health program that aims to deliver relational, trauma-informed care in a public-private partnership model. In 2023, WREN began integrating dialogically informed practice across its inpatient and Hospital in the Home services. Grounded in Open Dialogue principles, this approach emphasizes transparency,

supported decision-making, and a commitment to keeping conversations open.

This presentation will outline the practical strategies used to introduce and embed dialogically informed practice into the everyday care environment, including adaptations to handover, clinical review processes, and staff communication frameworks. It will also explore how nurses are supported to work dialogically within a highly structured inpatient setting.

Importantly, we will share insights drawn from consumer feedback collected through surveys, reflective interviews, and co-designed evaluation processes. Consumers described feeling "seen and heard," reporting increased trust in staff, reduced power imbalances, and a greater sense of agency in their care.

This presentation invites attendees to consider the role of mental health nurses in modelling dialogic principles and creating more collaborative, human-centred experiences within acute care settings.

4:40pm • BREAK OUT 4 – DANVERS ROOM

BRENT HAYWARD, HE/HIM

Brent is a Senior Lecturer in the School of Nursing and Midwifery at Monash University in Victoria and a Fellow of the Australian College of Mental Health Nurses. He previously worked for a long period in state government leading policy and practice in disability services and public education. His clinical work extends from acute and community mental health, dual disability, sexual health, and school nursing. He teaches in the undergraduate nursing course and supervises postgraduate research students. He researches mental health nurses working in unique roles and settings, disability policy, and school nursing.

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Growing Your Early Career to Become a Future Nursing Academic

Australia needs more mental health nursing academics, but the pathway to appointment is competitive and poorly described. It is therefore important that early career mental health nurses who are interested in an academic role consider their career planning carefully so they can be successful.

This presentation by a nursing academic one year into their role describes the structure of academic appointments in Australia and what is generally required for appointment at each level, what worked for them in their career planning to be successfully appointed, and some insights into the reality of academic work.

The discussion highlights employment and scholarly achievements that will help to set applicants apart, the use of a planning tool to guide career development, touch on some of the realities of working in mental health nursing academia, and what to look for when considering applying for an academic role.

There are no 'easy' careers in mental health nursing, including academia. The pathway to academia takes deliberate planning and determination, but the journey to it and through it can provide a variety of challenging and rewarding experiences.



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9:50-11:00am • PLENARY SPACE – VICTORY ROOM

CAREER PATHWAYS SYMPOSIUM

ALEXANDRA MARTIN, SHE/HER ★, DONNA HANSEN-VELLA, SHE/HER

Donna is a mental health nurse with nine years of experience. Holding a Master's degree in Mental Health Nursing, Donna has worked in both public and private mental health sectors. Her expertise spans acute adult and acute older adult mental health, as well as adult community and education roles, demonstrating commitment to advancing mental health care. Currently serving as a Clinical Nurse Consultant on an older adult unit.

Supporting Graduates & Nurse Educators to Navigate a New Area of Mental health service: The GGQ Local

Remember what it was like to be a graduate on our first day? Passionate, excited, but equally nervous about what to expect? What happens when you get allocated to a newly developed area of the mental health service?

Barwon Health MHDAS is a partner in the GGQ Mental Health and Wellbeing Local which opened in 2023. The GGQ Local is a free, community mental health and wellbeing walk-in service for anyone over the age of 26 years. In 2025, using Department of Health funding, new early career roles were implemented within the GGQ Local, and is (currently) the only service including nursing.

The MHDAS Education Team are responsible for facilitating learning and practice development for these new, early career allied health and nursing positions. This initiative provides an opportunity to develop specialized clinical practice in an innovative and lived-experience-led area of the service.

Our current graduates are forging a path within this clinical site, alongside their nurse educator –

supporting the development of role structure, team workflow, and preceptorship.

Through multidisciplinary collaboration and by placing the graduate in the driver's seat, the nurse educator and graduate alike are learning how to navigate the new and unexpected.

SHAINA SERELSON, SHE/HER, JANINE DAVIES

Shaina is a proud mental health nurse, having worked across a range of public mental health settings in Victoria. Driven by a passion for mental health reform, Shaina moved to a clinical educator role at the Centre for Mental Health Learning, building workforce capabilities, and developing training packages that are accessible and sustainable. Shaina is currently on secondment with Safer Care Victoria, leading the development of suicide prevention and response training for Victorian healthcare staff aligned with the Zero Suicide Framework.

Janine is Director of Nursing (Mental Health) at Peninsula Health and Adjunct Associate Professor for Monash University. Janine provides nursing leadership for the mental health nursing workforce ensuring the delivery of high-quality consumer centred care. Janine has worked within a variety of clinical, operational, strategic and professional leadership positions in the UK and Australia and is passionate about workforce development and well-being. Janine provides professional nursing guidance to approximately 400 nurses who work in the Peninsula Health Mental Health Service throughout multiple sites. Janine loves to inspire and invest in nurses, to support them reaching their aspirations

Expanding Horizons: The Benefits and Impact of Secondment Opportunities on Professional Development for Mental Health Nurses

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This oral presentation explores the benefits and considerations of secondment opportunities, focusing on the professional development for mental health nurses as well as the improvement for sector. Often nurses seek career progression opportunities within their teams, following a linear path towards education and leadership roles.

Secondments offer another avenue to develop skills and progress careers through opportunities outside their regular team, exposing the nurse to diverse roles and experiences. The expansion of broadening professional networks provide nurses with a deeper understanding of the system and a wider community of support.

This presentation will highlight the benefits and challenges of stepping outside of one's comfort zone to embrace new roles and positions beyond previous experiences through opportunities of secondments, fostering both personal and professional growth.

FREYA LANCE, SHE/HER, DANIEL NAVARRO ★, DANIEL GUERIN ★

Freya Lance began working as a registered mental health nurse in 2019, and since then has worked in a variety of clinical and non-clinical roles in both paediatric and adult settings. She has a passion for education, and working with young people and families, and currently divides her time between two roles: working as a senior mental health clinician at Midwest RCH CAMHS, and a mental health CNE at the RMH ED. In her work, Freya values remaining curious and open to learning, maintaining clear and honest communication, engaging in reflective practice, and encouraging the same in others.

Daniel Navarro: Dan is a Mental Health CNE at RMH ED, supporting both the ED cubicles and the ED Hub. He has been with Melbourne

Health as a RPN since 2021, previously serving as an inpatient unit Team Leader and working across various community health settings. In the ED, Dan has worked to minimise the use of restrictive interventions through staff education, rolling out targeted SafeWards interventions, and improvements to the EMR. Dan has a background in pre-hospital critical care and a strong interest in both emergency mental health and the reciprocal impacts between physical and mental health.

Daniel Guerin: Dan Guerin is a Mental Health CNE at the RMH ED. He trained in Ireland and qualified as an PRN in 2015. Since then, he has worked across a range of mental health settings in both Ireland and Australia, with a particular focus on acute mental health care. Dan joined the RMH Emergency Mental Health team in 2021. In 2024, Dan transitioned into his current position as Mental Health CNE, where he continues to support the development of best practice in emergency mental health care. Dan has a particular interest in therapeutic engagement and de-escalation and is passionate about fostering compassionate, trauma-informed approaches to supporting people experiencing mental health crises.

How Mental Health Clinical Nurse Educators are Responding to the Needs of an Emergency Department Workforce

Mental health-related presentations to Australian Emergency Departments (EDs) have increased significantly in recent decades (Brazel et al, 2023). Despite being an important point of contact for those in crisis, EDs are often not equipped to provide consumers with sufficient emotional support and containment (Roennfeldt et al., 2024). In response to this demand, the Royal Melbourne



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Hospital (RMH) developed its Mental Health/AOD Hub, 12 beds opened in 2023 intended to provide specialised, crisis mental health treatment and containment within the ED. To ensure the provision of effective, person-centred care in the department, staff required targeted mental health education, training and support to meet their specific learning needs. The ED Mental Health Clinical Nurse Educator role was first established at the RMH in 2021, and is now a team responsible for capacity building ED staff through education and clinical support, advocacy for consumer and staff safety and wellbeing, ongoing quality improvement initiatives, and recently, supporting a new mental health postgraduate rotation within the Mental Health/AOD Hub. This presentation will provide an overview of the Mental Health Clinical Nurse Educator role within an ED, explore the team's experiences and learnings thus far, and suggest areas for future development.

KATE LUMSDEN, SHE/HER ★, EUAN DONLEY, HE/HIM

Kate Lumsden: *I have two decades of experience in mental health nursing, and provided compassionate, evidenced based care across a variety of age groups. I have been lucky in my career to have had diverse roles in clinical practice, management, and operations. For the past seven years, I have been part of the Eastern Health Learning and Teaching Team, focusing on recovery-oriented education and workforce development. I am passionate about mentoring and nurturing emerging talent and remain committed to advancing mental health care through both hands-on practice and educational leadership.*

Dr Euan Donley *is a Clinical Lead for the Eastern Health mental health and well-being crisis response teams. Euan has a masters degree and a PhD*

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and a 20 years history of clinical and academic work in the field of mental health and emergency departments. You can talk with him about that, or preferably Star Wars.

Realigning Mental Health Nursing TSP to Domains of Practice at Eastern Health

With the global demand for mental health services on the rise, healthcare services have been required to reassess traditional entry requirements for community mental health roles. In response, there is a growing need for innovative strategies to equip emerging clinicians with the knowledge and skills necessary for success in these positions. At Eastern Health, one such strategy has been the expansion



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of the Community Mental Health Transition to Specialty Practice programs at Eastern Health program.

Leveraging on the Department of Health's Community Mental Health Nurse-Transition to Specialty Practice Competency Framework, Eastern Health implemented a structured educational initiative to support novice mental health nurses to develop the knowledge, skills and confidence required to practice effectively in community settings. The program is designed around the 19 competency domains identified in the TSP Competency Framework to deliver structured group education sessions to participants of the community TSP program. Participants in the TSP program attend weekly structured group education sessions, which include presentations from expert speakers, opportunities for peer-to-peer learning, and guided reflection on how each domain can be applied in their clinical practice.

Program outcomes will be evaluated through a mixed-methods study, incorporating feedback from participants and managers, and analyzing staff retention rates.

9:50am • BREAK OUT 1 LEONARDO PORTILLO ★

I'm a Lived Experience Workforce Team Leader at Eastern Health, working across the Access and Rehabilitation services. I draw on my own mental health journey to lead, advocate, and push for systemic change within the sector. My focus is on strengthening the lived experience workforce, breaking down silos, and building genuine collaboration with clinical teams. Through writing and leadership, I aim to elevate lived experience as vital, strategic, and powerful in transforming mental health care.

Breaking Barriers, Building Bridges: Building a Lived Experience Workforce & Reflections from Year One ♥

What happens when lived experience takes centre stage in crisis response? The introduction of a Lived Experience Workforce (LEW) into Crisis Assessment and Treatment Teams (CATT) wasn't just a policy shift—it was a game-changer. This presentation takes you inside the first 12 months of implementation, uncovering the challenges, triumphs, and transformative impact of embedding those with firsthand experience into frontline mental health services.

From initial scepticism and role adjustments to



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strengthened collaboration and a more recovery-oriented model, the journey wasn't always smooth—but the results speak for themselves. Consumers found renewed trust, reduced stigma, and a sense of hope. LEW members gained professional identity and fulfilment. Staff adapted, and services evolved. But what does it take to make peer-led approaches truly work in high-pressure environments? And what systemic barriers still stand in the way?

Join us as we explore the lessons learned, the unexpected breakthroughs, and the future of lived experience in crisis care. Because when experience speaks, real change happens.

9:50am • BREAK OUT 2

HELENA DeCOSTA, SHE/HER ★, IVANA VARGOVIC

Helena DeCosta: *I commenced my nursing career in Victoria, before moving interstate to work in the Australian Capital Territory (ACT). Here I spent much of my career working in mental health rehabilitation. With always having an interest in teaching students, graduates and other staff members, I began working in the role of Clinical Nurse Educator in the ACT. Upon returning, and settling back into Victoria, I began working at Monash Health, before being employed as a Clinical Nurse Educator in the Mental Health Program.*

Ivana Vargovic: *I began my mental Health nursing career in 2007. A keen advocate for supporting and nurturing our novice workforce, I later settled into Mental Health Nursing Education. Here I had the opportunity to indulge in my passion of supporting the Mental Health nursing workforce to enhance care through education, practice and training. Recently I commenced working as a Clinical Education Coordinator, and have the privilege of supporting and overseeing the amazing team of Clinical Nurse Educators in our Mental Health Program.*

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Today I Have Exceeded My Expiry date. How Workplace Support Improves Worker Wellbeing

Six weeks into a new job as a clinical nurse educator, I was diagnosed with cancer. Roles were immediately flipped, from being a provider of health care, to being a receiver of care. Whilst undergoing repeated rounds of chemotherapy, I had wanted to work throughout this time. This was only possible by adapting to the change in my body and mind, which treatment has caused, and through having a supportive workplace. This presentation will outline how health care workers experiencing extraordinary circumstances, through a collaborative and adaptive approach, can have meaning outside their diagnosis. We will unpack how my employers proactively supported me to be productive, valued and remain an extraordinary member of their team.

9:50am • BREAK OUT 3

JOANNA BOARDMAN SHE/ HER, KIM FOSTER, LOUISE ALEXANDER, NIGEL TOOMEY

Dr. Johanna Boardman completed her Bachelor of Psychology with Honours in 2015 at the University of South Australia. She went on to pursue her PhD in Cognitive Neuroscience at Monash University's Sleep and Circadian Medicine Laboratory, graduating in 2022. Her research focused on the impact of sleep loss on metacognitive performance. Using both behavioural and EEG methods she investigated whether sleep-deprived individuals can accurately perceive their performance deficits. Following the completion of her PhD, Johanna continued her academic journey at Monash University, undertaking her first postdoctoral fellowship. In this role, she coordinated a clinical trial aimed at delivering an intervention for Insomnia Disorder. It was during this position that Johanna developed a passion for health research, leading her to the position of the Eileen O'Connor

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Postdoctoral Research Fellow within the Mental Health and Wellbeing Program at the Australian Catholic University's School of Nursing, Midwifery, and Paramedicine. Johanna also currently holds an adjunct Research Fellow position at Monash University.

Wellbeing, resilience, stress and turnover intentions of mental health transition nurses 6 months into their program

Mental health transition-to-practice programs play a vital role in supporting nurses entering a demanding field with high staff turnover. However, most research on the wellbeing, resilience, stress and turnover intention outcomes of transition nurses has been cross-sectional, without follow-up over time. This presentation describes findings on the 6-month wellbeing, stress, resilience, and turnover intention outcomes of registered and enrolled nurses in transition programs at a Victorian public mental health service. Forty-nine registered and enrolled nurses completed surveys at approximately four weeks (T1) and six months (T2) into their program. At 6 months, perceived stress and wellbeing were moderate, resilience was moderate, and turnover intention was low. However, linear mixed effects model analysis revealed a significant increase in turnover intention at 6 months, while other outcomes remained stable. Notably, in a subset of nurses (n=14) whose wellbeing declined over the 6 months, both perceived stress and turnover intention increased. These findings suggest that while most nurses maintain stable wellbeing, stress levels, and resilience during transition, turnover intention can rise, particularly among those with lower wellbeing. Ongoing, targeted wellbeing support is essential to retain nurses during the transition period.

9:50am • BREAK OUT 4 – DANVERS ROOM

ASHMI PANTA, SHE/HER ★, LAURENDA JAWAN ★

Ashmi Panta: MHICAR nurse

Laurenda Jawan: MHICAR nurse

The Glue That Binds it All

The Mental Health Intensive Care and Response Nurse is a senior nursing position that assists in providing safe, effective and person centred care to young people often presenting with increased vulnerability. The role is a challenging and rewarding experience that allows the clinician to utilise a range of skills that assist in maintaining a safe environment for young people, staff, families and all others present within the inpatient unit.

Statistics demonstrate that since the initial pilot and implementation of the role there has been a reduction in restrictive interventions.

The multifaceted MHICAR role has complemented the existing IPU team to recognise and address deterioration in young people. This has been achieved through de-escalation, care-coordination, ensuring cohesiveness in multi-disciplinary team and role modelling of managing high risk situation and less restrictive methods – especially to the largely junior workforce most IPU are maintained with.

10:15am • BREAK OUT 1

NINA JOFFEE-KOHN SHE/HER, SHIBS SHARPE SHE/HER, CO-PRESENTERS CONSUMER ACADEMIC TEAM: CENTREMHN

Nina is the Coordinator of the Consumer Academic Program. Nina has managed the delivery of a suite of LLEW projects and enabled co-working



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contributions from CAP into the range of CentreMHN research and education projects.

Shibs is a proud Wulgurukaba, Gunggandji woman originally from Far North Queensland. In a past life she worked in paint & hardware, construction administration and project management. Recognising the significant impacts of intergenerational trauma within her family and through her own experiences, she moved into the mental health sector 4.5 years ago and has worked across a variety of consumer lived experience peer support, academic & leadership roles. Shibs' first role in the lived experience space saw her become the lead peer worker in the development and implementation of RMH MHS Safe Haven and her contributions have since spread to numerous LE initiatives across Victoria. Ensuring the Aboriginal and Torres Strait Islander voice and Social and Emotional Wellbeing lens is captured and highlighted in every space she works in, her passions lay in the areas of complex trauma, the intricacies of grief, suicide prevention and postvention, social injustices and addressing ongoing systemic issues within the mental health sector.

Essentials nurses & others need to know about the LE Consumer Discipline Framework

This presentation provides an overview of the recently released LE Consumer Perspective Discipline Framework. This is one of five Discipline Frameworks now launched in Victoria to underpin the building up of Lived and Living Experience Workforces that are contributing essential skills and perspectives to contemporary mental health and wellbeing services, for the benefit of consumers and families. The paper will share details of the collaborative processes used in the development of this Framework, the principles and capabilities at its core and some ideas for how MHNs and others might lean on the Framework in their everyday work.

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10:15am • BREAK OUT 2 RAVNEET KAUR, SHE/HER ★

Ravneet Kaur is a dedicated and compassionate Registered Psychiatric Nurse currently practicing at Northern Hospital Epping. Formerly worked as an associate professor in Psychiatric Nursing, at one of the reputed institutes in India, she has an extensive experience of 13 years including clinical care, research and education. Ravneet migrated to Australia in 2022 with a commitment to advancing mental health care and research that drives her active participation in professional development and scholarly activities.

Nurses Need Care Too: Shining a Light on



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Mental Health Nurses' Daily Workplace Challenges

Mental health is a critical concern for both patients and healthcare providers. Mental Health Nursing is internationally recognized as a highly demanding and stressful profession having direct exposure to violence and aggression. Despite this, the well-being of mental health nurses (MHNs) is often overlooked. A significant proportion of hospital based MHNs suffer from depression, anxiety, psychological distress, sleep disturbances, compassion fatigue and burnout. This manuscript examines the psychological impact of workplace challenges on MHNs and explores strategies to enhance their well-being.

The major challenges faced by MHNs include- verbal and physical abuse, emotionally charged situations, short staffing and poor skill mix. Less studied but highly impactful challenges include- exposure to patient suicides, personal threats, and ethical/moral dilemmas. These challenges adversely affect the MHN's Professional Quality of Life (ProQOL) and, in turn, compromise the quality of care provided.

Improving MHN's well-being needs a systemic approach that requires coordinated efforts at both individual and organisational levels. Effective strategies such as mindfulness, peer support, workload management, debriefing sessions, resilience programs, clinical supervision, and employee assisted training can be integrated into clinical practice. Prioritizing the mental health of nurses benefits not only the workforce but also the individuals they serve.

10:15am • BREAK OUT 3

ANNA LOVE SHE/HER, TRUDY BROWN

Anna was appointed Victoria's Chief Mental Health Nurse in 2015 and comes with experience across

mental health and addictions medicine, having trained and worked in the UK before moving to Australia. Anna's vision is to ensure we have a skilled, valued, and nurtured mental health nursing workforce. In 2022, Anna was additionally appointed as Executive Director of the Clinical and Professional Leadership Unit within Safer Care Victoria.

Anna is the executive sponsor of the Mental Health Improvement Program, leading significant reform and improvement projects in response to the Royal Commission into Victoria's Mental Health System. Anna provides expert advice on quality and safety matters to the CEO of Safer Care Victoria and the Department of Health. As Executive Director, Anna oversees and supports the work of Victoria's Chief Clinical Officers.

***Trudy Brown** is an endorsed Mental Health Nurse Practitioner with almost 20 year's experience in adult inpatient psychiatry. Her clinical role involves working to improve access to physical health care for mental health consumers. She is currently working towards a PhD titled 'Improving Sexual and Reproductive Health in those with Serious Mental Illness'.*

Equally Well in Victoria Framework Update

The Equally Well in Victoria physical health framework was initially released in 2019 to address—the disparities in physical health experienced by people with a lived experience of mental illness. Recently, the Chief Mental Health Nurse has prioritised the update of the framework to bring it into line with contemporary evidence-based care and add in new areas of focus.

Reaching out to different mental health disciplines,



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lived experience, and First Nations peoples across Victoria, the Chief Mental Health Nurse team has been able to lead the redevelopment of the framework to ensure that consultation has occurred across disciplines. Working collaboratively in this manner has ensured that all mental health clinicians will be able to use the framework to guide practice in public mental health settings across Victoria. The updated framework will assist clinicians with knowing what to do to address physical health disparities and improve outcomes.

10:15am • BREAK OUT 4 – DANVERS ROOM
DANIEL DARMANIN, HE/HIM, MONIKA JHALLI, SHE/HER ★, LAURA PUXLEY, SHE/HER ★

Daniel Darmanin is a mental health nurse with experience across inpatient, community, and specialist services for children, adolescents, and adults. He is currently the Program Manager for Unit 3 at the Sunshine Mental Health and Wellbeing Centre at Western Health, where he is focused on improving safety, consumer engagement, and therapeutic care through evidence-informed practice.

Daniel holds Postgraduate and Master qualifications in mental health nursing, leadership, and education. He has presented at several conferences on topics including restrictive practices, trauma-informed care, and sleep in mental health populations. He is a member of the Victorian Collaborative Mental Health Nursing Conference Committee and remains actively involved in workforce education and community-based mental health initiatives.

Monika Jhalli: Monika is a mental health nurse with a strong clinical, leadership, and educational background across a wide range of mental health services within youth, forensic and adult acute inpatient services in both Australia and New

Zealand. She holds Postgraduate qualifications in Mental Health, and a Certificate IV in Training and Assessment, which have supported her ability to lead, mentor, and guide nursing teams while promoting safe, recovery-focused, and trauma-informed care.

In her current role as a Team Leader at Sunshine Mental Health and Wellbeing Centre, Monika provides operational, clinical, and leadership support to staff and works closely with senior management to maintain high-quality service delivery. Her experience includes project management, team leadership, and clinical education, as well as supporting the development of new mental health units, staff training, and system improvement projects.

Laura Puxley: Laura Puxley is an accomplished mental health nurse with over a decade of experience in youth and adult mental health settings. Holding Postgraduate and Master qualifications in Mental Health Nursing, Laura has built a career grounded in clinical excellence, trauma-informed care, and a strong commitment to professional development in mental health services.

Currently working as a Clinical Nurse Educator at Western Health Adult Inpatient Unit 3, Laura plays a pivotal role in shaping and guiding mental health nursing practices. Her work includes delivering targeted education, supporting novice clinicians, and facilitating service-wide training programs.

Purpose-Built, People-Focused: Innovation in a New Mental Health Inpatient Unit

This paper explores the quality improvement journey of Unit 3 at Sunshine Mental Health and Wellbeing Centre—a purpose-built facility established to deliver contemporary, consumer-centred mental health care. Since opening, the unit has implemented a series of co-designed initiatives

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to enhance outcomes for consumers, carers, and staff. These include a virtual orientation guide, a consumer-led “Have Your Say” group, integration of local art and music students, and a quadrupled ward program supporting therapeutic engagement. Additional innovations include a sensory welcome pack for new admissions and a community resource guide to support safe discharge planning.

The paper will also examine key workforce-focused projects such as the MedSafe 50 initiative, which achieved a 23.5% reduction in medication errors, and the “Working Together” project—an Executive led initiative that supports collaboration, cohesion, and improved workflows within the Unit 3 team.

Findings will be contextualised within improved outcomes: 70% of consumers rated their care as very good or excellent, and staff reported higher satisfaction, better work-life balance, and low stress in the People Matter Survey. Recognition through awards and sector shortlisting further affirms our progress. This paper will reflect on lessons learned and future directions for sustaining quality in contemporary mental health care.

10:40am • BREAK OUT 1

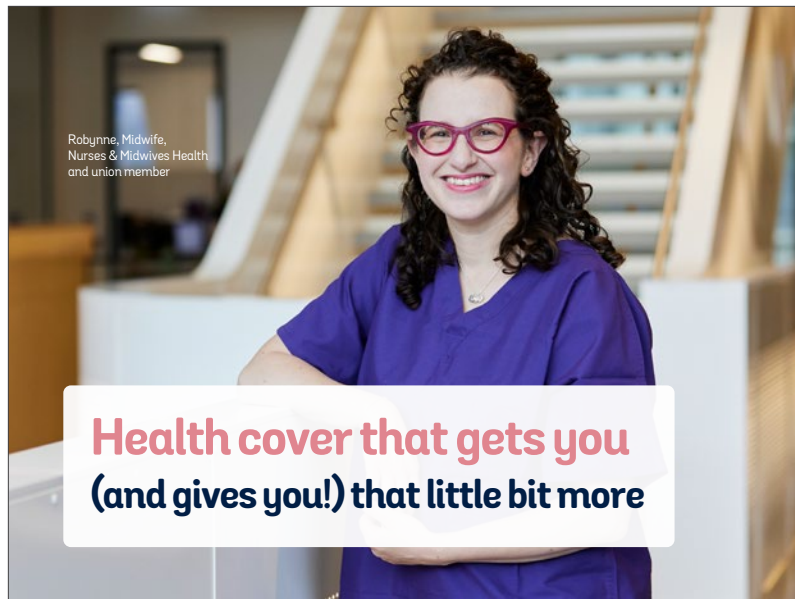
DEB CARLON, SHE/THEY, KATIE LARSEN, SHE/THEY, HELENA ROENNfeldt

Deb Carlon: *Deb has extensive experience working from a consumer expertise perspective to inform her systemic advocacy and leadership roles. She has a proven track record of managing complex projects, that includes using co-production to challenge systems of power in the mental health sector. Having held leadership positions within the sector, Deb is experienced in delivering training, providing supervision, and developing programs and services from a consumer perspective. Deb is employed at Mind within the Lived Experience Division as the Senior Lived Experience Consultant.*

Deb has led the development of the Healing Place where we are working to bring Love, Connection and Community into the foundations of the Lived Experience Directed, Developed Designed and Delivered services. History, Imagination, Innovation and Heart underpin our work.

Deb’s extensive history as an advocate for consumer-driven mental healthcare, her lived experience, combined with her expertise and leadership skills, positions her as a powerful voice for positive change in the mental health system.

Katie Larsen (she/they) is the Executive Director Lived Experience at Mind Australia. Katie works from a lived expertise and social justice perspective,



Robynne, Midwife,
Nurses & Midwives Health
and union member

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drawing from her own lived experience of mental health and wellbeing challenges and LGBTIQ+ identity. At Mind, Katie leads the delivery of Mind's Lived Experience Strategy, and provides lived expertise leadership in the development of peer led service models. Katie is a PhD Candidate at Deakin University researching intersectional leadership and decision-making in mainstream mental health services. She holds a Bachelor of Arts (Journalism) and Master of Social Work.

Helena Roennfeldt recently completed her PhD on experiences of mental health crises and crisis care. She has qualifications in Social Work, Suicide Prevention, Forensic Mental Health, and Mental Health Practice. Helena has a background in lived experience work and has lately had the honour of doing more independent consultancy work with incredible organisations such as Lived Experience Training.

Her work is deeply informed by her experiences of trauma, including psychiatric trauma from multiple involuntary admissions and periods of seclusion. She loves peer support, yoga, somatic practices, sound healing, and community building. She believes in the transformative power of the heart and the alchemy that comes with truly 'being with'. Helena also lives on an island with five ducks, four chickens and one cat, Millie.

Are we Experiencing a Clinical Ceiling? Barriers to Lived Experience led Approaches in the Mental Health Sector

This presentation considers limited opportunities for lived experience leadership and lived experience-led services revealing a 'clinical ceiling'. The clinical ceiling describes restrictions on lived experience with lived experience roles often not given authority or high-level decision-making responsibility. Under the clinical ceiling, lived experience roles are limited

in how much they can influence reform as they are invalidated within the dominance of clinical practice models and medical model.

Lived experience led approaches are advocated as true options for people experiencing distress. However, lived experience led approaches require courage to challenge longstanding power structures. To maximise the potential of lived experience work, we must address attitudinal and structural barriers and enable lived experience-led practices and leadership – smashing through the clinical ceiling.

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ED MH & AOD Hub 12 beds	41 Adult Inpatient beds	PARC	Continuing Care Teams	Key Partner with Victorian Collaborative Centre
Large EMH team	8 Eating Disorder beds	10 beds	Homeless Outreach Team	New Nursing Research Lead position supporting IMHN research
Safe Haven Consumer Led	6 Neuro-Psychiatry beds and Ketamine Clinic	CCU (20 beds)	Duty/Intake Team	University of Melbourne translational research partnership
HOPE team	Deep Brain Stimulation Program		Open Dialogue Team	Wellways partnership to deliver PARC service
	CL Nursing		Nurse Led Physical Health Hub	

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10:40am • BREAK OUT 2

ALISON LEWIS, SHE/HER ★, NICOLE SYDENHAM, MICHAEL JOHNSTON

Alison Lewis is a senior mental health nurse, educator and family therapist with over 35 years' experience working with individuals and family who have come into contact with public mental health services. Alison has been a long time facilitator of the Multiple Family Group and has a particular flair for bringing people together, strengthening ties and drawing out families' stories of resilience. She has worked in UK, NZ and Aus. She is currently working as a Mental Health Community Nurse Educator for Royal Melbourne Hospital Mental Health Services.

Nicole Sydenham is a senior social worker, currently working in a blended role as a family work practitioner, and Specialist Family Violence Advisor for Royal Melbourne Hospital Mental Health Services. Nicole has co-facilitated the Multiple Family Group for a number of years and was particularly moved by the lived experience wisdom arising from the group members. Nicole has worked in various roles in the public mental health field and holds a particular interest and passion for family work. Nicole also works in private practice.

Michael Johnston is an artist and has been honing his artistic craft over the last 10 years and recently had a retrospective display of his work in Fitzroy. When not creating, he likes to lift weights and go to the gym. Over the last 20 years Michael has struggled both with mental health and opioid addiction and is proud to say that he has been ten years without opioids. Both Michael and his parents [Cathy and Chris] attended the first MFG and Michael describes it as being 'very helpful to everyone'. Since that time, Michael has been an active participant in the consumer advisory group at his local mental health center and a regularly shows his work at part of the Create Art Exhibition held with support by community health.

Marvellous Family Gains in Extraordinary Times, the Power of Running a Multiple Family Groups [MFG] for Consumers, Families and Staff ♥

Waratah Clinic has have an established history of relationship with running Multiple Family Groups (MFG) over a 20-year period

At its base the MFG is a psycho-social educational group for a number of consumers, their families or significant supporters and runs fortnightly over a 10–12-month period. It is also a strength's-based approach incorporating both individual and collective lived experiences to address and difficulties that consumers face via a problem-solving structured format. Whilst the MFG has 2 staff facilitators to host the meetings, it is the group members that hold the knowledge, wisdom and solutions that will work best for them in their unique circumstances and all members guide and contribute to developing the solutions that meets the unique needs identified. MFG is evidenced based and evaluation has shown that participants from the group over time have required fewer and shorter hospital admissions and overall improvement in family relationships and less isolation from their communities.

- What is involved in running an MFG
- A video, outlining participants' experiences
- Q and A session with a carer and a consumer who have completed the MFG
- Facilitator's experience of running the group for staff



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10:40am • BREAK OUT 3 REBECCA HELVIG, SHE/HER

Rebecca has a long career in the Victorian public mental health service sector as a specialist mental health nurse working across a variety of inpatient and community environments, and as a senior project officer working with culture and practice changes across mental health workforces. She has been with government since 2016, and most recently in the Mental Health Improvement Program of Safer Care Victoria since 2021. Rebecca manages a team that is leading Recommendation 55 of the Royal Commission into Victoria's Mental health System, the Reducing Compulsory Treatment initiative, and supports key initiatives and work of the Chief Mental Health Nurse.

Equally Well in Victoria

The Equally Well in Victoria physical health framework was initially released in 2019 to address the disparities in physical health experienced by people with a lived experience of mental illness. Recently Safer Care Victoria has prioritised the update of the framework to bring it into line with contemporary evidence-based care and add in new areas of focus.

Reaching out to different mental health disciplines across Victoria, the mental health nursing division at Safer Care Victoria has been able to lead the redevelopment of the framework to ensure that all mental health disciplines have been engaged in consultation. Working collaboratively in the manner has ensured that all mental health disciplines will be able to use the framework to guide practice in public mental health settings across Victoria. The updated framework will assist clinicians with knowing what to do to address physical health disparities and improve outcomes

10:15am • BREAK OUT 4 – DANVERS ROOM REBEKAH HALES, SHE/HER ★, MIKHALA HOWELLS, SHE/HER ★

Rebekah Hales: Rebekah started nursing at St. Vincent's Hospital Melbourne within Mental Health 6 years ago. Currently, part of the Mental Health Education team and have been working with undergraduate students across the acute adult and older adult acute inpatient unit. Rebekah has a strong passion in occupational health and safety and embedding trauma-informed care practices within training to support early career nurses and undergraduates.

Mikhala Howells: Miki commenced nursing in mental health 8 years ago. Has worked across the community setting and acute adult mental health unit. For the past 3 years, Miki has been working as part of the Mental Health Education team, building strong working partnerships with multiple universities and facilitating the undergraduate nursing program at St. Vincent's mental health. Miki also works as a sessional academic at ACU and is committed to building confidence for early career nurses, graduates and undergraduates.

Working with Anxious Learners - Knowledge Sharing and Collaboration Within Healthcare

In collaboration with our colleagues in the general nursing field, we identified a trend in early career nursing staff around adaptability to clinical environments. The aim was to improve nursing leaders' (inclusive of ward ANUMs/Educators/PDNs) understanding around stress and anxiety to upskill stakeholders when supporting undergraduate and graduate learners entering healthcare.

The Mental Health Education team conducted an inservice for attendees sharing our expertise on stress and anxiety management using evidence-based conceptual models (Window of Tolerance), acknowledging and normalising imposter syndrome,

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and introducing the benefits of clinical supervision and creating a psychologically safe environment within healthcare. Intentional outcomes were to validate and recognise the challenges of responding to worker distress and provide practical examples of strategies used by the mental health education team.

The inservice was conducted utilising a hybrid model of in-person and online attendance to capture the wider workforce. Attendees found the session to be relevant and helpful, providing feedback that the content could be applied to minimise current challenges experienced by leaders across the health workforce.

Further requests have been made for upskilling clinicians around mental health and wellbeing; highlighting the value of sharing of resources and promoting collaboration.

**11:30am • PLENARY SPACE – VICTORY ROOM
STUART WALL, HE/HIM**

Stuart Wall currently works as the Education Stream Lead for Mental Health and AOD clinical education across Peninsula Health. Stuart leads a team of Mental Health, AOD and Lived experience Educators and oversees Undergraduate, Graduate, and Post Graduate programs for Mental Health Nursing. In partnership with the appropriate discipline leads Stuart has accessed funding for the establishment and continuation of Pre-Qualification, Graduate and Transition into Speciality Practice programs to build the mental health workforce capability and capacity within Peninsula Health.

Building capability in mental health deterioration within non-mental health services

Mental health deterioration in healthcare settings presents a complex challenge, particularly in non-mental health environments where staff may lack the specialised training to recognise and respond effectively. The Australian Commission on Safety and Quality in Health Care (ACSQHC) National Safety and Quality Health Service Standards mandate that healthcare facilities implement systems, processes, and training to identify and manage mental health deterioration. Unlike physiological deterioration, mental health decline presents unique nuances and complexities, especially within non-mental health services (Lamont, Donnelly & Brunero, 2024).

In response, one public healthcare service has

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developed a screening and monitoring tool specifically for non-mental health settings. This initiative was led by Recognising and Responding to Acute Deterioration Standard Leads and involved extensive consultation with key stakeholders. The tools are aligned with Gaskin and Dagley's (2018) five indicators of mental health deterioration, addressing a previously identified gap in care.

The oral presentation will outline the systems, processes, and training implemented by this healthcare organisation to ensure effective screening and monitoring of mental health deterioration. It will detail how these initiatives have supported the operationalisation of the five indicators in non-mental health settings and describe the training developed to strengthen person-centred practice.

11:30am • BREAK OUT 1

NICHOLAS JACKLYN, HE/HIM ★

Nick is a Nurse Unit Manager at St Vincent's Hospital in Melbourne, with a strong interest in leadership and change management. Drawing on his unique background as a Mental Health Nurse since 2017 and a former Exercise Physiologist, Nick brings a multidisciplinary perspective to his work. He is passionate about the collaborative potential between Nurses and Physiotherapists and is excited to present on the challenges and opportunities of integrating exercise into care for mental health consumers.

Interdisciplinary Collaboration for Increasing Options and Participation in Physical Activity: A Prospective Audit to Develop Trauma-informed Programs in Inpatient Adult Mental Health Settings

Background: Trauma is prevalent among inpatients

in mental health units. Trauma-informed principles can enhance safety and accessibility of physical activity for consumers managing multimorbidity, including cardiometabolic issues, musculoskeletal conditions, and persistent pain. Ensuring equitable value in movement and exercise for all mental health consumers is crucial.

Aim: To explore mental health staff's experiences, attitudes, barriers, and opportunities regarding physical activity for themselves and consumers.

Methods: Prospective audit of 15 staff members from a metropolitan public inpatient adult mental health unit using interviews and surveys. Data was mapped to trauma-informed principles.



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Results: Staff recognised exercise benefits for consumers but identified barriers including time, workload, scope of practice, appropriate spaces, scheduling, and diverse consumer needs. Results were mapped to options for safety, trust, choice, collaboration, and empowerment.

Conclusion: Interdisciplinary collaboration can overcome barriers and support inclusive trauma-informed physical activity in inpatient mental health settings. Trauma-informed principles and interdisciplinary support can guide access and inclusion to physical activity programmes. This approach acknowledges the complex needs of mental health consumers and promotes a holistic view of health, integrating physical activity as a key component of mental health recovery and overall wellbeing.

Results were mapped to options to provide safety, develop trust, provide choice, and ensure collaboration and empowerment.

Conclusion: Interdisciplinary collaboration opens up options to overcome barriers and support inclusive trauma-informed physical activity for consumers in inpatient mental health settings. Trauma-informed principles and interdisciplinary support can guide access and inclusion to physical activity programs.

11:30am • BREAK OUT 2 MARGARET CLARKE

Margaret is Mental Health Nurse with extensive experience in the UK and Victoria. She is currently Change & Partnerships Manager with Grampians Mental Health & Wellbeing Service. She has been involved in developing innovative care for survivors of trauma, and was instrumental in the initial development of Trauma Informed Care in Victorian Mental Health Services. She has worked in forensic settings with both survivors and perpetrators

of interpersonal violence, and since working in Australia has experience in developing services at primary and tertiary levels.

Margaret is part of the team implementing the Royal Commission recommendations in the Grampians Area and has worked with an array of partner organisations to bring about substantial change so that the consumer journey is improved and services collaborate effectively to provide optimum care at the right place.

The Taking it Forward Alliance - Coming Together to Transform Services in a Regional Area ♥

The Grampians area is geographically large and sparsely populated, with mental health services being delivered by a range of providers in different regions. Service delivery has been fragmented, with consumers and carers describing great difficulty in accessing “right time right place” care in response to changing needs.

Following the Royal Commission, services and consumer/carers groups came together under the auspice of the Interim Regional Body (IRB) to develop regional solutions and improve consumers’ experience of care. Initial suspicions and historic distrust was overcome to develop a working alliance of services and consumer/carers.

We have developed a governance structure, regional values and vision statements, conducted relationship building sessions using restorative justice principles and developed joint initiatives to tackle regional issues in a way unique to the area.

Successes include joint network orientations, changes in referral processes and regular inter-agency workshops to explore new projects.



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The major success has been the change of culture and the willingness of staff from all agencies to come together with consumers and carers and work creatively to build a responsive resilient service system. This presentation will look at the process, the successful initiatives arising and the plans for future improvement.

11:30am • BREAK OUT 3 CATHY FRANCIS, SHE/HER

Cathy has a professional background as an environmental scientist and following a change in career interest, is now undertaking post-graduate studies in mental health research under esteemed mental health nurses, Professor Rhonda Wilson and Professor Mike Hazelton. Cathy's research studies are focused on human rights and in particular, supported decision-making, in mental healthcare. Cathy is also interested in the role that nature and the environment can play in mental health, wellbeing and care. Having experience with mental ill health and service use, Cathy seeks to contribute to and support lived-experience leadership in mental healthcare.

Panarchy Theory: An Ecological Model for Mental Healthcare

There is a concept, developed several decades ago by a group of multi-disciplinary scientists (the Resilience Alliance) to help understand complex ecological systems – called the Panarchy Theory.

A Panarchy is a 'whole' system that is based on dynamics, not optimal states or particular endpoints. The theory provides a model for what may be, not what ought to be and recognises the potential for ongoing transformation. It is centred on what is termed an adaptive cycle, which is influenced by resources, capital, perturbations

(disturbances), resilience (in the ecological sense) and connections in space and time. I'll explain that and other relevant elements of the Panarchy Theory during my presentation and why it can be applicable in mental healthcare.

I will also propose that the Panarchy Theory provides a lens through which a person and their mental health and wellbeing can be viewed in context. That it can play an important role as a unifying concept taking into account social determinants of mental health and bringing under one umbrella person-centred, trauma-informed, culturally-safe and human-rights based caring. It could be a new framework for offering care to those seeking help with their mental health and is relevant in theory, practice, policy and research.

11:30am • BREAK OUT 4 – DANVERS ROOM SHANNON MULLINS, HE/HIM ★, ANDREW JONG, HE/HIM

Shannon Mullins is a registered mental health nurse who recently transitioned from acute inpatient psychiatry to a public community mental health team specialising in Dual Disability (Intellectual Disability and Mental Health). He is passionate about advancing education and clinical expertise in this area to ensure people with disabilities receive equitable, person-centred care and improved health outcomes.

Andrew Jong: *Andrew is the Nursing Discipline Senior working within child, adolescence and youth community mental health.*

Beyond the Inpatient Walls: Transitioning from Inpatient to Community Mental Health Nursing Caring for Young People with Dual Mental Health and Intellectual Disabilities

Community mental health nursing provides mental health care and support to individuals within

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their own communities, rather than in hospital settings. While the role mental health nursing in the community has been well established in multidisciplinary teams, attracting nurses to these positions has often been fraught, with nurses themselves questioning their own skills in case management, providing therapy and challenging their own view of community mental nursing as a specialist skill.

Shannon Mullins is an early in career nurse, and whilst nursing in inpatient settings, developed a keen interest in preventing restrictive practices particularly with young adults with dual intellectual disability. In this question-and-answer style presenting, Shannon endeavours to share his reflections on transitioning from inpatient nursing to now being a community mental health clinician with the 'Mental Health and Intellectual Disability Initiative Youth' (MHIDI-Y) Team at Alfred's Infant Child and Youth Mental Health and Wellbeing service. Shannon will touch on themes of imposter syndrome, learning the skills of case management and therapy, finding the nursing role in community multidisciplinary teams and his experience of working with young people with mental health and intellectual disability.

11:55 • PLENARY SPACE – VICTORY ROOM

ELISE POINTER, SHE/HER ★, KERRY RUBIN ★, KATE ANDREWS ★, KATE BENDALL

Elise Pointer: *Lived Experience Co Design Practice Lead, Peninsula Health Mental Health and Wellbeing Service*

Kerry Rubin: *Clinical Director – Peninsula Health*

Kate Andrews: *General Manager – Peninsula Health*

Kate Bendall: *Operations Manager MHW CATT – Peninsula Health*

Transforming Mental Health Service Crisis Response through Immersive co-design and community social impact ♥

The Royal Commission into Victoria's Mental Health System, called for re-design of Mental Health Wellbeing System responses to people experiencing mental health crisis inclusive of people experiencing psychological distress, substance use or addiction, families, carers, and supporters.

Driven by the desire to improve outcomes at this critical juncture in peoples lives, one Victorian Mental Health Service is leading the change.

The project leveraged a blended model of immersive



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co-design and social impact approaches, partnering with people of lived and living experiences, front-line staff, and broader system allies to co-create a future service.

This approach catalysed a cultural change for a system's response to crisis founded upon human-to-human connections, centred on lived experience at its core, underpinned by evidence-based holistic crisis interventions, and rooted in the community.

Built upon a philosophy of 'let's work it out together', the service partners with individuals and their support networks, empowering them to move forward from an experience of crisis.

We will share learnings on the how these design approaches are pivotal to future Mental Health Service Models. It will explore opportunities and provide solutions to the systemic challenges in how, we work together to transform mental health crisis supports and broader systems of care.

11:55am • BREAK OUT 1

ROHAN DE MEL, HE/HIM, SAMANTHA CULLINAN, MONICA HADGES

Rohan is a proud Occupational Therapist and Graduate Educator with Peninsula Health's Mental Health and Well-being Service. Rohan is passionate about supporting the growth and development of early in career clinicians, with view to strengthen the mental health workforce and build future leaders.

Samantha Cullinan is an Early in Career educator for Mental health within Peninsula Health's Mental Health Service. Samantha has worked in mental health for 15 years and has worked at multiple organisations across youth and adult services.

Samantha currently works alongside the graduate nurses providing guidance and education in their graduate year.

Dr Monica Hadges is a Licensed Mental Health Counselor (LHMC) in the USA since 2000, and an AMHSW in Australia since 2010. An innovative mental health provider and clinical educator, her PhD research at The University of Melbourne, Faculty of Medicine, and Health Sciences, investigated Client-Involved E-Collaboration for MBS Better Access to Allied Mental Health, Focused Psychological Strategies. Career includes interprofessional clinical education, academic teaching, public health and private clinical practice,

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leadership, multi-disciplinary reflective supervision, and industry stakeholder engagement.

Interprofessional Superpowers: Equipping Graduates for Collaborative Mental Health Care

A metropolitan mental health and wellbeing service recognises that exceptional care is delivered by professionals empowered to collaborate. In response to Victoria's Royal Commission into Mental Health Services, which highlighted the need for multidisciplinary learning, we embedded interdisciplinary orientation and study days into our graduate programs for Nursing, Social Work, and Occupational Therapy.

These initiatives support early professional identity formation within a collaborative context, fostering shared understanding, mutual respect, and integrated care. Graduates gain practical, evidence-informed strategies for engaging clients non-judgmentally and develop confidence in navigating complex service systems.

Qualitative feedback highlights the value of this approach. Graduates reported a deeper appreciation for diverse perspectives, stronger peer networks, and a sense of collective purpose. One participant shared: "Learning different perspectives explored through a multidisciplinary view," while another noted: "Building strong bonds and relationships for the future of our clients."

This presentation will explore how embedding interdisciplinary learning into early career development has helped one service cultivate a capable workforce, from both learner and educator perspectives. It has provided early-career clinicians with interprofessional experience in delivering person-centred, integrated care. This demonstrates that, with the right support, early-career professionals can achieve great outcomes, showing how they can achieve truly Marvel-ous results.

11:55am • BREAK OUT 2

NATALIE SACCO, SHE/HER ★, JASMINE DAOU ★

Natalie Sacco: *Natalie is the Program Coordinator at the Eating Disorders Inpatient Program at Austin Health. She has been a Psychiatric Nurse since 2016 after completing her Bachelor of Nursing at Victoria University. Natalie undertook the Graduate Nursing Program at Austin Health, and followed this by completing her Post Graduate in Mental Health Nursing at RMIT.*

Throughout most of her career Natalie has worked within mental health and specifically within Eating Disorders at the Austin. She worked at The Body Image and Eating Disorders Treatment and Recovery Service (BETRS) in 2020 as part of the Intake and Assessment Team and then returned to the Austin to take on the role as Program Coordinator for the last 4 years. Through this role Natalie has been able to grow as a senior nurse and undertake more of a leadership role within the Acute Psychiatric Unit.

Natalie has a strong passion for eating disorders treatment as well as educating the early career nurses in meal support training and education around eating disorders.

Jasmine Daou: *Jasmine is one of the Associate Nurse Unit Managers of the Acute Psychiatric Unit at Austin health. She has been a Mental Health Nurse since 2019 after completing her Nursing Degree at La Trobe University. Jasmine has also completed a Bachelors Degree and Honours Degree in Psychology prior to this. She is currently completing her Masters of Mental Health with La Trobe University.*



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Jasmine undertook the Graduate Nursing Program in Mental Health at Alfred and then continued her career at Maroondah Hospital on the Acute Psychiatric Inpatient Unit. Jasmine also has experience in Child Mental Health whereby she worked at the Austin Inpatient Child Unit.

Throughout her career, Jasmine has mostly worked in Adult Inpatient Units and has been an Associate Nurse Unit Manager for four years. This role has allowed Jasmine to grow as a clinician and build on both her clinical and leadership skills. Jasmine takes great pride in supporting the up and coming Mental Health Nurses, ensuring they feel supported and are equipped with more skills and knowledge for the future of mental health nursing.

A Positive Consumer Journey: Embracing Innovation in Eating Disorder Recovery ♥

Eating disorders involve complex disturbances in thoughts, feelings, and behaviour's related to food, eating and body image. Over 1.1 million Australians are currently living with an eating disorder. Austin Health Eating Disorder Unit (EDU) is a specialised 5 bed services supporting those wishing to engage in recovery.

This presentation will showcase the Journey of a long-term Consumer, highlighting the transformative power of personalised care and innovation in mental health recovery. Eating disorders carry one of the highest mortality rates among psychiatric conditions, yet even in the most complex cases, hope and progress are possible when we step beyond traditional pathways.

Anna's (de identified) Journey at Austin Health lasted 5 years following admission to both general and mental health bed-based services. Standard protocols, such as structured meal plans and

group therapy, had proven ineffective due to the prolonged stays in clinical settings and associated loss of independence. Faced with these challenges, the multidisciplinary team (MDT) embraced a new approach: a shift from protocol to personalisation. By fostering autonomy, empowering decision-making, and tailoring treatment to the Annas unique needs, the team was able to re-engage her in recovery. This collaborative, consumer-led model enabled a successful transition from hospital to community care. Today, Anna lives independently and continues their recovery journey with dignity and agency.

11:55am • BREAK OUT 3 HELEN KELLY, SHE/HER

Helen is a Clinical Nurse Educator at the Royal Melbourne Hosptial. Helen is based in the John Cade Building and works with Neuropsychiatry, ECT and Eating Disorder patients.

Neurosurgery for Mental Illness 2025 – Deep Brain Stimulation for OCD ♥

Deep brain stimulation (DBS) can be of benefit in carefully selected patients with severe Obsessive-compulsive Disorder (OCD). Patients with severe OCD are referred by their treating psychiatrist to the Neuropsychiatric Unit at the Royal Melbourne Hospital for DBS. Following assessment and successful application to the Mental Health Tribunal they are prepared for DBS.

Neuropsychiatry sits at the clinical interface of psychiatry, neurology and general medicine and the team is committed to understanding brain behaviour relationships and caring for individuals who suffer from complex psychiatric, neurological and medical conditions. These also

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include Cognitive decline, movement disorders and psychiatric illnesses associated with brain insults. The Neuropsychiatry unit has international standing with overseas units.

OCD features a pattern of unwanted thoughts and fears known as obsessions. These obsessions will lead to repetitive behaviours called compulsions.

DBS was first developed in 1980's in Europe to treat movement disorders such as Parkinson's disease. Used for Mental Illness in 1990. It consists of an implantable pulse generator (IPG) much like a pacemaker that delivers a low voltage via a fine wire to the areas of the brain that control movement. Between 2010 and 2025, 26 patients have received DBS for OCD. Victoria is the only state that offers DBS for OCD. Nursing patients through their DBS journey will be discussed.

11:55am • BREAK OUT 4 – DANVERS ROOM
JOHANNA BOARDMAN, SHE/HER,
SOPHIE SCHAPIRO

Johanna Boardman: Dr. Johanna Boardman completed her Bachelor of Psychology with Honours in 2015 at the University of South Australia. She went on to pursue her PhD in Cognitive Neuroscience at Monash University's Sleep and Circadian Medicine Laboratory, graduating in 2022. Her research focused on the impact of sleep loss on metacognitive performance. Using both behavioural and EEG methods she investigated whether sleep-deprived individuals can accurately perceive their performance deficits. Following the completion of her PhD, Johanna continued her academic journey at Monash University, undertaking her first postdoctoral fellowship. In this role, she coordinated a clinical trial aimed at delivering an intervention for Insomnia Disorder. It was during this position that Johanna developed a passion for health research, leading her to the position of the Eileen O'Connor

Postdoctoral Research Fellow within the Mental Health and Wellbeing Program at the Australian Catholic University's School of Nursing, Midwifery, and Paramedicine. Johanna also currently holds an adjunct Research Fellow position at Monash University.

Choosing Mental Health Nursing: What are Transition Nurses' Experiences and Psychosocial Outcomes? ♥

Transitioning to mental health nursing is a period of steep learning, stress, and adjustment, often leaving nurses feeling overwhelmed and unsupported, which can lead to poor retention. This presentation discusses key findings from a scoping review of seventeen studies from eight countries exploring (1) why nurses choose mental health, (2) their transition experiences, and (3) psychosocial outcomes. Many nurses chose mental health due to prior experience with mental illness, as well as practical reasons including available work, accessible professional qualification, and fewer working hours. However, transition shock was widespread, with many nurses reporting feeling unprepared for clinical demands and workplace challenges. Key challenges included exposure to violence and aggression, and inadequate mentorship or support. Despite these, many nurses adjusted to the work over time. Effective adjustment was facilitated by workplace belonging, adequate support from other staff, and structured transition programs. Psychosocial outcomes included overall high retention rates, moderate to high job satisfaction, moderate stress, and moderate to high wellbeing, resilience, and coping self-efficacy. To support and retain transition nurses, targeted strategies are needed including placing them in lower acuity settings early in transition; tailored



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education in mental health and mental health nursing, clinical supervision, and trauma-informed self-care. Co-authors: Kim Foster, Sini Jacob, Tyneille Hale, Jannette Newell

12:20 • PLENARY SPACE – VICTORY ROOM
JUDY HOGAN, SHE/HER ★, ANN GALLAGHER, LISA VINCENT, BRADLEY MORTON

Judy Hogan: My name is Judy and I am a dedicated Lived Experience Worker at Monash Health, currently working as the Family/Carer Peer Lead across three Emergency Departments. My recent roles were within the mental health sector as a Senior Family/Carer Peer with both the HOPE and CATT teams.

I have commitment to supporting families and carers, I like to reflect on my own lived experience to offer compassionate, practical, and informed guidance. My goal is to ensure that no family/carer feels alone while navigating the complexities of the mental health system. I offer to provide emotional support, share relevant resources, and empower others through connection and understanding.

Ann Gallagher: I joined the Monash team in 2021 starting on the inpatient wards before moving into this space. I also hold a role with headspace National as a Family Reference Group member and have done so since 2017

I have Lived/Living experience supporting my 2 children, now young adults for the past decade, some of those challenges include BPD, ASD and disordered eating. This has motivated me to seek qualifications in both the clinical and alternative therapy spaces.

Lisa Vincent is a social worker who has worked across different roles in public mental health for several years. Currently, she is a mental health

clinician in the Monash Health Acute Community Intervention Service in Victoria.

Brad Morton is an experienced and dedicated mental health clinician with over 25 years experience. Brad is known for his strong leadership, commitment to high-quality consumer care, and focus on building cohesive, resilient healthcare teams. With a solid background in clinical nursing and nursing leadership, Brad brings a wealth of experience to his role, overseeing daily operations, staff management, and service delivery within his unit.

Brad is passionate about fostering a collaborative and supportive team culture, where clinical excellence, continuous improvement, and compassionate care are prioritised. He is skilled in managing complex care environments, mentoring nursing staff, and driving quality and safety initiatives to ensure optimal consumer outcomes.

In his current role as ACIS manager, Brad leads by example—supporting staff development, coordinating multidisciplinary care, and ensuring that his unit operates in line with best practice standards and organisational goals

AI and Family/Carer Inclusive Support in Mental Health Crisis Care ♥

When a consumer experiences a mental health crisis, their family and carers often share in the distress. Within Crisis Assessment and Treatment Teams (CATT), Carer/Family peer workers provide crucial support by acknowledging and addressing these emotional challenges through phone calls, community meetings, or clinic visits. However, as CATT clinicians prioritize immediate consumer care, Carer/Family peer support may not always be at the forefront.

In the near future Artificial Intelligence (AI) could transform crisis response, offering instant access

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to virtual medical rooms where consumers and families connect with AI-driven specialists. These virtual specialists could assess risk, provide diagnostic information, and facilitate immediate referrals. If the AI detects a crisis, it would directly link the consumer to the CATT team, ensuring timely intervention.

This vision highlights the value of integrating AI into crisis care while reinforcing the essential role of Carer/Family peer workers. AI could enhance efficiency, reduce wait times, and improve accessibility, offering new possibilities for mental health crisis response. Exploring these innovations encourages a deeper understanding of AI's potential in supporting both consumers and their families while maintaining the human connection necessary for effective mental health care.

12:20pm • BREAK OUT 1

REGINA CAI, SHE/HER, DR SIMONE McCALLUM ★, HARRY SINGH, HE/HIM

Regina Cai is Registered Psychiatric Nurse working at Eastern Health. She has an international academic background and a passion for bridging physical and mental health care. She is currently leading research on integrating general practice into community mental health services. Her passion is around creating innovative and interdisciplinary models to improve physical health for people with severe mental illness.

Dr Simone McCallum is an experienced GP who has always been passionate about advocating for equitable, holistic care for people living with mental illness. Simone's experience of leaving community General Practice to work as a Psychiatry HMO at Eastern Health inspired her to establish the Embedded GP Service within Eastern Health's Mental Health Services.

Harry Singh works as senior psychiatric nurse within Eastern Health MHWP, in his role he holds the portfolio of integrating and embedding Equally well framework into practice across the program. He is passionate about establishing new partnerships, sharing resources, collaborating with speciality providers and to promote research in our programs. He enjoys being an active member of the statewide equally well steering committee.

Interdisciplinary Strength to Bridge the Gap in Mental Health Nursing Care

This presentation showcases the power of interdisciplinary collaboration in addressing the longstanding divide between physical and



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mental healthcare for people living with serious mental illness. Beginning from a frontline nurse's experience with a physical health portfolio, this journey progressed into a master's research project, ultimately contributing to the co-development and evaluation of an embedded GP model at Eastern Health Community Mental Health Services.

Grounded in the concept of reverse integration, this model embeds primary care within mental health services—breaking down barriers such as stigma, fragmented systems, and access inequities. Early findings from multidisciplinary stakeholders, including occupational therapists, psychologists, social workers, psychiatrists, and service managers, highlight improved engagement, continuity of care, and health access.

Co-presented by a GP and a senior nurse, this session will illustrate the strength of interdisciplinary approaches. The GP will discuss practical impacts on consumer outcomes, chronic disease management, and continuity of care. The senior nurse will reflect on the broader service implications—how the model has deepened team collaboration, increased client trust and attendance, and catalysed formal research and partnerships across nursing, allied health, education, and policy sectors.

12:20pm • BREAK OUT 2

SEATON CHARLESWORTH, HE/HIM ★, VIVIENNE BUTLIN

Seaton currently works as a psychology educator at Eastern Health developing education and training content for psychologists across the career-span. He is a clinical psychologist who has worked in various public hospital settings, including acute outreach, case management, brief intervention and pain management.

Vivienne is the Mental Health Enrolled Nurse Transition to Mental Health Co-ordinator and the Mental Health Clinical Nurse Educator at the Adolescent Inpatient Unit in Eastern Health.

She has worked in both the community teams and in acute inpatient units as a registered mental health nurse. Vivienne has a passion for clinical excellence and social justice. She also spends a lot of her free time reviewing capability frameworks!

Innovating Training for Mental Health Care: Motivational Interviewing in Practice

The Psychology Educator team co-developed a blended learning package on motivational interviewing in collaboration with the Mental Health Nursing Learning and Teaching Team. This program integrated an engaging online course covering foundational concepts with practical, face-to-face training day focused on skill development.

By leveraging digital technology, we reduced the need for extended in-person training while ensuring engaging and interactive learning. The online course allowed participants to learn key foundational concepts at their own pace, maximizing the face-to-face session time for experiential learning. Mentimeter was incorporated to enhance engagement, allowing real-time interaction, feedback, and collaborative learning.

The learning was delivered to allied health mental health graduates and mental health nursing graduates as part of their Transition to Practice programs. This innovative approach strengthened interdisciplinary practice by ensuring clinicians develop effective communication skills in a flexible, accessible format. Our model demonstrates how technology can support high-quality mental health training to support clinicians while optimizing resources and improving accessibility.

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12:20pm • BREAK OUT 3 SHIN LIM, SHE/HER

Post graduate mental health nurse who has just commenced her Masters of Psychiatric Nursing. Currently on a year long rotation working as an Emergency Mental Health Clinician at the Northern Hospital's emergency department

Crisis in the Cloud: Can Virtual EDs Truly Deliver in Mental Health Emergencies?

With the growth of telehealth and increasing demand for mental health services, the Victorian Virtual Emergency Department (VVED) has emerged as a developing model for responding to acute mental health crises alongside existing Mental Health Triage (MHT), Emergency Mental Health (EMH) and Police, Ambulance and Clinician Emergency Response (PACER) services. This presentation explores how the implementation of VVED for mental health endeavours to improve consumer safety and outcomes through prompt consumer-centred care. Through exploration of emerging research and recent service data, this presentation will analyse VVED's advantages for mental health clients and clinicians including improved accessibility, reduced pressure on Emergency Departments (ED), improved continuity of care, restrictive practice minimisation and prevention of re-traumatisation. Understandably, underlying concerns remain regarding barriers of virtual communication, intricacy of assessments, technological constraints and obtaining clinical governance throughout such extensive mental health services. However, current research suggests that clear procedural policies, robust clinical governance and adequate training of mental health professionals will allow VVED to function concurrently with existing emergency mental health services, while still triaging high-risk mental health presentations to in-person EDs for care. This presentation will conclude with recommendations

for future research to optimise virtual emergency responses for our clients and clinicians.

12:20pm • BREAK OUT 4 – DANVERS ROOM LUCY GRAHAM, SHE/HER, ASSOCIATE PROFESSOR MARY GILBERT ★

Lucy is an experienced mental health nurse with a strong passion for early intervention, workforce development, and clinical education.

She has worked across a range of mental health settings, developing expertise in clinical care, leadership, and education. She is particularly committed to building the capability of the youth mental health workforce through mentoring, clinical supervision, and structured learning opportunities.

In her role as a clinical nurse consultant, she focuses on developing a confident, skilled, and recovery-oriented workforce. She is dedicated to supporting young people, their families, carers, and kin by promoting timely, person-centred care. Her goal is to help shape a sustainable mental health system that can adapt to the evolving needs of young people.

Mary is a mental health nurse with 30 years' experience across the Victorian public mental health sector. With a strong focus on infant, child and youth mental health and having worked across hospital, community and state government settings, Mary is committed to person-centered care and invested in building capability for the mental health nursing workforce.

As the first Director of Nursing for Orygen Specialist Program, Royal Melbourne Hospital, and



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more recently the inaugural Director of Nursing, Parkville Youth Mental Health and Wellbeing Service (PYMHWS). Victoria's first dedicated youth public health service. Mary's had the privilege of focusing on Victoria's mental health reform, by strengthen the quality, safety and improvement agenda, develop and deliver the first youth focused Graduate Mental Health Nursing Program and supported the opening of the Orygen Recovery, YPARC service.

Creating and Implementing Australia's First Specialist Youth Mental Health Nurse Program for Early Career Nurses

Research shows that around 75% of all mental health disorders emerge before the age of 25, highlighting the urgent need for youth-specific mental health services and early intervention. One of the key recommendations from the Royal Commission was to "create mental health services specifically for young people." In response, Orygen Specialist Program developed early career programs for graduate, transition, and enrolled nurses—aimed at building a skilled and sustainable workforce focused on early intervention in youth mental health. Launched in February 2025 after extensive planning and overcoming significant challenges, these programs have already received outstanding feedback. They offer nurses a comprehensive learning experience grounded in evidence-based practices and current research. Participants gain the skills to deliver high-quality care to young people, their families, and supporters, while embracing the values and identity of mental health nursing. Recognising the vulnerability of this workforce, we prioritise staff wellbeing by employing nurses part-time, offering monthly individual and group clinical supervision, and regularly reviewing wellbeing domains. Additionally, we educate teams working alongside early career nurses to foster a supportive environment.

We are proud of this initiative and the positive impact it is already having. We welcome the opportunity to share more about this important program.

12:45 • PLENARY SPACE – VICTORY ROOM RAVINDER KUMAR, HE/HIM

***Ravi** is a Clinical Nurse Educator with a background in mental health nursing and information technology. He is passionate about clinical education, workforce development, and supporting the growth of future mental health nurses.*

Human-in-the-Loop: AI as the Nurse's Ally in Delivering Marvellous Care

As mental health nursing intersects with digital innovation, AI and generative models are transforming clinical practice. Early evidence demonstrates these technologies can streamline documentation, support decision-making, and potentially address workforce challenges, including burnout and attrition that threaten the sustainability of our healthcare system.

However, in our rush to adopt these powerful tools, are we experiencing technological FOMO (fear of missing out)? Mental health nurses face legitimate concerns about AI hallucinations, data privacy, technology bias, and the potential erosion of specialist skills that define our profession. The solution lies in balanced integration where technology augments rather than replaces human care. With "human-in-the-loop" approaches, AI becomes an ally that handles administrative burdens while nurses focus on what technology cannot replace: empathy, therapeutic relationships, and contextual understanding.

This presentation explores practical implementation strategies for integrating AI into mental health

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nursing workflows, addressing education needs across generations from experienced practitioners to Gen Z nurses. We'll examine how ordinary clinicians can do extraordinary things by harnessing AI as a tool for empowerment while maintaining trust, transparency, and the human connection that remains central to mental health care. Through this balanced approach, we can enhance care quality while preserving the essence of mental health nursing.

12:45pm • BREAK OUT 1

MARCIE REGESTER, SHE/HER

***Marcie** has worked at SVHM in Mental Health since her graduate year in 2015. Marcie is currently in the Education Team Leader - Psychiatric Nurse Consultant role and has previously worked in various positions throughout the service, in the inpatient unit and community mental health. Marcie's career has been built on her keen interest in supporting the junior workforce to become well-rounded clinicians, working with consumers who use substances, and creating and implementing practical changes across varying levels of nursing from undergraduate to senior staff. Through her various projects across her career, Marcie's ultimate goals have been around enabling nursing staff to engage in recovery oriented, collaborative care for consumers and those close to them - through building confidence, skill development, education, support and research.*

'Time Flies When You're Having Fun(ctional Nursing Shifts)' - How Can we Increase Nursing Time Spent with Consumers in our Mental Health Unit?

SVMH participated in a project by SCV and the IHI - "Wellbeing for Healthcare Workers Initiative" that aimed to reduce burnout and increase joy within our acute inpatient unit. Despite implementing 'quick

wins' and changing processes and procedures, the elephant in the room remained. A resounding number of staff survey responses placed high value on time spent with consumers, reporting this as the most valuable aspect of their work; however, delving into this phenomenon seemed almost out of our reach due to multiple constraints surrounding the project. Round table discussions were had with staff to wade through concerns voiced around the level of workload that specifically nursing staff were expected to undertake in addition to direct consumer contact. Exploration into this unravelled further lines of questioning such as: 'do we ever de-implement processes, procedures and tasks?' and 'what is considered essential or high value by staff and the service (and do they differ)?' The wider scrutiny of what nursing specific tasks are has resulted in commencement of further scaffolding through project and research (and possible PhD commencement) to hopefully mitigate against staff burnout and increase joy by buying more time for nursing staff to spend with consumer

12:45pm • BREAK OUT 3

NICOLE EDWARDS, SHE/HER

***Nicole** is a Mental Health Nurse currently working across Monash Health as a Deputy Director of Nursing in Education and the Prevention of Violence and Aggression (or PoVA). She has had a wide range of experiences over her 30-year career in Education, Dual Diagnosis and Community settings, as well as strategic roles in the Emergency Department and Department of Health.*

Mental Health Nurses Providing Marvel-ous Leadership in Behaviour Support Across Healthcare Settings



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Aggression and violence in healthcare remains a significant issue that impacts consumers and the workforce. Maintaining safety for staff can often be incompatible with responding to consumer needs when behaviours of concern are displayed. People with a range of complex issues, including mental health, are treated in all areas of the hospital system, which is often not equipped or designed to meet their specific needs.

Monash Health identified a novel approach to influence change, with a focus on prevention and improving safety for all. This led to the implementation of Behaviour Support Consultant (BSC) roles to enhance the care provided to consumers who may present with high risk behaviours, utilising a capacity building approach. MHNs play an integral role and their leadership, knowledge and experience provides a fresh perspective in general settings.

This presentation will highlight how MHNs are “providing marvel-ous leadership” including the aims and functions of the BSC, examples of how the role has improved care, consumer outcomes and staff safety, and the effectiveness of the role. It will highlight results of an evaluation to explore the impact of the model of care at Monash Health from the perspective of key stakeholders and on key outcome measures.

12:45pm • BREAK OUT 4

YOGES ANNAVEE, SHE/HER, NATASHA STRENSJAK, ADAM DALY (UNDERGRADUATE PROGRAMME MANAGER), SAROSH SHAREEF (PEER WORKER)

Yoges Annavee is the Clinical Nurse Consultant and Graduate Program Coordinator at Mercy Mental Health. Prior to this, her background is in acute inpatient and youth mental health. Her keen

interest includes exploring new innovations and ideas within education and training space and further developing nursing graduate program.

***Natasha Stresnjak** is the Senior Psychiatric Nurse, and manager of the learning and development team at Mercy Mental Health. Her background is working in aged care, mental health inpatient unit's, and Emergency Mental Health, particularly in leadership positions. She is passionate about efficient hospital systems, innovation and health service leaders supporting clinicians in new and exciting ways.*

Along with her Postgraduate Diploma in mental health nursing, Natasha has completed her Masters in Business Administration. She is now a Doctoral Candidate, studying her Doctorate in Business Administration, with a focus on organisational responsibility supporting clinicians in healthcare

Building an Orientation Platform for Marvel-ous People

Mercy Mental Health Learning & Development team developed a new centralised orientation platform which welcomes new staff to our service. Previously, orientation to the Mental Health Program relied heavily on individual managers. As a result, new staff were receiving inconsistent orientation and therefore it was identified that a standardized system-wide approach was needed.

The Learning and Development Team leveraged Mercy Health's existing Learning Management System (LMS) program, MyCircuit, to build a self-directed online orientation module. This was done in collaboration with various internal key stakeholders to ensure that current and pertinent information was included. This approach empowers learners to navigate the orientation module at their own pace, fostering autonomy and accountability whilst supporting diverse learning styles. The modular structure enables flexibility and scalability to

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accommodate organisational updates and inclusion of integrated support resources. The orientation package is regularly reviewed and refined by integrating feedback through continuous learning.

In our presentation, we will showcase our Orientation package, learnings and future plans. Mercy Mental Health is dedicated to establishing a robust digital learning foundation that supports both current and future workforce.

**3:05pm • PLENARY SPACE – VICTORY ROOM
EARLY CAREER SYMPOSIUM**

MADDISON ADAMS, SHE/HER

Psychiatric Nurse Consultant at Barwon Health

The Positive Impact of a Good Mental Health Placement - A Roadmap from Undergraduate to Graduate Mental Health Nurse

What motivates an undergraduate student to apply for an early career position with a particular service? What motivates them to apply for a Mental Health Graduate Program?

Barwon Mental Health, Drugs and Alcohol Services (MHDAS) facilitate undergraduate placements for a number of disciplines throughout the year. In 2025 more than 320 undergraduate nursing students will complete a mental health placement across all areas of MHDAS. The Barwon MHDAS Education Team provide a comprehensive orientation program, support and supervision lead by an Undergraduate Coordinator and dedicated Clinical Nurse Educator. This program provides the scaffolding for students to ensure they are well supported to have a positive experience. In 2024 80% of MHDAS Graduate Nurses had completed a placement with MHDAS and many attributed their positive placement experience as a motivator to apply for the Mental Health Graduate Program. Almost half of the current

Graduate cohort completed a placement with MHDAS. This presentation will explore the roadmap MHET provide students with during their mental health place, setting the groundwork for continued interest in becoming a mental health nurse.

OGECHI OLUWA, SHE/HER ★

I am a Registered Nurse based in Melbourne, Australia, with a growing specialization in mental health nursing. Passionate about the intersection of technology and compassionate care, I am committed to exploring innovative digital solutions

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that enhance mental health outcomes and professional practice. With experience in acute settings and a strong foundation in person-centred care, I bring a forward-thinking approach to the evolving challenges in mental health. My work is grounded in evidence-based practice, professional integrity, and a deep commitment to supporting both clients and clinicians in the digital age

Digital Frontiers in Mental Health Nursing: Expanding Early Career Opportunities

The rapid advancement of digital health technologies is redefining mental health care delivery. From virtual support communities to AI-powered mental health assessments and telepsychiatry, digital health presents unprecedented opportunities for early career mental health nurses as well as those across all levels of experience. However, navigating this evolving landscape requires training, adaptability, and strategic integration to overcome implementation barriers.

This presentation will explore both current and emerging digital health tools being integrated into mental health nursing practice. Drawing on case studies, recent research and best practices, it will examine how mental health nurses are adapting to these changes across clinical, community and virtual settings. Innovations such as telehealth, virtual reality therapy and digital peer support networks are enabling greater flexibility and accessibility in mental health service provision, particularly in remote areas. Which can consequently expand mental health nurses' scope of practice.

Digital health is reshaping the landscape of mental health nursing. However, challenges such as technological literacy gaps and ethical considerations were also identified. By integrating

targeted digital training programs into workforce development, fostering leadership opportunities and enhancing research-driven implementation, the next generation of mental health nurses can shape a more accessible, inclusive and consumer-centered mental health care system.

SIOBHAN GURRY, SHE/HER ★, LIV FALL, SHE/HER ★

Siobhan is the Acting NUM of Upton House Adult Inpatient Unit. Siobhan looks after a 25 bed unit and 50 nursing staff. Siobhan has previously practiced in the disability and aged sector, however mental health has always been her passion. Since joining Eastern Health she has worked in the Inpatient, AOD, and community settings. Her roles have varied between RN, ANUM, CM, duty worker, CNC, CNM and NUM.

Liv is a Clinical Nurse Manager at Upton House Adult Inpatient Unit. Liv is an advocate for consumers and staff and is an innovative clinician with many quality and service improvement initiatives under her belt Liv is a Clinical Nurse Manager at Upton House Adult Inpatient Unit. Liv is an advocate for consumers and staff and is an innovative clinician with many quality and service improvement initiatives under her belt

Our Junior Workforce – Cultivating Leaders & Sustaining a Positive Workplace Culture for the Growth and Development of Early Career Nurses ♥

In the nursing workforce, fostering a positive workplace culture has been acknowledged as imperative for staff retention and development. Emerging research has identified several key factors influencing staff wellbeing and longevity within an organisation.

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This presentation offers a succinct overview of the fundamental drivers behind the growth and junior leadership within the Eastern Health Upton House Inpatient Team. It aims to provide insight into the team's journey through significant change and expansion, presenting the challenges overcome and outlining key components and commitments necessary to foster a continued positive team culture, leadership and early career roles.

Furthermore, the presentation will share key findings from data analysis and employee feedback, evaluating and discussing the key contributors to positive employee experience while proposing actionable recommendations and plans for ongoing improvement.

HARMANBEER SINGH, HE/HIM ★

Harmanbeer Singh is an experienced mental health nurse specialising in acute and aged psychiatry. He has worked at Alfred Health since 2012 in roles including Clinical Nurse Educator and Associate Nurse Unit Manager. He also facilitates learning and provides student support in mental health programs at Monash University and Victoria University Online. Harmanbeer holds a Master of Nursing Practice from Monash University, a Postgraduate Diploma in Mental Health Nursing from RMIT University, and a Bachelor's degree in Biotechnology

Strengthening Undergraduate Mental Health Nursing Education Through Collaboration with the Lived Experience Workforce

This presentation explores how collaboration between Lived Experience (LE) workers and mental health nurses can strengthen the preparation of undergraduate nursing students during clinical placements. It addresses a critical gap in undergraduate mental health nursing education—

many students enter placement with limited understanding of the LE workforce and its vital role in supporting recovery.

The session showcases an innovative educational model implemented across Victorian hospital settings, where LE workers—including Career Consultants and Consumer Peer Workers—co-design and co-deliver learning sessions alongside nurse educators. Key LE principles, the National Lived Experience Workforce Development Guidelines (2024), and real-world examples from clinical settings will be discussed.

Through case studies and reflective activities, students gain insight into how shared experience, empathy, and collaboration enhance mental health care. This initiative equips students with the knowledge, language, and confidence to engage with LE workers from the outset of their careers. It also fosters leadership development for emerging LE educators.

First-time presenters will share their personal journeys and how this co-facilitated model empowers “ordinary people to do extraordinary things,” fostering meaningful, recovery-oriented, and human rights-based mental health education.

TOM PICKUP, HE/HIM

With more than 25 years in public mental health, Tom brings deep expertise in quality enhancement, consumer and carer engagement, and fostering early career development. Over the past 8 years, he has pioneered and guided the Lived Experience workforce at Monash Health, with a strong commitment to its expansion and meaningful integration within the mental health system.



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Growing our marvel-ous Peer Workforce; collaborative practices in recruitment and induction ♥

Monash Health is one of the largest employers of Peer Workers in the Victorian public mental health sector, with 80% of the workforce entering first-time Peer Worker roles. As most employees have limited or no prior training or experience in peer work, challenges arise in recruiting suitable candidates and supporting them to develop necessary skills.

This presentation highlights a co-design project aimed at addressing recruitment and induction challenges for Peer Workers. The project focuses on developing processes and guidelines aligned with the National Lived Experience Workforce Development Guidelines to enhance best practice. Emphasis is placed on the development of essential core practice skills within the first 16 weeks of employment, with a particular focus on fostering collaboration between Clinical and Lived Experience Leads. The findings aim to inform effective recruitment and induction strategies, supporting Peer Workers to thrive in their roles and provide best possible outcomes for the consumer and carers they support.

MIKE SWEENEY, HE/HIM ★

Clinical Nurse Educator working at St. Vincent's Mental Health

St. Vincent's POP Pathway for Early Career MHN Growth in a Changing Landscape ♥

St. Vincent's pilot Postgraduate Opt-In Program (POP) provides a transition period of structured support. Our aim is to build skills and confidence and enable career pathways for postgraduate nurses transitioning from graduate roles.

The POP supports postgraduate nurses by bridging theory with practice. Key aspects include study days like 'Shift Leading' and 'Preceptorship,' with corresponding clinical competencies and additional access to clinical supervision. These elements are designed to develop clinical reasoning, leadership capabilities and teaching skills. By offering structured support, we hope participants will feel more confident navigating new responsibilities and be prepared for future roles.

Contemporary challenges, including workforce retirements, COVID-19 impacts and broader MHN career options, have curtailed informal observational learning. This program aims to address the resulting experience gap by delivering extended, targeted support. It aims to enhance clinical capabilities, improve retention and ensure high-quality consumer care.

This program demonstrates how targeted development could be an opportunity for Marvel-ous Mental Health Care, by investing in its people, particularly in response to contemporary workforce challenges.

3:05pm • BREAK OUT 1 TERESA KELLY, SHE/HER

Teresa Kelly is a mental health nurse, gestalt practitioner, and academic at the Centre for Mental Health Nursing. She is passionate about relational practices and approaches that promote the health and wellbeing of consumers, families, nurses, and communities. She is the project lead and one of the authors of the Centre for Mental Health Nursing Clinical Supervisor Development Program for Mental Health Nurses.

A Relational, Experiential, and Translational Approach to Growing Clinical Supervisors: A Clinical Supervisor Development Program for

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Mental Health Nurses

Compared to other disciplines in mental health, engagement in clinical supervision among mental health nurses in Australia is limited. The barriers are complex, involving challenges faced by individual nurses, such as a lack of skills and confidence, as well as those arising from professional and organisational cultures, including the accessibility, applicability, and translatability of quality clinical supervision training for mental health nurses.

We designed a clinical supervisor development program that uses relational, experiential, and translational approaches to enhance the clinical supervisory capabilities of mental health nurses working in public mental health and wellbeing services in Victoria, Australia.

Our program aligns with Victoria's mental health reform agenda, the Victorian clinical supervision framework for mental health nurses, and Australia's clinical supervision position statement for nurses and midwives. Enriched by consumer perspectives, our bespoke program emphasises relational, narrative, and human rights-oriented transformational approaches.

In this presentation, we will share the story of our innovative program and its implementation. We will utilise the Template for Intervention Description and Replication (TIDieR) checklist to signpost the rationale, philosophical foundations, components, content, and delivery methods.

Our presentation will conclude with an interactive community conversation seeking feedback on the program and sharing ideas for future directions.

3:05pm • BREAK OUT 2

JORDAN BROWN, SHE/HER ★

Jordan is a psychiatric and gender-based violence

survivor, peer worker, Mad woman and independent community-based artist and researcher.

Peer Workers' Grounded Praxis of Systemic Change to Re-centre People with Lived and Living Experience in the Public Mental Health System Currently Imposed Upon Unceded Aboriginal Land ♥

This presentation will explore peer workers' grounded praxis of systemic change which aims to centre people with LLE at all levels of leadership within the public mental health system. Although LLE leadership has been defined by the Department of Health as "intentionally embedding LLE expertise in a way that advances lived experience perspectives and contributes to system and organisational reform", the current public mental health system actively works to decentre us as individuals and decentralise us from one another as a workforce so that our collective knowledge, power and decision-making processes are restrained, diffused and thus impotent in truly contributing to such legislated reform.

Based on our collective experiences, observations and discussions of being decentred and decentralised by the public mental health system, we will present our praxis of systemic change that aims to re-centre LLE leadership at multiple levels of our workforce. Crucially, such praxis is grounded in our theoretical priorities and corresponding practical strategies for addressing how the current system works to decentre and decentralise LLE leadership within public mental health, both individually and collectively. By working together to re-centre people with LLE at all levels of leadership, we can all truly contribute to systemic and organisational reform.



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3:05pm • BREAK OUT 3 SHINGAI MAREYA HE/HIM, HELEN KELLY SHE / HER

***Shingai** is a dedicated mental health nurse and who focuses on developing innovative, evidence-based mental health care solutions. With extensive experience as a mental health nurse and in research, Shingai is passionate about early intervention and integrated mental health care systems that meets the needs of consumers and carers.*

***Helen** is a Clinical Nurse Educator at the Royal Melbourne Hospital. Helen is based in the John Cade Building and works with Neuropsychiatry, ECT and Eating Disorder patients.*

Adopting a Co-Design Approach to Develop High Quality Preceptor Modules for Enhancing Support of Undergraduate Nursing Students in Mental Health Placements ♥

The Australian mental health nursing workforce faces a critical shortage, necessitating urgent strategies to support student engagement and retention. Clinical placements are pivotal in shaping undergraduate nursing students' perceptions of mental health nursing and their career intentions. Preceptors are central to this process; however, their ability to support students is often constrained by competing clinical demands, a lack of training, and inconsistent role clarity. In response, a collaborative initiative between Northern Health, Royal Melbourne Hospital, and RMIT University was established to co-design an accessible and sustainable preceptor training program tailored to mental health settings.

Consultations and focus groups were held with key stakeholders, including senior nursing leaders, clinical educators, preceptors, and undergraduate students, to identify barriers and opportunities

for enhancing placement experiences. Findings revealed significant challenges such as student apprehension, inconsistent induction processes, gaps in professional development for preceptors, and difficulties in balancing clinical and teaching responsibilities. Based on these insights, evidence-informed training modules were created, covering clinical learning theories, orientation, student assessment, safety, feedback, inclusive education, and career pathways.

This initiative fosters the growth of a confident and skilled preceptor workforce and enhances placement quality, ultimately contributing to improved recruitment in mental health nursing.

3:05pm • BREAK OUT 4 – DANVERS ROOM HALEY PECKHAM – SHAME COMPETENCE WORKSHOP (60 MINS)

This workshop will explore shame and shame dynamics. We'll look at what shame is and why it's important to recognise understand and respond to shame. Shame may be conscious or unconscious, its related to guilt but what are the differences and why does shame drive so many outcomes that services try hard to prevent? We'll look at the shame compass and shame cycles that link shame to both violence and to disengagement. Finally, we'll look at the inadvertent and sometimes deliberate shaming practices that organizations engage in. This workshop will engage your heart and your mind and may raise your awareness of shame in yourself and others.

3:30pm • BREAK OUT 1 DEANDRA COLEIRO, SHE/HER ★, STUART WALL

***Deandra Coleiro** is a dedicated mental health nurse with over 12 years of experience across a*

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broad range of specialties, including adolescent, perinatal, aged care, and forensic mental health. Currently working as an Enrolled Nurse educator at Peninsula Health within the Mental Health & Alcohol and Other Drugs (MH & AOD) team. Deandra is deeply committed to supporting the development of Enrolled Nurses and undergraduate students. Her passion extends beyond direct care, as she actively works behind the scenes to advocate for and promote the importance of clinical supervision in mental health nursing especially for Enrolled Nurses

Stuart Wall currently works as the Education Stream Lead for Mental Health and AOD clinical education across Peninsula Health. Stuart leads a team of Mental Health, AOD and Lived experience Educators and oversees Undergraduate, Graduate, and Post Graduate programs for Mental Health Nursing. In partnership with the appropriate discipline leads Stuart has accessed funding for the establishment and continuation of Pre-Qualification, Graduate and Transition into Speciality Practice programs to build the mental health workforce capability and capacity within Peninsula Health.

Strengthening Clinical Supervision Access for Enrolled Nurses in Mental Health Services ♥

Enrolled Nurses (ENs) play a vital role in delivering compassionate, person-centred care within mental health and wellbeing services. However, they often face significant barriers to engaging in clinical supervision; an essential component for their professional development and wellbeing. These barriers include limited role clarity, restricted access to supervisors familiar with EN scope of practice, and time constraints due to workload pressures.

Recognising these challenges, one metropolitan mental health and wellbeing service designed a multifaceted strategy in consultation with ENs and senior nursing leaders. This initiative aims

to improve access, flexibility, and protected time for clinical supervision, while also enhancing the visibility and value of supervision for EN's.

Key strategies included supervisor development tailored to EN needs, aligning EN's with clinical supervisor professional development pathways, and embedding participation of clinical supervision into routine workflows. A structured process was introduced to support ENs in accessing supervision, with clear guidance and leadership support. Participation is monitored, and positive outcomes are celebrated to reinforce the benefits and sustain engagement.

This presentation will explore the barriers and enablers identified, share implementation strategies, highlighting how ordinary clinicians—when supported with the right structures—can achieve extraordinary things. This work demonstrates how strengthening supervision for EN can build workforce capability, supports wellbeing, and fosters future nursing leadership.

3:30pm • BREAK OUT 2

CARLA MARTINS, SHE/HER ★

Carla Martins is a Postgraduate, Registered Nurse working at Royal Childrens Hospital on Banksia for 1yr 6months (by the time of presenting at The Collab).

Using Safewards' 'Mutual Help Meeting' on an Adolescent Inpatient Unit – Key Learnings and Findings ♥

Several years ago, the Banksia Adolescent Inpatient Unit introduced the Gujuna meeting as an adaptation of the Safewards 'Mutual Help Meeting'.



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"Gujuna," meaning "good morning" in Wurundjeri language, marked a significant shift in the ward's morning routine, aiming to unite staff and young people in a shared, supportive space.

Feedback from both staff and consumers has been overwhelmingly positive. Young people reported feeling more confident, calm, supported, and motivated to achieve their daily goals. Staff noted that the meeting fostered stronger team cohesion and promoted positive communication. They also observed improved rapport with young people, along with enhanced emotional regulation and increased self-esteem among consumers.

The introduction of Gujuna has led to measurable improvements across several domains. Notably, it has supported young people in making meaningful contributions, and has been associated with reductions in incidents of violence, aggression, and the use of restrictive interventions.

Given its success on Banksia ward, the Gujuna meeting will now be implemented in the adolescent medical unit, with the aim of extending its positive impact across the broader inpatient setting

3:30pm • BREAK OUT 3 PUNEET SANSANWAL, HE/HIM

***Puneet** is an early career researcher working from a consumer lived experience perspective within the mental health sector. He holds an academic role at University of Melbourne and has recently started as a PhD candidate at La Trobe University exploring trauma informed practices within the legal sector that uphold clients' human rights. Puneet is also a member of Lived Experience Advisory Panel at Victorian Collaborative Centre for Mental Health and Wellbeing. His background includes working on frontline as a consumer peer support worker/*

consumer consultant within public area mental health services in Victoria

Co-creation of a Support Program for Lived Experience Workforce Members Undertaking Tertiary Studies: Approach and Methodology ♥

Each year Department of Health (VIC) funds and supports eligible LLEW (Lived and Living Experience Workforce) members in the public sector to undertake tertiary studies through scholarships to enhance their leadership capability. Between 2022-2024, Consumer Academic Program (CAP) at CentreMHN was funded as part of a suite of projects by the Department of Health (VIC) to support LLEW. A group of consumer academics worked alongside consumer scholarship recipients to co-create a Scholarship Support Program for the consumer LLEW undertaking tertiary studies. The project aimed to co-design with scholarship recipients what supervision or mentoring mean to them while undertaking tertiary studies while co-producing a pilot program of supports.

This presentation will share a step-by-step process of how the project team collaborated with the scholarship recipients over 15 months, co-designed the preferred approach and mode of co-creation of the program. The presentation will share co-identified results from the project such as suggested resources for priority areas for consumer workers as student.

Through its recommendations, the presentation may be useful for LLEW managers, employing organisations and policymakers in the areas of creating ongoing support for educational activities and opportunities and in the areas of preventing barriers and challenges for LLEW.

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3:30pm • BREAK OUT 4 – DANVERS ROOM HALEY PECKHAM WORKSHOP CONTINUED

3:55pm • PLENARY SPACE – VICTORY ROOM EARLY CAREER SYMPOSIUM CONTINUED

3:55pm • BREAK OUT 1 REBECCA CORBETT, SHE/HER, MUNYA JURU

Rebecca has worked across the mental health sector including inpatient, triage, CATT, youth, community, education and academia. She currently works in a Clinical Nurse Consultant role within Cherry Creek Youth Justice Centre, as part of the Barwon Primary Health Service.

Her Masters research; completed through the University of Melbourne, focussed on mental health and sexuality/sexual health.

Rebecca is a strong advocate of clinical supervision and the professional esteem of mental health nurses; as well as recovery, trauma informed care and gender sensitive practice. She is an ASIST & Mental Health First Aid trainer & has recently written the mental health chapter in Jarvis's Physical Examination and Health Assessment.

Munya began his professional journey as a secondary school teacher in Zimbabwe and the UK, teaching Design Technology. He later transitioned into Mental Health Nursing, studying at Sheffield University under Project 2000—an initiative that moved nursing education from hospitals to universities. Munya worked at Sheffield Care Trust in a Psychiatric Intensive Care Unit before joining Broadmoor High Secure Hospital's Dangerous and Severe Personality Disorder (DSPD) unit. He then led teams at Charing Cross Hospital, piloting the Productive Mental Health Wards and Safe Wards projects. After moving to Australia, Munya worked at Latrobe Regional Hospital and as an ANUM and

acting NUM at the Dame Phyllis Frost Centre. He also held roles with Queensland Health's Acute Care Team, GV Health in Shepparton, and the Metropolitan Remand Centre. He briefly worked at The Orange Door as a Senior Mental Health Nurse. Munya now serves as the Clinical Mental Health Nurse Consultant at Cherry Creek Youth Justice Centre.

We can see the You Yangs' - Mental Health Nursing in a Youth Justice setting

Young people who offend are largely from complex & disadvantaged backgrounds.

Serious offending by young people is linked to early life trauma, family violence, early introduction to alcohol and drugs, physical or intellectual disabilities, developmental issues, poor mental & physical health as well as poverty and neglect. Forty percent Victoria's incarcerated young people have been involved with child protection, more than half are from a CALD or Aboriginal background, half have mental health issues.

Cherry Creek Youth Justice Centre (CCYJ) is a contemporary facility that accommodates males aged 15-18 years. The service has been designed to support young people to learn, reflect and grow whilst in custody- fostering accountability whilst holding hope for rehabilitation.

CCYJ has partnered with Barwon Health & Wathaurong to deliver culturally safe Primary Health Services to young people; inclusive of AOD support, harm reduction and health education.

This presentation will overview the marvellous role Mental Health Nurses play in caring for the



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mental health needs of young people in custody at CCYJ. Learners will be provided with an understanding of the intersecting complexities faced by young people, as well as the innovative and creative ways mental health nurses work within a custodial environment to foster trust and therapeutic connection.

3:55pm • BREAK OUT 2
ALEXIS MAY, SHE/HER

Alexis May has worked as a nurse within the Victorian public mental health system for over 20 years within multiple health services and clinical settings. The health inequality she witnessed was the motivation to become a nurse practitioner and provide more comprehensive care to mental health consumers. Alexis worked at Midwest Area Mental Health service as a nurse practitioner implementing the Equally well Framework, before joining Orygen to lead their Physical Health Stream for young people aged 12-25 yrs.

Meeting the Unique Physical Health Concerns of Young People With a Mental Illness: Enablers and Barriers of Implementing a new Nurse Practitioner Model of Care.

Physical health Nurse Practitioner models of care have been growing within Victoria's public mental health service over the past decade. The Equally Well framework in its current form however, doesn't fully represent the physical health care needs of young people (aged 12-25 years). Young people typically don't present with chronic diseases, are prone to risk taking, have no or low income, are less likely to have a regular GP, and when they do see a GP it's often via support of parents and family. This means sensitive health concerns like sexual health, substance use, self-harm wounds and disordered eating can be overlooked.

Orygen's physical health nurse practitioner model of care has been modified to meet the unique physical health care needs of young people. With an increased focus on screening, self-management and delivering preventative physical health care in a more opportunistic fashion, Orygen is addressing the health inequality of its consumers.

This presentation explores the enablers and barriers faced by developing this new nurse practitioner model care, both within direct clinical practice and organisational service development.

3:30pm • BREAK OUT 4 – DANVERS ROOM
HALEY PECKHAM WORKSHOP CONTINUED

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