2026 Abstracts

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

CENTRE FOR MENTAL HEALTH NURSING
Coproducing excellent practice.

ANMF Australian Nursing & Midwifery Federation VICTORIAN BRANCH

the Australian College of Mental Health Nurses Inc

HACSU Health & Community Services Union

THE UNIVERSITY OF MELBOURNE

ANMF

Advocating for mental health nurses

→ Minimum mental health nurses staffing for bed-based services

→ Community mental health team mapping

→ Senior nurse skill mix in community mental health teams

→ Nurse for nurse replacement in community mental health teams

→ Designated RN prescribing

→ Continued advocacy for legislation of mental health nurse ratios

→ Professional standards for practice

→ Community redesign – Expert Advisory Group

→ Dedicated Mental Health Directors of Nursing

→ Graduate support nurses

→ 3 Level NUM structure

→ Additional year levels for nurse practitioners

→ Parent Infant Unit Nursing EFT

→ Pay parity

ANMF Australian® Nursing & Midwifery Federation VICTORIAN BRANCH

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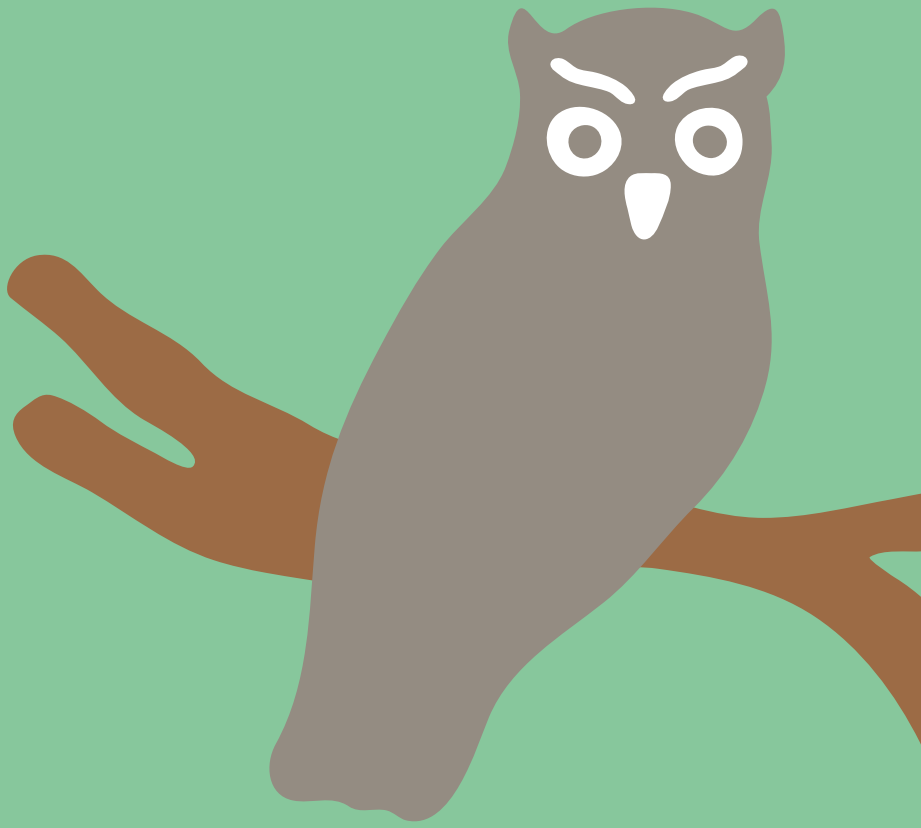


THE COLLAB 2026

CONTENTS

Keynote Speakers

Anna Love

DAY ONE

CHIEF MENTAL HEALTH NURSE
VICTORIAN DEPARTMENT OF HEALTH

DAY: TUESDAY 22 SEPTEMBER
TIME: 9:40am

ANNA LOVE'S KEYNOTE IS THANKS TO MAJOR SPONSOR CENTRE FOR MENTAL HEALTH NURSING

Anna Love has been Victoria's Chief MHN since 2015

Anna Love has been Victoria's Chief Mental Health Nurse since 2015, where she provides leadership and promotes collaboration between the Department of Health and the mental health nursing profession.

The Chief Mental Health Nurse represents the profession at all levels of government and across all health service sectors and promotes recognition of the mental health nursing profession.

The position has a focus on education and training initiatives, promoting best practice standards, workforce planning and development, and professional leadership.

KEYNOTE

From Royal Commission reform to workforce future — building a capable, connected mental health workforce

Since the Royal Commission into Victoria's Mental Health System, the system has been reshaped by substantial investment, new models of care, and a renewed focus on workforce composition, distribution and capability. In this keynote, Anna Love, Chief Mental Health Nurse, will reflect on the journey so far—what we set out to change, what has been built, and what we have learned about delivering reform at scale. Drawing on system-wide experience, Anna will highlight key programs and enablers introduced since the Royal Commission, including investment to grow the workforce, Victoria's mental health workforce capability framework Our Workforce, Our Future and the establishment of the Victorian Collaborative Centre for Mental Health and Wellbeing (VCC). By partnering with the sector, together, these initiatives are strengthening practice, building clinical leadership, and supporting safer, more consistent care across settings.

Looking ahead, the next phase of workforce strategy is focused on developing, sustaining and connecting the whole mental health workforce. This includes strengthening attraction and retention, growing multidisciplinary capability (including lived experience and peer roles), supporting advanced and specialist practice, continuing improve physical and psychological safety of our services, and ensuring education, supervision and career pathways keep pace with changing community need. The session will invite delegates to consider the shared work required to translate reform into an improved everyday experience for consumers, families and workforce, and to identify practical opportunities for collaboration across services, sectors, education providers and unions. Together we can build a future-ready mental health workforce in Victoria.

Keynote Speakers

Rana Te Huia

DAY ONE

LIVED EXPERIENCE SERVICE
ESTABLISHMENT MANAGER
MIND AUSTRALIA

DAY: TUESDAY 22 SEPTEMBER
TIME: 1:25pm

Originally from Aotearoa, Rana moved to Geelong in January and has been embracing the adventure of settling into a new community and landscape

Rana Te Huia is the Lived Experience Service Establishment Manager for Mind Australia, supporting the development of Victoria's first lived experience-led acute mental health residential short stay service. Originally from Aotearoa, Rana moved to Geelong in January and has been embracing the adventure of settling into a new community and landscape.

With a background in health, Rana transitioned into the mental health - lived experience workforce nine years ago and has since worked across a wide range of impactful initiatives. Her experience includes running a lived experience-led organisation Balance Aotearoa, contributing

RANA TE HUIA'S KEYNOTE IS THANKS TO MAJOR SPONSOR SWINBURNE UNIVERSITY OF TECHNOLOGY

to national mental health quality improvement work with Ministry of Health, Te Whatu Ora and the Health Quality & Safety Commission, and as part of the Mental Health and Addiction Key Performance Indicator (MHAKPI) program. Rana has also been involved internationally as a member of the UN Coalition for the Rights of Disabled People, alongside many other advocacy and leadership roles focused on strengthening equity, inclusion, and lived experience leadership within mental health systems.

KEYNOTE

Lived Experience Led Residential Service

This keynote presentation will explore the development and impact of Victoria's first peer-led residential acute service, a pioneering model grounded in lived experience leadership, governance, and practice. Drawing on practical insights from implementation and service delivery, the presentation will examine how the service model was designed to centre mutuality, hope, choice, and relational support within a short-term acute residential setting for people experiencing high levels of distress or crisis.

The presentation will discuss approaches to recruitment, workforce development, and training that prioritise lived experience values and capability-building, while also exploring the collaborative co-design processes undertaken with lived experience communities and stakeholders.

The presentation will reflect on the opportunities and challenges of embedding an innovative lived experience-led service within Victoria's mental health system and the processes and partnerships that have enabled it.

Finally, the keynote will consider the unique advantages of developing the service within a large national community mental health organisation, including the ability to rapidly establish infrastructure, scale innovation, foster cross-sector collaboration, and drive systemic change. Through sharing lessons learned and emerging outcomes, this presentation contributes to growing conversations about the future of lived experience leadership and innovation in mental health service design and delivery.

Keynote Speakers

Dr Hosu Ryu

DAY TWO

SENIOR LECTURER • COURSE DIRECTOR, MASTER OF MENTAL HEALTH NURSING, DEPARTMENT OF NURSING, SCHOOL OF HEALTH SCIENCES, SWINBURNE UNIVERSITY OF TECHNOLOGY

DAY: WEDNESDAY 23 SEPTEMBER
TIME: 9:00am

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

Hosu is passionate about research that translates into real-world change

Dr Hosu Ryu is a Senior Lecturer at Swinburne University of Technology and an Honorary Fellow at the University of Melbourne and the Royal Melbourne Hospital. With a clinical and leadership background in mental health nursing, she is interested in exploring the gap between evidence, intention, and practice reality in mental health services through an implementation science lens. She is passionate about research that translates into real-world change and enjoys collaborating with health services to support research, education, and service innovation in mental health care.

Hosu currently serves as the founding Course Director of the Master of Mental Health Nursing at Swinburne University of Technology and a Fellow of the Higher Education Academy in the UK. She has received a national Australian Award for University Teaching Citation and multiple Vice-Chancellor's Awards for excellence in student learning and curriculum design in mental health nursing education.

KEYNOTE

Beyond Clinical Supervision: When Policy Ambition Meets Workforce Reality

Clinical supervision has long been promoted as a way to support mental health nurses' wellbeing, professional development and quality of care, yet its uptake remains inconsistent and its promised benefits are often unrealised. This keynote draws on mixed methods research examining how a statewide clinical supervision framework was implemented, negotiated and experienced across four large public mental health services in Victoria, Australia. A survey of 422 nurses found high levels of satisfaction alongside marked variability in supervision arrangements, with clinical nurses the least able to participate because of time pressures. Interviews revealed a more complicated story. Supervision was invested with hope as a remedy for burnout and workforce turnover, yet nurses repeatedly encountered a gap between organisational rhetoric and tangible support, shaped by hierarchical cultures and limited resourcing.

Taken together, these findings suggest that clinical supervision is not a standalone intervention, but a site where policy ambition, organisational priorities and workforce pressures collide. For supervision to be meaningful, greater attention should be given to the structural and cultural conditions that shape its implementation. Without this, even well-intentioned initiatives risk becoming symbolic gestures rather than genuine changes in practice. The keynote also turns a critical lens on the research process itself, including how conflicting evidence is interpreted, whose voices shape decisions and how findings are translated into change. Drawing on implementation science, it moves beyond the binary of "it worked" or "it did not" towards a more honest and hopeful account of progress within constrained systems and what is required to turn policy into something nurses genuinely experience.

Panel Discussion

"Thinking Together About the Reality of AI Chatbots in our Mental Health Work": A Panel and Collab Community Discussion

DAY TWO

What does it mean for people to confide in an AI chatbot, to share feelings, test ideas and to seek advice?

DAY: WEDNESDAY 23 SEPTEMBER
TIME: 3:40pm

Panelists

Ravinder Kumar
Ravi is a Clinical Nurse Educator within an Education and Workforce Development Unit, specialising in the advancement of mental health nursing practice across acute adult inpatient settings. With clinical experience in mental health nursing, he has developed a particular commitment to building a skilled, resilient, and compassionate nursing workforce equipped to deliver person centred, least restrictive care.

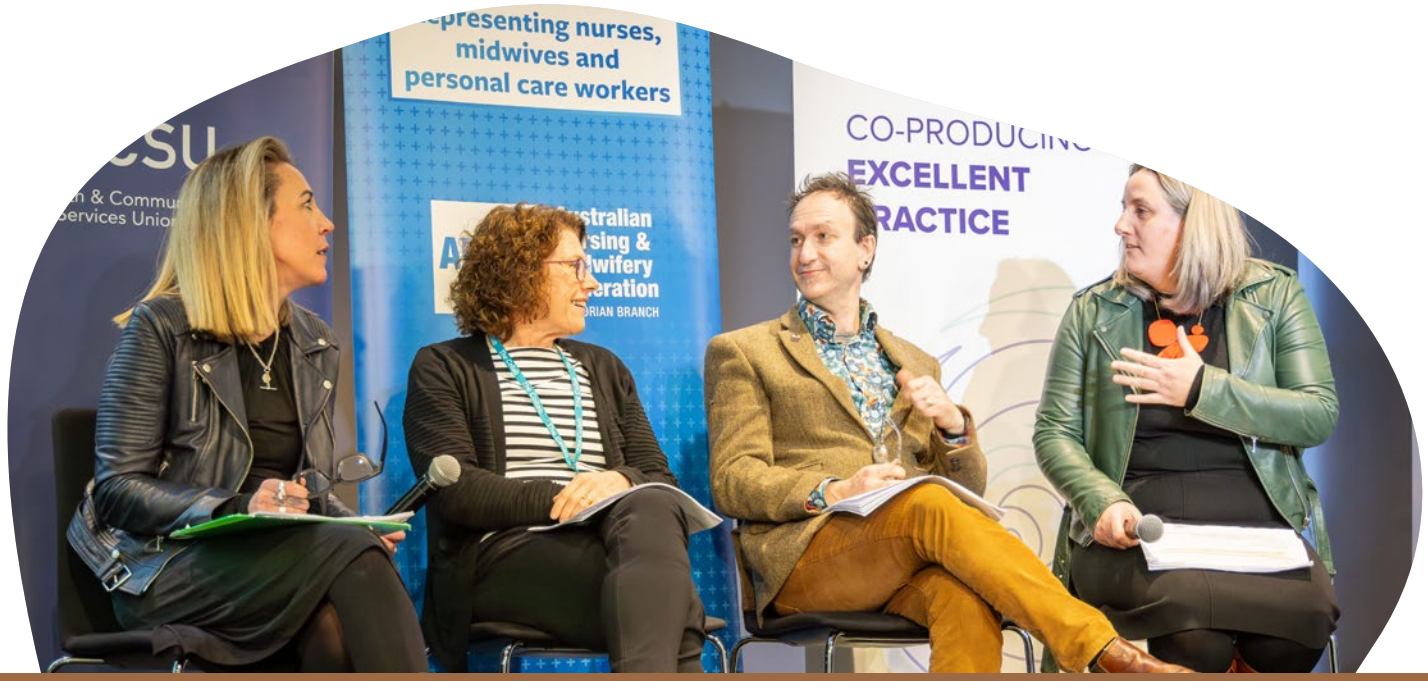
Nicola Cowling
Nicola Cowling is the CNC at Austin Health's Acute Psychiatric Unit. She is passionate about person centred care and the establishment of genuine, compassionate therapeutic relationships. This is what inspired her interest in the impact of AI chat bots on the collaborative alliance between consumers and clinicians.

PANEL DISCUSSION IS THANKS TO MAJOR SPONSOR HACSU

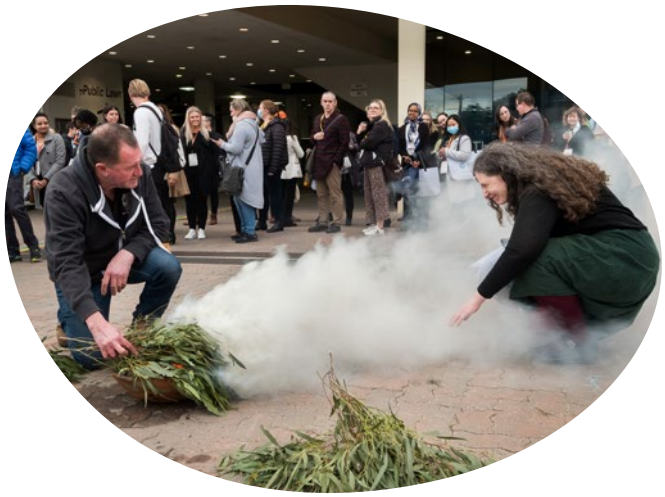
Daniel Darmanin

Daniel Darmanin is a Registered Nurse and Nurse Unit Manager with extensive experience in mental health leadership, service development, and workforce innovation. He currently leads Mental Health at Home and has held senior clinical and project leadership roles across Victoria's public mental health system. Daniel has contributed to the development of new mental health services, presented at state-wide conferences, and is passionate about improving consumer care, staff wellbeing, and contemporary models of mental health service delivery.

What does it mean for people to confide in an AI chatbot, to share feelings, test ideas and to seek advice? What does it mean for MH workers to have our voices sitting alongside the voices of an AI therapist, or an AI new best friend, or an AI lover? Literature on this topic is on the rise, both in support of harnessing this new relational phenomenon AND literature warning of the harms. To round out our Collab 2026 experience, we will hear from some excellent and skilled MHNs. Nicola Cowling, Ravinder Kumar and Daniel Darmanin bring their considered perspectives to share and Bridget Hamilton will moderate the conversation with the whole Collab Community."



Special Events



DAY ONE

Welcome to Country & Smoking Ceremony Perry Wandin, Wurundjeri Elder

DAY: TUESDAY 22 SEPTEMBER
TIME: 8:40am

Perry Wandin a proud Wurundjeri man, cultural heritage officer at Wurundjeri tribe land council.

Great, great, great nephew of William Barak and son of James Juby Wandin, Perry's home is in Healesville, near the community site that was Coranderrk. Perry has been supporting and Welcoming the Collab attendees since 2018.

DAY ONE

LLE Workforce Unite

DAY: TUESDAY 22 SEPTEMBER
TIME: 10:25am – 10:50am
LOCATION: REFLECT AND CONNECT ZONE IN THE WELLNESS LOUNGE (MEDALLION ROOM LEVEL 2)
HOSTED BY: PUNEET SANSANWAL – CONSUMER ACADEMIC: CENTRE FOR MENTAL HEALTH NURSING

LLE Workforce Unite brings together lived and living experience workers attending The Collab to connect, reflect and strengthen professional and peer networks. Hosted in the Reflect and Connect Zone, this informal meetup provides a welcoming space to share experiences, foster collaboration and celebrate the unique expertise of the lived and living experience workforce.

DAY ONE

SEWB Aboriginal and Torres Strait Islander Workforce Unite

DAY: TUESDAY 22 SEPTEMBER
TIME: 3:25pm - 3:50pm
LOCATION: REFLECT AND CONNECT ZONE IN THE WELLNESS LOUNGE (MEDALLION ROOM LEVEL 2)
HOSTED BY: SHIBS SHARPE – CENTRE FOR MENTAL HEALTH NURSING

Inviting Aboriginal and Torres Strait Islander mental health nurses and students to come together in a culturally safe space to connect, share stories and experiences, and build meaningful professional and peer networks. Together, we'll celebrate culture, community and our shared commitment to Social and Emotional Wellbeing.

DAY TWO

Nursing Students and Grads Unite

DAY: WEDNESDAY 23 SEPTEMBER
TIME: 11:00am - 11:25am
LOCATION: REFLECT AND CONNECT ZONE IN THE WELLNESS LOUNGE (MEDALLION ROOM LEVEL 2)
HOSTED BY: CATHIE MILLER – CENTRE FOR MENTAL HEALTH NURSING

This popular meet and greet session is back again in 2026. Hosted by Cathie Miller. This is a chance for you to meet fellow nursing students and current graduate mental health nurses, as well as other experienced mental health nurses and ask them anything!

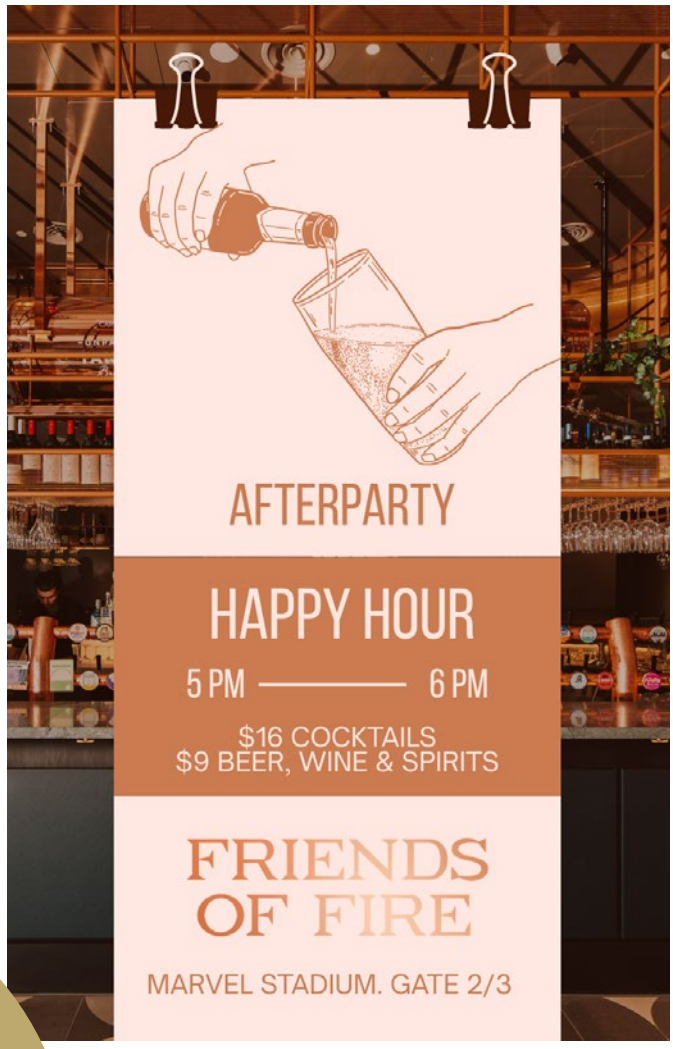
Special Events

DAY TWO

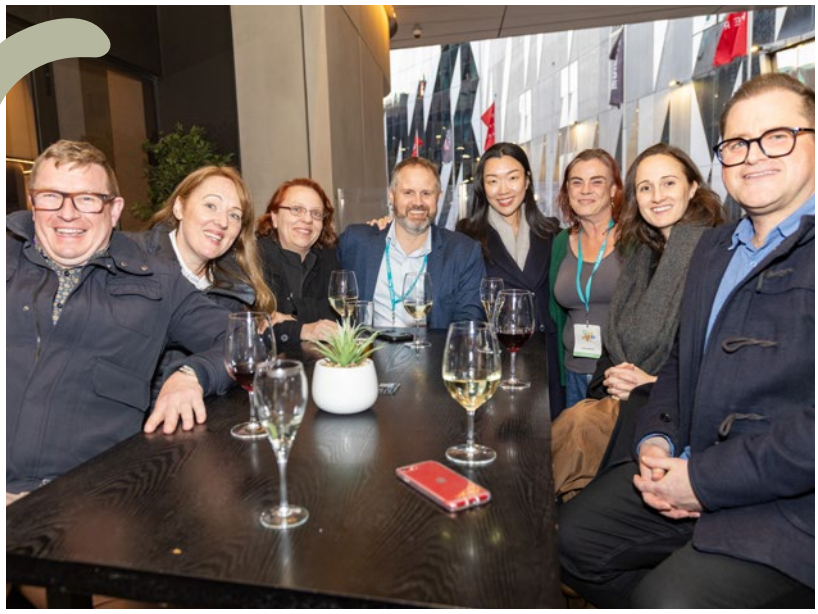
Social Activity – Drinks

DAY: WEDNESDAY 23 SEPTEMBER
TIME: 5:00PM ONWARDS
LOCATION: FRIENDS OF FIRE, RESTAURANT & FLAME GRILL BAR NEAR MARVEL STADIUM.
LEVEL 1, GATE 3,
740 BOURKE ST, 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

WORKSHOP: Advancing Mental Health Reform – Supporting Risk Tolerance in Care and Systems

DAY: WEDNESDAY 23 SEPTEMBER
TIME: 11:30am - 12:00pm
LOCATION: BREAK OUT 4 (STADIUM SOCIAL)
FACILITATOR: SHAINA SERELSON
CO-FACILITATORS:
JON EVANS
JEZWYN LAPHAM

Risk aversion is increasingly recognised as a significant barrier to meaningful mental health reform. While often driven by legitimate concerns about safety, accountability, and scrutiny, system and organisational responses to risk can unintentionally constrain innovation and limit the delivery of recovery oriented care.

This interactive workshop will explore the drivers and impacts of risk averse practice across mental health services and systems, with a particular focus on its implications for reform initiatives under the Mental Health Improvement Program (MHIP). Drawing on implementation experience and service level insights, we will examine how factors such as fear of adverse events, performance pressures, and regulatory environments shape decision making and behaviour.

Participants will be supported to critically reflect on how these dynamics show up in their own contexts, including impacts on consumer experience, workforce confidence, and the pace and effectiveness of reform implementation. The session will then shift to practical strategies to support greater risk tolerance in care and systems.

Learning Outcomes:

Key areas of focus will include:

- Applying principles of restorative just culture to move from blame to learning
- Harnessing improvement capability and reflective practice within services
- Exploring leadership behaviours that support psychological safety and sound professional judgement
- Leveraging MHIP reform initiatives to strengthen risk tolerance and sustained service improvement
- Through facilitated discussion and applied exercises, participants will leave with practical approaches to supporting reform by enabling more balanced, confident approaches to risk in mental health care.

DAY TWO

WORKSHOP: Worker Voices - Rights and Powers of Health and Safety Representatives Building a Safer Workplace

DAY: WEDNESDAY 23 SEPTEMBER
TIME: 12:10pm - 12:40pm
LOCATION: BREAK OUT 4 (STADIUM SOCIAL)
FACILITATOR: HARRIET WILLIAMS (SHE/HER), DEPUTY HEALTH AND SAFETY TEAM MANAGER, ANMF
CO-FACILITATORS: KATHY CHRISFIELD (SHE/HER), HEALTH AND SAFETY TEAM MANAGER, ANMF

Workplaces where health and safety representatives are engaged and in place have been evidenced to be safer.

Mental health workplaces present complex and evolving risks, making strong health and safety leadership essential. This workshop examines the role of HSRs in mental health settings, with a focus on mental health nurses as key frontline leaders. It outlines the rights and powers of HSRs and demonstrates how these can be applied within a structured risk management framework to identify, assess, and control both psychosocial and physical hazards.

Using practical examples and activities, the workshop highlights how mental health nurses can leverage HSR provisions to address critical challenges such as workplace violence, fatigue, and system pressures. It emphasises building capability and confidence among nurses to actively participate in safety processes, advocate for safer work systems, and influence organisational culture.

Additionally, the workshop explores strategies to encourage broader workforce engagement in HSR roles, positioning them as opportunities for leadership and professional growth. Strengthening HSR participation among mental health nurses is key to fostering psychologically safe workplaces and improving both staff safety and consumer outcomes.

Learning Outcomes:

By the end of this workshop, participants will:

- Understand and be able to articulate the rights and powers of health and safety representatives in a mental health setting
- Apply these rights and powers to hazards within the workplace in a risk management framework
- Encourage workers to take a leadership role in their workplace by becoming a health and safety representative

DAY ONE

WORKSHOP: Using the Handbook for Victoria's Early Career Mental Health Nursing Programs

DAY: TUESDAY 22 SEPTEMBER
TIME: 11:00am - 11:40am
LOCATION: BREAK OUT 4 (STADIUM SOCIAL)
FACILITATOR: CATHIE MILLER: MENTAL HEALTH NURSE ACADEMIC - CENTRE FOR MENTAL HEALTH NURSING / UNIVERSITY OF MELBOURNE

This workshop will make space for mental health nurses (especially educators and advanced practice MH nurses) to brainstorm and plan, individually and together, to make the best use of the soon-to-be-launched Graduate Mental Health Nursing Handbook.

The first year as a registered nurse is marked by high stress and professional growth. Entry-level and transitioning nurses require tailored education and robust support to develop their specialisation in mental health. Innovative learning programs for early-career mental health nurses must strike a dynamic balance between wellbeing and education, ensuring a smooth transition to practice. Given the significant variation in service-based graduate programs across Victoria, a comprehensive, nursing-specific handbook has been developed through 2025/6 to harmonise and future-proof these programs statewide.

The Handbook was developed through a co-design process that engaged clinicians, educators, academics, early-career nurses, and Lived and Living Experience Workers in workshops and

consultations with experts in suicide prevention, family violence, and First Nations perspectives. Peer review of current programs identified strengths and opportunities for improvement. Combined with evidence from contemporary literature, this informed program delivery recommendations.

Once the Handbook is published, services will conduct a gap analysis and identify program changes that benefit from the content and recommendations. During implementation, services will benefit from continued collaboration and resource sharing.

Innovative learning programs for early-career mental health nurses must strike a dynamic balance between wellbeing and education, ensuring a smooth transition to practice.

Learning Outcomes:

By engaging in this workshop, participants will be able to:

- Summarise the handbook's purpose and core structure in 2–3 concise sentences.
- Identify at least one clear gap in their service's graduate/transition-to-mental-health program.
- Draft a prioritised action plan or SMART goal to address that gap – including one measurable indicator of success and a named role or health service with a target date for initiating inter-service collaboration.

DAY ONE

WORKSHOP: Possibly Travelling on Pathways to a PhD? Get up Close with Doctoral MHNs in Victoria

DAY: TUESDAY 22 SEPTEMBER
TIME: 11:50am - 12:30pm
LOCATION: BREAK OUT 4 (STADIUM SOCIAL)
FACILITATOR: A PROF BRIDGET HAMILTON – HEAD OF CENTREMHN - CENTRE FOR MENTAL HEALTH NURSING / UNIVERSITY OF MELBOURNE
CO-FACILITATORS:
DR BRENT HAYWARD (MONASH),
DR VIET BUI (UNIMELB)
DR TESSA MCGUIRE (SWINBURNE),
DR NAOMI BROCKENSHIRE (UNIMELB)
DR HOSU RYU (SWINBURNE),
A/PROF CATHY DANIEL (ACU),
PROF PHIL MAUDE,
DR ALISON HANSEN (MONASH)
DR PAULA MATHIESON (GRAMPIANS)
DR SHINGAI MAREYA (RMH)

Workshop Aim
Provide opportunities for MHNs to share and build understanding of potential PhD pathways and post-PhD careers

Workshop Introduction
Are you thinking about next steps in your MHN career? Curious about the rationales behind our models of care, the evidence and the origins of MHN? Are you wondering about the career opportunities to teach, research and build the specialisation of MHN? This workshop might be for you.

Workshop Content
This (45 minute) workshop will consist of small table conversations with Doctoral MHNs in diverse roles. MHNs who have completed PhDs will share with participants their pre-doctoral career path, research experience, post-doctoral application of findings, professional growth and learnings from the journey so far. There will be ample opportunities for Q&A and links and resources shared for next steps.

Learning Outcomes:

By the end of this workshop, participants will:

- Gain clarity about diverse PhD pathways in Victoria
- Reflect on own interest in careers that might require a PhD

DAY ONE

WORKSHOP: Our Wisdom in Practice: Building Safe, Supportive and Trauma informed Workplaces

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DAY: TUESDAY 22 SEPTEMBER
TIME: 2:30pm - 3:20pm
LOCATION: BREAK OUT 4 (STADIUM SOCIAL)
FACILITATOR: LUCY GRAHAM
PARKVILLE YOUTH MENTAL HEALTH AND WELLBEING SERVICE
CO-FACILITATOR:
SAL HOSKIN (SHE/HER), PYMHWS, CNC

This workshop, aligned with the theme Our Wisdom Developing and Sustaining Our People, invites mental health nurses to deepen their understanding of the lived experience within our nursing workforce and reflect on how this shapes team culture, safety, and care delivery. Working in mental health is both meaningful and demanding, and the cumulative impact of emotional labour, workplace pressures, and exposure to trauma can influence wellbeing, resilience, and connection to practice.

While conversations about nursing staff lived experience have become more common in mental health settings, the lived experience of trauma often remains less visible and at times taboo. Despite growing openness, stigma and discomfort can still limit how safely individual nurses feel able to share or seek support. This workshop creates space to acknowledge these complexities and consider how they influence individuals practice.

Through guided reflection, discussion, and practical activities, participants will explore the diverse experiences of nursing colleagues across different roles, stages of practice, and personal contexts. The session will introduce realistic, evidence informed strategies to support a safer and more supportive workplace, including fostering open communication, recognising early signs of stress and burnout, and embedding sustainable practices that promote individual and collective wellbeing.

Participants will leave with practical tools to contribute to a culture where people feel safe, valued, and supported, while also strengthening their own capacity for self-care and professional sustainability to support best practice.

Learning Outcomes:

- Develop deeper awareness of the diverse lived experiences within the mental health nursing workforce, including the impact of trauma, and how these impact practice.
- Identify practical strategies to foster psychologically safe environments, including addressing stigma, supporting open conversations, and recognising early signs of stress and burnout.
- Apply individual and team-based approaches to support wellbeing and sustainability in the workplace to enhance best practice.

DAY ONE

WORKSHOP: Therapeutic Communication in Mental Health Nursing: Teaching, Assessing, and Staying in Scope with ENs

DAY: TUESDAY 22 SEPTEMBER
TIME: 4:20pm - 5:00pm
LOCATION: BREAK OUT 4 (STADIUM SOCIAL)
FACILITATOR: STEPHEN GOLDSMITH (HE/HIM), MENTAL HEALTH NURSING TUTOR, SWINBURNE UNIVERSITY OF TECHNOLOGY
CO-FACILITATORS:
MICHELLE THIRLWELL (SHE/HER), SESSIONAL TEACHER, SWINBURNE UNIVERSITY OF TECHNOLOGY

VIVIENNE BUTLIN (SHE/HER), SESSIONAL TEACHER, SWINBURNE UNIVERSITY OF TECHNOLOGY

Therapeutic communication is a core capability in mental health nursing education, yet educators and assessors frequently report uncertainty about where supportive communication ends and counselling or therapy begins—particularly when teaching Enrolled Nurse (EN) students. This professional development workshop addresses this challenge by building shared, scope safe understanding of therapeutic communication in mental health contexts, with a focus on teaching, simulation, and assessment consistency.

Designed for nursing educators, clinical teachers, simulation facilitators, and assessors, the workshop clarifies the EN role in mental health care and explicitly differentiates therapeutic communication from counselling and psychotherapy. Participants engage with counselling informed communication lenses—such as person centred, trauma informed, strengths based, recovery oriented, and motivational interviewing informed approaches—used strictly as educational and observational tools rather than therapy techniques. Through facilitated discussion, calibration activities, and simulation based judgement exercises, participants examine common points of scope drift, assessor inconsistency, and language imprecision.

The workshop emphasises boundary maintenance, risk recognition, and appropriate escalation, supporting educator confidence, assessment integrity, and student safety across classroom and simulation environments.

Learning Outcomes:

- Distinguish therapeutic communication from counselling and psychotherapy within EN scope
- Use counselling informed communication lenses appropriately in teaching and simulation
- Apply scope safe language consistently when coaching, role modelling, and assessing students
- Make consistent judgements about escalation, boundaries, and risk recognition in simulation and clinical assessments

DAY TWO

WORKSHOP: Solution-Focused Practice for Nurses

DAY: WEDNESDAY 23 SEPTEMBER
TIME: 9:50am - 11:00am
LOCATION: BREAK OUT 4 (STADIUM SOCIAL)
FACILITATOR: MICHELLE OR: MANAGER AND NP, BRIEF INTERVENTION TEAM (INCORPORATING HOPE), EASTERN HEALTH

Rather than focusing on problems, SFP helps uncover strengths, build hope and identify practical pathways forward.

Curious about Solution-Focused Practice (SFP) and how it can transform conversations? This interactive workshop offers a practical introduction to Solution-Focused Practice, also known as Solution-Focused Brief Therapy (SFBT). Participants will explore the core principles of the approach through a combination of brief theory, small-group activities and a live demonstration of a solution-focused conversation. Rather than focusing on problems, SFP helps uncover strengths, build hope and identify practical pathways forward. Participants will leave with a better understanding of the solution-focused mindset, a handy "cheat sheet" of questions, and practical techniques they can start using immediately in their own practice.

Learning Outcomes:

By the end of this workshop, participants will:

- Gain a practical introduction to Solution-Focused Practice (SFP) and Solution-Focused Brief Therapy (SFBT).
- Experience how a solution-focused approach can foster hope, curiosity and new possibilities.
- Leave with practical tools and techniques that can be applied immediately in their own practice.

Wellness Lounge Activities

DAY ONE

Laneway Learning

laneway learning
cheap, fun classes in anything and everything

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.

THE COLLAB WELLNESS LOUNGE IS THANKS TO SPONSOR CENTRE FOR MENTAL HEALTH NURSING

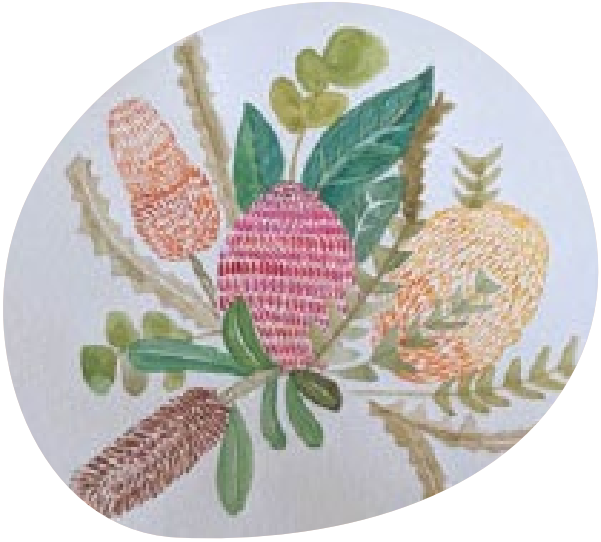
Watercolour Native Florals

DAY: TUESDAY 22 SEPTEMBER
TIME: 11:30am
LOCATION: WELLNESS LOUNGE (MEDALLION ROOM LEVEL 2)
HOSTED BY: EMILIE

Join Emilie to learn some tips and tricks to work with watercolours and then go on to design a beautiful native floral art painting.

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

- How to work with watercolour paints
- How to create native flowers and foliage
- Watercolour painting techniques
- Colour theory



DAY ONE

Cute Stamp Making

DAY: TUESDAY 22 SEPTEMBER
TIME: 2:15pm
LOCATION: WELLNESS LOUNGE (MEDALLION ROOM LEVEL 2)
HOSTED BY: EMILIE

What's it all About?

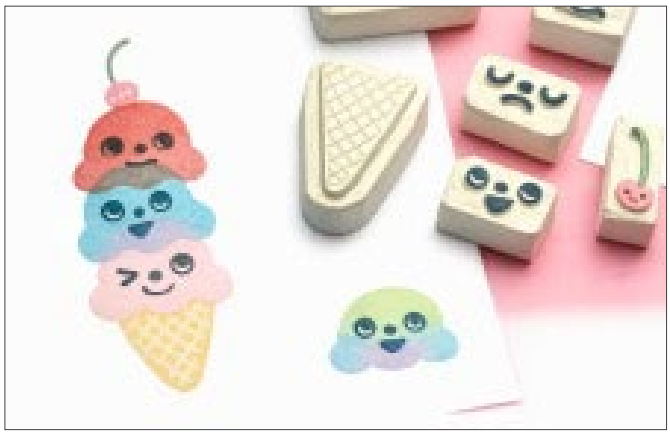
Carving erasers to make stamps is a fun and easy way to create images, and it is a unique print-making skill. Eraser stamps are easy to combine together, and this makes them an excellent medium for collaborating. In this workshop, we are going to learn how to make funny, lovely, strange stamps and combine them in a co-operative way!

Kids will have lots of fun with the stamps you make for them, or you can even make a unique signature stamp for yourself to sign your personal letters and invitations.

What Will we Cover?

This beginner's art class is all about having fun and getting the chance to be a little bit creative.

You will learn an efficient carving technique and tips for using the materials effectively. As an example, we will carve various body parts—eyes, ears, hands, etc. — and put them together in any colour and combination into create complete creatures which can make for curious characters and great patterns.



Emilie (she/her) is an artist and educator based between Melbourne and Marseille (Fr), working across media with a focus on community-based practice and education.

She graduated from her PhD in Fine Arts at the Victorian College of the Arts in 2020 and has been an art resident at Testing Grounds (2020), Making Space (2021) and the Comic Art Workshop (2021).

Emilie has exhibited her works at FortyFive Downstairs gallery, the Abbotsford convent, No Vacancy Gallery, Arcade and George Patton Gallery.

DAY TWO

Signature Scents. Make Your Own Perfumes.

DAY: WEDNESDAY 23 SEPTEMBER
TIME: 11:30am
LOCATION: WELLNESS LOUNGE (MEDALLION ROOM LEVEL 2)
HOSTED BY: MARIA

In this class you'll learn all about the composition of perfume: how to create blends of top, middle and base notes to combine into your very own signature perfume.

What Will we Cover?

- Learn about the natural perfume making process – top notes, middle notes and bottom notes.
- Select from more than 50 different oils to construct your special scent.
- Experiment, combine and create your own, unique fragrance.
- Create your own natural perfume with pure essential oils.
- Take home your top, middle and base note blends to top up your perfume roller.

PLEASE NOTE: THIS WORKSHOP IS NOT SUITABLE FOR PEOPLE WHO ARE PREGNANT OR BREAST FEEDING, OR CHILDREN.

DAY TWO

Air Dry Clay Trinket Plates

DAY: WEDNESDAY 23 SEPTEMBER
TIME: 2:15pm
LOCATION: WELLNESS LOUNGE (MEDALLION ROOM LEVEL 2)
HOSTED BY: MARIA

Come and explore the world of pottery and hand forming! Maria will guide you through an introduction to pottery, supporting you to make your own trinket plate.

We'll learn how to hand build, a couple of different techniques to make our plates and we will decorate them with stamps, letters or different pottery marks

Maria Yebra She/Her

Maria (She/her) is Laneway Learning's general manager, a charity hosting classes in anything and everything to better your brain, mental health and social connections. She loves learning about new crafts and techniques and is a serial crafter. She does crochet, macrame, sewing, pottery, weaving and likes to explore how these crafts can be combined and expanded. She is also a ceramist specialising in mosaics and tiled paintings.

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State Secretary

Rebecca Sprekos
Assistant State Secretary

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Authorised by Paul Healey, HACSU State Secretary, 2/251 Queensberry St, Carlton VIC.

Abstract Presentations

BLOCK 1 · 10:55am-11:20am

MAIN PLENARY SPACE (VICTORY ROOM AB)

CHAD EDUATI ★

Chad Eduati *is an experienced education leader with over 17 years' experience across vocational education and training, specialising in the design, delivery and growth of health and nursing programs. He has held senior management roles across private RTOs and major Victorian TAFEs, most recently as Manager of Strategic Projects at Swinburne University, where he is leading the development and growth of the Health & Nursing VET department.*

Chad has extensive expertise in nursing education, including the successful preparation and approval of multiple ANMAC submissions, implementation of innovative blended and online delivery models, and strong partnerships with healthcare providers to align training with workforce needs. He played a key role in the delivery of industry embedded nursing pathways, achieving strong student employment outcomes.

Passionate about workforce development and mental health education, Chad is currently focused on developing contemporary, flexible training programs that support nurses to upskill while working in the sector.

A New Pathway for a Critical Workforce: Australia's First Advanced Diploma in Nursing (Mental Health) for Enrolled Nurses

The Australian mental health workforce faces sustained demand for skilled nurses with contemporary, practice ready capabilities. Enrolled nurses form a critical yet under supported pipeline into mental health nursing careers. Swinburne University has developed Australia's first Advanced Diploma of Nursing (Mental Health), with no equivalent TAFE/University offering nationally.

The course responds to workforce needs by providing a structured, employment embedded pathway for enrolled nurses seeking specialisation in mental health. Designed in collaboration with Eastern Health, the program aligns education with real world clinical practice and supports progression across the tertiary mental health nursing continuum within Victorian and national service contexts and settings.

This innovative Advanced Diploma of Nursing (Mental Health) represents a nationally significant education workforce initiative. As the first qualification of its kind in Australia, it empowers enrolled nurses to specialise while remaining employed, strengthening service capacity.

The collaboration between Swinburne University and Eastern Health ensures academic rigour, clinical relevance and scalability. By intentionally aligning undergraduate and postgraduate nursing pathways, the program streamlines progression into advanced mental health nursing roles. This model offers a replicable approach to building a skilled, resilient mental health nursing workforce through flexible online delivery embedded within contemporary Victorian mental health practice environments across public services, education systems.

BLOCK 1 - BLOCK 3 · 10:55am-12:35pm
SYMPOSIUM

BREAK OUT 1 (VICTORY ROOM C)

PAUL ROTHWELL HE/HIM ★

Paul Rothwell *is a Clinical Nurse Educator at Forensicare, originally trained in Ireland and practicing in Australia since 2019. He brings over a decade of experience in acute inpatient mental*

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Abstract Presentations

healthcare, with a passion for supporting nurses to deliver high-quality contemporary mental health nursing care and leadership. Paul is the current Early Career Graduate Nurse Program Co-Ordinator at Forensicare.

SKYE CARTER ★

***Skye Carter** is a Clinical Nurse Educator at Forensicare and has over 15 years of experience as a Forensic Mental Health Nurse working predominantly within the acute services at Thomas Embling Hospital. She has a special interest in early career nursing development and over the last 8 years has undertaken a leading role in the development and implementation of the current Early Career Graduate Nurse Program.*

The Revision of an Early Career Graduate Nurse Program in a Forensic Mental Health Setting

The Forensicare Early Career Graduate Nurse Program has been in place for over 30 years, offering an entry point into the specialty of Forensic Mental Health Nursing (FMHN). The program aims to support registered nurses in their transition into the profession of Mental Health Nursing, while also ensuring the development of knowledge, skills and capabilities required to practice within the forensic context.

In 2022, the Nursing Practice Development Unit at Forensicare engaged in a revision and update of the Graduate Nurse Program, in response to an increased investment in, and growth of, early career workforce and an expansion of the Graduate Nurse Program into Forensicare's prison based Forensic Mental Health Units. This revision was informed by a qualitative enquiry conducted and published by Maguire et al. (2023), in addition to formal program evaluation and feedback.

This refocused and restructured Graduate Nurse Program has now been in place for two years, with a deliberate commitment not only to developing core mental health nursing skills and knowledge among newly registered nurses, but also to ensuring FMHN standards of practice are embedded throughout. This has resulted in a structured, supportive, scalable and consistent educational program, supported with academic pathways that is tailored for early career nurses beginning their journey in Forensic Mental Health Nursing.

SHALITHA KANISHKA BANDARA SENEVIRATNE HE/HIM ★

***Shalitha Seneviratne (Shali)** is a Registered Psychiatric Nurse at The Greenhouse, an older adult acute inpatient psychiatry unit within Bayside Health service and is currently completing a Master of Nursing (Research). He is the recipient of Alfred Health's Julie Sheldrake Research Training Award and the Australian Nurses Memorial Centre Mental Health Scholarship, recognising his growing contribution to mental health nursing research. This paper arises from his collaboration with Harman Singh (Clinical Nurse Educator) and Professor Louise Alexander on a project examining mental health nursing students' placement experiences and transition to practice. As a team, they are committed to improving the student placement experience, safe and therapeutic mental health care, and using research to strengthen support for nursing students and the services they enter.*

HARMANBEER SINGH

***Harmanbeer Singh** is a Clinical Nurse Educator at Bayside Health, supporting undergraduate and graduate nurses at the Acute Older Person's Mental Health Unit at The Alfred. With over 15*

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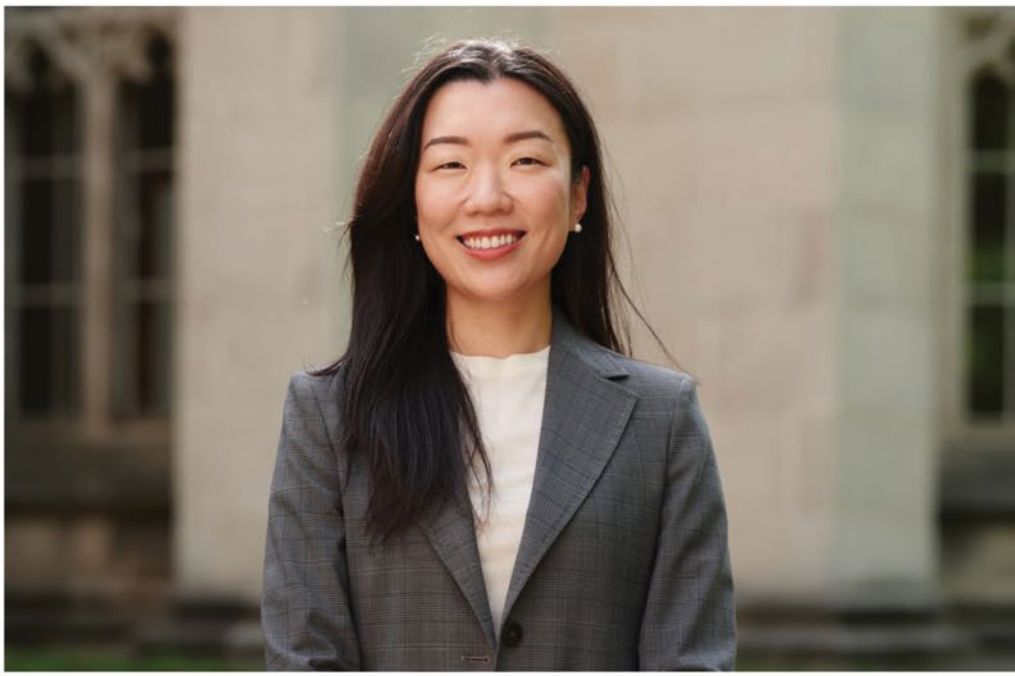

Abstract Presentations

years of nursing experience, he is passionate about nursing education, workforce development, and older persons' mental health. Harmanbeer also contributes to tertiary education as a casual academic at CQUniversity and a unit facilitator at Victoria University. His interest in this project grew directly from insights and needs identified in his current clinical education role.

Exploring Student Nurses' Experiences During Mental Health Placements: A Thematic Analysis of Student Feedback

Background: Mental health nursing placements are pivotal for early career mental health nurse's development, shaping clinical skills, perceptions, and retention in a workforce facing recruitment challenges. These placements often influence students' career decisions and perceptions of the mental health field. Understanding the barriers and facilitators experienced by students can help enhance placement structures and support systems. This study analyzes Alfred Health mental health placement student feedback (2022-2025) to strengthen early career pipelines.

Aim: Explore undergraduate nurses' mental health placement experiences, assessing (1) orientation efficacy, (2) buddy nurse support, (3) staff attitudes, (4) educator accessibility, and their impact on (5) confidence and career trajectory.

Methods: Braun & Clarke thematic analysis of ~220 post-placement short answer responses from a mixed methods survey of undergraduate nursing students at conclusion of their clinical placement. Data spans placement experiences in inpatient psychiatric wards, community teams, and aged units under Alfred Mental & Addiction Health.

Ethics: Pending institutional approval; utilizes existing quality improvement data.

Expected Results: Themes highlighting effective supports (orientation, peer mentoring) versus barriers (supervision gaps), informing early career development strategies.

Conclusion: Findings guide placement enhancements to cultivate confident early career mental health nurses, supporting sustainable mental health workforce growth.

DANIELLA WATSON SHE/HER ★

I am a registered mental health nurse originally from the UK with 11 years experience. I initially completed by BSc (Hons) in Psychology and worked in ASD research before completing by MSc in Mental Health Nursing in 2014 and further qualifications in forensic behavioural science. I moved to Melbourne in 2016 and have remained a dedicated mental health nurse here ever since. I have worked in a variety of areas of mental health nursing in both the UK and Melbourne including acute adult mental health, prevention and recovery care, dual disability, forensic mental health and nursing education.

Currently I work as the acting mental health early career nurse coordinator at Austin Health. I am passionate about supporting the future mental health nursing workforce, helping them grow into confident, competent and resilient practitioners and ensuring the mental health nursing field remains dynamic, empathetic and innovative.

Horizontal Integration of Safewards Education across the Mental Health Graduate Nurse Program (GNP)

Effective sustained implementation of the Safewards model is found to support the reduction of restrictive interventions and to improve consumer care. Early career nurses (ECNs) represent a

Abstract Presentations

growing population within mental health services, supporting the integration of new perspectives, contemporary evidenced-based knowledge and flexible innovative ideas to consumer care. Self-reports following a full-day ECN Safewards study day suggested good theoretical knowledge but lower confidence in the translation of the model to nursing practice. As a result, the aim was to target increased education around the Safewards model towards ECNs to support sustainability of the Safewards model.

Horizontal integration of Safewards concepts, including domains and interventions, was implemented during further ECN study days during the graduate year. This was completed through adult learning activities including group discussion, reflection and application of Safewards concepts to relevant case study scenarios. Evidence demonstrates that when topics are integrated together participants are more able to demonstrate knowledge of the topics as well as application to and generalisation across practice.

KEITH GRIFFIN HE/HIM

Keith Griffin *is a mental health nurse with a clinical background spanning general and mental health nursing, with significant experience in the Infant, Child and Youth Mental Health Service (ICYMHS) setting. With a transition towards education and leadership, he has focused on strengthening workforce capability and supporting clinicians at all stages of their careers.*

He is currently Acting Associate Director for Learning and Teaching (Mental Health) at Eastern Health. A key area of interest is the development and support of novice clinicians as they enter the mental health workforce, ensuring they are equipped, confident, and connected to deliver compassionate, person-centred care.

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ANITA CAPPELLO SHE/HER

Anita Cappello *is a mental health nurse currently working in a Senior Clinical Nurse Educator and is currently coordinating the mental health stream of the graduate program at Eastern Health. As part of this role she looks to support the wellbeing and positive transition experience of early career nurses.*

Developing Practice Ready Mental Health Nurses: Educator Insights

Early career mental health nurses (ECNs) are central to a sustainable workforce, yet questions remain about their preparedness for practice. This collaborative, co-designed program of research between Eastern Health and Deakin University examines ECN work readiness, wellbeing, and career decision-making.

This research encompasses 3 phases. The focus of this presentation will be phase 1, which explored educator perspectives. Phase 2 captured the experience of ECNs. Together, these findings informed the co-design and implementation of an additional mental health nursing placement. Stage 3 will evaluate the impact of this intervention on readiness for practice and graduate pathway choice.

Using a qualitative descriptive design, thematic analysis revealed a persistent disconnect between undergraduate preparation and the realities of clinical practice. ECNs were described as entering the workforce with variable foundational skills, limited access to high-quality placements, and an unclear understanding of the mental health nursing role. Misaligned expectations—particularly among those with lived experience—further complicated role clarity and professional boundaries.

Educators also reported increasing strain, balancing teaching with informal wellbeing support, often

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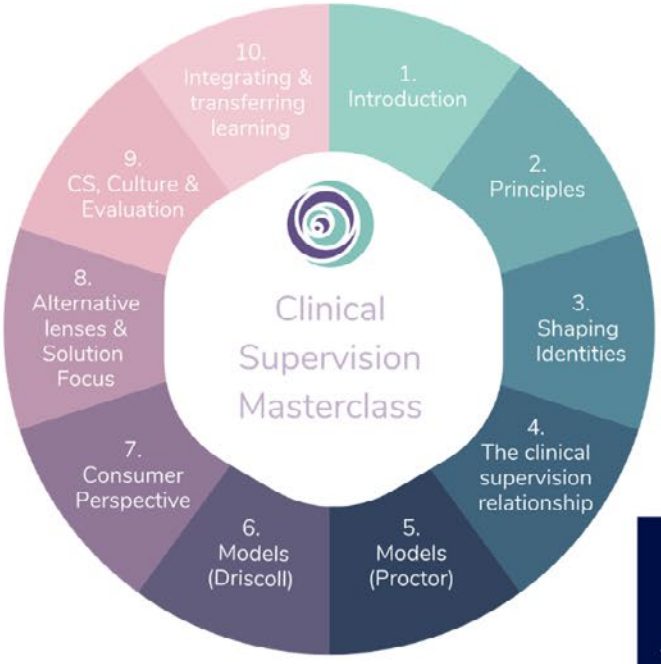

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without structured organisational guidance. These findings highlight the value of academic–service co-design in strengthening preparation, supporting transition, and building a confident, future-ready workforce.

JOANNE TSAI SHE/HER

Joanne Tsai *is a clinical nurse educator at Austin Health who is deeply passionate about nurturing early career nurses, viewing them as the future of a recovery-oriented mental health system. Joanne has been a mental health nurse for over fifteen years, with a background of acute inpatient and prevention and recovery care settings.*

Joanne firmly believes that a great nursing career starts with a kind, supportive environment. She is focused on creating a safe space that allows new graduates to build both their practical skills and their professional confidence without feeling overwhelmed.

BALJEET KAUR SHE/HER ★

Baljeet Kaur *is a Registered Nurse who has been working at the Brain Disorders Unit (BDU) for the past six years. Prior to this, she dedicated over 16 years as a Disability Support Worker and an aged care Team Leader. This extensive background has strengthened her expertise in supporting individuals with complex mental health and behavioural needs. Baljeet is deeply passionate about delivering high-quality, compassionate care. Demonstrating her commitment to workforce development, she also actively serves the BDU team as a Safewards Champion, a MoveSmart Trainer, and is one of the preceptors within the team preceptorship model at BDU.*

Team Preceptorship and the Future of Early Career Nurse Support Systems.

Preceptorship is a well-established component of early career nursing programs and is critical to supporting novice nurses as they transition into confident, competent practitioners. Effective preceptorship positively contributes to workforce retention, professional development, and the delivery of safe, high quality care. Unfortunately, in practice we are encountering increasing barriers to delivering a high-quality preceptorship program, including workforce pressures, high workloads, and competing clinical demands.

In response to these challenges, a novel "Team Preceptorship" model was piloted at one bed based unit at Austin Health. This model replaces the traditional one to one preceptor–preceptee pairing with a small, consistent team of preceptors supporting early career nurses. Key elements include structured guided reflective practice for both preceptors and preceptees, targeted practical education for preceptors, and enhanced visibility and support from the education team.

This presentation will outline the implementation of the Team Preceptorship model, explore its benefits and outcomes, and discuss implications for future learning and broader application across diverse clinical settings.

MARNIE LAMBERT SHE/HER ★

I am a registered nurse who completed my graduate year with Barwon Health Mental Health, Drug and Alcohol Services (MHDAS) in 2025, where I developed a strong foundation in acute mental health care and alcohol and other drug (AOD) nursing practice. I am currently continuing my professional development through postgraduate studies, pursuing a Master of Mental Health Nursing.

Alongside my studies, I am employed in a supported post-graduate position with Barwon Health MHDAS, where I continue to build advanced clinical skills, deepen my understanding of complex mental

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health presentations, and contribute to recovery-oriented, person-centred care. I am committed to ongoing learning and to delivering evidence-based, compassionate nursing care that supports consumers and their families across diverse mental health and AOD settings

Bridging Practice and Purpose: Specialty Post-graduate Rotations Enabling Career Pathways in Early Career Mental Health Nursing

Barwon Health's structured post-graduate program enables meaningful career pathways for early career mental health nurses. The specialist program at Barwon Health offers supported post-graduate rotations across the service by integrating two new six month rotations. This abstract will focus specifically on the Consultation and Liaison service and the Mental Health and Wellbeing Local which supports skill development across diverse care settings.

The Consultation and Liaison rotation fosters acute assessment, multidisciplinary collaboration, and responsiveness to complex presentations within general hospital environments whilst functioning in a supernumerary role. Comparatively, the Mental Health and Wellbeing Local emphasises recovery-oriented, community-based care, early intervention, and continuity of support.

Together, these complimentary experiences promote clinical confidence, adaptability, and a holistic understanding of the mental health systems. The program supports professional identity formation through supervision, reflective practice, and exposure to varied consumer needs. By aligning experiential learning with workforce demands, such programs support workforce retention and readiness among early career mental health nurses.

Ultimately, enabling structured, well supported transition pathways to build resilient and skilled mental health nursing workforce capable of meeting evolving community needs.

DHANPREET KAUR SHE/HER

Dhanpreet Kaur (Preet Kaur) *Industry Fellow at RMIT University and Undergraduate Program Coordinator at Northern Health Mental Health Division. In these roles, she is deeply committed to advancing the preparation of the future nursing workforce, with a particular emphasis on strengthening mental health capability, fostering clinical excellence, and supporting practice readiness within increasingly complex healthcare environments.*

Previously held, Clinical Nurse Educator positions at Austin Health and Mercy Health, where she contributed to workforce development through education, mentorship, and the facilitation of evidence-informed, person-centred care.

Her clinical background includes experience as an Associate Nurse Unit Manager, alongside practice as both a Registered Psychiatric Nurse and a Registered General Nurse. These diverse experiences have shaped her compassionate and grounded approach to mental health nursing, leadership, and recovery-oriented care.

Preet Kaur remains committed to advancing mental health nursing through education, collaboration, and a sustained dedication to developing a skilled, responsive, and compassionate workforce

Supporting Preceptors Through Structured Mental Health Nursing Preceptorship Training to Improve Student Clinical Placement Experiences

Abstract Presentations

Mental health nursing continues to face workforce shortages, an ageing workforce, and rising service demand across Victoria. Despite increasing need, undergraduate nursing students often rank mental health nursing low among preferred career pathways. Factors influencing this include limited exposure to mental health settings, stigma surrounding mental illness, and inconsistent quality of clinical placements. Clinical preceptors are central to shaping students' learning experiences, confidence, and career intentions during placement. However, many preceptors receive minimal preparation for their educational and supervisory roles. This study evaluates a structured mental health preceptorship training program designed to strengthen preceptors' knowledge, confidence, and teaching capability.

A mixed-methods approach was used to evaluate a ten-module preceptorship program delivered through blended learning, combining online and face-to-face formats. Participating preceptors completed pre- and post-training surveys examining confidence, preparedness, and knowledge in supporting undergraduate nursing students during mental health placements.

Preliminary findings indicate improved confidence in student supervision, orientation, feedback provision, student wellbeing support, and facilitation of critical thinking. Participants also reported increased understanding of student learning needs and assessment processes. The flexible blended-learning format was positively received. Structured preceptor education may strengthen clinical learning environments, enhance student placement experiences, and support future mental health nursing workforce development.

SAMANTHA NELSON SHE/HER ★

Young Mental Health Nurses Adapting to Working within Barwon Health Mental Health and Wellbeing Local. The Highs, Lows, Challenges and Experiences.

KEIRA O'TOOLE ★

KRISTY MURNANE ★

Transitioned to MH nursing currently undertaking post-graduate studies.

What Are We Doing Here? Postgraduate Mental Health Nurse Perspectives on Working in emerging roles at the Local

The Barwon Health Greater Geelong & Queenscliff (GGQ) Mental Health and Wellbeing Local has incorporated Postgraduate Mental Health Nurses

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into a consortium led by Barwon Health Mental Health Drug and Alcohol Service, the first of its kind in Victoria. As the second cohort of Postgraduate Mental Health Nurses, we have worked as part of the multidisciplinary team to provide clinical support to consumers aged 26 and over, we have continued to expand our knowledge and skills while working alongside a variety of Peer and wellbeing services including Wathaurong, Well ways & ERHMA. Our presentation explores the highlights and constraints we have experienced whilst working as Postgraduate nurses at the GGQ Local and analyse areas for future role development and opportunities within the Local Postgraduate Mental Health Nursing Program. We believe that utilising the experiences of postgraduate nurses, promotes service development and contributes to continuous improvement within an area with diverse professional disciplines.

BLOCK 1 · 10:55am-11:20am

BREAK OUT 2 (VICTORY ROOM D)

TRACEY TAYLOR SHE/HER ★

Tracey Taylor *is the Senior Adviser, Lived Experience at the Mental Health Tribunal, leading the embedding of lived experience across governance, workforce capability, training and system design. She works alongside consumer and carer leaders to support trauma aware, rights based practice within statutory environments, with a focus on power awareness, relational practice and sustainable cultural change.*

JAN DUNDON SHE/HER ★

Jan Dundon *is the Chief Executive Officer of the Mental Health Tribunal. She provides senior leadership across statutory and complex service settings, with a strong focus on organisational capability, fairness and cultural integrity. Jan leads the Tribunal's strategic commitment to embedding lived experience, trauma aware practice and participant centred approaches across governance, workforce development and system design.*

Beyond Tokenism: Embedding Authentic Lived Experience Leadership at the Mental Health Tribunal.

The Mental Health Tribunal performs a critical human rights function under Victoria's Mental Health and Wellbeing Act 2022, making decisions that affect people's liberty, autonomy and dignity. In this context, embedding lived and living experience

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is essential to fairness, transparency and trauma informed practice.

This presentation focuses on the practical work undertaken by the Mental Health Tribunal to move beyond tokenism and embed lived experience leadership across governance, member capability, culture and everyday practice. Central to this work is the Tribunal Advisory Group, comprising consumers and carers with direct experience of compulsory treatment, who contribute strategic advice and co design input across Tribunal initiatives. The session highlights how lived experience has shaped consumer and carer facing documentation, including the treating team report template and the Notice of Hearing letter, with the aim of supporting dignity, understanding and participation.

The presentation also explores initiatives focused on Tribunal members as culture carriers, including lived experience member competencies and assessment through member appraisal processes, reflective practice groups, training activities and forums that support collective learning. Together, this work demonstrates how lived experience is embedded and valued as a form of expertise that informs decision making, strengthens accountability and shapes organisational culture in a statutory environment.

Participants will gain practical insights into embedding lived experience leadership sustainably within mental health systems.

BLOCK 1 · 10:55am-11:20am

BREAK OUT 3 (VICTORY ROOM E)

ELLIE COOPER SHE/HER ★

I'm currently working as the Senior Care Co-ordinator on Banksia ward (adolescent acute inpatient unit) at the Royal Children's Hospital.

★ *First Time Presenter* ♥ *Co-designed Presentation*

I completed my undergraduate degree, Mental Health Nursing with Honours, at the University of Manchester in 2019 and started working in Melbourne in 2023.

Interdisciplinary Strength in Adolescent Inpatient Care: Collaborative Skills Group Delivery by Nurses and Psychologists

This presentation explores the interdisciplinary strength of nurses and psychologists collaborating to deliver joint therapeutic intervention groups within an adolescent inpatient mental health unit. Focusing on Dialectical Behaviour Therapy (DBT) skills-based groups, the presentation highlights how psychological theory can be effectively translated into everyday clinical practice through shared delivery models. Psychologists contribute formulation, therapeutic frameworks, and evidence-based interventions, while nurses provide consistent therapeutic engagement, continuity of care, and opportunities for real-time skills coaching within the inpatient environment.

The presentation examines how this collaborative approach enhances treatment accessibility, reinforces skill generalisation across settings, and promotes a cohesive therapeutic culture within the multidisciplinary team. Particular attention is given to the role of nurses in delivering DBT-informed interventions, demonstrating how nursing staff can extend and reinforce psychological principles throughout routine patient interactions.

Central to the discussion is the importance of the therapeutic relationship in facilitating meaningful engagement and behavioural change among adolescents experiencing acute mental health difficulties. The therapeutic alliance, developed through trust, consistency, validation, and relational safety, is presented as a key factor underpinning successful intervention delivery. By integrating psychological expertise with nursing

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relational practice, interdisciplinary group work can strengthen patient outcomes, staff collaboration, and the overall quality of inpatient adolescent mental health care.

BLOCK 1 · 11:00am-11:40am

BREAK OUT 4 (STADIUM SOCIAL)

WORKSHOP FACILITATOR: CATHIE MILLER

Mental Health Nurse Academic - Centre for Mental Health Nursing / University of Melbourne

WORKSHOP: Using the Handbook for Victoria's Early Career Mental Health Nursing Programs

This workshop will make space for mental health nurses (especially educators and advanced practice MH nurses) to brainstorm and plan, individually and together, to make the best use of the soon-to-be-launched Graduate Mental Health Nursing Handbook.

The first year as a registered nurse is marked by high stress and professional growth. Entry-level and transitioning nurses require tailored education and robust support to develop their specialisation in mental health. Innovative learning programs for early-career mental health nurses must strike a dynamic balance between wellbeing and education, ensuring a smooth transition to practice. Given the significant variation in service-based graduate programs across Victoria, a comprehensive, nursing-specific handbook has been developed through 2025/6 to harmonise and future-proof these programs statewide.

The Handbook was developed through a co-design process that engaged clinicians, educators, academics, early-career nurses, and Lived and Living Experience Workers in workshops and consultations with experts in suicide prevention, family violence, and First Nations perspectives. Peer review of current programs identified strengths and opportunities for improvement. Combined with evidence from contemporary literature, this informed program delivery recommendations.

Once the Handbook is published, services will conduct a gap analysis and identify program changes that benefit from the content and recommendations. During implementation, services will benefit from continued collaboration and resource sharing.

Learning outcomes:

By engaging in this workshop, participants will be able to:

- Summarise the handbook's purpose and core structure in 2–3 concise sentences.
- Identify at least one clear gap in their service's graduate/transition-to-mental-health program.
- Draft a prioritised action plan or SMART goal to address that gap – including one measurable indicator of success and a named role or health service with a target date for initiating inter-service collaboration.

BLOCK 2 · 11:25am-11:45am

MAIN PLENARY SPACE (VICTORY ROOM AB)

BRENT HAYWARD HE/HIM

Brent Hayward *is a Registered Nurse, Credentialed Mental Health Nurse, and Registered Disability Practitioner. He has worked in a variety of clinical, policy, and leadership roles in the mental health, disability, and government school sectors. He is*

Abstract Presentations

a Senior Lecturer in the School of Nursing and Midwifery at Monash University and is the stream lead for mental health nursing. He supervises PhD, Masters, and Honours students and continues to research NDIS policy, school nursing, and mental health nursing.

Foresight and Hindsight About 'Doing' a Research Stream in Mental Health Masters Course

Postgraduate study is an important avenue for career development. One key decision in postgraduate study is whether or not to undertake the research stream as part of a Masters course. This presentation lays out the key considerations in choosing this option, highlighting the opportunities this provides as well as the less commonly known limits when one does not choose it.

Many prospective postgraduate mental health nursing students want to complete their studies in the shortest time possible, prioritising flexibility, speed, and convenience over foresight thinking about their future career. Completing a research stream provides options which few people can appreciate early in their careers. A decision to not complete a research stream might force one into thinking, in hindsight, that they really should have if they now wish to undertake research, move into academia, or complete a PhD. A research stream provides options for these futures, coursework does not.

This presentation will describe the wisdom that comes from the foresight of completing a research stream in a mental health nursing Masters course, the tangible benefits of this before and after completion, how to navigate this option, and use this as an essential step in one's career.

BLOCK 2 · 11:25am-11:45am

★ *First Time Presenter* ♥ *Co-designed Presentation*

BREAK OUT 1 (VICTORY ROOM C)

SYMPOSIUM CONTINUED

BLOCK 2 · 11:25am-11:45am

BREAK OUT 2 (VICTORY ROOM D)

REBECCA THOMPSON SHE/HER

Rebecca Thompson *is a Registered Mental Health Nurse with over 30 years of experience in mental health care. She holds a Master of Nursing (Research) and a Graduate Diploma in Health Education and Health Promotion. Rebecca*

Abstract Presentations

is passionate about the safety of consumers, staff, and the community, and about ensuring best practice through strong partnerships with consumers in their recovery. Her work is grounded in accountability, collaboration, and continuous improvement.

Rebecca is strongly committed to ensuring staff have the knowledge, skills, and confidence to manage clinical aggression and behaviours of concern in the workplace. This focus has directly supported the reduction in restrictive practices and elimination of seclusion at Bayside Health Peninsula Care Group. Through close collaboration with consumers, carers, and staff, Rebecca has led and contributed to a range of innovative projects that priorities staff safety and the holistic care of individuals and their communities.

JANINE DAVIES

***Janine Davies** is Director of Mental Health nursing at Bayside Health, Peninsula Care Group and adjunct Associate Professor at Monash University. Janine provides mental health nursing leadership for the 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 United Kingdom and Australia, and mostly recently has been on secondment as the senior advisor to the Chief Mental Health Nurse for the state of Victoria.*

Janine is passionate about workforce development and well-being. Janine provides professional nursing guidance to approximately 500 nurses who work at Bayside Health, Peninsula Care Group throughout multiple sites. Janine loves to inspire and invest in nurses, to support them reaching their aspirations

A Future For All: Seclusion Elimination and Reducing Restrictive Practices in an Acute (Both Adult and Older Adult) IPU's

Reducing restrictive interventions and eliminating seclusion are critical priorities in mental health care, reflecting a shift toward rights based, recovery-oriented practice and at the core of mental health nursing. The Mental Health and Wellbeing Act 2022 (MHA 2022), key principles of dignity, autonomy, and least restrictive care, ensuring that every intervention is necessary, proportionate, and respectful of individual human rights.

Our work emphasises the importance of therapeutic relationships, collaborative decision making, and the

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meaningful inclusion of the entire multidisciplinary team. By strengthening workforce capability in trauma informed care, de-escalation, and clinical supervision/ reflective practice, services can move away from containment-based responses and towards environments of safety, trust, and connection.

Embedding human rights in everyday practice requires systemic change—challenging legacy models, fostering cultural safety, and creating spaces where people feel heard, valued, and empowered. It also involves accountability, data-informed improvement, and strong clinical leadership committed to eliminating harm.

Aligned with the vision of The Collab 2026, Bayside Health: Peninsula Care Group (PCG) initiative supports a future where restrictive practices are replaced by compassionate, person-centred care. Through collaboration, innovation, and shared responsibility, mental health services can uphold the MHA 2022 while advancing equity, recovery, and the fundamental rights of all people.

BLOCK 2 · 11:25am-11:45am

BREAK OUT 3 (VICTORY ROOM E)

HANNAH BROCK SHE/HER ★

Hannah Brock *is a Registered Mental Health Nurse with over ten years of experience supporting young people across the Latrobe Valley. She holds a Bachelor of Nursing and a Master of Mental Health Nursing, bringing a strong clinical foundation and a deep understanding of youth mental health to her work. Throughout her career, Hannah has gained diverse experience across acute inpatient services, secondary school settings, and her current role within Youth Prevention and Recovery Care (YPARC). These varied experiences have strengthened her ability to engage, support, and advocate for young people facing a range of challenges. Passionate about the wellbeing of local youth, Hannah is committed to empowering young people to recognise their strengths, build resilience, and create meaningful change in their lives. Her person-centred approach reflects her dedication to helping young people in the Latrobe Valley thrive and achieve their full potential.*

Reimagining Regional Youth Mental Health: The Gippsland YPARC Experience

As a youth prevention and recovery center servicing the regional and rural Gippsland community, our model of care is grounded in consumer-centered, holistic mental health support that recognizes each young person as the expert in their own life. During the YPARC planning process, significant gaps were identified across Gippsland, including limited access to youth-specific mental health services, workforce shortages, fragmented care pathways, and barriers created by distance, stigma, and social isolation. In response, we partnered with Mind Australia to embed lived experience professionals within the multidisciplinary team, ensuring young people receive support through shared understanding, authentic connection, and therapeutic trust.

This approach has strengthened engagement with vulnerable young people who may otherwise avoid accessing support, while improving continuity of care, resilience, self-determination, and therapeutic outcomes. Lived experience workers also help navigate the complexity of the mental health system and reduce traditional power imbalances between clinicians and consumers.

The YPARC model is informing broader changes across regional health services in Gippsland by demonstrating the value of integrated, recovery-oriented, youth-focused care. It is shaping more collaborative approaches to community-based

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mental health support, early intervention, and service design that prioritizes lived experience, accessibility, and meaningful partnerships with young people and their families.

BLOCK 2 · 11:25am-12:30pm

BREAK OUT 4 (STADIUM SOCIAL)

WORKSHOP FACILITATOR: A PROF BRIDGET HAMILTON

Head of CentreMHN - Centre for Mental Health Nursing / University of Melbourne

CO-FACILITATORS:
DR BRENT HAYWARD *(Monash)*
DR VIET BUI *(Unimelb)*
DR TESSA MCGUIRE *(Swinburne)*
DR NAOMI BROCKENSHIRE *(Unimelb)*
DR HOSU RYU *(Swinburne)*
A/PROF CATHY DANIEL *(ACU)*
PROF PHIL MAUDE,
DR ALISON HANSEN *(Monash)*
DR PAULA MATHIESON *(Grampians)*
DR SHINGAI MAREYA *(RMH)*

WORKSHOP: Possibly Travelling on Pathways to a PhD? Get up Close with Doctoral MHNs in Victoria

Workshop Aim: Provide opportunities for MHNs to share and build understanding of potential PhD pathways and post-PhD careers

Workshop Introduction
Are you thinking about next steps in your MHN career? Curious about the rationales behind our models of care, the evidence and the origins of MHN? Are you wondering about the career opportunities to teach, research and build the specialisation of MHN? This workshop might be for you.

Workshop Content
This (45 minute) workshop will consist of small table conversations with Doctoral MHNs in diverse roles.

MHNs who have completed PhDs will share with participants their pre-doctoral career path, research experience, post-doctoral application of findings, professional growth and learnings from the journey so far.

There will be ample opportunities for Q&A and links and resources shared for next steps.

Learning outcomes

By the end of this workshop, participants will:

- Gain clarity about diverse PhD pathways in Victoria
- Reflect on own interest in careers that might require a PhD

BLOCK 3 · 11:50am-12:10pm

MAIN PLENARY SPACE (VICTORY ROOM AB)

HOSU RYU SHE/HER

Dr Hosu Ryu *is a Senior Lecturer at Swinburne University of Technology and an Honorary Fellow at the University of Melbourne and the Royal Melbourne Hospital. With a clinical and leadership background in mental health nursing, she is interested in exploring the gap between evidence, intention, and practice reality in mental health services through an implementation science lens. She is passionate about research that translates into real-world change and enjoys collaborating with health services to support research, education, and service innovation in mental health care.*

Hosu currently serves as the founding Course Director of the Master of Mental Health Nursing at Swinburne University of Technology and a Fellow of the Higher Education Academy in the UK. She has

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received a national Australian Award for University Teaching Citation and multiple Vice-Chancellor's Awards for excellence in student learning and curriculum design in mental health nursing education.

Building a Master of Mental Health Nursing: Designing Postgraduate Education for Today's Workforce

Mental health nursing is growing; more services, shifting models of care, and nurses at different career stages looking for postgraduate study that fits where they are and where they want to go.

This presentation shares the development of a new Master of Mental Health Nursing, and the thinking behind how it was put together. Rather than starting with an existing template, the program was built around what nurses and employers said they actually needed, and what a contemporary mental health nursing education could look like when designed from scratch.

The program is designed with different career stages and goals in mind, from building advanced clinical skills early in career, to specialising in areas such as counselling or forensic mental health, to pursuing a research pathway or leading practice improvement. This presentation will also share what it meant to listen closely to industry; understanding what the workforce needs now, where the gaps are, and what opportunities emerge when education is designed to keep pace with a changing sector.

This presentation will be of interest to nurses considering postgraduate or Master's level study, as well as those with an interest in curriculum design.

BLOCK 3 · 11:50am-12:10pm

BREAK OUT 1 (VICTORY ROOM C)

★ *First Time Presenter* ♥ *Co-designed Presentation*

SYMPOSIUM CONTINUED

BLOCK 3 · 11:50am-12:10pm

BREAK OUT 2 (VICTORY ROOM D)

BELINDA FOLEY SHE/HER ★

Belinda Foley *is a proud Arrernte woman with an unwavering dedication to advocating for First Nations peoples across Victoria.*

Grounded in culture and guided by deep respect for First Nations-led approaches, Belinda centres social and emotional wellbeing frameworks in everything she does, holding spaces for the people

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she advocates for to be seen and supported holistically.

Driven by a passion for self-determination, Belinda works tirelessly raising First Nations peoples' voices to be heard and valued within western systems, even in the face of persistent barriers. Her career has spanned Family Services, Legal and Mental Health; each role shaped by the same commitment to better outcomes for mob.

Belinda currently manages a deadly team of First Nations advocates and project workers within IMHA, all united and strengthened by her leadership and their collective pursuit of genuine cultural safety for every First Nations person who enters the clinical mental health space.

HELEN MAKREGIORGOS

***Helen Makregiorgos** is the Associate Director of Independent Mental Health Advocacy(IMHA) at Victoria Legal Aid. Helen is a social worker who has worked in a range of sectors over the past 26 years including mental health, women's health, homelessness, sexual assault, family violence, clinical, education, and health promotion/ prevention, in a diverse range of roles including case manager, clinical social worker, lecturer, trainer, project manager.*

Helen's commitment to human rights and social justice has led her to undertake advocacy as a core component of all her roles. Helen lead the establishment of IMHA and the Independent Family and Support (IFAS) at VLA in partnership with lived experience experts, both are non legal advocacy service, IMHA works with people at risk of subject to compulsory treatment and IFAS works with parents involved in the child protection system who are not in court. Helen's role at VLA also includes a cross organisational leadership role in allied professional services and embedding lived experience expertise in all aspects of service design, delivery and evaluation. Organisational leadership and change have been central to many of her roles.

Mental Health Advocacy: Supporting Human Rights and Cultural Safety

IMHA has been Victoria's mental health advocacy service, co-designed with consumer leaders, since 2015. IMHA provides advocacy to people at risk of and subject to compulsory treatment, with lived experience embedded. Following the introduction of the MHA 2022, advocacy became an opt-out system, ensuring people subject to restrictive

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interventions and/or compulsory treatment are contacted and offered services. IMHA's representational model, not best interest, means advocates walk alongside consumers, amplifying their voice, informing them of their rights, supporting self-advocacy, referring to services they need, and supporting system navigation.

The opt-out has increased access to IMHA and revealed the overrepresentation of First Nations people in restrictive practices and compulsory treatment. IMHA's Statewide First Nations team consistently finds culture is often absent from care and treatment conversations, leading to people being culturally unsafe. While the MHA 2022 includes Principles that must be given proper consideration, such as the Cultural Safety Principle, a significant gap remains between the Act's intent and First Nations' consumer experiences.

This presentation draws on IMHA's data, independent evaluation, and practice observations, inviting attendees to consider how they can bring a human rights and cultural safety lens into their conversations and practice supporting safer services and better outcomes for consumers.

BLOCK 3 · 11:50am-12:10pm

BREAK OUT 3 (VICTORY ROOM E)

HOLLY RUSSELL SHE/HER ★

Holly Russell *is a Senior Clinician and Mental Health Nurse with the Alfred Child and Youth HOPE Team, supporting young people experiencing suicidality through assertive outreach and a psychosocial model of care.*

After working extensively in inpatient and Emergency Department settings, Holly was drawn to community-based care that allows stronger therapeutic relationships and supports young people in environments where they feel safe and empowered.

She values the HOPE model's creative and flexible approach, enabling clinicians to tailor support to each young person's needs. Holly believes outreach is central to helping young people manage suicidal distress, build resilience, and create meaningful change.

In her presentation, Creativity and Flexibility in Mental Health Nursing: How Assertive Outreach and a Psychosocial Model of Care Can Reduce Suicidality in Young People, Holly shares practical insights into how innovative, compassionate, person-centred care helps young people reconnect with hope and build safer futures.

Creativity and Flexibility in Mental Health Nursing: How Assertive Outreach and a Psychosocial Model of Care Can Reduce Suicidality in Young People

Suicide rates among adolescents and young adults continue to rise. The 2021 Royal Commission into Victoria's Mental Health System identified significant gaps in suicide prevention services for at-risk young people. In response, Child and Youth HOPE (Hospital Outreach Post-suicidal Engagement) services were established within Victoria's Suicide Prevention Strategy (2016–2025).

The Alfred Child and Youth HOPE Team provides assertive outreach to young people and families, addressing psychosocial stressors contributing to suicidality. This model challenges assumptions that suicidality is solely linked to diagnosable mental illness, instead supporting individuals experiencing complex life stressors.

This presentation explores the role of mental health nursing within this specialist service

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through a case study involving housing instability, substance use, chronic pain, and financial hardship. It highlights how flexible, outreach-based care fosters engagement, particularly for young people disengaged from traditional services.

The case demonstrates improved resilience, reduced distress, and greater capacity to manage suicidal thoughts. While based on a single case, these outcomes align with emerging evidence that assertive, psychosocial outreach reduces suicidal ideation and enhances wellbeing in young people.

BLOCK 3 · 11:50am-12:10pm

BREAK OUT 4 (STADIUM SOCIAL)

WORKSHOP CONTINUED

BLOCK 4 · 12:15pm-12:35pm

MAIN PLENARY SPACE (VICTORY ROOM AB)

ALICIA CALLAHAN SHE/HER ★

Professionally, I am a passionate Enrolled Nurse working part-time in an Adult Acute Unit. My journey began with a strong desire to care for others, which grew during my time as a PCA and led me to take on a greater role in patient care. I thrive in a fast-paced environment where no two days are the same.

I am particularly passionate about acute mental health and patient advocacy. Known for being calm under pressure, relatable, and empathetic, I am motivated to grow into leadership and education roles while supporting Enrolled Nurses across regional Victoria.

Personally, I am full-time mum and wife, I spend my days juggling toddler chaos at home while trying to keep my husband from taking on his next "quick" renovation project. In quieter moments, I enjoy hobbies like cross stitch, crochet, and knitting — though many projects remain unfinished.

Beyond Expectations: Expanding the Future of Enrolled Nurses in Regional Mental Health.

Enrolled Nurses (ENs) are often directed toward aged care roles, with limited visibility of their contribution within acute and specialist mental health settings. This presentation explores how challenging these expectations can shape not only individual careers, but the future of the mental health nursing workforce.

Early experiences of conflicting messaging—between acute clinical placements and advice discouraging ENs from hospital-based roles—highlight the persistence of restrictive professional narratives. Despite this, a willingness to "dig deeper" led to one Enrolled Nurse to pursue a role in an Adult Acute Unit without fully meeting traditional selection criteria. This opportunity became the foundation for developing confidence, capability, and an ongoing career in inpatient public mental health.

Drawing on this journey, the presentation examines the expanding landscape of opportunities for ENs, specifically across regional Victoria, including acute, forensic, community, and specialist services. It also highlights workforce initiatives, such as Department of Health scholarships, that support future-focused career development.

Positioned within a future-oriented lens, this session advocates for a reimagining of EN scope of practice in mental health. It aims to challenge limiting beliefs, encourage emerging nurses to

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pursue diverse pathways, and contribute to building a more flexible, skilled, and sustainable workforce.

BLOCK 4 · 12:15pm-12:35pm

BREAK OUT 1 (VICTORY ROOM C)

SYMPOSIUM CONTINUED

BLOCK 4 · 12:15pm-12:35pm

BREAK OUT 2 (VICTORY ROOM D)

CLAUDIA PERKINS SHE/HER

Claudia Perkins *is a mental health nurse working in community mental health. Before entering nursing, Claudia worked in political campaigning and public policy development. Claudia also holds a degree in Philosophy and conducted honours research in feminist phenomenology, examining questions of embodiment, experience, and care.*

Drawing on backgrounds in philosophy, public policy, and mental health practice, Claudia's interests include ethics, social justice and the relationship between individual experiences of distress and broader social structures.

We Should All Be Abolitionists

This presentation argues that coercive mental health treatment will not be abandoned within existing institutional logics because coercion is not incidental to the system — it is constitutive of it. Drawing on the work of philosophers Bernard Stiegler and Michel Foucault, the presentation explores how contemporary mental health systems risk producing forms of "care" that diminish autonomy, participation, and collective capacities for meaning making and asks what it means to practise care within systems structured through surveillance, risk management, and compulsory intervention.

Abolitionism calls for the dismantling of coercive and carceral forms of psychiatric intervention. It provides a provocation to existing efforts to meet the lofty ambitions of the Mental Health and Wellbeing Act 2022. This presentation resists moral purity and easy resolutions, instead it acknowledges the ethical discomfort of clinicians, peer workers, families, and consumers who remain entangled in practices they may also oppose. Abolitionism is framed as a collective political orientation: a commitment to building conditions in which coercion becomes increasingly unnecessary and ultimately unthinkable. The call to action is both

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unsettling and practical: if coercive treatment is to end, we must all become abolitionists long before the system permits us to be.

BLOCK 4 · 12:15pm-12:35pm

BREAK OUT 3 (VICTORY ROOM E)

DIVYA PETER ★

Dr. Divya Peter *is a lecturer in psychology with experience teaching across undergraduate psychology programs. She is committed to creating inclusive learning environments and uses evidence-based teaching practices to engage students and foster psychological literacy. Her research background is in developmental psychology, focusing on childhood development, attachment, and mental health and wellbeing. Her work examines how early developmental experiences and relationships shape children's social, emotional, and psychological outcomes. She also has a strong interest in promoting mental health awareness, resilience, and wellbeing across culturally diverse communities, with a particular focus on adolescents and young adults.*

BINDU JOSEPH

Dr Bindu Joseph *is a Senior Lecturer in Nursing committed to preparing future nurses to deliver safe, compassionate, and evidence-based care. Drawing on extensive experience in clinical practice and nursing education, she integrates real-world healthcare scenarios into her teaching to foster clinical judgement, reflective practice, and ethical decision-making. Her research interests include nursing education, patient safety, and enhancing learning experiences for diverse student cohorts. Bindu has disseminated her scholarship through conferences and practice-focused publications. She is also actively involved in community mental health initiatives and contributes to professional organisations, including the Ethnic Communities' Council of Victoria and National Stroke Guidelines.*

"It's Not Talked About": Mental Health and Help-Seeking Among Second-generation Australian Youth

Mental health difficulties among young Australians is increasing with suicide being the leading cause of death among young people. Indian origin migrants constitute the second-largest migrant population often navigating complex challenges related to identity development and cultural integration that could affect mental health. Research indicates that limited culturally appropriate mental health

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resources and social isolation can hinder help-seeking behaviours and exacerbate mental health disparities among immigrant populations (Sundararajan et al., 2020). However, the mental health experiences of second-generation Indian migrants remain underexplored.

This qualitative study explores mental health awareness and attitudes toward help-seeking among second-generation Indian migrants aged 18–25 years. Fifteen participants took part in semi-structured interviews focusing on mental health understanding, help-seeking behaviours, perceived barriers and facilitators to accessing support. Data were analysed using Braun and Clark's thematic analysis approach to identify key patterns and themes.

Preliminary findings indicated that stigma surrounding mental health, fear of judgement, and parental minimisation of mental health concerns significantly discouraged help-seeking. These findings highlight the importance of collaborative, culturally safe mental health services and promotion initiatives to strengthen engagement, reduce stigma, and improve access to mental health support within migrant communities, particularly among Indian Australian youth.

BLOCK 4 · 12:15pm-12:35pm

BREAK OUT 4 (STADIUM SOCIAL)

WORKSHOP CONTINUED

LUNCH BREAK · 12:35pm-1:20pm

MAJOR SPONSOR INTRODUCTION · 1:20pm-1:25pm

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KEYNOTE: RANA TE HUIA · 1:25pm-2:10pm

BLOCK 5 · 2:15pm-2:35pm

MAIN PLENARY SPACE (VICTORY ROOM AB)

A/ PROFESSOR JANINE DAVIES SHE/HER ★

Janine Davies *is Director of Mental Health nursing at Bayside Health, Peninsula Care Group and adjunct Associate Professor at Monash University. Janine provides mental health nursing leadership for the 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 United Kingdom and Australia, and mostly recently has been on secondment as the senior advisor to the Chief Mental Health Nurse for the state of Victoria. Janine is passionate about workforce development and well-being. Janine provides professional nursing guidance to approximately 500 nurses who work at Bayside Health, Peninsula Care Group throughout multiple sites. Janine loves to inspire and invest in nurses, to support them reaching their aspirations.*

Implementing the Statewide Safer Care Victoria Ligature Point Audit Tool (LPAT) at a Service Level

The implementation of the Safer Care Victoria (SCV) statewide Ligature Point Audit Tool (LPAT) represents a major system wide initiative to strengthen safety across Victoria's public mental health and wellbeing services. The LPAT provides a standardised approach for all services, outlining the required audit processes, governance structures and workforce engagement strategies. It replaces varied local practices with a unified method for identifying ligature risks, assigning ratings and developing mitigation plans. Key elements include

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executive sponsorship and clear escalation pathways through organisational governance to board level.

Implementation within Bayside Health Peninsula Care Group was guided by the iPARIHS framework, supported through development and approval of an executive board paper, and initiated with targeted workforce information sessions. These strategies enabled structured planning, reinforced organisational endorsement, and built early staff awareness to support effective adoption of the Ligature Point Audit Tool.

The Ligature Point Audit Tool has now been implemented across inpatient, subacute, residential, and community mental health settings. This presentation will outline the key outcomes from our implementation process, highlighting shared learnings, practical enablers, and challenges encountered across diverse service environments. It will also provide an opportunity to disseminate our findings, support broader sector readiness, and contribute to collective capability building.

BLOCK 5 · 2:15pm-3:25pm
SYMPOSIUM

BREAK OUT 1 (VICTORY ROOM C)

MARK BINT HE/HIM

Mark Bint *is a mental health nurse with 20 years experience working across The UK and Australia. He has worked in acute, forensics and addiction services in both private and public sector.*

Right care at the right time: A smarter approach to mental health referrals in ED

Despite major reforms to reduce reliance on noisy, crowded, fast-paced Emergency Departments (EDs), such as community-based alternatives, EDs remain the primary access point for Mental Health Services.

Referrals to Emergency Mental Health (EMH) that are not directly aligned with the consumer's needs contribute to prolonged ED waiting times, worsen symptoms, and risk suboptimal care.

Currently, referrals to EMH are initiated by an ED medical officer (MO) or an ED triage nurse, who determines whether the consumer requires mental health services by making a binary decision based on a rapid clinical assessment. However, experience and data suggest that for one in every two consumers referred, EMH is not the appropriate pathway.

A secondary triage workflow was introduced as part of a wider access and flow project, which aims to optimise specialist mental health expertise in the ED, allowing consumers who would typically receive a nonspecific referral to EMH for undifferentiated mental health concerns to have their individual needs and preferences identified early.

The practical implications for mental health nurses working in ED involve shifting towards proactive person-centred assessment and treatment pathways with specialist decision making, leading to the right care at the right time, and improving consumer experience.

AMY MARIN ZAKS ★

Amy Marin Zaks *is a senior social worker/ mental health clinician in the Consultation Liaison Psychiatry Team at Box Hill Hospital.*

With previous training and employment as a dietitian in the public and private sectors, she has more than 15 years of clinical experience in eating disorder treatment in hospital and community settings.

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Like many other clinicians, Amy has observed the significant differences in the presentations of consumers with Restricted Intake as Self Harm (RISH) compared to those admitted to hospital with other eating disorders. She is passionate about collaborating with consumers to identify their individual needs, to develop treatment plans and to promote patient autonomy.

AMANDA HAUKINIMA SHE/HER ★

***Amanda Haukinima** is a senior psychiatric nurse/ mental health clinician in the Consultation Liaison Psychiatry Team at Box Hill Hospital. She brings to her current role more than two decades working in acute psychiatry.*

Following COVID Amanda observed a shift in the nature of patients presenting to hospital for eating disorder treatment. She has observed gaps in the traditional eating disorder treatment protocols over time, and draws on her vast clinical experience and passion for holistic care in her practice. Amanda is a strong advocate for 'positive risk taking', she supports and challenges consumers to work towards their recovery goals while collaborating broadly within the hospital and external stakeholder teams.

Restrictive Intake Self-harm: A Model for Managing Patients with Restrictive Eating as a Form of Self-harm in the Hospital Setting

In recent years, the Consultation Liaison Psychiatry team within a large metropolitan health service has seen more hospital admissions involving medically unstable patients with restricted eating who do not present with typical eating disorder psychopathology. Existing inpatient treatment protocols have not routinely met the needs of this group. As a result, repeated admissions, restrictive interventions (RI), and re-traumatisation may have contributed to iatrogenic harm.

We reviewed available models of care for restrictive eating present as self-harm, suicidal ideation through dietary restriction, and/or food restriction used for emotional regulation or to meet attachment needs, without core eating disorder cognitions. We then applied the core principles of the RESTRICTIVE INTAKE SELF-HARM (RISH) management guidelines to the treatment plans of two patients known to the Consultation Liaison Psychiatry team at a large metropolitan hospital. Preliminary observations indicate that this approach shows potential to reduce further treatment related harm.

As RISH presentations increase, multidisciplinary teams face greater treatment complexity and higher risks for consumers and their support networks.

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This underscores the need for a more inclusive treatment approach aligned within current policy and medical management guidelines.

BETH GRINHAM SHE/HER ★

Beth Grinham *is a compassionate Mental Health Nurse with over 10 years of experience dedicated to recovery-oriented practice in the Acute Mental Health setting. Throughout her career, she has transitioned from frontline acute care to clinical compliance roles and then into clinical leadership. Beth is passionate about fostering supportive team environments, mentoring junior staff, and implementing evidence-based practices that improve patient outcomes. Beth's focus is on delivering high-quality, compassionate care while managing complex clinical situations with confidence.*

ANDREA KAVANAGH ★

Andrea Kavanagh *began her nursing career in 1988 and has nearly 40 years of experience across disability, community and acute mental health services.*

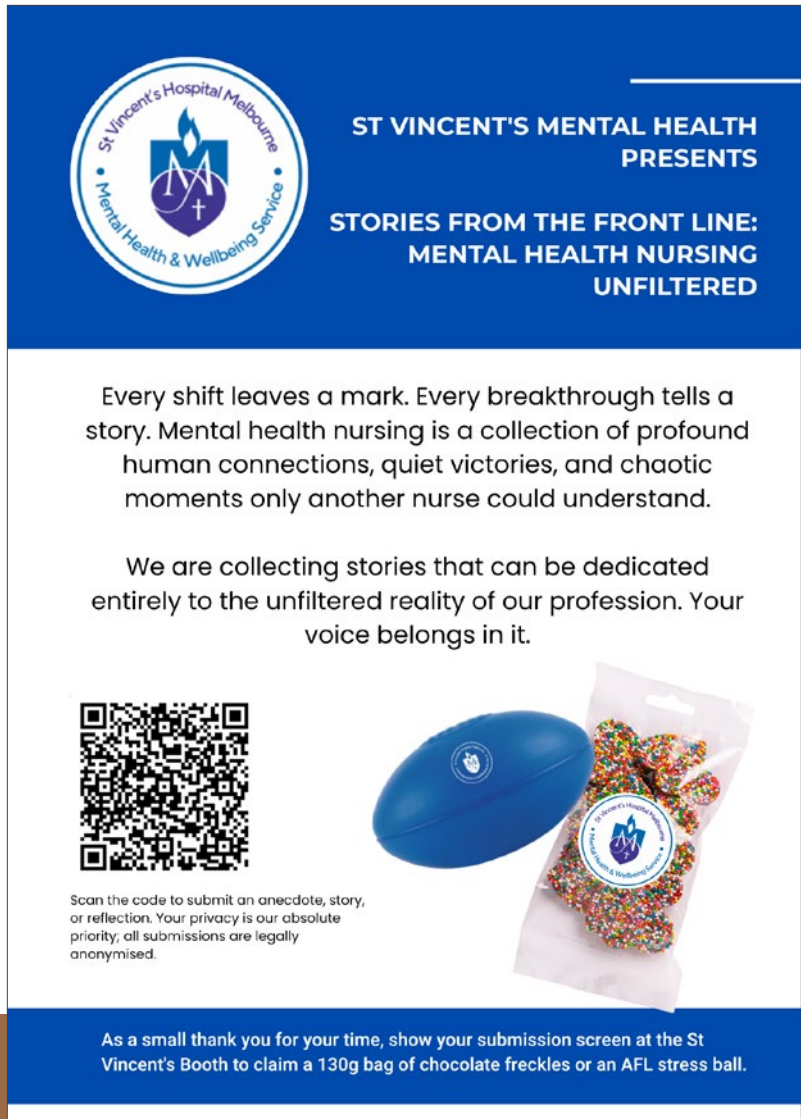
She spent 10 years with a Homeless Outreach Team, supporting people experiencing severe mental illness, homelessness and complex psychosocial challenges. Andrea later joined the Crisis Assessment and Treatment Team (CATT), developing expertise in acute mental health assessment, risk management and crisis intervention before progressing into leadership roles.

Now Divisional Director at Mercy Mental Health and Wellbeing Services, Andrea provides strategic and operational leadership across mental health services. She is recognised for her commitment to quality improvement, recovery-oriented care, culture change and strong clinical leadership.

Andrea is passionate about advocating for consumers and staff, with a focus on workforce wellbeing, professional development and creating opportunities for emerging leaders. Her leadership is grounded in collaboration, compassion and continuous improvement to deliver high-quality mental health care.

Reinventing Mental Health Nursing Visual Observations: Transforming a Passive Task into an Active, Clinically Informative Process

Background: Annual audits and incident reviews revealed that nursing observations in an Acute Adult Mental Health program were passive, monitoring consumer presence rather than clinical



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state. A gap existed between visual observations and meaningful clinical assessment, resulting in missed opportunities for active intervention.

Methods: A review of intra-service models (Emergency/ICU) and benchmarking with Victorian mental health services were conducted.

Results: A novel "Sedation and Agitation Observation Tool" was developed, adopting a track-and-trigger mechanism similar to the validated Observation and Response Chart (ORC) framework. Tailored for acute mental health, the tool enables concurrent tracking of visual observations, sedation, and agitation, featuring a color-coded management matrix for rapid intervention.

Conclusion: The tool transforms passive observation into an active, informative process, enhancing safe, responsive consumer care. By utilizing a familiar, structured approach, this initiative strengthens nurse critical thinking and embeds essential mental state assessment into daily practice, bridging the gap between monitoring consumer presence and clinical deterioration.

VANESA GERBINO SHE/HER ★

Vanesa Gerbino *is the Program Manager of the Older Adults Mental Health Program at Royal Melbourne Hospital. With more than 22 years of experience in psychiatry, including almost eight years working in older adult mental health, Vanesa has developed extensive expertise in supporting older people with complex mental health and behavioural needs. She is passionate about delivering person-centred, compassionate care that improves outcomes for consumers and their families. Vanesa is a strong advocate for carers and believes that collaborative partnerships between consumers, families, and multidisciplinary teams are essential to providing high-quality care. In her leadership role, she is committed to fostering innovation, supporting staff wellbeing, and promoting evidence-based practice across services. Vanesa has a particular interest in the management of behavioural and psychological symptoms of dementia and the development of integrated models of care that enhance quality of life for older adults while supporting the clinicians and families who care for them.*

MARY-ANNE LAROCCA

Mary-Anne Larocca *is a Credentialed Mental Health Nurse with over 27 years of nursing experience spanning acute medical, surgical, community, and specialist mental health services. She holds a Master of Mental Health Nursing and is currently a Key Clinician with the Older Adult Community Mental Health Team at Royal Melbourne Hospital. Mary-Anne also operates a private practice providing psychosocial support to people affected by cancer and their families. Her career includes extensive leadership experience as a Nurse Unit Manager and ANUM, clinical supervision of nursing and medical students, and active involvement in service development and quality improvement. Passionate about person-centred care, she is dedicated to improving outcomes for vulnerable populations through education, advocacy, and integrated mental health care.*

Supporting Older Adults and Carers Through Complex Behavioural Challenges in Dementia

The Older Adults Mental Health Program at the Royal Melbourne Hospital provides specialist support for older adults experiencing behavioural and psychological symptoms of dementia (BPSD). Many patients are referred when delirium is present, which can worsen BPSD. While our team does not directly manage delirium, we work closely with geriatric and in-reach teams, GPs, and families to support BPSD management when carers are struggling or primary teams require guidance.

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Our approach emphasises non-pharmacological, person-centred interventions, collaborative team-based care, and strong family engagement. This integrated model underpins our program's reputation for excellence in managing complex behavioural and cognitive challenges in older adults

KATALIN PAL SHE/HER

Katalin Pal *is a Clinical Nurse Consultant with over 20 years of experience across youth, adult, and older adult acute inpatient settings. She has also worked as a Clinical Nurse Educator at Monash Health and later at Eastern Health, where she contributed to workforce development, staff education, and the advancement of clinical excellence.*

Her extensive clinical and educational background supports her leadership in enhancing patient care, strengthening staff capability, and improving quality and safety within mental health services.

SARA EDIRISINGHE ★

Sara Edirisinghe *works as the current Clinical Nurse Manager at South Ward, Eastern Health, with experience across older adult acute inpatient mental health settings. She provides clinical and operational leadership, supporting recovery-oriented care, multidisciplinary collaboration, and safe transitions of care. Sara's expertise includes workforce development, clinical governance, and the promotion of quality and safety within mental health services. She holds a Master of Mental Health Nursing and is committed to reflective practice, mentorship, and clinical excellence in older adult mental health care.*

From Distress to Dignity: Positive Behaviour Support in Older Adult Inpatient Settings

The Positive Behavior Support Plan (PBSP) utilized on Southward is a person-centred, evidence-based approach that enhances the quality of life for older adult mental health patients. The PBSP looks beyond behaviors to understand underlying causes, while also incorporating the consumer's sensory needs, strengths, admission goals, identified flashpoints, and corresponding Safewards interventions. It integrates agitation management using the traffic-light system and aligns with the Equally Well framework to support holistic care.

Using a biopsychosocial Framework (5 Ps) allows clinicians to develop a comprehensive understanding of individual stories. In older adult mental health settings—where comorbidities, cognitive decline, and trauma histories are common—PBSP provides structured strategies that help reduce distress, agitation, and prevent restrictive practices, creating a calmer and more therapeutic ward environment.

In the enquiry phase, consumers are active partners in their care through shared decision-making and trust is fostered. The PBSP promotes skill-building, adaptive coping strategies, supported by the Sensory Safety Planning Tool, to communicate needs and engage in meaningful activities.

Overall, PBSP supports recovery-oriented, trauma-informed care and aligns with best practice in contemporary mental health services.

BLOCK 5 · 2:15pm-2:35pm

BREAK OUT 2 (VICTORY ROOM D)

ADAM BLAKE HE/HIM ♥

Adam Blake *is the Psychiatric Nurse Consultant at the Royal Children's Hospital. Adam has previously*

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held senior nursing positions at Austin Health and an appointment to the Office of the Chief Mental Health Nurse. As Mental Health Nurse Advisor, Adam has co-written and contributed to the Mental Health Intensive Care Framework for Victoria and has previously held clinical and consultative positions related to mental health services in North Sulawesi, Indonesia. Adam has co-published in Asia Pacific Psychiatry, The Journal of Child and Adolescent Mental Health and the Australian Nursing and Midwifery Journal and most recently featured in a University of Melbourne - Education Hub podcast on Non-Suicidal Self Injury.

KATE COWARD ★

***Kate Coward** is a Family Peer Support Worker on the adolescent inpatient mental health ward at the Royal Children's Hospital and a PhD candidate in Sociology at the University of New England. Her work sits at the intersection of care, disability, mental health and social policy, drawing on both professional and lived experience perspectives.*

Kate's emerging doctoral research explores how time shapes experiences of families caring for children with complex disability, neurodivergence and mental illness, with particular attention to the tensions between institutional time, disability time and care-time. Her research is informed by sociology of time, feminist ethics of care and critical disability studies.

Alongside her doctoral studies, Kate contributes to collaborative research and service development initiatives aimed at improving experiences for young people and families within child and adolescent mental health settings. In collaboration with Adam, she is exploring how temporal perspectives can deepen understanding of mental health nurse practice in the context of increasing admission of neurodivergent young people to inpatient services, like Banksia ward.

★ *First Time Presenter* ♥ *Co-designed Presentation*

Do You Understand Me? The Absence of Specialist Mental Health Nursing Skills in Supporting Neurodiversity and Intellectual Disability in Adolescent Inpatient Units Across 24 Hours Care

Adolescent mental health inpatient units are increasingly caring for young people with co-occurring neurodiversity and intellectual disability; however, the specialist nursing skills required to effectively support this cohort remain inconsistently developed and applied.

Neuro-diverse young people are disproportionately represented in inpatient mental health units.

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When young people enter an acute mental health setting, they are likely at their most vulnerable. Across adolescent mental health, a continued reliance on restrictive interventions, even if seen as a last resort, overshadows the need for investment in genuine therapeutic, trauma informed care.

This presentation explores the systemic and practice-level absence of targeted competencies in mental health nursing when working with neuro-divergent adolescents.

Further, it introduces the concept of time as a lens through which to explore this highly nuanced nursing practice. Time can be viewed as universal and neutral, however, this presentation suggests understanding experiences of time can vary between institutions and young people, particularly those with mental illness and neuro-divergence.

The presentation will examine how these issues, including time, contribute to increased reliance on restrictive practices and poorer outcomes for young people, families and staff.

BLOCK 5 · 2:15pm-2:35pm

BREAK OUT 3 (VICTORY ROOM E)

BARBARA WILLIAMS SHE/HER

Barb Williams *is a credentialed mental health nurse with 40 years' experience working in a variety of areas of mental health and alcohol and other drug services. Barb currently works as a clinical nurse consultant in an older adult mental health inpatient unit. She is passionate about creating safe inclusive spaces for consumers and staff and promoting collaborative person-centred care.*

DONNA HRISTODOULIDIS

Donna Hristodoulidis *is a Mental Health Clinical Nurse Consultant working within an acute older adult mental health unit. Her practice has spanned specialist and acute settings, including eating disorders, obsessive–compulsive disorder clinic, adult and older adult mental health acute units, as well as community mental health and mental health nursing education.*

THENJIWE MPOFU ★

Thenjiwe Mpofu *is a Mental Health Clinical Nurse Consultant working within an acute older adult mental health unit with over 20 years' experience in Mental health nursing. Her practice has spanned across specialist adult and older adult mental health acute units as well as community mental health settings in various roles. She has always had*

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a great interest in supporting older adults through their most vulnerable moments and challenge the stigma that surrounds mental illness.

KATALIN PAL ★

***Katalin Pal** is a Clinical Nurse Consultant with experience across youth, adult, and older adult acute inpatient settings. She has also worked as a Clinical Nurse Educator at Monash Health and later at Eastern Health, contributing to workforce development, staff education, and the promotion of clinical excellence. Her broad clinical and educational background underpins her leadership in enhancing patient care, strengthening staff capability, and improving quality and safety within mental health services.*

Considering Older Adult Acute Mental Health Nursing? Nurses' Perspectives on a Rewarding and Complex Specialty

Four older adult mental health Clinical Nurse Consultants from four different health services established a community of practice to support one another, share knowledge, and strengthen practice in older adult mental health. Through reflection, we identified a shared interest in understanding what attracts and sustains nurses working in older adult acute mental health inpatient units.

A brief survey was developed to explore nurses' experiences, including length and breadth of practice, previous clinical areas, and perceptions of working in older adult inpatient settings. Participants were asked what they value, the challenges they encounter and their intentions to remain in the specialty.

Findings highlight the importance of therapeutic relationships, the complexity and diversity of care, and the opportunity to advocate for older people. Challenges included workforce pressures and dementia diagnosis; however, many nurses expressed a strong intention to continue in the specialty.

This presentation centres nurses' voices and the wisdom gained through practice, offering insights into attraction, satisfaction and retention as well as informing the future of the older adult mental health workforce.

BLOCK 5 · 2:20pm-3:20pm
WORKSHOP

BREAK OUT 4 (STADIUM SOCIAL)

WORKSHOP FACILITATOR: LUCY GRAHAM

Parkville Youth Mental Health and Wellbeing Service

CO-FACILITATOR: SAL HOSKIN SHE/HER
PYMHWS, CNC

Workshop: Our Wisdom in Practice: Building Safe, Supportive and Trauma informed Workplaces

This workshop, aligned with the theme Our Wisdom Developing and Sustaining Our People, invites mental health nurses to deepen their understanding of the lived experience within our nursing workforce and reflect on how this shapes team culture, safety, and care delivery. Working in mental health is both meaningful and demanding, and the cumulative impact of emotional labour, workplace pressures, and exposure to trauma can influence wellbeing, resilience, and connection to practice.

While conversations about nursing staff lived experience have become more common in mental health settings, the lived experience of trauma often remains less visible and at times taboo. Despite growing openness, stigma and discomfort can still limit how safely individual nurses feel able to share or seek support. This workshop creates space to acknowledge these complexities and

★ *First Time Presenter* ♥ *Co-designed Presentation*

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consider how they influence individuals practice.

Through guided reflection, discussion, and practical activities, participants will explore the diverse experiences of nursing colleagues across different roles, stages of practice, and personal contexts. The session will introduce realistic, evidence informed strategies to support a safer and more supportive workplace, including fostering open communication, recognising early signs of stress and burnout, and embedding sustainable practices that promote individual and collective wellbeing.

Participants will leave with practical tools to contribute to a culture where people feel safe, valued, and supported, while also strengthening their own capacity for self-care and professional sustainability to support best practice.

Learning Outcomes:

- Develop deeper awareness of the diverse lived experiences within the mental health nursing workforce, including the impact of trauma, and how these impact practice.
- Identify practical strategies to foster psychologically safe environments, including addressing stigma, supporting open conversations, and recognising early signs of stress and burnout.
- Apply individual and team-based approaches to support wellbeing and sustainability in the workplace to enhance best practice.

BLOCK 6 · 2:40pm-3:00pm

MAIN PLENARY SPACE (VICTORY ROOM AB)

TESS MAGUIRE SHE/HER

Associate Professor Tess Maguire *has a joint appointment with the Centre for Forensic Behavioural Science, Swinburne University of Technology, and Forensicare. Her research focuses on forensic mental health nursing. She developed the Aggression Prevention Protocol, a nursing intervention used following DASA risk assessment, together known as the eDASA+APP. Since development eDASA+APP has been implemented across Australia, Canada, Finland, NZ and US. Implementation has resulted in significant reduction in aggression and use of restrictive practices. Dr Maguire is recipient of the International Association of Forensic Mental Health Services, Christopher Webster Early Career Award. The eDASA+APP received a National Award from the Australian Council on Healthcare Standard (ACHS) for clinical excellence and patient safety. She also received the Chris Abderhalden Award for Young Researchers in the Field of Aggression in Healthcare. She has also developed nursing frameworks that have been adopted by services and embedded into nursing practice locally, nationally and internationally.*

A Novel Version of the Clinical Reasoning Cycle for Mental Health Nurses to Enhance Clinical Decision Making and Reflection on Practice

Abstract: The Clinical Reasoning Cycle was developed for general nursing, to aid clinical-reasoning, decision-making and reflection on practice. Such a model could also be helpful for mental health nursing practice. This presentation will cover the development and exploration of a version for mental health nurses. Focus groups were used to elicit feedback from participants about the original Clinical Reasoning Cycle, and adaptations were made based on participant suggestions and evidence from the literature. The adapted version was then explored in focus groups

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with academics from Australia and New Zealand. Two themes were interpreted using thematic analysis: Theme one: "The thought of a Mental Health Nursing Clinical Reasoning Cycle really does fill me with glee": Excitement of the potential of the Mental Health Nursing version of the cycle. Theme two: Challenges in the perception of mental health nursing and inclusion in curriculum, with two subthemes; 1) Challenging the stigma associated with mental health nursing, and 2) Constraints of an overcrowded curriculum. Participants recognised the potential of the adapted version to enhance professional identity and outline specialised skills and knowledge of mental health nurses. This study drew attention to stigma associated with mental health and diluted mental health content and/or clinical placements.

BLOCK 6 · 2:40pm-3:00pm

BREAK OUT 1 (VICTORY ROOM C)

SYMPOSIUM CONTINUED

BLOCK 6 · 2:40pm-3:00pm

BREAK OUT 2 (VICTORY ROOM D)

MARIA BRADSHAW SHE/HER ♥ ★

Maria Bradshaw *is a Lived Experience Project and Workforce Consultant working across specialist mental health services in Victoria. She brings extensive expertise in lived experience leadership, service design and improvement, co-design, and consumer participation within both public and private mental health settings.*

Maria currently leads and supports a range of initiatives focused on strengthening person-centred, recovery-oriented, and rights-based mental health care. Her work includes redesigning care planning processes, improving feedback and engagement systems, advancing neurodiversity-affirming practice, and supporting the integration and development of lived experience workforces. She is particularly passionate about ensuring that the voices of consumers and families are embedded in service design, delivery, evaluation, and governance.

Maria has a Masters in Public Health which she uses to strengthen her ability to translate lived experience insights into meaningful service improvement. By combining public health principles, evidence-informed practice, and consumer perspectives, she works to identify opportunities for system change that improve the quality, accessibility, safety, and experience of care for people accessing mental health services. Her focus is on creating sustainable improvements that lead to better outcomes for consumers, families, carers, and communities.

Embedding Neuro-Affirming Practice in a Specialist Women's Mental Health Service

This project describes the development of a whole-of-service approach to embedding neurodiversity-affirming practice within Wren, a specialist mental health service. Grounded in contemporary neurodiversity-affirming frameworks and co-designed with staff and participants, the project aims to shift practice from deficit-based models toward approaches that recognise, respect and support diverse ways of thinking, communicating and experiencing the world.

Using the Guidelines for Selecting a Neurodiversity-affirming Mental Healthcare Provider as a foundation, the project included a service-wide audit of current practices, environmental and communication accessibility reviews, participant focus groups, staff consultation, and collaboration

★ *First Time Presenter* ♥ *Co-designed Presentation*

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with lived experience workers, educators, and disability liaison supports. The initiative also focussed on translating neuro-affirming principles into practical and visible changes across the service, including sensory safety, flexible communication methods, collaborative care planning, and staff capability building.

A key outcome of the project is the creation of a public-facing neurodiversity-affirming practice statement and poster that articulates how Wren operationalises neuro-affirming care in everyday practice. The project demonstrates how mental health services can move beyond intention toward meaningful systemic change, creating safer, more inclusive environments that improve engagement, dignity, and wellbeing for neurodivergent participants.

BLOCK 6 · 2:40pm-3:00pm

BREAK OUT 3 (VICTORY ROOM E)

MONIKA DREW SHE/HER

Monika Drew *is a Psychiatric Nurse Consultant and Workforce Development Lead for Austin Mental Health, with over 20 years of experience in public mental health. She has held a range of roles in leadership, management, education and training roles and has a strong commitment to developing and empowering the mental health workforce. She specialises in leadership, staff support, and professional development, and is passionate about guiding clinicians to grow into confident, compassionate mental health professionals. Monika is a co-presenter for "Our Voices in Action: Defining the Future of ANUM Development Through Workforce Wisdom" reflecting her strong belief in the power of supportive leadership to develop a capable and confident workforce.*

BIANCA BLATCHFORD

Bianca Blatchford *is an experienced mental health nurse who is passionate about developing and strengthening the nursing workforce. She brings extensive clinical and leadership experience together with a clear focus on education, collaboration, innovation, and continuous improvement. She is particularly driven by creating supportive learning environments to help build clinical capability within mental health nursing to ensure a skilled, confident, and sustainable workforce.*

FRANCIS MCNAMARA

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. His work reflects a strong commitment to fostering a safer, more therapeutic environment for both staff and consumers.*

Our Voices in Action: Defining the Future of ANUM Development Through Workforce Wisdom

Associate Nurse Unit Managers (ANUMs) are pivotal frontline leaders who require advanced competencies in leadership, communication, and workforce management. While targeted training and education are critical for developing knowledge, capability, and confidence, there remains limited consensus in the literature regarding the essential

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components of ANUM training and education packages.

The creation of training packages from the top-down risks ignoring the collective wisdom of our nursing workforce. We wanted to access the experience, expertise and voices of our nursing workforce to inform the design of a locally influenced, contemporary and meaningful ANUM training and education package.

Seven Nominal Group Technique (NGT) sessions were conducted with point of care nurses, ANUMs, Nurse Unit Managers and Divisional Managers. Participants were asked "What are the core components of ANUM development that should be included in ANUM training and education?" Multigroup analysis methods were used, incorporating qualitative categorization and prioritisation across independent groups and seven higher order categories were identified. These were: Leadership Strategy and Capability, Interpersonal Skills, Systems and Governance, Self Leadership, Workforce and Operations, and Clinical Performance.

From the voices of our nursing workforce, developing a comprehensive training program informed by these priority domains represents a proactive investment in our future nursing leaders.

BLOCK 6 · 2:40pm-3:00pm

BREAK OUT 4 (STADIUM SOCIAL)

WORKSHOP CONTINUED

BLOCK 7 · 3:05pm-3:25pm

MAIN PLENARY SPACE VICTORY ROOM AB

DEBRA KLAGES

★ *First Time Presenter* ♥ *Co-designed Presentation*

Dr Debra Klages *is a Melbourne-based mental health nurse and carer researcher with five decades of professional experience in Canada and Australia. She provides advanced support to mental health nurses through compassionate, trauma-informed clinical supervision and educational initiatives. Dr Klages is the originator of the Australian model of Restorative Resilience Clinical Supervision (RRCS), which is formally endorsed by the Australian College of Mental Health Nurses. Her work is devoted to advancing support and resilience in the nursing workforce, aiming to enhance professional quality of life. Empirical evidence shows her model augments compassion satisfaction and reduces occupational burnout. Dr Klages continues to shape the future of mental health nursing in Australia through her dedication to education, supervision, and the well-being of nurses.*

Integrating Trauma-Informed Care Principles into Clinical Supervision to Enhance Mental Health Nurse Well-Being and Retention

The global nurse shortage places more stress and workload on current staff. Trauma-Informed Care (TIC) incorporates trauma awareness into healthcare policy and practice. TIC promotes compassionate care, reduces the risk of re-traumatisation, and supports the well-being of both patients and providers. Its six core principles address trauma's effects on individuals, staff, and systems, while fostering cultural responsiveness and organisational change.

Trauma-informed clinical supervision improves compassion satisfaction and reduces burnout, improving staff well-being and retention. While allied health professionals have established trauma-informed clinical supervision, nurses have applied it less widely. This review asked if the six principles of TIC could be integrated into clinical supervision. Analysis of seven articles identified six principles—

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safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice, and attention to cultural, historical, and gender issues—as key themes. These findings support the development of a trauma-informed supervision model for nursing that incorporates all six TIC principles.

These findings underscore the need for supervisor education in implementing all six principles and for increased focus on self-care in nursing curricula. Further research should assess the effectiveness of trauma-informed supervision and related education.

BLOCK 7 · 3:05pm-3:25pm

BREAK OUT 1 (VICTORY ROOM C)

SYMPOSIUM CONTINUED

BLOCK 7 · 3:05pm-3:25pm

BREAK OUT 2 (VICTORY ROOM D)

LAURA HILL SHE/HER ♥

Laura Hill *is a passionate psychiatric nurse with a special interest in perinatal mental health, infant-parent attachment, and early relational development. She supports women and families within the Mother Baby Unit in Melbourne's West, combining clinical expertise and leadership to foster safety and connection. Laura's deeply committed to promoting infant mental health through reflective practice and caregiver empowerment. Laura's passion extends to research and innovation in the perinatal space, where I strive to improve outcomes and advance care. Laura thrives in roles that inspire growth, compassion, and collaboration. I'm honoured to be presenting at Collab 2026 and look forward to connecting with likeminded individuals throughout the conference.*

Neurodivergence and Early Motherhood: Individualising Care Support in the MBU

Neurodivergent mothers, including those who identify as autistic, often face unique challenges when accessing health services. Sensory sensitivities, communication differences, and overwhelming emotional states can all impact their capacity to bond with and care for their infants. Despite this, their voices remain underrepresented in mental health services.

Our quality assurance project at the Werribee Mother Baby Unit set out to listen directly to neurodivergent mothers about their admission experiences, with the goal of improving the support provided to them and their infants. In-depth, semi-structured interviews were conducted with mothers 2-6 weeks post-discharge, exploring themes such as communication and learning needs, sensory sensitivities, and which approaches best supported their confidence in infant care and bonding.

Emerging themes highlight the importance of recognising maternal overwhelm, adapting communication styles, and providing relational safety through "emotional holding." Mothers described the benefits of practical support in learning to read infant cues, as well as the value of quiet presence from staff during distress. Tailoring support to sensory and communication profiles was found to promote parental confidence, emotional connection, and healthier parent–infant relationships.

Our findings show the need for neuroaffirming care across health settings. By tuning into mothers' needs and meeting them where they are, MBUs can create environments that nurture both maternal wellbeing and infant development.

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BLOCK 7 · 3:05pm-3:25pm

BREAK OUT 3 (VICTORY ROOM E)

JU LYNN LEE SHE/HER ★

I am a Nurse Practitioner, currently practicing in Community Mental Health. The focus of my role has been physical health management of mental health consumers. I first gained interest in holistic health when I was in general nursing, which lead me to transition to mental health.

During this time, I have noticed how the mind & body are interconnected, which led to an interest in incorporating menopause management in mental health consumers. I found menopause management to be highly relevant as during this period, women are affected in both their mind and body, requiring a holistic approach to improve quality of life.

My aim for this presentation is to demonstrate why menopause identification & management is crucial in mental health & how a multidisciplinary & inter-specialty team can come together to promote excellence in care for consumers.

Menopause & Mental Health: An Assessment and Management Pathway for Better Care

Perimenopause presents a period of increased vulnerability to new-onset and recurrence of psychiatric conditions, including late-onset psychosis, as hormonal fluctuations disrupt neurotransmitter signalling (Lebin et al., 2025). Women with pre-existing severe mental illness face compounded risks, as psychotropic medications suppress oestradiol via hypothalamo-pituitary-gonadal axis, and perimenopausal symptoms are often misidentified as psychiatric relapse, impacting subsequent treatment (Behrman & Crockett, 2024). Hormone therapy has been shown to be effective and safe in managing menopausal symptoms with emerging evidence supporting MHT in preventing psychotic disorder recurrence in midlife women (Lebin et al., 2025). Despite this, MHT appears to be underutilised in menopause management to improve women's quality of life (Davis & Magraith, 2023).

The Menopause Assessment Form was developed through a interdisciplinary/specialty working group to assess people assigned female at birth aged 40+ for menopausal symptoms. Embedding this screen into routine mental health assessment promotes early recognition and appropriate treatment, reducing risk of misdiagnosis of menopause-related psychiatric presentations. This initiative aligns with the Sexual and Reproductive Health priority area in the Equally Well Victoria Framework (SCV, 2025).

BLOCK 7 · 3:05pm-3:25pm

BREAK OUT 4 (STADIUM SOCIAL)

WORKSHOP CONTINUED

BREAK · 3:25pm-3:50pm

BLOCK 8 · 3:50pm-4:10pm

MAIN PLENARY SPACE (VICTORY ROOM AB)

SIENNA HARRINGTON SHE/HER ★

Sienna Harrington *is a passionate psychiatric nurse with experience working across adult acute mental health and eating disorder programs. She is committed to creating meaningful change in mental health services by ensuring consumers feel heard, understood, and supported throughout their care journey. Sienna has a particular interest in enhancing nurses' understanding of Functional*

★ *First Time Presenter* ♥ *Co-designed Presentation*

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Neurological Disorder (FND), advocating for greater empathy, collaboration, and evidence-based practice.

SHERIDAN COLIN ★

***Sheridan Colin** is a passionate and empathetic nurse working in an acute mental health unit. She strives to deliver person-centred care that promotes dignity, recovery, and positive health outcomes for every consumer she supports. Sheridan values building strong therapeutic relationships and creating a safe, supportive environment where individuals feel heard, respected, and empowered in their care. She is committed to advocating for consumers and working collaboratively with multidisciplinary teams to provide holistic and evidence-based care.*

Functional Seizure Management: Promoting Safety, Dignity, and Recovery

At Austin Health we are increasingly caring for consumers with a diagnosis of Functional Neurological Disorder (FND), specifically Functional Seizures. In some settings, such as the Brain Disorder Unit, FND is the consumer's primary diagnosis, but in most others, it is a co-occurring presentation.

To better meet the individual needs of these consumers, whilst also promoting confidence and competence amongst our staff, we have designed a seizure safety plan to be completed in collaboration with any admitted individual who has a diagnosis of functional seizures.

It will be trialled in the Acute Psychiatric Unit with the goal of rolling it out to other relevant wards, post evaluation (involving survey feedback from staff & consumers).

This quality improvement project is being led by APU nurses in collaboration with consumers who have a lived experience of functional seizures and assistance from our APU and consultation liaison psychologists.

It is hoped this project will greatly improve all clinical staff members' understanding of the pathophysiology and management of functional seizures. The project is also aimed at empowering individual consumers to better recognise and respond to potential triggers and to feel better supported in the care they receive for an often misunderstood, even stigmatized, disorder.

BLOCK 8 · 3:50pm-4:10pm

BREAK OUT 1 (VICTORY ROOM C)

EUAN DONLEY HE/HIM

***Dr. Euan Donley** is the clinical lead for the Eastern Health Mental Health and Well being crisis services, and a senior educator with the Eastern Health Institute. He has a masters degree and a PhD which examined mental health risk assessment in Emergency Departments.*

Are Mental Health Crisis Assessment and Treatment Teams Getting Busier and Managing Increased Complexity? Hint, Yes.

Anecdotally CATT (Crisis Assessment and Treatment Team) clinicians report an increased workload over recent years, and a higher level of complexity for the people they support. CAT teams are an integral part of community treatment and have historically been used to prevent hospital treatment where possible. Thus, if there has been a shift in risk and complexity, there are implications for clinician training and models of care.

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This study audited CATT episodes of care over a seven-year period examining the caseload and scenarios associated with greater complexity. A formula was developed to produce a scoring system to measure complexity which included; the length of care, resources required, social, medical, environmental factors, MHWA treatment, and risk assessments.

Findings support clinicians' viewpoints that, at Eastern Health, CATT caseloads have increased along with how complex the cases are. There has been an increase in risk factors for CATT consumers and a higher degree of social need.

This presentation aims to highlight these findings in more depth and consider implications for the recruitment and training of clinicians.

BLOCK 8 · 3:50pm-4:10pm

BREAK OUT 2 (VICTORY ROOM D)

JACQ KISS THEY/THEM ♥★

Jacq Kiss *is the Senior Consumer Consultant at Goulburn Valley Health and also has a role as a Psychosocial Peer Support Worker at their HOPE Program. Jacq draws from their own journey through complex trauma and the mental health system, to bring a powerful blend of vulnerability and insight into every space they enter. They are known to speak vulnerably and truthfully about their work role, whilst holding space for hope, sadness, solidarity, growth and a little bit of humour.*

GRACE VERNEY ★

Grace Verney *is a Psychosocial Peer Support worker at Goulburn Valley Health's HOPE Program in Seymour and Shepparton. Grace has lived experience from both a consumer and career perspective but is currently working within the consumer space. She uses her personal experience of living with neurodivergence and eating disorders, as well as growing up around others with mental illness to bring vulnerability and compassion to consumers. Grace is a huge advocate for mental health awareness and is passionate about providing a feeling of 'humanness' and connection to individuals going through treatment.*

ROBERTA BUGG ★

Roberta Bugg *is a Psychosocial Peer Support worker at Goulburn Valley Health's HOPE Program in Seymour and Shepparton. Roberta is passionate about her role and uses her personal experiences to benefit others. A great believer in the creation of safe places to talk and share. She is a great advocate for mental health accessibility and understanding.*

BRON SANDS ★

Bron Sands *is a Psychosocial Peer Support worker with Lived and Living experience at Goulburn Valley Health's HOPE program in Shepparton. Bron has worked in LLEW roles in a regional area for over 5 years. She brings insight from her own journey into every aspect of her work. She believes in the power of shared experience and genuine connection. She values authenticity, shared understanding and walking alongside people in their journey.*

The Tears and the Triumphs: Lived Experience Work in Regional Public Mental Health

In regional public mental health services, Lived and Living Experience work is deeply personal, highly visible, and often misunderstood. Unlike metropolitan settings, regional LLE workers regularly encounter the people they support in supermarkets, schools, sporting clubs, shared community spaces and sometimes outside their own houses! These realities bring both profound connection and significant complexity.

★ *First Time Presenter* ♥ *Co-designed Presentation*

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This presentation brings together Lived and Living Experience Workforce members from a regional service with one of Victoria's biggest and most diverse LLEW outside of metropolitan Melbourne. Presenters will share their quirky stories and honest reflections on the emotional and practical realities of their roles; from navigating blurred boundaries and community expectations to holding hope in environments shaped by service gaps and resource constraints.

The presentation will explore power from a different lens…the 'power of knowing one another' and what this means for trust, advocacy, safety, and sustainability in the workforce. By sharing both tears and triumphs, this presentation centers regional LLEW voices and calls for greater understanding, structural support, and respect for the unique contribution of lived experience workers in public mental health.

BLOCK 8 · 3:50pm-4:10pm

BREAK OUT 3 (VICTORY ROOM E)

KELLIE BUISSINK SHE/HER ♥★

Kellie Buissink *is a Registered Nurse and Educator, she has presented to many different audiences and she places great importance on all learners finding their own understanding while being supported to learn rather than directed.*

JAMIE HARTNETT ★

Jamie Hartnett *is a LLE MH Educator who has worked in MH for 6 years. He has deep passions for education, diverse perspectives, and MH advocacy.*

Empowering Lived/Living Experience Workforce to Respond to Suicidal Distress Safely and Intentionally – From a Trauma Informed Perspective

Suicide prevention remains a critical priority within mental health services, requiring compassionate, collaborative approaches grounded in both clinical expertise and lived and living experience (LLE). LLE workers play a vital role in supporting individuals and are frequently exposed to disclosures of distress, experiences of trauma, and suicidality.

While clinicians receive evidence-based suicide intervention training, this must be adapted for LLE roles to ensure alignment with their relational, trauma informed, recovery-oriented practice. Providing customised education supports role definition and clarity, builds confidence, reduces workplace anxiety, reinforces service quality, and importantly increases consumer/family-carer safety through more cohesive collaboration between LLE and clinical workforces.

Within the education department of our regional mental health service, we utilised a range of experience and knowledge to further develop our suicide intervention training program for our lived and living experience workforce. The one-day education integrates academic research with LLE insights, and participants come away with trauma-informed skills of recognising warning signs, intentionally utilising their lived and living experiences to engage in meaningful conversations about suicide while maintaining boundaries, and prioritising self-care.

This project aims to demonstrate how co-designed education strengthens suicide prevention capacity, supports worker wellbeing, and improves outcomes for all consumers/family-carers especially in periods of distress.

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BLOCK 8 · 3:50pm-4:10pm

BREAK OUT 4 (STADIUM SOCIAL)

RACHAEL WATERS SHE/HER ★♥

Rachael Waters *is a Senior Registered Psychiatric Nurse with over 10 years of experience working across forensic, emergency, adult, community, and child and youth mental health settings. She currently works within Alfred Health's Bayside Infant, Child and Youth Mental Health Service (ICYMHS), providing specialist assessment and intervention for young people and their families.*

Rachael has a particular interest in collaborative, person-centred models of care that strengthen young people's voice, autonomy, and engagement in treatment. Through her work within the Eating Disorder Program, she partnered with Alfred Health's Youth Peer Lived Experience Workforce to co-design My Passport, an innovative advance statement-style document that supports young people to communicate their care preferences, needs, and goals across treatment settings.

Her presentation, My Passport to Care: Reimagining Eating Disorder Treatment Through Lived Experience, highlights the value of co-production, lived experience leadership, and nursing practice in creating meaningful, recovery-oriented care experiences for young people receiving eating disorder treatment.

SARAH BONAVIA

Sarah Bonavia *is a Youth Lived Experience Specialist with Alfred Health's Child and Youth Mental Health Service (CYMHS) and Headspace Early Psychosis Program. Drawing on her lived experience expertise, Sarah works collaboratively with young people, families, and clinicians to strengthen youth participation, advocate for meaningful change, and improve the delivery of mental health services.*

Sarah is passionate about ensuring young people's voices are central to service design and clinical care. Through her role within Alfred Health's Eating Disorder Program, she partnered with nursing staff to co-design My Passport, an innovative advance statement-style document that empowers young people to communicate their preferences, needs, and goals throughout their treatment journey.

Sarah's work highlights the value of lived experience leadership in creating more compassionate, person-centred, and recovery-oriented services for young people receiving.

"My Passport to Care: Reimagining Eating Disorder Treatment Through Lived Experience"

This presentation describes a co-designed initiative within Alfred's Infant, Child and Youth Area Mental Health and Wellbeing Service (ICYAMHWS), where mental health nurses partnered with a Youth Peer Lived Experience Workforce to develop "My Passport" – an advance statement-style document for young people receiving care within the Eating Disorder Program (EDP).

"My Passport" enables young people to articulate their preferences for care, communication, and support, particularly during times of distress or clinical escalation. The development process was grounded in lived experience expertise, ensuring the document reflects what matters most to young people, including being seen beyond their illness, maintaining dignity, and feeling heard within clinical interactions.

Now implemented across Alfred Health, the document supports clinicians—particularly nurses—to build rapport, deliver person-centred care, and tailor interventions based on individual preferences. It also enhances consistency of care across teams and settings, including inpatient, outpatient, and emergency contexts.

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The presentation will explore the co-production process, implementation insights, and early impacts on therapeutic engagement, highlighting the value of lived experience leadership in transforming care practices for young people with eating disorders.

BLOCK 9 · 4:15pm-4:35pm

MAIN PLENARY SPACE (VICTORY ROOM AB)

DR MACEY BARRATT SHE/HER ♥

Macey Barratt *(RN, BN (Hons), PG Cert, PhD Candidate) is a lecturer in nursing at the University of Canberra. Her primary focus is disability and child related research. She is a registered nurse with experience in disability, paediatric and palliative care. Her PhD focused on how partnerships between nurses and families of children with long-term conditions were created, navigated and maintained. In addition to her PhD and academic work, Macey successfully secured an $1.89 million Department of Health, Disability & Ageing grant in 2025 aimed at creating an educational training program for disability support workers focusing on psychotropic medicines.*

DR. ANDREA SIMPSON

Dr Andrea Simpson *is the Disability Health Research Lead at the Centre for Developmental Disability Health, Monash Health. Her research focuses on improving safety, access and quality of healthcare for people with intellectual and developmental disabilities through co-designed and participatory approaches. She is a co-investigator on ASPIRE-MED, a national project developing an Australian training program to support disability support workers in the safe, rights-based use of psychotropic medicines.*

ASPIRE-Med: Co-designing an Australian Psychotropic Medicines Training program

Introduction: People with intellectual disabilities are often prescribed psychotropic medicines for mental health conditions or behaviours of concern. Disability support workers play a pivotal role in supporting people with intellectual disabilities and providing safe medicine care. There is an urgent need to develop further medicine training on psychotropic medicines.

Method: A co-design participatory action research approach has been undertaken to develop a training program on psychotropic medicines in a disability context. Focus groups and co-design events were run to unpack the topics required in the training program. Constant comparative analysis was used to analyse keys findings.

Results: A total of 136 people took part in focus groups, with 110 people taking part in the co-design events, encompassing people with intellectual disabilities, family members, support workers, and industry, government and healthcare professionals. Six core modules were created: a) the professional role of the support worker, b) communicating with others, c) supported decision-making, d) medicines knowledge, e) understanding behaviour, and f) medicines safety.

Conclusion: This work supports the development of a free, nation-wide training program using a co-design approach. The training program focuses on building psychotropic knowledge and confidence of the disability workforce when it comes to psychotropic medicines and medicines safety.

Abstract Presentations

BLOCK 9 · 4:15pm-4:35pm

BREAK OUT 1 (VICTORY ROOM C)

EMILY STOWELL SHE/HER ♥

Emily Stowell *is mental health nurse and Operations Manager with Alfred Mental & Addiction Health, currently leading Statewide & Specialist Services, including the Women's Recovery Network and Ngamai Wilam, a statewide residential eating disorder program. She has held senior clinical and operational leadership roles across inpatient, residential and community-based mental health services. Her work focuses on developing contemporary, recovery-oriented models of care that are trauma-informed, collaborative and grounded in lived experience partnerships. Emily has a strong interest in service design, workforce development, Open Dialogue, Safewards and improving access to specialist mental health care for people with complex needs. She is passionate about building cultures where staff and consumers feel safe, respected and connected, and where innovation is balanced with practical, compassionate care. Emily brings a systems perspective, a nursing lens and a deep commitment to improving outcomes across public mental health services.*

MARIA BRADSHAW

Maria Bradshaw *is a dedicated Project Consultant with a Consumer lived experience lens, for the Alfred Mental & Addiction health Statewide & Specialist Services, where she passionately advocates for people navigating mental health challenges using the service. With her unique blend of professional expertise and personal experience Maria brings a compassionate and informed consumer perspective to her work.*

Maria is a proud advocate for the Sunflower Hidden Disabilities initiative, working to raise awareness and support for individuals with non-visible disabilities, ensuring that their needs are understood and met in all areas of life. Maria's commitment to this cause is reflected in her efforts to create more inclusive and neuro-affirming environments for those navigating mental health systems.

Through her role at the Women's Recovery Network, Ngamai Wilam and her broader advocacy work, Maria continues to be a powerful advocate for mental health and service improvement. Her dedication to these causes is evident in her work to promote understanding, support, and positive change for women everywhere.

Designing the Future Now: A New Way of Working in Residential Eating Disorder Care

Ngamai Wilam is a residential eating disorder program in Melbourne led by Alfred Health, representing an innovative, future focused model of mental health nursing practice. Developed through co production with clinicians, lived experience workers, and carers, the program embeds collective wisdom and shared voices in the design and delivery of care. Nursing practice is grounded in relational engagement and partnership with lived experience, positioning dialogue, transparency, and collaboration as core clinical work.

Open Dialogue was integrated as a contemporary, network oriented approach to strengthen interdisciplinary practice, support participant voice, and uphold rights based care. Nurses work alongside allied health clinicians and peer workers to facilitate supported decision making, continuity of relationships, and collaborative care planning within a safe residential environment.

This model responds creatively to local service challenges by prioritising access to relational care, consistency across multidisciplinary teams, and

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flexible engagement with participants' chosen support networks. Nurses operate as facilitators of collective meaning making rather than sole experts, supporting recovery while maintaining clinical governance.

Ngamai Wilam illustrates how co produced, nursing led innovation can shape the future of mental health care. The program highlights interdisciplinary strength, lived experience leadership, and practice grounded in human rights, demonstrating how mental health nursing continues to evolve by translating shared wisdom into meaningful, future ready care.

BLOCK 9 · 4:15pm-4:35pm

BREAK OUT 2 (VICTORY ROOM D)

GURSIMRAT KAUR SHE/HER ★

Gursimrat Kaur *is a registered nurse currently completing a graduate year program in mental health nursing, gaining specialized experience across inpatient units. I completed my Bachelor of Nursing from Victoria University in 2025, and I am dedicated to providing compassionate, evidence-informed care that supports people experiencing mental health challenges. Passionate about mental health nursing, I value promoting dignity, empowerment, and positive health outcomes for consumers and their families. As a Mental Health Graduate Nurse, I believe in recognising each individual's capabilities, resilience and their personal experiences. I am committed to nurturing positive therapeutic relationships and facilitating recovery through trust, collaboration, and holistic care.*

Side by Side: Strengthening the Alliance Between Early Career Mental Health Nurses and Lived and Living Experience Workers

Two emerging voices are reshaping contemporary mental health care: early career mental health nurses (MHNs) and lived and living experience (LLE) workers. Both groups bring highly significant contributions to mental health practice, yet the supports necessary to sustain their effective collaboration remain underexplored.

Early career MHNs bring emerging clinical competencies, an appetite for evidence informed practice, and a willingness to learn. LLE workers bring experiential wisdom, hope, and recovery-oriented practice grounded in their own journeys. When intentionally partnered, these voices establish a reciprocal partnership that strengthens person centred care: nurses develop a deeper understanding of recovery, while LLE workers broaden their understanding in clinical contexts.

This alliance is fragile in the absence of appropriate scaffolding. Both groups commonly encounter role ambiguity, blurred professional boundaries, and limited supervision: risks that contribute to burnout, role confusion, and workforce attrition.

This presentation examines the role of structured supervision, shared induction and co-produced role clarity frameworks in supporting the sustainability of this emerging workforce. By investing in both voices side by side, services can foster a future workforce that is more confident, more compassionate, and grounded in shared wisdom.

BLOCK 9 · 4:15pm-4:35pm

BREAK OUT 3 (VICTORY ROOM E)

IVANA VARGOVIC SHE/HER ♥

Ivana Vargovic *is an experienced Mental Health Nurse with over 20 years of service at Monash*

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Health. She currently works as a Clinical Education Coordinator in the Mental Health Education Team.

Ivana is deeply committed to supporting the development of the nursing workforce, and is passionate about equipping nurses with the knowledge, skills, and confidence required to provide compassionate, person-centred care to consumers, as well as to their families, carers, and supporters.

She values strong collaboration with key stakeholders across clinical, educational, and organisational settings to ensure meaningful and sustainable workforce development outcomes. Through her work, she aims to inspire nurses to embrace lifelong learning and continuous professional growth, empowering them to develop capability, resilience, and confidence in practice, and to build a rewarding and sustainable career in mental health nursing.

JOANNE SHEEDY SHE/HER

***Joanne Sheedy** is the Senior Consumer Consultant within the Mental Health Program at Monash Health. With almost three decades of experience in the lived experience and mental health sectors, she was among Victoria's first Consumer Consultants appointed in 1997. Throughout her career, Joanne has held a range of roles, including Peer Worker, Consumer Consultant, Mental Health Policy Advisor, Lived Experience Educator, and Project Coordinator.*

Holding a Diploma in Business and Project Management, Joanne led ground-breaking work exploring the viability of integrating peer workers into acute mental health settings, contributing to the development of the peer workforce now embedded across services.

Joanne is passionate about strengthening consumer participation, fostering collaborative stakeholder relationships, and improving service outcomes. She is recognised for her consumer-centred approach, strategic perspective, and commitment to ensuring lived experience voices are meaningfully heard and influence service design and delivery.

KIRSTY ROSIE SHE/HER ★

***Kirsty Rosie** is a Senior Family/Carer Consultant within Monash Health's Mental Health Program, bringing over seven years' experience in the lived experience sector across service design, workforce development, research, and evaluation.*

Kirsty Rosie is a Senior Family/Carer Consultant within Monash Health's Mental Health Program, with more than seven years' experience across lived experience workforce development, service design, research, evaluation, and quality improvement.

Her co-design approach is grounded in genuine partnership, bringing together carers, families, clinicians, and leaders to jointly identify priorities, design solutions, and improve services. She works to create psychologically safe environments where diverse perspectives are valued, lived experience expertise is recognised, and power is shared throughout decision-making processes. Through structured engagement, facilitation, and collaborative problem-solving, Kirsty supports teams to translate lived experience insights into meaningful service improvements.

Kirsty has led carer participation initiatives, service experience evaluations, and collaborative projects focused on strengthening lived experience partnerships in public mental health services. She is passionate about building sustainable lived experience leadership and workforce capacity through mentoring and sector-wide development initiatives.

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Her work is guided by trauma-informed, strengths-based principles, with a strong commitment to equity, inclusion, and more responsive mental health systems.

You Can Have Your Cake and Eat it Too! Designing Education With Evaluations in Mind

Would you design a cake without asking the people that will consume it, to voice what they like? Do we design evidence-based training and forget there is an end user, beyond the participant?

Our consumers' care and outcomes can be affected by the training we provide, or not, depending on how well it is translated to practice. Is it wise to deliver training and only ask how enjoyable and relevant it is to the participants? Do we continue to support this process into the future, if there is limited evidence of translation into practice and improvement?

How we are approaching this:

- *Gather your Lived and Living Experience workforce.*
- *Add a pinch of a Model, to ensure we are clear on purpose and outcome*
- *Add a dash of Focus, to ensure alignment with the Mental Health and Wellbeing Capability Framework principles.*
- *Finally throw in Levels of Evaluation to measure learning and translation to practice.*

Join us to see how we are collaborating to bake an amazing "Evaluation Cake".

BLOCK 9 · 4:15pm-4:35pm
WORKSHOP

BREAK OUT 4 (STADIUM SOCIAL)

WORKSHOP FACILITATOR:
STEPHEN GOLDSMITH HE/HIM

Mental health nursing tutor, Swinburne University of Technology

CO-FACILITATORS:
MICHELLE THIRLWELL SHE/HER
Sessional teacher, Swinburne University of Technology

VIVIENNE BUTLIN (SHE/HER)
Sessional teacher, Swinburne University of Technology

Workshop: Therapeutic Communication in Mental Health Nursing: Teaching, Assessing, and Staying in Scope with ENs

Therapeutic communication is a core capability in mental health nursing education, yet educators and assessors frequently report uncertainty about where supportive communication ends and counselling or therapy begins—particularly when teaching Enrolled Nurse (EN) students. This professional development workshop addresses this challenge by building shared, scope safe understanding of therapeutic communication in mental health contexts, with a focus on teaching, simulation, and assessment consistency.

Designed for nursing educators, clinical teachers, simulation facilitators, and assessors, the workshop clarifies the EN role in mental health care and explicitly differentiates therapeutic communication from counselling and psychotherapy. Participants engage with counselling informed communication lenses—such as person centred, trauma informed, strengths based, recovery oriented, and motivational interviewing informed approaches—used strictly as educational and observational

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tools rather than therapy techniques. Through facilitated discussion, calibration activities, and simulation based judgement exercises, participants examine common points of scope drift, assessor inconsistency, and language imprecision.

The workshop emphasises boundary maintenance, risk recognition, and appropriate escalation, supporting educator confidence, assessment integrity, and student safety across classroom and simulation environments.

Learning outcomes:

- Distinguish therapeutic communication from counselling and psychotherapy within EN scope
- Use counselling informed communication lenses appropriately in teaching and simulation
- Apply scope safe language consistently when coaching, role modelling, and assessing students
- Make consistent judgements about escalation, boundaries, and risk recognition in simulation and clinical assessments

BLOCK 10 · 4:40pm-5:00pm

MAIN PLENARY SPACE (VICTORY ROOM AB)

HAYLEY GARDNER SHE/HER ♥ ★

Hayley Gardner *is a Registered Psychiatric Nurse and Mental Health Clinician with the Infant, Child and Youth Area Mental Health and Wellbeing Service (ICYAMHWS) at Alfred Health. She works with children, young people and their families across a range of mental health presentations, with a particular interest in family-centred, developmentally informed and collaborative approaches to care.*

Drawing on experience across community, forensic and mental health nursing settings, Hayley is passionate about co-design, youth participation and harm minimisation in mental health services.

Hayley has led the development of a self-harm wound care resource in partnership with young people, peer workers and multidisciplinary clinicians. Her work focuses on balancing safety, dignity and engagement, ensuring that the voices and experiences of young people remain central to service development and clinical practice.

ANDREW JONG HE/HIM

Andrew is the Discipline Senior of Mental Health Nursing at Alfred's Infant, Child and Youth Mental Health and Wellbeing Service. He's passionate about supporting early career mental health nurses, promoting meaningful clinical supervision, and building a positive, connected nursing culture. He enjoys working alongside teams to create spaces where nurses can learn, grow and feel supported in their practice.

Patch Kit – Self-Harm Minimisation in Child and Adolescent Mental Health: Navigating Controversy Through Co-Design and Policy-Aligned Practice

Self-harm minimisation remains a controversial area within child and adolescent mental health care, raising ethical, clinical, and governance concerns. While some clinicians view harm minimisation as a pragmatic, person-centred approach, others question whether it risks normalising self-injurious behaviour. These divergent perspectives can result in inconsistency in clinical responses and care delivery.

Within the Victorian context, the Royal Commission into the Mental Health System (2021) emphasised the importance of safe, consistent, and recovery-oriented practice, alongside the meaningful inclusion of lived experience in service design.

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At Alfred's Infant, Child and Youth Mental Health Service (ICYAMHWS), a service-wide staff survey identified considerable variability in clinician attitudes toward self-harm management in children and adolescents.

In response, a co-design process with youth and family lived experience representatives informed the development of the "Patch Kit" for community mental health settings. The Patch Kit provides young people with practical tools to manage self-harm urges within a structured and safety-oriented framework, while supporting clinicians to deliver consistent, policy-aligned care.

This presentation explores the ethical considerations, development process, and early reflections on implementation, demonstrating how co-designed approaches can support safer, more consistent, and responsive care.

BLOCK 10 · 4:40pm-5:00pm

BREAK OUT 1 (VICTORY ROOM C)

NATASHA STRESNJAK SHE/HER

Natasha Stresnjak *is a mental health nurse with more than 25 years of experience working across acute mental health services in a range of senior leadership roles.*

Following completion of a Postgraduate Diploma in Mental Health Nursing, Natasha completed a Master of Business Administration and is currently undertaking a Doctorate in Business Administration. Her research interests focus on workforce wellbeing, nursing sustainability, and the role of health services in supporting and retaining the nursing workforce. Through her doctoral research, Natasha is exploring how healthcare organisations design, implement, and evaluate workforce wellbeing initiatives to better support nurses working in complex and demanding clinical environments.

Natasha is passionate about advancing evidence-informed approaches to workforce wellbeing and strengthening organisational strategies that support the health, engagement, and retention of the mental health nursing workforce.

Safeguarding the Future of Acute Mental Health Nursing: The Role of Protected Time and Organisational Responsibility in Supporting Recovery, Wellbeing and Retention

Workforce shortages have intensified the demands placed on acute mental health nurses, placing them at increased risk of physical, emotional, and psychological exhaustion. This heightened strain increases the risk of burnout and, consequently, a greater intention to leave the profession. Such conditions erode professional autonomy, constrain opportunities for development, and undermine overall workforce wellbeing and engagement. In response to escalating workload pressures, promoting well-being has become a prominent organisational priority within healthcare. This aligns with evidence from the literature that, when appropriately designed and implemented, wellbeing strategies within the healthcare sector can generate measurable improvements in staff engagement and resilience.

The current research adopted a qualitative methodology, drawing on the Job Demands-Resources theory (JD-R). The aim was to target Mental Health Clinicians working in CATT & EMHS teams, eligible for Crisis Team Workload Management System days (CTWMS), to capture their views on their experience with CTWM.

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BLOCK 10 · 4:40pm-5:00pm

BREAK OUT 2 (VICTORY ROOM D)

HELENA ROENNFELDT SHE/THEY ♥

Helena Roennfeldt *is a researcher with deep expertise in lived experience. She co-developed the Queensland and National Lived Experience Workforce Guidelines with Dr Louise Byrne and has authored more than 50 peer-reviewed publications on lived experience.*

Her qualifications span Social Work, Suicide Prevention, Forensic Mental Health, and Mental Health Practice. Her PhD explored mental health crisis experiences, reflecting her commitment to improving responses to emotional and suicidal distress.

Helena is a trainer in emotional CPR, Personal Medicine, and Alternatives to Suicide, with additional training in somatic practices.

A proud member of the consumer movement, Helena champions lived experience and peer-led approaches to address oppression, adversity, and discrimination. She centres first-person voices and supports creative projects that build connection, belonging, and change in the mental health sector.

DR. HEATHER CRAIG ★

Dr Heather Craig*, BPsychSc (Hons) PhD, completed her doctoral studies by publication in 2023 and brings expertise in mixed-methods research. She has held research roles at Monash University and has experience across qualitative and quantitative projects. As a lived experience researcher, Dr Craig's perspective as a consumer informs her work and provides a strong consumer focus to her research.*

"Broken Promises": Consumer Experiences of Victorian Mental Health Reforms

Victoria's mental health system was recognized as failing consumers - the very people it was designed to support. Subsequently, a Royal Commission was instigated, and recommendations for reforms were made in 2021. However, consumers' voices have remained unheard as to whether these reforms have resulted in meaningful improvements.

VMIAC (Victorian Mental Illness Awareness Council) commissioned lived experience researchers at Mind Australia to undertake research on consumer experiences of the recommended reforms. Data was collected from a comprehensive online survey, consisting of both closed and open-ended questions (n = 218), and interviews and focus groups (n = 50). Data was collected from a range of participants, including those from hardly reached populations.

Many consumers agreed with the recommendations but noted there was a lack of implementation "I don't see that anything of substance has changed". Since the reform, consumers detailed the impacts of navigating an inaccessible system that is still "fractured and siloed", identifying a lack of options, unmet needs and ongoing harms. In response, consumers offered a range of recommendations, including better service integration, more holistic care, early intervention and kinder and more compassionate care.

BLOCK 10 · 4:40pm-5:00pm

BREAK OUT 3 (VICTORY ROOM E)

LEANNA AZOURY SHE/HER ♥ ★

Leanna Azoury *is currently in the role of Manager, Sector Capability (Lived Experience) at the Victorian Collaborative Centre for Mental Health and Wellbeing (Collaborative Centre). She holds extensive experience in mental health*

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workforce development and lived and living experience leadership, having previously held designated lived experience roles at the Centre for Mental Health Learning, Mind Australia, and the Consumer Academic Program (CAP) at the Centre for Mental Health Nursing, University of Melbourne. Throughout her career, she has consistently advocated for greater integration of intersectional lived experience perspectives across the sector, drawing from her own Culturally and Racially Marginalised (CARM) lived experiences as a Palestinian-Lebanese woman.

At the Collaborative Centre, Leanna leads work to support a thriving mental health and wellbeing workforce in Victoria through a lived expertise lens. This includes the coordination, delivery and evaluation of training and development programs that are grounded and shaped by lived and living experience.

ERIN HILL SHE/HER ★

***Erin Hill** (she/her) joins the Collaborative Centre as Senior Workforce Development Facilitator, Consumer Perspective. Erin has worked in various designated Lived and Living Experience roles across Victorian public mental health settings, including Peninsula Health, St Vincent's Mental Health and Alfred Mental and Addiction Health.*

She has completed training in Intentional Peer Support and Consumer Perspective Supervision and is deeply passionate about the thoughtful and sustainable elevation of consumer lived and living expertise in the mental health and wellbeing sector.

Erin hopes that her contributions to the VCCMHW will help protect fidelity to truly transformative change and centring lived and living experience voices in system reform.

KAREN McKNIGHT ★

***Karen McKnight** joins the Collaborative Centre as Senior Workforce Development Facilitator, Lived Experience -Family/Carer Perspective.*

She is a writer, educator and workplace trainer with many years' experience delivering a range of holistic, creative and vocational training programs in the AOD/mental health sector. She has also held roles in lived experience workforce development and advocacy across organisations including Turning Point and SHARC. Her work focuses on translating evidence-based research and lived experience insights into accessible, inclusive learning tools.

An award-winning writer and facilitator, Karen's creative practice explores storytelling as a vehicle for connection, healing, and systems change. She recently presented at the 2025 VAADA Conference on elevating carer voices through narrative practice. Karen is passionate about embedding carer leadership and lived experience co-design within workforce development, helping to build a compassionate, learning-focused mental health system across Victoria.

Making Space for What Matters Most: Relational Practice, Leadership and Learning from Lived Experience

Relational practice sits at the heart of recovery-oriented mental health care. Findings from the workforce Development Needs Analysis (DNA) project highlighted a tension: while workforce members identify relational practice as what matters most in delivering mental health care, they face persistent barriers to working this way.

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Project findings also point to levers for change. Consistent with existing research, focus group data highlighted a parallel process between leadership and consumer and family carer-facing practice: where leaders create space for relational practice, consumer and family carer facing staff are better equipped to do the same. This positions investment in leaders' relational practice capacity as a promising target for workforce development. The project also raises another question worth exploring, the DNA workforce survey found Lived and Living Experience workers felt the most supported of all disciplines. Could there be something instructive in Lived and Living Experience ways of working, where relationship is understood as the primary vehicle of change, about what sustains workers as well as those they support?

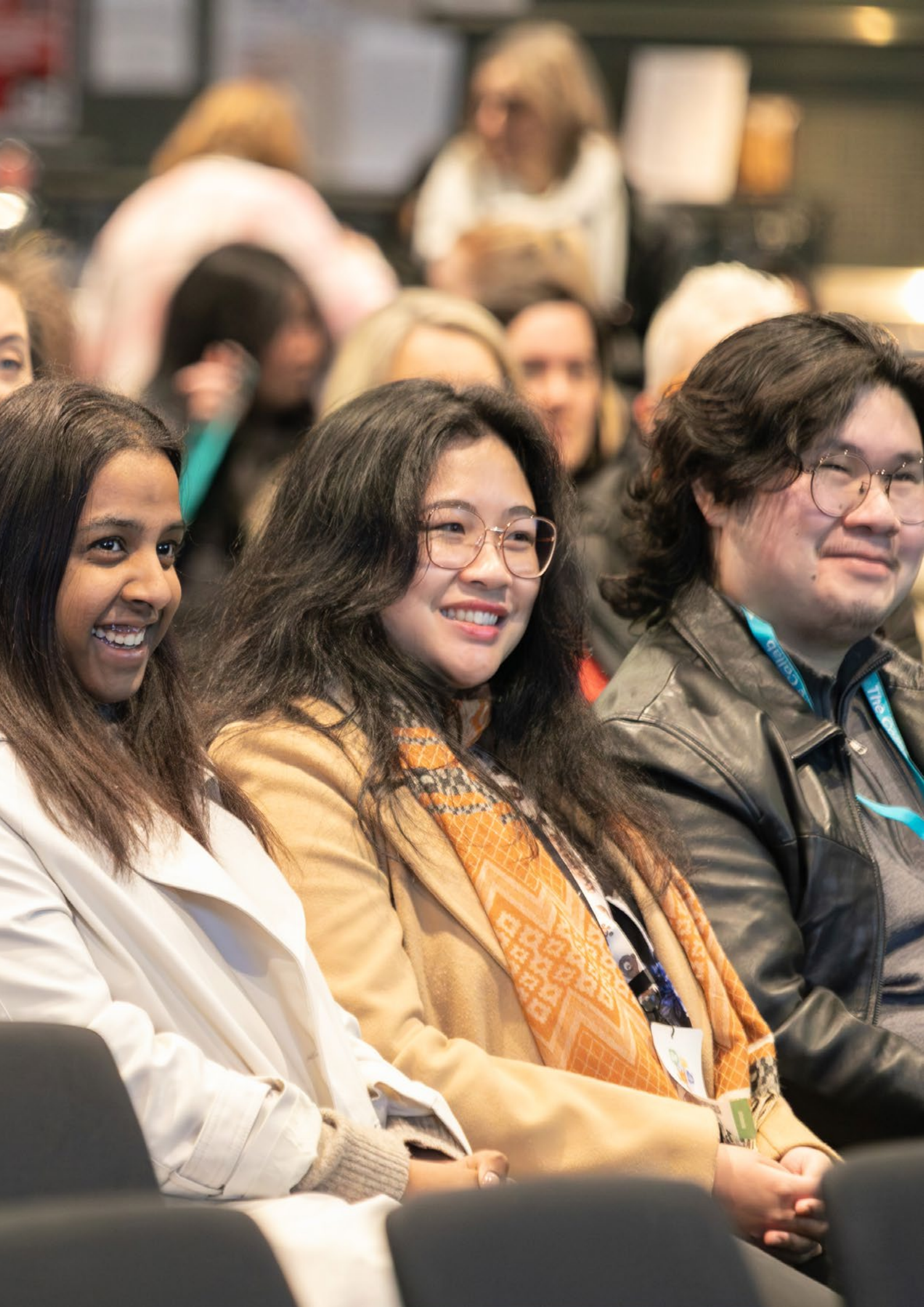
The DNA findings form one part of a broader picture. The Collaborative Centre is also undertaking complementary work to explore workforce development priorities directly with consumer, families and carers through the Beyond Capability project.

BLOCK 10 · 4:40pm-5:00pm
WORKSHOP

BREAK OUT 4 (STADIUM SOCIAL)

WORKSHOP CONTINUED

★ *First Time Presenter* ♥ *Co-designed Presentation*



Day Two Program

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REGISTRATION · 8:00am-8:45am

ACKNOWLEDGMENT OF COUNTRY · 8:45am-8:55am

MAJOR SPONSOR INTRODUCTION · 8:55am-9:00am

KEYNOTE SPEAKER · 9:00am-9:45am

BLOCK 11 · 9:50am-10:10am

MAIN PLENARY SPACE (VICTORY ROOM AB)

EMMA BARKER SHE/HER

Emma Barker *is a highly experienced, passionate mental health nurse and senior healthcare leader. She currently holds the Director of Nursing – Mental Health position at Austin Health. Emma holds an Adjunct Professorship with Swinburne University and supports research focused on strengthening and advancing the mental health nursing workforce. Her work emphasises translational, evidence based, and transformative practices that support contemporary learning and future workforce capability.*

Emma is committed to shaping and expanding advanced mental health nursing roles, ensuring they remain competitive and aligned with evolving healthcare needs. She is also an endorsed Clinical Supervisor under the Role Development Model, supporting the growth and professional confidence of emerging clinicians.

A strong advocate for workforce well-being, Emma believes that exceptional consumer care begins with engaged, supported, and thriving nurses. She is dedicated to fostering a positive, growth oriented environment that empowers nurses to deliver contemporary mental health care to our community.

Sustainable Approaches to Embedding Safewards in Inpatient Mental Health Settings: A Qualitative Descriptive Study Using Nominal Group Technique

Introduction/purpose: Conflictual events increase risk for consumers and staff in mental health settings (Bowers, 2014). The Safewards model aims to reduce conflict and containment; however, evidence guiding how the model is sustained in routine practice remains limited (Finch et al., 2022; Hamilton et al., 2016). This study explored a range of clinical staff and LLEW workforce perspectives to build consensus on factors that sustain the Safewards model in inpatient settings.

Method: A nominal group technique study was conducted with four focus groups, from a metropolitan mental health service in Australia. Participants generated and ranked sustainability strategies. Data was analysed using context analysis and mapped to the Capability, Opportunity, Motivation Behaviour (COM-B) model.

Results: Sustainability was primarily supported by social opportunity, including shared multidisciplinary ownership, visible leadership including clinical role modelling, and a supportive team culture. Enablers were undermined by limited physical opportunity, including insufficient protected time, unclear leadership, or accountability. Participants prioritised strategies such as formalised roles, targeted training and securing protected time.

Conclusion: Sustaining Safewards is a challenge in the public healthcare context. It requires coordinated capability, opportunity, multidisciplinary

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leadership and motivation-focused strategies. Authentic consumer involvement and ongoing reflective review are essential to maintain relevance, ownership, and fidelity.

BLOCK 11 · 9:50am-11:00am
SYMPOSIUM

BREAK OUT 1 (VICTORY ROOM C)

LAURA KINSMAN SHE/HER ★

Laura Kinsman *is a Clinical Nurse Educator working in Bendigo Health, with a Masters in Mental Health Nursing. Her clinical experience includes working inpatient within an Extended Care setting, where she held various portfolios such as Quality and Safewards Lead, and was promoted to Associate Nurse Unit Manager. These opportunities enhanced her passion towards delivering best practice within mental health settings. Currently working in the mental health professional development team, one of the portfolios she holds is Graduate/Transition Study Day Co-ordinator. This role allows her to ensure early career staff are supported, become confident clinicians, engage in reflective practice and understand the importance of maintaining their own wellbeing.*

Teamwork Makes the Dream Work. Fostering Interdisciplinary Strength, Learning and Collaboration in Graduate Study Days

Our multidisciplinary graduate program showcases how collective knowledge, shared learning, and purposeful teamwork shape confident, capable early career practitioners. Bringing graduates from nursing, and allied health together, the program moves beyond a traditional medical model by recognising and valuing diverse perspectives, and the unique contribution and expertise each discipline contributes. This collaborative structure reinforces the strength of interdisciplinary teamwork and demonstrates, how learning is enriched when multiple viewpoints are welcomed. Graduate training is facilitated by presenters including from nursing, lived experience, and allied health, each equipped with an understanding of the interdisciplinary strength in the cohort. This ensures content remains relevant, inclusive, and responsive to the various disciplines. Through active participation, graduates experience the benefits of mutual support, shared reflection, and collective growth. By learning with and from one another, graduates see clearly that collaborative practice is not just beneficial but essential to delivering meaningful, person-centred care. This program intentionally role models the workplace culture it hopes to inspire: one where graduates begin their careers supported by a strong multidisciplinary team, learning with and from each other. Through this approach, participants see clearly that when we learn together, grow together, and support each other, teamwork truly makes the dreamwork.

SAMANTHA CULLINAN SHE/HER

Samantha Cullinan *is an Early in Career educator for Mental health within Bayside Health Peninsula service. Samantha has worked in mental health for 15 years and has worked at multiple organisations across youth and adult services. Samantha currently is the graduate nurse educator providing guidance and education in there graduate year.*

MARGI COWGILL

Margi Cowgill *is an early in career educator with a 20-year background in Social Work across both general health (trauma) and mental health. Margi has a passion for working collaboratively*

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in interdisciplinary settings and working from a trauma informed perspective.

MADDIE COOK

***Maddie Cook** is a clinical OT educator supporting early in career health professionals. She has 17 years' experience working in mental health and is passionate about fostering a culture of continuous learning, professional development and evidence-based practice in clinical settings.*

Embedding Interdisciplinary Practice: A Multidisciplinary Graduate Program Three Years On

Bayside Health - Peninsula Care Group has implemented and sustained an interdisciplinary graduate program over the past three years, with ongoing refinement and redevelopment to enhance its effectiveness and relevance. Collaborative practice, although the implementation of within clinical work environments remains variable. This program was designed to address this gap by strengthen inter-professional relationships and improve patient care outcomes through shared learning and integrated approaches.

This program has evolved into a structured model, incorporating both shared and discipline-specific educational components. Shared learning sessions are intended to strengthen understanding of difference professional roles, responsibilities, and collaborative care planning, while discipline specific streams enable targeted capability development.

Ongoing participant feedback has informed iterative refinements, ensuring alignment with clinical priorities and workforce need. Feedback to date suggest improved confidence in inter professional collaborative and they value to provide practice.

This presentation will share the program design, and participant outcomes highlighting key learnings and practical considerations, to support the translation of IPE into Mental Health and Wellbeing settings.

FREYA LANCE SHE/HER

***Freya Lance** is a registered mental health nurse with experience across a variety of paediatric and adult settings. Freya currently works in two part-time roles, as a Senior Mental Health Clinician with The Royal Children's Hospital Infant, Child and Youth Area Mental Health and Wellbeing Service, and as a Mental Health Clinical Nurse Educator at the Royal Melbourne Hospital Emergency Department. The majority of her experience has been in the acute adolescent inpatient setting, where she developed her skills in providing trauma-informed care, advocating for least-restrictive practice, and promoting safety and wellbeing for consumers and staff. In her clinical practice, Freya values curiosity, empathy, open communication, and learning from her lived experience colleagues.*

DANIEL NAVARRO HE/HIM

***Dan Navarro** 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.*

JARAAD KNAPP HE/HIM ★

***Jaraad Knapp** began his mental health nursing career on the acute adolescent inpatient ward at the Royal Children's Hospital where he worked for 4 years before transitioning into community mental*

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health at Headspace, working in the Youth Health Clinic and the School Refusal Program. In 2025 he expanded his scope by commencing a contract regionally in East Gippsland working in Emergency Mental Health, Intake and Acute Case Management for the 0-25 CYMHS team. While working in Rural Victoria he completed his Master's Degree and returned to Melbourne to implement the knowledge and skills he gained working in a regional mental health service. With an interest in education and love for working in emergency mental health, he now works as a MH and AOD Clinical Nurse Educator within the ED at the Royal Melbourne Hospital.

STEPHANIE BUTIGAN SHE/HER

Stephanie Butigan *is a dedicated Mental Health Nurse with nine years of experience across acute, adolescent, and emergency settings. She began her career as an enrolled nurse in adult inpatient services before completing a Bachelor of Nursing and undertaking a graduate role at the Royal Children's Hospital. In 2022, she presented at the Mental Health Collab, winning the People's Choice Award for her work on consumer advocacy for Borderline Personality Disorder, an area of ongoing passion. Stephanie later completed a Master of Mental Health Nursing and advanced to a Psychiatric Clinical Nurse Specialist role. She has worked as a Clinical Nurse Educator within Austin Health's Infant, Child, and Youth inpatient services. She currently supports the Royal Melbourne Hospital Emergency Department as a Clinical Nurse Educator and Kinbase as a Triage Nurse in Child and Youth Mental Health. Her focus includes trauma-informed care, reducing restrictive interventions, implementing Safewards, and promoting staff wellbeing.*

"Thrown in the Deep End": Supporting Emergency Department Nursing Staff to Care for Mental Health Presentations with a Targeted Orientation Day

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). To ensure the provision of safe, person-centred care in this setting, staff require targeted mental health education, training and support. The Royal Melbourne Hospital (RMH)'s ED Mental Health Clinical Nurse Educator team is responsible for capacity building ED staff through education and clinical support. On commencing work in the RMH ED, nursing staff attend a mental health orientation day facilitated by the ED Mental Health Clinical Nurse Educators, with the aim to meet some of these specific learning needs. This presentation will outline the current format of this orientation day, explore feedback from ED nursing staff who have attended, and discuss outcomes and future planning from the perspective of the education team.

ROSEMARY OHABUENYI SHE/HER ★

Rosey Ohabuenyi *is a Registered Nurse working in acute inpatient mental health setting. Deeply passionate about mental health and patient recovery, Rosey believes that the heart of psychiatric nursing lies in building strong therapeutic relationships and creating spaces where consumers feel genuinely safe and heard. She is particularly dedicated to integrating Trauma-Informed Care and Safewards interventions into*

Abstract Presentations

daily practice, viewing them as essential tools for upholding consumer dignity, reducing restrictive practices, and promoting collaboration on the wards. Beyond patient care, Rosey holds a strong interest in supporting her colleagues, advocating for team resilience and strategies to navigate the emotional demands of acute care. As she continues to grow in her nursing career, Rosey is committed to fostering safe, consistent, and compassionate therapeutic environments where both consumers and nurses can thrive.

MADELAINE MULLENGER ★

Maddie Mullenger *is an experienced Registered Nurse and Associate Nurse Unit Manager within the acute mental health service at The Northern Hospital. An alumna of Victoria University, Madelaine brings a strong clinical foundation to her leadership role on the floor. She is deeply passionate about female mental health, focusing her practice on the unique needs of an acute all-female inpatient ward. Known for her exceptional ability to build therapeutic relationships and strong rapport with consumers, Maddie is highly skilled in developing comprehensive behaviour management plans and manual handling plans. She uses these clinical tools to champion least restrictive practices and ensure safety across the unit. As a knowledgeable and supportive leader, she focuses on uplifting her nursing colleagues and creating a collaborative, dignified environment that drives meaningful recovery outcomes for women navigating acute mental health challenges.*

Trauma-Informed Care and Safewards: Understanding Trauma and Supporting Consumers in Acute Mental Health Nursing

What if we stopped asking "What is wrong with you?" and started asking "What happened to you?" That simple shift lies at the heart of Trauma-Informed Care (TIC) and fundamentally changes everything in acute mental health nursing.

This presentation begins by examining the neurobiology of trauma, including the way adverse experiences reshape the brain's threat system. These changes are mapped to the Window of Tolerance framework, enabling clinicians to recognise and respond effectively to states of hyperarousal and hypoarousal. Significant risks of failing to adopt a trauma-informed approach include re-traumatisation, escalation leading to seclusion, and erosion of trust.

As mental health nurses, who provide continuous 24-hour care, our role is central. We navigate the complex balance between maintaining safety and avoiding the repetition of powerlessness. The core principles of TIC are linked directly to the Safewards model. Safewards interventions will be examined for the way they reduce conflict and the need for containment while upholding consumer autonomy and dignity.

A real-life case study of a consumer well known to Northern hospital will illustrate the transformative potential of this approach, observing how the consistent application of trauma-informed care principles safely reduced involuntary admissions over time.

This presentation concludes with a focused examination of vicarious trauma, compassion fatigue, and burnout. Evidence-based strategies will be provided to support sustainable practice and strengthen workforce wellbeing.

TIMOTHY LEE BROWN HE/HIM

Mr Tim Brown *has been a Credentialed Mental Health Nurse and Care Coordinator for the past 10 years, bringing decades of clinical experience as a Psychiatric Nurse (RN Div 1). He has extensive experience in child and youth mental health and mental health triage services, including*

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Emergency Department (ECATT) and PACER (Police, Ambulance, and Clinician Early Response). Additionally, he specializes in complex care coordination and system navigation for adults in community settings across Australia and overseas. Tim currently works as a Care Coordinator for the Barwon Health Connected Care program (formerly the Hospital Admission Risk Program – HARP), assisting people with physical and mental health comorbidities and psychosocial complexities. He has co-led inclusive research into consumer-centred care and brings a holistic approach to his knowledge and research leadership in the mainstream health and mental health sectors. Tim has a Masters of Nursing by Research from The University of Melbourne.

Co-author / Presenter Acknowledgement
Tim would like to acknowledge co-authors / co presenters) Mr Cico Lobbert [1], Ms Geraldine McMeel [1], Mr Kenneth Vincent [1], Ms Nichola White [1] who contributed to the development of the abstract and presentation content but are unable to attend the conference.

Affiliations: *Barwon Health [1] - Geelong, VIC - Wathaurong Country*

Embedding Reflective Practices at the Connected Care Program Within Barwon Health: Trials, Tribulations, and Shared Knowledge

Background: Care coordination offers a health care delivery model invested in understanding a client's lived experience, 'their' health story and lifestyle choices. In such complex work, embedding Reflective Practice (RP) for clinicians provides a mechanism for recall of events, their feelings at the time and subsequently, and sharing how they feel about a clinical scenario that the clinician wishes to learn from.

Objective: The aim of this paper is to share the RP processes at Connected Care, Barwon Health, Geelong, Victoria. RP is a process of being aware of and responsive to one's own and other's values and beliefs and how these may impact on the client and their care. RP enhances clinician psychological safety and creative problem-solving processes.

Method: RP sessions occur fortnightly throughout the year. Heuristic feedback systems evolve the practice as it progresses.

Conclusion: RP sessions facilitate a structured process to solve complex client healthcare problems, for clinicians in a multidisciplinary team, sharing their clinical experiences and discipline

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specific acumen, in a respectful, safe group setting. This paper provides an insight into the clinicians' knowledge of RP, its evolution, who provide person-centred care for people who frequently present to the Emergency Department with chronic health conditions.

CAROLYN IMRIE

Carolyn Imrie *is a Mental Health nurse who has worked in the MH field for over 40 years. Working as a nurse clinical educator with the MH education team and nurse group therapist with the Psychological Recovery Service at Austin Health. Passionate about promoting clinical supervision and has a keen interest in supporting those in the supervisor role. Has completed various forms of training in CS including a graduate diploma of Relational clinical supervision. Since 2021 has coordinated and facilitated a 'community of practice' in the Austin MH division with the aim of supporting clinical supervisors to connect, share and access resources that can help to sustain them in their development, growth and practice as supervisors.*

Nurturing Through Connection

Clinical supervision (CS) has been promoted as being a valid process for nursing staff to engage in to support their development and wellbeing as a clinician. Once you have developed a group of clinical supervisors ready to offer CS and are engaging nursing staff in CS sessions? How can you support the 'supervisors' themselves in sustaining the clinical supervision work they are offering?

This presentation will talk about one approach, a 'CS community of practice', that was initiated to help support individual supervisors on a CS register. The aim of the 'CS community of practice' is to promote a sense of connectedness and nurturing, offering a space for the sharing of collective wisdom. And for 'supervisors' to feel part of a wider group and purpose within Austin Health MH services. The presentation will talk about the structure and format of the 'CS community of practice', as well as feedback collected about whether and how these initial aims are being met.

BLOCK 11 · 9:50am-10:10am

BREAK OUT 2 (VICTORY ROOM D)

SHANNON HAPPELL-HORN HE/HIM ★

Shannon Happell-Horn *is a final year Bachelor of Nursing student at Australian Catholic University*

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and an Endorsed Enrolled Nurse working in the private mental health sector. He has completed a Cert IV in Alcohol and Other Drugs. His practice is grounded in therapeutic engagement and relational nursing, and he believes that meaningful connection often reveals more than assessment alone. With experience across adults' and older people's mental health, group facilitation, and Transcranial Magnetic Stimulation (TMS), Shannon brings a reflective and person-centered approach to care. He is particularly interested in mental health nursing that looks beyond diagnosis and deficit, while still valuing safe, evidence-based clinical practice. Shannon was nominated for the ANMF Final Year Nursing Student of the Year award by ACU in 2025. Shannon seeking a graduate year in public mental health. His longer-term career interests focus on youth mental health, drug and alcohol support, TMS and advanced practice.

BRENDA HAPPELL

***Brenda Happell** is an RN with specialist mental health qualifications and Professor of Mental Health at Southern Cross University. She has 37 years' experience in academia in Victoria, Queensland, New South Wales, and the ACT. Brenda is a passionate advocate for mental health nursing. She has published more than 500 journal articles, four books and nine book chapters, and achieved approximately $15million in research funding. Brenda is Fellow, Life Member and Board Director of the ACMHN. Her achievements were recognised by several awards including the Mental Health Services Exceptional Contribution Award for her contribution to mental health and consumer participation, VMIAC Inaugural Lifetime Ally Award, and Queensland Mental Health Week Achievement Award for leading the way in relation to consumer involvement in mental health nursing education and research. Brenda's most recent book: Bullying in Nursing and Other Health Professions, addresses real-life impacts of bullying on health and well-being.*

Interrogation or Conversation: Rethinking Mental State Examinations and Risk Assessments

Mental status examinations and risk assessments are important components of mental health nursing practice. They help nurses learn more about consumers' presenting symptoms and risks. Information collected influences nursing care plans to address identified problems and risks. Therapeutic relationships are the cornerstone of mental health nursing practice. Yet, mental status examinations and risk assessments are frequently conducted by asking the consumer pre-determined questions about hallucinations or delusions, ideation, plan or intent for suicide, etc.

Through practice as a student and casual enrolled nurse, the author observed students focusing on questions from mental status examination and risk assessment forms, and focusing on the answers, rather than establishing rapport. The aim of this presentation is to highlight the importance of teaching the value of conversation in establishing trust and rapport. When done well, students will likely receive all or most information required. Consumers are less likely to be open and share personal issues, especially when addressing sensitive issues such as suicide.

This presentation will explore how the author encourages students to talk with consumers in a more conversational and less confrontational manner. From observations, students find it more satisfying than asking personal and challenging questions.

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BLOCK 11 · 9:50am-10:10am

BREAK OUT 3 (VICTORY ROOM E)

JOHN SHAW ★

I am an addict (substance user) who has been in recovery for over 14 years, I also had mental health issues and was placed in psychiatric hospitals and wards spanning over 20 years, I work as a Dual Diagnosis Peer Worker at Casey Hospital and have come to understand that AOD and Mental Health are treated separately and a lot of the time addiction is not even treated. I am here to explain this and hopefully change things for the future. Addiction is a mental health problem and people with substance use issues should be given the best treatment available.

Addiction is a Mental Health Issue

Substance Use Disorder (SUD) is not a moral failing or "bad behaviour", it is a recognised mental and behavioural disorder in major diagnostic frameworks and health policy, including DSM-5, and the WHO ICD system used internationally. Despite this, I continue to see SUD treated as secondary in clinical settings. In inpatient and community pathways, consumers may receive comprehensive care plans for bipolar disorder, schizophrenia, and other diagnoses, while SUD is reduced to a referral pamphlet (for example, "call SECADA" ie the South Eastern Consortium Alcohol and Drug Agencies). This creates a treatment gap for people living with dual diagnosis, where outcomes are typically poorer without integrated care.

Drawing on 14 years of active recovery after more than 30 years of SUD, and my current role as a consumer peer worker at Monash Health, this presentation reframes SUD as a treatable mental health condition. It outlines practical, evidence-informed treatment pathways beyond medication, including withdrawal support, detox, residential rehabilitation, structured programs, and ongoing peer-guided recovery support. Correct classification reduces stigma, increases hope, and strengthens engagement, safety, and continuity of care.

BLOCK 11 · 9:50am-10:10am
WORKSHOP

BREAK OUT 4 (STADIUM SOCIAL)

FACILITATOR: MICHELLE ORR

Manager and NP, Brief Intervention Team (incorporating HOPE), Eastern Health

Workshop: Solution-Focused Practice for Nurses

Curious about Solution-Focused Practice (SFP) and how it can transform conversations? This interactive workshop offers a practical introduction to Solution-Focused Practice, also known as Solution-Focused Brief Therapy (SFBT). Participants will explore the core principles of the approach through a combination of brief theory, small-group activities and a live demonstration of a solution-focused conversation. Rather than focusing on problems, SFP helps uncover strengths, build hope and identify practical pathways forward. Participants will leave with a better understanding of the solution-focused mindset, a handy "cheat sheet" of questions, and practical techniques they can start using immediately in their own practice.

Learning Outcomes:

By the end of this workshop, participants will:

- Gain a practical introduction to Solution-Focused Practice (SFP) and Solution-Focused Brief Therapy (SFBT).
- Experience how a solution-focused approach can foster hope, curiosity and new possibilities.

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- Leave with practical tools and techniques that can be applied immediately in their own practice.

BLOCK 12 · 10:15am-10:35am

MAIN PLENARY SPACE (VICTORY ROOM AB)

AINE GLEESON SHE/HER ★

An Irish-trained, registered psychiatric nurse with over 11 years experience of working in acute inpatient settings. Aine currently works as a Team Leader and has a passion for ensuring trauma informed, holistic, least restrictive care.

ANDREW McKENNER ★

***Andrew McKenner** is a passionate registered psychiatric nurse working on the John Cade Unit in Royal Melbourne hospital. Passionate about providing person centred and trauma informed care and always striving to find ways of reducing restrictive practice by working collaboratively with consumers, their carers and the wider inpatient team. Playing an active part in the units 'Towards the Elimination of Restrictive Practices' working group in conjunction with Safer Care Victoria and working alongside unit MHICAR clinicians to further educate and initiate safe care for all.*

Embedding Safewards: Celebrating our Innovators and Champions

Safewards offers a relational framework for reducing conflict and containment in inpatient mental health settings. More than a set of interventions, Safewards represents a way of practising grounded in relational skill, confidence, and clinical judgement.

In Victoria, system reform coincided with major workforce changes, including the loss of experienced clinicians and rapid growth of early career roles. These shifts disrupted the conditions that had previously supported relational practice. Safewards remained visible; however, without consistent modelling in complex, high risk scenarios, practice risked becoming task focused and drifting from its relational core.

To strengthen relational, rights-focused, trauma-informed care aligned with Safewards principles and system reform, we developed the Mental Health Intensive Care Area Response Clinical Leadership Model. Experienced mental health nurses in dedicated clinical roles work alongside staff, offering in the moment, experiential learning by modelling Safewards interventions

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and demonstrating relational leadership where it matters most.

We are already experiencing a cultural shift: calmer responses, more intentional engagement, and a renewed commitment to relational care. Visible clinical leadership provides a practical pathway to sustaining Safewards as a living framework.

Our presentation outlines the model's rationale, structure, leadership functions, response processes, and Safewards aligned care planning, offering practical considerations for adaptation and laying the groundwork for future evaluation.

BLOCK 12 · 10:15am-10:35am

BREAK OUT 1 (VICTORY ROOM C)

SYMPOSIUM CONTINUED

BLOCK 12 · 10:15am-10:35am

BREAK OUT 2 (VICTORY ROOM D)

LAURA HAINSWORTH SHE/HER

Laura Hainsworth *is a highly experienced mental health nurse with 17 years of clinical expertise across the UK and Australia. After qualifying in the UK, she worked in a diverse range of settings, including inpatient mental health services, police custody, and forensic mental health. She later retrained as a Specialist Community Public Health Nurse, supporting the wellbeing of children and young people across primary and secondary school settings. Since relocating to Australia in 2018, Laura has continued to build her expertise in forensic and mental health care, beginning with Forensicare, where she discovered a passion for education, workforce development, and supporting others to grow in their practice. Laura has spent the past five years at the Royal Children's Hospital and currently works as the Senior Psychiatric Nurse.*

From Control to Connection: Transforming Risk Management Through Relational Security

Safety in mental health inpatient settings is often defined by locked doors, restrictions, and risk-averse protocols designed to protect patients and staff. However, these measures can overlook the complexity and changing nature of individual risk. While policies provide structure, they cannot fully address dynamic situations as they arise. Relational security offers a more responsive approach, grounded in therapeutic relationships, clinical expertise, and a deep understanding of

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each patient. By focusing on engagement and early recognition of behavioural changes, nurses can respond proactively rather than relying solely on containment.

A 60-minute training package was introduced for all staff on an adolescent inpatient unit, based on relational security principles from the UK, and Safewards. Evaluation post-training showed increased staff confidence and understanding, with participants reporting improved ability to assess dynamic risk and tailor care. The training encouraged critical reflection and more individualised decision-making, such as reconsidering blanket restrictions. Greater consistency in nursing approaches was also observed.

The program proved practical and adaptable across settings, including paediatric wards. It strengthened clinical decision-making, promoted therapeutic engagement, and has since been embedded into staff orientation to support a sustainable, relationship-focused approach to safety.

BLOCK 12 · 10:15am-10:35am

BREAK OUT 3 (VICTORY ROOM E)

ANDREW DABORN HE/HIM ★

Andrew Daborn *is a psychiatic nurse of 15 years and has been working in co-occuring mental health and substance use field over the last three years. He lives in Melbourne with his family, his cat and his worm farms.*

DARCY LEVIN HE/HIM ★

I am a Clinical Psychologist with the Substance Use and Mental Illness Treatment Team (SUMITT) at the Royal Melbourne Hospital. My clinical work focuses on supporting people experiencing co-occurring mental health and substance use challenges across a range of settings. I have a particular interest in understanding the adaptive functions of substance use, recognising the ways it can develop as a response to adversity, distress, and unmet needs, while also exploring its impact across the lifespan. I am passionate about delivering compassionate, evidence-based care and promoting developmentally informed approaches to working with young people.

A Nurse, a Psychologist, a Teacher and a Paediatrician Walk Into a Bar: Drug Education on a Youth Psychiatric Inpatient Unit

Education is part of the National Drug Strategy and the Victorian Alcohol and Other Drugs (AOD) Strategy. Among young people, co-occurring mental health and AOD conditions are common and linked to poorer health and social outcomes.

In response to this need, the Royal Melbourne Hospital Substance Use Mental Illness Treatment Team (SUMITT) partnered with a specialist psychiatric inpatient unit for young people and its school program to develop an interdisciplinary AOD education initiative. Through this program, SUMITT mental health nurses and psychologists, together with an AOD specialist paediatrician, support teachers in delivering tailored AOD education to young people receiving inpatient mental health care.

Research literature indicates that AOD education improves health literacy, but that this depends on effective delivery in a wider health promotion curriculum. Bringing specialist knowledge SUMITT will work alongside the education staff to build educator confidence and strengthen relations

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between educators, clinicians and young people.

In this presentation, we will outline the program's aims, rationale, components, and the relationships that underpin it. We will also share our ideas for a future study exploring teachers' experiences of delivering the program and their perspectives on young people's engagement, to identify successes and challenges to inform program development.

BLOCK 12 · 10:15am-10:35am

BREAK OUT 4 (STADIUM SOCIAL)

WORKSHOP CONTINUED

BLOCK 13 · 10:40am-11:00am

MAIN PLENARY SPACE (VICTORY ROOM AB)

LAURA BENGASINO SHE/HER ♥ ★

Laura Bengasino *is currently working as an ANUM at SECU, where she plays a key role in coordinating patient care and supporting the nursing team in a busy clinical environment. She is passionate about maintaining high standards of care and ensuring patients receive safe, timely, and compassionate treatment. Outside of work, Laura enjoys baking and cooking, often experimenting with new recipes and sharing her creations with family and friends. She also enjoys building LEGO sets and spending time outdoors. Laura loves spending time with her cat, dog, family, and friends, and values these connections deeply. These activities are an important part of her life, helping her relax, recharge, and maintain a healthy balance between her professional responsibilities and personal wellbeing.*

BRANKA DJORDJIC ★

Branka Djordjic *is currently working as an ANUM at SECU, where she supports clinical operations and works closely with the nursing team to ensure efficient, high-quality patient care. She is dedicated to fostering a supportive and collaborative workplace and takes pride in contributing to positive patient outcomes. Outside of work, Branka enjoys shopping and spending time in nature. She also loves her cat and finds comfort in spending quiet time at home with her. Family is very important to Branka and she values quality time spent together. These personal interests help her maintain balance, wellbeing, and a positive outlook both at work and in her personal life.*

Shared Experiences and Safer Care: Reducing Restrictive Practice Through Connection and Creativity

Over the last year in SECU at Austin Hospital, our nursing staff tried something simple: we started looking for more ways to connect with our patients.

The Royal Commission into Victoria's Mental Health System called for the elimination of seclusion and restraint in mental health services. In response, we have focused on developing nurse-led group programs that foster meaningful engagement, shared experiences, and connection with consumers. These initiatives shifted the focus toward building therapeutic relationships, promoting participation, and creating opportunities for consumers to engage in purposeful and enjoyable experiences to create a safer, more collaborative ward environment. Over the last 12 months, we have seen a measurable reduction in restrictive interventions (including seclusion, restraints and PRN medication usage), alongside increased consumer engagement and greater uptake of Positive Support Plans and consumer goals.

This presentation tells the story of how small, consistent actions led by nurses contributed to a shift in culture within an extended care setting. It

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reflects on the role of creativity, trust, and shared moments in supporting recovery, and explores how simple, person-centred approaches can strengthen safety, connection, and outcomes for both consumers and staff.

BLOCK 13 · 10:40am-11:00am

BREAK OUT 1 (VICTORY ROOM C)

SYMPOSIUM CONTINUED

BLOCK 13 · 10:40am-11:00am

BREAK OUT 2 (VICTORY ROOM D)

KYLIE BROWN SHE/HER ★

Kylie Brown *is a Family Carer Workforce Development Educator at The Collective. Grounded in Family Carer Lived Expertise and holding a Master's in Mad Studies, her work centers on elevating Family Carer knowledge and dismantling epistemic injustice within mental health systems.*

Drawing on experiences with systemic harm, Kylie's research—recently published in Advances in Mental Health—validates Lived Experience as legitimate evidence, challenging traditional frameworks that often silence families.

Kylie advocates for the creation of accessible spaces where family and carer knowledge can be shared and understood outside clinical and academic boundaries. Embracing multiple ways of knowing allows for the acceptance of this knowledge as "truth." Authentic systems transformation requires unlearning, deep relational connection, and collective care. To address the "illusion of inclusion," Kylie actively supports collective solidarity and shared learning to build transformational power and sustain the Lived and Living Experience Workforce.

CAROLYN FLETT ★

Carolyn Flett *is the Coordinator for the Carer Lived Experience Workforce (CLEW), a dedicated network supporting the Family Carer Lived Experience workforce. In this role, she leads the co-ordination, event delivery and member engagement of the CLEW. With a clear vision for the future of CLEW, Carolyn is focused on actively engaging the workforce, building meaningful connections, and supporting member development. Known affectionately by her family as "The Cheerleader," Carolyn brings an inherently encouraging and*

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supportive energy to her work, living and breathing kindness and compassion. Carolyn uses her Family Carer Lived Expertise to collaborate with members and stakeholders to ensure the continued growth and success of the CLEW community

From Silenced to Sustainable: Confronting Epistemic Injustice in the Family Carer Workforce

For the Family Carer Lived Experience Workforce (FCLEW), passionate advocacy is frequently invalidated. This ongoing dismissal creates profound epistemic injustice, directly driving ethical distress and threatening our future workforce sustainability.

Purpose: This presentation intentionally abandons the lecture format to be a relaxed, relational approach to sharing our wisdom, aiming to build genuine connection and demonstrate what authentic inclusive dialogue looks like. Grounded in Miranda Fricker's framework and Mad Studies, and drawing on recent research published in Advances in Mental Health, "Epistemic injustice: experience of family carers and the lived experience workforce." The work critiques systemic privileging of specific voices, exposing an "illusion of inclusion" where Lived Experience is interpreted as inconsequential.

Methods: To disrupt the "expert at the podium" dynamic, a co-presenter guides a conversational fireside chat interview, nurturing an authentic dialogue about the systemic silencing of family carer voices and the FCLEW.

Conclusions: The conversational method demonstrates that Lived Expertise is deeply relational and situational. By naming epistemic injustice, we validate historically dismissed voices and directly counter the rigid biomedical frameworks that pathologise advocacy. Integrating our wisdom through relational ways of working is essential to building a sustainable, respected workforce to shape our future and authentically lead systemic change.

BLOCK 13 · 10:40am-11:00am

BREAK OUT 3 (VICTORY ROOM E)

RICHELLE REID SHE/HER

Richelle Reid *is a Mental Health and Addictions Nurse Practitioner in Consultation Liaison Psychiatry at Bayside Health. She is both a Credentialed Mental Health Nurse and Credentialed Alcohol and Drug Nurse, with experience across acute inpatient, community, and emergency settings. She provides advanced mental health and AOD assessment and intervention within the general hospital, working alongside non-mental health clinicians to support the management of complex presentations. Richelle is passionate about recovery-oriented, person-centred care, and promoting consumer involvement in decision-making. Her practice is grounded in compassion, respect, and strengths-based principles. She also has a strong interest in education, mentoring, and quality improvement to enhance workforce capability and consumer outcomes.*

Where Worlds Collide: Interdisciplinary Practice in CL Mental Health & AOD

Interdisciplinary care is widely described as best practice within Consultation-Liaison (CL) mental health and alcohol and other drug (AOD) services. In reality, it is often misunderstood, inconsistently applied, and at times, chaotic. Working at the interface of acute medicine, psychiatry, and community care, CL teams depend on multiple disciplines contributing to shared goals - yet having the right people at the table does not guarantee effective collaboration.

This presentation explores interdisciplinary practice through the lens of a Mental Health and

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AOD Nurse Practitioner, drawing on frontline experience navigating complex systems, competing priorities, and blurred scopes of practice. It unpacks the distinction between multidisciplinary and interdisciplinary models, highlighting how role clarity, shared accountability, and constructive challenge shape team function.

Using a clinical example, the session examines what happens when collaboration works - and when it does not - including the impact on patient outcomes, system flow, and team morale. The Nurse Practitioner role is positioned as a critical bridge between nursing and medical models, strengthening continuity, clinical decision-making, and team capability.

The presentation concludes with practical, transferable strategies to enhance interdisciplinary effectiveness, maintain professional boundaries, and prioritise patient-centred care within shared decision-making.

BLOCK 13 · 10:40am-11:00am

BREAK OUT 4 (STADIUM SOCIAL)

WORKSHOP CONTINUED

MORNING TEA • 11:00am-11:25am

BLOCK 14 · 11:30am-11:50am

MAIN PLENARY SPACE (VICTORY ROOM AB)

DR MAHAN MOHAMMADI SHE/HER ★

Public health professional experienced in health services management and public health. My work focuses on improving healthcare delivery and population health outcomes through evidence-based research, health technology assessment, and the translation of research findings into policy and practice.

A/PROF. ALIREZA AHMADVAND ★

***Dr Alireza Ahmadvand** is a Brisbane-based GP and Associate Professor in Primary Care, Griffith University. His work focuses on integrating AI and digital technologies into clinical practice. He leads research on AI tools and generative AI in healthcare, aiming to translate emerging technologies into practical benefits for patients and clinicians.*

PROF JILL NEWBY ★

Professor of Psychology at the University of New South Wales (UNSW).

A/PROF AMINA TARIQ ★

Associate Professor in Digital Health at Queensland University of Technology (QUT).

PROF NEERAJ GILL ★

Professor of Psychiatry and Clinical Lead for Mental Health at Griffith University.

DR PARINAZ MEHDIPOUR ★

Biostatistics Casual Academic at University of Melbourne.

DR ALIREZA EMAMI ★

Senior Lecturer at the University of Queensland.

DR MEHRDAD SALEHI ★

Staff Specialist Psychiatrist with Queensland Health.

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DR ELEASA SIEH ★

GP Lead for Focused Psychological Services at Silky Oaks Medical Practice.

MISS KIANA AHMADVAND ★

Student at Brisbane Girls Grammar School.

AI Scribes and Documentation Burden in Mental Health Care: A Comparative Efficiency Study

Background: AI medical scribes are speech-recognition and generative AI tools that convert clinician–patient conversations into structured clinical notes. They are increasingly used to reduce documentation burden and support workforce sustainability in mental health care. This study compared operational efficiency across four commercial AI scribe platforms during simulated mental health consultations.

Methods: Four AI scribe platforms (Heidi, i-Scribe, Lyrebird, and Medilit) were evaluated using six simulated mental health consultations involving anxiety, depression, mania, psychosis, self-harm, and somatisation. Each scenario was processed twice on each platform, generating 48 clinical notes. Efficiency metrics included note generation time, word count, and words generated per second. Platform comparisons were performed using Kruskal-Wallis tests.

Results: Significant differences were observed across platforms for note generation time, word count, and words generated per second (all $p<0.001$). Medilit generated notes fastest (16.3s [SD 3.0]) and produced the longest notes (328.9 words [55.0]), while Heidi was slowest (30.5s [8.0]) and generated the shortest notes (236.7 [29.1]). Longer processing times were associated with shorter outputs ($rs=-0.359$, $p=0.012$).

Conclusion: AI scribes demonstrated substantial variation in documentation efficiency, highlighting the need to consider documentation burden alongside speed and quality when implementing AI-supported documentation in mental health services.

BLOCK 14 · 11:30am-11:50am

BREAK OUT 1 (VICTORY ROOM C)

FLORENCE MARWEI SHE/HER ♥

Florence Marwei *is a Registered Psychiatric Nurse and Clinical Nurse Educator with over 20 years of nursing experience across diverse healthcare settings in Australia, the United Kingdom and Africa. She holds a Master of Mental Health Nursing and currently works within Barwon Health's Mental Health, Drugs and Alcohol Services (MHDAS), supporting workforce development and Entry to Practice nurses across multiple service settings. Florence has also worked as a Clinical Nurse Educator in forensic mental health environments, strengthening her expertise in risk assessment, safety, clinical education and complex care. Her practice focuses on risk assessment, Safewards implementation, trauma-informed and recovery-oriented care, and building workforce capability. Florence is passionate about supporting nurses to build confidence, capability and resilience, ultimately improving consumer outcomes across mental health services.*

MIKAELA ATTRILL ★

Mikaela Attril *is a Registered Psychiatric Nurse with nearly a decade of experience in tertiary mental health. Mikaela has previously worked in Acute Mental Health wards as both RPN and Associate Nurse Unit Manager (ANUM). She currently holds a role within Barwon Health 'Mental Health Education Team (MHET). In this role she is required to provide support and clinical education to Entry to Practice clinicians across a variety*

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of settings, as well as provide education to the broader mental health staff community. She also has extensive experience in brain stimulation therapies, including electroconvulsive therapy (ECT) Mikaela has a strong passion in improving suicide risk assessment, supporting best nursing skills in brain stimulation therapies, reducing restrictive interventions and recovery orientated practice.

The Future is Collaborative: Strengthening Mental Health Nursing Workforce Capability Through a Multi-Site Clinical Nurse Educator Model

Mental health services are experiencing increasing workforce pressures and need to support a diverse workforce across multiple settings. As Barwon health services have expanded Clinical Nurse Educator's (CNE) workflow models have evolved to ensure higher accessibility and more consistent support to entry to practice clinicians (ETP). This response includes a collaborative multi-site CNE team model, which was introduced to enhance education delivery, coordinated site coverage, and provided workforce support.

Early implementation showed improved access to education and support for ETP participant, opportunities for timely feedback, enhancing skill development across rotations. The model enhanced educator visibility, consistency of weekday support, and utilisation of individual educator strengths. Challenges faced by CNE's included coordinating support across rotating rosters, maintaining up-date handovers and staffing challenges.

The collaborative multi-site CNE model provides a practical, innovative approach to strengthening workforce capability across the mental health service. The changes in model supports safe transition to practice and promotes ETP confidence. The new model demonstrates how innovative approaches can improve collaboration across services and raise standards of care. While implementation challenges exist, structured review processes and adaptive approaches support sustainability. This model offers a scalable framework for health services seeking effective, future-focused approaches to mental health nursing education.

BLOCK 14 · 11:30am-11:50am

BREAK OUT 2 (VICTORY ROOM D)

STEFANIE WALTER SHE/HER ★

Stef Walter *is a Registered Psychiatric Nurse who has worked at Grampians Health for the past 14 years, primarily within adult inpatient mental health services. She currently works on the Secure Extended Care Unit (SECU), where she has developed and coordinated a recovery-oriented role focused on increasing client engagement, skill development, community participation, and client-led planning. Stef has a particular interest in practical, recovery-focused approaches that support clients to build confidence, independence, and meaningful connections both within the ward and the broader community. She is passionate about creating opportunities for clients to take an active role in shaping their recovery journey.*

Recovery Oriented Practice - Clients Leading the Way

This presentation explores practical changes implemented within an inpatient mental health setting (The Secure Extended Care Unit) to support a more recovery-oriented and client-led approach to care. Traditionally, many ward activities and

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programs were staff-driven, with limited client involvement in planning and decision making. Over time, the focus has shifted towards increasing client ownership of the weekly program and encouraging more meaningful participation in activities.

Changes have included redeveloping the mutual help meeting into a weekly planning space, where clients contribute to planning activities and outings, as well as building on groups such as cooking, walks, hikes, running groups, art groups, gardening, and community-based activities. The presentation will also explore the role of consistency, routine, and peer encouragement in improving motivation and engagement.

Positive changes observed on the ward have included increased participation in activities, improved confidence and daily living skills, greater peer support, and a more social and collaborative ward environment overall. Alongside increased engagement and participation, a reduction in Riskman incidents has also been observed among many clients actively involved in the program. Client examples (whilst maintaining confidentiality) will be used throughout to demonstrate the impact these changes have had in practice.

The presentation focuses on realistic and practical changes that have contributed to a gradual shift in ward culture over time.

BLOCK 14 · 11:30am-11:50am

BREAK OUT 3 (VICTORY ROOM E)

STEPHEN GOLDSMITH HE/HIM

Steve Goldsmith *is a Mental Health Nurse and VET Teacher at Swinburne University. He has worked in mental health nursing, vocational education, and clinical placement support for more than three decades. Steve is passionate about mental health education, co-design, and creating practical learning experiences that strengthen the confidence and capability of future health professionals. Steve has a particular interest in lived-experience-informed education, simulation-based learning, and workforce development. He is a member of the Australian College of Mental Health Nurses and is committed to improving mental health literacy and reducing stigma through education, collaboration, and evidence-informed practice.*

VIVIENE BUTLIN

Vivienne Butlin *is a Senior Mental Health Nurse Educator at Eastern Health Mental Health and Wellbeing Services and a Sessional Teacher and Assessor at Swinburne University of Technology. She has over 15 years of experience across acute, community, and rehabilitation public mental health settings, working within both Infant, Child and Youth Mental Health Services (ICYMHS) and adult services as a clinician and educator.*

Vivienne is passionate about developing the mental health workforce through education and clinical supervision, with a particular interest in building capability for relational, recovery-oriented care. She has led a range of workforce development initiatives, including Enrolled Nurse Mental Health learner programs, postgraduate mental health nursing programs, and transition-to-specialty-practice programs.

She is committed to fostering psychologically safe learning environments where clinicians can grow in confidence, capability, and professional identity, ultimately strengthening the quality of care provided to consumers.

MICHELLE THIRWELL ★

Michelle Thirlwell *is an experienced Mental Health Nurse with a distinguished career spanning the*

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private and forensic mental health sectors. Over the past eight years, transitioned into clinical education and leadership roles dedicated to elevating mental health nursing practice and bridging the gap between theory and frontline care. Recently joined Swinburne University of Technology as a Sessional Teacher and Assessor. She is deeply passionate about risk assessment and management, champions frameworks that are fundamentally trauma-informed and client-centred. Michelle focuses to collaborate actively with clients to identify triggers and cultivate autonomy. Michelle is committed to shaping the next generation of nurses, ensuring future psychiatric care remains both highly evidence-based and consumer involved.

Developing and Sustaining Simulation Facilitators: A Cross Sector Survey of Mental Health Nursing Simulation Practice

Simulation is a key strategy in nursing education, yet the work of simulation facilitators themselves is often invisible. This presentation reports findings from a cross-sector survey of mental health simulation facilitators working across vocational education and public, forensic and private health service settings.

The survey explored facilitator experiences of sustaining safe, effective and ethical simulation practice, including preparation demands, emotional labour, psychological safety, role strain, and access to professional and peer support. Facilitators identified the importance of reflective practice, peer debriefing, and clear alignment between simulation expectations, learner scope of practice and workforce realities.

Key themes included managing emotional intensity in mental health scenarios, balancing realism with learner readiness, navigating dual assessor–facilitator roles, and sustaining confidence and wellbeing over repeated simulation delivery.

Differences across sectors highlighted how organisational expectations shape facilitator workload, autonomy and support.

By centring facilitator voice, this presentation offers practical insights into developing, supporting and retaining simulation facilitators as a critical nursing education workforce. Findings from this pilot will inform a broader, system wide investigation incorporating community services and other contexts where mental health simulation facilitation *is emerging but under examined.*

BLOCK 14 · 11:30am-12:00pm
WORKSHOP

BREAK OUT 4 (STADIUM SOCIAL)

FACILITATOR: SHAINA SERELSON ♥

CO-FACILITATORS: JON EVANS, JEZWYN LAPHAM

Workshop: Advancing Mental Health Reform: Supporting Risk Tolerance in Care and Systems

Risk aversion is increasingly recognised as a significant barrier to meaningful mental health reform. While often driven by legitimate concerns about safety, accountability, and scrutiny, system and organisational responses to risk can unintentionally constrain innovation and limit the delivery of recovery oriented care.

This interactive workshop will explore the drivers and impacts of risk averse practice across mental health services and systems, with a particular focus on its implications for reform initiatives under the Mental Health Improvement Program (MHIP). Drawing on implementation experience and service

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level insights, we will examine how factors such as fear of adverse events, performance pressures, and regulatory environments shape decision making and behaviour.

Participants will be supported to critically reflect on how these dynamics show up in their own contexts, including impacts on consumer experience, workforce confidence, and the pace and effectiveness of reform implementation. The session will then shift to practical strategies to support greater risk tolerance in care and systems.

Learning Outcomes:

Key areas of focus will include:

- Applying principles of restorative just culture to move from blame to learning
- Harnessing improvement capability and reflective practice within services
- Exploring leadership behaviours that support psychological safety and sound professional judgement
- Leveraging MHIP reform initiatives to strengthen risk tolerance and sustained service improvement
- Through facilitated discussion and applied exercises, participants will leave with practical approaches to supporting reform by enabling more balanced, confident approaches to risk in mental health care.

BLOCK 15 · 11:55am-12:15pm

MAIN PLENARY SPACE (VICTORY ROOM AB)

CATHY DANIEL SHE/HER

Associate Professor Cathy Daniel *has over 35 years of experience in mental health nursing, specialising in acute care, violence prevention, policy development, and education. She holds a senior clinical role in Consultation Liaison Psychiatry at The Royal Melbourne Hospital. Cathy leads post graduate mental health nursing at The Australian Catholic University and is a credentialed mental health nurse, Fellow and Vice President of the Australian College of Mental Health Nurses.*

Raising Awareness: Mental Health Nurses Leading Trauma Informed Responses to Image Based Sexual Abuse

Image based sexual abuse (IBSA) is a rapidly escalating form of technology facilitated violence that remains significantly under recognised in healthcare settings. Mental health nurses are increasingly at the frontline of supporting individuals experiencing the psychological impacts of IBSA, yet awareness of its prevalence, digital mechanisms, and trauma consequences is still limited across the profession. This abstract highlights the critical role of mental health nurses in raising awareness and strengthening early, sensitive, trauma informed responses.

By embedding awareness raising content into nursing education—from undergraduate programs to continuing professional development—nurses can better identify IBSA related distress and understand its complex intersections with shame, fear, anxiety, and ongoing digital risks. Increasing awareness of legal frameworks, digital safety considerations, and the lived experiences of victim survivors equips nurses to respond with greater confidence and compassion. Trauma informed care provides an essential foundation, promoting psychological safety, choice, empowerment, and trust while minimising the risk of retraumatisation during disclosure.

Raising awareness across education, practice, and policy enables the profession to respond proactively to emerging digital harms and ensure survivors

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receive informed, affirming, and timely support.

BLOCK 15 · 11:55am-12:15pm

BREAK OUT 1 (VICTORY ROOM C)

RICHARD VETTE HE/HIM

Richard Vette *is a registered mental health nurse and a member of the Nurse Navigator team at the John Cade Adult Acute Inpatient Unit welcome desk. He completed a Bachelor of Nursing (Mental Health) at the Australian Catholic University in 2015, followed by a Graduate Diploma in Mental Health Nursing from RMIT University in 2022.*

A New Compass for Mental Health: Discoveries and insights from The John Cade Unit Nurse Navigator Experience.

In August 2022 a new Mental Health Nurse Navigator was introduced at the Royal Melbourne Hospital John Cade Unit. This presentation will report the findings from one of the Navigator practitioners, including feedback about the impact of the role from our consumers, carers and key stakeholders. The Mental Health Nurse Navigator was incorporated into the opening of the newly built 14 bed ward at the John Cade Unit, to add to its twenty-nine-bed suite of adult inpatient services. Based in the Welcome Area reception, the Nurse Navigator is a front of house meet, greet and Way-finder point within the six-ward unit, as well as an information and referral specialist to the broader hospital and state mental health system. The role provides the opportunity to support and inform family and carers of their consumer's treatment progress and outline the next steps toward discharge. The nurse navigator is in a key position to assess and refer other complexities in presentations such as family violence issues, alcohol and drug misuse, or child safety concerns. The John Cade Unit Mental Health Nurse Navigator provides a significant information and support opportunity for our consumers, families and carers on their journey to recovery.

BLOCK 15 · 11:55am-12:15pm

BREAK OUT 2 (VICTORY ROOM D)

AMAN CHAWLA SHE/HER ★

Graduate Registered Nurse.

Trauma Informed Group Practice on Female Only Inpatient Mental Health Wards.

Therapeutic groups are a daily reality on female only inpatient mental health wards and a paradox. The same circle that can offer connection, expression, and structure can also surface trauma, conflict, and shame. For women carrying histories of violence, abuse, and isolation, what happens in group can shape whether the ward feels safe. This presentation re-examines group practice through a trauma informed lens, drawing on Recovery Oriented Practice, Trauma-Informed Care, and Safewards frameworks already familiar to Victorian mental health services. It explores four facilitation levers that determine whether groups heal or harm: (1) consumer choice and graded participation, rather than expected attendance; (2) co designing the group program with women consumer on the ward, not for them; (3) emotional safety scaffolding before, during, and after each session; and (4) reflective debriefs that capture both consumer feedback and nurse wellbeing.

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When groups are held well, they become more than activities, they become a space where women begin to speak, to choose, and to recover.

BLOCK 15 · 11:55am-12:15pm

BREAK OUT 3 (VICTORY ROOM E)

DANIEL DARMANIN HE/HIM

Daniel Darmanin *is a Registered Nurse and Nurse Unit Manager with extensive experience in mental health leadership, service development, and workforce innovation. He currently leads Mental Health at Home and has held senior clinical and project leadership roles across Victoria's public mental health system. Daniel has contributed to the development of new mental health services, presented at state-wide conferences, and is passionate about improving consumer care, staff wellbeing, and contemporary models of mental health service delivery.*

Shift Work and Lifespan: The Longevity Cost of Circadian Disruption in Mental Health Nursing

Mental health nursing is predominantly a 24-hour discipline, with night shift work essential to inpatient and community service delivery. The Victorian Public Mental Health Services Enterprise Agreement 2024–2028 introduces "permanent night duty" arrangements, increasing flexibility but concentrating circadian disruption within a subset of nurses. Evidence suggests this may unintentionally heighten long-term occupational health risks.

Circadian rhythms regulate sleep–wake cycles, cognition, and emotional regulation. In mental health nursing, overnight roles require sustained vigilance, risk assessment, and therapeutic engagement. Circadian misalignment is associated with reduced attention, impaired working memory, and diminished executive function, increasing clinical error risk and reducing emotional resilience during high-acuity presentations.

Longitudinal research links chronic shift work to cardiovascular disease, metabolic syndrome, mood disorders, and reduced lifespan. These outcomes are mediated through sleep loss, melatonin suppression, inflammatory activation, and metabolic dysregulation consistent with accelerated biological ageing.

In mental health nursing, risks are intensified by emotional labour, trauma exposure, and limited recovery time between shifts. While permanent night duty may improve continuity and preference alignment, it may embed sustained circadian strain across a defined cohort.

This presentation examines enterprise agreement reforms, advocating circadian-informed scheduling, fatigue risk management, and workforce protections to support nurse longevity.

BLOCK 15 · 11:30am-12:00pm

BREAK OUT 4 (STADIUM SOCIAL)

WORKSHOP CONTINUED

BLOCK 16 · 12:20pm-12:40pm

MAIN PLENARY SPACE (VICTORY ROOM AB)

AMELIA PANNUNZIO SHE/HER

Registered nurse currently completing the postgraduate program on Banksia at the Royal Children's Hospital. Completed a master's degree in mental health nursing and passionate about improving mental health outcomes for adolescents through innovative, evidence-based approaches

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to care.

CLAUDIA FAVRIN SHE/HER ★

Associate Nurse Unit Manager working on Banksia at the Royal Children's Hospital. Completed a master's degree in mental health nursing and passionate about the implementation of therapeutic engagement with adolescents in an acute inpatient setting.

From Paper to Pocket...Tapping Into Digital Safety Planning

Safety planning has become a vital component of reducing suicidal ideation and self-harm behaviours over the past decade with a vast amount of evidence supporting their benefit amongst the adolescent population. As we know, many safety plans are paper based with young people having differing views on creating new copies each time they are admitted to an in-patient unit. The shift towards digital safety planning is rising and the benefits could see young people engaging with this intervention more frequently whilst they are an in-patient and assist with their transition into the community. We will aim to explore the relevance of safety planning, young people's views and honest opinions about the intervention and what the future may look like with an increased shift towards digital safety planning. Lastly, themes around accessibility, family and carer's support, person-centred care and distress will be discussed and embedded into how the future of mental healthcare interventions could be digital.

BLOCK 16 · 12:20pm-12:40pm

BREAK OUT 1 (VICTORY ROOM C)

TRISTAN WILLIAMS ★

Tristan Williams *is the First Nations Mental Health Clinician and a qualified Social Worker at St Vincent's Hospital Melbourne. He supports culturally responsive care and improved Social and Emotional Wellbeing (SEWB) outcomes for First Nations consumers admitted to Acute Mental Health Inpatient Services. Working closely with the Victorian Aboriginal Health Service and the Wilam Ngarrang Unit, Tristan builds staff cultural safety capabilities and supports clinicians to deliver culturally responsive SEWB assessments and family centred support, promoting holistic discharge planning. Tristan leads the design, development and facilitation of specialized SEWB resources and training across the Mental Health Department.*

PRUDENCE SHANAHAN ★

Prue Shanahan *is a mental health Practice development nurse, with over 20 years of experience. She is the Coordinator of the Social and emotional wellbeing Koori Unit at St Vincent's and has worked with Tristan to co present SEWB education sessions as part of the first nations clinician project.*

The Koori Unit works in partnership with the Victorian Aboriginal Health Service and Wilam Ngarrang using the Social and Emotional Wellbeing model of care.

Embedding Social and Emotional Wellbeing in Mental Health Services: Evaluation of First Nations Identified Mental Health Clinician Role

Despite decades of reform efforts, mental health systems continue to inadequately support Aboriginal and/or Torres Strait Islander peoples, particularly in relation to culturally appropriate care and Social and Emotional Wellbeing (SEWB).

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The First Nations Mental Health Clinician role was introduced to strengthen cultural safety and improve staff cultural capabilities for Aboriginal and/or Torres Strait Islander consumers accessing Mental Health Services at St Vincent's Hospital Melbourne (SVHM). This role has embedded the SEWB model of care into clinical practice through formal and informal education opportunities, community collaboration and secondary consultation for clinicians.

A mixed methods approach has been employed to evaluate this role, comprising quantitative routine patient care data, staff surveys, and focus groups, with findings from mid-point data collection informing continued development of the role. Staff have notably engaged with the role demonstrating an increase in understandings of the SEWB model and increase in confidence around providing culturally responsive mental health care. Most significantly, the introduction of an identified clinician role has strengthened culturally informed clinical reasoning and decision-making through the integration of Aboriginal and/or Torres Strait Islander lived experience. The First Nations Mental Health Clinician role continues to be funded in recognition of its impact and success.

BLOCK 16 · 12:20pm-12:40pm

BREAK OUT 2 (VICTORY ROOM D)

DEB CARLON SHE/THEY

Deb Carlon *has worked in the consumer and lived experience sector for more than 30 years, bringing extensive expertise in systemic advocacy, leadership and co-production to drive meaningful change in mental health. As Senior Lived Experience Consultant with Mind Australia's Lived Experience Division, she led the development of Stage 2 of the Lived Experience residential service, embedding the principles of love, connection and community into a service that is lived experience directed, developed, designed and delivered. Her work is grounded in history, imagination, innovation, heart and evidence.*

Deb has extensive experience in training, supervision and service development from a consumer perspective. She is a longstanding advocate for consumer-driven mental healthcare and has served on numerous boards, ministerial working groups and advisory committees. She currently chairs the Collaborative Centres Consortium's Lived Experience Knowledge Group and contributes to several state-wide mental health reform initiatives. Deb also brings the perspectives of the LGBTIQ+ community, as a single mother and grandmother.

HELENA ROENNFELDT ♥

Helena Roennfeldt *is a researcher with deep expertise in lived experience. She co-developed the Queensland and National Lived Experience Workforce Guidelines with Dr Louise Byrne and has authored more than 50 peer-reviewed publications on lived experience.*

Her qualifications span Social Work, Suicide Prevention, Forensic Mental Health, and Mental Health Practice. Her PhD explored mental health crisis experiences, reflecting her commitment to improving responses to emotional and suicidal distress.

Helena is a trainer in emotional CPR, Personal Medicine, and Alternatives to Suicide, with additional training in somatic practices.

A proud member of the consumer movement, Helena champions lived experience and peer-led approaches to address oppression, adversity, and discrimination. She centres first-person voices and supports creative projects that build connection,

★ *First Time Presenter* ♥ *Co-designed Presentation*

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belonging, and change in the mental health sector.

KATIE LARSEN SHE/THEY ♥

***Katie Larsen** is the Executive Director of Lived Experience at Mind Australia. Katie works from a lived expertise and social justice perspective, drawing from her own lived experience of mental health and wellbeing challenges and LGBTIQA+ 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 a Master of Social Work.)

Our Safety Together - Holding Safety Through Relational Practice

Our Safety Together presents a transformative, human rights-based approach to understanding risk developed for lived experience-led services at Mind Australia.

Based on lived expertise and practice, including Intentional Peer Support, and held within Mind's Lived Experience Governance Framework, Our Safety Together provides a nuanced understanding of risk and acknowledges safety as subjective and shaped by social, historical and cultural contexts.

Unlike traditional mental health risk management approaches, which rely on individualised and clinical risk assessment, this approach focuses on shared conversations about what we need to feel safe. It prioritises mutuality, dignity of risk, and personal agency within healing environments. It recognises that safety is not the absence of risk, but that safety is what we feel when we explore those risks together and embrace them within the context of relational safety.

By taking a relational approach that upholds human rights, Our Safety Together addresses the harm experienced when risk assessments are based on fear and strategies to avoid litigation that can lead to coercive outcomes and unintentionally dehumanise individuals.

This presentation explores what it means to prioritise a felt experience of safety nurtured through genuine connection and dialogue, and how we can shift from "power over" to "responsibility to" within relationships, allowing us to tolerate uncertainty and sit with distress without resorting to carceral responses.

BLOCK 16 · 12:20pm-12:40pm

BREAK OUT 3 (VICTORY ROOM E)

BRENDA HAPPELL SHE/HER

***Brenda Happell** is an RN with specialist mental health qualifications and Professor of Mental Health at Southern Cross University. She has 37 years' experience in academia in Victoria, Queensland, New South Wales, and the ACT. Brenda is a passionate advocate for mental health nursing. She has published more than 500 journal articles, four books and nine book chapters, and achieved approximately $15million in research funding. Brenda is Fellow, Life Member and Board Director of the ACMHN. Her achievements were recognised by several awards including the Mental Health Services Exceptional Contribution Award for her contribution to mental health and consumer participation, VMIAC Inaugural Lifetime Ally Award, and Queensland Mental Health Week Achievement*

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Award for leading the way in relation to consumer involvement in mental health nursing education and research. Brenda's most recent book: Bullying in Nursing and Other Health Professions, addresses real-life impacts of bullying on health and well-being.

"Not All Bullies, Yell and Scream." Identifying More Subtle Forms of Bullying.

Workplace bullying poses significant challenges to the health and wellbeing of health professionals. Most nurses have experienced and/or witnessed bullying during their careers. The impact is traumatic, potentially life-threating, and impacts quality of care. Four main types of bullying have been identified. The screaming mimi, the obvious bully, who yells, screams and is sometimes physically violent. The others, two-headed snakes, gatekeepers and saboteurs, are more subtle. Identifying subtle bullying can help address toxic cultures.

In-depth interviews were conducted with 12 health professionals from a range of disciplines. Data were analysed thematically. Participants had collectively experienced all types of bullying, with subtle the most common. Subtle tactics included: blocking, changing goal posts, unreasonable workloads, micromanagement and humiliation. All participants described not immediately identifying these behaviors as bullying. They found subtle bullying particularly difficult to articulate due to its insidious nature, leaving insufficient grounds to make a complaint and seek redress. This tended to make their experiences more devastating. Addressing the prevailing bullying culture in the health professions, therefore requires recognition of subtle tactics as bullying. Identifying and articulating these tactics is a necessary first step to developing inclusive policies and strategies to address these harmful negative behaviours.

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BLOCK 16 · 12:10pm-12:40pm
WORKSHOP

FACILITATOR: HARRIET WILLIAMS (SHE/HER)

Deputy Health and Safety Team Manager, ANMF

CO-FACILITATOR: KATHY CHRISFIELD SHE/HER

Health and Safety Team Manager, ANMF

Workshop: Worker Voices - Rights and Powers of Health and Safety Representatives Building a Safer Workplace

Workplaces where health and safety representatives are engaged and in place have been evidenced to be safer.

Mental health workplaces present complex and evolving risks, making strong health and safety leadership essential. This workshop examines the role of HSRs in mental health settings, with a focus on mental health nurses as key frontline leaders. It outlines the rights and powers of HSRs and demonstrates how these can be applied within a structured risk management framework to identify, assess, and control both psychosocial and physical hazards.

Using practical examples and activities, the workshop highlights how mental health nurses can leverage HSR provisions to address critical challenges such as workplace violence, fatigue, and system pressures. It emphasises building capability and confidence among nurses to actively participate in safety processes, advocate for safer work systems, and influence organisational culture.

Additionally, the workshop explores strategies to encourage broader workforce engagement in HSR roles, positioning them as opportunities for leadership and professional growth. Strengthening HSR participation among mental health nurses is key to fostering psychologically safe workplaces and improving both staff safety and consumer outcomes.

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Learning Outcomes:

By the end of this workshop, participants will:

- Understand and be able to articulate the rights and powers of health and safety representatives in a mental health setting
- Apply these rights and powers to hazards within the workplace in a risk management framework
- Encourage workers to take a leadership role in their workplace by becoming a health and safety representative

LUNCH BREAK • 12:40pm-1:40pm

BLOCK 17 · 1:45pm-2:05pm

MAIN PLENARY SPACE (VICTORY ROOM AB)

NATALIE JORIMANN SHE/HER ★

I am a mental health nurse with 12 years of experience working across both inpatient acute settings and community mental health services. I have developed strong clinical expertise in the assessment, management, and care of people experiencing acute mental health challenges, with a focus on recovery-oriented practice. I am currently working in a new mental health hospital in the home service as a team leader, overseeing multidisciplinary care delivery and supporting staff development. I am passionate about improving patient outcomes, fostering collaborative team environments, and ensuring high-quality, evidence-based care is delivered consistently across services. I am committed to advancing mental health nursing practice and contributing to innovative models of care within acute and community settings. I bring strong communication skills, resilience under pressure, and commitment to service improvement, patient safety, and trauma informed care, while actively engaging in quality improvement initiatives and mentoring junior clinicians within complex mental health environments.

LISA ROSARIO

I am a Registered Psychiatric Nurse with a passion for mental health nursing that began early in my career as a Registered Undergraduate Student of Nursing (RUSON). During this time, I developed a strong interest in supporting individuals experiencing mental illness and was inspired to pursue a career in mental health.

I commenced my professional nursing career with North Western Mental Health, where I completed graduate and postgraduate training. Throughout this time, I gained experience across acute inpatient and rehabilitation psychiatric settings, working with a diverse range of consumers and presentations. These roles allowed me to develop comprehensive clinical skills, strengthen my therapeutic communication, and build a strong foundation in recovery-oriented practice.

I work as a Mental Health Clinician, providing acute community-based mental health care. I am passionate about delivering person-centred, evidence-based care and supporting consumers to achieve their recovery goals within their own communities.

Mental Health at Home (MH@H), an Innovative Hospital in the Home (HITH) Model

In 2026, Western Health launched Mental Health at Home (MH@H), an innovative Hospital in the Home (HITH) model delivering acute mental health care within consumers' homes as an alternative to traditional inpatient admission. The service

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was designed to provide recovery-oriented, least restrictive care while supporting system flow, reducing inpatient demand, and improving consumer and carer experience.

A three-month review demonstrated progressive growth in activity and occupancy, with occupancy reaching 95.7% in April 2026. Early outcomes identified positive consumer and carer feedback, high-level care of consumers with complex presentations in their homes, and a reduction in divisional readmission rates. The model also demonstrated strong workforce compliance outcomes, efficient resource utilisation, and an absence of occupational violence and aggression incidents during the review period.

Key learnings highlighted the importance of clear admission pathways, shared risk tolerance frameworks, streamlined referral processes, and operational flexibility. Challenges included workforce availability, vehicle access, stakeholder understanding of the model, and balancing consumer leave with bed flow requirements.

MH@H demonstrates early evidence of being a safe, scalable, and cost-efficient model of acute mental health care delivery. Ongoing evaluation will focus on sustainability, workforce optimisation, consumer outcomes, and opportunities for broader service expansion across the mental health system.

BLOCK 17 · 1:45pm-2:05pm

BREAK OUT 1 (VICTORY ROOM C)

CLAIRE HAYES SHE/HER

Dr Claire Hayes *is a Senior Lecturer and Course Director in Mental Health Nursing at Deakin University. Her research focuses on mental health workforce development, clinical education, and transition-to-practice, with a particular emphasis on how student and early-career experiences shape workforce entry and retention.*

Dr Hayes has led and contributed to multiple funded research projects across mental health, including evaluations of education and service models that inform workforce capability and service delivery. She has an established publication profile in high-impact journals and serves as Associate Editor for the Journal of Child and Adolescent Psychiatric Nursing.

Having worked in predominantly senior leadership clinical roles, her work bridges research, practice, and education, ensuring findings are clinically grounded and directly applicable to improving mental health nursing outcomes.

Preparing Tomorrow's Mental Health Nurses: The Role of High-Fidelity Simulation

Mental health nursing requires confident, practice-ready graduates equipped for complex and evolving care environments. This systematic review and meta-analysis examined the impact of high-fidelity simulation (HFS) compared with traditional teaching methods on knowledge, performance, satisfaction, self-confidence, and self-efficacy among nursing students.

Seventeen randomized controlled trials (n=1,232 participants) were analysed. High-fidelity simulation demonstrated significant positive effects on self-confidence (SMD=0.59), satisfaction (SMD=1.25), and self-efficacy (SMD=1.51), while no statistically significant differences were observed for knowledge or performance outcomes. Findings suggest that immersive simulation strengthens affective learning domains critical to mental health nursing practice, including therapeutic communication, clinical reasoning, and decision-making in psychologically safe environments.

Although heterogeneity across studies was high,

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results indicate that HFS is a valuable strategy for preparing students for the realities of mental health care, particularly where emotional intelligence and interpersonal capability are essential.

This presentation will explore implications for mental health nursing workforce development, including how simulation can support early career transition, enhance clinical readiness, and contribute to future-focused, evidence-informed education models. Recommendations for integrating simulation sustainably within curricula and growing mental health nursing research will also be discussed.

BLOCK 17 · 1:45pm-2:05pm

BREAK OUT 2 (VICTORY ROOM D)

ROBIN VARGHESE HE/HIM ★

Robin Varghese *is an endorsed Nurse Practitioner with extensive experience in Alcohol and Other Drug (AOD) services, mental health, and integrated care. He is passionate about improving access to evidence-based treatment for people experiencing substance use disorders and complex health needs. His clinical practice focuses on harm reduction, recovery-oriented care, and collaboration across health sectors. Robin is committed to developing innovative models of care that enhance physical health outcomes and reduce health inequities for vulnerable populations.*

RAMESH SUBRAMANIAM ★

Ramesh Subramaniam *is an endorsed Physical Health Nurse Practitioner with extensive experience in managing chronic disease, preventive health, and complex physical health conditions within mental health settings. He is dedicated to improving health outcomes through early intervention, comprehensive assessment, and person-centred care. His work focuses on bridging the gap between physical and mental healthcare, promoting integrated service delivery, and reducing health disparities. Ramesh is passionate about innovative models of care that support holistic wellbeing and improve access to quality healthcare.*

Integrated Care - Physical Health & AOD in Mental Health Setting - NP Led Model of Care

Mercy Mental Health and Wellbeing Services provides holistic values-based care to a rapidly growing and socially disadvantaged community in Melbourne's western region. Our consumers experience severe mental illness influenced by complex physical health comorbidities, social determinants of health, and alcohol and other drug (AOD) challenges, all contributing to poorer health outcomes.

To strengthen system responsiveness and expand advanced nursing practice, Mercy Health has recruited Nurse Practitioners (NPs). The NP led model streamlines referral pathways, enhances timely assessment and treatment navigation, and addresses service gaps created by fragmented care systems. NPs provide transformative clinical leadership by embedding evidence-based frameworks, leading research activity, and supporting clinician skill development through education and knowledge translation.

The NP role delivers high quality, integrated healthcare through primary and secondary consultation, coordinated service navigation, and expert input across multidisciplinary teams. Despite the challenges of low socioeconomic contexts and complex service interfaces, the NP model

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demonstrates leadership, cultural safety, innovation, and a strong future focused direction for mental health service delivery.

This presentation shares key insights, outcomes, and organisational learnings, highlighting how NP led care contributes to a progressive, collaborative, and sustainable mental health workforce, while strengthening capability development and advancing integrated models of care.

BLOCK 17 · 1:45pm-2:05pm

BREAK OUT 3 (VICTORY ROOM E)

A/PROFESSOR JANINE DAVIES SHE/HER

Janine Davies *is Director of Mental Health nursing at Bayside Health, Peninsula Care Group and adjunct Associate Professor at Monash University. Janine provides mental health nursing leadership for the 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 United Kingdom and Australia, and mostly recently has been on secondment as the senior advisor to the Chief Mental Health Nurse for the state of Victoria. Janine is passionate about workforce development and well-being. Janine provides professional nursing guidance to approximately 500 nurses who work at Bayside Health, Peninsula Care Group throughout multiple sites. Janine loves to inspire and invest in nurses, to support them reaching their aspirations.*

DONNA HANSEN-VELLA

Donna Hansen-Vella *has over 35 years psychiatric/mental health nursing experience and is currently the Director of Nursing at Barwon Health. Throughout her career, she has undertaken a diverse range of roles predominately focussed on improving outcomes for people accessing services. One of her passions is supporting and advocating for our workforce, as she believes that without workforce, you do not have a service for people to access. Donna is grateful for the many mentors and clinical supervisors who have shaped her practice and strives to ensure that our future mental health nurses engage in reflective practice as a mechanism for sustaining high quality service provision.*

JOANNE CLAYTON

Jo Clayton *is the Director of Nursing for mental health at St Vincents hospital Melbourne and has worked in roles in nurse education at St Vincent's hospital and Eastern health.*

Jo trained in the UK and has been a mental health nurse since 1997. She has worked in community, inpatient and forensic settings and has been privileged to mentor and be mentored by many amazing nurses over her career. She has trained in the role development model of supervision and is committed to supporting nurses to develop their clinical and leadership skills.

The Importance of Mental Health Nursing Influence, Advocacy, Peer-support and Shared Learnings Within All Levels of Mental Health Nursing

This presentation explores the strong influence of mental health nursing leadership through advocacy, peer support, mentoring, and shared learning, and how these principles can be embedded across all levels of mental health nursing practice.

This work emerged from the Chief Mental Health Nurse's Office, in collaboration with mental health Directors of Nursing (DONs) across Victoria having a key focus on establishing structured state-wide peer support forums for mental health nursing. These forums created safe, confidential peer groups

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Abstract Presentations

that prioritised genuine human connection among leaders working in shared roles.

The mental health Directors of Nursing peer meetings, hosted across different public mental health and wellbeing services throughout Victoria and through online meetings, enabled the development of strong mental health nursing professional relationships. Through this approach, the group fostered shared learning, leadership capability development, and mentoring—particularly supporting new and emerging mental health Directors of Nursing through coaching, mentoring and guidance.

The strong focus on a collective mental health Director of Nursing leadership approach, grounded in a shared vision and voice and the belief that "we are stronger together" resulted in mental health nursing leadership across the state of Victoria being more connected and influential, enabling coordinated advocacy efforts, including collaboration on mental health Enterprise Bargaining Agreement (EBA) 2024-2028 nursing classifications and role descriptors, as well as opportunities for benchmarking and shared practice.

As part of the presentation, a Victorian Mental Health Director of Nursing will provide a personal reflection, highlighting the impact of peer connection, mentoring, and collective leadership on their professional mental health nursing practice and leadership journey.

BLOCK 17 · 1:45pm-2:05pm

BREAK OUT 4 (STADIUM SOCIAL)

ANUSHA ARAVINDAKSHAN SHE/HER ★

Anusha Aravindakshan *is a Nurse educator in Mental health Older adult space. I am passionate about improving patient care outcomes through workforce development.*

JISH DOWSETT HE/HIM ★

Jish Dowsett *commenced his career in adult acute inpatient mental health in 2010 and has since worked across a diverse range of settings, including adult inpatient services, child and adolescent inpatient services, community mental health, bed management, and clinical education. Since 2020, he has held Clinical Educator roles across both inpatient and community mental health services, supporting workforce development, clinical capability, and quality improvement initiatives.*

Jish is passionate about trauma-informed care and the integration of evidence-based brief psychological interventions into routine clinical practice. His areas of interest include Cognitive Behavioural Therapy (CBT), Dialectical Behaviour Therapy (DBT), and Acceptance and Commitment Therapy (ACT), with a focus on building clinician confidence and enhancing consumer outcomes through recovery-oriented, person-centred care.

Strengthening Workforce Capability in Ligature Risk Response: An Evidence-Informed, Simulation-Based Training Program

Ligature incidents remain a critical safety risk within inpatient mental health settings, requiring a skilled, confident, and psychologically supported workforce response. In alignment with the Safer Care Victoria Improving safety for consumers at risk of harm of ligature guidance, Peninsula Health implemented an evidence-informed, simulation-based ligature training program embedded within clinical governance and workforce capability frameworks.

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Across February 2026, eight interdisciplinary sessions and a mock code scenario were delivered to 55 staff across inpatient settings. The program targeted key competencies including identification of ligature risks, safe emergency response, correct use of ligature cutters, and post-incident clinical and psychosocial care. Training also incorporated principles of psychological safety, with structured preparation, facilitated simulation, and supported debrief processes to mitigate exposure to potentially distressing content.

Evaluation demonstrated significant improvements in staff knowledge and confidence, with a 46-percentage-point increase in participants reporting high familiarity across core domains, and marked gains in emergency response capability. Participants highlighted the value of hands-on practice and simulation in building preparedness.

This initiative demonstrates how structured, psychologically safe simulation training can operationalise policy into practice, strengthen workforce capability, and support safer responses to high-risk clinical events.

BLOCK 18 · 2:10pm-2:30pm

MAIN PLENARY SPACE (VICTORY ROOM AB)

FIONA PILKINGTON SHE/HER ★

Fiona Pilkington *is a Registered Nurse with decades of experience in various roles across acute inpatient mental health services, predominantly at the Kerferd Unit, AWH. She is passionate about delivering recovery-oriented, trauma-informed care in the least restrictive environment possible is proud of Kerferd's innovative open-door model of care.*

Drawing on extensive frontline experience, Fiona has a particular interests in many areas – way too many to mentions – however some of the standouts are - therapeutic risk-taking in IPU's, family-inclusive practice, perinatal mental health, staff wellbeing and creating environments IPU units that give consumers a reason to stay rather than leave and off course our Open-Door Model. She is especially interested in the challenges of trying to balance the commitment towards the elimination of restrictive interventions and zero tolerance for occupational violence and aggression.

JESSICA JOHNSON ★

I am a registered nurse with almost 20 years experience working in mental health. I have worked in both the inpatient and community settings, spending almost 10 years working in the early psychosis space before returning to the inpatient unit in a variety of roles. I am currently the nurse unit manager at Kerferd Unit where I am responsible for ensuring the delivery of safe, high quality, recovery-oriented care, while supporting staff development, service improvement and effective patient flow. I am passionate about workforce development and fostering a positive workplace culture as well as improving outcomes for consumers and their families.

ASHLEE ROUNDS ★

Since graduating as an Occupational Therapist in 2022, I have worked exclusively in acute inpatient mental health, supporting people experiencing a broad range of mental health challenges. I am passionate about recovery-oriented, person-centred practice, helping individuals reconnect with meaningful occupations that support wellbeing, identity, independence, and quality of life. My key area of interest is sensory modulation and creating therapeutic environments that promote emotional regulation, reduce distress, and enhance recovery. I enjoy developing innovative, occupation-based interventions that improve the inpatient experience

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and increase engagement in meaningful activity. I am a strong advocate for the role of occupational therapy in mental health and for reducing stigma through compassionate, strengths-based practice that upholds dignity, empowers consumers, and supports active participation in recovery.

Kerferd Unit – Open Doors Safer Spaces - Challenging Traditional Inpatient Models of Care

Kerferd Unit – AWH is a unique acute IPU operating with an open-door model—our front doors are literally open from 07:00 to 19:30. We are the only inpatient unit in Victoria, and possibly Australia, working in this way. This model reflects years of sustained effort to reimagine care delivery without reliance on locked environments, recognising that locking doors for "safety" can sometimes create greater risk.

During COVID-related lockdowns, Kerferd transitioned to a secure unit. What followed was telling—increased absconding, frustration, restrictive interventions and escalation—highlighting that containment was not the solution. Since then, the team has embedded a future-focused model of care grounded in trauma-informed, person-centred, and recovery-oriented practice, aligned with the spirit of the Mental Health and Wellbeing Act and principles of therapeutic risk-taking.

Supported by strong leadership from the NUM, CNC, Occupational Therapist, and Operational Director, the unit has fostered a culture of trust, innovation, and accountability. A robust Occupational Therapy program further strengthens therapeutic engagement and recovery.

Kerferd is now recognised as a place where people arrive on their worst day and leave with greater hope, dignity, and control. Restrictive practices continue to decrease while engagement grows.

Kerferd demonstrates that inpatient (IPU) care can—and should—be safe, open, therapeutic, and grounded in trust, setting a new benchmark for what exceptional IPU Models of Care can look like.

BLOCK 18 · 2:10pm-2:30pm

BREAK OUT 1 (VICTORY ROOM C)

HELENA DE COSTA SHE/HER

Helena De Costa *is a Clinical Nurse Educator at Monash Health with 19 years of experience in mental health nursing across Victoria and interstate settings. She holds a Master of Nursing (Mental Health) and a Master of Advanced Nursing, with a specialisation in nursing education. Throughout her career, Helena has been committed to delivering consumer-centred, holistic care. She now focuses on the design and delivery of educational initiatives aimed at enhancing clinical practice and improving healthcare outcomes. Helena has previously presented at the Collab conference on her lived experience of continuing to work whilst navigating a cancer diagnosis and treatment. She is grateful to now be in complete remission and keeps her mind and body healthy with positive thoughts, exercising and spending time with her family and friends.*

JENNY GAN

Jenny Gan *is a Clinical Nurse Educator at Monash Health with 9 years of experience in mental health nursing. She holds a Master of Nursing in Neurology and Master Mental Health Nursing. Her professional interests include recovery-oriented practice, therapeutic communication, de-escalation strategies, and quality improvement in mental health care.*

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Jenny is passionate about translating evidence into practice and creating engaging learning opportunities that build staff confidence, capability, and clinical excellence. She enjoys supporting mental health nursing workforce through research, education, mentorship, and clinical leadership. Her no.1 self-care strategy is jogging with her two Samoyed dogs.

FROM SEED TO SKILL: ONE ARTICLE AT A TIME.

In today's information-rich, social media–driven environment, information overload can distort our learning and decision-making. Learning is not simply the absorption of information; it requires the ability to critically analyse, interpret, and apply evidence. Reliance on unfiltered information weakens our ability to do so.

While reviewing the Nursing and Midwifery Strategic Direction Plan of Monash Health, our mental health education team identified a learning opportunity for critically analysing, and interpreting evidence-based information for our education. However, staff engagement in critiquing research was limited, not due to lack of interest, but due to variance of experience. For some, analysing research was viewed as inaccessible and intimidating.

Our solution to address this was Journal Club. However, the model that we encountered did not suit the needs of our prospective attendees.

Join us as we outline the application of a non-traditional approach to journal club which has strengthened our confidence, research capability, and the critical analysis of mental health research. We will provide a practical example, and describe how our innovative journal club was created, implemented and sustained within our team, whilst overcoming barriers. We hope to plant the seed of critical thinking and evidence-based mindset for future practice.

BLOCK 18 · 2:10pm-2:30pm

BREAK OUT 2 (VICTORY ROOM D)

KENNY NG HE/HIM ★

Dr Kenny Ng *is a General Practitioner based in Melbourne with extensive experience across primary care, hospital and virtual emergency settings. He is currently appointed within the mental health services of Melbourne Health and Western Health, bringing a broad, systems-informed perspective to patient care. Trained at the University of Melbourne, Kenny is passionate about holistic, patient-centred medicine, with particular interest in the intersection of physical and mental health.*

CHIONESO MADZINGAIDZO

Chi is a Mental Health Nurse Practitioner with extensive experience in delivering holistic care that addresses both the mental and physical health needs of people living with mental illness. Currently practising within Western Health's public mental health service, Chi is passionate about improving health outcomes through integrated, person-centred care. Her clinical expertise focuses on identifying and managing the physical health challenges that commonly impact individuals experiencing mental illness, helping to reduce health inequities and enhance quality of life. At The Mental Health Collab 2026, Chi will share insights into the positive impact of Nurse Practitioners within mental health services, highlighting how advanced nursing roles can improve access to care, support multidisciplinary teams, and drive better outcomes for consumers.

The Physical Health Nurse Practitioner

Mental health consumers experience significantly poorer physical health outcomes than the general population, yet persistent barriers to optimal

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physical healthcare remains prominent. This presentation explores the emerging role of the Physical Health Nurse Practitioner (NP) as an innovative model of care embedded within mental health settings.

Drawing on my experience working alongside NPs in this space, I will describe how the Physical Health NP is uniquely positioned through a foundation of broad psychiatric nursing experience and an in-depth understanding of psychosocial complexity. This positioning enables more effective engagement, assessment, and management of physical health needs for consumers with serious mental illness, supporting early intervention and continuity of care.

The role encompasses diverse responsibilities, including advanced clinical care, leadership, education, and the development of policies and procedures that strengthen integrated practice. This presentation will highlight how the Physical Health NP bridges gaps between mental and physical healthcare, improves consumer outcomes, and contributes to system-level change. The model demonstrates a scalable approach to addressing longstanding physical health inequities within mental health services.

BLOCK 18 · 2:10pm-2:30pm

BREAK OUT 3 (VICTORY ROOM E)

EMMA RALPH SHE/HER ★

Emma Ralph *is a Clinical Nurse Educator at Monash Health, specialising in paediatric mental health. With over 14 years of experience across youth inpatient units and adult community mental health settings in both the United Kingdom and Australia, she brings a valuable cross-cultural perspective to her work. Emma is passionate about delivering contemporary, learner-centred education that fosters reflection, critical thinking, and meaningful discussion.*

Her current focus is on driving the implementation of the Safewards philosophy within community mental health education, supporting clinicians to build safer, more therapeutic environments. She is committed to embedding this approach within her education team and promoting sustainable practice change. Emma's work reflects a strong dedication to enhancing workforce capability and improving outcomes for consumers and families through innovative and engaging education.

AMANPREET KAUR ★

Amanpreet (Aman) Kaur *is a Clinical Nurse Educator working at Monash Health. She has a strong interest in creating safer therapeutic environments through evidence-based practice and passionate about fostering a culture of continuous learning. Aman supports nursing staff through mentorship, coaching, and collaborative practice to improve consumer outcomes and strengthen workforce capability across mental health services*

Taking Safewards to Infinity and Beyond

The Victorian Safewards journey is now in its second decade. While there is much to celebrate, there are also some questions that occupy our thinking for light years. Safewards, a Universal model used to address conflict and containment; its greatest value lies in its application as a guiding philosophy to promote safe and sustainable care.

We are moving away from Safewards being a 'clinical model' to a 'way of being' that makes every interaction a little easier, because no matter the

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setting, we all need Soft Words for Hard Days.

Perhaps Neil would have said "That's one small step for Safewards, one giant leap for the workforce."

In this presentation we will step away from the confines of the wards and share our giant leap, moving beyond orbiting a one-day Safewards workshop to how we embed Safewards into all in-services, reach the stars out in community settings and our own stellar education team.

Wouldn't it be great if we could understand the mutual expectations of our very own teams! Join our Safewards mission, fueled with examples on how you can apply the Safewards philosophy with your very own supernova teams. 3, 2, 1...the future of Safewards takes off with you.

BLOCK 18 · 2:10pm-2:30pm

BREAK OUT 4 (STADIUM SOCIAL)

PIA CERVERI SHE/HER ★

Pia Cerveri *is a qualified social worker with extensive experience in occupational health and safety. Pia currently leads the Healthcare and Social Assistance Team at Worksafe Victoria, where she focuses on improving health and safety outcomes in these high-risk sectors.*

A Systems Thinking Approach to Understanding Aggression and Violence in Adult and Youth Acute Mental Health Inpatient Settings

Focusing on individual incidents or isolated risk factors, limit opportunities to address the complex and interconnected drivers of aggression and violence within acute inpatient mental health facilities. This project applied a systems thinking approach to better understand the factors contributing to aggression and violence within Victorian public sector acute inpatient mental health facilities and to identify potential preventive strategies.

Over 100 stakeholders participated in a structured process, including mental health clinicians, managers, lived experience peer workers, and carers. Through a series of workshops, interviews and surveys, participants mapped organisational, environmental, workforce, consumer, and systemic factors that influence aggression and violence. This process identified key leverage points and opportunities for intervention across the mental health system.

The findings highlighted the value of systems thinking in revealing complex interactions that may not be apparent through individualistic approaches. The project generated a range of practical and innovative future directions to support prevention efforts and improve worker health and safety which in turn will positively impact that of consumers. These insights demonstrate the potential of systems approaches to inform policy, service design, and quality improvement initiatives across acute mental health settings.

BLOCK 19 · 2:35pm-2:55pm

MAIN PLENARY SPACE (VICTORY ROOM AB)

RAVINDER KUMAR HE/HIM

Ravi Kumar *is a Clinical Nurse Educator within an Education and Workforce Development Unit, specialising in the advancement of mental health nursing practice across acute adult inpatient settings. With clinical experience in mental health nursing, he has developed a particular commitment to building a skilled, resilient, and compassionate nursing workforce equipped to deliver person centred, least restrictive care.*

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Reality Testing in the Age of the Sycophantic AI: A Mental Health Nursing Response to AI-Associated Psychosis

Mental health wards are receiving patients whose delusional beliefs were validated and co-created by generative AI chatbots, but mental health nursing has no formalised response. Pierre and colleagues (2025) documented the first peer-reviewed case of new onset AI-associated psychosis, in which a chatbot told a patient: "You're not crazy." Morrin and colleagues (2026) mapped the mechanisms of AI-driven delusion co-creation and called for frontline clinical protocols. The structural risk was predicted by Østergaard (2025) and confirmed: large language models are reward-trained for agreement, making them incapable of the contradicting perspective that reality testing requires. This is not incidental effect; it is architectural.

Mental health nurses are responsible for undertaking assessment, building a therapeutic relationship, discharge planning, and carer conversations: these are touchpoints where AI-shaped presentations can emerge or are missed. Yet nursing's voice is absent from the emerging clinical literature. This paper proposes four contributions: (1) a formalised AI-use dimension within routine mental state examination; (2) the therapeutic relationship as structural counter to sycophancy, a human corrective that the algorithm cannot be; (3) post-discharge safety planning that names AI exposure as a relapse risk factor; and (4) carer psychoeducation on sycophantic reinforcement as an early warning sign. Our voices belong in this conversation. Our patients are already here.

BLOCK 19 · 2:35pm-2:55pm

BREAK OUT 1 (VICTORY ROOM C)

TRUDY BROWN SHE/HER

Trudy Brown *is an endorsed Nurse Practitioner currently employed at the Northern Psychiatric Inpatient Unit in Melbourne. She is an advanced practice nurse with over 20 year's clinical experience in adult psychiatry.*

Trudy was endorsed by AHPRA as a Nurse Practitioner in April 2013. She has evolved the role of the Nurse Practitioner over the last several years to prioritise the physical health of mental health service users an area that she is passionate about. She is currently undertaking her PhD focusing on improving sexual health outcomes for those who experience mental illness.

Improving the Sexual and Reproductive Health of People Living with Serious Mental Illness - Project Overview.

People living with severe mental illness (SMI) experience higher rates of sexual and reproductive health (SRH) morbidity yet are less likely to receive preventive care. Case management within community mental health services provides an opportunity to address biopsychosocial needs, including SRH, during routine reviews. Since the Victorian Equally Well Framework was released in 2019 to prioritise physical health, (including SRH) in specialist mental health services, contemporary data is required on SRH assessment practices. This PhD project is looking at ascertaining the current sexual and reproductive health care in the community mental health settings across

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Victoria. The methodology being undertaken to collect current practice and the views of clinicians, consumers and carers on sexual and reproductive health care will be presented. Preliminary findings of this study will be highlighted. This PhD research project will contribute to the body of knowledge used to inform a framework for mental health nurses to address this gap in physical health care provision.

BLOCK 19 · 2:35pm-2:55pm

BREAK OUT 2 (VICTORY ROOM D)

ANJANA BIBIN SHE/HER ★

Anjana Bibin: *Anji is an Endorsed Mental Health Nurse Practitioner with nearly 15 years of experience across diverse mental health settings, including acute inpatient care, crisis intervention, aged persons mental health, forensic mental health, alcohol and other drug services, and suicide prevention in both metropolitan and regional services.*

Currently, Anji serves as the Physical Health Lead Nurse Practitioner for The Royal Melbourne Hospital Mental Health Services (RMHMHS), where she leads the Equally Well Physical Health Team. In this role, she is dedicated to improving access to physical healthcare for people living with mental illness and addressing service gaps through evidence-based, person-centred care.

Anji has a strong clinical interest in Hepatitis C management and smoking cessation and currently leads Nurse Practitioner–led clinics within RMHMHS. Her work focuses on enhancing health equity and improving physical health outcomes for mental health consumers.

CHLOE DAVIES ★

Chloe Davies: *Chloe is a Senior Psychiatric Nurse and Physical Health Coordinator at Royal Melbourne Hospital Mental Health Services. Originally trained in the UK, she has been practicing in Australia since 2018. As a key member of the Equally Well Physical Health team, she is committed to improving physical health outcomes for people living with mental illness.*

In her role, Chloe leads and enhances physical health promotion initiatives by overseeing monthly health promotion activities at Waratah Clinic, improving cancer screening participation, training clinicians in the use of physical health screening tools, and supporting the implementation of key services, including the Nurse Practitioner–led Hepatitis C clinic.

Passionate about integrated care, Chloe strives to strengthen the connection between physical and mental health and is currently pursuing a Master's in Mental Health Nursing

Nurse Practitioner–Led Model of Care: Hepatitis C Screening and Treatment in Community Mental Health Services

Background: Hepatitis C virus (HCV) disproportionately affects individuals engaged with community mental health services. Despite highly effective direct-acting antiviral therapies, treatment uptake remains suboptimal due to service fragmentation, stigma, and limited access to specialist care.

Aim: To describe and evaluate a nurse practitioner–led model of HCV care embedded within a community mental health service.

Methods: A nurse practitioner–led model of HCV screening, assessment, prescribing, and follow-*up* was integrated into routine mental health care.

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Care delivery was opportunistic during community contacts and supported through collaboration with psychiatry, peer workers, and external hepatology services where required.

Results: The model improved HCV identification, increased treatment uptake, and supported high rates of treatment completion and sustained virological response. Consumers demonstrated strong engagement and acceptability, with improved continuity of care and reduced reliance on external referrals. Nurse practitioner facilitated timely clinical decision-making, rapid treatment initiation, and holistic management of co-occurring physical, mental health, and social needs.

Conclusion: This model is a feasible and effective approach to reducing health inequities, increasing access to curative treatment, and supporting HCV elimination strategies through scalable, person-centred care integration.

BLOCK 19 · 2:35pm-2:55pm

BREAK OUT 3 (VICTORY ROOM E)

SHANELLI MENDIS

Shanelli Mendis *is a Clinical Nurse Educator with Eastern Health, working in an Older Adult inpatient Unit. She is passionate about supporting novice nurses and students to develop their skills and confidence in mental health nursing. Committed to person-centred care and lifelong learning, she enjoys mentoring emerging clinicians and fostering their professional growth.*

JESSICA LAY ★

Jess Lay *is a Clinical Nurse Educator at Eastern Health, working across the Community Care Unit and Adolescent Mental Health. She is passionate about supporting early career nurses and students in developing confidence and competence in mental health settings. Committed to creating practical and engaging learning experiences that bridge theory and practice, Jess values fostering supportive learning environments and mentoring staff as they grow their clinical skills and professional identity.*

From "Blind Leading the Blind" to Confident Preceptors: Redesigning Mental Health Preceptorship

The increasing complexity of mental health care, combined with a predominantly junior workforce, has highlighted significant gaps in preceptorship capability across the Eastern Health Mental Health and Wellbeing program. In many clinical areas, novice clinicians are frequently responsible for teaching and supporting novice learners, often without formal preparation or guidance in preceptorship. Informal feedback and survey results identified key challenges, including inconsistent approaches to supervision, a "blind leading the blind" dynamic among novice staff, and delayed escalation of learning needs, limiting opportunities for early intervention and proactive support. Additionally, existing preceptorship resources lacked mental health specific content, limiting their relevance and effectiveness within specialized settings.

In response, a targeted mental health preceptorship training package was developed to standardise practice and strengthen preceptor confidence, incorporating practical strategies to support diverse learners, including those from culturally and linguistically diverse (CALD) backgrounds,

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neurodiverse learners, and those experiencing distress, with a strong emphasis on inclusive and psychologically safe teaching approaches.

This presentation will provide an overview of the program's development and delivery, highlighting how staff feedback informed its design, with a focus on enhancing consistency in teaching practices, and fostering a more supportive and sustainable learning culture within mental health services.

BLOCK 19 · 2:35pm-2:55pm

BREAK OUT 4 (STADIUM SOCIAL)

YODITH TEKABE SHE/HER ★

Yodith Tekabe *is a Mental Health and Alcohol and Other Drugs (AOD) Nurse Practitioner and Credentialled Mental Health Nurse with extensive experience across community clinics, forensic services, and private practice. She works with people experiencing a wide range of mental health conditions and has specialised expertise in AOD and ADHD assessment. Yodith provides evidence-based, compassionate, collaborative, and person-centred care.*

Currently practising at the Hamilton Centre, Austin Health, Yodith also contributes to education and training for mental health and AOD clinicians. She is passionate about improving access to high-quality healthcare for vulnerable populations, including people living with serious mental illness, co-occurring substance use concerns, chronic physical health conditions, and social disadvantage. Her special interests include integrated mental health and AOD care, and viral hepatitis screening and treatment.

Yodith is also committed to community development, supporting culturally and linguistically diverse communities, and mentoring the next generation of Nurse Practitioners in Australia

KATHERINE THOMAS ★

Katherine Thomas *is currently serving as the Endoscopy Services Access Manager (maternity leave cover) at Austin Health in Melbourne. She was previously the Hepatitis C Outreach Nurse at Austin Health, with additional clinical responsibilities in the nurse led MAFLD clinic. She held a similar Hepatitis CNC role at Royal North Shore in Sydney. She is committed to improving health outcomes for underserved populations through tailored education, innovative care pathways, and enhanced access to specialist services.*

Collaborative Work to Drive Hepatitis C Care in Mental Health Services: Building Relationships, Integrating Care, Breaking Barriers

Background: People accessing public mental health inpatient services in Australia have higher rates of untreated hepatitis C infection. Barriers include limited GP engagement, stigma, acute mental health needs, substance use-related risk factors, fragmented care pathways, and limited mental health clinician confidence in discussing hepatitis C. Although hepatitis C is curable, missed opportunities for diagnosis and treatment remain.

Aim: This presentation highlights a nurse-led model of hepatitis C education for mental health clinicians within Victorian public mental health services. It explores how integrated screening, treatment support, and referral pathways can improve screening uptake among people with severe mental illness (SMI) experiencing health and social vulnerabilities.

Approach: A collaborative education approach was developed between mental health services, viral hepatitis specialists, and addiction medicine services. This informed an education package

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tailored to services caring for people with SMI. The nurse-led model incorporated practical, work-based learning and adult learning principles, including problem-focused, interactive, and reflective approaches, to build confidence. Surveys gathered feedback on learning and clinician behaviour changes.

Outcomes: This collaborative education model supports clinicians to build confidence in hepatitis C screening.

Conclusion: Integrating hepatitis C education and care into mental health settings reduces missed opportunities. Nurse-led, collaborative models support equitable, person-centred care and contribute to Australia's hepatitis C elimination goals.

BLOCK 20 · 3:00pm-3:20pm

MAIN PLENARY SPACE (VICTORY ROOM AB)

NICOLA COWLING SHE/HER

Nicola Cowling *is the CNC at Austin Health's Acute Psychiatric Unit. She is passionate about person centred care and the establishment of genuine, compassionate therapeutic relationships. This is what inspired her interest in the impact of AI chat bots on the collaborative alliance between consumers and clinicians.*

JESS MILLER SHE/HER

Jess Miller *is a registered psychiatric nurse with extensive experience in the adult acute psychiatric setting. She is committed to reducing stigma surrounding mental health and substance use & advocates for empathetic, person-centred care. She has a deep interest in the risks and benefits of artificial intelligence for people experiencing psychosis and delusional belief systems.*

Sycophantic Supporter or Thoughtful Therapist? Exploring the Pros and Cons of AI Chat Bots

*T*he increasingly accessible world of artificial intelligence (AI) brings with it the potential for significant adverse psychological effects, in addition to potential benefits. Whilst there has been much media attention regarding the increased risk of self-harm and suicide, little has been reported of the impact AI can have on an individual who is experiencing symptoms associated with mania &/or psychosis.

Staff at Austin Health's Acute Psychiatric Unit have witnessed the damaging impact that AI, as an empathic, if not sycophantic, sympathizer can have on relationships (both personal and clinical) and the consumer's overall recovery journey.

However, at the same time, there is a need to acknowledge and honour the individual's autonomy, as well as the potential for personal and clinical recovery that emerging technologies can bring.

In this presentation, we will discuss the challenges we are seeing when the consumer's relationship with AI impairs their trust in clinicians and potential harm reduction measures, based on current literature and input from our lived experience staff.

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BLOCK 20 · 3:00pm-3:20pm

BREAK OUT 1 (VICTORY ROOM C)

JENNIFER HAMILTON SHE/HER ★

Dr Jennifer Hamilton *is a Senior Lecturer and Postgraduate Mental Health Course Coordinator in the School of Nursing and Midwifery at Edith Cowan University. She is a mental health nurse with clinical experience across acute psychiatry and emergency department settings in the UK and Australia. Jennifer's research focuses on clinical supervision, workforce development, nursing education, mixed methods, intellectual disability, and health equity. Her presentation draws on her experience developing a research program as an early-career academic and mental health nurse, with a focus on practical pathways for nurses to get started in research.*

Getting Started in Research: Reflections and Practical Strategies for Mental Health Nurses

Mental health nursing is both an art and a science, grounded in therapeutic engagement and clinical judgement within complex and sometimes uncertain contexts to deliver evidence-based care. Mental health nurses' skills in rapport-building, communication and recognition of the value of lived experience position them strongly to contribute to authentic partnerships, co-design and research that benefits consumers and services. However, many mental health nurses may view research as separate from clinical work or as inaccessible.

Drawing on the presenter's research journey and experience conducting research with clinical partners, this presentation explores practical enablers and barriers to nurse research engagement. Enablers include clinical curiosity, mentorship, collaborative partnerships, and organisational support. Barriers include lack of confidence, insufficient resources or training, and uncertainty about where to begin.

This presentation offers practical considerations for mental health nurses interested in research, including how to turn clinical questions into research ideas, build supportive networks across industry and academia, and identify achievable first steps.

Supporting mental health nurses to engage in research can strengthen professional voice, improve translation of evidence into practice, and ensure research remains connected to the realities of mental health care and consumer outcomes.

BLOCK 20 · 3:00pm-3:20pm

BREAK OUT 2 (VICTORY ROOM D)

EMILY TUCK SHE/HER ★

Emily Tuck *is an experienced mental health nursing leader with a clinical career spanning acute inpatient, psychogeriatric, community, child and youth, and remote mental health settings across Victoria and Queensland. Emily has worked across a range of roles and services — including work in rural and remote areas in Queensland Health's mental health services, where she led both the Acute Care Service and Child and Youth Mental Health Service — before returning to Victoria in her current role at Latrobe Regional Health.*

As Nurse Unit Manager of the Macalister Aged Acute Mental Health Unit and Macalister Psychogeriatric Nursing Home, Emily oversees clinical governance, accreditation, and quality improvement across two distinct and complex inpatient services, bringing hands-on expertise in the care of older adults with complex mental health needs.

Emily is particularly passionate about systems improvement and the wellbeing of her workforce,

★ *First Time Presenter* ♥ *Co-designed Presentation*

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believing that safe, supported staff are fundamental to delivering high-quality patient care.

ANITA MARK ★

Anita is an advanced clinician with broad clinical experience across aged care, acute, and mental health settings in both rural and metropolitan Australia. Having worked across South Australia, regional Victoria, and the Wimmera, Anita has developed particular expertise in the comprehensive assessment and management of older adults with complex and chronic health needs.

In her current role as Nurse Practitioner at Latrobe Regional Health, Anita focuses on the physical health of older adults living with mental illness, including polypharmacy management, chronic disease, and the metabolic and cardiac effects of antipsychotic medication. She is a committed clinician educator with a strong interest in mentoring and supporting nursing staff to build clinical confidence and capability. Anita holds a Master of Nursing (Nurse Practitioner) from Federation University and a Master of Nursing (Advanced Clinical Practice) from James Cook University.

Bridging the Gap Between Physical and Mental Health Care: Integrating a Nurse Practitioner into a Regional Older Adult Inpatient Mental Health Unit

Our regional service provides a small Older Persons Acute Mental Health Unit and psychogeriatric nursing home. Across both areas, the same gap was identified – physical health is often overshadowed by psychiatric priorities. Chronic disease management was inconsistent, despite some inpatient stays spanning months. Patients carried a significant polypharmacy burden often with a clear medication cascade. Nurses felt deskilled in recognizing and managing acute physical deterioration.

In response, a proposal was submitted to introduce a Nurse Practitioner model of care within the unit. The role was designed to implement the Equally Well framework, bridge gaps between mental and physical health care, provide clinical support and build capability within the nursing team.

Early changes are evident. Physical assessments are more consistent. Deprescribing is making noticeable differences in the functioning and wellbeing of our elderly patients. Medication cascade is recognised earlier, and chronic disease and pain management are prioritised. Nurses are receiving direct support, supervision, and in-house education.

As this model evolves, we will evaluate its impact on patient outcomes and staff capability, strengthening the implementation of the Equally Well framework and capitalising on the inpatient setting to provide proactive assessment and treatment which is difficult to access in a regional setting.

BLOCK 20 · 3:00pm-3:20pm

BREAK OUT 3 (VICTORY ROOM E)

NEHA SILAKAR SHE/HER

Neha Silakar *is the Clinical Nurse Educator at Parkville Youth Mental Health and Wellbeing Services (PYMHWS). She began her nursing career as a Mental Health Graduate Nurse at St Vincent's Adult Inpatient Unit and has since gained experience across a range of mental health settings. Neha has developed a strong passion*

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for supporting and developing the mental health workforce. Her particular interest lies in mentoring and educating general nurses transitioning into the mental health sector, helping them build confidence, capability, and a rewarding career in mental health nursing. Neha is committed to fostering a skilled and compassionate workforce that can meet the growing mental health needs of young people and the broader community.

MINI GEORGE

Mini George *is a Clinical Nurse Educator with Northern Health's Mental Health Division, with a strong commitment to advancing mental health nursing practice through education, mentorship and workforce development. With expertise in clinical education and supporting graduate and early-career nurses, Mini promotes evidence-based, recovery-oriented care and is passionate about strengthening workforce capability to improve consumer outcomes, quality of care and consumer safety.*

Wellbeing Among Mental Health Nursing Leaders: A Literature Review of Contributing Factor

Background: Mental health nurse leader's work in clinical environment delineated by high emotional demand, workforce sustainability, clinical governance, staff wellbeing and consumer safety. Despite growing recognition of the importance of leadership wellbeing, existing literature has predominantly examined nursing leadership in general nursing contexts, with limited focus on mental health nursing leadership. The aim of this study is to explore the factors influencing mental health nursing leader's wellbeing.

Methods: This study employs Braun and Clarke's thematic analysis framework to systematically analyse the literature. Relevant studies are identified through predefined keywords, clear inclusion and exclusion criteria, followed by a secondary screening.

Results: This literature review synthesised evidence across four interrelated themes: targeted training, professional and demographic characteristics, leadership styles and organisational factors- each exerting a distinct yet overlapping influence on nurse leader's wellbeing. The findings underscore the importance of addressing these factors to sustain Nurse leader's wellbeing and to prevent emotional burden.

Conclusion: Nurse leaders are expected to positively influence the workplace environment and build thriving teams. However, this is dependent on a workplace culture that values wellbeing, innovation, growth and support. Throughout the literature, findings demonstrate that empowering leadership capabilities through targeted training and wellbeing initiatives, promote nurse leaders to reach their full potential and positively impact their teams.

BLOCK 20 · 3:00pm-3:20pm

BREAK OUT 4 (STADIUM SOCIAL)

STUART WALL HE/HIM

Stuart Wall *currently works as the Education Stream Lead for the Mental Health and AOD Learning Hub at Peninsula Health. Stuart leads a team of Mental Health, AOD, and Lived Experience Educators and oversees learning programs for the Mental Health, Wellbeing and AOD Services. Stuart is passionate about providing learning opportunities that are work-integrated and easily transferable into practice. His team prides itself on supporting safe and effective care through the development of high-quality learning programs, designed in line with clinical needs and evidence-based practice.*

★ *First Time Presenter* ♥ *Co-designed Presentation*

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Health Professions Education Leadership: Reframing an Emerging and Complex Field of Practice

Health professions education leadership is increasingly recognised as critical to the capability, wellbeing, and sustainability of the Mental Health, Wellbeing and AOD workforce. However, it remains conceptually underdeveloped and is often positioned as an extension of clinical or managerial roles, rather than as a distinct area of professional practice.

This presentation explores how education leadership practice within mental health, wellbeing, and AOD services can be more clearly understood through a conceptual model integrating subject matter expertise, educational practice, and leadership capability. Drawing on contemporary literature and sector experience, the model highlights how education leaders work across professional, organisational, and cultural boundaries to support workforce development, interdisciplinary collaboration, and system-level change.

The model positions education leaders within broader system functions, including mentorship, scholarship, advocacy, collaboration, workforce development, and change leadership, and recognises the contributions of emerging roles such as lived and living experience educators.

Participants will be invited to reflect on how education leadership is currently enacted within their services, and how greater conceptual clarity may strengthen future workforce capability.

MINI BREAK · 3:20pm-3:35pm

MAJOR SPONSOR INTRODUCTION · 3:35pm-3:40pm

PANEL DISCUSSION: THINKING TOGETHER ABOUT THE REALITY OF AI CHATBOTS IN OUR MENTAL HEALTH WORK: A PANEL AND COLLAB COMMUNITY DISCUSSION · 3:40pm-4:25pm

AWARDS & PRESENTATIONS · 4:25pm-4:55pm

CLOSE · 4:55pm-5:00pm

SOCIAL ACTIVITY – DRINKS · 5:00pm-7:00pm

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