CONFERECE PROGRAM

‘Making Links, Building Bridges and Paving Roads into the Future’

Monday 7 October 2019
Sheraton Grand Sydney Hyde Park
Sydney, NSW
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<tr>
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<tr>
<td>8:15am – 8:45am</td>
<td>Conference registration</td>
<td>Hyde Park Foyer, Level 2</td>
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<td>8:45am – 9:00am</td>
<td>Conference Open and Acknowledgement to Country</td>
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<tr>
<td>9:00am – 9:30am</td>
<td>Plenary Speaker: Clare Madden - Recognising signs of deterioration in mental state in a general hospital setting. Implementing the standards</td>
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<tr>
<td>9:30am – 9:55am</td>
<td>Concurrent Sessions: Consultation-Liaison Stream 1A, Hyde Park Room, Level 2 Perinatal &amp; Infant MH Stream 1B, Phillip Room 2, Level 2</td>
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<td>Clozapine and Constipation, Speakers: Linda Mora &amp; Elizabeth Currie</td>
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<td>Encephalopathy – broken systems paralleling broken neurons, Speaker: Anabel de la Riva</td>
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<td>10:00am – 10:45am</td>
<td>Morning Tea</td>
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<td>10:45am – 11:15am</td>
<td>Plenary Session 2: Plenary Speaker: Lisa Stokes - Building bridges in the private health sector</td>
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<td>CL Mental Health in the Paediatric Ward, Speaker: Ali Thorn</td>
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<td>Tying up loose ends: A CL initiative in emergency department, Speaker: Abiegail Koroma &amp; Giles Barton</td>
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<td>Making the link: Comparing hospital and community CL nursing, Speaker: Barbara Williams</td>
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<td>12:00pm – 12:30pm</td>
<td>Lunch</td>
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<td>1:30pm – 1:55pm</td>
<td>Concurrent Sessions: Consultation-Liaison Stream 3A, Hyde Park Room, Level 2 Perinatal &amp; Infant MH Stream 3B, Phillip Room 2, Level 2</td>
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<td>Engaging families and teams in metabolic stabilisation and nutritional resuscitation, Speaker: Emma Goessi</td>
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<td>Strengthening links and building bridges when managing medically unstable eating disorders, Speaker: Stacey Deaville</td>
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<td>Challenging pathways: managing complexity in CL nursing, Speaker: Julia Hunt</td>
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<td>The Recovery Lounge: A place for healing and connection for women and their infants, Speakers: Melissa Coates</td>
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<td>Understanding the past traditions of Aboriginal Women to build bridges for culturally appropriate Perinatal Mental Health Services of the future, Speaker: Julie Ferguson</td>
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<td>Engagement is the aim of the game: Perinatal providers working together to put research outcomes into action, Speaker: Tracey Mackle</td>
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<td>2:45pm – 3:10pm</td>
<td>Afternoon tea</td>
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<td><strong>Afternoon Plenary</strong></td>
<td><strong>Hyde Park Room, Level 2</strong></td>
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<td>3:10pm – 4:00pm</td>
<td><strong>Keynote Speaker: Lorna Moxham - Navigating the path to prepare advanced practice mental health nurses: Barriers and enablers</strong></td>
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<td>4:00pm – 4:15pm</td>
<td>Conference Wrap Up and Award Presentation</td>
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### Special Interest Group Meetings

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<tr>
<td>4:15pm – 4:45pm</td>
<td><strong>Consultation-Liaison Special Interest Group Members Meeting</strong></td>
<td>Hyde Park Room, Level 2</td>
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<td><strong>Perinatal &amp; Infant Special Interest Group Members Meeting</strong></td>
<td>Phillip Room 2, Level 2</td>
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<td>4:45pm – 5:30pm</td>
<td>Networking Function</td>
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Presentation: Navigating the path to prepare advanced practice mental health nurses: Barriers and enablers

Professor Lorna Moxham
Professor of Mental Health Nursing in the Faculty of Science, Medicine and Health, University of Wollongong,
Board Director of the Australian College of Mental Health Nurses,
Lead for Living Well, Longer in the Global Challenges programme at the University of Wollongong, NSW, Australia

BIO:
Lorna Moxham is Professor of Mental Health Nursing in the Faculty of Science, Medicine and Health, and the lead for Living Well, Longer in the Global Challenges programme at the University of Wollongong, NSW, Australia. In addition Lorna is a director of Recovery Camp - http://recoverycamp.com.au. Lorna has held numerous other senior governance roles both in academe and industry. Initially qualified as a registered psychiatric nurse, Lorna continued her passion for lifelong learning graduating from various universities with a variety of qualifications including, nursing, education, occupational health and safety and management. Her PhD is in mental health. She is a Fellow of the Australian College of Mental Health Nurses and a fellow of the Australian College of Nursing and is also a Board Director of Aftercare, the oldest mental health NGO in Australia.

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ABSTRACT The National Safety Quality Health Service (NSQHS) have recently reviewed their standards and placed a greater focus on mental health. Standard 8.5 focuses on implementation of organisational processes that allows all members of the general hospital workforce to identify deterioration in a person’s mental state and instigate appropriate interventions in order to prevent acute deterioration and associated adverse outcomes. Our hospital, Calvary Mater Newcastle, is preparing for accreditation in the next several months. Currently there is no validated screening tool or process outlined that supports implementing Standard 8 that allows clinicians (our general nursing colleagues for example) to identify signs of the deterioration in a person’s mental state and provide an appropriate escalation pathway.

Our hospital is currently facing the challenge of making changes to our system processes to ensure that we incorporate the above standard as a key component of our basic standard of care. The challenge for us and I am sure all hospitals facing the new accreditation standards is implementing a process or framework within the hospital system that allows a clear and robust pathway that ensures the mental health care of general patients is met in a uniform, standardised and concise manner that facilitates early intervention.

The purpose of this presentation will be to discuss the journey of Calvary Mater Newcastle and how we have faced the challenge of meeting the new standard.

BIO:
Clare Madden has just this year been appointed to her new position as C/L nurse at the Calvary Mater Newcastle. Most recently Clare as spent the past 5 years working as an emergency nurse gaining valuable clinical skills, however prior to this, Clare has extensive experience working in a variety of mental health settings, primarily in adult crisis intervention in the community. Enthusiastic and progressive, Clare has a drive to provide the best care for her patient cohort.

ABSTRACT Healthscope is a leading healthcare provider within Australasia. Comprising of 43 Hospitals, 11 of which are stand-alone facilities dedicated to mental health, the others are co-located within an acute general health setting. The Melbourne Clinic (TMC) and Holmesglen, are part of the Healthscope group. TMC is Australia’s largest private mental health service provider. Offering a range a mental health services which include specialized and general mental health inpatient programs, comprehensive, evidence based day programs and a large outreach service covering Melbourne Metropolitan region and parts of rural Victoria. Holmesglen, consisting of 120 inpatient beds, which includes emergency care, oncology, coronary care and general medical surgical services, including dedicated rehabilitation services. In 2018, in response to growing awareness of mental health service delivery gaps between medicine and psychiatry from key stakeholders within Healthscope, transitional pathways were discussed and subsequently established. Specifically TMC and Holmesglen partnered to pilot a nurse practitioner led consultation liaison psychiatry service that would address this current need and provide linkage between service providers. Ensuring improved patient centred care. This being a new initiate for the sites and for the Healthscope Group. This paper will highlight learnings, including challenges, opportunities and outcomes, including the identification of need across additional Healthscope sites. Data and relevant case studies will be presented to support the efficacy of this exciting initiative specific to patient outcomes and clinician experience.

BIO 1:
Lisa Stokes is a proud Mental Health nurse and an Honorary Adjunct Professor with Melbourne University, Department of Nursing, School of Health Sciences. Lisa in her current role has embraced her passion for service planning and development. She has led significant workplace initiatives consistent with improved patient outcomes and culture. Lisa developed her skills in the Victorian public mental health sector across a variety of programs and specialty areas. She was a Consultation Liaison nurse at Melbourne Health. Lecturer at RMIT and Australian College of Nursing. Prior to transitioning into the private health sector Lisa was the program manager for Statewide mental health service, Neuropsychiatry and Eating Disorders at Melbourne Health for many years.

BIO 2:
Alyson Marchesani is an Endorsed Nurse Practitioner in Mental Health and Primary Care. Current role is Consultation Liaison Nurse Practitioner at The Melbourne Clinic. Alyson completed her Bachelor of Nursing (Mental Health) with Honors at Oxford Brookes University, Post Graduate Diploma in CBT for Psychosis and Master of Advanced Nursing Practice at Melbourne University. Alyson has experience in Adult Acute Psychiatry, Community Mental Health, Drug and Alcohol, Clozapine, and Eating Disorders. Alyson is a sessional teacher at Monash University and in 2018 co-authored Chapter 13 in the textbook Mental Health Nursing-Dimensions of Praxis. Alyson holds a number of professional affiliations.
ABSTRACT Clozapine is a highly specialised atypical anti-psychotic medication used in the treatment of serious mental illness, mainly schizophrenia. Consumers are usually prescribed Clozapine, once they have had at least two trials of other anti-psychotic medications. The physical health of consumers continues to be a growing concern within mental health services, in Australia. The use of antipsychotic medications can and often contribute to poor physical health outcomes. Constipation is a known side effect with the use of Clozapine. Nurses, including consultation liaison nurses, need to actively screen and assess for any bowel complications that may arise from the use of Clozapine therapy. North Western mental health has implemented a checking of consumer’s bowel regimes and implemented bowel charts to all consumers who are on Clozapine. More specially, Orygen Youth Health established a clozapine clinic to work collaboratively with young consumers on clozapine. Involving consumers in their physical health care is an important intervention and improvements include asking consumers about their bowel movements. North Western mental health has implemented a checking of consumer’s bowel regimes and implemented bowel charts to all consumers. More specially, Orygen Youth Health established a clozapine clinic to work collaboratively with young consumers on clozapine. Involving consumers in their physical health care is an important intervention and improvements include asking consumers about their bowel movements.

BIO 1: Linda has been a nurse with NWMH for 20 years working across many areas; adult, recovery older adult and youth, triage and acute /crisis. Implementing a clozapine clinic in youth setting over the last 3 years.

BIO 2: Liz has been working as a mental health nurse since 1993 across a number of mental health service settings. Her current role at NWMH includes clinical risk management, with a focus on improving the quality of care for individuals on clozapine, across aged, adult and youth services.

ABSTRACT Consultation Liaison Nurses have many roles within the general hospital setting leading this position to be one of advanced clinical practice with a nurse experienced in communication, facilitation, relationship dynamics, interpersonal and organisational systems. Working with patients and their families through clinical assessments, counselling and therapies. The support, role modelling and mentoring offered to the general nurses and medical teams caring for the patients and their families can be an amazing experience but also present with its own difficulties. This presentation describes a 17 year old patient, her family and their experiences throughout a number of psychiatric wards within a local health district. It continues when they reach the doorstep of the medical wards of the general hospital and the involvement of the CL nurse from that time. This is also about the complexity of organic illnesses and questions how we lay the path down for the future of the management of complex need patients with significant treatment resistant immune encephalitis. The expectations that come with this “it’s one of yours”; “when will you take her back?”, “we don’t know how to manage her like you do”. Looking at the journey of the patient and the family, the journey of the staff who have been involved and the journey of the staff who are on this journey now. The aim of this presentation is how does a CL nurse manage a clinical situation when links have been broken, bridges are burnt and roads that are travelled do not meet?

BIO: Anabel de la Riva started working in the field of mental health some years ago and has worked in a number of mental health settings over the years. Currently Anabel works as Clinical Nurse Consultant on the Consultation Liaison Psychiatry team at Westmead Hospital. Her areas of focus in the hospital include renal & transplant (including donor assessments), aged care, cancer, orthopaedics and neurology. She is involved with Clinical Supervision for staff and is also currently enjoying dipping her toes into research.
**Perinatal and Infant Stream – Concurrent Session 1B**

**Presentation:** Can perinatal depression screening target maternal and child mental health?

**Karen Hazell Raing, CNC3/Clinical Lead, NSW State Wide Outreach Perinatal Service for Mental Health based at Westmead Hospital, Western Sydney Local Health District, New South Wales**

**ABSTRACT:** Maternal mental health problems can significantly impact on children’s psychosocial and psychological development incurring substantial personal costs and ongoing economic burdens for child-related services. A key mediating mechanism is mother-infant relationship quality (MIRQ). Maternal depression across the perinatal period predicts poor MIRQ, but not consistently. Perinatal depressive symptoms do not specifically identify vulnerable MIRQ or parenting. Interpersonal relating style is associated with attachment, personality and parenting characteristics. The personality trait, interpersonal sensitivity, has been associated with proneness to depression, other mental disorders and parenting. The research questioned whether antenatal interpersonal sensitivity predicted MIRQ at 12 months postnatal. The research question was applied through three lines of enquiry, a systematic review and two studies. Study One applied data from the Avon Longitudinal Study of Parents and Children (ALSPAC) to examine association between antenatal interpersonal sensitivity and postnatal MIRQ in the context of perinatal depressive symptoms; Study Two applied the research question to a small but intensively assessed sample of culturally and linguistically diverse mother-infant dyads living in Western Sydney. Convergent findings were that antenatal personality traits are associated with postnatal MIRQ. Inclusion of personality measures in antenatal depression screening may enhance identification of vulnerable MIRQ and women prone to mental disorders thereby affording opportunities to target interventions to optimise both maternal and child mental health outcomes. Very early detection of vulnerable MIRQ presents opportunities for greater efficiency in targeting resources. Consequently, enhanced prospects to optimise maternal and infant mental health, and parenting outcomes, and prevent maternal and child mental illness.

**BIO:**

As a Registered Nurse who recently completed a PhD, Karen has a robust academic, clinical leadership, Policy and service development track record. Her scope of practice demonstrates a strong interdisciplinary and research translation focus. From 1999 Karen has been engaged with formal studies in attachment theory. She is an authorised trainer in validated assessments of mother-infant/toddler relationship quality and infant attachment. For more than 30 years Karen has worked in clinical and leadership roles across specialist Perinatal, Infant, Child, Youth and Adult Mental Health Services. Karen presently leads the NSW State wide Outreach Perinatal (and infant) Service for Mental Health.

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**Perinatal and Infant Stream – Concurrent Session 1B**

**Presentation:** In-patient experiences of the Circle of Security Parenting ® group, a pilot study

**Jess Barnes, Registered Nurse, Mercy Mental Health, Victoria**

**ABSTRACT:** Background: The Circle of Security ® Parenting ™ (COS-P) intervention is a psychoeducation program that aims to support the attachment between the parent and the child. Circle of Security is now used in many parts of the world with growing evidence for its effectiveness. The aim of this pilot study was to understand the experience of women participating in the COS-P, whilst they were admitted to the Werribee Mother Baby Unit to receive acute perinatal psychiatric in-patient treatment. The Werribee Mother Baby Unit is located in the western suburbs of Melbourne, Australia. Women included in this study had a diagnosed psychiatric illness, mostly depression, with onset during or after pregnancy. This is the first study, found in the literature examining the use of the Circle of Security alongside in-patient psychiatric care.

Method: Seven mothers, experiencing mental illness with onset in the perinatal period were recruited. All participants had been admitted to the Werribee Mother Baby Unit in the previous 10 months with their infant who was aged, ≤ 12 months at that time. Participants were admitted for 3-8 weeks and had completed the COS-P program. Participants were recruited using a purposive sampling method and attended an individual face to face interview. A qualitative semi-structured interview tool was designed to explore parental reflection and to understand the participant’s experience of the in-patient group setting. One to one interviews provided rich qualitative data about the participant’s own experience. This data underwent thematic analysis.

Results: Participants found the COS-P group to be an important part of their in-patient care at the WMBU. Participants described that COS-P group was delivered in a way that the concepts were well understood. Although participants found the content initially challenging, they described the group space and the facilitation support positively. All participants recommended the COS-P program. Results showed a change in self-reported parental reflective functioning and in mothers’ own behaviour in responding to their infants’ cues.

Conclusion: This study provides support to the continued use of COS-P at Werribee Mother Baby Unit and provides direction for further studies.

**BIO:**

Jess Barnes is Registered nurse, employed by Mercy Mental Health an area mental health service located in the Western suburbs of Melbourne, Victoria. Jess has both a post graduate diploma in Mental Health Nursing Science (adult stream) from Latrobe University, and a Master of Mental health (infant stream) from the University of Melbourne. Jess has been employed by Mercy health for 11 years, working predominantly in perinatal mental health and as the Nurse Unit Manager of the Mother Baby Unit. Jess is currently on a secondment to the role of the Specialist Family Violence Advisor for the Mercy Mental health program. Jess is passionate about perinatal and infant mental health.
ABSTRACT Like many other regional health services in Australia, the Mental Health Inpatient Unit at Alice Springs Hospital does not have a designated child and youth facility for acute admissions. The Central Australia catchment area covers nearly 900,000 square Kms, sharing borders with SA, QLD and WA. Child and adolescent clients requiring an acute admission are admitted to the Paediatric Ward of Alice Springs Hospital, with follow up provided by the Consultation Liaison (CL) Mental Health Team. A retrospective observational study was performed on all clients admitted to the Paediatric Ward under the primary care of the CL team in 2018. Child and adolescents up to age 16 were included. Demographic data was collated, along with duration of admission, mental health diagnoses, previous contact with the Child & Youth Mental Health Service (CYMHS) or Remote Mental Health Team (RMHT) and follow-up arrangements post discharge. A total of 17 clients were identified, including 12 females (71%) and 5 males (29%). The mean length of stay was 4 days, however this varied substantially between 1-15 days. 9 of the 17 patients (53%) were already known to CYMHS with active case management at the time of admission. The model of care will be descriptively analysed through a case series presentation, where a CL team provides comprehensive health care to child and adolescents, often with multiple bio-psycho-social health issues. It will explore the bridges in service collaboration with paediatric staff within the general hospital setting and outreach teams to improve health outcomes for child and adolescents.

BIO: Ali Thorn started her career in general nursing at St Vincent’s hospital in Melbourne, but since studying and working in mental health, she now calls the Northern Territory home. Ali has experience in the acute inpatient unit, remote and primary mental health. She completed a Masters of Public Health and is currently working as the Consult Liaison Mental Health Nurse at Alice Springs Hospital. In her spare time Ali enjoys cycling in the hot, dusty desert and playing the Ukulele.
Consultation Liaison Stream – Concurrent Session 2A

Presentation: Making the link: Comparing hospital and community CL nursing
Barbara Williams, Mental Health Clinical Nurse Consultant, Bolton Clarke At Home Support Melbourne, Victoria

ABSTRACT What are the similarities and differences of working as a CL nurse in a public hospital compared to a Mental Health Clinical Nurse Consultant in a generalist community nursing organisation?

This presentation will:

- discuss the role of an experienced mental health clinical nurse consultant working in a generalist community nursing organisation
- provide information about the profile of home nursing clients with mental health diagnoses
- compare the similarities and differences between a Mental Health Clinical Nurse Consultant in a generalist community nursing organisation with that of the Consultation Liaison Psychiatric Nurse in the general hospital
- discuss 12 months of referral data to a Mental Health Clinical Nurse Consultant in the community, and
- present data from research conducted with general community nurses that asked what it was that they felt that they needed to know about mental illness to be able to provide competent health care.

BIO:
Barb Williams is a credentialed mental health nurse with over 30 years of experience working in a variety of health settings. She currently works as a mental Health Clinical Nurse Consultant in a district nursing service in Melbourne. She has held this role for the past 13 years. Barb completed her training in 1989 at Footscray Psychiatric Hospital and has completed some post graduate courses since then including a Master of Mental Health Science in 2018 with a minor thesis looking at what district nurses themselves felt they needed to know about mental illness to be able to provide competent health care.

Perinatal and Infant Stream – Concurrent Session 2B

Presentation: Australasian Birth Trauma Association
Birth Trauma – A lived Experience and the importance of Peer Support
Invited Speaker: Amy Dawes, Cofounder of the Australasian Birth Trauma Association (ABTA),

Why the Australasian Birth Trauma Association was founded, what we do and what do women want?

BIO: Amy is an effective advocate for bringing women, clinicians and researchers together to support women and families affected by birth trauma. In 2017, Amy launched the Australasian Birth Trauma Association (ABTA), a not-for-profit organisation focused on the recognition and understanding of birth-related complications.

With a multi-disciplinary advisory group of midwives, physiotherapists, obstetricians, gynaecologists, perinatal psychiatrists and clinical researchers, she is working to develop the resources and strategies to prevent and effectively manage birth-related trauma.

Amy’s understanding of the issues has come from her own experience, and the many women she has listened to and helped to find support. Amy’s vision is to break down the stigma attached to birth trauma, be it physical trauma or psychological trauma and empower women to feel comfortable speaking out, so to continue driving change in current maternity practices here in Australia.
Presentation: Can perinatal depression screening target maternal and child mental health?

**Jill de Vries**, Infant Mental Health Clinician, Child & Youth Mental Health Service, Maroochydore, Queensland Health,

**ABSTRACT:** Non-mental Health services are often at the forefront of providing essential supports to those effected by mental illness yet often have little education or training to meet those needs. One high School on the Sunshine Coast provides a program to young mothers and their infants that enables mothers to continue secondary studies by providing social supports and in-house childcare to their infants. The majority of dyads that attend the program have mental health issues, a trauma history and/or disorganised attachment relationships.

Relationships take time to build. Education, support and child care staff of the program were offered services such as ongoing professional development and group supervision by the Infant mental health clinician to promote their understanding of attachment theory. Over time an attachment framework of care was developed amongst all staff that promotes secure relationships between staff and the young mothers that attend the program and the child care staff and the infants of the program. Ultimately this has an impact on the dyads attachment relationship without direct dyadic intervention from the Infant Mental Health Clinician. This body of mental health knowledge shared over time in an educational system has resulted in a model of care that promotes secure attachment relationships (thus preventing mental health illness) and greater work satisfaction amongst the education, support and child care staff.

**BIO:** Jill de Vries is an Infant Mental Health clinician at the Child & Youth Mental Health Service in Maroochydore. For the past 8 years she has developed the Infant Mental Health Program on the Sunshine coast whilst she obtained a Masters in Perinatal and Infant Mental Health. She is passionate about infant led psychotherapeutic work, with a particular interest in early feeding and is an International Board-Certified Lactation Consultant.

Jill has worked in Mental Health for the past 27 years. She commenced her registered mental health nurse training at ‘The Park’ and was involved with the deinstitutionalisation of many consumers under Project 300, working as a Community Liaison Nurse whilst she completed a Postgraduate Diploma in Community mental health. She then went on to work with adolescents in mental health inpatient units in Brisbane until she moved to the Sunshine Coast and commenced work with the Child & Youth Mental Health Service team.
Presentation: Engaging families and teams in metabolic stabilisation and nutritional resuscitation

Emma Goessi, CAMHS Consultation Liaison Nurse, Tweed/Bryon Mental Network, NSW Health

ABSTRACT At the Tweed Hospital we are in the unusual and somewhat unique position of forging a new service for young people presenting with eating disorders. This is a result of cross border changes, population growth, and increasing recognition of the complex needs of this cohort of young people. Northern NSW health services are supported by Sydney based specialist services providing consultation, support and supervision, via video link, clinical training and occasionally in patient care. Traditionally, young people were treated initially at the Gold Coast University Hospital, prior to transfer to the Tweed hospital or community services for follow up care.

The role of consultation liaison in developing evidence based in patient care locally spans community and staff teams. Training, education, support, supervision, and liaison are integral to this process. In this paper I will describe the journey of adapting and implementing state wide protocols for the engagement, assessment, treatment and discharge planning of children and adolescents presenting with eating disorders requiring metabolic stabilisation and nutritional resuscitation. I will explore aspects of assessment relevant to first presentations, incorporating developmentally appropriate care, and accommodating perspectives of family. Assessment involving a co-ordinated approach between teams working in the emergency department, mental health psychiatric liaison, and the paediatric in patient ward, including allied health, nursing and medical staff, contributes to seamless care. I will discuss strengths and challenges encountered in this bridge building process, as we have striven to develop a contemporary and forward looking service for our community.

BIO: Emma Goessi is a CL Nurse at the Tweed Hospital in Northern NSW, at the lower end of the Gold Coast. She was employed as a youth and family clinician and was fortunate enough to identify a gap in child and adolescent consultation liaison. In association with mental health, paediatric services and the emergency department she has re invigorated a service to provide consultation liaison for the children and young people of her local community. In her spare time she enjoys life gardening, sewing, child minding, renovating and channelling Marie Kondo.

Presentation: Strengthening links and building bridges when managing medically unstable eating disorders

Stacey Deaville, Clinical Nurse Consultant, The Royal Brisbane and Women’s Hospital, Queensland Health

ABSTRACT Eating disorders are associated with significant psychiatric and medical morbidity including death. People with eating disorders who are medically compromised require a medical admission for nutritional stabilisation. During 2018, the Royal Brisbane and Women’s Hospital (RBWH) in Queensland admitted over 100 people for nutritional stabilisation. Decision making around the requirement for a medical admission is undertaken by one of eight medical teams and is facilitated by the Queensland Eating Disorder Service’s (QuEDS) state-wide admission guidelines.

One of the objectives of the guidelines is to promote coordination of care with a smooth transition for consumers across medical, mental health and specialist services. The guidelines recommend at the earliest opportunity involving the local Consultation Liaison Psychiatry Service (CLPS) and other services, acknowledging that effective management of these consumers requires close collaboration between all services involved. Since the guidelines were first published the RBWH CLPS has worked together with the Internal Medicine Service, the QuEDS and the Department of Nutrition and Dietetics to implement them. The years since implementation have provided us with an opportunity to reflect on our practice.

The road to effective and meaningful collaboration, and maintaining a shared understanding of the original objectives of the guidelines has been challenging at times. This presentation will outline our multi-disciplinary team’s collaborative journey in identifying missing links, building bridges, and paving new roads into the future when caring for a consumer with an eating disorder in the general hospital setting.

BIO: Stacey Deaville has been a Clinical Nurse Consultant with the CL Psychiatry Service at the Royal Brisbane and Women’s Hospital for the past nine years. Prior to coming to Australia, she qualified as a Mental Health Nurse in Scotland in 2007. Stacey enjoys the rewards and challenges of working alongside colleagues in the general hospital and is particularly interested in how meaningful collaboration affects a better patient outcome. Stacey feels privileged to be able to work in this role and is looking forward to future challenges this role brings.
**Consultation Liaison Stream – Concurrent Session 3A**

**Presentation:** Challenging pathways: managing complexity in CL nursing  
**Julia Hunt,** Psychiatric Consultation Liaison Nurse, St. Vincent’s Hospital, Melbourne, Victoria

**ABSTRACT** Eating disorder presentations, and subsequent treatment, continue to be confronting and challenging, especially within a general medical setting. These patients can provoke anxiety, distress and often conflict within and between treating medical, nursing and psychiatric teams. Eating disorders are increasingly complex and diverse, with high mortality rates and often ‘slow’ progress; these patients present particular complexities, often exacerbated by use of the Mental Health Act, restrictive practices and ongoing stigma and misunderstanding. This presentation explores the role of the Consultation Liaison Nurse in the treatment of eating disorder patients, as well as the challenges of providing consistent, patient focussed, optimal care. How do we maintain resilience and continue to hold hope in an often fraught clinical situation with multiple competing perspectives, motivations and parameters of care between treating teams, as well as the hospital system as a whole?

**BIO:**  
Julia works as a CL nurse at St. Vincent’s Hospital Melbourne. She has held this role for the past 18 months with previous experience in emergency department mental health, crisis and assessment teams, community and acute psychiatry as well as a specialist eating disorder service. She is a credentialed mental health and has completed a Masters of Advanced Practice. She has particular clinical interests in Borderline Personality Disorder, as well as Eating Disorders.

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**Perinatal and Infant Stream – Concurrent Session 3B**

**Presentation:** The Recovery Lounge: A place for healing and connection for women and their infants  
**Melissa Coates,** Safe Start/PIMH Team Leader/CNC, South Eastern Sydney Local Health District, NSW

**ABSTRACT** The Eastern suburbs PIMH team have employed a perinatal mental health coach who has lived experience to enhance their model of care. Together they have, co designed and delivered a 5 week recovery group. The sessions aims were to help build and strengthen each woman's sense of identity, wellbeing and to offer support to one another through sharing of their own personal journeys in a safe, non-judgemental and respectful environment; whilst upholding the philosophical values of consumer work and recovery orientated principles. The concept of co-production is combining the lived experience expertise of people who have lived with mental illness with the expertise of trained and qualified mental health professionals. It is the concept of togetherness that underpins this clinical approach. Collectively the group participants learn from each other using their own skills either as a clinical expert or by being an expert by experience. The result is a lessened power dynamic facilitating autonomy and self-directed recovery -avoiding dependence on the clinicians. Whilst the PIMH Service offers a range of holistic therapeutic interventions the support is short term and ends once the woman and her family are in the Clinical Recovery phase. Personal recovery includes gaining an enhanced sense of identity, meaning, purpose and empowerment through social connectedness and being given opportunities to engage in community participation, despite illness. Healing through learning from others with a shared purpose is key to personal recovery.

**BIO 1:**  
Melissa Coates is the Team Leader of the Eastern Suburbs Perinatal and Infant Mental Health Team. She has a Clinical Masters and for the last ten years has specialised in Perinatal and Infant Mental Health. Melissa is interested in enhancing creativity in the workplace and working inclusively with families.
Presentation: Understanding the past traditions of Aboriginal Women to build bridges for culturally appropriate Perinatal Mental Health Services of the future.

Julie Ferguson, Nurse Practitioner, Lecturer in Nursing, Charles Sturt University, Bathurst, NSW

ABSTRACT: For centuries Aboriginal women have managed the birthing of babies and care of new mothers. This was important women’s business that had many rituals and traditions that belonged to this important time in women’s lives, childbirth. With the arrival of white settlement and colonisation many of the traditions have been lost. The stolen generation created a significant break in the passing on of knowledge and traditions. With this breakdown there has been an increase in trauma and abuse within the Indigenous population. The morbidity and mortality rates are higher for Indigenous people than any other part of our community. The medicalisation of childbirth has meant that many women from rural and remote areas are being transported to larger regional centres to give birth, this means they are off country and do not have the supports of the Elder woman who have traditionally delivered babies on country. What does this mean for these mothers and their infants? New midwifery degrees are including Indigenous Midwifery Care as a standalone subject in the curriculum. Students are exploring ‘closing the gap’ including ways of creating a culturally safe environment for Indigenous women to birth in. Many of the Indigenous clients referred to PIMH services have histories of complex trauma making their journey into parenthood difficult. When services are not known to these women they often struggle to engage. How can we as clinicians provide culturally safe and sensitive services when we find it hard to comprehend the level of distress for these women? Perhaps better knowledge about the traditions of the past will better pave the way for the future for our Indigenous clients. This paper will explore the complex area of working with Indigenous women in the perinatal period and using a case study to think about a way forward for clinicians working in the PIMH field.

BIO: Julie is a credentialed mental health nurse who has a variety of qualification in nursing and management. She is an Authorized Nurse Practitioner. Julie has specialized predominantly in Child & Adolescent Mental Health which has led her on her path of working in Perinatal and Infant Mental Health (going back to the origins of many mental health disorders). She remains passionate about developing skilled mental health nurses for the future, and how we as nurses can work collaboratively with people on their healing journeys. She has recently moved to Charles Sturt University as a Lecturer in Nursing.

Presentation: Engagement is the aim of the game; perinatal providers working together to put research outcomes into action

Tracey Mackle, Nurse Practitioner, Metro North Perinatal Mental Health Service, Queensland

ABSTRACT: Tracey Mackle is a Registered Nurse employed as a Nurse Practitioner by the Metro North Perinatal Mental Health Service in Brisbane, Queensland. Tracey has a Master in MH Nursing and Master of Nursing Science (NP) and has been working in mental health for 23 years, the last seven years predominantly in perinatal mental health roles.

BIO: Mental health problems are highly prevalent during pregnancy and the postpartum period. Mental health issues affect the wellbeing of the woman, her baby, her partner and family. Early detection and intervention can improve outcomes for all and are the responsibility of all maternity care providers. The ‘2017 Australian Clinical Practice Guideline Mental Health Care in the Perinatal Period’ developed by the Centre of Perinatal Excellence (COPE) and approved by the National Health and Medical Research Council (NHMRC) recommends repeated screening for mental health symptoms in the perinatal period, however, low engagement in mental health care in the perinatal period has been well documented and is identified as a key barrier to early detection, adequate care and improved outcomes. Whilst suicide remains the leading contributing cause of maternal death in the first year postpartum in Queensland, it is imperative that health professionals’ work together to improve engagement and embed into obstetric practice that maternal mental health matters, not just the health and wellbeing of the unborn. This presentation will discuss identified barriers to antenatal engagement within a local perinatal mental health service and highlight the key initiatives that stemmed from this research project. Using case examples, the presentation will highlight the positive impact of interdisciplinary collaboration between obstetric and the perinatal mental health team to improve engagement and provide holistic, evidence-based care to promote and support perinatal wellbeing.