CONFERENCE PROGRAM

The Art of Applying the Science: Consultation Liaison/Perinatal & Infant Mental Health Nurses in Action

Wednesday 6 June – Friday 8 June 2018
Royal Brisbane and Women’s Hospital – Education Centre
Brisbane, QLD
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Professional Development People

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University of Melbourne
# PRE-CONFERENCE PROGRAM

**Wednesday 6 June 2018 – Pre-Conference Workshop**

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<tr>
<th>Time</th>
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<th>Room</th>
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<tbody>
<tr>
<td>9:00am</td>
<td>Registration Pre-Conference Workshop</td>
<td>RBWH Education Centre</td>
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## Workshop: Consultation Liaison Pre-Conference Workshop

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<tr>
<th>Facilitator</th>
<th>QuEDS Clinical Nurse Consultants</th>
<th>Room</th>
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<tbody>
<tr>
<td>9:30am – 12:00pm</td>
<td>An Update on Eating Disorders; Evidence, Screening and Treatment</td>
<td>Seminar Room 2</td>
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People can experience eating disorders at any age, gender and in all walks of life. This workshop aims to improve communication with people experiencing this illness and their families, while exploring their journey of diagnosis and treatment. This workshop is suitable for staff of any experience level with interest in working with people experiencing eating disorders in all scopes of health settings (community, inpatient medical and mental health).

Presented by QuEDS Clinical Nurse Consultants, this workshop will provide an update on eating disorders, key medical and psychological treatment concepts, and evidence-based strategies including:

- Improving outcomes for patients whilst in hospital
- Update on evidence and treatment
- Screening tools and diagnosis
- Services and Resources available
- Engaging the patient and enhancing motivation for change
- Maintaining safety, consistency and effectiveness in teams
- Using communication, discharge planning and working with families

Please note: No morning tea or lunch is included with this workshop – arrival tea and coffee only

## Workshop: Perinatal and Infant Mental Health Pre-Conference Workshop

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<thead>
<tr>
<th>Facilitator</th>
<th>Queensland Centre for Perinatal and Infant Mental Health (QCPIMH)</th>
<th>Room</th>
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<tr>
<td>1:30pm – 4:00pm</td>
<td>Talking with Families about Infant Neurobiology – a Psychoeducation approach to supporting parents in understanding their infants and young children</td>
<td>Seminar Room 2</td>
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This is a 3 hour interactive, fun and informative workshop is aimed at nurses working with parents and infants/ young children in the settings of perinatal mental health, infant mental health and child/ family health settings. The workshop aims to increase attendee’s knowledge of infant neurobiology and the impact of parent-infant relationships on infant’s emotional development, so healthcare workers can provide evidenced based psychoeducational support to parents to enhance attachment.

Please note: Afternoon tea is included for attendees upon the conclusion of the workshop at 4:00pm
# CONFERENCE PROGRAM

**Thursday 7 June 2018 – Conference Program Day 1**

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<tr>
<th>Time</th>
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<tr>
<td><strong>8:00am – 8:30am</strong></td>
<td>Conference Registration</td>
<td>Foyer</td>
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<tr>
<td><strong>8:30am – 10:30am - Opening Plenary</strong></td>
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<tr>
<td>8:30am – 9:00am</td>
<td>Acknowledgement of country, welcome and opening</td>
<td>Auditorium</td>
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| 9:00am – 10:00am | “Fellow Travellers” Exploring Peer Support In A General Health Care Setting  
**Keynote Speakers:** Chris Dawber & Emma Dawber |  |
| 10:00am – 10:30am | Concurrent Session 1                                                   |  |

| Session Time | Concurrent Session 1A  
Consultation Liaison Stream  
Location: Auditorium | Concurrent Session 1B  
Perinatal and Infant Stream  
Location: Seminar Room 2 |
|--------------|---------------------------------------------------------------------|-----------------|
| 10:00am – 10:30am | Functional Neurological Disorders: Discussion Of The History, The Disorders And Where They Fit In The C/L Nursing Paradigm  
**Speaker:** Todd Bagshaw | What Predicts Successful Health Promotion Strategies For Fathers?  
Some Promising Hints From Behavioural Economic Theory  
**Speaker:** Neil Underwood |
| **10:30am – 11:00am** | Morning Tea                                                        | Foyer         |
| **11:00am – 12:30pm – Concurrent Session 2** |  |  |

| Session Time | Concurrent Session 2A  
Consultation Liaison Stream  
Location: Auditorium | Concurrent Session 2B  
Perinatal and Infant Stream  
Location: CSDS – Conference Room 3 |
|--------------|---------------------------------------------------------------------|-----------------|
| 11:00am – 11:30am | “Don’t Go There; It’s Not A Nice Place” Older Adults Experience Of Delirium During Hospitalisation  
**Speaker:** Lynne Weir | Service Development Leader, The Queensland Centre For Perinatal And Infant Mental Health |
| 11:30am – 12:00pm | The Space Between  
**Speaker:** Jenny Cations | **Invited Speakers:** Lisa Gannon & Libby Morton |
| 12:00pm – 12:30pm | Consultation Liaison Special Interest Group Members Meeting | Perinatal and Infant Mental Health Special Interest Group Members Meeting |
| **12:30pm – 1:30pm** | Lunch                                                                | Foyer         |
| **1:30pm – 2:30pm – Plenary Session 2** |  |  |
| 1:30pm – 2:30pm | From Little Things Big Things Grow  
**Keynote Speaker:** Joy Forster | Auditorium |


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<tr>
<th>Time</th>
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<tr>
<td>2:30pm – 3:00pm –</td>
<td>Concurrent Session 3A</td>
<td>Concurrent Session 3B</td>
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<tr>
<td>Concurrent Session</td>
<td>Consultation Liaison Stream</td>
<td>Perinatal and Infant Stream</td>
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<td>3A</td>
<td>Location: Auditorium</td>
<td>Location: Seminar Room 2</td>
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<tr>
<td>2:30pm – 3:00pm</td>
<td>Screening for the Prevalence of Illicit Toxins in the Emergency</td>
<td>Out of the Clinic and into the Paddock: Equine Psychotherapy</td>
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<td>Department: SPIT</td>
<td>Speaker: Sharene Duncan</td>
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<td>Speaker: Cathy Daniel</td>
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<tr>
<td>3:00pm – 3:30pm –</td>
<td>Afternoon Tea</td>
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<td>3:30pm – 4:30pm –</td>
<td>Concurrent Session 4A</td>
<td>Concurrent Session 4B</td>
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<td>Concurrent Session</td>
<td>Consultation Liaison Stream</td>
<td>Perinatal and Infant Stream</td>
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<tr>
<td>4A</td>
<td>Location: Auditorium</td>
<td>Location: Seminar Room 2</td>
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<tr>
<td>3:30pm – 4:00pm</td>
<td>Panel Discussion – Planning for the Future: Teaching the Art &amp; Science</td>
<td>Delivering Client Centred, Evidence Based Counselling to Families in</td>
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<td>of CL Nursing</td>
<td>a Climate of Audit and Compliance</td>
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<td>Facilitators: Julie Sharrock and Ali Thorn</td>
<td>Speaker: Suzanne Higgins</td>
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<td>4:00pm – 4:30pm</td>
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<td>A day in the life of an infant residing in a mother baby unit</td>
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<td>Speaker: Cate Teague</td>
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<td>4:30pm - Close of</td>
<td>Conference Networking Dinner</td>
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<tr>
<td>Conference Day One</td>
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<tr>
<td>6:30pm for 7:00pm</td>
<td>Conference Networking Dinner</td>
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<td>Groove Train, Eagle Street Pier</td>
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<td>(Note: separate registration required, limited tickets available)</td>
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<td>– Plenary Session 2</td>
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<tr>
<td>9:00am – 10:00am</td>
<td>Valuing Lived Experience In Perinatal And Infant Mental Health Services</td>
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<td><strong>Keynote Speaker:</strong></td>
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<td>10:00am – 10:30pm</td>
<td>– Concurrent Session 5</td>
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<td><strong>Concurrent Session 5A</strong></td>
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<td>Consultation Liaison Stream</td>
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<td>Location: Auditorium</td>
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<td></td>
<td><strong>Concurrent Session 5B</strong></td>
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<td>Perinatal and Infant Stream</td>
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<td>Location: Seminar Room 2</td>
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<tr>
<td>10:00am – 10:30pm</td>
<td>SMS SOS in Prevention of Deliberate Self-Harm</td>
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<td><strong>Keynote Speaker:</strong> Anabel De la Riva &amp; Jean Hawkins</td>
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<tr>
<td>10:30pm – 11:00am</td>
<td>Morning Tea</td>
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<td>11:00am – 12:00pm</td>
<td>– Concurrent Session 6</td>
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<td></td>
<td><strong>Concurrent Session 6A</strong></td>
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<td>Consultation Liaison Stream</td>
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<td>Perinatal and Infant Stream</td>
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<td>Location: Seminar Room 2</td>
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<tr>
<td>11:00am – 11:30am</td>
<td>The Liaison Of Consultation: Re-Humanising Experiences And Re-Igniting Connections</td>
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<td><strong>Speaker:</strong> Cynthia Delgado</td>
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<td>11:30am – 12:00pm</td>
<td>CL Nurse Role In Psychological First Aid Following High Profile Events</td>
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<td><strong>Speaker:</strong> Cathy Daniel</td>
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<td>12:00pm – 1:00pm</td>
<td>Lunch</td>
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<td>1:00pm – 2:00pm</td>
<td>– Plenary Session 3</td>
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<td>1:00pm – 2:00pm</td>
<td><strong>What To Document and How to Document It</strong></td>
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<td><strong>Speaker:</strong> Todd Bagshaw</td>
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<td>2:00pm – 2:30pm</td>
<td>Afternoon Tea</td>
<td>Foyer</td>
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<td>3:00pm – 4:30pm – Closing Session</td>
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<tr>
<th>Session Time</th>
<th>Concurrent Session Closing Consultation Liaison Stream</th>
<th>Concurrent Session Closing Perinatal and Infant Stream</th>
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</table>
| 2:30pm – 3:00pm | Clozapine In The General Hospital: The Role Of Consult Liaison In Discussions Between Different Specialties  
Speaker: Ali Thorn | The lavender Mother and Baby unit: From inception to infancy  
Speakers: Grace Branjerdporn & Sonja Hewitt |
| 3:00pm – 3:30pm | From Novice To Expert: Developing A Model Of Practice Over 20 Years Of CL Nursing  
Speaker: Julie Sharrock | The Science Behind The Art Of Perinatal Mental Health Nursing  
Speakers: Simone Harvey & Jennifer Bennet |
| 3:30pm – 4:00pm | Conference Wrap Up and Awards |  |

4:00pm - End of Conference

NOTES
KEYNOTE SPEAKERS – DAY 1

Presentation: “Fellow travellers” exploring peer support in a general health care setting

Chris Dawber, Clinical Nurse Consultant, Consultation Liaison, Sunshine Coast Hospital & Health Service

Peer support is a term that we have all become more aware of over recent years; largely due to the development of peer support programs within mental health consumer movement. But how do we define our peers and how do we apply this concept in a CL or Perinatal setting? This presentation aims to prompt reflection on the principles and evidence behind peer support; both as a concept and as a movement. The speakers will explore how the principles of peer support might help guide us as clinicians and therapists working in general medicine & obstetrics, whilst challenging traditional views of the health care expert.

BIO:

Chris Dawber is a credentialed mental health nurse with over 30 years’ experience. He has been working in Consultation Liaison and Perinatal Mental Health for 12 of those years. Chris was a key nursing representative in the development of Australia’s first state-wide CL model of service. He is a psychotherapist, group facilitator & clinical supervisor with a strong commitment to the support of nurses, midwives & other health professionals with the interpersonal aspects of their work. He believes that nurses and midwives have a particular role in balancing the ‘business of health care’ through compassion and humanism but also recognises that this can often result in a level of emotional labour. Chris believes that senior nurses provide leadership through clinical practice, not just management. He has been involved in the establishment of peer support, critical incident stress management & clinical supervision programs in a range of hospital & community settings. He has published a number of articles challenging the culture within our mental health system and promoting his model for the facilitation of nurse focused Reflective Practice Groups. He also runs a small private practice providing clinical supervision & psychotherapy to other health professionals. Chris is a proud father of 3 & grandfather of 5. One of his daughters, Emma, works as a mental health peer support worker & she will be presenting with him today.

Emma Dawber is a peer support worker with over 7 years’ experience; working in both non-government and public sectors. She holds a diploma in community services: focusing on both drug and alcohol & mental health. She has also completed Intentional Peer Support training through FSG* Australia. Emma’s lived experience with mental illness began when she developed significant depression and anxiety during her early teenage years; problems that impacted on all aspects of her life to a point where she dropped out of school, was socially isolated and struggled to find or maintain employment. She saw a range of mental health professionals in both public and private sectors, but continued to have major difficulties keeping stability. Emma’s first peer support role was with FSG Australia; where she was involved in setting up the PEARL program. This was where she discovered that she actually had skills and expertise derived from her "lived experience". She realised that she could draw on this experience to model and support others in their recovery journeys.... her work had also become part of her own recovery. Since that time, she has worked for Flourish Australia (Formerly the Richmond Fellowship) and is presently a peer worker with Sunshine Coast Health Service; working in their adult inpatient mental health units.

Presentation: From Little Things Big Things Grow

Joy Forster, Clinical Nurse Consultant, Psychiatric Consultation Liaison Nurse, Peter MacCallum Cancer Centre

This presentation is a narrative of my nursing career spanning over 25 years. A career although successful was not always satisfying. In 2005 this dissatisfaction and a life crisis was the granulating force to what I saw at the time, was a very personal revolution. A revolution I anticipated would end my nursing career. I can see that what I was actually undertaking was an evolution. An evolution in my perception of self, both as a nurse and in my commitment to making a conscious contribution to the nexus of the developing nursing role.

BIO:

Joy is a Registered Nurse who holds a BSNur, GradCertPsychN, GDipHlthMgt, and AdvDipYogaT. She works as a Psychiatric Consultation Liaison Nurse at the Peter MacCallum Cancer Centre, Victoria, Australia. She commenced her nursing career in 1990, working as a general nurse in the drug and alcohol sector prior to undertaking psychiatric nursing qualifications. The mainstreaming of mental health services in the mid-1990s created an opportunity for Joy to bring together her skill to meeting the mental health needs of individuals in the acute and rehabilitation setting. In 2015, she became the inaugural Psychiatric Consultation Liaison Nurse at the Peter MacCallum Cancer Centre in Melbourne. Joy is a passionate advocate for the advancement of clinical supervision and compassion practices for general nurses. She believes the expansion of nursing knowledge rests in the nursing profession’s capacity to consciously articulate and explore their professional role function.
CONCURRENT SPEAKERS – DAY 1

Consultation Liaison Stream – Concurrent Session 1A

Presentation: Functional Neurological Disorders: Discussion of the history, the disorders and where they fit in the C/L nursing paradigm

Todd Bagshaw, CNC C/L Psychiatry, Prince Charles Hospital

ABSTRACT: Functional neurological disorders, somatization, conversion and other terms are sometimes used to explain different symptoms and presentations to hospital. These terms are often poorly understood in the general realm of the hospital environment. This session will discuss these diagnoses, how they are classified between neurology and psychiatry and care and treatment within the consultation liaison nurses realm.

BIO:
Todd has been a mental health nurse for 25 years, the past 13 in Consultation Liaison. He is passionate about the role and providing a service to the Prince Charles Hospital and as such was presented with an Australia Day Medal from the health service for being a strong role model for mental health nursing, and demonstrating professionalism, compassion and respect.

Perinatal and Infant Stream – Concurrent Session 1B

Presentation: What predicts successful fathering support initiatives? Some surprising suggestions from the field of behavioural economics

Neil Underwood, Perinatal And Infant Mental Health Nurse Consultant, Women’s And Children’s Hospital, South Australia

ABSTRACT: This presentation explores the value of engagement with fathers in perinatal and infant mental health settings, and what may present as barriers to this. It is proposed that the design of care systems at times invites us to overlook the resources available in the triadic relationship.

A brief sociological perspective will be given, arguing that the role of parents has not always been as polarised in various cultures and historical periods. From this, the word “re-engagement” is proposed as a better term to describe the approach to fathers.

If we are to be inspired to enliven fathers to the fullness of what they offer, how do we design services for this? And what do we do with the research that suggests that traditional “education/enticement/aversion” approaches are often ineffective?

The relatively new field of behavioural economics endeavours in part to pursue better understanding of such dilemmas. This presentation will draw on some core ideas from this field to question what may impede fathers from fulfilling their roles.

BIO:
Neil Underwood is Nurse Consultant of Perinatal and Infant Mental Health Services - Women's and Children's Hospital, South Australia. Neil is associate clinical lecturer at the University of Adelaide school of nursing, and a visiting lecturer in the Master’s program of counselling and psychotherapy.

NOTES
Presentation: “Don’t go there; it’s not a nice place” Older adults experience of delirium during hospitalisation

Lynne Weir, Nurse Specialist, Liaison Psychiatry Auckland City Hospital

ABSTRACT: Older adults are more likely than younger people to experience delirium when acutely unwell and in hospital. Mental health nurses in consultation-liaison services are frequently asked for advice about the care of people with delirium. This study enlisted seven participants aged over 55 who had experienced delirium during a hospitalisation to elicit how this experience was for them. Participants reported a sense of confusion; disrupted sense of autonomy, lack of understanding, worry about their mental health, perceptual disturbances; and a range of emotional responses. The presentation will discuss the implications for care of hospitalised older adults with delirium and for nursing practice in consultation-liaison roles.

BIO:
Lynne Weir is a CL nurse at Auckland City Hospital. She has held this role for 29 years. Originally from Northern Ireland, Lynne completed her nurse education in Belfast last century, and worked as a Staff Nurse in acute MH in London before moving to NZ. Falling into the CL world via a crisis role she found her home and has happily remained there ever since. She has continued her studies via the University of Auckland and completed her Master of Nursing in 2017. Her interest in delirium was piqued by her father’s experience of delirium and the impact this had on his emotional wellbeing post discharge. This lead to a desire to know if others experienced this distress and if so what would be helpful to alleviate this.

Presentation: The Space Between

Jenny Cations, Psychiatric Consultation Liaison Health Nurse, Royal Children’s Hospital

ABSTRACT: As CL Nurses we have the unique position of sitting in a space that gives us a comprehensive view of many aspects of a patients care. We have developed our role over approximately the past 20 years and refined our skills to assist in assessing, guiding and supporting the way patients with mental health issues are managed within the general hospital setting.

This is a case presentation that mirrors that journey and has helped shape the way the consultation and liaison role has been developed and challenged over a 15 year period through the life of a 15 year old boy and his mother in a paediatric hospital.

BIO:
Jenny is a psychiatric nurse with 46 years’ experience who has worked in various settings and began an interest in Family Therapy and paediatrics approximately 30 years ago. For the past 25 years she has worked as the Consultation and Liaison Nurse at the Royal Children’s Hospital within the Consultation and Liaison team in Melbourne.

Presentation: “From little things big things grow” – Developing a state wide Perinatal and Infant Mental Health service system across Queensland

Lisa Gannon, Clinical Nurse, Queensland Centre for Perinatal and Infant Mental Health

Libby Morton, Clinical Nurse, Queensland Centre for Perinatal and Infant Mental Health

ABSTRACT: The Queensland Centre for Perinatal and Infant Mental Health (QCPIMH) supports parents, caregivers and communities to have the confidence, knowledge, skills and resources to support their own wellbeing and raise emotionally healthy and resilient children. The Centre provides clinical services to infants and young children 0-4 years across Metro North and South Brisbane, and services the state strategically, consulting on the key areas of service development and implementation, workforce development, mental health promotion and prevention and research and evaluation. QCPIMH also aims to bring perinatal and infant mental health needs to the attention of policy-makers, decision-takers and the general community, to improve the emotional wellbeing of all Queensland parents, infants and young children, and their families.

BIO:
Lisa Gannon is a Credentialed Mental Health Nurse with 18 years’ experience in Adult Mental Health and Child and Youth Mental Health settings in the UK. For the Past 7 yearsLisa has worked for QCPIMH as Clinical Nurse within the 0-4 CYMHS clinical team, where she continues to enhance clinical skills and knowledge, through her work with infants, young children and their families. QCPIMH is part of Children’s Health Queensland Hospital and Health Service and holds a state-wide role for perinatal and infant mental health service development and implementation, workforce development, mental health promotion, prevention, research and evaluation, and advocacy across the mental health sector.

Libby Morton is a Social Worker who has worked for nearly 40 years as a clinician and manager in both the government and non-government sectors. She has a Master’s Degree in Infant Mental Health from the NSW Institute of Psychiatry. Her current role is Program Manager of the Queensland Centre for Perinatal and Infant Mental Health, Child & Youth Mental Health Service, Children’s Health QLD Hospital & Health Service. She is the current president of the Australian Association for Infant Mental Health. Her particular areas of interest are clinical interventions with at risk infants and their families and the development of services, and a skilled workforce to support this work.
**Consultation Liaison Stream – Concurrent Session 3A**

**Presentation:** Screening for the Prevalence of Illicit: Toxins in the Emergency Department: SPIT

**Cathy Daniel,** Consultation Liaison Psychiatry Nurse And Mental Health Lecturer, The Royal Melbourne Hospital

**ABSTRACT:** Background – Aggression and violence arising from illicit substance use is a complex, yet increasingly common clinical problem that is managed in ED’s yet there is little data available to quantify this association.

**Objectives** –
1. Establish the feasibility of saliva drug screening following a code grey event
2. To determine the prevalence of illicit substance use (cannabis, opiates, cocaine, amphetamines/methamphetamines) on Emergency Department (ED) presentations involving acute behavioural disturbance (Code Grey)

**Method** – a convenience sample of all patients who required a code grey were screened from 13/08/2016 to 13/03/2017.

**Results** – Screening was feasible and 38% of patients who had a code grey were screened. Approximately 40% of the samples returned a positive result and 20% (18/92) tested positive for two or more substances. Of the 92 positive samples, meth/amphetamines were the most commonly detected drugs 92% (85/92). A further 17% (16/92) of the samples were tested positive for opiates, 8% (7/92) for cannabis and 6.5% (6/92) for cocaine. Half the people who tested positive for amphetamines arrived with police under S351.

**Conclusion** – the prevalence of illicit substances is high and this presents an opportunity for a brief intervention, harm minimisation strategies and referrals to addiction medicine.

**Acknowledgements** – Financial support for this research - This was a joint initiative involving Pathtec and North Western Mental Health and The Royal Melbourne Emergency Department.

**BIO:**
Cathy Daniel has been a registered psychiatric nurse for 27 years and has worked for Consultation Liaison Psychiatric at The Royal Melbourne Hospital assisting staff to manage behavioural disturbance in acute health for the past 14 years. Cathy has completed a Masters Research Degree in minimising mechanical restraint in acute health in 2010. She completed a PhD at The University of Melbourne in 2015 that explored how the risk of violence can be accurately identified at ED triage to enable prevention to commence at point of entry to improve the safely of staff and consumers and reduce the use of coercive practices. Cathy is a lecturer and the coordinator of Post Graduate Mental Health Nursing at The University of Melbourne and aims to combine an academic role with CL nursing, and maintain a clinical role on PACER.

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

**Presentation:** Out of the clinic and into the paddock

**Sharene Duncan,** Clinical Nurse Consultant, Perinatal Mental Health Metro North Hospital and Health Service, Brisbane

**ABSTRACT:** Psychiatry is not an exact science and often the recommendations for the treatment of anxiety and depression is made by trial and error. Each person is an individual and requires treatment to be tailored to suit their needs particularly in the perinatal period. In the first instance trialling the support of a counsellor or psychologist is the preferred option. Attempting to engage clients in a clinic setting can come with its own set of barriers so it’s time to think out of the box. Mental health nursing need not be confined within a clinic setting and particularly perinatal mental health nursing. Adjusting to parenthood and life with a newborn along within the relationship often triggers emotions and amplifies pre-existing mental health disorders.

Developed by Meg Kirby of The Equine Psychotherapy Institute, Equine Assisted Psychotherapy and Learning is an innovative and experiential approach that offers an alternative to the bounds of the traditional psychology/therapy clinic.

Horses model embodiment, presence and emotional intelligence. They evoke feelings and provide the opportunity for us to be held, emotionally and physically through touch. When experienced by humans, these skills have been demonstrated to elicit feelings that facilitate the unlocking of unhelpful cognitive and behavioural patterns, and their emotional consequences. With the long supported techniques of Gestalt Therapy, the horses with the practitioner, clients learn about the therapeutic process as well as the theoretical and practical path of how horses support change. Sharene will present this innovative model of Equine Assisted psychotherapy and explain how horses can support the mental health, emotional adjustment and well-being of mothers during the perinatal period.

**BIO:**
Sharene is a credentialed mental health nurse with 7 years’ experience having worked in acute inpatient settings, medium secure unit, adult community health settings and perinatal mental health. Sharene worked as a university student in nursing in mental health whilst completing her general nursing degree. This sparked Sharene’s interest in working in mental health and she continued to complete her graduate year within the hospital inpatient service. After completing these studies Sharene continued to complete her Master in Mental Health nursing and a graduate diploma in Gestalt therapy. Sharene lives on a working farm and her love of horses combined with her passion for mental health lead her to her current certification of Equine Assisted Psychotherapy. Sharene has been offering this modality in private practice for the past four years on a part time basis as she continues to work in her full time role with the Metro North Hospital Perinatal mental health team.
Presentation: Panel Discussion – Planning for the Future: Teaching the Art & Science of CL Nursing

Julie Sharrock, Mental Health Nurse Consultant
Ali Thorn, MH Central Australia Health Service

ABSTRACT: Like most nursing groups, the average age is increasing with many nurses set to retire in the next 5-10 years. CL nursing is becoming more and more established in health care and as a group we need to plan the future. This facilitated discussion will focus on succession planning and educating the next generation of CL nurses. The experiences of the group will be drawn on to generate ideas and possibly a path forward.

BIO:
Julie's nursing career commenced in 1977 with 10 years’ experience in general and intensive care nursing before beginning Psychiatric Nursing. Since then, Julie has worked in general and specialist psychiatry, drug dependence and nursing management and education. In 1997 Julie commenced work in Consultation-Liaison Psychiatry which has been her passion ever since. Julie's other passion is Clinical Supervision which she has received and provided for at least 25 years.

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 in 2016 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.
Presentation: Delivering client centred, evidence based counselling in a climate of audit and compliance
Suzanne Higgins, Private Practitioner, Self employed

ABSTRACT: Client centred care is a form of service delivery that works in partnership with clients so they are ‘equal partners in planning, developing and monitoring’ care to ensure it meets their needs. The truth is often different though as services become increasingly bureaucratic, funding demands requirements for either service delivered, time frames, data collection and eligibility criteria. Maintaining well informed staff to ensure evidenced based practice is delivered while also meeting external and competing requirements is an ongoing challenge in the current tight fiscal environment. This presentation will be reflective in nature; reflecting on experiences learned leading a perinatal and infant mental health, community based team, when organisational requirements change, when the political landscape changes and when the nature of the clients seeking health care also changes. In addition the learnings from recent transition into private practice and how client centred care remains the highest priority in the context of the realities of a sole trader. The presenter will also share how client centred service delivery managed to straddle these competing priorities with reasonable success while maintaining a committed workforce.

In addition the audience will be invited to share strategies that facilitated meeting the multiple competing demands of delivering client centred service. Perhaps we can learn from each other about innovative ways of applying the science (directives) and maintaining the art.

BIO: Suzanne has a nursing background including Mental Health and Maternal & Child Health and until recently led an exceptional team to deliver a client centred PIMH service for families in Geelong and the Colac-Otway Shire. She has been a Credentialed MHN since August 2010 and has been working with families with young children since 1994. She studied ‘first time parent couples combining parenting and paid work’ for her doctoral thesis and completed a Master of Mental Health (Perinatal and Infant) in 2011. She is passionate about supporting families during this life stage and feels privileged to share a tiny part of their journey. Suzanne has recently commenced private practice and maintained her specialty of PIMH. She is mother to 3 and continues to feel inspired by the families she works with.

Presentation: A day in the life of an infant residing in a mother baby unit
Cate Teague, Senior Nurse Clinician, Mercy Mental Health Mother Baby Services, Victoria

ABSTRACT: Mother Baby Units provide a unique opportunity for infant observation over an extended period of time. Traditionally infant observation has been in the infant’s natural environment to observe and theorise about what is seen. But what happens when the infant cannot stay in this natural environment?

Werribee Mercy Mother Baby Services are made up of four main areas:

- Mother Baby Inpatient Unit
- Mother Baby Assessment & Referral Clinic
- Perinatal Infant Mental Health Initiative (PIMHI)
- Education & Liaison for health professionals

The focus of this presentation will be the Mother Baby Inpatient Unit which is one of three public mental health Mother Baby Units covering the state of Victoria. Primary admission criteria is maternal mental health distress including serious mental illness. There is also an over representation of couples-conflict, ranging from low-level verbal abuse to intimate partner violence.

Infants admitted to the Unit are physically well but are often emotionally dysregulated or withdrawn due to primary carer decreased functionality. We know that infants can’t wait. This presentation will demonstrate how a dedicated group of nurses, through cautious and reliable observation and data collection, use wondering and curious discussion to provide a holding place for the infant to mirror.

BIO: Cate Teague has over forty years background in Nursing incorporating Midwifery, Maternal & Child Health, Adult & Infant Mental Health. She has practiced within primary, secondary & tertiary sectors at clinical, educational & advisory levels. She is delighted to return to hospital-based work & presently holds the Perinatal Infant Mental Health Initiative (PIMHI) portfolio at Werribee Mercy Mother Baby Services, Victoria.
KEYNOTE SPEAKERS – DAY 2

Presentation: Valuing Lived Experience in perinatal and infant mental health services

Vivianne Kissane, CEO, Peach Tree Perinatal Wellness

Viv Kissane is the founder of Peach Tree, a peer-led organisation that utilises a lived experience workforce. Peach Tree was developed in 2011 to support families experiencing perinatal mental illness with a focus on addressing social isolation and building connections. The development of Peach Tree came about after Viv’s personal experience of postnatal depression which had a wider impact upon her family as a whole.

Viv will speak about the emerging Lived Experience workforce in the Mental Health, Drug and Other Alcohol sector, and in particular the initiatives currently happening in Brisbane in perinatal and infant mental health.

Given the growing evidence base behind the value of lived experience roles, co-design of services and genuine collaboration between clinical services and lived experience consumers is needed to continue to improved health outcomes for mothers, babies and families experiencing perinatal mental illness.

Using lived experience stories, Viv will also explore ways in which nurses have the valuable opportunity to make real impact in the mental health outcomes of mothers, and their early motherhood experience as well as on families within other areas of mental health services.

BIO: Viv is the founder and CEO of Peach Tree Perinatal Wellness, a peer-led organization that has been supporting families experiencing perinatal mental illness since 2011. Using a Lived Experience workforce to deliver Peach Tree’s services, Viv has been leading the development of Peer Workers in the perinatal and infant mental health sector. As a Mental Health Advocate, Viv uses her own lived experience of mental illness to spread awareness and understanding of perinatal health and wellbeing and improving parental and infant mental health outcomes. Viv is a Board Member of the Queensland Alliance of Mental Health, and sits as a Consumer Representative on various groups in North Brisbane.

Presentation: What To Document and How to Document It

Todd Bagshaw, CNC C/L, The Prince Charles Hospital

ABSTRACT: This session was inspired by a discussion on the C/L elist. Some services are changing to electronic medical records and the changes have stimulated discussion about the new systems, policies and how this effects our documentation practices. This is to be a facilitated group discussion to analyse the current practices across the many different services and stimulate discussion about what and how we document.

BIO:

Todd is the Education Officer for the Consultation Liaison Nurses Special Interest Group.

NOTES
**Presentation:** SMS SOS in Prevention of Deliberate Self-Harm

Anabel De La Riva, CNC CL Psychiatry Westmead Hospital, Sydney West Area Health Service

**ABSTRACT:** Introduction - Self-harm is an Australian health priority that accounts for four billion dollars in healthcare expenditure each year, deliberate self-harm (DHS) is potentially preventable and accounts for 27% of the health burden associated with jury. A previous study “Postcards from the Edge” self-poisoning hospital presentation rates, the time to first re-admission and associated administration costs.

Aim – To demonstrate the effectiveness of SMS text messaging in reducing the representation rate of patients with DSH and suicide attempts. The 2016 Deloitte Mobile Consumer Survey revealed that Australia’s smartphone penetration level sits at 84% being the fourth largest market globally with the survey also finding that 27% of Australians prefer text messaging to voice calls. Clearly in Australia mobile phone usage is now the preferred way of communication.

Method – This multi-site study is being conducted at Westmead, Blacktown and Nepean hospital’s in Western Sydney. Patients who present with DSH (with or without suicide intent) and consent to participate will be randomized to receive treatment as usual (TAU) or Tau plus supportive text messages.

Outcome – To review the number of DSH representations along with the median time to representation during and following the recruitment period along with potential for improved client experiences of mental health services.

This presentation also explores the journey of the clinicians involved into the world of research.

**BIO:**

Anabel De la Riva started working in the field of mental health some years ago and has worked in a variety of mental health settings over the years. Currently Anabel works as a Clinical Nurse consultant on the Consultation Liaison Psychiatry team at Westmead Hospital. Her areas of focus in the hospital include renal & transplant, aged care, cancer, orthopaedics and neurology she is also involved with the out-patient clinics for cardiac patients. This is her first experience of research amongst a group of accomplished researchers and is riding the wave of this learning environment.

Jean Hawkins has been a Consultation Liaison Psychiatry CNC at Blacktown hospital for the past 14 years. Originally from England where she worked in General Nursing for 10 years in various wards including; Medical Surgical and theatre nursing. She came to Australia in 1983 and began her Psychiatric nurse training at Macquarie hospital North Ryde. She has remained in the mental health field ever since, completing a Bachelor of Health Science (Nursing) 1997, followed by a Master of Nursing (Mental Health – Nurse Practitioner) 2007. She is passionate about all aspects of CL psychiatry nursing and has a special interest in Perinatal mental health, Neurology and drug and alcohol.

**Presentation:** Perinatal and Infant Mental Health Stream – Concurrent Session 5B

**Perinatal and Infant Mental Health Stream – Concurrent Session 5B**

**Presentation:** Perinatal & infant Mental Health has a long science base: how do we apply this knowledge to our craft of Mental Health Nursing?

Julie Ferguson, Clinical Nurse Consultant / Nurse Practitioner

**ABSTRACT:** Perinatal & Infant mental health is informed by a long history of research into how we work with mothers and babies during the often-complex transition to parenthood. Theorists have known since the second world war that a mother needs support during this transition. Research has proven through longitudinal studies that support at this time is a valuable and cost saving intervention.

As the research evidence has grown many different models have been trialed in order to develop a cost efficient and beneficial model of care. Since Fraiberg’s work in the 1970’s we have known that the more troubled a mother’s past the greater difficulty she will have during the transition to parenthood. For many nurses working in perinatal & infant mental health this is not new news.

The difficulties often lie in how we measure improvements in our clients. Using measures such as the Edinburgh Perinatal Depression Scale gives us a screening measure but for our clients who have a difficult past this measure will often show no change during the duration of treatment. How do we measure change if the routine measures offer no answer? We need to look to the past for the answers for it is often not until children have grown that we can measure success of early intervention.

This paper will discuss the often-complex issues nurses working with families during the perinatal period face. How as mental health nurses we use the craft of mental health nursing to hold the therapeutic space for these distressed clients and their families. Outcome measures are not the only measure of success, it’s the clients’ words and experiences that shows us the improvements in their lives.

**BIO:**

Julie is a credentialed mental health nurse who has a various qualifications in nursing and management and is an authorized Nurse Practitioner. She is currently employed by Justice Health & Forensic Mental Health as Clinical Nurse Consultant for Adolescent MH. Julie has predominantly specialized in Child & Adolescent Mental Health which had led her on her recent path back to the origins of mental health disorders to work in Perinatal & Infant Mental Health for the past nine years. She is passionate about developing skilled mental health nurses for the future, and how mental health clinicians can work collaboratively with people on their healing journeys.
Presentation: The liaison of consultation: Re-humanising experiences and re-igniting connections
Cynthia Delgado, Clinical Nurse Consultant Consultation Liaison Mental Health and Conjoint Lecturer, Sydney Local Health District and The University of Sydney Nursing School

ABSTRACT: The consultation liaison mental health nurse brings specialist mental health and integrated health knowledge and skill to general healthcare settings. This suite of knowledge and skill is delivered, demonstrated or shared in day-to-day practice with other health clinicians who may lack knowledge, skill or confidence themselves to attend to the mental health needs and well-being of their patients, or their colleagues. To achieve this, some of the skills employed by consultation liaison mental health nurses include role-modelling, education, collaboration, negotiation, advocacy and diplomacy. For all of these, the subtle art of forming, developing and maintaining relationships is an imperative and a key aspect of the consultation liaison mental health nurse’s role. It is through these relationships that the consultation liaison mental health nurse ‘re-humanises’ the relational experience between nurse and patient, nurse and colleagues, and nurse to self. This presentation aims to explore and discuss the concept and art of the liaison component of consultation liaison and its core feature, relationships, as the conduit to re-igniting passion and connections essential for developing the capacity to provide compassionate care.

BIO: Cynthia has been working in a conjoint clinician-academic role for the last 9 years and in Consultation Liaison for the last 14 years. Mental health nursing in all its forms remains a passion for her with a focus and interest on staff well-being and the impacts of this on consumer care and outcomes.

Presentation: CL Nurse Role In Psychological First Aid Following High Profile Events
Cathy Daniel, Consultation Liaison Psychiatry Nurse And Mental Health Lecturer, The Royal Melbourne Hospital

ABSTRACT: Consultation Liaison Psychiatry Nurses in acute health take on many roles as required and in response to organisational need. Psychological First Aid has been introduced at an inner city trauma hospital following the incidents known as “Bourke St” and now “Flinders St”. These high profile events generate media attention, increase demand on services and generate responses based on an individual’s distress and on organisations distress.

Psychological First Aid requires planning, an awareness of minimising trauma and integration into the organisations emergency management response. The staff providing psychological first aid require training, support and an opportunity for debriefing and supervision. More importantly they need to plan to be involved in the emergency response.

There are psychological guidelines developed for the responding to natural disasters following Black Saturday bushfires. These have been introduced into the hospital setting yet there are already several providers of “support”. This presentation will outline the evidence for psychological first aid, our current process and challenges. We also want to seek input from the conference on recommendations for best practice as we further develop our approach to psychological first aid.

BIO: Cathy Daniel has been a registered psychiatric nurse for 27 years and has worked for Consultation Liaison Psychiatric at The Royal Melbourne Hospital assisting staff to manage behavioural disturbance in acute health for the past 14 years. Cathy has completed a Masters Research Degree in minimising mechanical restraint in acute health in 2010. She completed a PhD at The University of Melbourne in 2015 that explored how the risk of violence can be accurately identified at ED triage to enable prevention to commence at point of entry to improve the safety of staff and consumers and reduce the use of coercive practices. Cathy is a lecturer and the coordinator of Post Graduate Mental Health Nursing at The University of Melbourne and aims to combine an academic role with CL nursing, and maintain a clinical role on PACER.

Presentation: Mindful Mums – Helping Pregnant Women Deal With Mental Health Issues Through Mindfulness And Peer Support
Chris Dawber, Clinical Nurse Consultant, Consultation Liaison, Sunshine Coast Hospital & Health Service

Amber Jenkins, Registered Midwife

ABSTRACT: This presentation will describe a 6 session mindfulness program facilitated by a CL Psychiatry CNC & midwife at Sunshine Coast Health Service, Qld. Whilst the program is informed by existing evidence that supports the benefit of mindfulness-based therapies in pregnancy, it also promises to generate further evidence relating to the importance of group facilitation and peer support. A research project involving the program is about to commence and the presentation will provide information about this.

BIO: Chris Dawber is a Credentialed Mental Health nurse who has worked in CL for the past 12 years; providing an Antenatal Clinic on the Sunshine Coast since 2010. He supports the role of CL and Perinatal nurse as therapist and advocate and utilizes psychotherapeutic interventions to help pregnant women with stress, depression and anxiety. Chris enjoys the human connections we find in our work but not the growing bureaucratic pressures that threaten this element of practice. He loves going on adventures & exploring rock pools with his grandkids.

Amber Jenkins has been employed as a Registered Midwife in the Sunshine Coast for the last 8 years. She has also worked as a Lactation Consultant and Childbirth Educator during this time. Prior to this she worked in Child and Infant health as a Paediatric Nurse in both remote and regional areas.

She is passionate about caring for families and supporting parents in a manner that models and promotes mindful and compassionate attention. She is the mother of two children who inspire and guide her practice and regularly provide opportunities to learn humbleness.
Presentation: Hyperemesis Gravidarum: the chicken or the egg

Suzanne Higgins, Private Practitioner, Self-employed in Pritchard Health Alliance

ABSTRACT: A recent foray into private practice confirmed previous clinical experience: women who experience significant morning sickness appear over-represented in clients of a PIMH service. Hyperemesis gravidarum (HG) generally effects less than 1% of pregnant women and is much more severe than morning sickness. It can result in significant electrolyte disturbance but most of all it can cause a pregnant woman to feel miserable for larger portions of most days over a period of many weeks during pregnancy. In the author’s current private practice, out of 12 clients, 33% have or did have, HG. Women experiencing HG may struggle to function occupationally, socially and it can also mess with their head. Studies are inconclusive about whether HG causes psychological distress or if there is an increased incidence in women with psychological issues. This presentation will share case material to illustrate that HG can be a predisposing, precipitating, perpetuating (but not a protective factor) when working with perinatally distressed families.

BIO:
Suzanne Higgins has a nursing background including Mental Health and Maternal & Child Health and until recently led an exceptional team to deliver a client centred PIMH service for families in Geelong and the Colac-Otway Shire. She has been a Credentialled MHN since August 2010 and has been working with families with young children since 1994. She studied ‘first time parent couples combining parenting and paid work’ for her doctoral thesis and completed a Master of Mental Health (Perinatal and Infant) in 2011. She is passionate about supporting families during this life stage and feels privileged to share a tiny part of their journey. Suzanne has recently commenced private practice and maintained her specialty of PIMH. She is mother to 3 and continues to feel inspired by the families she works with. He loves going on adventures & exploring rock pools with his grandkids.

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She is passionate about caring for families and supporting parents in a manner that models and promotes mindful and compassionate attention. She is the mother of two children who inspire and guide her practice and regularly provide opportunities to learn humbleness.

NOTES
Presentation: Clozapine in the general hospital: the role of Consult Liaison in discussions between different specialties

Ali Thorn, Consultation Liaison Mental Health Nurse, MH Central Australia Health Service

ABSTRACT: There is a paucity of literature relating to the importance of the role of the consultation liaison mental health nurse. However, evidence suggests that general nurses find themselves lacking in the confidence, knowledge and skills to adequately care for mental health clients in hospital wards. The paper will explore the role of consultation liaison mental health in effective communication, expertise and collaboration when caring for clients being prescribed Clozapine in the general hospital setting. A case study of a 23 year old Indigenous male, prescribed Clozapine for schizophrenia and Acquired Brain Injury will be examined. Following a long history of contact with mental health services since his teenage years, the client was admitted to the general ward of a Northern Territory hospital for the management of bleeding in the setting of a rectal prolapse. Due to prescriber error during admission, the client missed doses of Clozapine for more than 72 hours, requiring rapid re-titration. Furthermore, the case was complicated by alterations in Clozapine levels due to smoking cessation and barriers in access to specialised colorectal surgery and supported accommodation in a geographically isolated area. The case highlights implications for practice, such as the role of medical practitioners, pharmacists, psychiatrists and consultation liaison mental health nurses in reducing and preventing medical morbidity and deterioration in mental health. To improve health outcomes, consultation liaison mental health should be leaders in proactive discussion between mental health and other medical specialists, in an effort to close the gap between psychiatric and medical care for clients with schizophrenia.

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 in 2016 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.

Presentation: From Novice To Expert: Developing A Model Of Practice Over 20 Years of CL Nursing

Julie Sharrock, Mental Health Nurse Consultant

ABSTRACT: I was both excited and daunted when I started out in the relatively uncommon role of CL nurse in 1997. I first heard about the role during my psychiatric nursing training in 1987 and I knew that this was the role for me. I collected every CL nursing paper I could access and over the subsequent 10 years. I took a risk and focussed on CL Nursing during my Master’s program in 1996. I finally secured a half time position in 1997 and I could not believe it. While I understood the role theoretically, it was another thing to wander around a hospital, introduce myself and try to explain to the staff on the wards what I could offer. Uncertainty prevailed. I read Lewis and Levy from start to finish and that helped. I had limited access to colleagues who could validate or challenge how I was implementing the role. What I want to share in this presentation is how I made sense of this role in a reciprocal interplay between practice and theory. I utilised the literature, my experiences in practice and quality clinical supervision to develop a deeper understanding of the role. Collecting data and making sense of this data in relation to practice and theory was central to developing a model of practice. In conclusion I will share my model of practice that evolved through these processes.

BIO: Julie's nursing career commenced in 1977 with 10 years’ experience in general and intensive care nursing before beginning Psychiatric Nursing. Since then, Julie has worked in general and specialist psychiatry, drug dependence and nursing management and education. In 1997 Julie commenced work in Consultation-Liaison Psychiatry which has been her passion ever since. Julie's other passion is Clinical Supervision which she has received and provided for at least 25 years.
**Presentation: Lavender Mother and Baby Unit: From inception to infancy**

**Grace Branjerdporn, Service Development and Research Coordinator, Lavender Mother-Baby Unit, Gold Coast University Hospital**

**Sonja Bennet, Clinical Nurse Consultant, Gold Coast Hospital and Health Service**

**ABSTRACT:** The Lavender Mother and Baby Unit is a four-bed, specialist, state-wide, acute service located at Gold Coast University Hospital. The unit is the first and only public unit in Queensland that provides joint admission for women with significant mental health difficulties, and their infant under one year old. Recently opened in March 2017, the unit admits mothers with significant mental health problems such as psychotic illness, or personality disorder, who cannot be safely managed in the community. These mental illnesses impact on a woman’s daily functioning, including her feelings of attachment and practical care for her child. The unit is supported by a multidisciplinary team of mental health nursing staff of various levels, allied health and medical staff, both in the inpatient ward and community team. The objectives of the presentation are to:

- Provide a description of the nursing and allied health interventions that are key to success of the outcomes for the perinatal women
- Assist clinicians to understand the clinical outcomes for the services in relation to mother-baby bonding, mental health, parental confidence, and maternal-infant interaction
- Provide an overview of the model of service adopted at the Lavender Mother-Baby Unit for the women and infants admitted
- Provide an update about the challenges and facilitators experienced of opening a new service, training up the workforce, and sustaining a perinatal mental health specific program
- Provide helpful strategies for mental health nursing staff working in perinatal and infant mental health
- Refer to Australian Guidelines and relevant research informing practice

The outcomes of this presentation is for clinicians to understand this new model of service as this is the first, public mother-baby unit in Queensland.

**BIO:**

Ms Grace Branjerdporn is a PhD candidate at The University of Queensland, researching about perinatal and infant mental health. Grace is currently the Service Development and Research Coordinator at the Lavender Mother and Baby Unit. Grace also works as a paediatric and mental health occupational therapist, helping children and their families reach their full potential.

Sonja Hewitt is the Clinical Nurse Consultant at the Lavender Mother-Baby Unit. Sonja has worked in New Zealand as a Plunket Nurse (equivalent to Child Health Nursing), Mental health nurse with Youth and families and as a Youth Mental Health Forensic nurse. While living in Australia for the past four years Sonja has worked as a School Based Youth Health Nurse and Child Health Nurse. Sonja has a passion with working with mothers and babies and taking on the role as a Clinical Nurse Consultant in the first state-wide public Unit for perinatal mental health is such a privilege.

**Presentation: The Science behind the art of perinatal mental health nursing**

**Jennifer Bennett, Clinical Nurse Consultant, Perinatal Wellbeing, Metro South Addiction and Mental Health Services**

**Simone Harvey,**

**ABSTRACT:** Perinatal mental illness is prevalent and poses significant risks for mother and infant if inadequately treated. In Queensland, service gaps have contributed to barriers to care. On the background of limited evidence about nurse-led models of perinatal mental health care, research was conducted over two years into a nurse-led model of care known as the Perinatal Wellbeing Service (PWS) that commenced in Logan Beaudesert in 2015. The study was approved by the Metro South Human Research Ethics Committee.

The PWS model was developed from lessons learnt from a previous nurse-led model of care and underpinned by principles of the Recovery Alliance Theory (RAT). The model is based on the key practice principles of being: nurse-led, a partnership approach, individualised evidenced based treatments, and accessible, flexible service delivery.

The service provides non-urgent, voluntary assessment and brief treatment services over one to six community based appointments along with support to GPs and primary care providers. Services are provided by a publically funded mental health Nurse Practitioner and Clinical Nurse Consultant with perinatal expertise.

The primary aim of the research was to evaluate if the revised model improved the mental health outcomes of perinatal women as demonstrated by improved Edinburgh Depression Scale (EDS), Parent Coping Scale (PCS) and HONOS outcome measures. Secondary aims included assessing if the model improved attendance rates, engaged the target group and provided accessible and flexible services, and to assess if the NP role was utilised. The presentation will provide an overview of the service model and its practice principles, and detail the research findings which demonstrate statistically significant results and clinical effectiveness of the nurse-led service. The model provides sound evidence that supports the art of mental health nursing in perinatal mental health and offers the potential for replication in other areas with service gaps and limited resources.

**BIO:**

Jenni is a credentialed mental health nurse with over 20 years’ experience in a variety of mental health settings around Australia, most recently CL psychiatry since 2011, and now in perinatal mental health. Jenni, along with Simone Harvey co-developed the Perinatal Wellbeing service in Logan-Beaudesert in 2015 and expanded the service to the Redlands this year. Jenni has a Masters in Mental Health Nursing and has a particular interest in exercise and mental health, completing her certificate 3&4 Fitness qualification in 2017.

Simone Harvey is a credentialed mental health nurse with 28 years’ experience in a variety of mental health settings. She has a special interest in CL and perinatal mental health. She has been working as a Nurse Practitioner for the last 2 years in Logan Beaudesert in Queensland in a nurse-led model of perinatal mental health, which she co-developed and implemented. The service was permanently funded in August, 2016 following positive evaluation data from internal and external reviews. The service provides specialist perinatal mental health assessment and brief intervention and treatment services for perinatal women. The area offers unique challenges with significant socio-economic factors as well as cultural and language diversity while providing rewarding opportunities to make a positive impact for women and families.
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