HONOURING OUR PAST TO SHAPE THE FUTURE OF THE ACMHN CONSULTATION-LIAISON SPECIAL INTEREST GROUP

The primary purpose of the ACMHN CLSIG is to promote interest in and the development of CL nursing. The CLSIG provides members of The College who have a particular interest in CL with a forum for exchanging news, views and ideas. The CLSIG promotes research endeavours and other matters of interest in CL by organising an annual conference and via other means such as meetings or workshops that are considered timely and worthwhile. The CLSIG operates within the framework of The College constitution and by-laws.

"I found like minds who ge

what it is we do & left

"I met inspirational people

who openly shared their

thoughts, knowledge &

experiences that resonated

with me as a new comer to

this area of clinical practice.

1 felt 1 had arrived

somewhere very special."

Todd Baashaw

Ann McElroy

recharged, motivated

empowered."

5th & 6th June 20

Call for

Close date 24th March 2008

Abstracts

Another successful

collaboration with the North

Queenslanders was held in

Port Douglas

2008

Legal, ethical & clinical

challenges in CL nursing

in Sydney was held under the

ACMHN CLSIG banner & we

launched our first major

piece of work

YOU ARE NOT ALONE

RESULTS OF THE 2005

AUSTRALIAN CONSULTATION

LIAISON NURSES SURVEY

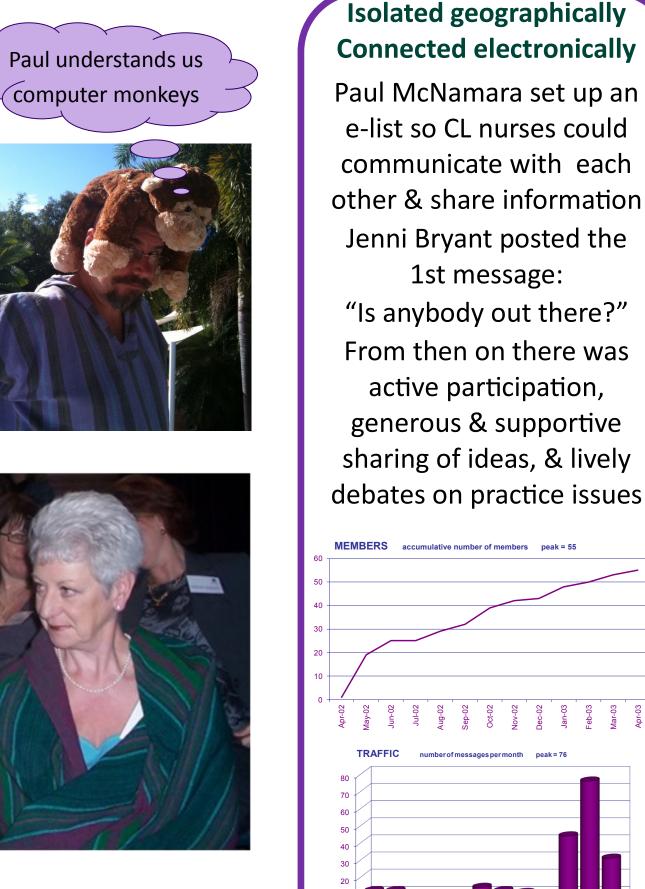
Jenni Bryant

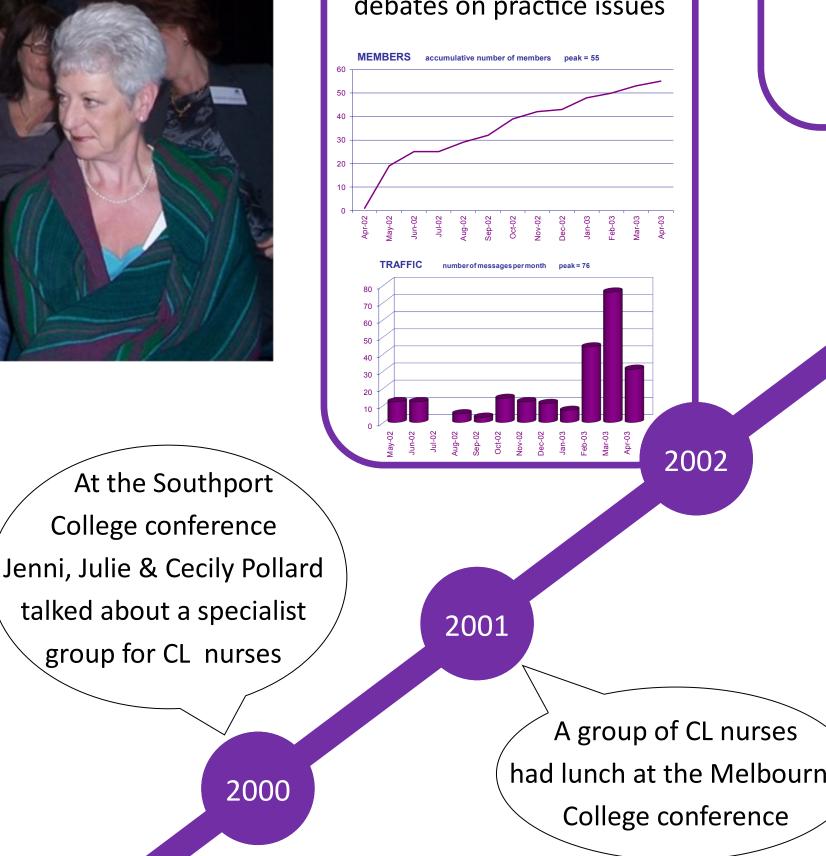
John Forster Paul McNamara

Julie Sharrock

on behalf of the ACMHN Consultation-Liaison Special





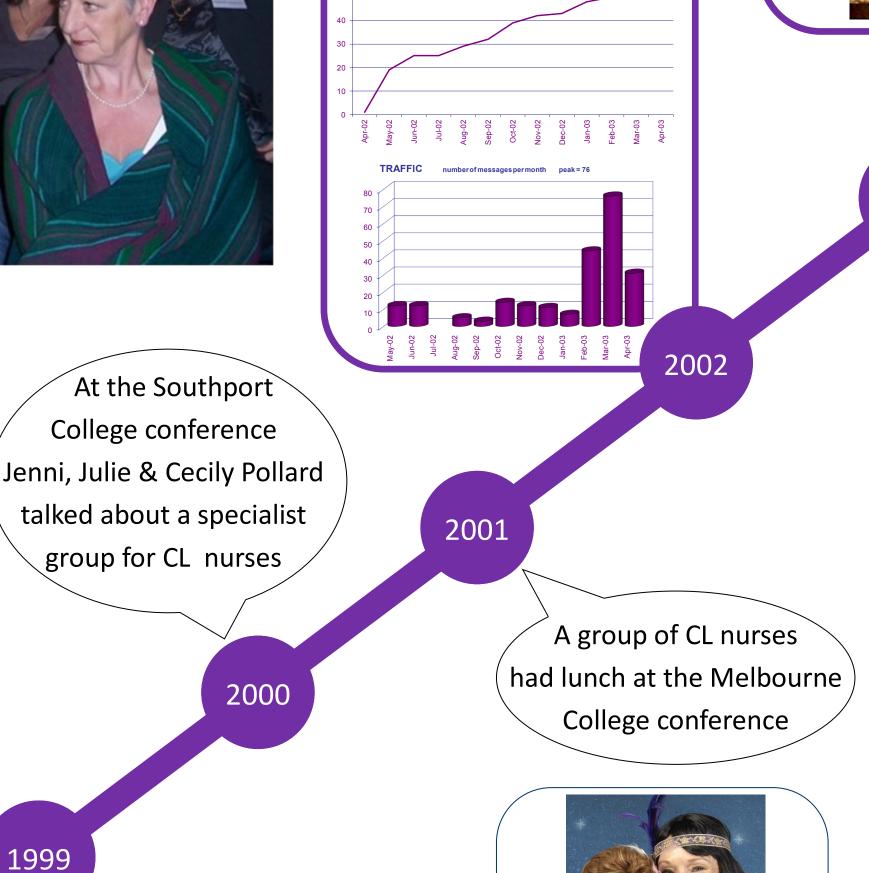


Jenni & Julie met

at the College conference

in Launceston & talked

CL nursing



Jennifer Bryant & Julie Sharrock

first came into contact with the e-list in 2008; I loved the comradeship of the forum, the willingness to share initiatives & innovations, that intoxicating feeling of being understood even though physical support was thousands of km's away. My 1st CLSIG conference in 2009 proved to be a replenishing 2 days of clinical supervision that had me committing to all future CLSIG events. The depth of discussions & case presentations from fellow CL nurses has been awesome over the last 5 years that I have been involved" Leigh Peterson Challenges, changes

ELLING STORIES

Jennifer Bryant Clinical Nurse Consultant Consultation-Liaison Psychiatry Newcastle Mater Misericordiae Hospital

Improve Quality of Care to Patients being Specialled in

Acute Care

an emergency department over a

We joined the North

Queensland tropical

symposium for the 1st of 3

successful collaborations

John Forster told us that

"CL Nursing was like herding

cats but he wouldn't do

nothin' else"

Our 1st conference was

held at the University of

9.30 Psychiatric nursing in the

ED & new options for

psychosis & agitation

00 Putting out spot fires &

psychiatric CL Nursing in

Jenny Cations & Lorraine

00 Consultation-liaison

service in EDs

back burning -

hospital setting

0 Mental health nurse

liaison in the ED, how

development of the

Timothy Wand

Jennifer Bryant

4.00 Conference Close

participants & guides the

generation of CL Nurses

Mark Joyce

.0.30 MORNING TEA

Melbourne, 55 delegates

from Australia & New

Zealand attended

Brenda Happell

.50 Conference opening

00 Consultation-liaison as a

30 Having the right image

staff feedback on the

to the Bowral District

Michael Guymer

0.00 Mental health response

across the lifespan

L.00 Utilising a mental health triage scale within an ED

May Nobel & Barwon

Health triage team

.30 The role of the PCLN in

assisting ED staff to

disturbance

2.30 **LUNCH**

Margaret McKeon

..30 Providing education to

general nurses: a

2.30 **AFTERNOON TEA**

programs?

John Forster & Linda Pye

manage acute behavioral

James Delaney

0.30 MORNING TEA

introduction of the PCLN

model of service delivery

David Reid

Julie Sharrock

CONTAINMENT IN

CL NURSING

Clinical Nurse Consultant

Management Strategy Developed for a Sub Acute

Hospital in Victoria

& camaraderie was the theme that brought us to Melbourne Paul McNamara did his 1st hypothetical





2005 In Adelaide we joined the SA Branch & it was here that College president, Steve Elsom was approached to form a special interest group An interim executive was elected



Into the light from



In collaboration with the North Queensland Regional Branch we met on the beautiful Magnetic Island & our theme was The CL nurse: Novice and expert – both



2009

SA Branch Annual Forum and the Consultation-Liaison Special Interest Group Conference, Glenelg Golf Club Adelaide, 4-5 June 2009

NURSING C-L NURSES

= COMPLETE CARE

TO COLOR DE CONTRE A SE

Mental Health Nurses maximising potential Our 10th birthday was held in Melbourne in conjunction with the Perinatal & Infant

Mental Health SIG Susan Krupnick Director of the ISPCLN joined us for our celebrations Workshops & an award for best paper were introduced Pre-conference workshops 11th June
Jniversity of South Australia, Adelaide Todd closed this conference & reminded us that "it is about the relationship"

Brisbane 2015 Passion & compassion in CL & PIMH nursing

In Noosa we were **Present and Available**

Intelligence in CL nursing This conference was held at Sydney University & 1 day was shared with the RANZCP

Issues, Innovations &



Paul McNamara developed a list of Top Ten Tips for CL Nurses when he worked in CL in Cairns

This list was added to by CL nurses who attended the Conference Magnetic Island & further additions were added by members of the Yahoo CL **Email List**

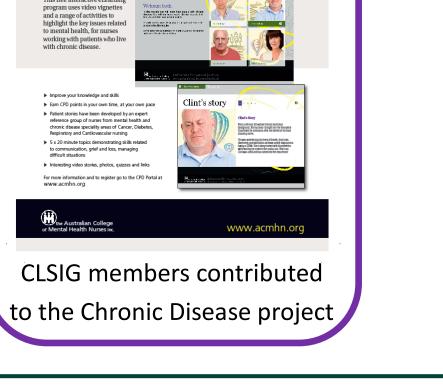




implementation and preliminary outcomes of identifying risk of aggression at triage. Witness to a Mystery... THE UNIVERSITY OF SYDNEY NSW Sydney Local Health Distr patient journey" Joint work between the C/L Nurse and Social Work Catherine Rober Julie Sharrock The role of the CL Co-existing thyrotoxicosis and Depression with psychotic A Case Report Tim & Julie attended the International Society of Psychiatric/Mental Health Nurses Conference in San Antonio for the 50th birthday of PCLN practice in the USA

"Joining the CLSIG has given me access to a specialist group of kindred spirits who understand not just the difficulties but also the rewards of being in this somewhat isolated clinical role. I particularly enjoy the variety of discussion topics, journal artícles & support offered via the CLSIG e-list." Catherine Vellacott





of Mental Health Nurses Inc.

Integrating physical & mental health care

A CL mental health nurse focuses on the mental health care of people in non-psychiatric (generalist) settings, most commonly but not exclusively, in general hospital wards, emergency departments, and nursing homes. The CL nurse aims to improve outcomes in patient care from a mental health perspective through working directly with patients and indirectly through increasing the capacity of staff to recognise and attend to the mental health needs of patients in these settings.

The CL nurse:

- works with patients and their relatives providing expert mental health assessment and intervention;
- provides guidance, education and support to generalist staff caring for the patient and collaborates with them in developing a plan of care;
- acts as a positive role model to generalist staff in psychiatric mental health care and practice; • works with the organisation or department as a mental health resource on mental health related projects, education and policy development;

acts as a link between generalist and mental health services (public and private, hospital and community).

the Australian College