Welcome

It is that time of the year again where we congregate for the annual International Mental Health Nursing Conference. This year’s conference (ACMHN 2019) will be held in Sydney from the 8th to the 10th of October themed ‘Integrated Care: People, Practice, and Policy’. Also, this year the Consultation Liaison Special Interest Group and Perinatal and Infant Special Interest Group Conference will be held as a one-day event on the 7th of October. I will be there for both conferences in my usual Marketing and Communications capacity and looking forward to meeting familiar and new faces.

This edition features a range of interesting articles and updates as well as a focus on integrated mental health care in line with ACMHN 2019. Following the recent announcement on the impact factor of the International Journal of Mental Health Nursing, we have interviewed IJMHN Editor-in-Chief Professor Kim Usher to find out more about the success of the Journal. This piece of news says a lot about the evolution of the Journal and also is telling of how far the College has come since its inception.

In another very important piece of news, the College has recently farewelled Peta Marks, our very own Professional Development Manager and Project Manager – I am sure this will be met with a mix of emotions by members and friends of the College. Peta has dedicated a decade of her career and life to all things ACMHN and mental health nursing. On a personal level and on behalf of the staff, Peta has been more than a colleague. Her leadership and dedication inspired the College staff to provide the highest quality of output. She is also a confidant to her colleagues so with no doubt, her absence will be felt by all of us at the National Office. Not every day will you have people walk into your life and leave lasting memories – Peta Marks certainly has an incredible ability to do that. Whilst Peta will be sorely missed, we are extremely thrilled that she’s making an important move in her career and wish her nothing but the best of luck.

I would also like to take this opportunity to let you know that this will be my last edition of news magazine – for at least 12 months. My maternity leave will commence in November and I have made plans to handover my editorship of news, website development project and all other communication related work to the person who will be filling in in my position while I am away. I hope that you keep your amazing contributions coming and I will be looking forward to keeping abreast of all College activities through the College social media on my leave.

Sharina Smith
What we say and what we do about achieving integrated mental health are two different things; we often talk about it but rarely implement it. The World Health Organisation (WHO) defines integrated health care as “…a concept bringing together inputs, delivery, management and organisation of services related to diagnosis, treatment and care, rehabilitation and health promotion. Integration is a means to improve services in relation to access, quality, user satisfaction and efficiency.” Integrated care needs to have the individual central to the planning stages and care delivery – everything from social, physical, mental health and economic impact need to be considered to ensure the integrated care cogs are turning. In my opinion it is no longer good enough to have mental health the remit of health ministers alone. To achieve good mental health we need every minister to have accountability for mental health to deliver adequate housing, education and employment as an example.

We need to develop good mental health services for our community particularly populations that are linguistically diverse, LGBTIQ, and Aboriginal communities which we know have varying needs to ensure good mental health care.

There is increasing awareness of the need to integrate care for a number of reasons. The main one being able to provide superior care, but there is duplication, gaps and cost inefficiencies. To have a cohesive mental health care system, we need to firstly establish a plan. What do we all agree an integrated mental health system looks like, how do we get there and how do we know when we are there? Minister Hunt’s Vision 2030 to deliver the world’s best mental health system was recently announced to develop a plan for the future, however a number of tough decisions will need to be made. The elephant in the room which governments seem reluctant to address is funding models. ‘Fee for service’ funding focuses on the individual provider and the individual episode of care. There needs to be a shift to have greater focus on funding comprehensive models of care which support integrated care across systems and encourage collaboration between service providers.

To ensure people receive the mental health care they need, when and where they need it, we must continue to build and support a mental health nursing workforce by upskilling nurses and midwives to identify mental health needs of people and refer appropriately. As nurses we play a critical role in advocating for people to ensure they receive the care when and where they need it. Let’s hope that governments of all persuasions can get behind the idea of planning a truly integrated mental health system.

The responsibility to focus on mental health should not rest only with the government - the WHO and International Council of Nurses (ICN) have taken recent steps to increase their attention on mental health. The WHO has done an immense amount of work around non-communicable diseases which has great emphasis on mental health and wellbeing by acknowledging there is no health without mental health. On World Suicide Prevention Day, the 10th September the ICN launched ‘40 seconds of action’ a campaign to raise awareness of the scale of suicide around the world and the role that each of us can play to help prevent it. Furthermore, at the ICN Congress held in Singapore in June this year, a meeting was convened to discuss mental health and mental health nursing. We have formed a small international collaborative to assist the ICN to develop a declaration on mental health nursing. This will inform the vital discussion and focus on mental health and mental health nursing, particularly raising the profile of mental health nursing in 2020 being the year of the nurse and midwife.

As I mentioned in the last news mag, mental health has become central in recent discussions and work by the World Economic Health Forum, the WHO and ICN. Now is the time for us as mental health nurses to lead the way and join with our nursing colleagues nationally and internationally to highlight the need and role of mental health nurses.

As always, I am proud and privileged to represent you and the vital work you do every day. It can sometimes feel like we are unrecognised which I know the nursing profession more broadly feels but over the years the College has grown to be a recognised voice in mental health which I would like to thank you for.

Kim Ryan
So why do we need integrated care in mental health? The philosophy of integrated care is that care delivered in this way will enhance and simplify the way a person accesses care. Further, that it will also help a person better manage any chronic health issues they might have and reduce the chance of unnecessary hospitalisation. Keeping people out of hospital and maintaining effective management of ongoing health issues is not only good health economics but vital for high quality care.

Integrated Care often combines primary health care and mental health care in one setting. The ACMHN has been proactive in responding to the need for integrated care based on the following drivers: that primary care settings provide around 50 percent of mental health care for consumers with anxiety and depression (high prevalence disorders); consumers with enduring mental illnesses and substance use disorder die on average 30 years earlier than the general population and also these consumers have a high rate of co-morbid physical disorders.

Coordinating primary care and mental health care within the one service can help address the physical health problems of people with serious mental illnesses. Existing problems in the primary health care space relate to the shortage of mental health nurses to service primary care settings, a lack of recognition by primary health care services of the scope of practice of mental health nurses and in particular, their expertise in talking therapies amongst other things. The Nurses in Australian General Practice standards define and describe the practice of nurses, guide practice and support the delivery of stepped mental health care by nurses working in general practice and other primary health care settings. As the ACMHN website (www.acmhn.org/publications/gpn-practice-standards) details, these new Practice Standards have built on the Australian and Nursing Midwifery (ANMF) National Practice Standards for Nurses working in Australian general practice. They provide an important framework against which nurses can self-assess their professional development needs and adjust their clinical practice to ensure that every person seen in the primary care setting has their mental health needs considered and addressed as appropriate. Thus, the ACMHN has been proactive in the promotion of integrated care through this initiative.

The articles in this edition of the News magazine focus on a variety of aspects of integrated care and I hope your reading of them will whet your appetite for our upcoming 45th international mental health nursing conference with the theme ‘Integrated Care: People, Policy, Practice’ where a much deeper dive will occur into issues surrounding the current and future state of play regarding integrated care. I look forward to seeing you in Sydney.

Eimear Muir-Cochrane
National study of health workforce training outcomes

The Australian Government Department of Health has commissioned KBC Australia to undertake a national study of health workforce training outcomes. As part of this study, you have been invited to participate in our Health Careers Pathways Survey.

All nursing, midwifery, pharmacy, dentistry and allied health practitioners who graduated between 2005-2018 are invited to participate.

By completing this short survey about your training and work history, you will be making an invaluable contribution to our understanding of the role of clinical placements in health workforce training.

For more information and to participate, visit: https://kbconsult.syd1.qualtrics.com/fe/form/SV_6MF9UCb51dBv5b?source=CoNNMO

Australian Mental Health Prize Finalists to be announced

The Australian Mental Health Prize was established in 2016 by UNSW Medicine through its School of Psychiatry, Australia’s pre-eminent psychiatric research department. It recognises Australians who have made outstanding contributions to either the promotion of mental health, or the prevention and treatment of mental illness.

Entries for this year’s nominations closed on 30 August 2019. Finalists will be announced during Mental Health Week running from 6-12 October 2019.

For more information, visit: www.australianmentalhealthprize.org.au

Mental health practitioners in secondary schools

Every Victorian Government secondary school campus will have a suitably qualified mental health practitioner by 2022. Allocation of the mental health practitioners will be based on enrolments, with each campus receiving 0.5 FTE on average. In 2019, starting from Term 3, the initiative will be rolled out to more than 50 secondary school campuses.

The College has been contacted by the Mental Health Practitioners Initiative, Schools and Regional Services (SRS) Department of Education and Training in Victoria to inform our members that the many secondary schools in the Bayside Peninsula and Barwon Areas are now recruiting for mental health practitioner roles (including Mental Health Nurses).


World Mental Health Day

World Mental Health Day – Thursday 10 October — is a day for global mental health education, awareness and advocacy. It is an initiative of the World Federation for Mental Health to raise public awareness of mental health issues worldwide. To get involved by ordering free campaign materials or making a #MentalHealthPromise, head to www.1010.org.au

Join the ACMHN on World Mental Health Day as an ACMHN 2019 conference delegate in Sydney.

Mental Health Nursing Forum 2020

Following a very successful pilot forum in Victoria in June, the ACMHN’s Mental Health Nursing Forum will be held across four major cities.

The Forum aims to promote mental health nursing broadly across the region and provide an opportunity for mental health nurses to engage with the profession and with the College.

The College and Committee are excited to provide an opportunity to discuss local issues related to mental health nursing and identify areas of focus for the College in supporting mental health nurses in your area.

Have you read an article of interest and would like to share it with the College members? Email it to communications@acmhn.org
TIMELY SUPPORT AT AN OPTIMISTIC TIME FOR MENTAL HEALTH REFORM

Frank Quinlan

Next week, more than 90 organisations from the mental health and suicide prevention sector will write to the Prime Minister and highlight our Charter 2020 Time to Fix Mental Health. The show of support and unity is timely. It's timely following a hugely successful World Suicide Prevention Day and R U OK? Day this week. And timely given the great optimism there is for mental health reform ahead of release of the Productivity Commission Inquiry Draft Report in October/November.

The Prime Minister, the Treasurer and the Minister for Health have all spoken about their deep personal commitment to reducing suicides and improving Australia’s mental health.

In addition, the Productivity Commission has been tasked with an inquiry examining the impact of mental health on people’s ability to participate socially and economically. The Productivity Commission has already shown an understanding of the multifaceted nature of mental health with its first paper in relation to the review canvassing issues across the social determinants of mental health.

It’s no secret that the mental health sector suffers from review fatigue. Multiple reviews have been conducted into mental health in recent decades, highlighting remarkably similar issues. Reviews have offered high quality articulation of issues and provided some policy solutions. However, these reviews have not been followed with high quality and comprehensive implementation. The current Productivity Commission Inquiry has the potential to be different, to be a genuine catalyst for real reform, especially if we unite behind the greater cause of implementing the report, rather than trying to fragment it.

With this in mind, and in addition the Joint Letter and Charter 2020 Time to Fix Mental Health, Mental Health Australia has invested considerably in supporting the review through three submissions providing advice about:

- the appropriate suite and mix of mental health services and enabling systems and structures
- a global evidence review of some international models of care
- the appropriate intergovernmental governance and financial arrangements required to underpin a robust mental health system.

All three submissions are available on our website at www.mhaustralia.org while the final Joint Letter and Charter 2020 Time to Fix Mental Health will be distributed wide and far next week.

A Charter that speaks to the need for a national agreement for mental health, person-led care, addressing the social determinants of health, investing in prevention and early intervention, Indigenous social and emotional wellbeing, integration of support, expanding community based mental health care, supporting the workforce and building the evidence base and accountability.

A Charter that provides some guidance to government on where to focus its attention in response to the review and in doing so make lasting systemic reform and realising the social and economic benefits that a well-functioning mental health system can enable.

A Charter that defines the core issues that unite the mental health and suicide prevention sector.

A Charter to ensure we all work hard to ensure implementation of this once in a generation opportunity, the Productivity Commission Inquiry into Mental Health.

Mental Health Australia looks forward to continuing to support the Productivity Commission through providing measured and thoughtful systemic advice. To stay up to date with Mental Health Australia's systemic policy advocacy, and in particular about the Charter 2020, please sign up to receive the Mental Health Australia CEO Weekly Updates.

Frank Quinlan
CEO
Mental Health Australia
ACMHN PROJECT UPDATE

The Improving Social Connectedness of Older Australians pilot project recognises the role that the Compassionate Communities movement can play in connecting older people with their communities.

For example - In Inverclyde, Scotland it was noted that some elderly folk have their only contact with others during a hospital admission. The community of Inverclyde responded to the loneliness of their older residents through Compassionate Inverclyde. Community members visit the elderly in hospital and arrange home care packs for older people who live alone. Each pack contains essential items such as tea, coffee, long-life milk, packet soups, biscuits and tinned meats donated from the community. These donations mean that the discharged person can enjoy a hot drink and a light snack when they go home. The care pack also includes get well cards from local school children and knitted blanket from local craft groups. The community members are clear that Compassionate Inverclyde is not an organisation but a movement of compassionate for their community. A short video on Compassionate Inverclyde can be accessed www.youtube.com/watch?v=6yav7Mw1Ch8

In Australia, the Compassionate Communities movement has a death literacy focus, but compassionate connections also work well for identifying, assessing and responding to isolated and lonely people. Identifying, assessing and referring lonely or isolated older persons is key to the ISCOA project.

The federal Department of Health have released implementation guidelines for developing Compassionate Communities in Australia. The guidelines outline six approaches to developing a compassionate community. Refer to Figure 1:

The Nepean Blue Mountains Primary Health Network have had previous success with developing Compassionate Community in the Blue Mountains using a community development approach. The PHN plans to use a community development approach, community activation and community partnerships for developing a Compassionate Community for the project area of the Hawkesbury.

Three co-designed workshops have been held in Pitt Town; North Richmond and Windsor. During the workshops members of the communities were able to identify the issues of concern for their communities. Also identified were the community's assets such as institutions, organisations, individuals, physical spaces and local economies and how each of these assets could contribute to addressing the concerns of the community members.

Concerns raised included the locked public toilets which reduced the walking range of older people fearful of being caught without toilet facilities. The reduction in opportunity for getting out in safe open spaces was seen as contributing to older people's isolation and loneliness.

In each of the workshops a common question was “how do we identify the isolated, lonely or those who might be at risk of being isolated?”

Looking around the local communities it was possible to identify some eyes on the ground who would have regular contact with elderly persons who may be lonely or isolated. Meals on wheels providers and taxi drivers were identified as services that have regular contact with older persons who could be lonely or isolated. The next steps for community activation will be in identifying these community connectors and offering training in how to identify and refer lonely or isolated people to possible supports in their community. A range of one on one and group activities will be required to meet the individual needs of the lonely or isolated older person.

References


Figure 1

Wendy Gain
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INTERVIEW WITH IJMHN EDITOR-IN-CHIEF
PROFESSOR KIM USHER

It must be a challenge to keep the journal performing so well in such a competitive market...what’s the secret of its success?

Keeping our journal among the top ones for nursing and the top for mental health nursing is a challenge. I work closely with the College executive, College Board, our publisher Wiley and the IJMHN Editorial Board to continue to position the journal highly. You may have seen the recent flurry of messages and tweets about the latest journal impact factor announcements. These announcements are anxiously awaited by journal owners, editors and editorial board members alike. This year, the impact factor (IF) of the International Journal of Mental Health Nursing (IJMHN), the journal of the Australian College of Mental Health Nurses (ACMHN), had a 20 percent rise in impact factor to 2.433, meaning the IJMHN is among the top ten nursing journals in the world, with the highest IF of any mental health nursing journal; certainly, something of which we can all be very proud as College members.

Can you explain what an impact factor is and why it is relevant?

The journal IF is a measure of the frequency with which an average journal article in a particular journal is cited in a particular year. The greater the number of citations of articles, the greater importance given to that journal. In essence this means that the more times articles published in the IJMHN are cited across a particular time period, the more highly ranked the journal will become. Peer-reviewed journals such as ours are very important sources of evidence. In recent years however we have seen a proliferation of journals resulting in the need for filters to assist us as readers to determine the quality, importance, and relevance of scientific literature (Neylon & Wu, 2009). Most researchers will tend to look for the journals they consider the best quality and most important when they look for new evidence to support their research. That is why the journal IF is considered so important.

What is your vision for the journal and how do you plan to get there?

The IJMHN is a fully refereed, peer-reviewed journal, that offers a forum where mental health nurses can publish issues of importance to practice, education, research and policy. The journal aims to provide a lively forum for the exchange of ideas on all issues relevant to mental health nursing, including directions in education and training, management approaches, policy, ethical questions, theoretical inquiry and clinical concern. Our goals include the following: Continue the international recognition of the IJMHN (which includes the maintenance and improvement of the IF); improve the global reach of the IJMHN; increase international focus of submissions and international readership; strengthen the role of the Editorial Board of the IJMHN; promote the IJMHN through Social Media (mainly through our twitter campaign which has been very successful-see MacNamara & Usher (2019) for further details); strengthen the contemporary mental health nursing focus of the IJMHN; and, manage and support reviewers.

What are the things you look for in a strong article for publication?

As the Editor-in-Chief, it is my role to assess all incoming articles to determine if they fit the aims and quality of the IJMHN prior to sending them for review by our team of peer-reviewers. Initially I check each article to determine if it meets the quality expected of a paper in our journal and then if the content will be of interest to our members and readers. If I send the article forward for review, the reviewers then provide feedback on the article where the article is assessed according to a number of possible outcomes: accept; minor revision; major revision; or, reject. If the article is assessed as requiring minor or major revisions, the feedback is returned to the author/s who are requested to provide the changes to the article within a specified time frame. I also work with the Editorial Board to identify topics of interest for Special and Virtual issues and to identify suitable Guest Editors for those issues.

If someone has never written a journal article before but has a good idea, what should they do?

We are always on the lookout for new authors and reviewers. If you are interested in writing for the IJMHN, I recommend attending one of our writing workshops or a similar workshop. Alternatively, new authors can team up with a more experienced author. We are holding a workshop for new authors prior to the Annual International ACMHN conference in Sydney this year and facilitated by Professors Michelle Cleary and Dianne Wynaden and me. We are also hoping to be offered a 20-minute time slot at the conference to hold a short session for new and current reviewers. I am always happy to meet with our members and readers and to hear your ideas for improving the quality, scope and reach of the journal; so please make yourself known to me at the upcoming conference.

References


Professor Kim Usher
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Dear Colleagues

I have worked with the Australian College of Mental Health Nurses on staff for the past ten years (and for a few years before that on a project-by-project basis) and I can honestly say that I have learned so much and enjoyed every aspect of my role. The time has come for me to move on and I wanted to take this opportunity to say a few thank yous and to reflect on all that has been achieved.

When I first started with the College doing some project work, Kim was alone, with the humongous task of growing the organisation in front of her. After doing a few projects in between having kids, I came on board part-time as the inaugural Communications Officer - developing news mag, establishing the website and getting things ready for Clare Butterfield, our first REAL Comms Officer. We now have Sharina, who has both Comms and Marketing expertise and is pushing the comms role into new exciting directions. I then undertook events coordination - working at first with an external Professional Conference Organiser, then bringing half of the conference related work in-house...getting things ready for Nicole Rutter, our first REAL Events Officer, who brought the conference management fully in-house. Of course we now have Ellen Fraser as Events Manager extraordinaire - Ellen has a MBA on top of her events quals and significant experience, and I’m sure you would all agree has taken the events program and International Conference to a whole new level...with great support from Lauren who is so adept across so many portfolios.

I then started writing project funding proposals and managing projects as they came in - they were small ones at first and became more numerous and complex over time. I was joined by the wonderful Irene Dummett as Project Officer who has coordinated numerous projects and contributed so much to the organisation. I think ‘projects’ is where my mental health nursing skills, my love of writing and MPH quals came into their own. Over the past five to six years Kim and I have brought in over $6m in project funding which I have then managed - projects which have enabled us to grow as an organisation and which have then meant we could establish a learning management platform for more CPD to be developed, purchase a new database which Irene and Fiona (whose attention to detail is second to none) are currently working so hard on, and a new look website soon to be revealed by Sharina. Of course, projects also contribute to staffing and operation expenditure and thus far have helped us to achieve some really important pieces of work for the mental health nursing profession - the Undergraduate and Postgraduate Frameworks for mental health nursing education, the course accreditation process, C4N (the framework, the online system and the CPD App) and the first of our online learning modules...in perinatal mental health, chronic disease and primary care.

It has been an honour to work with such an amazing group of people in the National Office who are all consummate professionals. They have all been heavily invested in the work of the College and the business of mental health - and for a group of people who are not mental health nurses, that’s pretty awesome. Of course, I have also learned a lot from working alongside Kim who has been a truly inspirational leader, tireless advocate for the profession and a wonderful boss and friend; and I am in awe of the professionalism and skills of Kim’s Executive Assistant and Office Manager Kylie Pryde, who provides so much support to everyone in the office and keeps things running smoothly. Thanks too to Sirla Jafri, our Finance and Corporate Services Manager, who is a woman of incredible integrity and who has taught me a lot about business management from the financial perspective. And hats off to Amanda who has brought a new efficiency to accreditation and credentialing, and to our newest recruit Psyche who was thrown into the deep end learning not one but two membership databases during the database transition period.

I have always maintained my clinical practice because I believe it is important to stay connected to the realities of living with mental illness - I have learned so much from the people I have worked with and their amazing families, so I must thank them! Of course I must also thank my family who have been so supportive of my very busy job - which has meant lots of sitting in front of the computer at all hours of the day and night, and lots of time away from them. And last but not least, thanks to you, the many members I have learned from over the past 10 years and who I have worked with in a range of ways - on committees, writing reports and submissions, through conference and one-on-one – it has been a privilege to connect with so many of you who are doing really important work...there are too many of you to name, but I hope you know who you are.

I leave the College with a sense of nostalgia - I feel proud of my contribution to the growth of the organisation to this point and to the mental health nursing profession which has given me so much - but I’m also excited about the next phase of my career and doing a bit less travel and spending more time with my teenagers!

Go well.

Peta Marks
Professional Development Manager
National Project Manager
Australian College of Mental Health Nurses
STARTALKING

Louise Ward

StARTalking is a free 2-hour Arts and Health workshop facilitated by La Trobe University mental health nurse academic Dr Louise Ward, art therapists, and La Trobe University undergraduate nursing students. The program has been operating for over 2 years. Each week 15-20 people living in Nth / West Melbourne (aged between 20-70) attend the workshop and engage in health education and art making activities.

The workshop starts with students presenting a mindfulness activity, and or a breathing exercise followed by a 15-minute student led health education session on a topic such as mental health, Diabetes, Cardiac health or Asthma. The group then participates in a range of art making activities that include painting, still life drawing, sculpture and or ceramics. Music, storytelling and group discussion occur throughout the workshop and an afternoon tea is always served.

The StARTalking program has been evaluated for impact on student and community participant learning. Many positive outcomes were identified. One student said;

I have learnt so much from being with people from all walks of life. I have gained heaps of confidence presenting education and information to a diverse group.

Another student commented;

A lot of people who come to the group have had or are having a hard time, and are like unemployed or even homelessness. I

learned so much from hearing their stories, it has given me a great understanding of the difficulties people face in their life.

One of the community participants commented;

I come to StARTalking because it gets me out of the house and I have met so many good people here. I couldn't afford to do anything like this if I had to pay. It's amazing.

Another said;

I have had lots of mental health issues in my life and this group is the one thing I look forward to each week. It gives me purpose.

The evaluation highlighted the benefit of StARTalking on student professional development and leadership skill. The evaluation revealed that community participants considered StARTalking a connection to community and critical to their mental health and wellbeing.

The StARTalking participants and students are busy working towards an exhibition of their artwork on the 11th October 2019. The exhibition will promote and celebrate Mental Health Week. Details about the exhibition will be publicised in August.

Anyone interested in learning more about the program or would like to attend a StARTalking workshop please contact Louise.

Dr Louise Ward
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BREAKING THE STIGMA

Ryan Zeppa-Cohen

It has been known for a while now that we are facing a national shortage of mental health nurses. Since I graduated from my undergraduate degree in 2012 and commenced working in mental health, I’ve read about this problem in the literature, spoken about it with colleagues, and listened to various solutions and remedies people believe will alleviate what can best be described as a looming threat to our profession.

There are several solutions I believe can help us overcome this collective issue of ours. However, the one I am particularly passionate about is providing undergraduate students with placements that show them the benefits of this specialty, whilst also dispelling common misconceptions that exist around this career choice. It’s disappointing to hear students tell me they’ve been actively discouraged from considering mental health nursing after graduation. It perpetuates an incorrect belief that this is somehow ‘not real nursing’.

Often the time we have with students is very short, with two weeks being the common placement length. How can we possibly show students the benefits of our specialised profession in such a short period of time? Nonetheless, I continue to see mental health nurses take the time to provide students with the best experience possible, often knowing they need to work twice as hard to overcome the stigma about choosing mental health as a career pathway.

Recently my team leader and I were invited to participate in a project being produced by Clinical Excellence Queensland through the Office of the Chief Nursing and Midwifery Officer. The goal of this project is to create content that will educate and encourage people into a career in mental health nursing. A similar initiative occurred in the past for midwifery, an area that faces its own shortages. Mental health nurses were interviewed about their career, what made them choose this path and what they enjoyed about their work. Such projects are not going to completely solve our shortage. They can however provide a better overview of the vast opportunities that one can pursue within mental health nursing. We felt privileged to be a part of this initiative and hope that it can help with enticing the next generation of mental health nurses.

Ryan Zeppa-Cohen  
Credentialed Mental Health Nurse  
Clinical Nurse Consultant (Dual Diagnosis)  
Metro South Addiction and Mental Health Services

Joanne Wild  
Team Leader  
Credentialed Mental Health Nurse  
Metro South Addiction and Mental Health Services
CREATING A WORLD-LEADING AUSTRALIAN PERINATAL MENTAL HEALTH CARE SYSTEM

Nicole Highet

With renewed leadership and support from the Federal Coalition Government, Australia is now seen as a world leader in perinatal mental health.

Australian women are most likely to develop a mental health condition in pregnancy and the first year following birth – with the risk higher than at any other time of life.

COPE (www.cope.org.au) was created in 2013 to drastically improve the development and delivery of new innovative perinatal mental health care tools and systems to support happier, healthier Australian women and families.

The Federal Coalition Government committed $1.169 million to the Centre of Perinatal Excellence (COPE) in October 2017 under a three-year funding agreement.

Work to date has focused on educating and training health professionals on best practice and improving emotional and mental health outcomes for mothers, fathers and families across Australia through a range of programs.

1. New Improved Website

The COPE website (www.cope.org.au) was refreshed and launched in April 2019 to cater for the increased demand in web traffic, streamline information, improve the user experience and increase functionality to highlight new program areas.

The website redesign has also been adapted to be more inclusive of fathers and partners.

2. National Guideline and Accredited Online Training

To help professionals put the new Guideline into practice, COPE developed a free accredited online training program to improve understanding of mental health disorders in the perinatal period (Module 1), support screening implementation (Module 2) and guide professionals in referral and treatment (Module 3).

The course can be completed at the health professional’s own pace. Quizzes and case studies are included, and student receive a certificate for accreditation purposes on successful completion of the lessons and assessments.

To date, 2,062 students and health professionals have completed the course. Almost all (96%) participants indicated that they were very satisfied (56%) or satisfied (40%) with the program and 96% would certainly recommend the program to others.

The quality and integrity of the program is also reflected in the request from other countries to adopt the program internationally.

3. e-COPE Directory

COPE is currently working to develop the national e-COPE Directory to support timely and appropriate referrals to qualified health professionals.

For the first time ever in Australia (and internationally), the e-COPE Directory will identify health professionals with demonstrated expertise in perinatal depression and anxiety.

In addition, the e-COPE Directory has been designed to allow consumers and referring health professionals to conduct a search specifying additional requirements, such as whether the practitioner bulk-bills, speaks other languages, provide telehealth services, etc.

Accreditation

Criteria for registration onto the e-COPE Directory will be informed by the Perinatal Depression and Anxiety Training Matrix.

The Matrix has been developed by COPE in association with member organisations involved in the delivery of mental health care and consumers. The Matrix specifically identifies the competencies required by health professionals when working with individuals and families in the perinatal period and ultimately for listing onto the e-COPE Directory.
Population of the e-COPE Directory

Through our member organisations and other peak bodies focusing on the delivery of mental health services, COPE will invite individual practitioners to apply to register on the national e-COPE Directory.

Following the submission of registration, applications will be reviewed against the developed national standards and on acceptance practitioner details will be published in the e-COPE Directory.

COPE will continue to facilitate and monitor the registration and access of the e-COPE Directory by consumers and health professionals and report to the Commonwealth Government and our stakeholders.

The e-COPE Directory will be available by September 2019.

Ensure you are notified when submissions are open and the directory is live, register your details at www.cope.org.au/hpsignup.

4. The Mum Drum

To support consumer participation and promote the lived experience, COPE has developed an innovative and engaging online YouTube series - The Mum Drum.

The Mum Drum is an eight-part series, hosted by psychologists, involving interviews with women and their partners about their experiences of becoming a parent.

These interviews cover the range of potential challenges that individuals may face and are likely to appeal to a wide range of prospective, expectant and new parents.

Key themes addressed in Series One range from managing expectations in pregnancy and parenthood, managing relationships, identifying and coping with mental health conditions, managing the work-family juggle, coping following a traumatic birth and much more.

The Mum Drum series will be available from August 2019 via YouTube and podcast on the COPE website. To find out more visit www.cope.org.au/mumdrum

We at COPE look forward to continuing to work with the College and mental health nurses across the country, to continue to ensure Australia continues to be a world leader in perinatal mental health.

Nicole Highet
CEO
Centre of Perinatal Excellence

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ZEN AND THE ART OF INTEGRATED MENTAL HEALTH NURSING: A REFLECTION ON MINDFULNESS PRACTICE

Rebekkah Sparrow Lord

What is integrated health care?

After reading the WHO definition of “integrated care” two things struck a chord.

1. It was being defined by what it is not.
2. The definition is a work in progress – created by the people involved.

Integration is defined by the World Health Organisation in response to the dominant system. “Integrated care is contraposed to fragmented and episodic care, and is used synonymously to terms like coordinated and seamless care, among others. However, there is no unifying definition or common conceptual understanding of integrated care…perspectives that construct the concept are likely to be shaped by views and expectations of various stakeholders in the health care system.”

Integrated care, by its very nature, seeks connection, to value diverse information sources and to always be person-centred. When our framing lens is integrated and person-centred, we see both, the overarching contextual framework, (the mental health care system) right down to interactions with patients, as interconnected.

Working within a contextual and holistic paradigm, is something that nurses have always done well. We have always been the integrated clinicians, working alongside our patients, bringing balance and contextual holism, to the medical model.

With this in mind, Nurses could easily spring board into a more conscious practice of integrated, health care. After all, we, as mental health nurse clinicians and leaders potentially play a significant role in defining what integrated mental health care actually is.

Mindfulness & Mindful Leadership: Our potential springboard into enhancing Integrated Mental Health Care.

Stress is endemic in mental health care. Driving factors include organisational culture, intense workloads, competing medical priorities, high levels of responsibility, everyday ethics, emotional/ mental burnout and vicarious trauma. All of these cause organisational and individual stress, affect patient experience, and, at times, clinical outcomes.
Mindfulness, the simple practice of paying attention, in the moment, without judgement, is building a strong evidence base, particularly within the context of stress and health care delivery. (McCubbin et al 2014)

Physicians who practice mindfulness, noted in studies done by Epstein & Krasner, cited by Lebov (2014) experience powerful, positive impacts on care decisions, patient perceptions... job satisfaction, stronger feelings of connection with patients, greater patient satisfaction, and reduced stress.

Mindfulness has also been noted to improve experience of empathy and appreciation for co-workers, improve organisational climate, social cohesion, improve care delivery, promote resilience, facilitate openness, compassion, receptivity, and improved ability to focus on patients. (Byron et al 2015)

Mindfulness in mental health care has the potential to transform mental health assessment, communication with vulnerable people, and delivery of psychotherapy and counselling. Given this, we suggest that embracing mindfulness throughout all levels of mental health culture and practice could significantly empower clinicians towards the integrated, values-lead model of care, many of us aspire to.

Some tips on implementing mindfulness in the mental health workplace:

As mental health nurses, many of us have had exposure to mindfulness theory and practice. We suggest that implementing mindful leadership and practice would be relatively simple. It need not disrupt daily flow.

- Before the work day, spend 5 minute bringing attention to the breath, notice any tension or sensations in the body, any thoughts popping up. Without judgement, accept sensations and thoughts and then return to the breath. Consider thoughts like clouds passing over a blue sky, or leaves flowing past on a stream. Repeat at shift’s end.

- Before talking to a patient or co-worker, mindfully check in. Stop, take a deep breath, and then follow the above steps. Consciously stopping to breathe is key. Over time, this can become a seamless process, part of your day. Metaphorically, we are opening a door to shine light into different places in our minds, allowing us to make a conscious choice about the way we listen and communicate. In our field, where therapeutic alliance is everything, this practice could bring about significant insights.

- As with many self-awareness practices, just keep returning to the breath, and continue with your day. Undergird all practice with patience, non-judgement of self and self-compassion.

- Get a ward “mindful communication” group happening. Support each other’s practice, make it more part of the ward dialogue, normalising it as you go.

- Working at the edges of our own mental and emotional experience, requires sensitive and educated support. Consider mindfulness informed support within clinical supervision.

- Notice how leaders in your ward or unit influence work culture. To truly empower mindfulness practice, buy in and support needs to come from nursing leaders. (Byron et al 2015)

Conclusion

We suggest that a major barrier to values-lead integrated care is stress. Mindfulness is an empirically supported antidote to stress, which could facilitate our ability to improve our expression of integrated care.

We theorise, that conscious leadership along with a normalisation of mindfulness practice within ward culture, has potential to transform the experience of mental health nursing and clinical outcomes for patients. (Lebov 2014) (McCubbin 2015)

Victor Frankel once famously observed, “Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom” This is the essence of mindfulness. Using simple practices to open the mental door a crack, to let some light in, to give a moment’s space in the extraordinary rush of life. Within this moment, we can give ourselves the choice to change behavioural trajectory.

We need not do what we’ve always done to get more done. Stop, breathe and check in. Then we can choose something more aligned to the values that bought us into Mental Health Nursing in the first place: a striving for human dignity, compassion and integrated, values-lead clinical care.

We are the ones creating what integrated care is.

“We are the ones we have been waiting for.” June Jordan

References available upon request.

Rebekkah Sparrow Lord
Registered Nurse
Qualified Yoga Teacher
Rebekkah.sparrow@gmail.com
VICTORIAN BRANCH MENTAL HEALTH NURSING FORUM 2019
Q&A DISCUSSION FORUM SUMMARY

Michael Blair

Facilitator: Michael Blair

Panel Members:
Anna Love – Chief Mental Health Nurse Victoria
Brian Jackson – Director of Nursing North Western Mental Health
Kim Foster – Prof Mental Health Nursing ACMHN
Nicole Edwards – Clinical Nurse Consultant - Monash Health
Kate Thwaites – Principal Clinical Advisor, Office of The Chief Mental Health Nurse

“In Australia in 2016, there were 3159 full time equivalent psychiatrists employed, 20,610 mental health nurses” – “Given this is a significant community investment... How do we define who is a mental health nurse? Should we be advocating for Specialist Mental Health Nurse registration?”

This was the first and most significant question put to our newly developed Mental Health Nurse Forum, Q&A Panel on the 7th of June 2019.

The Forum was held at the Australian Nursing and Midwifery Federation Offices in Melbourne a venue is far from wanting in resources for conferences of this type, it has purpose built breakout rooms and auditorium.

Keynote speakers included: Prof Eimear Muir Cochrane (ACMHN President), Prof Kim Foster (ACMHN Vice President), Ms Anna Love - Chief Mental Health Nurse, Ms Kate Thwaites and Dr Haley Peckham.

The keynote speakers all spoke to their respective areas of expertise which included Prof Eimear Muir Cochrane giving a roundup of College activities and progress, Prof Kim Foster gave some insights into her current research findings that relate to building resilience in mental health nurses, Ms Anna Love spoke about projects that the department have been progressing and Hayley Peckham spoke about “Introducing the Neuroplastic Narrative as the biological foundation for Trauma-informed approaches”

After lunch Kate Thwaites updated all present on “Clinical Supervision in Victoria’, then at the end of the day was our new initiative - the Q&A Forum.

The ‘Q&A style’ discussion forum was designed to be inclusive as possible – with a call for questions to the panel being made well in advance. The call went through email and social media (both Twitter and Facebook).

Questions received were circulated to our panel prior to the event so as they could prepare their responses. We intertwined the set questions with a selection of “spontaneous questions” from the floor. This aided in ensuring audience participation and that it truly was a “discussion forum”.

Some of the questions received were very topical and relevant to current issues in the public arena and local media.

Example questions from twitter were;

• “Will the ACMHN be putting a submission to the Victorian Mental Health Royal Commission 2019?”
• What do you think we should be highlighting as the deficits of the system?
• What do you think is working well?

The answer to the Victorian Mental Health Royal Commission question was given by Professor Kim Foster (Vice President of the ACMHN) who informed us that the College had prepared a response to the commission, she made reference to the relevant points made in the submission, these were shared with the audience, who felt well informed. This submission should soon be available for members to peruse on the College website. Submissions are still being called for so you may wish to read this and your voice, as mental health nurses should have a say in the future model for mental health care in Victoria.
Another interesting question from email was:

- The National Safety & Quality Standards 2nd Edition: Standard 5 - Comprehensive Care—Actions 5.15-5.20 relate to End of Life.

How will the Victorian Parliament - Voluntary Assisted Dying Act 2017 be implemented from 19 June and will it impact mental health clients and care?

What is the panels’ opinion regarding the implementation of the act?

This question was challenging for some of our panel members to answer, but the answer was given by Anna Love who referred the audience to the relevant Victorian government web site and the 68 safety provisions and steps that have been enshrined in legislation, and the flow chart for persons to follow. She highlighted the need for clinicians in the field to make themselves aware of the new Act and its provisions to ensure clients are not misled. She clarified this was not her field of expertise and gave a name of person to contact in the department for advice.


Another question that received some interesting response was a twitter question from @Meta4RN;

- “Are Lakeman and Molloy right when they propose that Mental Health Nursing is a zombie category (i.e. not alive anymore, just undead and going through the motions)?”
- “Are brains actually as delicious as zombies seem to think they are?”

The first part of the question referred back to the paper published in the International Journal of Mental Health Nursing, that the paper was written with purpose of stimulating debate but many of the contentions put in the paper were challenged and put to bed by the panel. The second part of the question remains unanswered but provided some light relief.

Another question was asked that related to the current National Review of Nurse Education being conducted by the Federal Dept. of Health and Human Services – through the Office of the Chief Nurse;

- Do you believe that since 1990 we have been adequately educating our student nurses and are they graduating fit to practice as registered mental health nurses?
- Do you think we need to revisit Specialist Mental Health nurse registration?

The panel responded that nursing is becoming more complex and if we are to educate nurses for the future the current three-year curriculum does not allow enough time to establish “work ready” nurses (even at novice level) for practice. The idea of a fourth year being added to the study for an undergraduate level course seemed appropriate (but as a paid ‘intern year’ of specialisation).
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Linda Mora, Mental Health Nurse.
DEFENCE OF ONE’S CRIMINAL ACTIONS; INSANITY OR INTOXICATION

Scott Trueman

For the vast majority of successful criminal law prosecutions, the state must prove that the individual/defendant formed an intention or had ‘mens rea’ to commit the crime. They had formed an intention to kill, rob, maim; their actions did not arise from an accident, mistakenly or unintentionally. The individual needs to possess the mental capacity to make (or not) such a decision. The difficulty arises between an individual who is intoxicated by alcohol and/or drugs and those, who as the law describes, are insane due to a mental illness; it's a 'fine line' and one that is difficult to judicially determine.

When the author was at law school (many years ago), a criminal defence submission would be that the individual/defendant could raise the 'drunks defence'. This meant that at the time of offending they lacked, through intoxication, the requisite mental cognitive ability to form an 'intent' to commit the criminal act and/or undertake the criminal behaviour. Hence, for example when 'king hitting with one punch' someone at a hotel and thereby killing a victim, they would submit that they were so drunk that they did not 'intend' for the victim to die or could not reasonably foresee their actions resulting in the same; they were simply just too intoxicated. Most states and territories have legislated against this. Today, in most jurisdictions, if at the time of consuming a drug or alcohol, it is reasonably foreseeable, that an ordinary person would know that they would become impaired in judgment and could commit a criminal act, they are not usually able to raise this as a legal defence. There is a world of difference between voluntarily knowing that I am injecting a substance which will make my behaviour erratic and unpredictable/violent and someone unknowingly spiking a person's drink.

The troublesome area/issue/tension is when an individual takes drugs and/or alcohol and becomes mentally ill (pursuant to the various criteria in the Mental Health Acts). Where does personal responsibility for acts start and finish, and when such criminal behaviour should be 'deemed' as arising from being legally insane?

A recent case is illustrative. It involved questions of delineating between voluntarily becoming intoxicated and mental health illness whilst committing a criminal act.

Ms. B was 31 years of age at the time of the offending and had been living with the victim for about 10 years, married to him for most of that time. Police were called to their home and discovered that Ms. B had seriously stabbed her husband with a large kitchen knife. She made admissions to them and told them where they could find the knife.

Ms. B's treating psychiatrist (Dr. V) described a history of mental illness (schizoaffective disorder) from about 18 years of age, complicated by a lack of insight and consequent poor adherence to treatment. Ms. B's illness was further complicated by frequent use of illegal drugs: cannabis and amphetamines. Dr. V reported that when unwell Ms. B often presented with thought disorder, labile mood, disorganisation, poor self-care, persecutory delusions and delusions of infidelity concerning her husband. These delusions of infidelity have characterised Ms. B's illness.

The relevant Criminal Code provides:

“Insanity

(1) A person is not criminally responsible for an act or omission if at the time of doing the act or making the omission the person is in such a state of mental disease or natural mental infirmity as to deprive the person of capacity to understand what the person is doing, or of capacity to control the person's actions, or of capacity to know that the person ought not to do the act or make the omission.

(2) A person whose mind, at the time of the person's doing or omitting to do an act, is affected by delusions on some specific matter or matters, but who is not otherwise entitled to the benefit of subsection (1), is criminally responsible …”

Unsoundness of mind is defined in the dictionary schedule to the Mental Health Act 2000 (the Act) states:

“Unsound mind means the state of mental disease ... described in the Criminal Code, section 27(1) ... [but] does not include a state of mind resulting, to any extent, from intentional intoxication ... at or about the time of the alleged offence.”

The question for the court, when an issue of intoxication is raised, whether, at the time of the offending, the defendant's state of mind, i.e., deprived of a capacity, was brought about to any extent from intentional intoxication, at or about the time of the alleged offence?

Her Honour stated;

“A defendant who suffers from a drug-induced psychosis, or a drug-induced worsening of an independent psychotic illness, and who offends while deprived of one of the relevant capacities, is entitled to a defence of unsoundness of mind unless the evidence shows that they were intentionally intoxicated at the time of the offending and that intoxication contributed (to any extent) to their deprivation of capacity.”

The psychiatric opinion in this case was that Ms. B's long-term drug use, and the drug use in the weeks immediately prior to her offending caused a deterioration in her existing mental state which was already poor due to her longstanding illness. She stabbed her husband while in that deteriorated mental state.

Ultimately the court (Her Honour) held;

“Both my assisting psychiatrists recommended that I accept the unanimous opinion of the three reporting psychiatrists; that is that Ms. B was suffering from a
Dr Scott Trueman is a mental health nurse, ACMHN Board Director, Chair of the ACMHN Finance and Audit Committee and former lawyer.

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ACMHN EVENTS

September 2019
Friday 27 September 2019
Northern Territory Branch Meeting
Community Room (Wanguri Electoral Office),
Hibiscus Shopping Centre, Leaner
5pm – 6pm

October 2019
Monday 7 October 2019
17th Consultation Liaison SIG in conjunction with
8th Perinatal and Infant MH SIG Conference 2019
Making Links, Building Bridges and Paving Roads into the Future
Sheraton Grand Sydney Hyde Park, Sydney, NSW
8:30am – 5:00pm

Tuesday 8 to Thursday to 10 October 2019
45th International Mental Health Nursing Conference
Integrated Care: People, Practice, Policy
Sheraton Grand Sydney Hyde Park, Sydney NSW

Tuesday 8 October 2019
Victorian Branch Meeting
@ 45th International Mental Health Nursing Conference
Boardroom 5, Level 5
Sheraton Grand Sydney Hyde Park, Sydney, NSW
1:30pm - 2:30pm

Friday 25 October 2019
Northern Territory Meeting - Journal Club Meeting
Further Information TBA

November 2019
Wednesday 27 November 2019
Western Australia Branch Education Session
Kailis Bros Function Centre
101 Oxford Street, Leederville WA
7.30am - 9.00am

Friday 22 November 2019
Northern NSW Branch Mental Health Nursing Forum
Southern Cross University, Gold Coast Campus
9.00am - 3.30pm

2020 SAVE THE DATE

Canberra, ACT
Friday 20 March 2020

Hobart, Tasmania
Friday 17 April 2020

Melbourne, Victoria
Thursday 4 June 2020

Adelaide, South Australia
Friday 10 July 2020
2019 Trauma Education
presented by Dr Leah Giarratano

Leah is a doctoral-level clinical psychologist and author with 24 years of clinical and teaching expertise in CBT and traumatology

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31 Oct – 1 Nov 2019, Brisbane CBD
7 – 8 November 2019, Sydney CBD
21 -22 November 2019, Melbourne CBD
28 – 29 May 2020, Auckland CBD
11 – 12 June 2020, Perth CBD
18 – 19 June 2020, Adelaide CBD

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14 - 15 November 2019, Sydney CBD
28 - 29 November 2019, Melbourne CBD
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3 - 4 September 2020, Perth CBD
10 - 11 September 2020, Adelaide CBD

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