

Forensic Mental Health Nursing Conference

Dare to Dream

12th - 13th February 2026
Swinburne University of Technology
Hawthorn, Victoria
Australia



Centre for Forensic
Behavioural Science



Forensicare





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WELCOME

Forensic mental health nursing is a specialty area of nursing practice. As with other specialities, in addition to the knowledge and skills required for all nurses, there are specific knowledge, skills and attributes required to work as an effective and contemporary forensic mental health nurse. Working within a therapeutic alliance, with people experiencing mental ill health who are involved in criminal justice processes also poses a range of practice challenges such as; addressing stigma and discrimination, addressing offending behaviour, positively navigating long term therapeutic relationships and working to provide recovery-oriented care in custodial settings to name a few. The 'dare to dream' conference is designed to bring together forensic mental health nurses and other disciplines including lawyers, psychiatrists and experts by experience, to explore new and different ways of forensic mental health nursing. We invite presenters to consider how we can make a difference in our work and in the lives of the people we serve, including their close supporters.

This conference seeks to bring together forensic mental health nurses who work across a range of settings including inpatient, courts, prisons, community and police custody centres to work together and learn from each other to explore clinical practice and advances in research.

Finally, we extend our sincere thanks to Forensicare for their generous support. Their sponsorship has enabled us to deliver this important conference while keeping it cost-effective.

WELCOME!

We look forward to welcoming you to the inaugural forensic mental health nursing conference

Tessa Maguire, Brian McKenna, Patsy Tarrant and Monica Najda
Conference Convenors

IMPORTANT INFORMATION

PRESENTERS

Presenters using data projectors are asked to load their presentations onto the computer in the room where they will be presenting in a break prior to the presentation. If you need help with this, please see the technician or ask at the Registration Desk. Presenters are asked to convene at the front of the appropriate room with the Chair of their session a few minutes before the start of the session.

NAME BADGES / TICKETS

Admission to all sessions and catering is by the official conference name badge – **please wear it at all times when at the conference.** Tickets are necessary for non-delegates at the welcome reception.

SOCIAL PROGRAM

The Forensicare Welcome Reception will be held at the Hawthorn Hotel from 5.30pm at 481 Burwood Rd, Hawthorn. Entry to the welcome reception is included in the registration fee, all delegates are invited to attend. Additional tickets for the Forensicare Welcome Reception can be purchased via the conference website. The venue is a 5-minute walk from the conference venue, we will walk as a group directly from the conference centre to the welcome reception venue.

SPECIAL DIETARY REQUIREMENTS

There will be ample vegetarian and gluten free options for all lunches, these will be found on the main catering tables. Those who provided dietary information will need to identify yourself to catering staff.

INTERNET ACCESS

EduRoam is available on campus for those who have a compatible account.

Guest Wi-Fi is also available:

Network name: **events@swin**

Password: **swin0325**

Or scan the QR code for Wi-Fi access



Wednesday workshop

FEBRUARY 11

Title: Safewards Secure workshop

Speaker: Tess Maguire, Brian McKenna, Laura Jeffery

Time: 1.00pm - 4.00pm

Room: Swinburne Hawthorn campus - Room number BA307

This workshop will provide participants with an understanding of the Safewards Secure model and a brief overview of the associated interventions. Safewards Secure is an adaptation to the original Safewards model. The adaptations were developed by engaging experts in forensic mental health who also had Safewards knowledge, and with reference to the literature. The adaptations were designed to enhance the implementation of Safewards by addressing some of the gaps present in the original model for forensic services (for example the impact of long-term care, the experience of trauma and addressing offending behaviour. The workshop will cover the development of the model and highlight some of the key differences between the original Safewards model and the secure version.

Thursday

FEBRUARY 12

| | |
|-------------------|----------------------------------------------------------------------------------------------------------------------------|
| 8.15am - 9.00am | Registration |
| 9.00am - 9.15am | Welcome to Country |
| 9.15am - 9.30am | Welcome and conference opening <i>Distinguished Professor James Ogloff AM and Forensicare CEO Colmán O'Driscoll</i> |
| 9.30am - 10.30am | Keynote Address: Tella Lantta <i>Chair: James Ogloff</i> |
| 10.30am - 11.00am | Morning tea |
| 11.00am - 11.50am | Morning parallel sessions 1A and 1B |
| 11.50am - 12.00pm | Session transition |
| 12.00pm - 12.50pm | Afternoon parallel sessions 2A and 2B |
| 12.50pm - 1.30pm | Lunch |
| 1.30pm - 2.30pm | Keynote Address: Tessa Maguire <i>Chair: Michael Daffern</i> |
| 2.30pm - 2.40pm | Session transition |
| 2.40pm - 3.30pm | Afternoon parallel sessions 3A and 3B |
| 3.30pm - 4.00pm | Afternoon tea |
| 4.00pm - 5.00pm | Keynote Address: Danny Sullivan <i>Chair: Tessa Maguire</i> |
| 5.30pm - 7.30pm | Forensicare Welcome Reception |

THURSDAY

MORNING PARALLEL SESSIONS 1A - 1B

| SESSION 1A <i>ATC 101</i> | SESSION 1B <i>EN 102</i> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Papers Preventing and managing aggression and violence | Papers Working with complex ethical challenges |
| Chair: Paul Rothwell | Chair: Kylie Scott |
| 11.00am Assessing current practices and Improvement needs in Institutional Youth Violence Risk Management and Assessment: A Qualitative Study <i>Laura Väättäinen</i> page 32 | 11.00am MH-FIT: Through the Looking Glass <i>Derek McCue</i> page 27 |
| 11.25am Exploring the use of the Dynamic Appraisal of Situational Aggression (DASA) and the associated Aggression Prevention Protocol (APP) in the prison environment. <i>Hannah Jackson</i> page 22 | 11.25am Ethical Dilemmas in Forensic Mental Health Nursing in Custodial settings <i>Michelle Thirlwell</i> page 32 |

Session close: 11.50am

THURSDAY

AFTERNOON PARALLEL SESSIONS 2A - 2B

| SESSION 2A <i>ATC 101</i> | SESSION 2B <i>EN 102</i> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Papers Advances in forensic mental health nursing | Papers Preventing and managing aggression and violence |
| Chair: Trent Furness | Chair: Sneha Jose |
| 12.00pm Point-of-care blood testing in secure forensic mental health settings: An exploratory study <i>Glenys Van De Wildekamp</i> page 33 | 12.00pm The impact of a therapeutic feedback model on restrictive interventions in secure treatment settings <i>Emily Webb</i> page 34 |
| 12.25pm A changing landscape - Advance nursing roles in Forensic Mental Health <i>Samuel Rees</i> page page 29 | 12.25pm Clinical supervision implementation in mental health nursing: transferable insights for forensic settings <i>Hosu Ryu</i> page 30 |

Session close: 12.50pm

THURSDAY

AFTERNOON PARALLEL SESSIONS 3A - 3B

| SESSION 3A <i>ATC 101</i> | SESSION 3B <i>EN 102</i> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| Papers Advances in forensic mental health nursing | Papers Preventing and managing aggression and violence |
| Chair: Sam Rees | Chair: Naomi Webb |
| 2.40pm From Acute to Forensic: Introducing the Adapted Clinical Reasoning Cycle for Forensic Mental Health Nursing <i>Loretta Garvey</i> page 20 | 2.40pm The implementation and evaluation of Safewards Secure <i>Laura Jeffery</i> page 23 |
| 3.05pm The revision of an Early Career Graduate Nurse Program in a forensic mental health setting <i>Skye Carter, Paul Rothwell</i> page 17 | 3.05pm Development of Safewards Secure for custodial mental health settings <i>Maicee Young</i> page 36 |

Session close: 3.30pm

Friday

FEBRUARY 13

9.00am - 9.20am

Welcome
Anna Love and Kate Thwaites

9.20am - 10.20am

Keynote Address: Brian McKenna
Chair: Tess Maguire

10.20am - 10.45am

Morning tea

10.45am - 11.35am

Morning parallel sessions 4A and 4B

11.35am - 11.45am

Session transition

11.45am - 12.35pm

Morning parallel sessions 5A and 5B

12.35pm - 1.20pm

Lunch

1.20pm - 2.10pm

Afternoon parallel sessions 6A and 6B

2.10pm - 2.20pm

Session transition

2.20pm - 3.10pm

Afternoon parallel sessions 7A and 7B

3.10pm - 3.30pm

Afternoon tea

3.30pm - 4.30pm

Panel discussion: Emerging ethical and practice
issues in forensic mental health
Moderator: Nadia Baillie

4.30pm - 4.40pm

Conference close

FRIDAY

MORNING PARALLEL SESSIONS 4A - 4B

| SESSION 4A <i>ATC 101</i> | SESSION 4B <i>EN 102</i> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Papers Advances in forensic mental health nursing | Papers Preventing and managing aggression and violence |
| Chair: Hannah Jackson | Chair: Erik Meurs |
| 10.45am Nurse perspectives of research competency and environment in Australian and New Zealand forensic mental health services <i>Trentham Furness</i> page 20 | 10.45am The Model for Understanding Inpatient Aggression: Adapting the Model to Prison and General Mental Health Settings - Are We More Similar Than We Think? <i>Courtney Dunn</i> page 19 |
| 11.10am From biomedical to rights-based? Positioning Aotearoa New Zealand's mental health law reform in an international context <i>Shivam Chawla</i> page 17 | 11.10am Opportunities and challenges in the use of the Dynamic Appraisal of Situational Aggression <i>Michael Daffern</i> page 18 |

Session close: 11.35am

FRIDAY

MORNING PARALLEL SESSIONS 5A - 5B

| SESSION 5A <i>ATC 101</i> | SESSION 5B <i>EN 102</i> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Papers Advances in forensic mental health nursing | Papers Scope of Practice – Advances in Forensic Mental Health Nursing |
| Chair: Courtney Dunn | Chair: Tess Maguire |
| 11.45am Overview of the Custodial Psychiatric Nurse Practitioner Role in Victoria's Prisons. <i>Erik Meurs</i> page 28 | 11.45am Enhancing Psychosexual Safety of people with Intellectual Disabilities (ID) in Forensic Mental Health Setting <i>Anumol Joseph</i> page 25 |
| 12.10pm Advancing Nursing Practice in Dual Diagnosis Care: Insights from the Forensic AOD Service at Thomas Embling Hospital <i>Dean Rooke</i> page 30 | 12.10pm Empowering Voices: A Co-Design Framework for Psycho-Sexual Safety in Forensic Mental Health <i>Natasha Jojo</i> page page 24 |

Session close: 12.35pm

FRIDAY

AFTERNOON PARALLEL SESSIONS 6A - 6B

| SESSION 6A <i>ATC 101</i> | SESSION 6B <i>EN 102</i> |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Panel discussion Improving Wellbeing of Waahine (women) (WoW) in secure mental health care- Lets dare to dream together.</p> | <p>Papers Forensic Mental Health Nursing Practice</p> <p>Chair: Laura Jeffery</p> |
| <p>Chair: Suzette Poole 1.20pm page 39</p> | <p>1.20pm A snapshot of the use and experience of seclusion for women in a secure forensic hospital. <i>Alison Hansen</i> page 21</p> <p>1.45pm Therapy Dogs in a Secure Forensic Psychiatric Facility: Benefits and Considerations <i>Sneha Jose</i> page page 11</p> |

Session close: 2.10pm

FRIDAY

AFTERNOON PARALLEL SESSIONS 7A - 7B

| SESSION 7A <i>ATC 101</i> | SESSION 7B <i>EN 102</i> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| Papers Forensic Mental Health Nursing Practice | Papers Forensic Mental Health Nursing Practice |
| Chair: Patsy Tarrant | Chair: Monica Najda |
| 2.20pm Forensic Liaison in Auckland: A Service description/ Presentation <i>Simon Williams</i> page 35 | 2.20pm Media Narratives of Ethics in Australian Forensic Mental Health Services <i>Myles Ojabo</i> page 28 |
| 2.45pm Mental Health Patients' and Clinicians' perceptions of Tele-health /Video Conferencing: the results of an integrative review <i>Paul Kelly</i> page 26 | 2.45pm Forensicare's Enrolled Nurse Entry Program <i>Kylie Scott</i> page 31 |

Session close: 3.10pm



KEYNOTES

Implementation science – how to use it to advance forensic mental health nursing practice and research

Tella Lantta

Adjunct Professor at University of Turku, Finland

Many practices in forensic mental health nursing are rooted in long-standing traditions and clinical observations of utility. However, the evidence base for many nursing interventions remains limited. At the same time, implementing new evidence-based interventions to improve practice and consumer outcomes often poses significant challenges, particularly when aiming to achieve sustainable change in complex clinical settings. Nurses in their multiple roles, including as researchers and leaders, can play a pivotal part in transforming practice towards a more evidence-based direction. To support this work, an understanding of how to facilitate knowledge translation - and awareness of the barriers to successful implementation - is essential.

Implementation science offers a valuable lens through which forensic mental health nursing can examine and improve its practices. More than one hundred theories, frameworks, and models have been developed to support the planning, implementation, and evaluation of change. This keynote will provide a practical overview of implementation science, highlighting key concepts and commonly used theories, models and frameworks.

The presentation will also summarise key findings from the international literature on implementation within forensic mental health services. Finally, examples from real-world research will be shared, including a multi-site implementation project applying the Finnish version of the electronic Dynamic Appraisal of Situational Aggression + Aggression Prevention Protocol (eDASA+APP FI) in 23 inpatient forensic units.

This session will equip participants with a stronger understanding of how implementation science can be applied to advance both practice and research in forensic mental health nursing.



KEYNOTES

Turning dreams into reality: Some solutions for understanding and preventing inpatient aggression

Tessa Maguire

Associate Professor, Forensic Mental Health Nursing, Centre for Forensic Behavioural Science, Swinburne University of Technology, and Forensicare

Despite workplace reform, focus on occupational health and safety, and introduction of policies to protect staff, aggression remains a significant and seemingly difficult problem to address in mental health settings. Forensic mental health services in particular, often experience higher levels of inpatient aggression. Forensic mental health nurses have a critical role in the assessment, prevention and management of aggression, and as a staff group, are often most exposed. Furthermore, the focus of research has tended to be on predictive validity of instruments, possibly at the detriment of progressing research focused on enhancing nursing intervention. In this presentation I will discuss the evidence-base to prevent and manage aggression, including use of a validated risk assessment instrument, the Dynamic Appraisal of Situational Aggression, linked to the Aggression Prevention Protocol (APP), to structure nursing intervention following assessment of risk. In addition, I will also suggest other models and frameworks designed to assist forensic mental health nurses to effectively understand and respond to aggression and consider how these relate to structured risk assessment activities.



KEYNOTES

A journey on Cultural Safety: The Personal, Professional and Political.

Brian McKenna

Senior Professor of Forensic Mental Health, Auckland University of Technology and the Auckland Regional Forensic Psychiatry Services.

In this presentation, a journey on cultural safety will be mapped. Its beginnings lie with personal experience of living in Indigenous communities in both Aotearoa New Zealand and Australia. The impact of this personal experience cemented obligation and commitment. Person experience flows into professional responsibility. Involvement in published research on Indigenous topics in both countries will be discussed. This includes Māori perspectives on reducing restrictive practices and the use of structured clinical judgment instruments in forensic mental health services in Aotearoa, and the development of expert cultural roles in mental health services in Australia. The "right" processes to engage in such research will be outlined. The inertia in the translation of such research findings into practice improvement has moved the journey into the political realm. Strategies for political action to overcome such inertia in forensic mental health services will be explored. The journey is on-going and will move to generations to come. The hope is that this presentation will stimulate your own contribution in facilitating this journey.



KEYNOTES

Coronial inquest insights into forensic mental health nursing

Danny Sullivan

Adjunct Associate Professor, Centre for Forensic Behavioural Science, Swinburne University of Technology

Coronial inquests serve to investigate deaths in care and custody. The coroner, legal representatives and expert witnesses combine to understand factors which lead to deaths. For people in custody, mental health care, or other secure settings, this provides opportunity to review processes and standards of care, and to learn from errors.

This paper will distil issues of relevance to forensic mental health nurses and nursing practice in the community, but predominantly in secure settings: prison, custody suites, immigration detention, and secure hospitals.

Forensic mental health nurses and those in leadership positions may consider how coronial findings can improve practices and help us to advocate for the services which are best equipped to manage the challenges of secure settings.

Papers are displayed in alphabetical order by presenter surname

The revision of an Early Career Graduate Nurse Program in a forensic mental health setting

Skye Carter¹, Paul Rothwell¹

Paul.Rothwell@forensicare.vic.gov.au

¹*Forensicare (Victorian Institute of Forensic Mental Health), Melbourne, Australia*

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

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


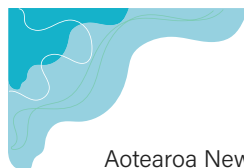
This refocused and restructured Graduate Nurse Program has now been in place for two years, with a deliberate commitment not only to developing core mental health nursing skills and knowledge among newly registered nurses, but also to ensuring FMHN standards of practice are embedded throughout. This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

From biomedical to rights-based? Positioning Aotearoa New Zealand's mental health law reform in an international context

Shivam Chawla¹

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¹*Forensic Mental Health Nurse, Mason Clinic, Waitemata District Health Board, Auckland, New Zealand*



Aotearoa New Zealand is on the cusp of major mental health law reform, with the proposed Mental Health Bill set to replace the Mental Health (Compulsory Assessment and Treatment) Act 1992 in July 2027. This shift is framed by Aotearoa's obligations under the United Nations Convention on the Rights of Persons with Disabilities (CRPD), which calls for moving beyond the biomedical model towards rights-based, trauma-informed approaches to care that prioritise personhood, autonomy and community inclusion.

This presentation will outline the substantive changes proposed by the Bill, and evaluate their potential impact on achieving alignment with CRPD standards. In particular, the capacity-based threshold for compulsory treatment, supported decision-making infrastructure and accountability measures are considered. Specific implications for forensic mental health services, including the establishment of an independent Forensic Patient Review Tribunal, will also be examined.

The presentation will then analyse whether the proposed changes go far enough, or represent a cautious half-step. A comparative spectrum analysis of reforms in other jurisdictions (such as Victoria's Mental Health and Wellbeing Act 2022, Scotland's human rights-based review, and England and Wales' White Paper proposals) will be used to situate New Zealand's trajectory in the wider international context.

It is proposed that New Zealand's reform positions it between Victoria's supported decision-making model and Scotland's ambitious human-rights enablement model, and is more CRPD-consistent than England and Wales, though all jurisdictions retain compulsion. Ultimately, the reform's success rests on its ability to dismantle inequities driving the overrepresentation of Maori as tangata whenua and other marginalised communities.

Opportunities and challenges in the use of the Dynamic Appraisal of Situational Aggression


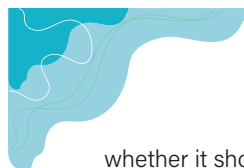
Michael Daffern^{1,2}

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¹*Centre for Forensic Behavioural Science, Swinburne University of technology*

²*Victorian Institute of Forensic mental Health (Forensicare), Melbourne Australia*

The Dynamic Appraisal of Situational Aggression is a brief actuarial risk assessment instrument developed to assist inpatient mental health staff appraise risk for imminent aggression. It is reliable and valid and has been used in different populations, translated into various languages, and tested in multiple contexts. When linked with a structured aggression prevention protocol, the introduction of the Dynamic Appraisal of Situational Aggression has led to reductions in the use of restrictive interventions and helped prevent aggression. Nevertheless, resistance to its use is common and questions remain about



whether it should be used in novel context, with new populations. This presentation explores opportunities and challenges in the use of the Dynamic Appraisal of Situational Aggression, using its application to the assessment of risk for imminent aggression in older adults as an example of the questions that commonly arise about validity and utility.

The Model for Understanding Inpatient Aggression: Adapting the Model to Prison and General Mental Health Settings - Are We More Similar Than We Think?

Courtney Dunn

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Peninsula Health

A sound understanding of the factors contributing to aggression in mental health inpatient units is essential for effective prevention. However, clinical practice often overemphasises patient-intrinsic factors. The *Model for Understanding Inpatient Aggression* was originally developed in forensic settings to support prevention of aggression and reduce restrictive practices by using a structured approach, considering both intrinsic (individual) and extrinsic (contextual) factors which contribute to aggression.

This presentation discusses two projects that explore the model's applicability in prison-based and general mental health inpatient settings.

In the prison context, a Nurse Practitioner with relevant experience helped identify key contextual factors using an inductive approach. Broader stakeholder consultation followed, generating a comprehensive list of factors, which were analysed thematically for their contribution to aggression.

In general mental health settings, four focus groups were conducted with fifteen participants (14 nurses and one expert with lived experience). Thematic analysis identified three key themes: 1) an ongoing focus on intrinsic factors and post-incident analysis, rather than early intervention; 2) the need to "turn the mirror" on staff and systems by addressing contextual factors; and 3) the model's perceived potential to "fill a gap" in practice.

In both projects, proposed additions to the model were cross-referenced with existing literature to ensure an evidence-based expansion.

Findings suggest that while differences exist across settings, the challenges in understanding and preventing aggression are similar and perhaps our experiences are more aligned than we think.

Nurse perspectives of research competency and environment in Australian and New Zealand forensic mental health services

Trentham Furness^{1,2}, Maicee Young^{1,2}, Tessa Maguire^{1,2} and Brian McKenna^{2,3,4}

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³Auckland Regional Forensic Psychiatry Services, Auckland

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Nurse-researchers are an integral component in the generation of knowledge, evidence-based practice, and the critical nexus of each informing the other. However, development, implementation, and support of nurse-researcher roles are challenged by capability and capacity. The purpose of the current study was to describe nurse research competency using the Scholar-Practitioner Research Development Scale and explore nurse perspectives of research environment at their forensic mental health service. A cross-sectional survey design was used and a total of N=101 nurses responded. Nurses reported high research competency (SPRDS scores 4 on 5-point Likert scale). Nurses reported varying perspective of research environment, where 50% thought their service was research active and 44% were able to receive financial support to attend or present at conferences. Only 22% of nurses reported they had time to conduct research and just 7% were current investigators of a research project. A proportion of nurses (35%) reported their service did not encourage conduct of research through supports such as provision of internal research information and education sessions. These findings support earlier work describing perceptions of mental health clinicians that organisational supports and positive research culture are needed to assist nurse engagement in conducting research. Increasing nurses' engagement in research could be assisted by attempts to maintain interest in research rather than a lack of research competency. Forensic mental health services should recognise the conduct of research as a component of clinical activity and identify and protect time for nurse-researchers.

From Acute to Forensic: Introducing the Adapted Clinical Reasoning Cycle for Forensic Mental Health Nursing

Loretta Garvey^{1,2}, Michael Olasoji¹, Tracy Levett-Jones³, Tess Maguire²


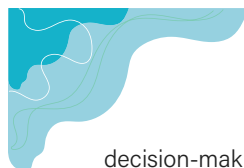
l.garvey@federation.edu.au

¹ Federation University Australia – Institute of Health and Wellbeing

² Swinburne University of Technology - Centre for Forensic Behavioural Science

³ The University of Technology Sydney, School of Nursing & Midwifery

Background: The Clinical Reasoning Cycle (CRC) is widely used to structure nursing



decision-making and reflection, but its acute-care origins limit direct application to forensic mental health contexts.

Aims: To synthesise a program of work that (1) compared the Nursing Process and CRC for forensic mental health nursing utility, (2) identified and refined CRC adaptations for forensic practice, and (3) articulated the resulting forensic mental health nursing–CRC (FMHN-CRC) and its implications for practice.

Methods: Across sequential qualitative studies, forensic mental health nurses and senior clinicians participated in interviews/focus groups to appraise framework fit and identify deficits; recommended changes were then refined through Nominal Group Technique consensus to produce and iterate the adapted model.

Results:

Forensic nurses viewed CRC as a better “practice mirror” than the Nursing Process but noted missing elements fundamental to forensic care (legal context, risk, offending-behaviour formulation, bias checks, and explicit recovery/strengths orientation).

Consensus adaptations included language shifts from problems to needs, explicit prompts to consider risk/offending behaviour and legal/ethical constraints, bias-mitigation checkpoints, and stronger person–family–carer partnership and recovery/strengths framing.

The resulting FMHN-CRC was judged to make forensic nursing judgement “visible,” support safer, more consistent clinical decisions, and strengthen professional identity—while remaining teachable and implementable across inpatient and community forensic settings.

Implications for practice and education: The FMHN-CRC offers a specialty-aligned reasoning scaffold that can: (a) enhance transparency of clinical decisions; (b) standardise documentation around needs, risk, and recovery; and (c) provide a teachable spine for curricula and workplace learning in forensic services.

A snapshot of the use and experience of seclusion for women in a secure forensic hospital.

Alison Hansen^{1,2,3}, Dr Robyn Rosina^{3,4}, Professor Michael Hazelton^{2,3}, Professor Kerry J Inder^{2,3}

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¹ School of Nursing and Midwifery, Monash University

² School of Nursing and Midwifery, University of Newcastle



³ Hunter Medical Research Institute, New Lambton

⁴ Independent Researcher, Sydney

Seclusion use for women in secure forensic hospitals remains under-researched, despite rising numbers of women in these settings. This presentation outlines findings from doctoral research exploring both the use and experience of seclusion for women in a secure forensic hospital.

A mixed-methods approach was used, including retrospective and prospective collection of clinical, demographic, and seclusion-related data. Women who experienced seclusion were invited to discuss their experience of seclusion. Quantitative data were analysed using various statistical methods; qualitative data were thematically analysed.

The retrospective study involved 111 admissions (82 individual women), and 232 seclusion events. The prospective study included eight women and three seclusion events. Findings showed that women who experienced seclusion were often single, had child/ren, a history of trauma, and were diagnosed with schizophrenia and/or personality disorder. Women diagnosed with schizophrenia, personality disorder, and/or substance use disorder, prior mental health service contact, and history of more than two different types of trauma were more frequently secluded. Indigenous women and women with a history of more than two different types of trauma, experienced shorter seclusion events. One woman participated in an interview to discuss her seclusion experience, which was largely negative, perceived as a punishment and a type of torture.

This is the first study to explore the use and experience of seclusion for women in a secure forensic setting. The findings may support early identification of women at higher risk for, and harm from seclusion, promoting earlier intervention and contributing to efforts to reduce and eliminate seclusion use.


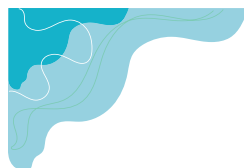
Exploring the use of the Dynamic Appraisal of Situational Aggression (DASA) and the associated Aggression Prevention Protocol (APP) in the prison environment.

Hannah Jackson, Monica Najda

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Forensicare, Melbourne, Australia

Understanding the experiences of nurses and other clinicians using the Dynamic Appraisal of Situational Aggression (DASA) risk assessment tool in a prison forensic mental health setting is crucial for refining its application and ensuring it meets the unique demands of these environments.



We have commenced a study focusing on the perspectives of nurses and other clinicians to provide insights into how the instrument functions in the prison environment. We are also looking at what may be required to enhance its effectiveness within this setting.

Additionally, the research seeks to evaluate the utility of an accompanying Aggression Prevention Protocol (APP) in supporting the use of the DASA in this setting.

Data is being collected in person, through online focus groups, and interviews with nurses and other disciplines who have an understanding and/or experience in using the DASA in a bed-based prison mental health unit and key stakeholders.

This study will explore clinical practice in areas of how the DASA informs risk assessment, risk communication, risk management and effectiveness of the DASA in the prison setting. This aligns with least restrictive practice philosophies and may inform whether any adaptations to the APP may be required for better invention-based outcomes in this setting.

The implementation and evaluation of Safewards Secure

Laura Jeffery¹, Maicee Young^{1,2}, Trentham Furness^{1,2}, Tess Maguire^{1,2}

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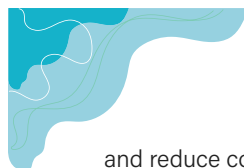
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Safewards is a model of care, designed to understand and reduce conflict (events that threaten staff and patient safety) and containment (use of practices such as restraint and seclusion) in mental health units. The model was originally developed for general acute mental health settings; however, it requires adaptation to enhance adoption in forensic mental health settings.

Safewards Secure was developed over two studies engaging experienced forensic mental health care staff and representation from lived experience. This paper will discuss the implementation and evaluation of Safewards Secure onto a male acute unit. The model was introduced in a staged approach providing training via a one-day workshop at the start of the project, and then again after six months to introduce staff to the model and the adapted interventions. Patients were also engaged in training and Safewards Secure activities. Data collected included rates of conflict and containment, measures of ward atmosphere, and fidelity of the interventions.

Safewards Secure was designed to foster collaboration, address issues relevant to forensic mental health settings to enhance introduction and acceptance of the model



and reduce conflict and containment. The adapted version was considered by staff to be more appropriate for a forensic mental health setting. The Safewards Secure model also offers prompts and suggestions to encourage reflection, collaboration and a humanistic approach to care in forensic mental health settings.

Empowering Voices: A Co-Design Framework for Psycho-Sexual Safety in Forensic Mental Health

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Co-design is a participatory approach that ensures interventions are developed with the people they aim to serve, rather than for them. This is particularly critical in the context of intellectual disability, where individuals are often excluded from decision-making processes that directly impact their lives. Programs designed without meaningful input from people with disabilities, fail to address their real needs, preferences, and lived experiences. This study outlines a participatory co-design process for developing a psycho-sexual safety protocol tailored for people with intellectual disability in forensic mental health settings. Guided by principles of respect, empathy, and shared decision-making, the process actively engages individuals with intellectual disability, clinicians, researchers, advocates, and carers as equal partners. Recruitment will occur through consumer care organizations at NALHN Adelaide and SACID. The co-design integrates three complementary methods: (1) **the Agency for Clinical Innovation's Engage-Gather-Understand-Design framework**, providing a structured roadmap for stakeholder engagement and protocol development through capacity-building and collaborative workshops; (2) **Talking Mats**, a visual communication tool that reduces barriers and enables meaningful participation by capturing preferences and lived experiences during workshops; and (3) **Nominal Group Technique (NGT)**, employed in later stages to prioritize and achieve consensus on key components of the psycho-sexual safety program. This inclusive and iterative approach ensures that lived experience and clinical expertise inform the design, resulting in a protocol that is practical, person-centered, and responsive to diverse communication needs.



Therapy Dogs in a Secure Forensic Psychiatric Facility: Benefits and Considerations

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It is well known that the association between dogs and humans is therapeutic and rewarding. Their interaction is interwoven to provide many benefits to the individual, from companionship to biological and psychological advantages.

Traditionally secure therapeutic facilities focus on risk reduction, mental health recovery and community reintegration. Rarely does this include addressing the gap a consumer may have due to a lack of meaningful relationships.

A trial was conducted with rescue Greyhounds in a sub-acute rehabilitation unit for one year. The noticeable changes in the presentation of consumers and the nature of their interactions were astonishing. Irrespective of where they were in their mental health recovery, the engagement was calming and soothing for them at times of distress. This venture ceased due to limitations of the environment and complex patient cohort.

This trial's benefits and learnings paved the journey to introduce a therapy dog for a consumer in a rehabilitation unit.

Evident changes were noted in the consumer from decreased anxiety, self-harm, enhanced engagement in therapeutic activities to developing hope of living independently in the community. The attachment and bond that developed benefitted many others across the hospital. This formed the source of many relationships and engagements, thus giving the owner and other consumers a sense of responsibility, attachment and accountability. The relationship between staff and consumers was also enhanced.

This presentation aims to pivot nurse leaders' thinking to invest in such innovative strategies in secure forensic settings and sheds light on opportunities, challenges and the consumers' narratives.

Enhancing Psychosexual Safety of people with Intellectual Disabilities (ID) in Forensic Mental Health Setting

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Introduction-Psychosexual safety refers to being and feeling physically and psychologically safe from unwanted sexual behaviour or situations, ensuring individuals feel safe and comfortable in their own bodies and sexual experiences. This definition also asserts the importance of feeling safe in the acute inpatient units. People with Intellectual Disabilities are overrepresented in Forensic mental health settings.

Research indicates that individuals with ID may exhibit sexually inappropriate behaviours due to a lack of social and sexual knowledge, impulsivity, or the presence of paraphilic disorders. Nurses are often the primary caregivers and educators for individuals with ID in forensic setting, making them well-positioned to provide necessary sexual education and support. This research aims to identify common sexual behaviours, explore sexual risks, and evaluate current support strategies in managing the sexual risks and behaviours of people with intellectual disabilities and develop a psychosexual safety program for training them and the nurses working in forensic settings.

Methodology-The study will adopt a mixed study method. A quantitative approach will be used to identify common sexual behaviours by utilizing a retrospective chart review design, focusing on reportable events involving sexual vulnerabilities in the last 3 months. A qualitative approach will explore sexual risks, sexual problems and the support strategies used for people with ID. Interviews will be conducted with 10-15 people with ID and nurses working with ID patients in forensic setting. Based on the findings from these studies we will co design a psychosexual safety program for people with intellectual disabilities and for nurses.


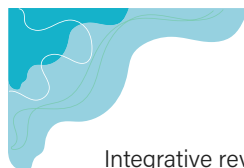
Results- Descriptive statistics and inferential analysis will be used to describe and identify patterns and correlations of sexual risks and sexual behaviours. Braun and Clark's thematic analytic approach will be used for the qualitative analysis. The research will provide insights into the challenges faced by this population and contribute to evidence-based policies and training programs for healthcare professionals and for people with intellectual disabilities. The study will also contribute to Australia's Disability Strategy 2021-2031, supporting its vision of building a more inclusive Australian society.

Mental Health Patients' and Clinicians' perceptions of Tele-health /Video Conferencing: the results of an integrative review.

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Waitahi Forensic Mental Health Service, N.Z.



Integrative review exploring mental health patients' and clinicians' perceptions of tele-health video conferencing. This review occurs in a decade in which technological advances have seen marked improvements in video conferencing with significant evolutions in video image clarity, sound quality and data transfer rates, whilst the costs of hardware and software have reduced. The demand for mental health care and these technological improvements, has resulted in increasing use of video conferencing to deliver health care. More recently, the pressures of the COVID 19 pandemic have further accelerated the use of tele-mental health (TMH), making it timely to explore how this rapidly evolving technology is perceived by mental health patients and clinicians.

MH-FIT: Through the Looking Glass

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The purpose of this presentation is to provide an overview of the way that the Mental Health Forensic Interface Team (MH-FIT) operates, and provide an understanding of our model of care, staffing profile, referral processes, and ethos. It will attempt to address the challenges we face as a small multidisciplinary team working in consultation with adult mental health services (AMHS) or providing direct care to consumers.

We provide assertive outreach to people with complexities related to the interface of forensic and mental health services. Referral criteria include pathological grievance, violent extremism or risk to public safety. We will discuss how MH-FIT can add utility in terms of structured professional judgement tools (SPJ) and providing more assertive follow up by senior clinicians as people move between catchment areas, the community and prison.

We will introduce 2 case studies (pseudonyms) that give an appreciation of the diversity and the challenges we face with the population that we work with. 1) A previously untreated psychosis with threatening violent sexualised behaviours towards women, which was complicated by his orthodox religion and the interplay of the influence of the 'manosphere' and his delusional system. 2) An individual with neurodivergence who had 'gone down a rabbit hole' resulting in planning a mass casualty event and engaged in stalking behaviours.

Additionally, we will talk about the extent and timeframes of engagement that we provide. We will talk about the challenges in introducing forensic clients to AMHS and work involved in deconstructing preconceptions.



Overview of the Custodial Psychiatric Nurse Practitioner Role in Victoria's Prisons.

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Victorian Institute of Forensic Mental health - Forensicare

Over a decade ago, Forensicare introduced Psychiatric Nurse Practitioners (NPs) into Victoria's custodial settings. NPs are advanced practice nurses who have undergone additional academic study and clinical training, enabling them to provide diagnostic clarification, initiate treatment, deliver therapeutic interventions, and offer specialised psychiatric care. The program addresses the complex needs of incarcerated individuals, who frequently present with comorbid mental health disorders, trauma histories, and behaviours contributing to justice system involvement. Since its establishment, the program has expanded to include NPs working at Thomas Embling Hospital, Victoria's secure forensic psychiatric facility, as well as across metropolitan and regional prisons. The role is site-specific: in some settings, NPs are embedded in multidisciplinary teams, while in others they complement existing regional mental health programs. Within custodial environments, NPs conduct psychiatric assessments, prescribe and monitor treatment, provide therapeutic interventions, support risk management and behavioural planning, consult with staff, and advocate for continuity of care across custodial and community settings. Positioned at the intersection of health and justice, they also bridge custodial and clinical cultures, contributing to safer and more responsive environments. This presentation will highlight the nuanced and impactful contributions of custodial Nurse Practitioners, examine systemic challenges such as resource limitations and stigma, and, through a case example, demonstrate the unique contributions this role makes to the care of incarcerated individuals living with mental illness.


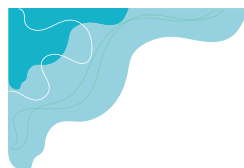
Media Narratives of Ethics in Australian Forensic Mental Health Services

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Forensic mental health services (FMHS) in Australia operate at the intersection of law and psychiatry, where ethical tensions frequently arise. Media reporting plays a crucial role in shaping public perceptions of these services, yet the framing of ethical issues within this context remains underexplored. This study will investigate how Australian news media represent ethical issues in FMHS through the dual application of frame analysis and thematic analysis.



A purposive sample of national and regional news articles published between 2015 and 2025 will be collected using databases and keyword searches. The articles will be systematically examined: thematic analysis will be applied to identify recurring ethical concerns such as patient autonomy, coercion, risk management, confidentiality, and accountability, while frame analysis will explore the interpretive lenses through which journalists structure and convey these issues.

It is anticipated that findings will demonstrate that ethical issues in FMHS are predominantly framed around risk and public safety, often prioritising societal protection over patient rights. Narratives are expected to emphasise coercion, dangerousness, and the failure of health systems, while frames highlighting recovery, dignity, or systemic challenges may be comparatively marginalised.

This study will highlight the importance of critically engaging with media portrayals of FMHS, as these narratives have implications for policy development, public attitudes, and the ethical climate of forensic practice.

A changing landscape - Advance nursing roles in Forensic Mental Health

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Te Whatu Ora, Waitaha

Advanced clinical practice roles, such as nurse practitioners have only recently been established within Forensic Mental Health Services (FMHS), in New Zealand since 2022. The scope of practice provides an opportunity for nurses in the FMHN workforce as a progressive pathway in clinical practice. Nurse Practitioners and other advance practice roles, such as nurse prescribers, nurse therapists are all a part of the solution in addressing the unmet mental health needs for people who have interface with FMHS. Nurses as a collective have a responsibility to advocate for advancing practice roles, as well as to demonstrate the possibilities of these roles in the future. Changing the landscape of the nursing workforce isn't all smooth sailing. Complex medicolegal issues, systemic barriers, and attitudes towards the professionals undertaken all influence the successful implementation and sustainability of these roles.

Advance nursing practice roles, such as nurse practitioners within FMHS, have limited research supporting the development, implementation, and evaluation of the impact on service delivery and unmet needs. As such, in informing service establishment of advance practice roles, it is important that research supports the growth and development of these possible opportunities in the future.

Therefore, I will explore the current possibilities for advance practice nursing roles within prison settings and consider what the opportunities for future nurses could be.

Advancing Nursing Practice in Dual Diagnosis Care: Insights from the Forensic AOD Service at Thomas Embling Hospital

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Substance use disorders (SUDs) are highly prevalent in forensic mental health hospitals, and the co-occurrence of mental illness and SUD (dual diagnosis) creates significant challenges for treatment, recovery, and risk management. This presentation will draw on data from the Forensic Alcohol and Other Drug (AOD) Service at Thomas Embling Hospital, highlighting the complex and unique needs of forensic inpatients that shape service provision and clinical capability. Negative attitudes and stigma towards those with substance use issues remain an additional barrier to care in forensic settings. Nurses are central to addressing these needs through integrated interventions for alcohol and other drugs, including assessment, therapeutic engagement, and treatment. Recommendations for strengthening clinical knowledge and skills to advance forensic nursing practice in the management of SUD will be presented, using practical examples from the Forensicare AOD Service to illustrate approaches that support improved outcomes.

Clinical supervision implementation in mental health nursing: transferable insights for forensic settings

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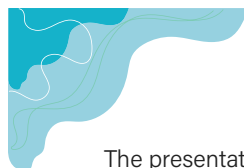
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Clinical supervision is widely promoted as a strategy to support mental health nurses, enhance reflective practice and mitigate burnout, yet its implementation remains uneven and highly dependent on organisational context. This presentation draws on empirical findings from survey and interview studies of mental health nurses in Victoria, Australia, to explore how clinical supervision is structured, experienced and sustained in practice.



The presentation focuses on key implementation considerations, including supervision format, supervisor and supervisee relationships, protected time, organisational culture and the influence of hierarchy and power on the perceived effectiveness of supervision. Findings highlight that while clinical supervision is often positioned as a solution to workforce stress and complexity, its value is shaped by broader systemic conditions and can be undermined when implemented without adequate structural and cultural support. These issues are particularly salient in environments characterised by high risk, strong governance and ethical complexity. While the studies underpinning this presentation were not conducted in forensic mental health settings, the findings point to implementation dynamics that may be transferable and useful for forensic mental health nurses and services seeking to implement, strengthen or expand clinical supervision practices.

Forensicare's Enrolled Nurse Entry Program

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Enrolled nurses play a crucial role in Australia's healthcare workforce as an important component in addressing critical mental health workforce shortages.

The enrolled nurse scope of practice in mental health is becoming more specialised, and more than ever it is vital that ENs are supported to develop into well-rounded specialist mental health enrolled nurses.

Forensicare commenced an enrolled nurse entry program in 2014. The program has been developed to meet the needs of enrolled nurses who are in various stages of their careers that are wanting to work in forensic mental health. Our program gives these nurses the opportunity to develop skills and knowledge required to work in this sub-specialty environment.

The Forensicare program is based at Thomas Embling Hospital, Victoria's only secure forensic mental health hospital and runs for 12 months, with ongoing employment thereafter. Enrolled nurse participants rotate through acute and continuing care inpatient units, where they learn about person-centred practice, consolidate their skills, and support forensic patients at varying stages of their recovery journey.

Beyond the program, Forensicare offers pathways for enrolled nurse advancements. One pathway is supporting enrolled nurses in upskilling to be registered nurses and join Forensicare's graduate program for RNs. We provide this opportunity through supported placements, assistance with grant/scholarship applications and resources to assist them with study.

This presentation will provide an overview of the current program, reflect on some of Forensicare's learnings over the last decade of running this program, and provide



recommendations for how to continue to improve in the future.

Ethical Dilemmas in Forensic Mental Health Nursing in Custodial settings

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Forensic mental health nurses (FMHNs) working in custodial settings encounter profound tensions and complexities whilst trying to maintain therapeutic relationships with patients. Key to all mental health nurses' work is the therapeutic relationship however these relationships are often challenged by the inherently restrictive nature of custodial settings. This can present nurses with ethical dilemmas and compromise their adherence to their own professional values and integrity. Some nurses inadvertently adopt more authoritarian, and hence less therapeutic, approaches with patients in their attempts to set effective boundaries and maintain personal safety.

The exacerbated emotional and physical reactions of patients that may occur after receiving intense psychotherapies, such as EMDR, can be particularly challenging for forensic mental health nurses to engage with. FMHNs are often not comprehensively trained in such therapies and may not recognise or have the framework for understanding and explaining patients' reactions post therapy. Expectations from the multi-disciplinary team around nurse's learning of psychotherapeutic interventions to be able to effectively continue to engage with patients can be oblivious to the nursing workload, preferred learning modalities, team approach and nursing processes.

This presentation will examine how forensic mental health nurses can receive better support in restrictive custodial settings. It will focus on their ability to care for themselves and establish reasonable personal boundaries while developing and maintaining therapeutic connections.

Assessing current practices and Improvement needs in Institutional Youth Violence Risk Management and Assessment: A Qualitative Study

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Introduction:

Violence in adolescent mental health and foster care settings presents serious risks to safety and recovery. Although the Dynamic Appraisal of Situational Aggression – Youth Version (DASA-YV) is used to predict violence, youth engagement in its application remains underdeveloped. This study aimed to identify current practices, development needs, and opportunities for enhancing youth participation in violence risk assessment and management using the DASA-YV.

Methods:

An exploratory-descriptive qualitative design was applied through co-design workshops involving youth ($n=10$) and staff ($n=25$) from one forensic mental health unit, two adolescent mental health wards, and two youth protection service units in Finland. Data were collected via semi-structured interviews during the workshops and analyzed using inductive content analysis guided by the COREQ framework.

Results:

Findings revealed inconsistencies in DASA-YV usage and varying levels of youth participation across settings. Current assessment practices included structured instruments (e.g., DASA-YV, SAVRY) and unstructured methods (e.g., observation, interviews). Violence management strategies ranged from professional interventions to environmental supports. Participants identified the need for age-appropriate materials, collaborative assessments, and improved integration of DASA-YV with treatment planning. Suggestions for enhancing DASA-YV included user-friendly digital formats, concrete examples, and clearer rationales for items.

Discussion:

This study highlights the fragmented nature of youth violence risk management and the need for harmonized practices across service systems. Youth engagement emerged as a critical factor in effective violence prevention. The findings support developing a co-designed, youth-enhanced version of DASA-YV integrated into routine care using implementation science approaches.

Keywords:

Adolescents, violence risk management, violence risk assessment, DASA-YV, co-design, youth engagement



Point-of-care blood testing in secure forensic mental health settings: An exploratory study

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Consumers treated with clozapine require regular full blood examinations (FBE) to monitor white blood cell and neutrophil counts due to risk of agranulocytosis. Traditionally these blood samples are obtained through regular venepuncture. The need for frequent venous samples can be a deterrent, potentially affecting adherence and treatment.

We assessed the functionality of a point-of-care device that can perform FBE using a small volume of blood from a finger-prick sample. The aim was to describe utility of the method and describe demands on consumers and clinicians by offering a less invasive clinical technique.

The device was trialled across acute male units at the Thomas Embling Hospital, a high security forensic mental health facility for individuals with complex needs and criminal justice involvement.

Point-of-care testing signified a notable advancement in monitoring clozapine therapy. The method is easy to use delivering rapid, accurate test results, with a less invasive approach. This led to better outcomes, assisting in the uptake, monitoring, compliance, and titration process of clozapine amongst the hospitals high-risk consumers where venepuncture has been historically difficult. Point-of-care testing has also functioned as a useful tool in clinical decision making. Its use has prevented numerous high risk hospital transfers for both clozapine monitoring and other physical health concerns. These transfers from a forensic setting to public hospital are costly, complex and stressful for staff and consumers. This presentation will highlight utility of point-of-care testing and perspectives of key stakeholders.


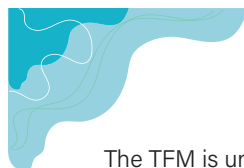
The impact of a therapeutic feedback model on restrictive interventions in secure treatment settings

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Forensic Disability Services, Department of Families, Fairness and Housing, Victoria)

Secure residential settings are often applied in mental health and disability settings to promote rehabilitation that promotes community safety and an intensity of intervention. Victoria's Forensic Disability Services operate Residential Treatment Facilities under the Disability Act for people with an intellectual disability convicted of serious violent/sexual offences who are considered significant risk to the community. RTFs provide a secure therapeutic environment for individuals to undergo compulsory forensic intervention. RTFs are highly controlled environments and given the potential for harmful behaviours, can lead to the use of restrictive interventions. This paper explores the impact the implementation of a therapeutic, reward-based model, the Therapeutic Feedback Model (TFM) on the application of restrictive interventions to manage behaviours of concern.



The TFM is underpinned by Positive Behaviour Support (Horner et al,1990); Risk, Need, and Responsivity principles (Andrews, Bonta & Hoge, 1990); and the Good Lives Model (Ward, 2002), and delivered using a cognitive behavioural approach. Residential and clinical staff are required to support residents with skills and strategies to replace or reduce maladaptive behaviour via regular feedback, and restorative opportunities. This presentation will examine the effect the implementation of the TFM has had on use of restrictive interventions through a comparison restrictive practice application before and after its implementation over a ten year period.

Forensic Liaison in Auckland: A Service description/ Presentation

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Kahui o te Ihi | Te Toka Tumai | Auckland District Health Board

Forensic Liaison in Auckland: A Service description/ Presentation. I would use PowerPoint slides to facilitate my presentation and include recent statistics on our service including referral rates over the last year and some commentary on waitlists and capacity of IPU's Acute inpatient services.

The role description : Working across complex organisational networks i.e., Mason Clinic discharge planning, Transfer of care, Forensic prison team, Forensic Court Liaison Services, ADHB Acute inpatient Adult service, Justice system staff , Corrections/Probation staff, Housing and social Services ,Social Housing NGOs , Addiction Rehabilitation programmes, Police and other Community services, also Forensic Court Liaison Service MHA assessment requests (at District and High courts. Attending monthly Forensic Prison Team release planning meetings and Mason Clinic Community Liaison Meetings. Providing specific consultation and advice to local CMHC and NGO providers.

I will investigate inpatient/ community services capacity issues, and how Diversion from Prison to IPU's via district court bail applications effects IPU resources. I will provide brief exemplars to illustrate the issues involved including risk, acuity and cross service stresses on collegial relationships, the importance of maintaining working relationships with relevant parties and stakeholders, Inpatient Units, Forensic Community Reintegration Service, to facilitate and support timely and smooth transitions for whaiora from Mason Clinic Regional Psychiatry Services to community mental health services. I will consider the rate of lost to Follow-up cases and the rate of criminal recidivism in Mental health Service clients from disfunction between Criminal Justice, corrections, Mental Health and Forensic Mental Health services.

Development of Safewards Secure for custodial mental health settings

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The introduction of the Safewards model of care and the associated interventions has resulted in the reduction of conflict and containment in mental health units. Safewards Secure was developed as an addition to the original model, for secure hospitals in forensic mental health services. Forensic mental health nurses working in bed-based prison mental health units may also benefit from having a model to assist conflict and containment reduction in their unique context. Bed-based services within prisons provide mental health treatment and care for people who are mentally unwell while in the prison system.

This presentation will describe the development of a version of Safewards for bed-based prison mental health units using a Nominal Group Technique (NGT). A literature review identified relevant features of bed-based units including features, flashpoints, and staff and consumer modifiers. A summary of the review was presented to participants prior to the NGT (a structured group consensus method). Participants were staff working in bed-based prison mental health units. The NGT was used to elicit feedback about the proposed model and achieve agreement on the proposed version. Consensus was reached on all suggested changes/additions to the model. Findings support an adapted version to assist staff working in this setting. However, it was identified that modifiers for custodial staff need to be developed in collaboration with correctional service staff.



POSTERS

Innovating Orientation for Safer Practice: Restoring the workforce

Sophie Cooper, Bill McCulloch, Elyse Falconer, Zaryn Swan

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Te Whatu Ora - Waitaha - Canterbury, New Zealand

This poster presents the FMHS Orientation to Practice - Waitaha Canterbury, a four-day teaching programme designed to prepare nurses and allied health staff for safe, recovery-oriented practice in forensic mental health services. Aligned with the conference theme *"Dare to Dream"*, the initiative reflects a commitment to reshaping workforce culture --challenging historically risk-driven models in favour of trauma-informed, culturally safe, and person-centred care.

The orientation introduces modules in relational security, risk assessment (HCR-20, DASA, START), legal frameworks, and M ori health perspectives through tikanga and whakawhanaungatanga. It advances forensic nursing practice by shifting documentation from risk-focused to recovery-oriented, emphasising wellbeing, strengths, and identity. Scenario-based learning, collaborative teaching, and reflective practice build workforce confidence, cultural responsiveness, and professional integrity, preparing a connected, future-focused team to meet the complex needs of t ngata whai ora.

Staff reported that the programme positively influenced their practice, strengthening confidence, cultural responsiveness, and recovery-focused care. By sharing the development and implementation of this teaching plan, the poster invites discussion on how we can continue building a forensic mental health workforce that not only meets safety standards but dares to imagine more just, hopeful, and effective ways of working.

Disparities due to Government Policy, Colonial Influences and Racism has resulted in an over representation of Maori Wahine (women) in Prison populations in New Zealand.


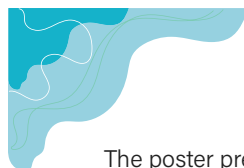
Heather Symes

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Canterbury District Health Board NZ

This poster presents mental health nursing practice in one of New Zealand Women's Prisons.

The mental health nursing practice Model of care is a Liaison service. Corrections have an Intervention Support Practise Team whom we have a very close relationship with.



The poster presents the many tensions and dichotomies the nurse experiences in caring for this marginalised group. These are evident in the context and the background relating to Wahine (women) including the ongoing effects of colonisation and political influences.

A summary is provided of the impact of institutional incarnation on the Indigenous population in NZ, especially regarding mental health, alcohol and other drugs, childcare issues, Justice disparities, Societal expectations and views on nursing practice and the Wahine themselves. There is a clear link between being Maori in NZ and being imprisoned for many crimes Europeans do not seem to get imprisoned for, Colonisation is alive and well in NZ in 2025. We need to change attitudes and prejudices to change this.

Despite being a small team of 3 Forensic mental health team members RN, Consultant Psychiatrist and Pukenga Atawhai we are able to advocate for the Wahine across multiple agencies to ensure ongoing support via SMHS (Specialist Mental Health Services), NGO services especially for Housing, Organa Tamariki (childcare services) local and country wide medical and social services. We advocate and agitate to ensure our Wahine have the best chance of changing their lives for the better via AoD programmes, Cultural supports and lifestyle skills.



ROUNDTABLE

Improving Wellbeing of Waahine (women) (WoW) in secure mental health care- Lets dare to dream together.

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Mental Health and Addiction Services, Health New Zealand- Waikato District

Wellbeing of Waahine (women) (WoW) in secure mental health care.

The presence of women in secure care environments continues to grow across both our nations and particular so for first nations and Maaori women. Waahine wellbeing and health needs are multifaceted and require a holistic health response which nurses can provide. This presentation outlines what we as a service are doing and our future aspirations. Participants will be invited to share their thoughts on what more could be done with a view of taking collection action.



PRESENTERS

Nadia Baillie

Nadia Baillie has over 20 years' experience working in top tier legal firms in Australia and the UK, as well as in-house in the university and health sectors.

In her current role as Executive Director Legal, Governance & Strategy at Forensicare, Victoria's statewide forensic mental health service, Nadia leads the provision of legal advice, guides Forensicare's strategy development and oversight, delivers governance services to Forensicare's board and subcommittees and oversees health information services. Nadia is also a Director on the Board of Parkville Youth Mental Health and Wellbeing Service, Victoria's newest designated mental health and wellbeing service for young people.

Andrew Carroll



Andrew Carroll has worked in Forensic Psychiatry for over 25 years in various treatment, assessment and managerial roles. He is an Adjunct Associate Professor at the Centre for Forensic Behavioural Science at Swinburne University of Technology. He works at the Victorian Department of Health as Deputy Chief Psychiatrist (Forensic Mental Health) with special responsibility for oversight of prison mental health care. He is also a Director of 'Our Curious Minds,' a training and consultancy company that works with mental health and psychosocial services to upskill workers and enhance systems of care. He has a busy medicolegal practice in both the criminal and civil areas. He has published papers and book chapters on a range of topics including insight in psychosis, risk assessment, ethical values in forensic practice, personality disorders and the role of mental health evidence in court.

Skye Carter

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

Shivam Chawla

Shivam Chawla, BCom/LLB(Hons), MClinPrac, is a forensic mental health nurse working in a medium-secure, Kaupapa Māori unit in New Zealand, providing culturally safe, trauma-informed care. With a background in corporate, immigration and refugee law, he brings a strong social justice lens to his clinical work. Shivam is also a trained mindfulness



teacher with the Oxford Mindfulness Foundation. He is passionate about supporting recovery at the intersection where the accountability-driven justice system meets the recovery-oriented healthcare system, with particular interests in ethical decision-making, therapeutic engagement, and equity-focused approaches to care.

Joanne Collins

Joanne is the Operations Manager of the Residential Treatment Facility that provides intensive forensic treatment and secure accommodation for men convicted of serious sexual and violent offences with an intellectual disability. Joanne is a Mental Health Nurse from the United Kingdom who has experience providing care and support to people engaged with the justice system with complex needs in jurisdictions across the UK and Australia.

Sophie Cooper

Sophie Cooper - Nurse Educator, Forensic Mental Health Service (FMHS), Waitaha Canterbury. Trained in Canterbury, Sophie has worked in FMHS for over 10 years. She is passionate about fostering safer, individualised, recovery-focused care, and about building and sustaining a skilled, confident workforce.

Michael Daffern



Michael Daffern is Professor of Clinical and Forensic Psychology and Director of the Centre for Forensic Behavioural Science. His research interests focus on improving methods for understanding and working with people who have offended. He divides his time between research, teaching, and clinical practice.

Jayne Dennis

Jayne is the Manager of Forensic Residential Services that provide accommodation for people with a cognitive disability engaged in the justice system. Jayne has 20+ years experience within the forensic disability and forensic mental health landscape in various roles across nursing, direct-care, case management, operations, and senior management positions. Jayne is a co-author of the Therapeutic Feedback Model delivered in the secure residential environments.

Larissa Dern

Larissa has worked in Lived Experience for approximately 15 years starting career as a Peer Worker in the Personal Helpers and Mentors Program working her way through to State Leader of Breakthru in 2020, Managing both NDIS, State and Federally funded Mental Health support and homelessness programs. Larissa furthered her career by



becoming the first Chief of Lived Experience at Forensicare in 2022. She is passionate about people getting the right supports at the right time and in a way that supports people being the directors of their lives. "I want to see a system where people are supported to thrive, not just survive"

Courtney Dunn

Courtney is the Senior Nurse with Peninsula Health's Mental Health and Wellbeing Service. Working previously as a Nurse Practitioner Courtney has specialist knowledge and skills in mental health and addiction in community and correctional settings. Passionate about ensuring timely and equitable access to mental health care for all consumers, Courtney is committed to building capacity within the mental health nursing workforce through education, research, supervision and leadership.

Stacey Elvey

Hello, my name is Stacey, my current role at Forenciare is in the Lived Experience Team as a Peer Worker. In this capacity, I have collaborated closely with consumers to support them in achieving meaningful and fulfilling lives.


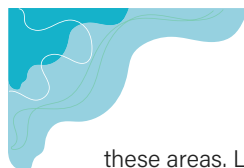
My experience also includes work within prison's particularly in the Moroka unit, where I work alongside a multidisciplinary team. Throughout my work, I actively promote the value of lived experience and advocate for its essential role in the recovery process. I assist patients through a comprehensive program, providing support to address problem behaviours using Dialectical Behaviour Therapy, designed to empower individuals to pursue their recovery goals and work on managing their behaviours and mental health. My professional approach is centred around fostering strength and positive change in the lives of those I work with.

Trentham Furness

Trent works as Research Manager at Forensicare and in partnership with the Centre for Forensic Behavioural Science at Swinburne University of Technology. Trent has conducted research in Victoria's publicly funded forensic mental health and mental health service for more than a decade. Trent's primary role functions are to provide high level support and coordination of Forensicare's research activities. These are achieved by assisting staff to develop research projects, coordinating research activities and carrying our research within Forensicare.

Loretta Garvey

Loretta Garvey is a nursing academic with a strong background in curriculum design and educational innovation, with her research focused on advancing nursing practice through



these areas. Loretta's work highlights the importance of preparing the next generation of nurses for the evolving workforce environment. She is passionate about enhancing student and staff experience in the learning environment, reducing stigma in mental health nursing, and supporting students and clinicians to deliver safe, person-centred, and evidence-informed care.

Alison Hansen

Alison Hansen is a Credentialed Mental Health Nurse and Senior Lecturer at Monash University. Alison has been practicing as a mental health nurse for 16 years, and for the last 9 years has worked in the tertiary environment. Alison's clinical experience is in the area of forensic mental health nursing, specifically working with women in secure forensic hospitals. Alison's PhD focused on the frequency and duration of seclusion for women within secure forensic hospitals, and also explored the woman's experience of seclusion.

Anthony Hew

Dr Anthony Hew is an Addiction Psychiatrist, working within the Alcohol and Other Drug (AOD) Service at Thomas Embling Hospital. The Service provides comprehensive assessment and delivers both pharmacological and psychosocial approaches to treatment for forensic inpatients with substance use disorders. Anthony and Dean are committed to enhancing dual diagnosis capability across the workforce and are passionate about increasing staff knowledge and skills through training and education.

Hannah Jackson

Hannah Jackson is the Forensicare Senior Mental Health Nurse for prison services with over 14 years of working within the Forensic Mental Health system. Her role consists of portfolios and projects that address gaps in practice including the development and implementation of training programs. Hannah is enthusiastic about improving the experience of consumers through systemic advocacy and education.

Laura Jeffery

Laura is a Clinical Nurse Educator working at Forensicare, within the Thomas Embling Hospital. During her 8 years with Forensicare, Laura has worked in a number of different roles across the hospital, including a secondment in the Clinical Nurse Consultant role where the primary focus was the implementation and sustainability of the Safewards model. Laura has a strong interest in supporting mental health nurses with best practice initiatives to support their practice development.



Natasha Jojo

Dr. Natasha Jojo (PhD, MSc (Nsg), BSc(N), Grad Cert(N), RN) is an Assistant Professor and International Convener for nursing students in the Faculty of Health at the University of Canberra. With a background in mental health nursing, her research spans intellectual disability, program development for children with disabilities and their caregivers, forensic mental health, youth mental health, and teaching and learning innovations to enhance international student experiences. Dr. Jojo actively contributes to professional bodies, including the Australian College of Nursing, ACMHN, ASID, IASSIDD, and PANDDA, fostering collaboration and advancing nursing practice through research, education, and advocacy.

Sneha Jose

Sneha has over 13 years of experience in forensic mental health nursing and has been a Nurse Unit Manager at Forensicare, Victoria, for six years. She leads a multi-disciplinary team supporting community transition and functional rehabilitation for consumers and is passionate about inclusive leadership.

Beginning her career as an intensive care nurse in 2006, she earned a Master's in Mental Health Nursing with top Honors and a Certificate in Organisational Leadership from Harvard Business School. Sneha co-authored a paper on COVID-19 lockdown impacts consumers in forensic mental health units published in the Asian Journal of Psychiatry.

Anumol Joseph

Anumol Joseph is a Registered Nurse and Clinical Lead in Research at the Northern Adelaide Local Health Network (NALHN), where she actively promotes research culture within forensic mental health services. Alongside her clinical role, she serves as a Mental Health Specialist Educator at Open Colleges Adelaide, empowering future nurses through education. Anumol holds a Masters degree in Mental Health and brings extensive experience from New Zealand, where she worked across mental health and geriatric care settings. Her combined expertise in clinical practice, research, and education reflects her commitment to advancing evidence-based care and professional development in mental health nursing.

Rinimol Joshua

Rini has experience in acute FMHN in Ireland and Australia. Rini's current role is CNE in RCC and DASA Trainer. Rini has a passion in making changes for forensic mental health consumers in correctional settings.



Paul Kelly

Paul Kelly, RCPN (Dip), BSC, Masters in Health Science (endorsed in MH Nursing). I have been in the position of Nurse Consultant for the Centerbury Regional Forensic Mental Health Service for the last seven years and have a focus on workforce development and clear clinical systems. Prior to working in RFMHS I wheld the roles of Nursing Director for Forensic & Intellectually Disabled Persons Health Services, Nurse Consultant for the Intellectual Disabled Persons Health Service [IDPHS], preceded by 20 years in a range of community and inpatient mental health services.

Tella Lantta (Keynote)

Dr Tella Lantta PhD, RN (mental health nursing), is an accomplished health sciences researcher renowned for her work in forensic mental health care. She specialises in the development, implementation, and evaluation of interventions aimed at reducing coercive practices and enhancing safety in mental health and forensic settings.

She currently serves as an adjunct professor at the University of Turku, Finland, a visiting professor in Italy, and an adjunct associate professor in Australia. In Finland, she leads the country's only national research programme dedicated to mental health nursing science.

Her research portfolio includes leadership of several funded projects, systematic reviews, implementation studies, and intervention trials across diverse mental health environments. Her current work includes a large-scale evaluation of the eDASA+APP using implementation science perspectives.


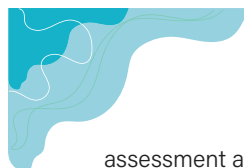
Dr Lantta is Chair of the IAFMHS Special Interest Group on Forensic Mental Health Nursing, a board member of the European Violence in Clinical Psychiatry Research Group (EViPRG), and leader of the CORRECT network (Nordic Network of Promoting Coercion Prevention Competencies). Through these roles, she has established herself as a central figure in advancing research and practice in forensic mental health nursing.

Her work is widely published in top-tier international journals, and she is deeply committed to translating evidence into practice through multidisciplinary collaboration with mental health professionals, policymakers, and consumers worldwide.

Tessa Maguire (Keynote)

Tess Maguire is a Senior Lecturer in Forensic Mental Health Nursing. She has a joint appointment with Centre for Forensic Behavioural Science Swinburne University of Technology and the Victorian Institute of Forensic Mental Health (Forensicare). She has extensive experience in development and delivery of professional development including prevention and management of aggression.

Her research focuses on forensic mental health nursing practice, including risk



assessment and nursing interventions (eDASA + APP) to reduce aggression and use of restrictive practices. She was the recipient of the International Association of Forensic Mental Health Services, Christopher Webster Early Career Award in 2020 and the eDASA + APP received a National Award from the Australian Council on Healthcare Standard for clinical excellence and patient safety. In 2022 she received the Chris Abderhalden Award for Young Researchers in the Field of Aggression in Healthcare at the 12th European Congress on Violence in Clinical Psychiatry.

Adrianne Mason

Adrianne Mason is a registered nurse and is employed with Te Korowai Whāriki-Mental Health, Addictions and Intellectual Disability Services (MHAIDS). With extensive experience in various general and mental health settings, Adrianne has worked as a Forensic Justice Liaison in the Hawke's Bay, New Zealand for the past 15 years.

For 10 years, Adrianne worked as a Forensic Court Liaison Nurse (FCLN) in the Youth Court jurisdiction, and five years ago she transitioned full time into the District Court. To compliment her clinical practice, she also works casually for the Hawke's Bay emergency mental health service.

Passionate about continuous learning, Adrianne continues to pursue postgraduate studies and holds a particular interest in the challenges faced by clients known as "501 deportees".

Brenton McCalman

Brenton McCalman. Senior Clinician, MH-FIT, Melbourne Health. I hold a PG Dip in Mental Health Nursing from Massey University, New Zealand, having completed my BN at The Eastern Institute of Technology, New Zealand. I have been a psychiatric nurse since 2013, working in New Zealand and Australia in both adolescent and adult services. My experience includes intellectual disability and mental health forensic secure services, inpatient units, CATT, EMH, PACER, psych triage, intensive case management, hospital in the home, and youth forensics (custodial and community).

Derek McCue

Derek McCue Snr Clinician MH-FIT. I hold a Masters of Advanced Nursing Practice (Nurse Practitioner) from the University of Melbourne having completed my undergraduate and post graduate in Mental Health Nursing at Monash. I have been working in mental health nursing since 1996 in Victoria and Queensland having worked across Emergency Departments, CATT, Inpatient services, Practice Development and Consultation Liaison and forensics. I have a long-term interest in risk, acute arousal, and de-escalation across different settings and age groups. My current interests include Mentalization Based Therapy, autism and neurodiversity, psychopharmacology, the Manosphere and Incels.



Brian McKenna (Keynote)

Senior Professor of Forensic Mental Health, Auckland University of Technology and the Auckland Regional Forensic Psychiatry Services. Brian is a mental health nurse and Professor of Forensic Mental Health - a joint appointment between Auckland University of Technology and the Auckland Regional Forensic Psychiatry Services. He is also an Adjunct Professor, at Swinburne University of Technology, in Victoria. His research interests in forensic mental health and intellectual disability are diverse. A commitment to joint appointments has led to a focus on research co-designed with key stakeholders in the services concerned. The intent is for this research to be translational; to assist in the provision of optimal service delivery for the benefit of those we serve.

Erik Meurs


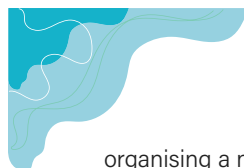
Erik Meurs, BSN, MA-FBS, MANP (NP), trained and worked in the Netherlands' forensic psychiatric system before relocating to Melbourne in 2010. Since then, he has held diverse roles at Forensicare, including suicide and self-harm prevention trainer, program manager, and Nurse Practitioner. Endorsed by AHPRA in 2022, Erik has worked across most of Victoria's public and private prisons, leading both team-based and independent NP clinics. In 2024, he served as Forensicare's Nurse Practitioner Chair. He currently provides secondary consultation across regional custodial sites as part of the Lara precinct team. Erik brings a wealth of experience and a passion for advancing the NP role within forensic and custodial mental health systems.

Monica Najda

Monica Najda is the Clinical Nurse Consultant with the Nurse Practice Development Unit at Forensicare and has 23 years of experience as a forensic mental health nurse working predominantly in prison settings. She has a strong commitment to professional development, has helped develop training programs and supports research projects within the prisons that aim to improve care outcomes for patients.

Jill Oetgen

Jill Oetgen is a Court Liaison Nurse with 26 years of practising in the Courts in Christchurch, New Zealand. Her ambition is to work with multiple stakeholders to obtain the best possible outcomes for people with mental health concerns who come into contact with the Criminal Justice system. Working in the Court also places Jill in a position to provide advocacy and education around contemporary forensic mental health practice to the legal and general community. She has provided training and education to other Court Liaison Nurses across the South Island of New Zealand, have organised annual training and networking days for other Court Liaison nurses. Jill has also been involved in



organising a national Court/Prison nurse forum to provide education and opportunities for networking and sharing of knowledge and skills for other nurses working within the Justice environment.

Myles Ojabo

Myles Ojabo, PhD, RN, is a Lecturer at Swinburne University of Technology in Melbourne, where he teaches Mental Health Nursing, and Ethics and Law in Healthcare in the Bachelor of Nursing program. He draws on extensive clinical experience in mental health services across Australia and New Zealand, with research interests in mental health, and health humanities.

Suzette Poole

Suzette is a registered nurse-mental health with a Post graduate Diploma in Forensic Psychiatry and a Master of Nursing. Leadership roles include: Clinical Advisor- design team for Hikitia- Mental health facility based at Waikeria prison (Ara Poutama - Department of Corrections), Clinical Lead (Te Pou o te Whakaaro Nui- national workforce centre) which including work on supervision; trauma informed care; seclusion, women in secure mental health care and co-existing problems, Nurse Advisor -Health (Nursing Council of NZ). Suzette is the Nurse Director- Waikato Mental Health and Addiction Services- Te Whatu Ora - Health New Zealand and is a Fellow of Te Te Ao Māramatanga New Zealand College of Mental Health Nurses

Samuel Rees

Samuel (Sam) Rees, Nurse Practitioner (NP) within the Waitaha (Canterbury) Forensic Prison Team. I completed my NP training in 2021, and am the first nurse practitioner within the Forensic Mental Health Service in New Zealand. I completed my university qualifications through the University of Otago. My current role is between the Forensic Prison Team, and work one day a week in primary care. I am in the beginning stages of embarking on a PhD journey.

Dean Rooke

Dean Rooke is an AOD Nurse Practitioner working within the Alcohol and Other Drug (AOD) Service at Thomas Embling Hospital. The Service provides comprehensive assessment and delivers both pharmacological and psychosocial approaches to treatment for forensic inpatients with substance use disorders. Anthony and Dean are committed to enhancing dual diagnosis capability across the workforce and are passionate about increasing staff knowledge and skills through training and education.



Paul Rothwell

Paul Rothwell is a Clinical Nurse Educator at Forensicare, originally trained in Ireland and practicing in Australia since 2019. He brings over a decade of experience in acute inpatient mental healthcare, with a passion for supporting nurses to deliver high-quality contemporary mental health nursing care and leadership. Paul is the current Early Career Graduate Nurse Program Co-Ordinator at Forensicare.

Hosu Ryu

Hosu Ryu is a mental health nurse, experienced educator and early career researcher who has recently submitted her PhD at the University of Melbourne, titled Implementing Clinical Supervision for Mental Health Nurses: Experiences and Contexts in Policy-Driven Practice Environments. Her mixed-method research examines the implementation of Safer Care Victoria's clinical supervision framework across major Victorian public health services. Her work focuses on how workforce policies are translated into everyday nursing practice, drawing on implementation science to better understand why policy initiatives often struggle to achieve their intended impact.

Kylie Scott

Kylie Scott has been working at Forensicare as an enrolled nurse since 2014. In 2021, she became an enrolled nurse educator and has been responsible for co-ordinating and evaluating the enrolled nurse entry program at Thomas Embling Hospital.

Kylie is a fierce advocate for the EN's and contributes to supporting the existing enrolled nurse workforce at Forensicare.

Kylie has a passion for helping early career nurses to develop skills and knowledge which improve patient experiences and outcomes.

Danny Sullivan (Keynote)

Danny Sullivan is a consultant forensic and adult psychiatrist, previously Executive Director of Clinical Services at the Victorian Institute of Forensic Mental Health (Forensicare). He is Adjunct Associate Professor at Swinburne University and Honorary Senior Fellow at the University of Melbourne. He trained in Melbourne and at the Maudsley Hospital / Institute of Psychiatry in London. He has masters' degrees in Medical Law (Melbourne), Bioethics (Monash) and Management (McGill).

He has extensive experience in clinical governance and service reviews, and for many years has provided expert opinions to coronial inquests and criminal and regulatory jurisdictions.



Heather Symes

I am a Comprehensive Nurse working in Forensic Specialist Mental Health Service in CHC NZ. I have worked in this area for many years, after completing Overseas training and Post graduate education. My Post graduate education was in Mental Health. I have also worked in AoD for 15yrs both in London and CHC. This position has been a passion for the last 12yrs.

Michelle Thirwell

Michelle has had various roles within Forensicare and is currently the MAP CNE and DASA Trainer. Michelle has a passion in prevention and management of aggression, FMHN education training development and consumer collaboration related research projects.

Lasyamol Thomas

Lasya has recent experience as the Prison Therapeutic Program Coordinator and is currently seconded as the CNE at PPP and DPFC. Lasya's passion is rehabilitation in FMHN in Correctional Settings.

Brian Tyrrell

Brian Tyrrell, BScN, MANP (NP), is an experienced mental health clinician with extensive expertise in forensic and custodial settings. He began his career in acute mental health before moving into forensic psychiatry, working with complex and high-risk populations for over a decade at Forensicare. Brian has held multiple clinical and leadership roles across prison-based and forensic programs and is currently based at the Royal Melbourne Hospital, providing physical health care to mental health consumers through the Equally Well framework. His professional interests include early intervention, trauma-informed practice, continuity of care, mentoring NP candidates, and advancing the Nurse Practitioner role through statewide initiatives.

Laura Väättäinen

Laura Väättäinen is a doctoral student in mental health nursing science at the University of Turku with a background in psychiatric nursing. Her doctoral supervisors are Tella Lantta and Tessa Maguire. Laura's research focuses on increasing youth involvement in violence risk assessment and development of the DASA-YEV instrument. She has published her first peer-reviewed review article in August and will submit second article by the end of 2025. Her aim is to promote evidence-based approaches to violence assessment and management across diverse care settings.



Glenys van de Wildekamp

Glenys van de Wildekamp is the Physical Health Nurse at Thomas Embling Hospital (TEH). She works as part of a team to promote, develop and provide advancements in physical healthcare. Glenys is a Registered Psychiatric Nurse having completed her Masters in Mental Health Nursing. She has previously held position of Prevention and Management of Aggression Trainer and Associate Nurse Unit Manager within TEH. Glenys is also a qualified Remote Area Nurse having lived and worked in indigenous communities in the Northern Territory. Prior to Nursing she spent over 15 years working as a Paramedic and Flight Paramedic with Ambulance Victoria.

Emily Webb

Emily is the Senior Practice Leader within the Service and Practice Development team at Forensic Disability Services (Dept, Families, Fairness and Housing). Emily is responsible for supporting the implementation, monitoring, and evaluation of service delivery across the residential, clinical and disability justice teams that support clients in residential services, including the residential treatment facilities. Emily has experience working in frontline and managerial roles in forensic disability services; child protection; offence-related programs; and supporting families of prisoners. Her academic pursuit in the field is marked by a degree in psychology and forensic science, with a minor in criminology and a Masters in Forensic Behavioural Science.

Simon Williams

I am currently employed full time at ADHBs Assertive Community Outreach Service as Forensic Advanced Practitioner/Mental health Clinical Nurse Specialist , Forensic Liaison. (level Four) I am a Warrented Duly Authorised Officer form the DHB. I have a passionate interest in Conservation and volunteer with the Makatu Link group doing restoration ecology work in the Waitakere River wetlands area Near Auckland. I cycle to and from work every day regardless of weather and take whatever steps are practical to reduce the carbon footprint of myself and our family. This includes the replacement of our petrol car with a Nissan leaf electric vehicle. I play music, swim, surf and cycle when I have the opportunity for recreation.

Maicee Young

Maicee Young is a Research Fellow with a joint appointment Forensicare and the Centre for Forensic Behavioural Science. She has a bachelor's degree in criminology and psychology and an honours degree in psychological science. Within her research fellow role, Maicee has been involved in research projects across several disciplines including forensic mental health nursing, occupational therapy and psychology. Over the past few years, Maicee has been closely involved in the development and implementation of Safewards models designed for forensic settings - one of which will be the focus of her presentation.



About the Centre for Forensic Behavioural Science

The Centre for Forensic Behavioural Science provides academic and clinical excellence in forensic mental health research and practice. We bring together academics, clinicians, researchers and students from a variety of disciplines, including psychology, psychiatry, nursing, social work, law, occupational therapy and epidemiology.

Our research, consulting services and professional development and training programs have strengthened the field of forensic behavioural science in Australia and overseas.

Our mission is to create new knowledge through rigorous, clinically informed and service-oriented research that improves our understanding of people who are at risk of offending, people who are already justice involved, and people who are the victims of crime, as well as the systems responsible for their care and management.

We harness additional expertise through our affiliations and collaborations. In particular, we have a strong partnership with the Victorian Institute of Forensic Mental Health (Forensicare), serving as Forensicare's research and training arm.

We also have a long record of collaborating with other general and forensic mental health and correctional services, as well as international experts.

To learn more about the centre, visit www.swinburne.edu.au/cfbs

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To learn more about the Centre for Forensic Behavioural Science
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