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RWAV acknowledges the traditional owners of the land on which we broadcast. We pay our respects to Aboriginal and Torres Strait Islander cultures and to elders past, present, and emerging. Welcome to the Talking Country Health Podcast, where we discuss everything to help health professionals navigate working in rural and regional Victoria.

I'm your host, Andrew Maher, and this episode we'll be speaking to Darren Riffin, a senior psychiatric nurse at Mildura based public hospital, the Mental health learning and Development department. Welcome to the podcast, Darren. How are today? I'm very good. Thank you. How are you? Good, good. Wonderful for you to join us. It's great to meet you.

Tell us a little bit about yourself and your career journey and, what led you to where you currently are?

I'm a, a psychiatric nurse and also a nurse practitioner and psychotherapist. I originally trained in London in the UK. Practiced in. London for 13 years and I did education, acute psychiatry, community mental health practice development, and some strategic and management jobs.

And at the end of the 13 years, I thought I wanted a overseas experience. So I started the process of immigrating to Australia. I got a job as a semi psychiatric nurse in the Alfred Hospital. I was there for about six to seven years, transitioned through a variety of physicians, then wanted exposure to another part of the service.

So I got a job in the prison service and I managed a health service in a secure men's prison in Central Melbourne. And then I decided to transition to a regional location. We moved to Geelong and I spent seven years in Baldwin Health, predominantly has the manager of the youth mental health team. And then COVID happened and then I thought, oh, I need another adventure. And then I went to Alice Springs for a year where I was the child and youth mental health manager. Then transitioned to a state manager's job in youth mental health services for St. John of God. And I've been in Mildura since this year, January in the role of a senior psychiatric nurse.

So besides my, public mental health career, I also have an established private practice in psychotherapy and clinical supervision.

Brilliant. And is that on site more or less around the Mildura area, or do you still do a lot of telehealth for clients that you may have had previously?

So I've established stem psychotherapy practice in Geelong. So I, I provide a hybrid model of care. So, I fly back home every month to do a one-day clinic on a Saturday. And the rest of the time I'll do out of hours and weekend telehealth, course for my psychotherapy practice. I'm very busy.

No doubt. Rewinding a little bit, what got you into the field of mental health in the first place?

Well, my first degree was in law and I had this the aspiration and ambition of becoming a shipping lawyer and then I wanted to make lots of money, so I decided to go and learn Japanese and Japan. The plan was to be in Japan for six months, but that ended up being two and a half years and I did lots of interesting things. Then got a job in advertising in Singapore and had a bit of a late twenties existential crisis. So I felt very sort of burnt out and really didn't find marketing and advertising very so enriching and, I thought I wanted an internationally transferable career. So, I moved back to London to become a nurse.

I didn't initially wanna become a psychiatric nurse because I, I was a little bit scared of that. So I, I was gonna go down the, the route of becoming an adult physical health nurse. And then in my first six months, soon a nursing school, I did a placement on a psychiatric unit. I just fell in love with.

That you have to work therapeutically as a person. You know, I was new to nursing, but I wasn't necessarily new to life and all of my life experiences were able to be useful in, therapeutically engaging with people with, mental health and psychiatric challenges and their families. And yeah, I think it was my calling and I think it really coalesced when, um, I was helping to stitch someone who lacerated their arms, knees, even, I think this was in 1990. And, so I'm doing this sort of physical suturing of this patient's arm and then doing the psychological debrief and whatever. I thought, oh, I'm really good at this.

So psychiatric nursing and mental health nursing isn't for everyone, but every day I learn something new and I get moved and inspired by patients, their families and colleagues. It's, it's, a never ending gift of surprise and expansion.

That is marvellous. When you moved from the UK to Australia, what were the biggest professional differences that you noticed between the systems there and here?

I think that we share the same language, but not exactly the same culture. And in terms of management, English health managers are quite hierarchical and, slightly punitive and very sort of quite hard. I came to Australia, and I was really pleasantly surprised by, how informal the cultures are.

And so, for example, my first week at the Alfred Hospital, I was sitting around the lodge table with the consultant psychiatrist and my manager, and we were all on first name terms, whereas, that wouldn't have happened in England. And I'd be calling my consultant psychiatrist a doctor. And it just felt I was a bit like, wow, we're talking about children, hobbies, challenges, this wouldn't happen in England. So, for example, the performance management in the UK is probably a little bit more full on. So, when I was managing in England, you would have a, any full interview every time someone took a, an episode of sickness or absence on planned absence. And in Australia it seemed to be a lot, bit more laid back and, and not so punitive and very relaxed. I was really pleasantly surprised by the relaxed attitudes in Australia.

Is there a cultural difference again, between the city and the regional and rural health networks?

I think that in, in regional health, it's a blessing and a curse really. I think because people are so interconnected that the level of care and quality of care is probably better. When I was working in Geelong, for example, I would be going to dinner parties or the pub and six degrees of separation. A relative or a

child of someone would be. In my vicinity so it was really important for me, and it still is important to me, that when you're providing a service in the local interconnected area that you know has to, there are consequences and people talk. So you have to provide the best. Most excellent type of care because if not, then bad things are said about the service. So it's a blessing and a curse in the sense that because everyone's so interconnected, you have to be quite careful about what you say and who you say to.

Yeah, for sure. So what inspires you the most being where you are now at Mildura based public hospital?

I love the way that it's a small institution and that the ability to innovate and improve practice and to take on new ways of learning and being is adopted and encouraged by the management here. And there's a real curiosity and support and it can do attitude. And again, because it's a small community, people are very interconnected and you have that added pressure being.

For response the, the care that you start providing in the community. So I had a number of interviews for this job, and at the end of the interview, my overriding sense was that the clinicians here, the management here were very very kind and very welcoming. And very supportive. And I think that's something that unfortunately, isn't so common in, larger regional and metropolitan and, city hospitals and institutions because it's, it's a bit too big.

So I'm coming to the end. I've got a few, few more years of clinical practice, I think at list seven, but I'm very much about wanting to do purposeful and maybe for work. And I think that the opportunity that was given at mildura public hospital was, yeah, unable to do purposeful and meaningful work that is exciting and innovative and enjoyable.

Fantastic. What prompted the move from Geelong to Mildura?

We have family in Swan Hill, so we used to come up on an annual basis to Swan Hill. So I was very, very much aware of the geography of, Northern Victoria and also to a, a certain extent the, um, psychological characters. So I think there's a saying of the, a fit as a, a malle ball.

Yes, there's a real stoicism that I, I've observed in my partner and, and our family, our Swan Hill family, and I find it really those qualities of, kindness, of doing the right thing, social justice. I find that really attractive. So I think that's really being evident in, the people who work in, in our local health service as well.

And when did you first hear about the Rural Workforce Agency Victoria. And what's your experience been interacting with them?

So I didn't know about, I didn't, I didn't know anything about it until, I applied for this job and, and got the job. I thought it was really good that the, uh, financial and other incentives for encouraging people to move to rural areas.

So far RWAV assisted me with finances regarding moving and travel and also accessing CPD courses. So I've just done a certificate in clinical governance, which, RWAV they kindly funded that for me. So again,

they've got a very cando attitude.

What have you found most rewarding about being a psychiatric nurse in a rural area?

I think that there's a real unmet need in Mildura and in the rural areas, so there's always a meaningful, purposeful work to do. Because we don't have the resources that a large regional or a city-based hospital.

Or training institution, you have to be a little bit more creative and there's, there's less working in silos and there's a greater sense of cross-fertilization and being creative in giving care and services to consumers and their families. And sometimes you have to learn on the job, which is good. That gets you on your toes.

Just leaning into curiosity and flexing. I think that those have been the two words I would use for my first six months in, in Mildura. So being curious and flexing.

And what have you found the most challenging about being a, uh, psychiatric nurse up there?

I've been described as a unicorn because someone with my years of experience and qualifications and people like myself don't usually come to services such as Mildura.

So that is a blessing and a curse. 'cause I think that unfortunately because people in regional areas like Mildura stay in the same hospital for 10, 15, 28 years. That sometimes the ways of doing things practice ideas can become a little bit ossified and then you get someone like me who comes in with different perspectives and the challenge is how to collaborate with.

People in institutions with established practices and set mindsets and just trying to open them up to maybe different things. And I think I'm, I'm a real, vocal critical thinker and I think that the challenge has been appraising practices and situations without people taking it personally. 'cause I don't attack the person or criticize the individual.

It's, it's usually the process or system thing. And I think that. Because some people have been here for a long time that they're slightly sensitive to feedback and and appraisal, so I've had to learn to be very pragmatic in the words that I use, and also strategic in who I approach or don't approach to get things done.

And are there some practical difficulties up there, such as, like you're right on the, the New South Wales and Victoria border, the fact that there are different mental health acts in, in each state and, and of course the sheer tyranny of distance from being from a major metropolitan area. Are these some challenges that you encounter daily up there as well?

Yeah, those are the challenges that we encounter. But again, I think because of, the geographical distance, people and services seem to be more compassionate and flexible. Because I think the thing that you need to work in rural, geographical areas is that you really need to invest in social capital, and that's allowing people to know you and to get to trust you and, and, and vice versa. And that once you have that element

of social capital, then you can move mountains because people are just a bit more open and amenable and have a can do attitude.

Do you have any good stories of, uh, the time that you've spent up there in rural practice?

I had difficulty trying to get accommodation. The rental market up here is, over saturated and, and quite competitive. And I'm currently living with my landlady, so I'm living in her house. So I've got the top floor, her house, but I met her in a cafe via the recommendation of one of the doctors. And I think that's the beauty of working in a, rural area is that does this can do kind attitude and people have really, really really, really welcoming and kind and amenable. So, I'm basically living in this house with subsidized rent because this beautiful woman who I met by her doctor at the hospital knows that it's important to have good nurses and good health professionals, you know, her community. And this is one way of her giving back to the community by allowing me to live cheaply in our house.

And it's, it's been really wonderful. I've been really impressed by the level of kindness and generosity of the people in this service. Um, and in this town. It's, it's really wonderful.

From what I've, uh, seen of the area up there around mildura and Swan Hill Echuca such good people.

And what else do you enjoy about living in working in mild Jura so far?

I love the way that everything is like a seven minute drive away. Yeah. There are no traffic jams. There's lots of sport and recreational activities to do. It's easy to make friends. There's good eateries. I really like yoga at sports and running and swimming and I, I can do that. The weather's great. You know, it's the first winter I've had in Northern Victoria and it's very mild. You know, I go back to Geelong and Melbourne, once or twice a month, and you can do that by the bus, the train, or airlines and you can drive as well. It's good.

Have you got any good little snippets of advice that you would give to other health professionals who are considering working in rural Victoria?

I would say that if you want a quite a lifestyle, purposeful and meaningful work. The ability to be creative, the ability to develop specialist interests. So some of my specialist interests are, clinical governance and aboriginal health. Then you can be very creative in, in a rural health setting. And the, the lifestyle is cheaper, the housing's cheaper.

So if you've got, um, a family, then it's a good place to raise your children 'cause it's a very interconnected, kind community.

Is there anything else you'd like to share with listeners who might be considering following a similar path to you?

Just do it. Overthink it. Just do it. Well, Darren Riffin, it's been a pleasure to speak to you. Thank you so



much for your time today. Thank you.

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