



**NZNO Mental Health Nurse
Section
Monthly News Bulletin
Friday 8 January 2021**

NZNO / Section News

During the Covid 19 lockdown, an amendment to the Mental Health Act was effected to assist the facilitation of assessments under the Act.

These changes as outlined below changed the meaning of mental health practitioner as well as changes to enable such practitioner to complete section 8 assessments in emergency and non-emergency situations, under Section 109, 110 and Sect 8.

In most DHBs designated registered nurses (usually DAOs) were already able to complete Section 8B assessments due to previous changes to the Act– however this has now widened. DHBs have their own systems and protocols in place as to who can carry out the assessment under these changes so please check with your local DAMHS or MH ADON for your particular area.

2AA Meaning of mental health practitioner during COVID-19 response

In this Act, unless the context otherwise requires,—

mental health practitioner means—

(a) a medical practitioner; or

(b) a nurse practitioner; or

(c) a registered nurse practising in mental health, where a registered nurse practising in mental health means a health practitioner who—

(a) is, or is deemed to be, registered with the Nursing Council of New Zealand continued by section 114(1)(a) of the Health Practitioners Competence Assurance Act 2003 as a practitioner of the profession of nursing and whose scope of practice includes the assessment of the presence of mental disorder as defined under this Act; and

(b) holds a current practising certificate

SPECIFIC CASES WHERE THIS IS IMMEDIATELY RELEVANT:

109A Modification to section 109 during COVID-19 response

In section 109(1)(b), (2), (3), (3A), and (4)(b), “medical practitioner” is modified to “mental health practitioner” *In plain English—an RN can now do a 109 Assessment, and this no longer requires a physician.*

8C Modification to section 8B during COVID-19 response

In section 8B(1) to (5), “health practitioner” is modified to “mental health practitioner” in each place—*meaning that an RN can execute the 8 B in all circumstances, not just ‘urgent’ situations.*

See, also, Section 110, which also has been modified to permit an RN practicing in Mental Health to fill out the 8B and request the assistance of the police to compel a person to attend a DAO assessment.

These changes are in effect until October 2021

Consultation

NZNO consults with members on a range of issues.

The full outline can be [found here](#)

New Zealand News

New Zealand Online Therapy Gets 20,000 Registrations In COVID Year

New Zealanders are turning to online therapy in droves, with local non-profit Just a Thought—which provides free web-based CBT courses—reaching 20,000 registrations in just over a year. [Read more](#)

Clearhead expands support capability to reduce NZ suicide numbers

Clearhead, a Kiwi digital mental health company has today launched its expanded website offering in partnership with TSB Bank, designed to help people who are supporting others with their mental health to be better support people. [Read more](#)

Police and health professionals will soon share more patient information regarding firearms licences

New changes coming into effect on Christmas Eve will see police and health practitioners share more information regarding patients who have access to firearms. [Read more](#)

Waitematā DHB commits to changes after mental health unit deaths

A broad list of changes has been recommended to improve the function of the Waitematā District Health Board's He Puna Waiora inpatient mental health unit. [Read more](#)

Mental health – general

Three pillars of mental health: Good sleep, exercise, raw fruits and veggies

Getting good quality sleep, exercising, and eating more raw fruits and vegetables predicts better mental health and well-being in young adults, a study has found. [Read more](#)

When hoarding becomes a health problem

Hoarding is a recognized mental health condition and should be treated as such—without the stigma associated with high-profile cases seen in the media, a UNSW clinical psychologist says. [Read more](#)

Mana enhancing approach to supporting men suffering from mental illness

Jason Matia (Te Aupōuri, Te Rārawa) is on a mission to combat the shame and stigma many men face when struggling with mental illness and trauma. He is both a victim and perpetrator of family violence and knows all too well how detrimental the mental impact of trauma can be for families if left untreated. [Read more](#)

Alzheimers / Dementia

The article below is not freely available but may be sourced via the NZNO library or a DHB or educational institution

Clinical nurse specialist's role in young-onset dementia care

John H Spreadbury and Christopher M Kipps
British Journal of Community Nursing, Vol. 25, No. 12: 604-609.

Post-diagnostic care in young-onset dementia (YoD) varies, from something that is occasionally structured, to improvised, to frequently non-existent depending on geographic region. In a few regions in England, a nurse designated to helping families may exist. This study aimed to describe this seldom-observed nursing role and its content. It used an investigative qualitative case study design based on the analysis of two YoD clinical nurse specialists (CNSs) describing the work they did in providing post-diagnostic care to YoD service users. The CNSs address various areas affected by mid-life dementia, including patients' mental health, caregiver stress and families' psycho-social problems. They use various approaches in delivering care, including making home visits, acting as a personal contact for service users and liaising with other health and social care services. Desirable attributes of a CNS service include service users having access to the same CNS throughout their care, receiving timely care and experiencing longer-term support and reassurance. In the post-diagnostic period, service user needs are often more psycho-social than medical, and the CNS role can complement and add value to clinical appointments. The role allows service users to be managed in the community, to receive information, guidance and advice and can prevent and de-escalate problems.

Covid-19

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Lessons Learned From a Mental Health Hospital : Managing Covid-19

Loewenstein, Kristy PhD, RN, PMHNP-BC, NPD-BC, NEA-BC; Saito, Ema MD; Linder, Howard MD, FAPA, FACLP

JONA: The Journal of Nursing Administration: November 2020 - Volume 50 - Issue 11 - p 598-604 doi: 10.1097/NNA.0000000000000943

Congregate settings such as psychiatric units have an increased risk of disease transmission because of the milieu setting and the inability to isolate patients. Interventions to prevent infection and cross-contamination are discussed including monitoring of patient temperatures, personal protective equipment, remote care, monitoring of human resources,

and reinforcement of infection prevention strategies. We discuss the effectiveness of those interventions and the lessons learned, including implications for psychiatric clinical care, during future pandemics or a next wave of COVID-19.

Depression

Teen dislike of physical appearance strong predictor of depression in early adulthood

Teens who are unhappy with their physical appearance are at significantly heightened risk of depression by the time they reach early adulthood. [Read more](#)

Foetal Alcohol Spectrum Disorder

'Bicultural approach needed' to address foetal alcohol spectrum disorder in Māori

Weaving Māori values in with those of western medicine will provide better outcomes for tangata whenua in the treatment of foetal alcohol spectrum disorder, researchers say.

[Read more](#)

Gambling

Introduction to the Gambling Disorder Special Issue,

Marcie Parker (2020)

Issues in Mental Health Nursing, 41:12, 1058-1062, DOI: [10.1080/01612840.2020.1830614](https://doi.org/10.1080/01612840.2020.1830614)

My son tells me that every time he gets a paycheck, he goes to the casino and loses it all. And every time he does, he just wants to drive his pickup truck into a wall. (Personal communication to the author from a Wisconsin mother of young problem gambler during one of the Wisconsin Problem Gambling annual conferences). [Read more](#)

Handover

The articles below are not freely available but may be sourced via the NZNO library or a DHB or educational institution

Strategies for Implementing Consumer Involvement in Nursing Handover on Acute Mental Health In-Patient Units,

Michael Olosoji, Virginia Plummer & Wendy Cross (2020)

Issues in Mental Health Nursing, DOI: [10.1080/01612840.2020.1852460](https://doi.org/10.1080/01612840.2020.1852460)

Consumer participation in the process of care delivery is crucial to recovery-oriented care. Nursing handover is an important process during the delivery of care on acute in-patient units. Despite the importance of involving consumers in this process, it remains a relatively new concept within mental health. This is due to the complexities involved in the provision of care within the mental health setting. There is a paucity of research on how to successfully implement consumer involvement in nursing handover within mental health settings even though this practice has been occurring within generalist settings for some time now. This paper reports on the findings on the implementation of consumer involvement on an acute in-patient unit. The views of consumers and mental health nurses about the process have already been reported. This current paper describes how a new handover system was implemented using a modified version of the model for successful change to bedside handover by McMurray et al. which was based on Lewin's force-field model of unfreezing, moving and refreezing and Kotter's model of change. The key elements of successful implementation are discussed. There is a need to carefully design and implement consumer

involvement in nursing handover within acute in-patient units. There are lessons to be learnt in the process adopted and described in this paper.

Involving Mental Health Consumers in Nursing Handover: A Qualitative Study of Consumer Perspectives,

Antony Mullen, Sophie Isobel, Karen Flanagan & Katryna Harman (2020)
Issues in Mental Health Nursing, DOI: [10.1080/01612840.2020.1853288](https://doi.org/10.1080/01612840.2020.1853288)

A number of benefits have been identified for including consumers in nursing handover, such as improved safety and information exchange. In mental health settings these benefits may translate to improved nurse-consumer engagement and working towards the provision of recovery orientated practice. The process of including the consumer, whilst considered best practice, is not well established in mental health settings. Therefore further understanding, in regards to the consumer perspectives about this practice, is needed to inform its adoption and implementation.

This qualitative descriptive study explores consumers' perspectives of their possible involvement in the nursing handover process within a mental health inpatient setting. The study took place in two mental health inpatient units in regional New South Wales, Australia

Nurse-patient relationships

The article below is not freely available but may be sourced via the NZNO library or a DHB or educational institution

Examining the association between evidence-based practice and the nurse-patient therapeutic relationship in mental health units: A cross-sectional study.

Moreno-Poyato, AR, Casanova-Garrigos, G, Roldán-Merino, JF, Rodríguez-Nogueira, Ó; MiRTCIME.CAT working group.
J Adv Nurs. 2020; 00: 1– 10. <https://doi.org/10.1111/jan.14715>

To examine the relationship between the dimensions of evidence-based practice and the therapeutic relationship and to predict the quality of the therapeutic relationship from these dimensions among nurses working in mental health units.

Patient safety

The article below is not freely available but may be sourced via the NZNO library or a DHB or educational institution

How does the environment influence consumers' perceptions of safety in acute mental health units? A qualitative study.

Cutler, N.A., Halcomb, E., Sim, J., Stephens, M. and Moxham, L. (2021),
J Clin Nurs. <https://doi.org/10.1111/jocn.15614>

Aims and objectives

To explore how the physical and social environment of acute mental health units influences consumers' perception and experience of safety.

Background

Acute mental health units are places in which consumers should feel safe. Not all consumers, however, feel safe in this environment. Little is known about what contributes to consumers' feelings of safety in this setting.

Police and crisis management

Mental health issues a factor in almost 60,000 police calls, minister told

Nearly 60,000 calls to police in the past financial year involved a person having a mental health crisis, in distress, or threatening suicide. [Read more](#)

The article below is not freely available but may be sourced via the NZNO library or a DHB or educational institution

Effect of a 24/7 nursing presence in a police watch house on police presentations to the emergency department

Julia Crilly A B J , Cathy Lincoln C , Paul Scuffham A B , Josh Byrnes A D , Jo Timms B , Ken Becker E , Nelle van Buuren C , Andrew Fisher B , Danny Murphy F , Ping Zhang A B , Stuart Kinner G H I and David Green B

Australian Health Review 44(6) 924-930 <https://doi.org/10.1071/AH19294>

Objective People detained in police custody are a vulnerable population with complex health needs, sometimes requiring emergency care. This study evaluated the effect of a 24/7 nursing presence in a police watch house on police presentations to the emergency department (ED).

Restraint / Seclusion

Use of controversial restraints varies wildly across the Pacific - University of Otago

Despite being considered a form of torture, and policies to reduce or abolish it in place, the use of mechanical restraints in psychiatric settings continues, a University of Otago-led study shows. [Read more](#)

Schizophrenia

The article below is not freely available but may be sourced via the NZNO library or a DHB or educational institution

Modelling of self-management in schizophrenia: The role of neurocognition, self-efficacy and motivation.

Zhou, C, Li, Z.

J Clin Nurs. 2020; 29: 3966– 3976. <https://doi.org/10.1111/jocn.15407>

Aims and objectives

This study aimed to address the interrelationships among neurocognition, self-efficacy, motivation and self-management in individuals with schizophrenia.

Background

Self-management performance of individuals with schizophrenia is relatively poor. The effect of neurocognitive impairment on self-management in schizophrenia remains inconsistent, which may be attributed to the neglect of possible mediating factors. Little attention has been given to the role of motivation and self-efficacy for linking neurocognition to self-management

Self-harm/ Self-injury

The articles below are not freely available but may be sourced via the NZNO library or a DHB or educational institution

Perceptions of knowledge, attitude and skills about non-suicidal self-injury: A survey of emergency and mental health nurses.

Ngune, I., Hasking, P., McGough, S., Wynaden, D., Janerka, C. and Rees, C. (2021), Int J Mental Health Nurs. <https://doi.org/10.1111/inm.12825>

Non-suicidal self-injury (NSSI) is a major public health concern and is also associated with increased risk of suicide. The type of care people with NSSI receive at the hospital impacts their health outcomes. This study explored emergency department (ED) and mental health nurses' (MHNs) understanding, attitudes, empathy and confidence to work with people presenting with NSSI. ED and MHNs who belonged to either the College of Emergency Nursing Australasia (CENA) or the Australian College of Mental Health Nurses (ACMHN) were invited to complete an online survey through a group email from their college. One hundred and one nurses (56 ED and 45 MHNs) completed the survey. The results revealed that nurses from both groups had an accurate understanding of NSSI and had positive attitudes about patients who self-injure. However, confidence was higher among MHNs. Greater knowledge of NSSI was correlated with increased confidence, positive attitudes and empathy. For mental health nurses, but not ED nurses, years of clinical practice was associated with nurses' confidence. In contrast, ED nurses with more than 10 years' experience were less confident in addressing NSSI than ED nurses with less experience. Issues that affect both ED and MHNs' knowledge, attitude, empathy and confidence to care for patients who self-injure are multifactorial. Future education and training should focus on therapeutic interactions with people at risk of repeat NSSI. Further, more research is recommended to explore patients' perspectives of nurses' attitudes in care for people who self-injure.

Mental health nurses' perspectives of people who self-harm.

McGough, S., Wynaden, D., Ngune, I., Janerka, C., Hasking, P. and Rees, C. (2021), Int J Mental Health Nurs. <https://doi.org/10.1111/inm.12814>

Self-harm is a significant health issue, a leading cause of serious injury and is an indicator of psychological distress. Nurses play an important role in providing therapeutic care to people who self-harm. The aim of this study was to explore mental health nurses' (MHNs) experience of working with people who self-harm.

Suicide

Barriers to positive outcomes in treating patients at risk of suicide in Aotearoa/New Zealand: perspectives from 'positively inclined' clinicians,

Tess S. E. Soulié, William M. M. Levack & Elliot M. Bell (2020)

Kōtuitui: New Zealand Journal of Social Sciences

Online, DOI: [10.1080/1177083X.2020.1856148](https://doi.org/10.1080/1177083X.2020.1856148)

In light of Government endeavours to transform New Zealand's (NZ) mental health system and services, this short communication reports on secondary qualitative data on barriers to positive outcomes in treatment of patients at risk for suicide (PRS) from the unique multi-disciplinary perspective of 12 positively inclined clinicians. According to grounded theory, interview data were collected and analysed iteratively until we reached data saturation. We present these data in two categories, distal barriers, that is those emanating from the context of practice, and proximal barriers, that is those emanating from clinicians themselves. Overall, the 12 clinicians interviewed converged in describing experiencing the NZ mental health system as interfering rather than supporting their clinical endeavours with PRS, and NZ clinical training as partially failing to prepare them for clinical suicidology. Despite limitations due to the secondary nature of these data, this short communication provides insights into the subjective experience of positively inclined clinicians, a unique professional group, in relation to a health challenge of national importance, and invites consideration that

positively inclined clinicians might represent a valuable source of information in relation to improving suicidal patients' care in NZ. [Read more](#)

Violence

The articles below are not freely available but may be sourced via the NZNO library or a DHB or educational institution

Duty of care vs risk of violence

Meares, Sophie

Kai Tiaki Nursing New Zealand : vol. 26, no. 8 (Sept 2020) : 39

How can health practitioners protect themselves from the legal and professional ramifications of aggressive and violent workplace incidents?

Supporting mental health staff following exposure to occupational violence – staff perceptions of 'peer' support.

Bakes-Denman, L., Mansfield, Y. and Meehan, T. (2021),
Int J Mental Health Nurs. <https://doi.org/10.1111/inm.12767>

Mental health professionals frequently work in environments where stressful, unpredictable, and potentially volatile situations can arise. Staff responses to these, often violent events, can be severe and enduring. Psychological first aid provided by a colleague following exposure to such violence is gaining increasing acceptance as a means of assisting affected individuals. However, there has been little attention to how staff perceive this support. In this study, interviews were conducted with 13 staff employed in a secure facility and thematically analysed using content analysis. Four content themes emerged: responding to emotional distress, empowering staff through practical support, the good provider, and resilience. The results indicate that staff value and benefit from receiving support from peers following exposure to occupational violence. Most would access peer support again and would consider recommending it to others. A small number choose not to engage with the programme and the reasons for this are also discussed. This type of peer support could be applied in other high-risk workplaces as a key element of an integrated and comprehensive workplace violence prevention and management strategy.

Wellbeing

The article below is not freely available but may be sourced via the NZNO library or a DHB or educational institution

Mental health matters: A cross-sectional study of mental health nurses' health-related quality of life and work-related stressors.

Foster, K., Roche, M., Giandinoto, J.-A., Platania-Phung, C. and Furness, T. (2020),
Int J Mental Health Nurs. <https://doi.org/10.1111/inm.12823>

Mental health nursing is widely recognized as a stressful occupation; however, little is known about the relationship between work-related stress and health-related quality of life of mental health nurses (MHN). This study aimed to identify MHN health-related quality of life (HR-QoL) and work-related stressors; associations between stressors and HR-QoL; and predictors of HR-QoL. An online cross-sectional survey collected demographic data, work-related stressors and HR-QoL (SF-12v2) of $n = 498$ Australian MHN. Prominent consumer/carer-related stressors were verbal (90%) and physical aggression (85%). Collegial stressors included staff conflict (71%) and bullying (55%), and colleague-perpetrated verbal (34%) and physical aggression (7%). Key organizational stressors included high workloads (74%), lack of organizational support (60%) and lack of adequate

resources to perform nursing role (58%). The mean physical health score was 52.62 (SD = 8.30), and mental health score was 43.59 (SD = 11.34), with mental health substantially lower than national norms (mean difference = 10.11). There were statistically significant negative correlations between the number of work-related stressors and HR-QoL. Younger (21–30 years) and less experienced (<1–4 years) MHN had substantially lower mental health. Higher mental health was predicted with < 15 stressors, >4 years' experience and working in the community. The poorer mental health of MHN has concerning implications for the well-being, retention and practice of the largest group in the mental health workforce. There is a critical need for organizations to enact effective policy and initiatives to reduce workplace aggression, improve staff psychological and physical safety, and strengthen well-being and resilience. New graduates are a priority group for urgent intervention.

General articles and reports

Creating reliable and informative video content for patients

The ever-increasing demand for quality, engaging information is providing opportunities for hospitals and healthcare services to create real and authentic content that connects and informs their patients. We know that most patients will Google everything, so why not give them trustworthy and reliable content that they can watch? [Read more](#)

Longitudinal evaluation of a programme for safety culture change in a mental health service.

Dickens, GL, Salamonson, Y, Johnson, A, et al.
J Nurs Manag. 2020; 00: 1– 9. <https://doi.org/10.1111/jonm.13205>

To evaluate whether a two-part culture improvement programme aimed at nurses in clinical and managerial positions in an inpatient mental health service was associated with culture change, and safety-related behaviour and knowledge improvements. [Read more](#)

The article below is not freely available but may be sourced via the NZNO library or a DHB or educational institution

The psychotherapeutic practice and potential of mental health nurses: an Australian survey

Richard Lakeman A E , Andrew Cashin B , John Hurley C and Tom Ryan D
Australian Health Review 44(6) 916-923 <https://doi.org/10.1071/AH19208>

Objective Mental health nurses (MHNs) have a long, under-recognised, history of engaging in psychotherapeutic practice across the spectrum of mental illness and mental health problems. There is a need for a psychotherapeutic response for people with complex or serious mental health problems within the stepped care model and in response to increased need for psychotherapeutic responses to COVID-19 and natural disasters. This project sought to identify the educational preparation and self-reported competency of MHNs to clinically undertake psychotherapy across the continuum of care.

Newsletters

Addiction Medicine Research Review Issue 7

We begin this issue by reviewing two articles by the same authors, on smoking and vaping in New Zealand. The first, looking at the associations of history of mental illness with smoking and vaping among university students aged 18-24 years, and the second, attitudes towards the New Zealand Government's Smokefree 2025 goal among this group. [Read more](#)

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It is provided on the last Friday of each month and contains an overview of news items, articles and research papers of interest to the Section members. All links are current at the time of being compiled and distributed.

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