



## NZNO Mental Health Nurse Section Monthly News Bulletin Friday 29 December 2017

### Consultation

NZNO regularly seeks members input on a range of documents up for consultation. The listing is regularly updated and can be found at: [http://www.nzno.org.nz/get\\_involved/consultation](http://www.nzno.org.nz/get_involved/consultation)

### **End of Life Choice Bill**

NZNO seeks your feedback on the End of Life Choice Bill. The purpose of the Bill is to give people with a terminal illness or a grievous and irremediable medical condition the option of requesting assisted dying. The motivation for this Bill is compassion. It allows people who so choose, and are eligible under this Bill, to end their lives in peace and dignity, surrounded by loved ones.

The bill:

- defines who is eligible for assisted dying
- details the provisions to ensure that this a free choice
- outlines the steps to ensure a person is mentally capable of understanding the nature and consequences of assisted dying.

<b>FEEDBACK DUE</b>	7 February 2018 to <a href="mailto:leannem@nzno.org.nz">leannem@nzno.org.nz</a>
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### **Read or Download**

- [End of Life Choice Bill](#) (207 KB)

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### **How to change the legal classification of a medicine in New Zealand - Guidance document**

This guidance document is aimed at pharmaceutical companies, *health professional organisations*, Medsafe, the Ministry of Health or individuals who are considering applying to change the legal classification of a medicine in New Zealand. The purpose of this guidance document is to provide general advice on the process for changing the legal classification of a medicine in New Zealand to help ensure the process is easy to understand and transparent. The document can be found here: [www.medsafe.govt.nz](http://www.medsafe.govt.nz)

This is the *second* consultation currently underway with Medsafe - the first is on observers at Ministerial Advisory Committees. Both are due by 15 January.

**Feedback due to [sueg@nzno.org.nz](mailto:sueg@nzno.org.nz) by 12 January 2018.**

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## **NZNO Strategy for Nursing - Advancing the health of the nation (Hei oranga motuhake mo ngā whānau, hapū, iwi)**

What is the NZNO strategy for nursing about?

NZNO does not currently have a comprehensive nursing strategy but one is needed. This new strategy will provide a vehicle for the following:

- A framework that signals our direction and to promote nursing
- Provides unity of purpose
- A clear document for decision-makers and other stakeholders
- Public expression of nursing endeavour and intention.

We invite you to be a part of shaping this important document. NZNO members can respond to the confidential draft which is currently undergoing consultation.

- [Read the Draft NZNO strategy for nursing](#) (PDF, 1.6MB)
- [Give your feedback on the draft strategy](#) (DOCX, 104KB)

**Send feedback** to [nursingstrategy@nzno.org.nz](mailto:nursingstrategy@nzno.org.nz) by 19 January 2018.

This important strategy has been written to inform, inspire and influence – we welcome your involvement as it will become a flagship document going forward.

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### **Nationwide review of the operation of mental health rosters**

Legal Aid Services (LAS) have embarked upon a review of the way that mental health legal aid cases are assigned to providers nationwide. Your comment is invited on the changes proposed to the way mental health cases are assigned and how the rosters are managed, as outlined in the below consultation paper:

- <https://consultations.justice.govt.nz/las/legal-aid-mental-health-rosters/>

**Feedback due** to [marilynh@nzno.org.nz](mailto:marilynh@nzno.org.nz) by 19 January 2018

## **New Zealand**

### **Director of Mental Health's annual report for 2016 released**

The 12th annual report of the Office of the Director of Mental Health has been released today by the Ministry of Health. The report, covering the 2016 year, records the work of the Office of the Director of Mental Health and reports on some of the activities of the Office's legally assigned officers. It forms part of the Office's accountability to the sector and provides information indicative of the quality of New Zealand's mental health services.

[Read more here](#)

### **Mental health seclusion rates increase, despite efforts to eliminate the practice**

More than 800 mental health patients were held in seclusion at some point last year, despite a government policy to phase out the practice, according to a new report.

[Read more here](#)

### **Police to pilot change to 111 system for mental health calls**

Sending mental health workers on relevant 111 callouts is a necessary first step, but will not work without a wider approach to things like homelessness and addiction, mental health advocates say.

[Read more here](#)

### **Online Directory Improves Access to Mental Health And Addiction Services**

A new national [online directory](#) is improving access to mental health and addiction services for those seeking help.

[Read more here](#)

## Autism / Aspergers

### 'Quiet hour' launched in Coles supermarkets to help shoppers with autism

We may take it for granted but for some, a quick trip to the local supermarket can quickly become a nightmare.

For individuals on the autism spectrum, the bright lights and loud sounds of a busy supermarket can cause sensory overload.

[Read more here](#)

### Parenting a child with autism and the power of hope

How others perceive and react to children with autistic spectrum disorders (ASD) can impact parents dealing with their child's difficulties. But new research says despite feeling judged or misunderstood, parents can develop new strengths from the challenges.

[Read more here](#)

## Bipolar disorder

### Cannabis linked to bipolar symptoms in young adults

Cannabis use in youth is linked to bipolar symptoms in young adults, finds new research.

[Read more here](#)

### Cannabis Use and Hypomania in Young People: A Prospective Analysis

*Schizophrenia Bulletin*, sbx158

Background

Cannabis use in young people is common and associated with psychiatric disorders. However, the prospective link between cannabis use and bipolar disorder symptoms has rarely been investigated. The study hypothesis was that adolescent cannabis use is associated with hypomania in early adulthood via several potential etiological pathways.

[Read more here](#)

## Care models

### Advancing equity in Ontario : AN action framework

[How can I incorporate equity into my work?](#)

To celebrate December 10<sup>th</sup> International Human Rights Day, CMHA Ontario has released a **new Equity Action Framework**.

LGBTQ (lesbian, gay, bisexual, trans, queer) youth, women, older clients with mental health and addictions issues, Indigenous peoples, newcomers to Canada and people living in poverty are some of the groups that have difficulty accessing timely and meaningful mental health and addictions resources.

To better assist organizations, CMHA Ontario has developed a tool called **Advancing Equity in Ontario: An Action Framework**. This framework identifies how equity principles can be incorporated into three points of care:

Service Delivery Level

Organizational Level

Regional Planning and Provincial Policy Level

[Read more here](#)

## Children and young people

*This article is not freely available but may be sourced from databases available via the NZNO library or those of a DHB or educational institution*

### Evaluating effectiveness in adolescent mental health inpatient units: A

**systematic review.** Hayes, C., Simmons, M., Simons, C. and Hopwood, M. (2017), *Int J Mental Health Nurs*.

Adolescent mental health research is a developing area. Inpatient units are the most widely used acute element of adolescent mental health services internationally. Little is known about inpatient units, particularly when it comes to measuring improvement for adolescents. Clinical outcome measurement in the broad context has gathered momentum in recent years, driven by the need to assess services. The measurement of outcomes for adolescents who access inpatient care is critical, as they are particularly vulnerable and are often considered the most difficult to treat. Following the PRISMA guidelines, the aim of this review was to assess whether adolescent inpatient units are effective and understand how outcomes are measured. CINAHL, MEDLINE with Full Text, ERIC, PsycINFO, and Cochrane databases were systematically searched. Studies were included if the inpatient units were generic and adolescents were between the mean age of 12-25 years. Furthermore, studies published in English within the last ten years were included. Exclusions were outpatient and disorder-specific inpatient settings. A total of 16 studies were identified. Each study demonstrated effectiveness on at least one outcome measure in terms of symptom stabilization. However, several outcome measures were used and therefore inpatient units lack consistency in how they measure improvement. Inpatient units are effective for the majority of young people as they result in symptom stabilization. Whilst symptom stabilization can be achieved, future research examining the mechanism of change is needed.

## Hospital / Primary care

*This article is not freely available but may be sourced from databases available via the NZNO library or those of a DHB or educational institution*

**Rise of the zombie institution, the failure of mental health nursing leadership, and mental health nursing as a zombie category.** Lakeman, R. and Molloy, L. (2017) *Int J Mental Health Nurs*

In this paper, we propose that mental health nursing has become a zombie category, at least in the Australian context. Mental health nursing is a concept that has lost any real explanatory or conceptual power, yet nevertheless persists in public discourse and the collective imagination. In recent decades, powerful forces have contributed to the zombification of the mental health nursing workforce and the academy. An increase in medical hegemony, the ascendancy of allied health in mental health service provision, the need for uncritical and servile workers, protocol-driven work practices, and a failure of leadership to mobilize any substantial resistance to these trends have enabled the infection to spread. The recognition of zombification, active resistance against the forces that conspire to cause it, and the cultivation of genuine conscientious critical thought and debate offer the only hope of survival of mental health nursing as a thriving specialty.

## Nurse-patient relationships

*This article is not freely available but may be sourced from databases available via the NZNO library or those of a DHB or educational institution*

**Transforming nurse-patient relationships – A qualitative study of nurse self-disclosure in mental health care.** Unhjem, J. V., Vatne, S. and Hem, M. H. (), *J Clin Nurs*. Accepted Author Manuscript. doi:10.1111/jocn.14191  
Aims and objectives

To describe what and why nurses self-disclose to patients in mental health care.  
Background

Self-disclosure is common, but controversial and difficult to delineate. Extant research suggests that self-disclosure might have several potentially beneficial effects on therapeutic alliance and treatment outcome for patients in mental health care, but results are often mixed and limited by definitional inconsistencies.

## Nurse led programmes

*This article is not freely available but may be sourced from databases available via the NZNO library or those of a DHB or educational institution*

### **Educational nurse-led lifestyle intervention for persons with mental illness.**

Rönngren, Y., Björk, A., Audulv, Å., Enmarker, I., Kristiansen, L. and Haage, D. (2017), *Int J Mental Health Nurs*

Although persons with severe mental illness face an increased risk of mortality and of developing negative health outcomes, research has shown that lifestyle interventions can sufficiently support their health. In response, this study examined a nurse-led lifestyle intervention developed in cooperation with members of municipal and county councils to gauge its impact on the quality of life, cognitive performance, walking capacity, and body composition of persons with severe mental illness. Lasting 26 weeks and involving 38 persons with severe mental illness, the intervention prioritised two components: the interpersonal relationships of persons with severe mental illness, staff, and group leaders and group education about physical and mental health. Pre–post intervention measurements of quality of life collected with the Manchester Short Assessment of Quality of Life, cognitive performance with the Frontal Systems Behaviour Scale, walking capacity with a 6-min walk test, and body composition in terms of waist circumference and body mass index were analysed using a nonparametric test Wilcoxon signed-rank test. Results suggest that the intervention afforded significant improvements in the health-related variables of quality of life, cognitive performance, walking capacity, and waist circumference for persons with severe mental illness. However, long-term studies with control groups and that examine parameters related to cardiovascular risk factors are essential to ensure the sustained impact of the intervention.

## Nutrition

### **Nutrition May Play a Key Role in Early Psychosis Treatment: New Research**

AUSTRALIA, Sydney – December 1, 2017 – Early psychosis is associated with nutritional deficiencies, new research from Australia has found, potentially presenting new avenues for improving health among the millions of people affected worldwide.

[Read more here](#)

### **Nutritional Deficiencies and Clinical Correlates in First-Episode Psychosis: A Systematic Review and Meta-analysis**

*Schizophrenia Bulletin*, sbx162

Objective

Diet is increasingly recognized as a potentially modifiable factor influencing the onset and outcomes of psychiatric disorders. Whereas, previous research has shown long-term schizophrenia is associated with various nutritional deficiencies, this meta-analysis aimed to determine the prevalence and extent of nutritional deficits in first-episode psychosis (FEP).

[Read more here](#)

## Schizophrenia

### **Avatar therapy may help to reduce auditory hallucinations for people with schizophrenia**

An experimental therapy which involves a face-to-face discussion between a person with schizophrenia and an avatar representing their auditory hallucination may help reduce symptoms, when provided alongside usual treatment, according to a study.

[Read more here](#)

### **New therapy can help schizophrenia sufferers re-engage socially**

A new therapy aimed at helping young people suffering from schizophrenia to reconnect and engage with the world around them has had promising results, according to a new study.

[Read more here](#)

### **Comparative Effectiveness of Antipsychotic Drugs for Rehospitalization in Schizophrenia—A Nationwide Study With 20-Year Follow-up**

[Heidi Taipale](#) [Juha Mehtälä](#) [Antti Tanskanen](#) [Jari Tiihonen](#)

*Schizophrenia Bulletin*, sbx176

Very little is known about the comparative long-term effectiveness of novel antipsychotics in relapse prevention, especially in first-episode schizophrenia. Nationwide data from Finnish health care registers were gathered prospectively for all persons with periods of inpatient care due to schizophrenia in Finland during 1972–2014. Altogether 62250 persons were included in the prevalent cohort, and 8719 in the incident (first-episode schizophrenia) cohort. The follow-up for antipsychotic use started at 1996 for the prevalent cohort, and at the first discharge from inpatient care for the incident cases. Within-individual Cox regression models for risk of psychiatric and all-cause hospitalization were constructed to compare risk during antipsychotic use and no use using individual as his/her own control to eliminate selection bias. With follow-up time up to 20 years (median = 14.1, interquartile range = 6.9–20.0), 59% of the prevalent cohort were readmitted to psychiatric inpatient care. Olanzapine long-acting injection (LAI; adjusted hazard ratio = 0.46, 95% confidence interval = 0.36–0.61), clozapine (0.51, 0.49–0.53), and paliperidone LAI (0.51, 0.40–0.66) were associated with the lowest risk of psychiatric rehospitalization in the prevalent cohort. Among first-episode patients, the lowest risks were observed for flupentixol LAI (0.24, 0.12–0.49), olanzapine LAI (0.26, 0.16–0.44), and perphenazine LAI (0.39, 0.31–0.50). Clozapine and LAIs were associated with the lowest risk of all-cause hospitalization in both cohorts. Clozapine and LAIs are the most effective treatments in preventing psychiatric and all-cause hospitalization among chronic and first-episode patients with schizophrenia.

[Read more here](#)

## **Suicide**

### **Farmer suicides highlight vulnerability as official figures rise for past year**

The vulnerability of some in the rural community has been highlighted in latest figures showing an increase in farmers taking their lives over the past year.

[Read more here](#)

### **Striving for perfect care and a just culture**

Publication date: 29 November 2017 (Te Pou)

[Mersey Care's chief executive Joe Rafferty](#) freely shared Mersey Care's transformation in a heartfelt presentation on a [zero suicide](#) approach and how values, compassion and respect were brought to life during an organisational culture change.

Improving quality and safety, reducing costs and coping with increased demand were the drivers for Mersey Care NHS Trust to embark on a journey to achieve 'perfect' care and a 'just' culture five years ago.

[Watch presentation here](#)

### **Feelings, thoughts and experiences of nurses working in a mental health clinic about individuals with suicidal behaviors and suicide attempts**

*Collegian* (Article in press) Dec 2017

#### Background

It is of the utmost importance to determine the views of nurses about patients with suicidal behavior and who attempt suicide so that they can help such individuals.

## Aim

The aim of this study was to investigate the feelings, thoughts and experiences of nurses working in a mental health clinic regarding individuals with suicidal behaviors and suicide attempts.

[Read more here](#)

## Suicide Facts: 2015 data

This page provides high level suicide information for 2015.

In New Zealand, a death is only officially classified as suicide by the coroner on completion of the coroner's inquiry. Only those deaths determined as 'intentionally self-inflicted' after the inquiry will receive a final verdict of suicide.

This 2015 data is provisional. The Ministry of Health publishes the number of suicides that have been confirmed by the coroner and also those provisionally coded as suicide where there is enough information to suggest the coroner will find the cause of death to be suicide. At the time of data extraction (29 September 2017), there were 10 deaths registered in 2015 that were still subject to coroners' findings and where the cause of death was not known. Although these deaths are not included in the following data, some may later be classified as suicide.

[Read more here](#)

## Parenting behaviors linked to suicide among adolescents

A fresh look at a federally sponsored 2012 national study shows a significant link between parent's behaviors and thoughts of suicide among adolescents.

[Read more here](#)

## Trauma

### TheMHS 2018 summer forum: Trauma Matters

The TheMHS 2018 summer forum is themed "Trauma Matters: Values, Evidence and Responses to Trauma in Mental Health Services". This two-day forum will focus on research linking trauma and mental health issues; the evidence for trauma-informed systems, programmes and treatments; and how this can influence mental health systems and practice. Expert and inspiring speakers will deliver the programme of talks which will include plenty of time for audience discussion and participation. Go to the [Themhs website](#) for more details of the forum.

### Nursing Assessment & Interventions for Post-Traumatic Stress Disorder (PTSD)

Post-traumatic stress disorder can occur in any individual who has experienced a traumatic event. Signs and symptoms may be difficult to recognize, but as nurses, we can use critical thinking to assess patients at risk. We are positioned to make an impact by identifying patients and advocating for treatment. The resources below are available to help nurses successfully recognize and manage PTSD in patients and ourselves. You'll also find content related to specific traumatic events that can contribute to PTSD. Make sure you're familiar with these issues and how they impact the care you provide.

[Read more here](#)

### Transgenerational Trauma Passed Down from WWII Evacuees

The daughters of Finnish women separated from their parents as children during World War II have higher rates of psychiatric hospitalization than those born to women who had not been evacuated.

[Read more here](#)

## Newsletters and reports

**“Understanding effective approaches to promoting mental health and preventing mental illness”**, McDaid, D., E. Hewlett and A. Park (2017), *OECD Health Working Papers*, No. 97, OECD Publishing, Paris.

“The health, social and economic consequences of poor mental health are substantial. More attention is focusing now on the development of actions to promote better mental health and wellbeing and prevent mental ill-health. This paper provides an overview of the development of approaches to promoting mental wellbeing and preventing mental ill-health in OECD countries, together with an assessment of what is known on their effectiveness and cost effectiveness. The paper finds that there is a sound and quite extensive evidence base for effective and cost effective actions which can promote mental wellbeing and prevent mental ill-health. However, the existence of actions and programmes in mental health promotion and prevention is uneven both between countries, and across different points of the life course.” Source: OECD Mental Health Service

[Read more here](#)

### **Models for Young People**

“In 2015, the Government committed 5 years of extra funding for Children and Young People’s Mental Health Services (CYPMHS). All areas of England were required to submit plans outlining how they will improve their services by 2020. This POSTnote describes some of the new models of CYPMHS and examines the challenges to their effective implementation.” Source: House of Parliament (UK) Making individual placement and support work “This is a report of an evaluation to explore the critical success factors for the implementation and sustainability of Individual Placement and Support (IPS), an evidencebased approach to supporting people using mental health services with employment.” Source: Centre for Mental Health (UK)

[Read more here](#)

## Ministry of Health

### **Office of the Director of Mental Health Annual Report 2016**

15 December 2017: Please note that Table A7 has been removed from this report pending data review.

This annual report presents information and statistics that serve as indicators of quality for our mental health services. Active monitoring of services is vital to ensuring New Zealanders are receiving quality mental health care.

Mental health care in New Zealand continues on a transformational journey. In 2016 a record number of people accessed specialist mental health and addiction services. This increase is consistent with international trends, and has occurred in the context of population growth, improved non-governmental organisation reporting, growing social awareness and increasingly open discussion of mental health issues.

[Read more here](#)

## Journal contents

### **Journal of Indigenous wellbeing**

Volume 2, Issue 3, 2017: *Te Mauri Pimatisiwin*

We are pleased to offer Volume 2 Issue 3 of Te Mauri Pimatisiwin, Journal of Indigenous Wellbeing, our last journal publication for 2017. Nine articles are included which embrace indigenous knowledge that is viewed as seminal to address a range of matters relevant to strengthening indigenous people’s lives.

[Read more here](#)



**Do mental health consumers want to improve their long-term disease risk behaviours? A survey of over 2000 psychiatric inpatients.** Bartlem, K., Bailey, J., Metse, A., Asara, A., Wye, P., Clancy, R., Wiggers, J. and Bowman, J. (2017), *Int J Mental Health Nurs*

Policies and clinical guidelines acknowledge the role mental health services have in addressing the physical health of individuals with a mental illness; however, little research has explored interest in reducing health risk behaviours or the acceptability of receiving support to reduce such risks among psychiatric inpatients. This study estimated the prevalence of four long-term disease risk behaviours (tobacco smoking, hazardous alcohol consumption, inadequate fruit and/or vegetable consumption, and inadequate physical activity); patient interest in reducing these risks; and acceptability of being provided care to do so during a psychiatric inpatient stay. A cross-sectional survey was undertaken with 2075 inpatients from four inpatient psychiatric facilities in one health district in Australia (October 2012–April 2014). Prevalence of risk behaviours ranged from 50.2% (inadequate physical activity) to 94.8% (inadequate fruit and/or vegetable consumption). The majority of respondents (88.4%) had more than one risk behaviour, and most were seriously considering improving their risk behaviours (47.6% to 65.3%). The majority (80.4%) agreed that it would be acceptable to be provided support and advice to change such behaviours during their psychiatric inpatient stay. Some diagnoses were associated with smoking and hazardous alcohol consumption, interest in reducing alcohol consumption and increasing fruit and/or vegetable consumption, and acceptability of receiving advice and support. The findings reinforce the need and opportunity for psychiatric inpatient facilities to address the long-term disease risk behaviours of their patients.

[Read more here](#)

## Health, safety and wellbeing

*This article is not freely available but may be sourced from databases available via the NZNO library or those of a DHB or educational institution*

**Mental healthcare staff well-being and burnout: A narrative review of trends, causes, implications, and recommendations for future interventions.** Johnson, J., Hall, L. H., Berzins, K., Baker, J., Melling, K. and Thompson, C. (2017), *Int J Mental Health Nurs*. doi:10.1111/inm.12416

Rising levels of burnout and poor well-being in healthcare staff are an international concern for health systems. The need to improve well-being and reduce burnout has long been acknowledged, but few interventions target mental healthcare staff, and minimal improvements have been seen in services. This review aimed to examine the problem of burnout and well-being in mental healthcare staff and to present recommendations for future research and interventions. A discursive review was undertaken examining trends, causes, implications, and interventions in burnout and well-being in healthcare staff working in mental health services. Data were drawn from national surveys, reports, and peer-reviewed journal articles. These show that staff in mental healthcare report poorer well-being than staff in other healthcare sectors. Poorer well-being and higher burnout are associated with poorer quality and safety of patient care, higher absenteeism, and higher turnover rates. Interventions are effective, but effect sizes are small. The review concludes that grounding interventions in the research literature, emphasizing the positive aspects of interventions to staff, building stronger links between healthcare organizations and universities, and designing interventions targeting burnout and improved patient care together may improve the effectiveness and uptake of interventions by staff.

The above bulletin has been compiled by Linda Stopforth, SNIPS, on behalf of the NZNO Mental Health Nurse section.

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 College members. All links are current at the time of being compiled and distributed.

For feedback please contact your section administrator: [DianaG@nzno.org.nz](mailto:DianaG@nzno.org.nz)

**To learn more about the NZNO Mental Health Nurse section go to:**  
[http://www.nzno.org.nz/groups/colleges\\_sections/sections/mental\\_health\\_nurses](http://www.nzno.org.nz/groups/colleges_sections/sections/mental_health_nurses)

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