



NZNO Mental Health Nurse Section Monthly News Bulletin Friday 23 February 2018

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

Proposed changes to the Pharmaceutical Schedule Rules

NZNO is seeking feedback on proposed changes to the Pharmaceutical Schedule Rules, making them easier to find, use and apply, including:

- tidying and consolidating the existing hospital and community schedules, and
- developing practical resources to assist interpretation of key rules.

PHARMAC does not intend to change the meaning of any rules or review any restrictions.

Details of the proposed new rules can be found here: <https://www.pharmac.govt.nz/>

Feedback due to policyanalysts@nzno.org.nz by 19 March 2018.

Misuse of Drugs (Medicinal Cannabis) Amendment Bill

This Bill seeks to amend the Misuse of Drugs Act 1975 to:

- introduce an exception and a statutory defence for terminally ill people to possess and use illicit cannabis and to possess a cannabis utensil;
- provide a regulation-making power to enable the setting of standards that products manufactured, imported and supplied under licence must meet; and
- amend Schedule 2 of the Act so that cannabidiol (CBD) and CBD products are no longer classed as controlled drugs. (See WHO statement <http://www.who.int/features/qa/cannabidiol/en/>)

Note that the Bill is intended as an interim, compassionate measure until affordable quality products are available under a proposed medicinal cannabis scheme.

Member feedback is sought on both the narrowly focused bill, and what should be considered in developing the wider medicinal cannabis scheme. NZNO's position statement on cannabis

Link [here to the bill](#)

and to [NZNO's Position Statement on Medical Marijuana \(cannabis\)](#)

FEEDBACK DUE	Please send feedback to marilyn@nzno.org.nz by March 21, 2018.
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New Zealand

Lakes DHB to develop new mental healthcare model

Lakes District Health Board has announced plans to design a new model of mental healthcare, which is likely to include new facilities.

[Read more here](#)

Online directory for access to mental health services in Sth

A new national [online directory](#) will improve access to mental health and addiction services for people in the southern region, says the chair of Alliance South, Mental Health and Addictions Network, John MacDonald.

[Read more here](#)

Government confirms \$100m mental health initiatives under review

The Government has confirmed it is reviewing what to do with \$100 million informally tagged to 17 mental health initiatives, following a political spat over whether the money existed.

[Read more here](#)

PM: More mental health support for Canterbury

Help for parents will also be included in a mental health support programme for children in Canterbury, Prime Minister Jacinda Ardern says

[Read more here](#)

Alzheimers / Dementia

Don't forget older people's mental health

Investigation into the mental health of older people would be one humane and wise outcome of this latest Mental Health Inquiry, writes the University of Auckland's Dr Hilary Lapsley

[Read more here](#)

Psychosocial interventions for people with dementia: a synthesis of systematic reviews

Orii McDermott, Georgina Charlesworth, Eef Hogervorst, Charlotte Stoner, Esme Moniz-Cook, Aimee Spector, Emese Csipke & Martin Orrell

[Aging & Mental Health](#) Vol. 0, Iss. 0, 2018

Objectives: Over the last 10 years there has been a multitude of studies of psychosocial interventions for people with dementia. However, clinical services face a dilemma about which intervention should be introduced into clinical practice because of the inconsistency in some of the findings between different studies and the differences in the study qualities and trustworthiness of evidence. There was a need to provide a comprehensive summary of the best evidence to illustrate what works.

[Read more here](#)

Anxiety

More and more kids are returning to school with anxiety disorders

When school goes back, anxiety disorders spike, but those afflicted by the commonest mental illnesses are finding ways to help themselves.

[Read more here](#)

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

A randomized controlled trial of a nursing psychotherapeutic intervention for anxiety on adult psychiatric outpatients. Sampaio FMC, Araújo O, Sequeira C, Lluch Canut MT, Martins T. *J Adv Nurs.* 2018;00:1–13. <https://doi.org/10.1111/jan.13520>

Aim

To evaluate the short-term efficacy of a psychotherapeutic intervention in nursing on Portuguese adult psychiatric outpatients with the nursing diagnosis “anxiety.”

Background

Several efficacious forms of treatment for anxiety are available, including different forms of psychotherapy and pharmacotherapy. However, literature tends to favour findings from studies on the efficacy of psychotherapies and therapies provided by nurses to the detriment of those arising from studies on the efficacy of nursing psychotherapeutic interventions (interventions which are classified, for instance, on Nursing Interventions Classification).

Autism / Aspergers

Autism spectrum disorder in primary care

The Nurse Practitioner

February 16, 2018, Volume 43 Number 2 , p 21 - 28

Abstract: Nurse practitioners working in the primary care setting will commonly see children with autism spectrum disorder. It is important for clinicians to be vigilant for subtle developmental signs that can lead to early identification and diagnosis. This article presents information on assessment, screening, the responsibilities of coordinating services, and ways to support families.

[Read more here](#)

Bipolar disorder

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

Self-management for bipolar disorder and the construction of the ethical

self. Wilson L, Crowe M, Scott A, Lacey C. *Nurs Inq.* 2018;e12232. <https://doi.org/10.1111/nin.12232>

The promotion of the self-managing capacities of people has become a marker of contemporary mental health practice, yet self-management remains a largely uncontested construct in mental health settings. This discourse analysis based upon the work of Foucault

investigates self-management practices for bipolar disorder and their action upon how a person with bipolar disorder comes to think of who they are and how they should live. Using Foucault's framework for exploring the ethical self and transcripts of interviews with people living with bipolar disorder, this discourse analysis finds that the discursive practices of self-management for bipolar disorder are prescribing a restricted regime for living based upon the quintessential neo-liberal subject using practices that are focused upon managing an unreliable and problematic self. The article concludes with the proposition that the problem of bipolar disorder (for which self-management is an answer) is less about the object itself and more about how we construct the nature of the self. A Māori indigenous ontology is used here as an example of an alternative discursive resource through which people make sense of the self and which allows ways of thinking about self-management that engage with ambivalence and ambiguity rather than restriction and regulation.

Children and young people

Nurture young people's mental health earlier, say education groups

The number of educational psychologists employed in the public sector needs to double if the Government is to meet its goal of improving the mental health of young people, education groups say.

[Read more here](#)

Emergency care

Tackling The Mental Health Crisis In Emergency Departments: Look Upstream For Solutions

The United States is in the middle of a [well-documented mental health crisis](#). In 2015, 127,500 Americans died from drug or alcohol-related causes or suicide. This translates into 350 deaths per day, and one person dying of a preventable cause every four minutes. This crisis, which continues to worsen, is hitting emergency departments (EDs) particularly hard.

[Read more here](#)

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

Nursing staff-led behavioural group intervention in psychiatric in-patient care: Patient and staff experiences. Salberg, J., Folke, F., Ekselius, L. and Öster, C. (2018), *Int J Mental Health Nurs*. doi:10.1111/inm.12439

A promising intervention in mental health in-patient care is behavioural activation (BA). Interventions based on BA can be used by mental health nurses and other staff members. The aim of this study was to evaluate patients' and staff members' experiences of a nursing staff-led behavioural group intervention in mental health in-patient care. The intervention was implemented at three adult acute general mental health in-patient wards in a public hospital setting in Sweden. A self-administrated questionnaire, completed by 84 patients and 34 nurses and nurse assistants, was administered, and nonparametric data analysed using descriptive statistics. Our findings revealed that both patients and nursing staff ranked nursing care and care environment as important aspects in the recovery process. Patients and staff members reported overall positive experiences of the group sessions. Patients with higher frequencies of attendance and patients satisfied with overall care had a more positive

attitude towards the intervention. A more positive experience of being a group leader was reported by staff members who had been leading groups more than ten times. The most common impeding factor during implementation, reported by staff members, was a negative attitude to change. Conducive factors were having support from a psychologist and the perception that patients were showing interest. These positive experiences reported by patients and nursing staff, combined with previous research in this field, are taking us one step further in evaluating group sessions based on BA as a meaningful nursing intervention in mental health in-patient care.

Pharmacy / prescribing

A case against antidepressants

University of Auckland researchers make a case against the theory that mental illness is underpinned by chemical imbalances

[Read more here](#)

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Mental health nurse non-medical prescribing: Current practice, future possibilities

Neil Kelly

Nurse Prescribing, Vol. 16, No. 2: 90-94.

<https://www.magonlinelibrary.com/doi/10.12968/npre.2018.16.2.90?ai=w7&ui=17qh&af=T>

Police and crisis management

A growing emergency: Why are cops looking after mental health patients in crisis?

In Wellington, Constable Sally Wiffen spent five days out of a six-day shift in Wellington Hospital's emergency department watching over people in crisis, waiting alongside the kitchen cuts and broken toes. She forced a toilet door to prevent one patient self-harming. They didn't put that in the new police recruiting video.

[Read more here](#)

Police mental health calls soar up to 250 per cent

Police are struggling under the weight of spiking mental health demand, with a new report revealing Tasman police were besieged by a 250 per cent increase in calls from 2009 to 2016.

[Read more here](#)

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Police and mental health responses to mental health crisis in the Waikato region of New Zealand. Holman, G., O'Brien, A. J. and Thom, K. (2018), *Int J Mental Health Nurs.* doi:10.1111/inm.12440

New Zealand police report a high level of involvement with people in mental health crisis, something that has been reported in the international literature in recent decades.

Involvement of police represents a coercive pathway to care and is likely to be associated

with use of force. The aim of this study was to investigate the clinical, legal, and social characteristics of individuals subject to police response in the Waikato region of New Zealand. Data were also collected on characteristics of police response, including use of force, time of day, and disposition. Use of force, most commonly use of handcuffs, occurred in 78% of cases involving police. The study showed that Māori were overrepresented in police responses, but no more likely than Europeans to experience use of force. Almost half those subject to police response were not subsequently admitted to hospital, raising questions about the need for and nature of police response in these cases. Because mental health nurses are often part of police response, nurses need to take cognisance of their relationship with police and contribute to any initiatives that can reduce coercion in the pathway to care, and improve service users' experience in mental health crises.

Schizophrenia

Can We Predict Psychosis Outside the Clinical High-Risk State? A Systematic Review of Non-Psychotic Risk Syndromes for Mental Disorders

[Tae Young Lee](#) [Junhee Lee](#) [Minah Kim](#) [Eugenie Choe](#) [Jun Soo Kwon](#)

Schizophrenia Bulletin, sbx173, <https://doi.org/10.1093/schbul/sbx173>

Recent evidence has suggested that psychosis could develop not only in people at clinical high risk for psychosis (CHR-P) but also in those with clinical risk syndromes for emergent nonpsychotic mental disorders. The proportion of people with these clinical risk syndromes who will develop psychosis rather than to other nonpsychotic mental disorders is undetermined. Electronic databases were searched for studies reporting on clinical risk syndromes for the development of emergent nonpsychotic mental disorders. Incidence of emerging psychotic and nonpsychotic mental disorders defined on the ICD or DSM. Of a total of 9 studies relating to 3006 nonpsychotic at-risk individuals were included. Within prospective studies (n = 4, sample = 1051), the pooled incidence of new psychotic disorders across these clinical risk syndromes was of 12.9 per 1000 person-years (95% CI: 4.3 to 38.6) and that of nonpsychotic disorders (n = 3, sample = 538) was of 43.5 per 1000 person-years (95% CI: 30.9 to 61.3). Psychotic disorders may emerge outside the CHR-P paradigm, from clinical risk syndromes for incident nonpsychotic disorders, albeit at lower rates than in the CHR-P group. The clinical risk syndromes for emerging nonpsychotic disorders may exhibit a pluripotential risk of developing several types of mental disorders compared with CHR-P. If substantiated by future research, the current findings suggest that it may be useful to move beyond the current strategy of identifying individuals meeting CHR-P criteria only.

[Read more here](#)

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Telephone Intervention–Problem Solving (TIPS) for Schizophrenia Spectrum Disorders: Responses of Stable Outpatients Over Nine Months

Lora Beebe, Kathlene D. Smith & Lauren Michelle Oppizzi

[Issues in Mental Health Nursing](#) Vol. 0, Iss. 0, 2018

Medication adherence and community living problems were assessed by a telephone intervention for stable outpatients with schizophrenia spectrum disorders. A majority were white males who lived with family members. We conducted a descriptive analysis of data gathered during weekly calls to 87 participants receiving weekly TIPS for nine months. Analysis included traditional atheoretical content analysis, Pearson correlations, and Chi squares. The following themes emerged: mood disturbances and related symptoms, psychotic symptoms, coping problems, medication adherence, and substance cravings. The most frequently reported problems were mood disturbances: depression and anxiety. Forty two percent of Caucasians versus 72.1% of African Americans were prescribed intramuscular

(IM) antipsychotic delivery (Chi square = 8.24, df 2, p = 0.016). Our findings regarding racial differences in antipsychotic delivery method warrant further investigation.

Self-harm

Why young New Zealanders self-harm – and what you can do about it

New Zealand has a high rate of self-harm among young people, but there are ways to help them cope, writes Victoria University psychology professor and Listener columnist Marc Wilson.

[Read more here](#)

Caring for self-harming patients in general practice

Joanne Rowe and Chrystal Jaye

Journal of Primary Health care, Dec 2017 pp. 279-285

INTRODUCTION: Intentional self-harm is an international public health issue with high personal, social and financial costs to society. Poor relationship dynamics are known to have a negative influence on the psyche of people who self-harm, and this can increase anxiety and decrease self-esteem, both shown to be significant contributors to self-harm behaviours. Positive and functional social supports have been proposed as a cost-effective and constructive approach in diminishing self-harming behaviours.

AIM: This qualitative study investigated the aspects of professional, social, familial and romantic relationships that people who have self-harmed identified as having a positive and constructive effect on their self-harm behaviour.

[Read more here](#)

Social conditions

SOCIAL INCLUSION AND EXCLUSION, STIGMA AND DISCRIMINATION, AND THE EXPERIENCE OF MENTAL DISTRESS.

GORDON, S., DAVEY, S., WAA, A., TIATIA, R., & WAAKA, T.

An exploratory investigation into social inclusion and exclusion – particularly as they relate to discrimination – from the subjective and cross-cultural perspectives of people who experience mental distress in Aotearoa/New Zealand.

Research report, Published December 2017.

[Download from MHF](#)

Professional development

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Preceptors' perspectives of an integrated clinical learning model in a mental health environment. Boardman, G., Lawrence, K. and Polacsek, M. (2018), *Int J Mental Health Nurs.* doi:10.1111/inm.12441

Supervised clinical practice is an essential component of undergraduate nursing students' learning and development. In the mental health setting, nursing students traditionally undertake four-week block placements. An integrated clinical learning model, where preceptors mentor students on an individual basis, has been used successfully in the clinical learning environment. This flexible model provides the opportunity for students to work

across morning, afternoon, night and weekend shifts. There is a need to improve the evidence base for a flexible model for students undertaking a mental health placement. The aim of this study was to understand preceptors' experience of, and satisfaction with, a mental health integrated clinical learning model. Focus groups were used to elicit the views of preceptors from a mental health service. Findings highlight the advantages and disadvantages of an integrated clinical learning model in the mental health setting. Participants suggested that students may benefit from flexible work arrangements, a variety of experiences and a more realistic experience of working in a mental health service. However, they found it challenging to mentor and evaluate students under this model. Most also agreed that the model impeded students' ability to engage with consumers and develop rapport with staff. The findings indicate the need to develop a placement model that meets the unique needs of the mental health setting.

Health, safety and wellbeing

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Interwoven histories: Mental health nurses with experience of mental illness, qualitative findings from a mixed methods study. Oates, J., Drey, N. and Jones, J. (2018), *Int J Mental Health Nurs.* doi:10.1111/inm.12437

The effects of mental health nurses' own experience of mental illness or being a carer have rarely been researched beyond the workplace setting. This study aimed to explore how the experience of mental illness affects mental health nurses' lives outside of and inside work. A sample of 26 mental health nurses with personal experience of mental illness took part in semistructured interviews. Data were analysed thematically using a six-phase approach. The analysis revealed the broad context of nurses' experiences of mental illness according to three interwoven themes: mental illness as part of family life; experience of accessing services; and life interwoven with mental illness. Participants typically described personal and familial experience of mental illness across their life course, with multiple causes and consequences. The findings suggest that nurses' lives outside of work should be taken into account when considering the impact of their personal experience of mental illness. Similarly being a nurse influences how mental illness is experienced. Treatment of nurses with mental illness should account for their nursing expertise whilst recognizing that the context for nurses' mental illness could be much broader than the effect of workplace stress.

The above bulletin has been compiled by Linda Stopforth, SNIPS, on behalf of the NZNO Mental Health Nurse section. It is for members of the NZNO Mental Health Nurse section and must not be reproduced without their permission.

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

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http://www.nzno.org.nz/groups/colleges_sections/sections/mental_health_nurses

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