



## NZNO Mental Health Nurse Section Monthly News Bulletin Friday 30 March 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](http://www.nzno.org.nz/get_involved/consultation)

#### **Draft Medication Guidelines: Home and Community Support Services**

NZNO seeks your feedback on the Draft Medication Guidelines for Home and Community Support Services prepared by the Ministry of Health (on behalf of the Home and Community Support Services Working Group).

The aim is to provide medication guidelines specific to the Home and Community Support Services sector that will ensure best possible outcomes for clients and staff.

The draft guidelines [are available at this link](#)

**Send feedback to [sueg@nzno.org.nz](mailto:sueg@nzno.org.nz) by 20 April 2018.**

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#### **Future of Tax: Submissions Background Paper**

NZNO seeks your input on ways to improve the current tax system to inform future developments in tax and ensure tax works for the wellbeing of New Zealanders. It is an opportunity to have input on how tax could work for public health concerns such as income inequality, living standards and healthy behaviours (for example through removing GST from essential items or the use of alcohol, tobacco and sugar tax). It also a chance to have input on any other ways in which you are affected by the current tax system.

Please see the background paper attached

below: <https://taxworkinggroup.govt.nz/resources/future-tax-submissions-background-paper>

Please note NZNO and NZMA are co-hosting Alcohol HealthWatch's public forums on three submission opportunities for alcohol related policy:

- **Sale and Supply of Alcohol** (Renewal of Licences) Amendment Bill – improving local community control to reduce the number of alcohol outlets in our communities
- **Tax Working Group Review** increasing the tax of alcohol is aligned with a social justice
- **Mental Health and Addictions Inquiry** -strong alcohol policies can improve mental health

We recommend these forums in Wellington, Thursday 5th April Auckland 9<sup>th</sup> April, and Christchurch, 11th April to your attention. **To register email Suzanne:** [ahw@ahw.org.nz](mailto:ahw@ahw.org.nz)

**Send feedback to [marilynh@nzno.org.nz](mailto:marilynh@nzno.org.nz) by 20 April 2018**

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## **Guidelines for nurses on the administration of medicines, 2018**

FEEDBACK DUE:

Please send feedback to [sueg@nzno.org.nz](mailto:sueg@nzno.org.nz) by April 9th 2018

Following the first round of consultation late in 2017, and feedback from Dr Jill Wilkinson these guidelines (see the table of changes below) warrant another brief consultation. Please consider these changes as you read the document.

Summary table of changes:

Length of document:

At 50+ pages long the document was becoming unwieldy and repetitive.

Removal of material that was not directly associated with nurses administering medicines (including reference to Nurse Practitioners and designated prescribers for whom a specific guideline will be developed).

Reference to midwives responsibilities in administering medicines has also been removed as this is clearly described by the Midwifery Council of New Zealand.

Detail of standing orders and transcribing have also been removed but links created to the existing NZNO publications that address these practices.

New additions:

Nurse-initiated medicines (6.8)

Automated medication dispensing devices now in common use (6.13)

Oxygen and other medical gases (7.3)

Updates:

Glossary (8)

References (9)

list of relevant legislation and regulation (9.1)

[Guidelines for Nurses on the Administration of Medicines, 2018.](#)

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## **Sale and supply of alcohol (Renewal of Licences) Amendment Bill**

NZNO seeks member feedback on this short bill.

This bill enables local alcohol policy to be fully considered in any decision on the renewal of an existing licence. It gives the community more say over the density and location of alcohol outlets and allows conditions, for example, trading hours, particular licences and one-way door restrictions, to be imposed.

[Link to the bill here:](#)

**Feedback to [marilynh@nzno.org.nz](mailto:marilynh@nzno.org.nz) by 11 April 2018**

## New Zealand

### **First-of-its-kind toolkit to help parents with mental health or addiction issues**

A New Zealand first-of-its-kind resource toolkit for community-based services to help parents struggling with mental health problems or addictions was launched in Palmerston North yesterday.

[Read more here](#)

### **Female psychiatric nurses most likely to smoke - research**

Although the medical profession has cracked its smokefree target of less than 5 per cent, statistics show there were more women smokers than men.

[Read more here](#)

### **Lifeline expands to offer text support for those in distress**

Today, Lifeline announces the launch of its free text support service - HELP (4357) as part of its suicide prevention strategy to increase access to support for people in distress.

The service will open at 10am on Wednesday 21st March and will be open to anyone who wants to talk about what is worrying them.

[Read more here](#)

### **New Mental Health Initiative Seeks Participants to Share Experiences And Normalise Mental Distress**

Rākau Roroa is a new and unique initiative that seeks to train and support people to use their personal lived experience of mental distress to create change in their communities, to reduce discrimination and to normalise the experience of mental distress.

[Read more here](#)

### **More adults diagnosed with mood disorders, statistics reveal**

More New Zealand adults are being diagnosed with anxiety, depression and bipolar.

[Read more here](#)

## Addiction / substance abuse

### **Number of pokie machines in Māori communities 'hugely disproportionate'**

Northland doctor and political aspirant Lance O'Sullivan says urgent action is needed to rid New Zealand of pokie machines.

[Read more here](#)

### **Supporting nurse mentors to reduce the barriers to implementing alcohol Interventions and Brief Advice (IBA) in primary care**

"This project aims to reduce barriers to the implementation of alcohol Identification and Brief Advice (IBA) in primary care by providing expert support to nurse mentors." *Source: Alcohol Research UK*

[Download report here](#)

## Alzheimers / Dementia

### 'What would life be - without a sing or dance, what are we?' A report from the Commission on Dementia and Music

"This report examines the existing landscape and future potential of using therapeutic music with people with dementia, which forms one of the most pressing health concerns of our time. Adopting a holistic approach, this report is unique in providing an overview of current music-based provision for people with dementia, the scope of this work and the associated evidence base." *Source: International Longevity Centre – UK*

[Read more here](#)

## Care models

### Co-production: Putting principles into practice in mental health contexts

"This resource has been developed to inform and support understanding, planning, and implementing co-production initiatives specifically within the context of Victorian mental health services. There are some unique considerations to be addressed when mental health consumers, clinicians, health service and other agency staff co-produce together to ensure that throughout the process, consumers are positioned as knowledge holders, leaders and people from whom there is much to learn." *Source: Synergy Nursing & Midwifery Research Centre*

[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*

Frechette, J., Pugnaire Gros, C., B. Brewer, B., Kramer, M., Lavigne, G. and Lavoie-Tremblay, M. (2018), **Essential Professional Nursing Practices in mental health: A cross-sectional study of hospital inpatient care.** *Int J Mental Health Nurs.* doi:10.1111/inm.12449

Quality organizational structures and nursing practices are key to positive patient outcomes. Whereas structures have been largely studied over the past few decades, less is known of the nursing practices that account for patient outcomes, such as patient satisfaction. This is especially true in psychiatric, mental health care settings. The aim of the present study is to determine the relative importance of eight Essential Professional Nursing Practices (EPNPs) on the satisfaction of hospitalized patients on mental health care units. A cross-sectional design was selected; 226 point-of-care mental health nurses completed the online EPNP questionnaire in Spring 2015. Statistical analyses included MANOVAs and a 2-step linear regression. A significant relationship was found between university preparation and scores on two EPNP subscales: autonomous decision-making and practicing with competent nurses. Scores on patient advocacy and control over practice subscales were significantly related to nurse-rated patient satisfaction. The findings reinforce the positive link between university education and the work of nurses and highlight the power dynamics that are salient in mental health care. The pertinence of EPNPs in psychiatric settings is brought to the fore, with practices of patient advocacy and nurse control over care examined in relation to empowerment. Implications for clinical and administrative leaders are addressed, with a focus on strategies for empowering patients and nurses.

## Depression

### **Stopping exercise can increase symptoms of depression**

Stopping exercise can result in increased depressive symptoms, according to new mental health research.

[Read more here](#)

### **Absent Without Leaving: The Economic Impact of Early, Optimized Treatment for Depression**

"This briefing examines the health care and economic impact of early, optimized treatment for patients with depression. Taking into account the depression severity among employees, three methods are presented to determine this impact: increasing the number of people who seek treatment; increasing the number of people who receive minimally adequate treatment; and increasing the number of people who achieve remission. A modelling exercise compares the results of these three scenarios with the current situation in Canada. The briefing presents a review of the literature; the modelling approach; and the results from the modelling exercise. It concludes with some thoughts on how to improve access to this treatment." *Source: Conference Board of Canada*

[Read more here](#)

## Emergency care

### **Waiting times in the emergency department for people with acute mental and behavioural conditions**

[Australasian College for Emergency Medicine](#)

The purpose of this brief report is to present findings from ACEM's research exploring mental health presentations in hospital emergency departments (EDs), with the hope of beginning a binational conversation about how mental illness can be better managed in the acute care context and the broader health system. Using these data, the College's goal is to advocate for a better health system response that addresses discriminatory treatment practices and improves overall health and psychosocial outcomes for this patient group. On Monday 4 December 2017 at 10:00 local time, the POMAB Snapshot Survey was undertaken to estimate the point-prevalence of mental health access block in Australian and New Zealand public EDs accredited for specialist training by ACEM. Data were provided by 25 hospitals in NSW, 11 hospitals in Victoria and Queensland (respectively), seven hospitals in Western Australia, five hospitals in South Australia, and five hospitals in the Australian Capital Territory, Northern Territory and Tasmania (combined). For the purposes of the study, a mental health presentation was defined as one in which the primary underlying reason for the consultation is a situation that mandates review by a mental health professional during the ED stay, including self-harm and alcohol and other drug presentations.

[Read more here](#)

## Exercise

*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*

### **What Is the Impact of Targeted Health Education for Mental Health Nurses in the Provision of Physical Health Care? An Integrated Literature Review**

Sinead Hennessy & Angela M Cocoman

*Issues in Mental Health Nursing* Vol. 0, Iss. 0, 2018

Individuals with a severe mental illness have a gap in life expectancy of up to twenty years in comparison to the general population. Nurses who work in mental health services have been identified as best placed to improve the physical health outcomes of individuals with mental illness. The literature identifies a lack of nursing knowledge related to physical health care and the presence of metabolic syndrome which is impeding nurses in providing essential physical health care to patients. An integrated literature review was carried out due to the dearth of research evidence pertaining to the impact of targeted education specifically with psychiatric/mental health nurses in the provision of physical healthcare. A search for literature included the following databases: CINAHL, Medline, PsycINFO, Embase and Web of Science revealed nine studies: seven quantitative, one qualitative and one mixed method. Qualitative synthesis has shed light on the value of targeted education on improving knowledge and skills in providing physical health care that can then be translated into clinical practice. Targeted education in physical healthcare grows psychiatric/mental health nurse's confidence and develops the skills necessary to enable them to screen and monitor and offer range of physical health interventions to individuals with severe mental illness.

## Learning disabilities

*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*

### **Cotard's Syndrome Triggered by Fear in a Patient with Intellectual Disability: Causal or Casual Link?**

Fabrizio Sottile, Rosaria De Luca, Lilla Bonanno, Giuseppina Finzi, Carmela Casella & Rocco Salvatore Calabrò

*Issues in Mental Health Nursing* Vol. 0, Iss. 0, 2018

Cotard's syndrome is a neuropsychiatric disease characterized by a variety of nihilistic delusions, commonly associated with several psychotic and major affective disorders, and neurological diseases, including stroke, dementia, and mental retardation. A 39-year-old male with mental retardation developed Cotard's syndrome, following an important episode of fear. During admission to our neurological unit, the patient underwent an accurate assessment, including neuroradiological, clinical, and neuropsychological examinations. At the psychiatric evaluation, he presented nihilistic delusions, in which he negated the existence of his body parts and the existence of his family members. The neuropsychological assessment ruled out other possible causes of misidentification, including the post-traumatic stress disorder. Thus, since also organic causes of Cotard's syndrome were excluded, the correlation between fear and the syndrome has been postulated and the patient opportunely treated, using a multidisciplinary approach. Our case suggests that in predisposed individuals negative emotions, including fear, may lead to delusional syndromes.

## Loneliness

### **Loneliness – the public health challenge of our time**

“This paper, which focuses on loneliness among older people, explores the connection between loneliness and mental health and provides key recommendations to government and society.” *Source: Mental Health Foundation Scotland*

[Read more here](#)

### **All the lonely people: Is modern life making us lonely?**

Is modern life making us lonely? And what should we do about it? Philip Matthews reports. Expect to hear this word more and more. Loneliness. Loneliness is where depression was when it was on the cusp of mainstream discussion, stepping out of the shadows and no longer a taboo.

[Read more here](#)

### **The best way to help is often just to listen**

When Sophie Andrews was a young girl trapped in a terrible situation, a 24-hour telephone helpline in the UK helped her become a survivor, not a victim -- simply by listening to her. Now she's paying the favor back as the founder of The Silver Line, a helpline that supports lonely and isolated older people. In a powerful, personal talk, she shares why the simple act of listening is often the best way to help someone in need.

[Watch here](#)

## Maori / Pasifika

### **Māori narratives an alternative to western mental health system**

Patients at Te Kūwatawata clinic are told stories about Māori gods or atua, re-connected to their whakapapa and facilitated through wānanga before they're offered traditional medicine.

[Read more here](#)

## Maternal mental health

*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*

Higgins A, Downes C, Monahan M, Gill A, Lamb SA, Carroll M. **Barriers to midwives and nurses addressing mental health issues with women during the perinatal period: The Mind Mothers study.** J Clin Nurs. 2018;00:1–12. <https://doi.org/10.1111/jocn.14252>

Aims and objectives

To explore barriers to midwives and nurses addressing mental health issues with women during the perinatal period.

Background

Perinatal mental health is considered an important public health issue with health policy internationally identifying the importance of psychological support for women in the perinatal period. Midwives and primary care nurses are ideally positioned to detect mental distress early, but evidence suggests that they are reluctant to discuss mental health issues with women during pregnancy or in the postnatal period.

## 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*

### **Encountering Ambivalence – A Qualitative Study of Mental Health Nurses' Experiences with Dual Relationships**

Jeanette Varpen Unhjem, Marit Helene Hem & Solfrid Vatne

*Issues in Mental Health Nursing* Vol. 0, Iss. 0, 2018

Nurses are obliged to set professional boundaries in nurse–patient relationships. Relationships with patients that are pursued outside of working hours (dual relationships) are commonly prohibited by legislation and professional codes of ethics, but some nurses still engage in them. A thematic analysis of qualitative interviews revealed that the nurses experienced *ambivalence* regarding *how they see the patients, their assessment of the dual relationships* and *how people around the nurses react to the relationships*. *Ambivalence* was characterized by contradictory and indeterminate thoughts and attitudes toward patients and dual relationships. Results indicated that dual relationship decisions were complex and highly contextually dependent.

## Psychosis

### **Early psychosis programs significantly reduce patient mortality, study finds**

Researchers have found that specialized programs for early psychosis can substantially reduce patient mortality.

[Read more here](#)

## Resilience

*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*

Foster, K., Shochet, I., Wurfl, A., Roche, M., Maybery, D., Shakespeare-Finch, J. and Furness, T. (2018), **On PAR: A feasibility study of the Promoting Adult Resilience programme with mental health nurses**. *Int J Mental Health Nurs*.

doi:10.1111/inm.12447

Mental health settings are recognized as complex, unpredictable environments, and challenging interpersonal situations are common for nurses in acute adult mental health services. Occupational stressors include verbal aggression and physical assault and are correlated with poor physical and mental health outcomes for nurses. There is a clear need for proactive approaches that address the negative impacts of stressors on the mental health nursing workforce. Resilience interventions are a preventive approach to strengthening skills for addressing workplace stress, improving health and well-being, and preventing adverse outcomes associated with occupational stressors. The aim of this study was to evaluate the feasibility of a workplace resilience education programme for nurses in high-acuity adult mental health settings. The outcomes were measured using a single-group pretest post-test design with follow-up at 3 months postintervention. The feasibility and acceptability of the programme were identified with descriptors of mental health, well-being, resilience, facilitator fidelity checklists, and participant satisfaction questionnaires. The



programme was found to be feasible for nurses working in high-acuity inpatient settings. There were significant changes to mental health, well-being, and workplace resilience. The programme was delivered with fidelity by facilitators and accepted with high levels of satisfaction by participants. The study findings indicated that nurses can benefit from resilience education that equips them with cognitive, emotion regulation, and relational skills, in conjunction with available external supports and resources, to address workplace challenges. There is a need for comprehensive organizational approaches that include individual, work unit, and organizational-level strategies to support staff well-being.

## Suicide

### **Strong demand for new suicide prevention courses**

A new group of courses helping people initiate discussions around suicide rather than waiting until someone has died before intervening are experiencing overwhelming demand.

[Read more here](#)

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### **Editorial : How comprehensive is suicide risk assessment in the emergency department?**

*NZMJ* 23rd February 2018, Volume 131 Number 1470

Christopher Gale, Paul Glue

Suicide is a tragic, but rare event. In 2012, the most recent year with firm data, Statistics New Zealand recorded 550 deaths by suicide, a rate of 12.3 per 100,000...

### **An audit of risk assessments for suicide and attempted suicide in ED: a retrospective review of quality**

23rd February 2018, Volume 131 Number 1470

Wayne de Beer, Bernard De Witt, Jules Schofield, Helen Clark, Veronique Gibbons

This study evaluated how Mental Health & Addiction Services staff members, working in a busy emergency department service, adhere to the New Zealand Ministry of Health's Clinical Practice Guidelines for DSH. This study identifies the importance of the individualised, tailored assessment. It also outlines weaknesses of the assessment and treatment of patients following a suicide attempt and makes recommendations for improving assessment of patients following attempted suicide.

## 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*

### **Nursing Case Management Strategies for Adults with Serious Mental Illness Seeking Dental Services**

Barbara J. Burgel, Brianna Devito, Gerri Collins-Bride, Bethany Sullivan, Anne Retzlaff & Susan Hyde

Issues in Mental Health Nursing Vol. 0, Iss. 0, 2018

A university-community partnership initiated a dental screening and nursing case management program for Medicaid-insured adults with serious mental illness (SMI). Forty-three adults with SMI participated in dental screening; 72% participated in case management. Per client, an average of six case management contacts was made. After

6 months, 87% (27/31) had attended at least one dental appointment, with a 13% no-show rate; 8 completed treatment, 4 had ongoing treatment, 12 had interrupted care, and 3 were lost to follow-up. Adults with SMI experienced high unmet dental needs; nursing case management strategies aided clients to initiate and complete dental care.

## Workforce

### **DHB mental health and addiction employees: 2017 profile**

“Te Pou o te Whakaaro Nui has produced the second report in the annual series of DHB mental health and addiction employee profile reports. The report summarises the socio-demographic profile, length of service and FTE turnover for 8,405 people employed in 7,555 FTE positions, as at 30 June 2017. The report confirms the need for workforce planning and development to address workforce ageing; capitalise on the existing workforce’s long service and experience; grow workforce capabilities for working with older adults; and continue to build on existing programmes to grow Māori and Pasifika representation in the workforce.”

*Source: Te Pou*

[Read more here](#)

## Ministry of Health

### **Mental Health Commissioner's Monitoring and Advocacy Report 2018**

The Mental Health Commissioner, Kevin Allan, says New Zealand needs to broaden its focus from mental illness and addiction to mental well-being and recovery in his 2018 monitoring and advocacy report.

[Download the report \(PDF 687kb\)](#)

### **Night Safety Procedures: Transitional Guideline**

This transitional guideline is to help those working in mental health and secure disability services who use night safety procedures work towards eliminating the procedure.

Night safety procedures is the practice of locking a patient in their bedroom overnight for safety reasons. There is no therapeutic value.

This transitional guideline replaces the Night Safety Procedures document issued in June 1995, which is no longer fit for purpose.

This guidelines sets out the principles, outcomes and criteria to be applied when night safety procedures are used over this transitional period. There are three outcomes.

The use of night safety procedures will be eliminated from practice by 30 December 2022.

Future services will not use night safety procedures.

Rights of patients and staff are recognised and protected.

The Ministry of Health maintains oversight of the current use of night safety procedures.

While this guideline has been developed primarily in relation to night safety procedures for patients under the Mental Health (Compulsory Assessment and Treatment) Act 1992, in some instances, these practices are used in intellectual disability hospital level secure services. For this reason, the transitional guideline also applies to hospital level secure services under the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003.

[Read more here](#)

## Online resources

National Academies of Sciences, Engineering, and Medicine. 2018. **Violence and Mental Health: Opportunities for Prevention and Early Detection: Proceedings of a Workshop**. Washington, DC: The National Academies Press.

<https://doi.org/10.17226/24916>.

On February 26–27, 2014, the National Academies of Sciences, Engineering, and Medicine's Forum on Global Violence Prevention convened a workshop titled Mental Health and Violence: Opportunities for Prevention and Early Intervention. The workshop brought together advocates and experts in public health and mental health, anthropology, biomedical science, criminal justice, global health and development, and neuroscience to examine experience, evidence, and practice at the intersection of mental health and violence. Participants explored how violence impacts mental health and how mental health influences violence and discussed approaches to improve research and practice in both domains. This publication summarizes the presentations and discussions from the workshop.

[Download a free pdf of this report](#) (Registration may be required)

## Professional development / education

*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*

Ward, L. and Barry, S. (2018), **The Mental health Master Class: An innovative approach to improving student learning in mental health nursing**. Int J Mental Health Nurs. doi:10.1111/inm.12450

The Master Class was developed as an additional educational innovation designed to promote learning about mental health and illness and mental health nursing as a career option to 2nd-year undergraduate nursing students. A number of students had approached the mental health nursing academics expressing two polar views on mental health. They either expressed extreme interest in mental health nursing or significant distress and concern related to studying the core 2nd-year subject. It was considered that the Master Class could potentially provide students with additional support. It was thought the Master Class may either consolidate their interest in mental health or relieve their stress. This article presents the findings of a pre- and post evaluation which was employed to explore the effectiveness of the 5-day intensive mental health Master Class programme on student's mental health learning and their understanding of the role of a mental health nurse. The findings highlighted that prior to participating in the Master Class, there was a significant sense of uncertainty associated with perceived levels of competence required within the profession of mental health nursing. This was coupled with students expressing they wanted to disengage with the profession even before they had commenced any theory or clinical experience. The post-Master Class findings illustrated a significant improvement in students desire to consider mental health nursing,

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)

[Click here to learn more about the NZNO Mental Health Nurse section:](#)

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