



**NZNO Mental Health Nurse Section monthly news bulletin
Friday 28 December 2018**

Save the Date: Mental Health Nurses Study Day – 26 August

Massey University – Wellington Campus

Abstracts will be called for in the very near future. Please consider topics to be presented.

Consultation

NZNO regularly seeks members input on a range of documents up for consultation. The listing is regularly updated and can be found:

http://www.nzno.org.nz/get_involved/consultation

Draft National Code of Practice for Managing Fatigue and Shift Work in Hospital-Based Nursing

Scientific research confirms that fatigue resulting from shift work and extended hours can degrade patient care and increase the risk of clinical error, workplace injuries to nurses, and drowsy driving accidents, as well as increasing nursing turnover and health care costs. Shift work, and particularly night work, can also have long-term negative effects on nurses' health.

The Health and Safety at Work Act (2015) identifies fatigue as a cause of hazards and WorkSafe guidance identifies shift work as a cause of fatigue.

To help DHBs and nurses to meet their obligations to manage workplace fatigue, the HRC-funded Safer Nursing 24/7 project (HRC 16-133) is developing and implementing a new approach that incorporates sector knowledge and experience with the latest fatigue science and international best practice in managing fatigue and shift work. A key output from the Safer Nursing 24/7 project is the National Code of Practice for Managing Fatigue and Shift Work in Hospital-Based Nursing.

NZNO seeks your feedback on the attached draft National Code.

Send feedback to jinny.willis@nzno.org.nz by 31st January 2019

Read or Download

- [Code of Practice for Managing Fatigue and Shift Work in Hospital-Based N...](#) (1.54 MB)

New Zealand

[Appointment of Deputy Director-General Mental Health and Addiction](#)

The Ministry of Health has announced the appointment of Robyn Shearer to the role of Deputy Director-General Mental Health and Addiction.

Robyn comes to the role with a vast range of sector experience having been the CEO for Te Pou o te Whakaaro nui for the last ten years. During her time Robyn has grown Te Pou to be internationally recognised for evidence based workforce programmes in mental health, addiction and disability and has created strong sector partnerships to enhance people's lives through service improvement.

[Canterbury District Health Board plans for new mental health inpatient unit](#)

Planning has started to replace the acute inpatient unit at Hillmorton Hospital, a mental health facility that has been at the centre of recent workplace violence issues.

[Lack of beds forces mental health patients to sleep in lounge](#)

Beds at Wellington Hospital's mental health unit are in such short supply, patients are having to sleep on couches.

Addiction / substance abuse

[Call to move addicts and mentally ill from police cells to secure hospital](#)

Sometimes Michelle Kidd's job is just to sit in court with a defendant, waiting for their case to be called.

Alzheimers / Dementia

[What helps people live well with dementia](#)

Psychological aspects, such as optimism, self-esteem, loneliness and depression were closely linked to ability to optimize quality of life and wellbeing in both people with dementia and carers. Experience in other areas of life influences psychological well-being and perceptions of living well. Physical health and fitness was important for both groups. For both carers and people with dementia social activity and interaction also ranked highly.

Anxiety

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

Danny Hills RN, PhD, Sharon Hills RN, Tracy Robinson RN, PhD & Catherine Hungerford RN, PhD (2019) **Mental Health Nurses Supporting the Routine Assessment of Anxiety of Older People in Primary Care Settings: Insights from an Australian Study**, Issues in

Mental Health Nursing, DOI: [10.1080/01612840.2018.1517285](https://doi.org/10.1080/01612840.2018.1517285)

Anxiety in older age is a worldwide problem and co-associated with other mental health problems, physical health conditions, disability, reduced quality of life and increased healthcare utilisation. Yet the symptoms of anxiety are often unrecognised in older people, challenging early diagnosis and increasing the risk of older people developing more chronic and disabling illness. This article reports on research led by mental health nurses and a primary care nurse that supported primary care practitioners to undertake a routine assessment of anxiety in older people in Australia. The Geriatric Anxiety Inventory-Short Form was incorporated into the annual, in-depth 75 years and older, health assessment that is undertaken in primary care settings and funded by Australia's Medicare. An initial feasibility study demonstrated good acceptance levels of the routine assessment by the primary care practitioners. These findings suggest fertile ground for the everyday use of the routine assessment in primary care settings in Australia, with transferability internationally in low-, middle- and high-income global communities. Mental health nurses can play a key role in supporting primary care nurses to recognise and respond to anxiety in older people. Illness prevention and health promotion activities are low cost and have the potential to make a difference worldwide to the health of people across the lifespan.

Bipolar disorder

[Probiotics could help millions of patients suffering from bipolar disorder](#)

About 3 million people in the US are diagnosed every year with bipolar disorder, a psychiatric condition characterized by dramatic shifts in mood from depression to mania. Currently, the standard treatment includes a combination of psychotherapy and prescription medications such as mood stabilizers and antipsychotics.

Care models

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

Fletcher, J. , Hamilton, B. , Kinner, S. , Sutherland, G. , King, K. , Tellez, J. J., Harvey, C. and Brophy, L. (2018), **Working towards least restrictive environments in acute mental health wards in the context of locked door policy and practice**. Int J Mental Health Nurs. . doi:[10.1111/inm.12559](https://doi.org/10.1111/inm.12559)

There has been a shift towards provision of mental health care in community-based settings in Australia. However, hospitals continue to care for people in acute mental health wards. An increasing proportion of the people in wards are admitted involuntarily, subject to restrictions of movement to minimize risk of harm to self and others. In response to concerns about the safety of people absconding from care, Queensland Health introduced a policy requiring all acute mental health wards in the State to be locked. In response, the Queensland Mental Health Commission funded a project to understand the impact of this policy and develop evidence-based recommendations regarding provision of least restrictive, recovery-oriented practices in acute wards. Facilitated forums were conducted with 35 purposively selected participants who identified as consumers, carers, or staff of acute mental health hospital wards, to test the acceptability, feasibility, and face validity of a set of evidence-informed recommendations for providing least restrictive, recovery-oriented practices. Participant responses were recorded, and data were analysed through an inductive, thematic approach.

A recovery-oriented approach was supported by all stakeholders. Reducing boredom and increasing availability of peer support workers were considered key to achieving this. Focusing less on risk aversion was reported as central to enabling true Recovery Orientation. This project enabled recognition of the perspectives of consumers, carers, and staff in the consideration of evidence-informed recommendations that could be implemented to provide least restrictive care in the context of locked doors

Margaret R. Emerson (2019) **Implementing a Hybrid-Collaborative Care Model: Practical Considerations for Nurse Practitioners**, *Issues in Mental Health Nursing*, DOI: [10.1080/01612840.2018.1524533](https://doi.org/10.1080/01612840.2018.1524533)

Access to mental health care is a considerable problem for individuals suffering from a mental illness. Of the 44.7 million adults, aged 18 or older, experiencing a mental illness in 2016 only 43.1% reported receiving treatment. Utilizing integrated and collaborative models can enhance identification and treatment for individuals in need of mental health. The purpose of this paper is threefold: (a) to describe the process of implementing hybrid-collaborative care model (hybrid-CCM) in a practice setting, (b) to discuss the similarities and differences in a hybrid-CCM when compared to a traditional collaborative care model, and (c) to discuss practical considerations for nurse practitioners fulfilling the psychiatric consultant role in a hybrid-CCM or traditional collaborative care model. Implementing collaborative care presents challenges. Understanding implementation efforts can enhance the adoption of collaborative types of care and likely enhance the effectiveness of these strategies. Nurse practitioners can serve as psychiatric consultants within these delivery models, but appropriate training should take place prior to doing so to ensure they are prepared to fulfill this role. Continuing to identify ways we can expand implementation of collaborative models or hybrid versions of collaborative care models need to be explored.

Depression

[Regular trips out guard against depression in old age](#)

Regular visits to the cinema, theatre or to museums could dramatically reduce the chances of becoming depressed in older age a new study has found. Researchers found a clear link between the frequency of 'cultural engagement' and the chances of someone over 50 developing depression. It is the first such study to show that cultural activities not only help people manage and recover from depression but actually help to prevent it.

Gambling

[Gambling with our health: why the stakes don't get any higher](#)

A pair of handsome male celebrities invite me to click on a game based on their TV show, next to five glamorous young women promoting blackjack, and surrounded by animated slots with names such as Mega Moolah, Lotsa Loot and King Cashalot. Welcome to the world of online gambling, where shiny young people appear to bet together for fun.

Learning/intellectual disabilities

Nurses' experiences of caring for patients with intellectual developmental disorders: a systematic review using a meta-ethnographic approach

Marie Appelgren ... et al,

*BMC Nursing*201817:51

<https://doi.org/10.1186/s12912-018-0316-9>

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Research suggests that registered nurses (RNs) do not feel adequately prepared to support patients with intellectual disability disorder (IDD). This is unsurprising, as few European health sciences curricula include undergraduate and graduate training courses in IDD. As RNs are often in the front line of care, eliciting in-depth knowledge about how they experience nursing this group of patients is vital. Our aim in this study was to develop a conceptual understanding about RNs' experiences of nursing patients with IDD.

[Read more here](#)

Loneliness

[Australian Loneliness Report](#)

"The Australian Psychological Society and Swinburne University have produced the Australian Loneliness Report, based on a national survey of adults. This examines the prevalence of loneliness and how it affects the physical and mental health of Australians."

Source: The Australian Psychological Society

Maori / Pasifika

[TOGETHER ALONE](#)

New Zealand's silent Pasifika mental health crisis

What do you do if your culture treats mental illness like a curse? Bury it deep. Indira Stewart reports on why so many Pasifika people suffer psychological distress - and why so few seek help.

Peer support

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Debyser, B. , Berben, K. , Beeckman, D. , Deproost, E. , Hecke, A. and Verhaeghe, S. (2018), **The transition from patient to mental health peer worker: A grounded theory approach.** Int J Mental Health Nurs. doi:[10.1111/inm.12561](https://doi.org/10.1111/inm.12561)

Peer workers are increasingly being engaged in contemporary mental healthcare. To become a peer worker, patients must evolve from having a patient identity to a peer worker identity. This study aims to understand how mental health peer workers experience their transition and how it affects their view of themselves and their direct working context. A grounded theory approach was used. Seventeen mental health peer workers in Belgium were recruited through theoretical sampling. Semi-structured interviews were conducted and analysed according to the constant comparative method. The results indicate that novice peer workers experience peer work as an opportunity to liberate themselves from the process of mental suffering and realise an acceptable form of personal self-maintenance. As peer workers become more experienced, they are confronted with external factors that influence their self-maintenance and personal development. Experiencing clarity in their duties and responsibilities, equality, and transparency in the workplace reinforce their experience of self-maintenance and positively influence their self-development. Experiencing a lack of clarity in their duties and responsibilities, inequality, and lack of openness discourage peer workers' self-development process. These experiences challenge their personal motivations to become peer workers, which are usually linked to building a meaningful life for themselves. The insights can encourage organisations to build up a supportive environment collaboratively with peer workers and ensure that peer workers can exert their authentically unique role in mental healthcare.

Psychosis

[Association of Primary Care Consultation Patterns With Early Signs and Symptoms of Psychosis](#)

Sarah A. Sullivan, PhD^{1,2}; ... et al
JAMA Netw Open. 2018;1(7):e185174.

Question Are primary care consultation patterns for prespecified nonspecific symptoms associated with a psychotic diagnosis?

Findings In this case-control study of 11 690 adults with psychosis and 81 793 matched controls without psychosis, 12 clinical high-risk symptoms, analyzed by sex and age group, were associated with a psychosis diagnosis, with suicidal behavior having the highest associated risk for psychosis. Pairs of symptoms were associated with an increase in the positive predictive value for a diagnosis of psychosis.

Meaning These findings are the first stage in the development and validation of a prognostic model of psychosis for primary care by providing candidate predictors and counter the generally held belief that individuals with emerging psychosis do not seek help from a medical professional.

[Studies Support Use of Team-Based Care for Early Psychosis](#)

Significant improvements seen in symptoms and in occupational and social functioning

Schizophrenia

[People with schizophrenia experience emotion differently from others, 'body maps' show](#)

Researchers are working to understand how people with schizophrenia experience emotion through their bodies.

[Adolescent Paranoia: Prevalence, Structure, and Causal Mechanisms](#)

Jessica C Bird Robin Evans Felicity Waite Bao S Loe Daniel Freeman
Schizophrenia Bulletin, sby180,

Adolescence can be a challenging time, characterized by self-consciousness, heightened regard for peer acceptance, and fear of rejection. Interpersonal concerns are amplified by unpredictable social interactions, both online and offline. This developmental and social context is potentially conducive to the emergence of paranoia. However, research on paranoia during adolescence is scarce.

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Cho, M. and Jang, S. J. (2018), **Effect of an emotion management programme for patients with schizophrenia: A quasi-experimental design**. Int J Mental Health Nurs. doi:[10.1111/inm.12565](https://doi.org/10.1111/inm.12565)

One of the goals of psychiatric social rehabilitation treatment is to improve patients' emotion recognition, emotional expression, and empathetic abilities. In this study, we used a quasi-experimental, nonrandomized design to examine the effect of an emotion management programme on the emotion recognition (emotion attention and emotion clarity), emotional expression (positive expressivity, negative expressivity, and impulse strength), and quality of life (QoL) of a sample of patients with schizophrenia in South Korea. Over eight sessions, we collected data from 56 patients with schizophrenia registered in community mental rehabilitation facilities. After attending the emotion management programme, the emotion recognition, emotional expression, and QoL scores of the experimental group were found to have significantly increased, whereas those of the control group had significantly decreased. Therefore, our findings show that emotion management programmes can be used as nursing interventions to improve the QoL of people with schizophrenia.

Suicide

[New Pathways for Implementing Universal Suicide Risk Screening in Healthcare Settings](#)

Model could help hospitals better identify and aid youth at risk for suicide

[Researchers want new approach to suicide risk](#)

University of Otago researchers suggest that public health moves, and "a plan of hope" would counter suicide better than more accurately estimating the risks faced by individual patients.

General articles and reports

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Molin, J. , Graneheim, U. H., Ringnér, A. and Lindgren, B. (2018), **Patients' experiences of taking part in Time Together – A nursing intervention in psychiatric inpatient care.** Int J Mental Health Nurs. . doi:[10.1111/inm.12560](https://doi.org/10.1111/inm.12560)

This qualitative study aimed to illuminate patients' experiences of taking part in the nursing intervention Time Together. The data were drawn from 11 individual semi-structured interviews with patients and analysed with qualitative content analysis using an inductive approach. The results show that patients taking part in Time Together felt confirmed and participated on equal terms; thus, they experienced being seen as humans among other humans. Time Together offered patients a break, and they felt strengthened, which contributed to their hopes for recovery. Furthermore, when Time Together was absent patients felt disconfirmed, which fostered feelings of distance from staff. The results support the effectiveness of the intervention, indicating that Time Together may be a tool to facilitate patients' personal recovery. However, the success of the intervention depends on staff compliance with the predetermined structure of the intervention in combination with engagement.

Call for articles

[Journal of Indigenous Wellbeing: Up Coming Releases](#)

The last 12 months have been a time of great change and growth for the [Journal of Indigenous Wellbeing: Te Mauri-Pimatisiwin](#), which is published by Te Rau Matatini. In 2018, the Journal team went through staff changes and worked to update our submission processes, which we will continue to do in 2019. In July of this year, we released a [general issue](#), and over the rest of the year, we have worked with local and international authors to prepare three future issues, including two special issues.

The release of the [Healing Our Spirit Worldwide](#) and the [Digital and Data Sovereignty for Indigenous People](#) special issues are moving to February and March respectively to accommodate changes outside of our control.

The Healing Our Spirit Worldwide special will be made exclusively of articles written by people who presented at the [8th Healing Our Spirit Worldwide Gathering](#). The Journal of Indigenous Wellbeing has a long history with [Healing Our Spirit Worldwide](#), the [first issue](#) that was released after Te Rau Matatini took over care of the Journal in 2016 was a Healing Our Spirit Worldwide special made of presenters from the last gathering held by Te Rau Matatini in Aotearoa.

The Journal is also accepting submissions for a general issue (no set topic) also planned for release in the first half of 2019.

Read the Journal of Indigenous Wellbeing submission guidelines [here](#)

Professional development / education

[Giving Feedback – 3 Models for Giving Effective Feedback](#)

With new graduate nurses starting in hospitals around Australia over the next few weeks, it's a good time to think about how we give feedback that is both professionally delivered, and effectively received.

The above bulletin has been compiled by Linda Stopforth, SNIPS, on behalf of NZNO Mental Health Nurse Section. It is for section members only 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 Section members.

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

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Linda Stopforth, BA, Dip Bus; NZLSC, RLIANZA

PO Box 315 WELLINGTON 6140

PH: 04-383-6931 or 021-107-2455

email: stop4th@xtra.co.nz



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