



NZNO Mental Health Nurse Section Monthly News Bulletin Friday 27 July 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

Developing a strategy for an ageing population

NZNO seeks your feedback on the issues concerning the **aging nursing workforce** and **the aging population**.

40% of registered nurses are now aged fifty or over. At 2038 there will be 1.3 million New Zealanders over 65.

Key issues include:

Housing & Home ownership (the next generation of seniors will be less likely to own their own home – 69% in 2013).

Technology (Most Kiwis are online, but half of people over 85 don't use the internet at all).

Increasing diversity (Māori population aged 65+ will increase 250% to 126,000 people).

Transport (Demand for safe and accessible transport options will increase).

Please find the discussion document and other resources

at: <http://www.superseniors.msd.govt.nz/about-superseniors/ageing-population/index.html>

Send feedback to marilyn.head@nzno.org.nz by 17 August 2018.

Ministry of Health - HISO

[Proposed changes to the National Health Index \(NHI\) system and HISO 10046, the Consumer Health Identity Standard](#) .

This is a major review of the NHI system proposing changes in the following areas (each provided as an individual document).

- NHI Numbering extension
- Biological Sex recorded at Birth
- Gender Identity
- Sexual Orientation
- Ethnicity
- Country Code
- Language Code
- Iwi Classification
- Disability status
- Residency status

- Opt Out status indicator
- Delegation rights - general
- Delegation rights – Advance Care Planning
- Cook Islands, Niue and Tokelau cross reference
- Height and Weight
- MedicAlert cross reference.

The documents can [be found online here](#):

The current version of the NHI Standard (HISO 10046:2017 - the Consumer Health Identity Standard) [can be found here](#):

Send feedback to marilyn.head@nzno.org.nz by 18th August 2018.

Food Regulation Standing Committee (FRSC)

Labelling sugars on packaged food and drinks

Members are invited to feedback on this [consultation](#), which although public, is very much focused on evidence to inform a Regulatory Impact Statement, so peer reviewed research, as well as direct observation and experience is very useful.

Send feedback to marilyn.head@nzno.org.nz by Monday 7th September 2018.

New Zealand

New study exposes reality of tertiary students' mental health

Adjusting to tertiary study, feelings of loneliness and academic anxiety have been identified as major triggering factors of depression, stress and anxiety amongst students, in a new study released today by the New Zealand Union of Students' Associations (NZUSA).

[Read more here](#)

More than 1200 people seek support on sexual harm helpline in its first month

New Zealand's first nationwide sexual harm helpline received more than 1770 contacts in its first month of operation.

Safe to Talk (He pai ki te korerō) was launched on June 1, offering 24-hour free, confidential counselling via phone, text, email and web chat for people affected by sexual harm.

[Read more here](#)

Launch of the Skylight Resilience Hub

Skylight Trust launched a new Resilience Hub today. A digital resource to help children, young people, their whānau and communities across Aotearoa New Zealand to navigate through times of trauma, loss, and grief by building resilient communities across Aotearoa, New Zealand.

[Read more here](#)

\$100m for mental health - was it there or was it not?

ANALYSIS: Cold hard cash, or "ghost money"?

The political debate over contingency funding for mental health projects has reared its head again, with news of the axing of a number of mental health projects before they got off the ground.

[Read more here](#)

Addiction / substance abuse

First women's rehab service to address urgent need

The South Island's only women's intensive residential addiction service will be launched in a bid to curb the growing number of women in prisons.

[Read more here](#)

A new **Aotearoa New Zealand Addiction Specialty Nursing Competency Framework** has been published. Revised by Drug and Alcohol Nurses of Australasia, this publication is a knowledge and skills framework for nurses working in the addiction treatment specialty.

The updated framework reflects changes that have occurred in legislation, policy, service provision, workforce development and nursing practice since the original Aotearoa New Zealand Addiction Specialty Nursing Competency Framework was published in 2012.

This publication is a professional nursing framework designed to provide:
guidance on the clinical pathway for nurses working in the addiction specialty from foundation to advanced specialist
a description of the levels of practice of nurses working in the addiction specialty
clarification of the specialist level nursing practice within the addiction specialty for nurses, other practitioners, consumers, consumer advisors, employers, funding and planning personnel
guidance for education providers in designing curricula
guidance for nursing workforce development
the basis for application for DANA Advanced Certified Addiction Nurse (ACAN).
The New Zealand Addiction Specialty Nursing Group has developed the framework with funding support from Matua Raki, the addiction workforce development team within Te Pou o te Whakaaro Nui.

[Download the Aotearoa New Zealand addiction specialty nursing competency framework \(2018\).](#)

Alzheimers / Dementia

Music-based therapeutic interventions for people with dementia

Editorial Group: [Cochrane Dementia and Cognitive Improvement Group](#)

Background

Dementia is a clinical syndrome with a number of different causes which is characterised by deterioration in cognitive, behavioural, social and emotional functions. Pharmacological interventions are available but have limited effect to treat many of the syndrome's features. Less research has been directed towards non-pharmacological treatments. In this review, we examined the evidence for effects of music-based interventions.

Objectives

To assess the effects of music-based therapeutic interventions for people with dementia on emotional well-being including quality of life, mood disturbance or negative affect, behavioural problems, social behaviour and cognition at the end of therapy and four or more weeks after the end of treatment.

[Read more here](#)

Autism / Aspergers

Review prompted by Ruby Knox murder echos Casey Albury case from 20 years ago

The adequacy of help provided for parents of autistic children is once again in the spotlight after a review into the death of autistic woman Ruby Knox at the hands of her mother. Earlier this week, Auckland paediatrician Dr Rosemary Marks released a report into the 2016 case, highlighting a number of systematic service issues alongside recommendations to improve care nationwide.

[Read more here](#)

Does New Zealand need a Ministry for Vulnerable Adults?

A service devoted to protecting vulnerable adults could help prevent another murder like that of autistic woman Ruby Knox, advocates say.

[Read more here](#)

Bullying

NZ introduces 'world first' paid domestic violence leave

New Zealand has passed legislation granting victims of domestic violence up to ten days' paid leave a year and flexible working arrangements to help deal with the impacts of the violence.

[Read more here](#)

Children and young people

How Nelson developed a pioneering mental health service for children and adolescents

As controversial changes are being made at Nelson Marlborough Health's Child and Adolescent Mental Health Service (CAMHS), Samantha Gee looks at the origins of the pioneering specialist service.

Clinical psychologist Robyn Byers didn't hesitate when she got an invitation from 18-year-old youth mental health campaigner Zoe Palmer.

[Read more here](#)

Depression

Deady M, Johnston DA, Glozier N, *et al*

Smartphone application for preventing depression: study protocol for a workplace randomised controlled trial

BMJ Open 2018;**8**:e020510. doi: 10.1136/bmjopen-2017-020510

Introduction Depression is the leading cause of life years lost due to disability. Appropriate prevention has the potential to reduce the incidence of new cases of depression, however, traditional prevention approaches face significant scalability issues. Prevention programmes delivered by via smartphone applications provide a potential solution. The workplace is an ideal setting to roll out this form of intervention, particularly among industries that are unlikely to access traditional health initiatives and whose workplace characteristics create accessibility and portability issues. The study aims to evaluate the effectiveness of a smartphone application designed to prevent depression and improve well-being. The effectiveness of the app as a universal, selective and indicated prevention tool will also be evaluated.

[Read more here](#)

Gambling

Pasifika youth at risk of problem gambling if their mothers gamble, new research shows

Pacific mothers who gamble are helping shape a new generation of addicts - their children, new research has found.

A study by Auckland University of Technology (AUT) looking at Pacific 14-year-old children and their mothers found two-thirds of youth surveyed worried about the time or money they spent gambling.

[Read more here](#)

Loneliness

Insight: Facing down loneliness for NZ's ageing population

The United Kingdom has recently established a Minister for Loneliness and a "Campaign to End Loneliness" is also under way. For Insight, **Sally Round** takes a look at how it has become a pressing issue in New Zealand as the population ages, society changes and people are expected to live longer in their own homes

[Read more here](#)

Maori / Pasifika

Three quarters of Pasifika family and sexual violence goes unreported due to cultural barriers - ACC

New Zealand's first national violence prevention programme for Pasifika young people has been launched.

Atu-Mai, launched by Minister for Pacific Peoples Aupito William Sio and ACC Minister Iain Lees-Galloway in Auckland on Wednesday, aims to equip Pasifika young people and their families with the right knowledge and tools to live free from violence and sexual harm.

[Read more here](#)

Te Kaveinga – Mental health and wellbeing of Pacific peoples: Results from the New Zealand Mental Health Monitor & Health and Lifestyles Survey

(2018, June). Wellington: Health Promotion Agency.

Pacific people report high levels of wellbeing and family wellbeing and are well connected socially and culturally. Pacific adults experience psychological distress at higher levels than non-Pacific adults.

Medication adherence

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

Inder, M. , Lacey, C. and Crowe, M. (2018), **Participation in decision-making about medication: A qualitative analysis of medication adherence**. Int J Mental Health Nurs. . doi:10.1111/inm.12516

Rates of relapse in BD are high with medication nonadherence identified as an important contributor to relapse. Psychopharmacology remains a key component to the treatment of BD; therefore, increased understanding of medication use and ways to promote greater adherence is essential. The aim of the study was to identify how participants with BD experience taking prescribed medication. Participants had BD I or BD II, were users of specialist mental health services, aged 18–64 years, euthymic, mildly hypomanic or depressed, and on any combination of medication. Exclusion criteria were minimal. A semistructured interview was completed exploring patients' views of BD and factors influencing adherence based on the Subjective Experience of Medication Interview. An inductive thematic analysis was used to identify themes. The study participants ($n = 36$) had predominantly bipolar I (78%) and were female (69%), and of New Zealand European ethnicity (67%) with 14% Maori. The mean age was 41 years (SD: 12.0). Findings from the thematic analysis generated three themes: Learning about the clinical meaning of having BD, Understanding how to use medication, and Understanding what works for me. The qualitative nature of our study limits the generalizability of our findings to a broader population of individuals with BD. The participants developed confidence in being in charge of their BD through a process of learning about BD and medication and understanding what this meant for them. The findings support greater emphasis on collaborative approaches that recognize the expertise of the individual with BD and the clinician.

Nutrition

Autism risk determined by health of mom's gut

The mother's microbiome, the collection of microscopic organisms that live inside us, determines the risk of autism and other neurodevelopmental disorders in her offspring, new research shows. The work raises the possibility we could prevent autism by altering expectant moms' diets.

[Read more here](#)

Police and crisis management

Police recruits get just eight hours training for dealing with mental health callouts

Frontline officers attend an average of 98 mental-health related events, including suicide threats or attempts, every 24 hours.

And the brother of a man murdered by a psychiatric patient says the eight hours of training police recruits get in dealing with mental-health callouts is not nearly enough.

[Read more here](#)

Canterbury police responding to 'scary' increase in suicide-related calls

Suicide-related call-outs for police in Canterbury continue to increase beyond anywhere else in the country seven years on from the earthquakes.

The district's top cop described the year-on-year increases as "scary" and said: "we are concerned that our community is hurting".

[Read more here](#)

Prison populations

A 300-million-dollar redevelopment at Auckland Prison aims to provide better rehabilitation and mental health treatment for our most volatile and dangerous prisoners
A 300-million-dollar redevelopment at Auckland Prison aims to provide better rehabilitation and mental health treatment for our most volatile and dangerous prisoners

[Read more here](#)

Refugee 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

Salami, B. , Salma, J. and Hegadoren, K. (2018), **Access and utilization of mental health services for immigrants and refugees: Perspectives of immigrant service providers**. Int J Mental Health Nurs. . doi:[10.1111/inm.12512](https://doi.org/10.1111/inm.12512)

Immigrant and refugee populations experience life stressors due to difficult migration journeys and challenges in leaving one country and adapting to another. These life stressors result in adverse mental health outcomes when coupled with a lack of adequate support-enhancing resources. One area of support is access to and use of mental health services to prevent and address mental health concerns. Immigrant service providers in Canada support the integration and overall well-being of newcomers. This study focuses on immigrant service providers' perceptions of access to and use of mental health services for immigrants and refugees in Alberta. A qualitative descriptive design was used to collect and analyse the perspectives of 53 immigrant service providers recruited from nine immigrant serving agencies in Alberta between November 2016 and January 2017. Data were collected using a combination of individual interviews and focus groups, followed by thematic data analysis to identify relevant themes. Barriers to access and use of mental health services include language barriers, cultural interpretations of mental health, stigma around mental illness, and fear of negative repercussions when living with a mental illness. Strategies to improve

mental health service delivery include developing community-based services, attending to financial barriers, training immigrant service providers on mental health, enhancing collaboration across sectors in mental health service delivery, and advancing the role of interpreters and cultural brokers. Overall, immigrant service providers present a nuanced view of the complex and inter-related barriers immigrants and refugees experience and identify potential approaches to enhancing mental health service delivery.

Restraint / Seclusion

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

Gerace, A. and Muir-Cochrane, E. (2018), **Perceptions of nurses working with psychiatric consumers regarding the elimination of seclusion and restraint in psychiatric inpatient settings and emergency departments: An Australian survey.** *Int J Mental Health Nurs.* . doi:[10.1111/inm.12522](https://doi.org/10.1111/inm.12522)

Seclusion and restraint continue to be used across psychiatric inpatient and emergency settings, despite calls for elimination and demonstrated efficacy of reduction initiatives. This study investigated nurses' perceptions regarding reducing and eliminating the use of these containment methods with psychiatric consumers. Nurses ($n = 512$) across Australia completed an online survey examining their views on the possibility of elimination of seclusion, physical restraint, and mechanical restraint as well as perceptions of these practices and factors influencing their use. Nurses reported working in units where physical restraint, seclusion, and, to a lesser extent, mechanical restraint were used. These were viewed as necessary last resort methods to maintain staff and consumer safety, and nurses tended to disagree that containment methods could be eliminated from practice. Seclusion was considered significantly more favourably than mechanical restraint with the elimination of mechanical restraint seen as more of a possibility than seclusion or physical restraint. Respondents accepted that use of these methods was deleterious to relationships with consumers. They also felt that containment use was a function of a lack of resources. Factors perceived to reduce the likelihood of seclusion/restraint included empathy and rapport between staff and consumers and utilizing trauma-informed care principles. Nurses were faced with threatening situations and felt only moderately safe at work, but believed they were able to use their clinical skills to maintain safety. The study suggests that initiatives at multiple levels are needed to help nurses to maintain safety and move towards realizing directives to reduce and, where possible, eliminate restraint use.

Jury, A. , Lai, J. , Tuason, C. , Koning, A. , Smith, M. , Boyd, L. , Swanson, C. , Fergusson, D. and Gruar, A. (2018), **People who experience seclusion in adult mental health inpatient services: An examination of health of the nation outcome scales scores.** *Int J Mental Health Nurs.* . doi:[10.1111/inm.12521](https://doi.org/10.1111/inm.12521)

The Health of the Nation Outcomes Scales (HoNOS) provides an overview of a person's behaviour, impairment, clinical symptoms, and social functioning. This study investigated the profile of people who had been secluded in New Zealand's adult mental health inpatient services using 12 individual HoNOS ratings. Routinely collected clinical data were extracted from the Programme for the Integration of Mental Health Data (PRIMHD). This is the national data set for mental health and addiction services. A logistic regression model was fitted to the data which adjusted for age, sex, ethnicity, bed nights, compulsory treatment, and district health board. After adjustment, three HoNOS items significantly predicted the risk of seclusion: overactive, aggressive, disruptive, or agitated behaviour (adjusted OR = 4.82, 95% CI [3.88, 5.97], $P < 0.001$); problem drinking or drug-taking (adjusted OR = 1.51, 95% CI [1.25, 1.82], $P < 0.001$); and problems with hallucinations and delusions (adjusted OR = 1.33, 95% CI [1.09, 1.63], $P = 0.006$). In addition, two HoNOS items were protective for seclusion: nonaccidental self-injury (adjusted OR = 0.65, 95% CI [0.51, 0.83], $P < 0.001$) and depressed mood (adjusted OR = 0.58, 95% CI [0.47,

0.72], $P < 0.001$). Thus, responding effectively to agitation and/or aggression, substance use, and psychosis plays an important role in reducing the use of seclusion. Mental health nurses and other workers can reduce seclusion through early assessment, effective communication, de-escalation techniques, reduction tools, trauma-informed care, and consulting with consumers and whānau.

Schizophrenia

Alonso-Solís A, Rubinstein K, Corripio I, et al

Mobile therapeutic attention for treatment-resistant schizophrenia (m-RESIST): a prospective multicentre feasibility study protocol in patients and their caregivers

BMJ Open 2018;8:e021346. doi: 10.1136/bmjopen-2017-021346

Introduction Treatment-resistant schizophrenia (TRS) is a severe form of schizophrenia. In the European Union, approximately 40% of people with schizophrenia have TRS. Factors such as the persistence of positive symptoms or higher risk of comorbidities leave clinicians with a complex scenario when treating these patients. Intervention strategies based on mHealth have demonstrated their ability to support and promote self-management-based strategies. Mobile therapeutic attention for treatment-resistant schizophrenia (m-RESIST), an innovative mHealth solution based on novel technology and offering high modular and flexible functioning, has been developed specifically for patients with TRS and their caregivers. As intervention in TRS is a challenge, it is necessary to perform a feasibility study before the cost-effectiveness testing stage.

[Read more here](#)

Suicide

MHF's newest suicide prevention resource [Connecting through Kōrero](#) is now available.

The resource is for parents, caregivers, teachers, counsellors and other whānau. It's for anyone who cares about taiohi/young people and needs tautoko/support and guidance to kōrero with them about suicide.

Taiohi know suicide is a big issue in Aotearoa and they can come across it through the media, they may know someone who has died by suicide or be supporting a friend who is feeling suicidal.

The resource includes practical guidance to help people have a safe, open, direct and compassionate kōrero about suicide. It includes conversation starters, things to avoid, answers to tricky questions and where to turn for more support.

It doesn't provide help for a crisis situation, so if you're worried a taiohi in your life is considering their own suicide right now, see our [worried about someone webpage](#).

The resource is [available online](#) only. If you wish to print it out there's a black and white [print friendly](#) version available.

Teen suicide risk may be lower with intense team-based therapy

(Reuters Health) - Adolescents who have harmed themselves or tried to commit suicide may be less likely to do it again when they participate in an intense therapy program focused on both individual and family treatment, a U.S. study suggests.

[Read more here](#)

A Guide for Medical Providers in the Emergency Department Taking Care of Suicide Attempt Survivors

After an Attempt

SAMHSA has published an update to this brochure that offers emergency department providers tips for enhancing treatment for people who have attempted suicide. It also offers information about communicating with families, HIPAA, patient discharge, and resources for medical professionals, patients, and their families.

[Read more here](#)

Talseth A-G, Gilje FL. **Responses of persons at risk of suicide: A critical interpretive synthesis.** *Nursing Open.* 2018;00:1–15. <https://doi.org/10.1002/nop2.169>

Aim

Several nursing studies focus on suicidal persons; yet, a synthesis of such research is unavailable. The aim of this review was to give an inclusive understanding of responses of persons at risk for suicide that guides clinical nursing practice and research.

Design

A reflexive and iterative study design was used in this study.

[Read more here](#)

General articles and reports

World Health Organisation: Mental Health Atlas 2017

The [Mental Health Atlas 2017](#) provides new information and data on progress towards mental health policy-making and planning under the [Comprehensive Mental Health Action Plan 2013–2020](#). This action plan aims to:

strengthen effective leadership and governance for mental health

provide comprehensive, integrated and responsive mental health and social care services in community-based settings

implement strategies for promotion and prevention in mental health

strengthen information systems, evidence and research for mental health.

Global targets were established for each of these objectives to measure the collective action and achievements by member countries relating to the overall goal of the action plan. The Mental Health Atlas is the mechanism through which indicators in relation to agreed global targets, as well as a set of other core mental health indicators, are being collected.

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

Grant, A. , Reupert, A. , Maybery, D. and Goodyear, M. (2018), **Predictors and enablers of mental health nurses' family-focused practice.** *Int J Mental Health Nurs.* . doi:[10.1111/inm.12503](https://doi.org/10.1111/inm.12503)

Family-focused practice improves outcomes for families where parents have a mental illness. However, there is limited understanding regarding the factors that predict and enable these practices. This study aimed to identify factors that predict and enable mental health nurses' family-focused practice. A sequential mixed methods design was used. A total of 343 mental health nurses, practicing in 12 mental health services (in acute inpatient and community settings), throughout Ireland completed the Family Focused Mental Health Practice Questionnaire, measuring family-focused behaviours and other factors that impact family-focused activities. Hierarchical multiple regression identified 14 predictors of family-focused practice. The most important predictors noted were nurses' skill and knowledge, own parenting experience, and work setting (i.e. community). Fourteen nurses, who achieved high scores on the questionnaire, subsequently participated in semi-structured interviews to elaborate on enablers of family-focused practice. Participants described drawing on their parenting experiences to normalize parenting challenges, encouraging service users to disclose parenting concerns, and promoting trust. The opportunity to visit a service user's home allowed them to observe how the parent was coping and forge a close relationship with them. Nurses' personal characteristics and work setting are key factors in determining

family-focused practice. This study extends current research by clearly highlighting predictors of family-focused practice and reporting how various enablers promoted family-focused practice. The capacity of nurses to support families has training, organizational and policy implications within adult mental health services in Ireland and elsewhere.

Newsletters and reports

Handover – Te Pou

Issue 41 - July 2018

In this issue you will read about the Te Ao Māramatanga - New Zealand College of Mental Health Nurses - Māori Caucus 6th Biennial Wānanga; standards of practice, skill mix, clinical career pathways, research, retention and recruitment; trauma-informed care and much, much more. You will also hear from Sarah Taylor about her reflections on the college conference and also from Dean Rangihuna, the Māori Consumer Advisor for Canterbury District Health Board

[Read more here](#)

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: diana.geerling@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

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