

# NZNO Mental Health Nurse Section Monthly News Bulletin Friday 27 April 2018

# NZNO / section news

# **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

## **Local Government (Community Well-being) Amendment Bill**

NZNO seeks your feedback on this Bill which aims to reinstate the promotion of social, economic, environmental and cultural well-being of communities to the statutory role of local government, and restore territorial authorities' ability to collect development contributions for community facilities, such as libraries, sports grounds and swimming pools resulting from developments. Please consider how these changes to local government could make a difference to health outcomes and to local planning for e.g. population growth, an ageing society, rising rates of obesity, social inequalities and climate change. Please find the bill link below:

http://www.legislation.govt.nz/bill/government/2018/0048/latest/d56e2.html Send feedback to marilynh@nzno.org.nz by 18 May 2018.

## Sale and Supply of Alcohol (Renewal of Licences) Amendment Bill

This bill enables local alcohol policy (LAPS) 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, but it will have limited effect because it doesn't apply to new licenses and most LAPs are very weak. NZNO seeks your feedback on the impact of alcohol on health, health services and communities, examples of where LAPs have been effective, or where there have been barriers to advice of local communities and health practitioners, and recommendations for alcohol regulation. NZNO is a member of alcohol action and supports its recommendations.

Further information can be found from the Alcohol Healthwatch website <a href="http://www.ahw.org.nz/">http://www.ahw.org.nz/</a>

Please find the bill attached below:

https://www.parliament.nz/en/pb/bills-and-laws/bills-proposed-laws/document/BILL\_76343/sale-and-supply-of-alcohol-renewal-of-licences-amendment Send feedback to marilynh@nzno.org.nz by 21 April 2018

## **Privacy Bill**

NZNO seeks your feedback on this bill which reforms the Privacy Act 1993. The intent of the Bill is to promote people's confidence that their personal information is secure and will be treated properly, given changes to the way this is used with the rise of the Internet and the digital economy. The Bill implements recommendations made in the Law Commission's 2011 review of the Act including reforms that give the Privacy Commissioner a stronger role and help address privacy risks earlier. The key changes are:

- mandatory reporting of privacy breaches to the Privacy Commissioner and to affected individuals;
- the Commissioner will be able to issue compliance notices;
- strengthening cross-border data flow protections;
- new criminal offences: it will be an offence to mislead an agency in a way that affects someone else's information and to knowingly destroy documents containing personal information where a request has been made for it;
- Commissioner making binding decisions on access to information requests; and
- strengthening the Privacy Commissioner's information gathering power.

Please find the **Bill attached here**:

Send feedback to marilynh@nzno.org.nz by 17 May 2018.

## Coroners Access to Body of Dead Person (Amendment) Bill

NZNO seeks your feedback on this Bill which amends the Coroners Act 2006 (the Act) to "require" coroners when determining whether a person should be allowed to remain with the tūpāpaku to also consider tikanga Māori and the expectations of other cultures. This Bill strengthens the issues raised during the Māori Affairs Select Committee inquiry into whānau access to and management of Tūpāpaku, which Te Rūnanga have submitted on.

Currently, the Act allows coroners to have the discretion to take cultural considerations into account, but they are not mandatorily required to.

We welcome your feedback on the proposed amendment which enshrines the importance of recognising and supporting all cultural beliefs in Aotearoa New Zealand, to the extent possible.

Send feedback to <a href="mailto:leannem@nzno.org.nz">leannem@nzno.org.nz</a> by 18 May 2018.

#### **Abortion Law Reform**

The Law Commission is reviewing the current abortion law to see how it could be made consistent with treating abortion as a health issue. NZNO is seeking feedback from members and nurses working in women's health services on the current process and delivery of abortion services, and the impact on women's health.

For an explanation of the current law and the process for receiving abortion services please see: http://abortionlaw.lawcom.govt.nz/

Please send feedback to marilynh@nzno.org.nz by 11 May 2018

## **New Zealand**

## **Mental Health inquiry document released Friday**

The mental health inquiry's short consultation document is to be released on Friday before the inquiry team starts a two month nationwide series of forums.

Read more here

# Addiction / substance abuse

## Digital addiction increases loneliness, anxiety and depression

A new study finds that smartphone use can be similar to other types of substance use. Read more here

# **Bipolar disorder**

# Do all bipolar medications cause weight gain?

Answers from Daniel K. Hall-Flavin, M.D.

Bipolar disorder can be treated with a number of medications. Some of these medications can increase your appetite or cause changes in metabolism leading to weight gain.

Read more here

# Aspects of control and substance use among middle-aged and older adults with bipolar disorder

International Journal of Mental health nursing Volume27, Issue2 April 2018: Pages 833-840

High prevalence rates of alcohol and substance use disorders have been reported among persons with bipolar disorder (BD). In the present study, we explored the daily experiences of middle-aged and older adults living with BD who reported regular substance use and the ways in which participants expressed 'control' in relation to their use of alcohol and other substances. Semistructured, in-depth interviews were conducted with 12 participants (nine women and three men), aged 36–57 years of age (mean = 49 years). Thematic analyses identified emergent themes and patterns in participants' life histories. The theme of 'control' emerged as central to participants' reports, and was organized into four categories: (i) substance use to control BD symptoms; (ii) substance use provides a sense of being in control; (iii) methods of controlled substance use; and (iv) not having control: overreliance on substances. Implications of the present study include the need for nurses to openly discuss the use of alcohol and other drugs with persons with BD, provide health information and screening, and determine whether persons with BD feel they have control over their substance use. Several lines of research with persons who have BD and use substances are suggested.

Read more here

#### **Exercise**

## Exercise lowers risk of depression at all ages, researchers find

150 minutes of activity each week is beneficial, but doing less still has positive effects Read more here

# **Foetal Alchohol Syndrome**

## Time for spotlight on Fetal Alcohol Spectrum Disorder: Otago researcher

Given about 5 per cent of New Zealanders suffer Fetal Alcohol Spectrum Disorder with resulting productivity losses ranging from an estimated \$49 to \$200 million, a University of Otago lecturer is calling for more attention on the disorder.

Read more here

# **Learning disabilities**

# VIDEO - Support for adults with learning disabilities as they grow older: What to expect

The NICE guidance on good care and support people with learning disabilities should have as they grow older, explained in a short video. <u>Watch the video...</u>

## **Loneliness**

## Lonely New Zealand: A third of elderly spend their days alone

Nearly one in three older New Zealanders spend their days alone, data compiled for the Herald on Sunday reveals.

Read more here

### Whiteboard Session: The Problem of Loneliness at Work

Dr. Vivek Murthy, former U.S. surgeon general, explains what can be done. For more, read "Work and the Loneliness Epidemic."
Read more here

# Maori / Pasifika

# A new approach to Maori mental health - Wintec

More than 200 mental health practitioners and clinical psychologists across New Zealand are now equipped with an innovative toolkit to help MÄ• ori affected by mental health and addiction issues.

Co-created by Wintec staff member and clinical psychologist, Andre McLachlan, the Whai Tikanga toolkit recognises the importance of using a Mĕ ori-centred approach for Mĕ ori clients and whĕ nau.

Read more here

# **Primary health care**

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

Marilyn Fortin, Cao Zhirong & Marie-Josée Fleury (2018) **Satisfaction with primary and specialized mental health care among patients with mental disorders,** International Journal of Mental Health, 47:2, 97-117, DOI:

The purpose of this article is to assess the satisfaction of patients who received primary or specialized mental health care, and to identify variables associated with each level of care. This cross-sectional study included 325 patients with mental disorders (MDs). We used a conceptual framework based on Andersen's behavioral model, comprising predisposing factors, enabling factors, and needs; socio-demographic, clinical, needs-related, service-use, and quality-of-life variables were integrated into the model. We performed adjusted multiple linear regression models. The mean score on patient satisfaction for primary and specialized care was approximately 4 (range: 3.67–5.0). Regarding enabling factors, better continuity of care and having a case manager were associated with patient satisfaction for both types of care; help received from services and relatives was positively associated with patient satisfaction in primary care, whereas patients on welfare were more likely to be dissatisfied with specialized care. Number of needs was negatively associated with patient satisfaction in primary care and, marginally so, in specialized care. Suicidal ideation was marginally associated with patient dissatisfaction for specialized care only.

Results revealed a high level of patient satisfaction with each type of care, with significant variables related to continuity of care, case management, and needs. The study suggests the critical importance of addressing patient needs comprehensively, and of establishing long-term, individual recovery plans that promote patient satisfaction. Collaboration between relatives of patients and professionals in patient treatment is closely related to satisfaction with primary care. Accounting for the presence of suicidal ideation and patient vulnerability is fundamental to increasing patient satisfaction with specialized care. Increased patient follow-up in the community, work integration, provision of supported housing, and rapid crisis intervention may help improve patient satisfaction with mental health service (MHS) while supporting recovery.

# **Psychosis**

## Mental health website informs young people about early signs of psychosis

Young New Zealander's experiencing psychosis can now access help and support through a newly created website.

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

# On PAR: A feasibility study of the Promoting Adult Resilience programme with mental health nurses

International Journal of Mental Health, early view April 2018

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.

# **Schizophrenia**

# Resilience counteracts effects of childhood abuse and neglect on health

Researchers have determined that psychological resilience has a positive effect on health outcomes for people living with schizophrenia. This is the first study to quantitatively assess the effects of both childhood trauma and psychological resilience on health and metabolic function in people living with schizophrenia.

**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

Adam Carlbo, Hanna Persic Claesson & Sture Åström (2018) **Nurses' Experiences in using Physical Activity as Complementary Treatment in Patients with Schizophrenia**, Issues in Mental Health Nursing,

Schizophrenia is a common disease with a high risk of comorbidity in both psychiatric and somatic diseases. Physical activity is proven effective in reducing symptoms of schizophrenia and increasing overall health. Still it is not used systematically in the care of persons with schizophrenia. *Aim:* The aim of this study is to describe nurses' experience, including personal motivation, in using physical activity as complementary treatment in patients with schizophrenia. *Method:* Interviews in three focus groups with 12 participating nurses were conducted. Qualitative content analysis was used to analyze data. *Results:* Physical activity was commonly used. Although several nurses signaled positive patient response, i.e. less anxiety and better quality of sleep, the overall consensus was an uncertainty regarding the benefits. It was perceived as non-evidence based form of intervention. *Conclusion:* The uncertainty of the benefits of physical activity is evident in nursing staff and poses a resistance to implement systematic physical activity as a complementary treatment in schizophrenia. A new awareness of evidence based nursing is suggested to promote a wider and more receptive attitude to reduce patient vulnerability in persons with schizophrenia.

## **Self-harm**

# Turning to online peer forums for suicide and self-harm support "It does help having you guys"

Anthony McCosker, Michael Hartup Swinburne University of Technology beyondblue

There are no easy solutions to reaching and supporting people at serious risk of suicide or self-harm. Public health organisations have turned to a range of digital tools to address these risks and offer avenues for support.

This report maps the activity and characteristics of individuals who engage with beyondblue's <u>Suicidal thoughts and self-harm forum</u>, one of twelve heavily subscribed forums hosted on the organisation's website. This work provides an evidence base that can be used to maintain, improve and replicate these services to better reach people vulnerable to serious mental health risks.

While people generally find it difficult to talk about suicide and the contexts that lead to it, this report shows that there is a deep need and great capacity for supportive conversations among peers, and these can be facilitated by online community platforms.

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

### Supporting students who self-harm: What not to do

Dr Pooky Knightsmith British Journal of School Nursing, Vol. 13, No. 3: 138-140.

## Suicide

## 'If you care, you're equipped': How to support someone who is suicidal

Kate\* was sitting at her desk working late with her colleague Ben\* when he told her he was suicidal.

She was visibly horrified and when Ben saw her reaction he immediately took his words back and asked her not to tell anyone.

Read more here

#### **Trauma**

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

Marcelo Leiva-Bianchi, Francisco Ahumada, Andrea Araneda & Juan Botella (2018)**What is the Psychosocial Impact of Disasters? A Meta-Analysis**, Issues in Mental Health Nursing, 39:4, 320-327,

The psychosocial impact concept improves the understanding of the effects of disasters on people and communities. However, its definition is not clear. This work explores consistencies between studies (k=21) that refer to the psychosocial impact of disasters by way of a meta-analytic synthesis. This synthesis indicates that people are more prone to illness when they are exposed to a disaster, and less when they are protected (OR=2.737). Please check the change conveys the intended meaning or amend Nevertheless, there are no differences in healthy responses, regardless of how protected or exposed they are (OR=1.053). Finally, a model is proposed to explain four types of psychosocial impact: resilient, traumatic, sensitive, witness.

# **General articles and reports**

#### Improving population mental health: five lessons from Liverpool

The King's Fund has been working with Kaleidoscope Health and Care and the Centre for Mental Health to deliver a series of learning events across England, as part of the <a href="Prevention concordat for better mental health">Prevention concordat for better mental health</a> programme led by Public Health England. Here, Chris Naylor shares key lessons from a recent event in Liverpool.

Read more here

# Alcohol and mental health Policy and practice in England

26 April 2018

In partnership with the Institute of Alcohol Studies, this report highlights that people who have difficulties with alcohol and mental health are still not getting the help and support they need.

The report is based on a survey and seminar session held with professionals working in mental health and/or alcohol services across the country. It finds that co-morbidity is a barrier to treatment, and support for people with co-occurring alcohol and mental health problems is too often poor and fragmented.

Support for homeless people with complex needs is particularly poor, with more than half of survey respondents suggesting they receive worse than average access to services (61%) and 46% suggesting they receive a worse than average standard of service.

A number of barriers to improving this picture are identified. Lack of understanding and joinup between services, funding and workforce shortages, and stigma facing those with comorbidities are major problems – indeed, more than 90% of survey respondents viewed funding shortages as a problem.

People who have alcohol and mental health problems are not well recognised in national policy. Mental health issues are poorly addressed in government alcohol policies, while alcohol is barely mentioned in national mental health policies including the Five Year Forward View for Mental Health. And budget constraints in both substance misuse and mental health services have put extra pressure on services already struggling to meet people's needs.

The report calls for concerted national leadership to improve the support offered to people with alcohol and mental health problems. It recommends the Government develop a comprehensive alcohol strategy for England that will include both population level measures to address alcohol harm (including on price, marketing and licensing) and service level action to ensure more people get effective help. It recommends that the successor to the Five Year Forward View for Mental Health prioritises help for people with co-occurring alcohol problems. And makes further specific recommendations relating to all areas of service provision and co-morbidity, including calls for urgent action to review the funding and staffing of addiction services.

### Download the report here

# **Professional development / education**

**CALL FOR MANUSCRIPTS** 

#### **Mental Health Across the Globe**

Special issue of Issues in Mental Health Nursing on the topic of

Manuscripts are being sought on the topic of: Mental Health Across the Globe for a special issue of Issues in Mental Health Nursing. The journal is peer-reviewed and indexed in PsycINFO, CINAHL, PubMed, and many other databases. The year 2018 is its 39th year of publication.

Papers will be considered that focus on mental disorders in low-, middle-, and high-income global communities, with emphasis on the role of nurses In both Inpatient and outpatient treatment, psychoeducational interventions, policy activism, and research.

Read more here

## Strategies for overcoming language barriers in healthcare

Squires, Allison

Nursing Management: April 2018 - Volume 49 - Issue 4 - p 20–27

Language barriers between nurses and patients increasingly affect nursing practice, regardless of where care is delivered. In the United States, a language other than English is now spoken at home in one of five households, the highest level since just after World War I.1 Patients with limited English skills are referred to as patients with limited English proficiency (LEP).

This article provides background information about language barriers between nurses and patients, and how these barriers affect patient outcomes. Practice-based strategies are offered to improve outcomes and reduce readmissions. Although this article doesn't address barriers to communicating with patients with hearing loss, many of the same principles apply to these patients.

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: DianaG@nzno.org.nz

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

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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: <a href="mailto:stop4th@xtra.co.nz">stop4th@xtra.co.nz</a>



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