NZNO Mental Health Nurse Section Monthly News Bulletin
Friday 25 May 2018

NZNO Section news

The committee met at Christchurch on Tuesday 24 April.

Key points from the meeting were:

1. A very big Thank you to everyone who responded and completed the survey which was put out in March. We had over 100 responses from the 500 plus members of the section. Please be assured that your answers are confidential, the committee do not know who the individuals who have responded. Your feedback is invaluable and will be collated by committee members over the next few weeks.
   Feedback from your responses will be part of the committee response to the MH Inquiry.

2. The Section 8 changes to the Mental Health Act allows RN's working in MH to be able to "assess for capacity" However the Ministry of Health is leaving each DAMHS (and DHB) to provide local guidelines and education for competency to do such assessments. It would be somewhat prudent to check with your DAMHS and Director of MH Nursing before completing any Section 8 B Assessments.

3. Have you checked out the Mental Health Nurses Section face book page? There is a link to enable you to become a mental health section member, more members give the section a greater voice!

4. Check out the NZNO website for membership updates and also encourage your colleagues to look at the MH section information to ensure you are on the snippet email list for information (the SNIPS newsletter gives links to contemporary mental health information, well worth a read!)

Consultation

Do nurses use these standards publications?
NZNO seeks your feedback on the following health information standards, which HISO sees as no longer fit for purpose, although we understand that nurses still use them. Are the indicated alternatives acceptable, and as useful, and are nurses aware of them?

SNZ PAS 8170: 2005 Primary Healthcare Practice Management Systems
Relevant alternative standards include those related to interoperability, SNOMED and medications

[**SNZHB 8169:2002-Health Network Code of Practice**](#)
This is effectively replaced by various other HISO standards, eg: HISO 10046 Consumer Health Identity Standard, HISO 10064:2017 Health Information Governance Guidelines, HISO 10029:2015 Health Information Security Framework

[**NZS 8153:2002 - Health records**](#).
 This is effectively replaced by various other HISO standards, eg: HISO 10037 Connected Health (three sub standards) , HISO 10049 Videoconferencing Standard, HISO 10029:2015 Health Information Security Framework.

Full information about the health information standards , including Contained and Withdrawn standards is [available here](#):
Send feedback to marilyn.head@nzno.org.nz **by 6 June 2018.**

Legislation for the New Zealand Police Vetting Service

Police Vetting is a requirement for nurse registration process for nurses and three yearly vetting is a requirement for all those who work with children. The Police Vetting Service provides criminal history checks and other relevant information to employers and Approved Agencies. The Government is considering establishing a statutory framework for the Police Vetting Service, as there currently is none. NZNO is seeking your feedback on their consultation document which discusses what this may look like, and whether legislation would be an advantage.

[**Click here to access the consultation document**](#)
Send feedback to sue.gascogine@nzno.org.nz **by 6 July 2018**.

New Zealand

Here's what the mental health inquiry needs to fix
The Government has launched a $6.5 million inquiry into mental health and addiction. Health professionals and patients tell Sally Blundell what needs to change.
[Read more here](#)

How the Christchurch earthquakes devastated mental-health services
Three-year-old Luke had a plan. With a small spade in hand, he would dig a hole in the preschool sandpit big enough, he told his mother, Kathryn, to bury the earthquake. A sweet strategy doomed to failure. As the aftershocks rolled through quake-hit Canterbury and as other children exhibited signs of stress, Luke showed increasing symptoms of anxiety: nightmares, persistent bedwetting, fear of loud noises, clinginess when starting school.
[Read more here](#)

Alzheimers / Dementia

Study highlights link between Pasifika boxers and dementia
When a cluster of Pasifika men presented to Middlemore Hospital with dementia symptoms over a 45-month period, doctors decided to dig a little deeper into their backgrounds to look for patterns.
[Read more here](#)

Children and young people

Seclusion for children 'potentially traumatising' and unacceptable
Mental health staff are isolating distressed children, some aged under 12, in locked seclusion rooms at Christchurch's ageing Princess Margaret Hospital (PMH).

[Read more here](#)

Depression

Resistance Exercise May Reduce Depressive Symptoms in Adults
Meta-analysis shows reduction in depressive symptoms with RET, with considerable heterogeneity
[Read more here](#)

Loneliness

Napoleon in a mental hospital: Generations project aims to reduce social isolation among older people
Last week saw the release of a report compiled by the social innovation project 'Generations', which aims to find solutions to an issue that looms large for an ever-expanding demographic – the social isolation and feeling of invisibility experienced by so many older New Zealanders.
[Read more here](#)

Maori / Pasifika

Suicide's toll on Māori youth laid bare in new report
When Kamo High School student Mia Dunn committed suicide, just age 14, her death not only devastated her family - it added her to an alarming toll.
[Read more here](#)

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

Richard Lakeman (2018) **The Myth of the Well-Known Client**, Issues in Mental Health Nursing, DOI: [10.1080/01612840.2018.1455119](#)
A common idiomatic phrase in mental health care is "well known" client, patient, or service user. This phrase is often followed by "to mental health services" or some such, suggesting that a "service" can really know anything. Notwithstanding mental health services, especially public ones are a repository for a lot of information, such as facts about people, their service use, diagnosis, notes and assessments of various kinds; this conglomeration of information is not knowing, any more than a library may be "knowing". Knowing is a distinctly human activity. This paper will argue that this phrase is arrogant, a signifier of ignorance and ought to be relegated to history or back room banter with phrases like "frequent flyer", "bed seeker" and other derogatory and objectifying language.

Michelle Cleary, Stacey Wilson & Debra Jackson (2018) **Betrayal in Nursing: Recognizing the Need for Authentic and Trusting Relationships**, Issues in Mental Health Nursing, 39:5, 447-449, DOI: [10.1080/01612840.2018.1472960](#)

Obsessive compulsive disorder

Understanding fear of guilt key in better treating OCD
Advances in our understanding of the development and persistence of Obsessive-Compulsive Disorder (OCD) have the potential to improve treatment according to a new study.
[Read more here](#)

Patient satisfaction

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.
Read more here

Psychosis

Clues to treating psychoses in mental health patients
Researchers recently found evidence that boosting how well people at risk for psychosis learn from positive and negative feedback could potentially keep psychosis at bay. The team also found that brain scans using functional magnetic resonance imaging, coupled with behavioral measures, could provide markers for the diagnosis of psychosis risk. Researchers hope findings will help mental health professionals to understand how to better treat their patients with psychoses and prevent the onset of psychosis.
Read more here

Refugee mental health

Trust Me, I'm An Expert: 'Dancing out of depression' - how Syrian refugees are using exercise to improve mental health
A growing body of research is drawing a link between mental and physical health - and the connection is much stronger than you might realise.
Read more here

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

Muir-Cochrane, E., O'Kane, D. and Oster, C. (2018), **Fear and blame in mental health nurses' accounts of restrictive practices: Implications for the elimination of seclusion and restraint.** Int J Mental Health Nurs. doi:10.1111/inm.12451
Restrictive practices continue to be used in mental health care despite increasing recognition of their harms and an international effort to reduce and ultimately eliminate their use. The aim of this qualitative study was to explore mental health nurses' views of the potential elimination of these practices. Nine focus groups were conducted with 44 mental health nurses across Australia, and the data analysed using thematic analysis. Overall, the nurses expressed significant fear about the potential elimination of restrictive practices and saw themselves as being blamed for both the use of these practices and the consequences should they be eliminated. Findings detail the conflicts facing staff in balancing the need for ward safety for everyone present while at the same time providing person-centred care.

Nurses described the changing role of the mental health nurse in acute settings, being more focussed on risk assessment and medication while at the same time attempting to practise in trauma-informed person-centred ways. The impact on ward safety with increasing acuity of consumers plus the presence of forensic consumers and those affected by methamphetamine was emphasized. Change initiatives need to take into account nurses' deep concerns about the consequences of eliminating all forms of control measures in hospitals and respond to the symptoms and behaviours consumers present with and associated unpredictable and concerning behaviours. Attempts to eliminate restrictive practices should, therefore, be carefully considered and come with a clear articulation of alternatives to ensure the safety of consumers, visitors, and staff.

Schizophrenia

Schizophrenics may do better with earlier, team-based care
(Reuters Health) - People with schizophrenia who are treated early in their disease course, with extra support in addition to drugs and psychotherapy, may do better than they would with usual treatment, which often lacks coordination and starts after psychosis has taken hold, a recent study suggests.
Read more here

Social conditions

Antipsychotic drugs prescribed to poor children more often - study
Australian children from poorer families - including babies under one-years-old - are more likely to be prescribed antipsychotic drugs for behaviour problems than others the same age.
Read more here

Suicide

NZ-specific suicide clustering guidelines created to better support communities
Suicide clusters have a devastating impact, so Clinical Advisory Services Aotearoa (Casa) has announced the first New Zealand-specific guidelines to help communities cope.
Read more here

School Connectedness and Suicidal Thoughts and Behaviors
The role of school connectedness in protecting youth from suicidal thoughts and behaviors is well-documented, but research on this topic is limited by methodological differences. In this meta-analysis, researchers sought to account for measurement and sample variability to examine the consistency of findings across multiple studies.
Read more here

Is Suicide Ever Rational? A Podcast with Meera Balasubramaniam
There is a lot of discussion about the right to die.   Although most of these have to do with Physician Assisted Death (PAD).   What about in those who are not dying but express a dire to end their lives in the absence of a diagnosable mental illness?   Do they have the same right?   Well, on today's podcast we are going to step into this tricky topic with our guest, Dr. Meera Balasubramaniam, a Geriatric Psychiatrist from NYU.
Read more here

Wellbeing

New study aims to understand workplace wellbeing
Massey University's Healthy Work Group has launched a new research project to comprehensively measure the relationship between working conditions and stress-related illness in New Zealand.

General articles and reports

Communication in mental health nursing - Bachelor Students' appraisal of a blended learning training programme - an exploratory study
Merete Furnes, Kari Sofie Kvaal and Sevald Høye
BMC Nursing 2018, 17:20 | Published on: 15 May 2018
It is important that mental health nursing students at Bachelor level obtain effective communication skills. Many students dread the fact that in the mental health field they will encounter patients and relatives with various backgrounds and personalities. Large classes and limited teaching resources in nursing education are challenging. To prepare students for mental health nursing practice, a communication skills course based on the blended learning method was developed and carried out at two different campuses.
The aim of the study is to explore Bachelor nursing students' appraisal of blended learning methods for enhancing communication skills in mental health nursing.

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Physical deterioration in an acute mental health unit: A quantitative retrospective analysis of medical emergencies
International Journal of Mental Health Nursing
Early view April 18
Nursing management of physical deterioration of patients within acute mental health settings is observed, recorded, and actively managed with the use of standardized Adult Deterioration Detection System (ADDS) charts. Patient deterioration may require the urgent assistance of a hospital rapid response or Medical Emergency Team. A five-and-a-half-year (2011–2016) audit of hospital-wide Medical Emergency Team attendances was conducted in an acute mental health unit of a single large 250 bed regional hospital in Victoria, Australia. Data were extracted from the hospitals' quality and patient safety program, RISKMan, and entered into a statistical data program for analysis. A total of 140 patient records were analysed, and the 'Worried' category (34%, n = 47) was the principle reason for a Medical Emergency Team call in a mental health ward, followed by hypotension (23%, n = 31) and a low Glasgow Coma Score (16%, n = 22). Upon further investigation of the 'Worried' category, the most common conditions recorded were an altered conscious state (22%, n = 9), low oxygen saturation (20%, n = 8), or chest pain (17%, n = 7). Activation of Medical Emergency Team calls predominantly occurred in the daylight morning hours (6am–12md). When data were compared to the general hospital patients, the context of the physiological deterioration of the mental health patients was strikingly similar. Further research is recommended to ascertain the extent and frequency with which staff working in mental health units are performing vital signs monitoring as an essential component of detection of early signs of physiological deterioration.

Violence committed against nursing staff by patients in psychiatric outpatient settings
International Journal of Mental health nursing
Early view, online
Violence against nurses has increased particularly in psychiatric outpatient settings as psychiatric care shifts from being inpatient-based to being outpatient-based. Violence is a complex phenomenon that must be explored in different psychiatric nursing environments and settings. Violence in psychiatric outpatient settings should especially be explored as violence in this context has scarcely been examined. The aim of this systematic review was to elucidate violence committed against nursing staff by patients in adult psychiatric outpatient settings, based on reports from previous studies. A literature search was conducted in the CINAHL (EBSCO), Ovid MEDLINE, and PsycARTICLES (Ovid) databases.

Fourteen studies emerged after the selection and quality assessment process. These studies indicated that violence in psychiatric outpatient settings is a multidimensional phenomenon comprising the reasons for, forms of, and consequences of violence. Reasons for violence could be related to the patient as well as to nursing staff. In psychiatric outpatient settings, verbal violence was the most common form of violence, and violence most frequently led to psychological consequences for nursing staff. The findings of this review highlight the importance of nursing staff developing skills and interventions for managing different kinds of violent situations. Given the multidimensional consequences of violence, attention must be given to the occupational well-being and coping ability of nursing staff at work. Furthermore, it would be worthwhile to compare cultural and intercountry differences of violent exposures in psychiatric outpatient settings.

Newsletters and reports

Investing to save: the economic benefits for Australia of investment in mental health reform
This report presents the economic case for continued mental health reform. It highlights opportunities for governments and employers to generate more significant returns on their investment in mental health, focusing on a small number of targeted, practical interventions where the evidence base on 'what works' is strong.
Read more here

Professional development / education
Workplace Mental Health and Wellbeing conference
Auckland, 18 – 20 June 2018

Robyn Shearer is speaking at the 3rd annual Workplace Mental Health and Wellbeing conference taking place in Auckland from 18 to 20 June 2018. This event focuses on improving mental health programmes whilst minimising psychological injury across all levels in an organisation. The conference and pre-conference workshop will bring the New Zealand workforce together to work towards building a mentally healthy workplace for all employees. Robyn will share international perspectives on workplace mental health initiatives and look at challenges our communities face and how can we respond and support better mental health. Register here.

13th Biennial Asia Pacific (AsPac) International Mental Health and Addiction Conference – Healthy Futures - Inspiration, Inclusion and Integration
Emerge Aotearoa, under the auspices of the Richmond Fellowship Asia Pacific (AsPac) Forum and in partnership with key New Zealand organisations, is delighted to be hosting the 13th Biennial Asia Pacific (AsPac) International Mental Health and Addiction Conference – Healthy Futures - Inspiration, Inclusion and Integration, in Auckland from 31 October to 1 November 2018. The call for abstracts is now open on the Healthy Futures website.

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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