NZNO Mental Health Nurse Section Monthly News Bulletin
Friday 26 January 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

Climate change, Nurses & Health

NZNO seeks feedback on the ICN's revised position statement on Climate Change, Nurses and Health, particularly in relation to its relevance, recommended additions (eg: new research) or modifications.
Read or download: Position Statement - Nurses, Climate Change and Health (PDF, 309KB)
Feedback due to marilynh@nzno.org.nz by 2 February 2018.

New Zealand

Virtual reality brings mental illness into focus
A mental health organisation is turning to technology to help people understand the reality of living with mental illness.
Read more here

Suicide spurs call for more sharing of information
A coroner is calling for mental health professionals to share information with doctors following the suicide of a 30-year-old IT worker.
Read more here

Changing Minds, 19 January 2018
Applications for New Zealand's first ever national mental health lived experience leader's initiative open today (1.30 pm Friday Jan 19.)
Read more here

Mental health review to look at services and equity of access - Govt
An inquiry into mental health will be led by former health and disability Commissioner Ron Paterson and will have a particular focus on equity of access to quality services, the Government has announced.
Read more here

Mental health inquiry: How will it work?
A ministerial inquiry into mental health and addiction has just been announced by the government. How will it work?
Read more here

Anxiety

A randomized controlled trial of a nursing psychotherapeutic intervention for anxiety on adult psychiatric outpatients. Sampaio, F. M. C., Araújo, O., Sequeira, C., Lluch Canut, M. T. and Martins, T. (), *J Adv Nurs*. Accepted Author Manuscript. doi:10.1111/jan.13520

Aim

To evaluate the short-term efficacy of a psychotherapeutic intervention in nursing on Portuguese adult psychiatric outpatients with the nursing diagnosis "anxiety".

Background

Several efficacious forms of treatment for anxiety are available, including different forms of psychotherapy and pharmacotherapy. However, literature tends to favour findings from studies on the efficacy of psychotherapies and therapies provided by nurses to the detriment of those arising from studies on the efficacy of nursing psychotherapeutic interventions (interventions which are classified, for instance, on Nursing Interventions Classification).

Caregiving

Caring for Cognitive Impairment
People with cognitive impairment in hospital are at increased risk of preventable complications as they have difficulty with communication, speech or understanding language, memory, attention, thinking or judgment.
The Caring for Cognitive Impairment campaign is about providing better outcomes and experiences for patients with cognitive impairment in hospitals, and for their loved ones and staff who care for them. The campaign website has a wealth of information, tools, stories and resources aimed at those working in hospitals caring for people with cognitive impairment.
Read more here

Learning disabilities

Dignity in health care for people with learning disabilities (RCN, UK)
This guidance, developed by the Royal College of Nursing Learning Disability Nursing Forum, aims to improve dignity in health care for people with learning disabilities.
Download here

Maternal mental health

Evaluating a nurse-led community model of service for perinatal mental health
Collegian (Article in press) Jan 2018
Abstract
Background
Perinatal mental illness is prevalent in Australia. Accessible and affordable specialist perinatal mental health services are important in ensuring optimal maternal and infant outcomes, but remain scarce in some areas.
Aim
This paper describes the development and evaluation of a community model for perinatal mental health based on the practice principles of: nurse-led; partnership approach; individualised evidenced based treatments and accessible, flexible service delivery.
Read more here

Nurse-patient relationships

Empathic processes during nurse–consumer conflict situations in psychiatric inpatient units: A qualitative study. Gerace, A., Oster, C., O'Kane, D., Hayman, C. L. and Muir-Cochrane, E. (2018), *Int J Mental Health Nurs*, 27: 92–105. doi:10.1111/inm.12298

Empathy is a central component of nurse–consumer relationships. In the present study, we investigated how empathy is developed and maintained when there is conflict between nurses and consumers, and the ways in which empathy can be used to achieve positive outcomes. Through semistructured interviews, mental health nurses (n = 13) and consumers in recovery (n = 7) reflected on a specific conflict situation where they had experienced empathy, as well as how empathy contributed more generally to working with nurses/consumers. Thematic analysis was used to analyse the data, utilizing a framework that conceptualizes empathy experiences as involving antecedents, processes, and outcomes. The central theme identified was 'my role as a nurse – the role of my nurse'. Within this theme, nurses focussed on how their role in managing risk and safety determined empathy experienced towards consumers; consumers saw the importance of nurse empathy both in conflict situations and for their general hospitalization experience. Empathy involved nurses trying to understand the consumer's perspective and feeling for the consumer, and was perceived by consumers to involve nurses 'being there'. Empathic relationships built on trust and rapport could withstand a conflict situation, with empathy a core component in consumer satisfaction regarding conflict resolution and care. Empathy allows the maintenance of therapeutic relationships during conflict, and influences the satisfaction of nurses and consumers, even in problematic situations. Nurse education and mentoring should focus on nurse self-reflection and building empathy skills in managing conflict.

Read more here

Pharmacy / prescribing

Risperidone versus other antipsychotics for people with severe mental illness and co-occurring substance misuse
Cochrane review
Background
Up to 75% of people with serious mental illness (SMI) such as schizophrenia and bipolar disorder have co-occurring substance use disorders (dual diagnosis). Dual diagnosis can have an adverse effect on treatment and prognosis of SMI.
Objectives
To evaluate the effects of risperidone compared to treatment with other antipsychotics (first-generation and other second-generation antipsychotics) used in people with serious mental illness and co-occurring substance misuse.
Read more here

Psychosis

Data-Gathering, Belief Flexibility, and Reasoning Across the Psychosis Continuum
Schizophrenia Bulletin, Volume 44, Issue 1, 13 January 2018, Pages 126–136, https://doi.org/10.1093/schbul/sbx029
Background
There is evidence for a group of nonclinical individuals with full-blown, persistent psychotic experiences (PEs) but no need-for-care: they are of particular importance in identifying risk and protective factors for clinical psychosis. The aim of this study was to investigate whether reasoning biases are related to PEs or need-for-care.
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

An integrative review exploring the physical and psychological harm inherent in using restraint in mental health inpatient settings. Cusack, P., Cusack, F. P., McAndrew, S., McKeown, M. and Duxbury, J. (2018), *Int J Mental Health Nurs.* doi:10.1111/inm.12432

In Western society, policy and legislation seeks to minimize restrictive interventions, including physical restraint; yet research suggests the use of such practices continues to raise concerns. Whilst international agreement has sought to define physical restraint, diversity in the way in which countries use restraint remains disparate. Research to date has reported on statistics regarding restraint, how and why it is used, and staff and service user perspectives about its use. However, there is limited evidence directly exploring the physical and psychological harm restraint may cause to people being cared for within mental health inpatient settings. This study reports on an integrative review of the literature exploring available evidence regarding the physical and psychological impact of restraint. The review included both experimental and nonexperimental research papers, using Cooper's (1998) five-stage approach to synthesize the findings. Eight themes emerged: Trauma/retraumatization; Distress; Fear; Feeling ignored; Control; Power; Calm; and Dehumanizing conditions. In conclusion, whilst further research is required regarding the physical and psychological implications of physical restraint in mental health settings, mental health nurses are in a prime position to use their skills and knowledge to address the issues identified to eradicate the use of restraint and better meet the needs of those experiencing mental illness.

Schizophrenia

Can We Reduce the Duration of Untreated Psychosis? A Systematic Review and Meta-Analysis of Controlled Interventional Studies

Schizophrenia Bulletin, sbx166, https://doi.org/10.1093/schbul/sbx166

Reduction of duration of untreated psychosis (DUP) is the key strategy of early interventions for improving the outcomes of first-episode psychosis. Although several controlled interventional studies have been conducted with the aim of reducing DUP, the results are highly inconsistent and conflicting. The current study systematically searches Web of Science and Ovid for English original articles investigating interventions adopted to reduce DUP, compared to a control intervention, up to April 6, 2017. Sixteen controlled interventional studies were retrieved, including 1964 patients in the intervention arm and 1358 in the control arm. The controlled intervention studies were characterized by standalone first episode psychosis services, standalone clinical high risk services, community interventions, healthcare professional training, and multifocus interventions. Random effects meta-analyses were conducted. There was no summary evidence that available interventions are successful in reducing DUP during the first episode of psychosis (Hedges' $g = -0.12$, 95% CI $= -0.25$ to 0.01). Subgroup analyses showed no differences within each subgroup, with the exception of clinical high risk services (Hedges' $g = -0.386$, 95% CI $= -0.726$ to -0.045). These negative findings may reflect a parceled research base in the area, lack of prospective randomized controlled trials (only 2 randomized cluster designed studies were present) and small sample sizes. There was substantial heterogeneity ($I2 = 66.4\%$), most of which was accounted by different definitions of DUP onset ($R2 = .88$). Psychometric standardization of DUP definition, improvement of study design, and implementation of preventative strategies seem the most promising avenues for reducing DUP and improving outcomes of first-episode psychosis.

Read more here

Suicide

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The meaning of suicidal behaviour from the perspective of senior nursing undergraduate students.   Vedana, K. G.G., Pereira, C. C.M., dos Santos, J. C., Ventura, C., Moraes, S. M., Miasso, A. I., Zanetti, A. C. G. and Borges, T. L. (2017), *Int J Mental Health Nurs*. doi:10.1111/inm.12431

The meaning ascribed to suicidal behaviours may influence the quality of the care provided to people at risk of suicide. Such a phenomenon has yet to be properly investigated amongst nursing undergraduate students, the aim of this study being to gain an understanding of the meanings of suicidal behaviour for a particular group of nurses. The study, which utilized grounded theory, was conducted in Brazil in 2016–2017 with 30 undergraduate students. The findings indicated that suicidal behaviour, classified according to the individual beliefs and judgements of the participants, presented a significant barrier to the delivery of care and was complex and multifaceted care phenomenon. Participants were often reluctant to discuss the topic, seemingly wanting to distance themselves from the care of persons exhibiting suicidal behaviour, and to avoid professional engagements relating to suicide prevention. Significant work is required in raising both an awareness and knowledge of suicidal behaviour befitting the promotion of tolerance, emotional competency, resilience, and empathy amongst nursing students.

Newsletters and reports

Different Approaches to Understanding and Classifying Mental Disorders
An in-depth look at the DSM, the ICD, and the NIMH's RDoC
December 27, 2017 • Science Update
Research in a wide range of disciplines supports the idea that mental disorders result from the complex interplay of biological, developmental, social, and environmental processes; however, the more we learn about mental disorders, the more we realize there are still gaps in our understanding of how best to classify, diagnose, and treat them.
In a new report, authors representing a range of research centers and institutions discuss challenges in the conceptualization and classification of mental disorders and detail how each of three existing approaches—the *International Classification of Diseases* (*ICD*), the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*), and the National Institute of Mental Health (NIMH)'s Research Domain Criteria (RDoC)—handles these issues.
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Journal contents

International Journal of Mental Health Nursing
February 2018
Contents listing available here

Health, safety and wellbeing

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

Predictors of depressive symptoms among psychiatric nurses who suffered from workplace violence. Hsieh H-F, Wang H-H, Shen S-H, Li Y-C.   *J Adv Nurs*. 2018;74:425–432. https://doi.org/10.1111/jan.13451

Aims

We examined the possible factors that contributed to or prevented developing depressive symptoms among psychiatric nurses who suffered from workplace violence under Hill's ABC-X Model.

Background

Workplace violence-related depressive symptoms are some of the major causes leading to impaired quality of life of victims and a heavy burden on society.

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

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