NZNO Mental Health Nurse Section monthly news bulletin
Friday 29 June 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

Living Standards Dashboard – Indicators of Living Standards and Intergenerational Wellbeing

NZNO welcomes your feedback on the proposed Living Standards "dashboard". This dashboard aims at assisting the Treasury to measure the living standards of New Zealanders and manage resources that contribute to their wellbeing, currently and in the future. We welcome your views on

- gaps in the indicators of living standards and intergenerational wellbeing, for example Māori perspectives and
- concepts the dashboard includes that you think are useful.
-
  Please find the dashboard in the report attached below:
  https://treasury.govt.nz/publications/commissioned-report/treasury-living-standards-dashboard-monitoring-intergenerational-wellbeing
  Send feedback to marilyn.head@nzno.org.nz **by 24 July 2018**.

Health and Disability Review

NZNO seeks your feedback on the government's major review of the health system.
The *draft* terms of reference for the Health and Disability Review indicate that it will cover:
- How accessibility can be improved
- How the system balances services with population density
- Future-proofing the system - how the system will cope with climate change, technological advancement and antibiotic resistance
- Whether the system could be fairer, more equitable and effective
- How global healthcare is evolving
- How funding could be altered to improve flexibility and reduce inequities
- Infrastructure needs
- Increasing the priority of primary care and prevention

Areas outside the draft ToR are:
- The ACC scheme
- PHARMAC
- Private health insurance
- Disability system

We encourage you to respond to the Review both individually and via Colleges and Sections, Sector groups and Regions etc.

Send feedback to marilyn.head@nzno.org.nz by 12 July 2018, or ASAP if you wish to comment on the ToR.

New Zealand

Study urges warnings for patients on antidepressants
Antidepressants can be addictive, a new study warns.
The study of 1829 New Zealanders who have taken antidepressants found that 55 per cent reported withdrawal symptoms when they stopped taking the drugs, and 27 per cent felt
Read more here

Growing need for mental health services at university putting students at risk
Universities say they are facing a "here-and-now tsunami of need that is not being met" by community and district health board services.
Read more here

Multiple failings in mental health treatment of patient
An inquiry into the treatment of a patient with complex mental health has resulted in a report which is heavily critical of the patient's care and makes more than 100 findings that will shape mental health care across the country.
Read more here

Mental health expert puzzled drug and alcohol screening didn't happen
A mental health assessment where a woman was deemed at low-risk of harming herself lasted less than half-an-hour, a coroner's inquest has heard.
The woman was found dead the following day.
Read more here

Media guidelines: Portrayal of people living with mental illness and mental health issues in Aotearoa.
The Mental Health Foundation of New Zealand (MHF) has launched media guidelines to equip journalists with the confidence and understanding to report on mental illness and mental health issues safely, accurately and respectfully.
Read more here

Government announces pay equity deal for mental health workers
The Government has approved a $173 million funding package to give 5000 mental health and addiction workers pay equity.
Read more here

'Appalling' mental health crisis: 13 hours in ED; five hours in a police cell
A mental health patient in crisis waited an "appalling" 13 hours to be seen at Wellington Hospital's emergency department, sparking calls to improve emergency mental health services.
Read more here

Mental health – general

From mental health patient to nurse 'I've been there' (Audio)
Mental health nurse and psychotherapist Matthew Ball was voted Australia's Mental Health Nurse of the year in 2017. He was also a finalist in this year's HESTA Australian Nursing & Midwifery Awards. He's come a long way. Twenty years ago he was admitted to a

psychiatric unit and underwent electro convulsive therapy. He'd been hearing voices since the age of 13. Today Matthew helps people who hear voices using Maastricht therapy at his own HUMANE Clinic in Adelaide. He has also helped introduce the treatment of voice hearing to Australia's publicly funded health system.
Read more here

Addiction / substance abuse

P scourge harming our youngest, most vulnerable
A leading baby specialist says as many as one infant a week born at Starship children's hospital has been exposed in the womb to methamphetamine.
Read more here

Te Hau Mārire: Addiction Workforce Strategic Framework
Te Hau Mārire: Addiction Workforce Strategic Framework (2015-2025) is a stunning example of collaboration that brings together the knowledge and experiences of Māori in the addiction treatment sector. Te Hau Mārire guides the development of a workforce that will contribute to the minimisation of addiction-related harm and the achievement of whānau ora.
Te Hau Mārire was written for the Ministry of Health on behalf of the addiction treatment sector and the community. It is particularly relevant for people engaged in growing the capacity and capability of the workforces working with addiction-related harm.
Three years since Te Hau Mārire was established, Te Rau Matatini will be seeking to review what more can be done under its strategic framework and welcome sector feedback. We have enjoyed facilitating a range of addiction workforce and practice development programmes to support various frontline workforces to incorporate new ways of working, develop new skills, and increase knowledge to respond to the addiction needs of Māori.
Read more here

Gaming addiction classified as mental health disorder by WHO
LONDON - Many parents already have concerns, but some may now have a new argument for limiting their children's 'screen time' - addiction to video games has been recognised by World Health Organization as a mental health disorder
Read more here

Anxiety

For anxiety, a single intervention is not enough
No matter which treatment they get, only 20 percent of young people diagnosed with anxiety will stay well, researchers report. The study followed 319 young people aged 10 to 25 who had been diagnosed with separation, social, or general anxiety disorders. They received evidence-based treatment, and then had follow-ups with the researchers every year for four years. This is the first study to reassess youth treated for anxiety every year for four years.
Read more here

Crippling anxiety hits children
Increasing numbers of Kiwi children are experiencing crippling anxiety - and US President Donald Trump is partly to blame.
Children's playground discussions now extend beyond simple haggling over lunchbox treats, to include talk about climate change and nuclear war.
Read more here

Bipolar disorder

From mental illness to basketball success: Tall Ferns star's remarkable journey

As Penina Davidson rolls up her sleeve she reveals a long scar running lengthways on the inside of her left arm. It's a mark she no longer hides, or is ashamed of. Just like the tattoo on the other side, it is a symbol of the journey she has been through dealing with mental illness amid a transcendent sporting career.

Read more here

Children and young people

Child mental health: a time for innovation

Frank Oberklaid

Centre for Community Child Health

Child mental health has long been marginalised in policy and funding discussions. This Policy Brief identifies an urgent need to change this paradigm and formulate a comprehensive, sustainable and evidence-informed plan to effectively promote and improve the mental health of children and the adults they become.

Read more here

Depression

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

Chuang, Y. and Kuo, L. (2018), **Nurses' confidence in providing and managing care for older persons with depressive symptoms or depression in long-term care facilities: A national survey**. Int J Mental Health Nurs. . doi:10.1111/inm.12483

The prevalence of depressive symptoms among older residents in long-term care facilities (LTCFs) is high. Nurses are the main healthcare providers in LTCFs and also the persons responsible for detecting changes in residents' mental function and providing subsequent care. Therefore, it is necessary to understand nurses' knowledge, attitudes, and confidence regarding care for older residents with depressive symptoms or depression. This study aimed to understand nurses' level of knowledge of late-life depression, attitudes towards depression, and confidence levels in caring for older adults with depressive symptoms or depression in LTCFs. A cross-sectional descriptive and correlational research design was used. A nationwide self-report survey was conducted in 2016. Ultimately, 556 valid questionnaires were returned. The study found that LTCF nurses' knowledge about late-life depression was poor, and they also lacked confidence in managing and caring for older persons with depressive symptoms or depression, but nurses' attitudes towards depression were neutral or slightly positive. Moreover, nurses who had greater confidence in providing care for older persons with depression were those with more positive attitudes towards depression, a greater interest level in taking care of older adults with depression, less late-life depression knowledge, longer nursing experience in LTCFs, and a greater interest level in late-life depression issues, and who had read late-life depression pamphlets or taken courses or classes in late-life depression. The findings suggest an urgent need to develop strategies to improve nurses' late-life depression knowledge and increase their confidence in providing care to older residents with depressive symptoms or depression.

Eating disorders

Eating disorder patients to get up to 50 therapy sessions in new trial

Hundreds of people with eating disorders will get access to expanded psychological treatments under a pilot study conducted on Queensland's Sunshine Coast.

Read more here

Economics

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." Source: Mental Health Australia

Read more here

Exercise

Exercise and Improving Your Mental Wellbeing
It is a widely held view that exercise can improve mood and overall wellbeing, but what does the literature say?
Read more here

Gambling

Facial recognition tech to help curb problem gambling
Facial recognition technology is being trialled in some gaming venues to help identify problem gamblers.
Read more here

Maori / Pasifika

Otago Uni research to focus on Māori and Pasifika mental health
Almost $19 million dollars has been awarded to Otago University researchers to study the health of New Zealanders.
A large majority of the Health Research Council funding will go to projects focused on Māori and Pacific people.
Read more here

Nutrition

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

Furness, T. , Wallace, E. , McElhinney, J. , McKenna, B. , Cuzzillo, C. and Foster, K. (2018), **Colocating an accredited practising dietitian to an adult community mental health service: An exploratory study**. Int J Mental Health Nurs. . doi:10.1111/inm.12470

For people with severe mental illness, accredited practising dietitians may assist with a nutrition care plan that considers the medical, psychiatric, psychological, social, spiritual, and pharmacological aspects of their care. However, consumers' access to care has been limited by difficulties attending appointments and suboptimal interface between nutritional and mental health services. Therefore, the objectives of this exploratory study were to describe access to, and key stakeholder perspectives of, the accredited practising dietitian role colocated in a community mental health service. A total of 16 key stakeholders participated in one-to-one interviews. Two main themes with subthemes were derived from analysis of interviews: (i) 'building empowerment and collaboration' and included the subthemes, (a) nutrition awareness and education and (b) healthy lifestyle changes, and (ii) 'overcoming challenges to optimal nutrition and effective health care'. In addition, improved access to the role was demonstrated with 124 (79%) consumers attending at least one appointment with an accredited practising dietitian. A total of 15 (12%) consumers attended more than 10 appointments during their outpatient admission to the community mental health service. Colocating an accredited practising dietitian was perceived to build empowerment and collaboration, and overcome challenges to optimal nutrition and effective

health care for consumers, carers, and clinicians. The colocation of a dietitian can empower consumers' to make health-informed decisions and support their willingness to engage with physical healthcare provision when it is prioritized alongside mental healthcare provision.

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.

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.

Read more here

Personality disorders
Symptoms worsen around menses for people with borderline personality disorder
Symptoms associated with borderline personality disorder -- a severe and chronic mood disorder characterized by an inability to manage strong emotions -- tend to worsen just before and during menses.
Read more here

Prison populations
California deals with dementia among aging inmates
STOCKTON, Calif. (Reuters) - California prison inmate Richard Arriola does not remember the digestion problems that drove him to the doctor on a recent morning, or details of the conviction for child molestation that sent him to prison at age 88.
Read more here

Psychosis
These articles are not freely available but may be located using the databases available to readers via a DHB or tertiary institute library or from the NZNO library

Antipsychotic use in older adults: Canadian best practices

Pathak, Sushila, MSN, NP; Duff, Elsie, PhD, NP

Abstract: Due to the physiologic changes of aging, managing behavioral issues and antipsychotic use is associated with adverse reactions that are more complex in older adults than in younger adults. Therefore, appropriate prescribing and evaluating the need to continue antipsychotics are necessary to enhance optimum patient outcomes. This article discusses best practice recommendations for NPs in Canada to help ensure safe use of antipsychotic medications in the older adult population.

Refugee mental health

How gardening can improve the mental health of refugees

After spending many years living in refugee camps, gardening can provide a safe space to establish identity, rebuild lives and attain happiness.

Read more here

Resilience

All Right? An investigation into Māori Resilience

A series of major earthquakes hit Christchurch over 2010 and 2011. The most devastating was the February earthquake, which occurred in 2011. This study was commissioned by All Right? and undertaken by Ihi Research & Development. The research had two major aims. Firstly, to investigate how Māori in Christchurch identified resources and processes which enabled the development of individual and community recovery after the Christchurch 7 earthquakes. Secondly, to understand whether a connection to Māori cultural values played a part in how whānau responded to the earthquakes." Source: Ihi Research & Development

Read more here

Restraint / Seclusion

Pasifika, Māori put in seclusion at double the rates of Pākehā

Pacific and Māori peoples are twice as likely to be put into seclusion in mental health units than Pākehā.

Data released by the Health Quality and Safety Commission on Friday showed 15 per cent of Māori were put into seclusion one or more times, with Pacific peoples close behind at 14 per cent.

Read more here

Schizophrenia

People with schizophrenia account for more than one in 10 suicide cases

A new study shows that people with schizophrenia account for more than one in 10 cases of suicide in Ontario, and that young people are disproportionately affected. People with schizophrenia also had more contact with the health care system, pointing to an opportunity to intervene. The researchers emphasize the need for early suicide risk assessments to reduce risks.

Read more here

Social conditions

Housing for Vulnerable People: What Works

This is an evidence review that looks at what works when it comes to interventions for housing-vulnerable people." Source: What Works Wellbeing (UK)

Read more here

Promising Practices : 12 Case Studies in Supportive Housing for People with Mental Health and Addiction Issues

"To showcase the expertise in the sector, and to help support implementation of new supportive housing, Addictions and Mental Health Ontario (AMHO), Canadian Mental Health Association, Ontario (CMHA Ontario) and the Wellesley Institute (WI) partnered to develop this resource guide. The 12 case studies share replicable, scalable and adaptable examples of how providers have overcome implementation challenges to meet the needs of their clients and communities." Source: CMHA Ontario and the Wellesley Institute
Read more here

Stigma

How stigma impacts LGB health and wellbeing in Australia

Research in Australia and internationally has documented poor health and wellbeing among LGBTQI people compared to heterosexual people. What's less understood are the reasons why.
Read more here

Suicide

Mental Health Commissioner calls for zero suicides in care

Auckland man Ruarangi McIntyre was sent to a mental health unit for help, but he died a few days later from a suspected suicide.
In the midst of their grieving, his family want to know how his death at the Waiatarau mental health unit in Henderson on May 27 was even possible.
Read more here

New models for predicting suicide risk

Combining data from electronic health records with results from standardized depression questionnaires better predicts suicide risk in the 90 days following either mental health specialty or primary care outpatient visits, reports a team of research scientists.
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

An examination of suicide research and funding in New Zealand 2006–16: implications for new research and policies

Daniel D. L. Coppersmith A C , Shyamala Nada-Raja A and Annette L. Beautrais B
Australian Health Review 42(3) 356-360
What does this paper add? This study examined all peer-reviewed and published suicide research and all major suicide prevention projects that have been funded in New Zealand between 2006 and 2016. The purpose of the review was to summarise the evidence base, evaluate funding and determine the ability of the evidence base to inform policy development. The findings demonstrate that the New Zealand research trends are similar to those found in Australia, with most studies being epidemiological and few representative of interventions.

Trauma

Trauma Informed Care For Māori

The development of Trauma Informed Care for Māori is an innovative development being led by Te Rau Matatini in partnership with an advisory group comprised of members from communities and sectors of interest experienced in Trauma Informed Care.
This development aligns with the mission and priority statements of Te Rau Matatini in relation to "strengthening the Māori workforce in order to advance the health of Māori, and

thus contribute to increased entire wellbeing for individuals, whānau and their communities" (Te Rau Matatini, 2016, p.4).

With the support and advice provided by the Trauma Informed Care Advisory, Te Rau Matatini will identify practical ways in which the Trauma Informed Care can be incorporated into workforce responses and service models.

Read more here

General articles and reports

Mental health social value calculator

A new Mental Health Social Value calculator has been developed by HACT (a housing organisation) and Simetrica to help organisations to monitor the impact of their activities on mental health. It uses the Warwick Edinburgh Mental-Wellbeing Scale and wellbeing valuation, and aims to help housing associations, charities, councils and contractors measure their impact on improving mental health.

You will need to provide your contact details to request a copy of the tool.

Read more here

Vereenooghe L, Flynn S, Hastings RP*, et al*

Interventions for mental health problems in children and adults with severe intellectual disabilities: a systematic review

BMJ Open 2018;**8:**e021911. doi: 10.1136/bmjopen-2018-021911

Objective Mental health problems are more prevalent in people with than without intellectual disabilities, yet treatment options have received little attention. The aim of this study was to identify and evaluate the effectiveness of pharmacological and psychological interventions in the treatment of mental health problems in children and adults with severe and profound intellectual disabilities, given their difficulties in accessing standard mental health interventions, particularly talking therapies, and difficulties reporting drug side effects.

Read more here

A faith-sensitive approach in humanitarian response: guidance on mental health and psychosocial programming

REPORT

from Inter-Agency Standing Committee, Islamic Relief, International Federation of Red Cross And Red Crescent Societies, Lutheran World Federation, World Vision, ACT Alliance

As part of our on-going partnership, the Lutheran World Federation and Islamic Relief Worldwide began to work in 2016 on the development of A faith-sensitive approach in humanitarian response: Guidance on mental health and psychosocial programming. From the onset, we were clear that the guidance should be inclusive of all humanitarian actors, assisting both secular and faith-based organisations in the course of their work in the field. We use the term 'faith-sensitive' to bring the focus of the guidance on the faith of the people affected by conflict, disaster and displacement, rather than on the faith allegiance (or non-faith allegiance) of humanitarian organisations and agencies. The vast majority of people lay claim to some form of faith or religion, and they do not leave it behind in a humanitarian crisis. Taking people's faith identity seriously in shaping humanitarian response is simply part of a people-centred approach.

This guidance has been developed in phases. A desk review looking at the literature relevant to faith-sensitive psychosocial programming, followed by fieldwork in LWF and IRW country offices (Kenya, Jordan and Nepal), led to initial draft of the guidance, closely aligned with the existing IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007). This draft guidance was then reviewed by a wide range of humanitarian actors and others and was pilottested in a variety of settings, leading to the document you have now.

We hope A faith-sensitive approach in humanitarian response: Guidance on mental health and psychosocial programming will be a useful tool across all sectors of humanitarian response. Psychosocial support is a logical entry point for looking at faith identity, but precisely because it takes an inter-sectoral approach, it enables this tool to provide insights on how to take faith identity seriously across all sectors.

Faith finds common ground with human rights in a people-centred approach which affirms the dignity of each and every person. It is our hope that this guidance will, in a modest way, help that to become more of a reality.

The Lutheran World Federation and Islamic Relief Worldwide
Read more here

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Two approaches, one goal: How mental health registered nurses' perceive their role and the role of peer support workers in facilitating consumer decision-making

International Journal of Mental Health Nursing, Early view (May 2018)

Recovery-oriented principles underpin modern-day mental health care and are enhanced by consumer participation in decision-making. Understanding how consumer participation can be maximized is central to promoting recovery-oriented care. This study explored the key strategies used by mental health registered nurses and perceived by nurses to be used by peer support workers in facilitating consumer decision-making to determine similarities, differences, and possible tensions. A qualitative descriptive approach using semi-structured interviews was conducted with nine nurses employed in mental health care. Thematic analysis was conducted using open coding. Frequency of views expressed and prevalence of these amongst participants were noted to determine the most common strategies and challenges. Registered nurses use strategies aimed at empowerment, self-management, and managing expectations to facilitate decision-making but are challenged by entrenched coercion within the system. These same nurses view peer support workers as using their lived experience to build rapport, role model, and advocate for consumers. Tensions arise in how the peer support workers' lived experience should be used and how this impacts on professional and therapeutic boundaries. Nurses expressed support for the role of peer support workers and viewed their inclusion in facilitating consumer decision-making positively. Their own role is perceived as being caught between modern-day service principles of empowerment and long-standing practices based on coercion.

Frauenfelder F, van Achterberg T, Müller Staub M. **Nursing diagnoses related to psychiatric adult inpatient care**. J Clin Nurs. 2018;27:e463–e475. https://doi.org/10.1111/jocn.13959

Aims and objectives

To detect the prevalence of NANDA-I diagnoses and possible relationships between those and patient characteristics such as gender, age, medical diagnoses and psychiatric specialty/setting.

Background

There is a lack on studies about psychiatric inpatient characteristics and possible relationships among these characteristics with nursing diagnoses.

An Exploration of the Perspectives of Associate Nurse Unit Managers Regarding the Implementation of Smoke-free Policies in Adult Mental Health Inpatient Units

Tania D. Dean, Wendy Cross & Dr Ian Munro

Issues in Mental Health Nursing Vol. 0, Iss. 0, 2018

Context: In Adult Mental Health Inpatient Units, it is not unexpected that leadership of Associate Nurse Unit Managers contributes to successful implementation of smoke-free policies. *Aim:* In light of challenges facing mental health nursing, and limited research describing their leadership and the role it plays in addressing smoke-free policy implementation, the aim of this study is to explore Associate Nurse Unit Managers perspectives' regarding the implementation of smoke-free policies, which were introduced on 1 July, 2015. Design, Setting, *Participants:* Individual in-depth semi-structured interviews were undertaken six months post the implementation of smoke-free policies. In this qualitative descriptive study, six Associate Nurse Unit Managers working in a Victorian public Adult Mental Health Inpatient Unit, were asked eight questions which targeted leadership and the implementation and enforcement of smoke-free policies. Associate Nurse Unit Managers provide leadership and role modeling for staff and they are responsible for setting the standards that govern the behavior of nurses within their team. All participants interviewed believed that they were leaders in the workplace. *Main Outcomes:* Education and consistency were identified as crucial for smoke-free policies to be successful. Participants acknowledged that the availability of therapeutic interventions, staff resources and the accessibility of nicotine replacement therapy were crucial to assist consumers to remain smoke-free while on the unit. *Conclusion:* The findings from this research may help to improve the understanding of the practical challenges that Associate Nurse Unit Manager's face in the implementation of smoke-free policies with implications for policies, nursing practice, education and research.

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

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**.

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

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.

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