



**NZNO Mental Health Nurse Section Monthly News Bulletin
Friday 22 February 2019**

NZNO / section news

**New Zealand Nurses Organisation: Mental Health Nurses Section
Call for Abstracts**

Mental Health Nursing- Into The future

Date of the forum: 26 August 2019

Venue: Massey University, Wellington

It is a pleasure to invite you to submit a paper to be presented at the mental health nursing into the future forum. The forum is being organized by the mental health nurse section of the New Zealand Nurses Organisation (NZNO). The Mental Health Nurses Section is a specialty professional section of NZNO dedicated to the provision of leadership, education and professional development of mental health nursing in New Zealand/Aotearoa.

The theme of the mental health nursing conference- into the future will be to address challenges and opportunities for mental health services and nursing post the mental health enquiry.

Guide for authors

The deadline to submit abstracts is March 22nd 2019

to submit an abstract, please email your submission to diana.geerling@nzno.org.nz

General abstract guidelines:

Please structure abstracts of **300-500 words** in the following format and do not include diagrams or list of references:

- **Relevance:** Include a *brief* discussion of how your submission relates to the conference topic of: mental health nursing into the future
- **Background and Purpose**
- **Methods section:** where relevant;
- **Results section:** where relevant
- **Conclusions and Implications section:** describe the outcomes of the study as well as the practice and policy implications, and include suggestions for further research.

Presentation formats are as follows:

- **Interactive Poster:** A display area will be provided. It is expected that the author(s) will be present at the poster location during the specified presentation time(s) to discuss the contents with the conference participants. Further instructions will be provided in the abstract acceptance letter.

- **Oral Presentation:** The time allocated for oral presentations is 40 minutes [30 presentation and 10 minutes for discussion and questions].

Note: As part of the submission, a **50-75 words** bio must be provided for each author.

Organising committee:

Helen Garrick
 Brent Doncliff
 Margaret Daniella
 Amanda Colls
 Jennie Rae
 Philip Ferris-Day

For any enquiries regarding the programme, please contact: diana.geerling@nzno.org.nz

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

Proposed changes to national immigration policy

NZNO seeks your feedback on proposed changes to employer-led temporary work visas that aim to ensure these are matched where there are genuine skill shortages.

Crucially for nurses and employers changes include:

- replacing the Essential Skills in Demand Lists with Regional Skills in Demand Lists and
- introducing sector agreements to ensure longer-term structural issues are addressed, so that sectors do not become reliant on migrant labour, at the risk of shutting out opportunities to New Zealander.

<https://www.mbie.govt.nz/have-your-say/consultation-on-a-new-approach-to-employer-assisted-work-visas-and-regional-workforce-planning/>

Please send feedback to policy.analysts@nzno.org.nz by **11 March 2019**

Reform of Vocational Education

NZNO seeks your feedback on proposals for change to the vocational education sector which will affect the education and training of many members. Currently 16 institutes of technology and polytechnics receive \$500 million of government funding annually and are facing significant financial challenges with student numbers in decline, domestically by 1/3 in the last 10 years.

Following engagement with a variety of stakeholders in 2018, the government has three main proposals for change, with a view to making a decision mid-year and legislation being introduced later this year. These proposals include:

- a New Zealand Institute of Skills & Technology serving all of New Zealand and (so existing government owned institutes of technology and polytechnics (ITPs) are brought together as single entity);
- a unified national funding system of vocational education and training and
- new roles for providers and industry bodies Industry Training Organisations

The consultation document and additional companion documents are attached below:

- [Consultation discussion document](#)
- [Roles of providers and industry bodies - technical discussion document](#)
- [New Zealand Institute of Skills & Technology - technical discussion document](#)
- [Unified funding system - technical discussion document](#)

Please send feedback to sue.gasquoine@nzno.org.nz by **20 March 2019**

Health and Disability System Review

Phase one of the review is underway with the Review Committee seeking responses to a short list of questions on what people want from health and disability system. Nurses and the nursing support team are an integral part of the health and disability system, and NZNO seeks member feedback on the questions which [can be found here](#):

We would also encourage all members to respond individually to the online survey which will be live until the end of May <https://systemreview.citizenspace.com/>
Please send feedback to leanne.manson@nzno.org.nz by **31 March 2019**

Therapeutic Products Regulatory Scheme - HIGH IMPORTANCE

NZNO seeks your feedback on a new scheme for the regulation of medicines. The proposed Therapeutic Products Bill will replace the Medicines Act 1981. It will cover all therapeutic products and medical devices, and controls on clinical trials, product approvals, and prescribing procedures. NZNO welcomes the proposed alignment of medicines with health practitioner regulation. We anticipate this will remove outdated legislative barriers to nursing, reduce the use of standing orders, and lead to a more effective use of the health workforce. The consultation document accompanying the draft Bill sets out clearly how the scheme will work in practice. Chapter C details what the new scheme would mean for different sectors and health practitioner groups eg C8 (p.116) describes 'controlled activities' such as prescribing, issuing standing orders. (Note that it is proposed to remove the category of delegated prescribers.)

These proposed, and long awaited changes to medicines regulation are of SINGULAR IMPORTANCE to the profession and practise of nurses, midwives and allied health workers. We strongly urge all NZNO members and member groups to read and discuss the proposed scheme carefully and provide feedback.

[Consultation document](#)

[Draft Bill](#)

(Note that low-risk natural health products, including rongoā Māori and dietary supplements will be regulated separately. <https://www.health.govt.nz/our-work/regulation-health-and-disability-system/natural-health-and-supplementary-products>).

Please send feedback to Sue.Gasquoine@nzno.org.nz by 31 March 2019.

New Zealand

[Pilot programme for young people with poor mental health](#)

Young people with mild to moderate mental health issues are set to benefit from a new government pilot programme, 'Piki.'

[Ombudsman launches twin investigations into care, deaths of intellectually disabled](#)

A powerful government watchdog has announced twin investigations into how the Ministry of Health cares for the intellectually disabled - including how it records deaths in forensic facilities.

[Rebrand reflects reach of organisation](#)

A Māori Mental Health organisation which has broadened its services and does more than was originally intended is changing its name to more accurately reflect the work it does.

[No movement on call for cross-party political leadership on mental health](#)

Health Minister David Clark will not be drawn on calls for a cross-party group on mental health, instead saying he will respond to the Government's mental health inquiry next month.

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

Specialist mental health care for older adults in New Zealand—an exploration of service models and routine data

NZMJ

1st February 2019, Volume 132 Number 1489

Ruth Cunningham, Debbie Peterson, Adam Sims

Specialist mental health services in New Zealand report data into the Programme for Integration of Mental Health Data (PRIMHD), the Ministry of Health's single national mental health and addiction information

Mental health – general

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

Promoting the Value of Mental Health Nursing: The Contribution of a Consumer

Academic, *Issues in Mental Health Nursing*

Brenda Happell et al , DOI: [10.1080/01612840.2018.1490834](https://doi.org/10.1080/01612840.2018.1490834)

Mental illness is known to occur frequently in the general population and is more common within the general health care system. High-quality health care requires nurses to have the skills, knowledge and attitudes to provide care for people experiencing mental illness or mental distress. Research suggests health professionals, including nurses, tend to share similar negative attitudes to mental illness as the general population, and consequently, mental health nursing is not a popular career path. These two factors signify a need to influence more positive attitudes toward mental illness and mental health nursing among nursing students. A qualitative exploratory research study was undertaken to examine the experiences, opinions and attitudes of an academic and research team to the introduction of a consumer academic within an undergraduate mental health nursing subject. In-depth interviews were conducted with teaching and research team members. The importance of mental health skills emerged as a major theme and included sub-themes: mental health across the health care system; contribution of consumer academic to nursing skills; addressing fear and stigma, and inspiring passion in mental health nursing. Findings suggest academic input from people with lived experience of recovery from mental illness can influence the development of mental health nursing skills and enhance the popularity of mental health nursing as a career.

Addiction / substance abuse

[UK criminologist David Best on addiction recovery in prisons](#)

[David Best](#) helped establish the UK's first recovery-focused prison – [Holme House](#) – which some are looking to replicate in New Zealand.

Autism / Aspergers

[Medical cannabis relieves ASD symptoms in children](#)

In a new study of patients with autism who are 18 years old and under, researchers from Ben-Gurion University of the Negev (BGU) and Soroka University Medical Center report that cannabis as a treatment for autism spectrum disorders appears to be a well-tolerated, safe and effective option to relieve symptoms including seizures, tics, depression, restlessness, and rage attacks.

Bipolar disorder

[Bipolar disorder treatment in New Zealand, the vision and the reality](#)

About 2.2 per cent of the population has bipolar disorder, a life-long mental health illness marked by depressive and manic episodes. A Christchurch-based research team has proven some talking therapy has huge benefits, but for many it remains elusive. CATE BROUGHTON reports.

Prajapati AR, Dima A, Clark AB, et al

[Mapping of modifiable barriers and facilitators of medication adherence in bipolar disorder to the Theoretical Domains Framework: a systematic review protocol](#)

BMJ Open 2019;9:e026980. doi: 10.1136/bmjopen-2018-026980

More than 21 million people worldwide suffer from schizophrenia, a profound mental illness that interrupts thinking, language and perception. Quite a few schizophrenic people experience delusions and hear voices. Many of the disease's symptoms stem from faulty communication between brain cells. And, for decades, scientists have searched for a cure in the brain.

This systematic review aims to identify modifiable barriers and facilitators (determinants) of medication adherence in bipolar disorder. We also plan to report determinants of medication adherence from perspectives of patients, carers, healthcare professionals and other third parties. A unique feature of this systematic review in the context of mental health is the use of the Theoretical Domains Framework (TDF) to organise the literature identified determinants of medication adherence.

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

Staps, C. , Crowe, M. and Lacey, C. (2019), **Effective care for Māori with bipolar disorder: A qualitative study**. Int J Mental Health Nurs. doi:[10.1111/inm.12582](#)

Māori have high rates of bipolar disorder (BD) and mental health service use. Despite the high prevalence and the impact on functioning and whānau (family), there is limited research on treatment interventions for Māori with bipolar disorder and indeed on Māori and indigenous mental health generally. A qualitative study combining individual interviews and focus groups was conducted with the aim to explore mental health clinicians' and Māori mental health workers' perspectives of effective treatment for Māori with BD. Sixteen participants took part in either individual interviews, focus groups or both. The study found the importance of a Māori worldview; tikanga Māori (rituals); understanding the whānau context, whakawhanaungatanga (connection), the powhiri (introduction) process, and whakarongo (listening) were key to working effectively with Māori who had BD. Both the interviews and focus groups identified similar concepts. The concept of whakawhanaungatanga (connection) captures the themes from the individual interviews and focus groups. The participants in this study identified the person and their culture rather than the psychiatric diagnosis as crucial to providing effective care to Māori with BD. Without a foundation in whakawhanaungatanga, engagement, diagnosis, treatment adherence, and the process of recovery are unlikely to be as effective for Māori with BD. It was evident from the findings that it was the person not the diagnosis that was central to therapeutic engagement

Children and young people

Frantz I, Foran HM, Lachman JM, *et al*

[Prevention of child mental health problems in Southeastern Europe: a multicentre sequential study to adapt, optimise and test the parenting programme 'Parenting for Lifelong Health for Young Children', protocol for stage 1, the feasibility study](#)

BMJ Open 2019;**9**:bmjopen-2018-026684. doi: 10.1136/bmjopen-2018-026684

Introduction Families in low-income and middle-income countries (LMICs) face multiple challenges (eg, poverty and adverse childhood experiences) that increase the risk for child mental health problems, while the context may provide them with few resources. Existing prevention-oriented parenting programmes have been shown to be effective in reducing child behaviour problems and associated risk factors. This project has the overall goal of adapting, implementing and testing a parenting intervention in three Southeastern European LMIC and uses the Multiphase Optimisation Strategy and dimensions of the Reach, Effectiveness, Adoption, Implementation and Maintenance framework. It is implemented over three phases: (1) preparation, (2) optimisation and (3) evaluation. The preparation phase, the subject of this paper, involves the adaptation and feasibility piloting of the parenting programme.

[Offer digital CBT to young people with mild depression, NICE says](#)

Children and young people can be offered digital cognitive behavioural therapy (digital CBT, also known as computer CBT) as a first-line treatment for mild depression.

Concussion

[Mental health disorders common following mild head injury](#)

A new study reveals that approximately 1 in 5 individuals may experience mental health symptoms up to six months after mild traumatic brain injury (mTBI), suggesting the importance of follow-up care for these patients. Scientists also identified factors that may increase the risk of developing post-traumatic stress disorder (PTSD) and/or major depressive disorder following mild mTBI or concussion through analysis of the Transforming Research and Clinical Knowledge in Traumatic Brain Injury (TRACK-TBI) study cohort.

Depression

[Doctors describe treatment options for adolescent depression](#)

(Reuters Health) - When a teen is diagnosed with depression, it's normal for parents to feel overwhelmed and to search for information about which treatment options are best, doctors write in a new patient resource published in *JAMA Pediatrics*.

[New understanding could help improve prediction and prevention of depression](#)

In a new study, researchers from the Danish iPSYCH project demonstrate that people with the highest genetic propensity are over two and a half times as likely to be treated in a psychiatric hospital for depression compared to people with the lowest propensity. This knowledge could be utilized to strengthen preventative efforts for those who are at risk.

Exercise

[New study offers 'strongest evidence' yet that exercise helps prevent depression](#)

Does physical activity reduce depression, or does depression reduce physical activity? It's a quintessential chicken and egg scenario — and a question that's plagued scientists for some time.

Loneliness

[Is Loneliness a Public Health Crisis?](#)

Loneliness is starting to be considered a public health problem because of the large number of people affected and because of the many adverse health effects associated with it. By one report, 43 percent of adults over 60 experience loneliness. We spoke with Carla Perissinotto, MD, an associate professor of medicine at UC San Francisco who is working on a consensus study on social isolation and loneliness

Personality disorders

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Vandyk, A. , Bentz, A. , Bissonette, S. and Cater, C. (2019), **Why go to the emergency department? Perspectives from persons with borderline personality disorder**. Int J Mental Health Nurs. doi:[10.1111/inm.12580](#)

Through this qualitative study, we explored frequent emergency department use by persons with borderline personality disorder from their perspective. Interpretive description guided the study design, and data were collected through interviews with six individuals diagnosed with borderline personality disorder who had at least 12 emergency department visits for reasons related to their mental illness within a 1-year timeframe. Using thematic data analysis, we articulate the participants' experiences through two broad themes: cyclic nature of emergency department use and coping skills and strategies. Unstable community management that leads to self- or crisis presentation to the emergency department often perpetuated emergency department use by our participants and the ensuing interventions aimed at acute stabilization. The participants identified a desire for human interaction and feelings of loneliness, failure of community resources (such as crisis lines or therapy), and safety concerns following suicidal ideation, self-harm, or substance use as the main drivers for their emergency department visits. Our participants identified several potential strategies to protect them against unnecessary emergency department use and improve their health care overall. More work is needed to explore the viability and effectiveness of these suggestions.

Schizophrenia

[Researchers Find Further Evidence That Schizophrenia is Connected to Our Guts](#)

More than 21 million people worldwide suffer from schizophrenia, a profound mental illness that interrupts thinking, language and perception. Quite a few schizophrenic people experience delusions and hear voices. Many of the disease's symptoms stem from faulty communication between brain cells. And, for decades, scientists have searched for a cure in the brain.

[For patients with schizophrenia, some drug combinations may be more effective than others](#)

Patients with schizophrenia are often treated with more than one type of psychiatric medication, but a new study suggests that some combinations may be more effective than others.

[Hallucinations, Optimism Help Maintain Grandiose Delusions in Schizophrenia](#)

Grandiose delusions in [individuals with schizophrenia](#) are associated with positive symptoms such as hallucinations and optimism for the future, according to a study published in Schizophrenia Research. These symptoms further play a role in the maintenance of grandiose delusions, which may be a coping mechanism in this population. The investigators of this cross-sectional study sought to understand how the expectations for the future and sensitivity to reward contribute to grandiose delusions in schizophrenia disorder and whether specific measures of positive and negative symptoms, as well as depression were associated with grandiose delusions.

Self-harm

[Book offers hope to parents of children who self-injure](#)

Parents who discover their children intentionally hurt themselves—by cutting, carving, scratching or burning their skin—often feel guilty and ashamed, assuming they somehow caused their children's emotional distress.

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Self-harm in adults: a comparison between the middle-aged and the elderly

NZMJ

1st February 2019, Volume 132 Number 1489

Yu Mwee Tan, Gary Cheung

Suicide is a worldwide phenomenon that remains not fully understood despite the immense effort put into researching this public health issue. The World Health Organization estimates an annual global-age-standardised suicide...

Suicide

[Smoking cannabis as a teen increases risk of depression and suicide as a young adult, says study](#)

Smoking cannabis as a teenager increases the risk of depression and suicide during young adulthood, according to a new study.

Resources

The **Mental Health Foundation** has a suite of suicide prevention resources for a range of different people and situations. The resources are all free to download from our website and many are available as free print resources, too.

We know it's not always easy to know which resource is right for you, your clients or loved ones so our new [Suicide Prevention Resources brochure](#) is here to help. It's a handy guide explaining the intended purpose and audience of each resource and where to access it.

Trauma

[Internet-based cognitive and behavioural therapies for post-traumatic stress disorder \(PTSD\) in adults](#)

Lewis, C., Roberts, N. P., Bethell, A., et al. (2018, December 14). *Cochrane Database Systematic Review*, 12, CD011710. doi: 10.1002/14651858.CD011710.pub2.

Delivering cognitive behavioural therapy (CBT) on the Internet is an effective and acceptable alternative to therapist-delivered treatments for anxiety and depression. However, fewer Internet-based therapies have been developed and evaluated for PTSD.

[How domestic violence affects women's mental health](#)

Every week in Australia, a [woman is murdered](#) by someone she knows. And it's usually an intimate male partner or ex-partner.

Online resources

This book may be purchased online or downloaded for free in pdf format

[Improving Care to Prevent Suicide Among People with Serious Mental Illness](#)

Proceedings of a Workshop (2018)

Suicide prevention initiatives are part of much broader systems connected to activities such as the diagnosis of mental illness, the recognition of clinical risk, improving access to care, and coordinating with a broad range of outside agencies and entities around both prevention and public health efforts. Yet suicide is also an intensely personal issue that continues to be surrounded by stigma.

On September 11-12, 2018, the National Academies of Sciences, Engineering, and Medicine held a workshop in Washington, DC, to discuss preventing suicide among people with serious mental illness. The workshop was designed to illustrate and discuss what is known, what is currently being done, and what needs to be done to identify and reduce suicide risk. Improving Care to Prevent Suicide Among People with Serious Mental Illness summarizes presentations and discussions of the workshop.

National Academies of Sciences, Engineering, and Medicine. 2018. Improving Care to Prevent Suicide Among People with Serious Mental Illness: Proceedings of a Workshop. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25318>.

Professional development / education

[How to Advocate For Your Patient](#)

Advocating is about speaking up when a problem goes unnoticed. Nurses are responsible for the trust patients put in them.

Health, safety and wellbeing

[Preventing Nurse Burnout](#)

Working as a nurse can be tough. Because they are so focused on patients, they may not see when they're experiencing burnout—and that can lead to problems with themselves or with being able to properly care for patients.

Foster, K. , Roche, M. , Delgado, C. , Cuzzillo, C. , Giandinoto, J. and Furness, T. (2019), [Resilience and mental health nursing: An integrative review of international literature](#). *Int J Mental Health Nurs*, 28: 71-85. doi:[10.1111/inm.12548](https://doi.org/10.1111/inm.12548)

Mental health services provide specialist care for people with a range of mental illnesses (Australian Institute of Health and Welfare 2018), and nurses are the largest discipline group in the mental health workforce (Australian Institute of Health and Welfare 2018). Mental health nurses possess unique clinical and interpersonal skills for working with people with mental illness (Delaney *et al.* 2018), yet can be challenged to practice effectively in the context of workplace stressors (Roche *et al.* 2011; Rössler 2012). For mental health nurses (MHN hereafter), workplace stress can lead to burnout (Morse *et al.* 2012), poorer mental health and physical health (Kelly *et al.* 2016), and reduced well-being (Edward *et al.* 2017). Despite these known concerns, there has been relatively little attention in the literature to promoting MHN health and well-being (Morse *et al.* 2012). Resilience can be understood as a process of positive adaptation to stress and adversity, involving dynamic interactions between personal and environmental factors and resources (King & Rothstein 2010). To date, there has been no systematic review of the evidence on resilience in mental health nursing. This paper reports an integrative review of resilience in the specialty field of mental health nursing for the purpose of building the knowledge base and to inform future enquiry and intervention in this field.

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Sue Bell, Gareth Hopkin & Andrew Forrester (2019) **Exposure to Traumatic Events and the Experience of Burnout, Compassion Fatigue and Compassion Satisfaction among Prison Mental Health Staff: An Exploratory Survey**, *Issues in Mental Health Nursing*, DOI: [10.1080/01612840.2018.1534911](https://doi.org/10.1080/01612840.2018.1534911)

Psychiatric morbidity is high in the prison population and prisoners with mental health problems present with complex needs. Working within the stressful prison environment and exposure to traumatic events may make prison mental health staff and correctional officers

vulnerable to burnout, compassion fatigue, and reduced compassion satisfaction. This issue has not previously been explored in the prison setting. In this exploratory study, 36 mental health professionals and correctional officers were recruited from a prison in England and completed a series of questionnaires on their demographic and professional characteristics, exposure to traumatic events, support from managers and colleagues and on levels of burnout, compassion fatigue, and compassion satisfaction. Staff had high levels of exposure to traumatic events and the level of support provided by managers and colleagues was mixed. The majority of staff were not at high risk of burnout, compassion fatigue and reduced compassion satisfaction but higher levels of burnout, compassion fatigue and reduced compassion satisfaction were found to be associated with a range of factors including staff characteristics, exposure to traumatic events, and working environment. These findings should be interpreted with the small sample size and limited power in mind and larger surveys of staff working in prison mental health settings are needed to confirm these results across a wider number of sites but nonetheless this study highlights the need for providers to consider staff's exposure to traumatic events and to promote supportive working environments.

Havaei, F. , Macphee, M. and Lee, S. E. (2019), **The effect of violence prevention strategies on perceptions of workplace safety: A study of medical-surgical and mental health nurses.** *J Adv Nurs.* Accepted Author Manuscript. doi:[10.1111/jan.13950](https://doi.org/10.1111/jan.13950)

Aims

To explore associations between specific violence prevention strategies and nurses' perceptions of workplace safety in medical-surgical and mental health settings.

Background

Workplace violence is on the rise globally. Nurses have the highest risk of violence due to the nature of their work. Violence rates are particularly high among US and Canadian nurses. Although multiple violence prevention strategies are currently in place in public healthcare organizations in British Columbia, Canada, it is unknown whether these approaches are associated with nurses' perceptions of workplace safety.

Design

This is an exploratory correlational design using secondary data.

The above bulletin has been compiled by Linda Stopforth, SNIPS, on behalf of NZNO Mental Health Nurse Section. It is for section members only 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 Section members.

All links are current at the time of being compiled and distributed.

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