'Every Nurse is a Mental Health Nurse'  (O'Brien 2014)

PRESENTATION FOR NZNO FORUM 24TH JUNE 2015 BY SARAH Haldane, RN

How common is mental distress?

- 50% of all us will experience mental illness in our lifetime
- 1 in 4 have experienced a mental illness in the last 12 months
- Less than 5% of people in general population access mental health services
- Most common illnesses are depression, anxiety and substance use

Te Rau Hinengaro: The New Zealand Mental Health Survey (2006)
"All, many, some, few" - Dr K Holloway

Level of Health Care Need  Level of Nursing Response  Education Level

- General - All - General
- Complex - Specialty Nurse - BSc
- Few - Nurse Specialist - BN
- Some - Nurse Practitioner (separate scope of practice) - PG Cert

(includes patients/populations and/or workforce development need)

Reference:

Stigma and discrimination

- "One of the biggest barriers to recovery is discrimination" Blueprint (1998)

- 80% people had faced some form of discrimination as a result of disclosing their experience of a mental illness (Like Minds, Like Mine, n.d.)

- 'What you do matters' Like Minds, Like Mine, campaign
‘What you do matters’

- Nurses role to challenge stigma and discrimination
- Promote social inclusion
- Educate yourself about mental health and wellbeing
- Offer support, help and understanding
- Use positive and encouraging language when talking about mental illness
- Value the voice of the person: their voice of experience is central, not the professional medicalised account
- Listen and be interested
- Walk alongside

Hamer et al (2014)

The section on the left denotes the ear. There are four sections on the right: the top one says you beneath that comes the eyes next is undivided attention at the bottom is heart.
What helps?

- The strength of the therapeutic alliance predicts outcomes  (NZGG 2008)
  - Self awareness
  - Self-care
  - Reflective listening
  - Demonstrating empathy
  - Partnership
  - Non-judgement
  - Advocacy
- Knowing your community and what help is available

Conclusion

- Mental health problems are very common
- People experiencing mental distress often receive discrimination
- You can make a big difference through your relationship with the person
- And, support them to access the help they need


References


Where to from here?

Services available depending on severity and risk.

Mild or Moderate?

- Based on your assessment and any previous history
- Severity of symptoms and effect on the ability to function
- Risk to self and others - do they have a past of this, do they have a plan, what is stopping them, what support do they have, what are their strengths, what are their stressors
- Have they lost their sense of reality
- Drug and alcohol use increases risk
- Self neglect is also a factor especially with the elderly
- Talk with significant others if person will permit this
- Is treatment in place already, does it need more time to work

Mild with low risk

- Refer to Linkage.
- They are a brokerage service to counsellors, budgeting, social services.
- Refer to GP
- You may have done such a great job in listening to them that they may not need a referral!
- Clients own support network

Mild with low risk

- You may decide to initiate your own treatment plan in partnership with the client.
- Green prescription
- Work/life balance
- Sleep advice
- Websites: www.natalehfpa.co.uk
- Utilise community services in your area
- Website: www.familyservicedirectories.gov.uk

Moderate to severe

- If you feel in an acute crisis call the CAMHS service on 0300 50 50 50 if you are in the community.
- Do not leave them alone while you do this, get someone to sit with them.
- Involve GP in the community or Consultant in hospital.
- The MHA Act may need to be initiated if they are not willing to accept help.
- If the hospital nursing can initiate Section 111 to prevent a person from leaving before being seen.
- These are the clients that MHA Services care for either in the community or in hospital.
Mental Health Assessment

Aims of session:
1. Understand how to briefly assess a client's mental state
2. Other types of mental health assessments.

Mental State Examination
- Appearance:
  Age, gender, ethnicity, build, hair, grooming, level of hygiene, mode of dress, physical abnormalities
- Behaviour:
  Eye contact, cooperativeness, motor activity, abnormal movements, expressive gestures.
- Speech:
  Articulation, rate (rapid, pressured, slow), volume (loud, quiet, whispered), quantity (poverty of speech, monotonous, mumbling)
- Mood (subjective) / Affect (objective):
  Elevated, depressed, flat, angry, irritable, blunted, flattened, euphoric, incongruent, anxious, range and quality, stability, appropriateness and congruence

Mental Health Assessment cont.
- Thought Stream:
  Amount or speed of thought, poverty of thought, pressure of thought, slow or hesitant thinking
- Thought content:
  Delusions of persecution, reference: delusions of control/influence/passivity, Thought insertion, Thought withdrawal, Thought broadcasting, religious, nihilistic, morbid, jealous/inferiority, grandiosity, guilt and worthlessness, somatic, hypochondriacal, phobia, obsessive compulsive, overvalued ideas
- Thought Form:
  Poverty of ideas, flight of ideas, loosening of association, derailment, tangential, circumstantial, repetitiveness of some thought, disturbance in language: Neologism, incoherence/word salad

Mental Health Assessment cont.
- Perception:
  Hallucinations, auditory, visual, olfactory, tactile, Depersonalisation, derealisation and illusions
- Cognition:
  Level of consciousness/alertness, memory, orientation (time, place, person), concentration
- Insight:
  Capacity to organise and understand problem, symptoms of illness, knowledge of medication, amenable and adherent to treatment, impaired judgment

Risk Assessment
- Risk is the likelihood of an adverse event
- Risk could be harm to self or others, or property.
- Risk should be assessed in the context of the individuals' presentation and circumstances.
- In the event of immediate risk of harm contact the police

Suicide
- Don't be afraid of asking the question
- Do ask if the person has a plan
- Do ask if the person has the means to carry out the plan and a time frame
- Ask if there is anything preventing them carrying this plan
- Ask if they have made any previous attempts
Alcohol and Other Drugs

- Document if alcohol or other drugs have been consumed
- Is the person able to be assessed?
- If the person has overdosed is there any physical treatment required?
- You can contact Mental Health Clinicians for advice

Assessment Tools

- Edinburgh Postnatal Depression Scale (EPDS)
- Hospital Anxiety and Depression Scale (HADS)
- Montreal Cognitive Assessment (MoCA)
- Kutcher Adolescent Depression Scale (KADS)

Mental Health Assessment

- KEY POINTS:
  - Listen to what the client is saying and to those around them.
  - Observe the clients behaviours, actions, mood, ability to perform basic self cares
  - Engage with client- if you don't communicate you don't know.
  - If in doubt consult and liaise with Mental Health Service.
NGA RINGA AWHINA
HAUORA WAIKATO
Kaupapa Maori Mental Health Service

Whakapapa
Tokanui - Whakore
Dream - Mearoene
Hikoi

Te Mohiotanga Kotahi
- Te Mohiotanga O te Tikanga - Having a Firma Grip on Reality
- He Moio Aroha 1 Tikanga Aha - Having a Sense of Self
- Ka Te Ahuatanga O te Tikanga - Having a Value System
- Ka Pa Te Matariki o te Tikanga - Having the Ability to Work Productively
- He Awhina ki te Tangata - Having the Ability to Care for Other
- He Awhina ki te Aroha - Having the Ability to Love
- He Awhina ki te Ahu Waka - Having the Ability to Cope with Stress
- He Awhina ki te Tikanga ano te Haupapa - Being Able to Find Meaning for One's Life

Principles
- Focus on Whanau pathway & needs
- Single Point of Entry
- Gender, age and cultural
- Appropriate care
- Reducing barriers to increase access to services
- Flexible and mobile
- Best fit
- Reduce co-morbidity e.g. Substance use, depression, metabolic syndrome
- Supporting Whanau engagement / maintaining healthy Whanau relationships
- Integrated system of care approach - Whanau are
- Streamline triage and treatment options
- Managed discharge on to Primary Care and/or other appropriate Services

Values
- Whakarewarewha - relationships
- Whakapapa - personology
- Kawa utila - hospitality
- Papo - whakapapa - true/incorrect
- Tanga - exercise
- Araroa - lives
- Tiwhaka -认可
- Kotahitanga - unity
Services

- Te Aka Kura - Tamaki me Rangatira - 0-20yrs MHAS
- Pono Matautu - Youth AoO/CEP
- Te Aka Toro - Early Intervention In Psychosis
- Nga Kupenga Aroha - Mothers, Babies and Whanau Service
- Te Aka Tū - Adult CMHS
- Te Ara Kaupare - Youth Forensic MHIS - Inreach Services to Wakefield and Te Manawa Youth Justice Facilities
- Toki Tu Mataa - Court Liaison Service - Waitakere/Lakes/Bluff of Henga/Berehia area
- Tamahere - Hospital and Healing Centre
- Hinu - Supported Accommodation