

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

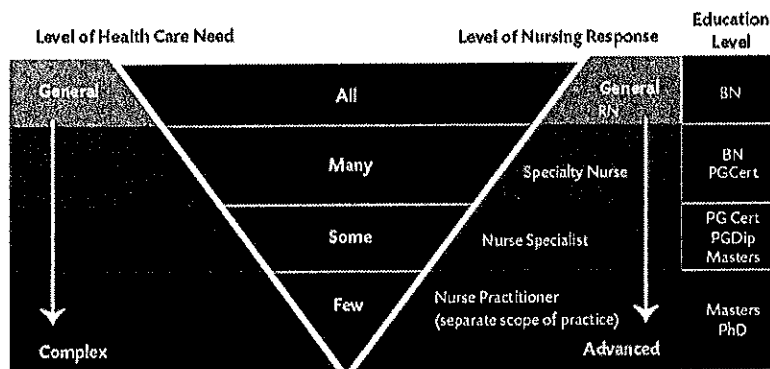
PRESENTATION FOR NZNO FORUM 24TH JUNE 2015 BY SARAH HALDANE, RN

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



Reference:
Holloway, K.T. (2011). Development of a Specialist Nursing Framework for New Zealand. Unpublished Doctoral Thesis, University of Technology Sydney, Sydney.

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

聽

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

- ▶ Hamer HP, Clarke S, Butler R, Lampshire D, Kidd J. Stories of Success: Mental health service users' experiences of social inclusion in Aotearoa New Zealand: Na pukorero rangatira: Na tangata waiora i whalora i enei tuahuatana. Auckland, New Zealand: The Mental Health Foundation of New Zealand; 2014.
- ▶ Holloway, K. T. (2011) development of a specialist nursing framework for New Zealand. Unpublished doctoral thesis. Retrieved on 24th June 2015 from <http://www.tepou.co.nz/news/all-many-some-few-mental-health-and-addiction-nursing-education/500>

References

- ▶ Like Minds, Like Mine. Retrieved on 24th June 2015 from <http://www.likeminds.org.nz/discrimination/in-the-workplace/>
- ▶ NZGG (2008) Identification of common mental disorders and management of depression in primary care. Evidence-based guideline. Wellington. Chapter 5, p.60. Retrieved from <http://www.health.govt.nz/publication/identification-common-mental-disorders-and-management-depression-primary-care>
- ▶ O'Brien, A. (2014). Every nurse is a mental health nurse. Kai Tiaki Nursing New Zealand. Vol 20 no 8

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 hx 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 hygiene
- Websites- www.getselfhelp.co.uk
- Utilise community services in your area
- Website-www.familyservicesdirectories.govt.nz

Moderate to severe

- If safety is an issue ring the CAHT service on 0800 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 Consult Liaison in the hospital
- The M H Act may need to be initiated if they are not willing to accept help.
- In the hospital nurses can initiate Section 111 to prevent a person from leaving before being seen.
- These are the clients that M H Services care for either in the community or in hospital.

Mental Health Assessment

Aims of session:

1. Understand how to briefly assess a clients mental state
1. 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, mutism)

◆ Mood (subjective) / Affect (objective):

Elevated, depressed, labile, angry, irritable, blunted, flattened, euphoric, incongruent, anxious, range and intensity, stability, appropriateness and congruity

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/infidelity, grandiose, guilt and worthlessness, somatic, hypocritical, phobia, obsessive compulsive, overvalued ideas

◆ Thought Form:

Poverty of ideas, flight of ideas, loosening of association, derailment, tangential, circumstantial, repetition 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

To Aka Hono Tahi Needs Assessment Service

Whakapapa

Tokanui – Whaiora
Dream – Moemoea
Hikoi



Ngaa Ringa Awhina
Hauora Waikato

- ▣ Tainui mandate
- ▣ Specialist secondary & tertiary services
- ▣ Most severe 3-5% of population
- ▣ 2/3 of Waikato DHB catchment population

Te Mohiotanga Kotahi


- Te Mohiotanga O tou Tikanga - Having a Firm Grip on Reality
- Me Mohio Ana I Taku Ahuatanga - Having a Sense of Self
- Ko Te Ahuatanga O Te Tikanga - Having a Value System
- Kia Pai Te Mahi o Te Tinana - Having the Ability to Work Productively
- Me Awhina Ki Te Tangata - Having the Ability to Care for Other
- Kia Mohio Te Aroha ki O Te Iwi - Having the Ability to Love
- Me Awhina Te Ahua Uaua - Having the Ability to Cope with Stress
- Hei Aha Te Tikanga mo Te kaupapa - Being Able to Find Meaning for One's Life

While these factors are considered universal, common to all cultures, it is the way in which these abilities are expressed which reflect the cultural impact.


Tertiary Services

Secondary Services

Primary Services



Hauora Waikato



Key Worker/Teams

Whanau ora approach

Whanau Systems

Full Assessment

Recovery Plan

Therapy – CBT, PCIT, MI

FBT

Social Work


OT

Pharmacotherapy


Group Work

Cultural – Kaumatua

Assessment/Support




Principles




To Aka Hono Tahi Needs Assessment Service

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



Values



To Aka Hono Tahi Needs Assessment Service

- Whakawhanaungatanga - relationships
- Whakapapa – genealogy
- Manakitanga – hospitality
- Pono -- tika -- true/correct
- Tūpuna - ancestors
- Aroha – love
- Awhi / Tautoko – embrace/support
- Tikanga - custom
- Kotahitanga – unity

 Hauora Waikato

Services

- Te Aka Kura - Tamariki me Rangatahi - 0-20yrs MH&AS
- Pono Matatau - Youth AoD/CEP
- Te Aka Toro - Early Intervention In Psychosis
- Nga Kupenga Aroha – Mothers, Babies and Whanau Service
- Te Aka Toi – Adult CMHS
- Te Ara Kaupare - Youth Forensic MHS – In reach Services to Walkeria and Te Maoha Youth Justice Facilities
- Toka Tu Mataara – Court Liaison Service – Waikato/Lakes/Bay of Plenty/Taranaki area
- Tamahere – Hospital and Healing Centre
- Hinau – Supported Accommodation

 Hauora Waikato