Collective mental health and addiction nursing leadership
wisdom – National Directors of Mental Health Nursing

Just imagine nurse leaders with around 400 years of collective mental health and addiction nursing leadership wisdom gathering together four times a year – discussing current issues, creating solutions and crafting up plans to ensure a collective strategic approach is taken to positively influence nursing priorities for mental health and addiction nurses in New Zealand.

Well it’s true and Elaine Wogan, director of mental health nursing from Bay of Plenty DHB chairs this group of nursing leaders which has been in place since 2006. As chair Elaine represents the group at key national forums, to raise the profile of mental health nursing. For example, she attends the Mental Health and Addiction Services General Managers and Clinical Directors group national meetings and is a member of the Mental Health, Addiction and Disability Advisory Group to the Safe Staffing Healthy Workplaces Unit. Elaine values the strategic leadership opportunities the role of being chair brings. “I acknowledge and respect the wisdom of previous chairs who

Continued on page 3
Kia ora, talofa, malo e lele, fakalofa lahi atu, kia orana, bula vinaka

Welcome to our first issue of Handover for 2017. Our theme is language.

"Words have power. They have the power to teach, the power to wound, the power to shape the way people think, feel and act toward others.

Language reflects our beliefs and the way we view people. We are often unaware of the impact that the words we choose can have on our own attitude as well as on those around us.

The way we speak to and about people is a window into what we are really thinking."

- Otto Wahl

We open with the first of many columns from the Directors of Mental Health Nursing group which shares their workplan.

Caro writes candidly about language and provides guidance on ways to improve how we communicate with people. We’ve included a special insert with this issue to give you some new ideas on language that promotes acceptance, respect and uniqueness.

Matua Rākī share their addiction nursing activities and new resources.

Our regular updates include Frances Hughes, International Council of Nurses, on a mental health global strategy for nurses, Te Ao Māramatanga-NZCMHNurses about their international conference and the recent Māori Caucus wānanga and Kathrin Winkelmann on helpful ways to work with families and whānau of people who experience an eating disorder. We also meet two more nurse practitioners, Angela Bleach and Sarah Barkley in the profiles section.

Our revived nursing digest section includes articles on leadership, engagement, addiction, physical health, workforce planning and development and suicide prevention.

We hope you enjoy this issue.

Nga mihi, Suzette and Caro

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Supporting organisations to develop their workforce - Hikitia! Hāpaianga!

Mental Health and Addiction Nursing Newsletter - Issue 38 - April 2017
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continue to mentor and guide me to keep the momentum of change going,” explains Elaine.

The group has well established relationships with key stakeholders such as the Ministry of Health - Office of the Chief Nurse, NZ Nursing Council, Mental Health and Addiction Workforce Development Centres, Health Workforce NZ, Mental Health and Addiction Services General Managers and Clinical Directors group, Health and Disability Commissioner, Te Ao Māramatanga-NZ College of Mental Health Nurses, NZ Nurses Organisation and the Safe Staffing Healthy Workplaces Unit.

Their quarterly face-to-face meetings with key people enables the group to retain and sustain open channels of communication with key people. This includes regular meetings with people from the Ministry of Health such as Dr John Crawshaw, director and chief advisor of mental health and addiction and Jane Bodkin, senior advisor – Office of the chief nurse.

Examples of collaborative initiatives

- In 2015, in response to a sentinel event and at the request of a family member, the DoMHN group partnered with the Te Ao Māramatanga-NZ College of Mental Health Nurses www.nzcmhn.org.nz and the New Zealand Nurses Organisation www.nzno.org.nz to develop the 'Enhanced Observations Engagement Position Paper'.

- Over the period 2015-2016, the DoMHN group supported the development of the 'Level 3 Health Care Assistant' training. This was piloted by Waitematā and Waikato District Health Boards (DHBs) who worked in partnership to review the core content of the programme to ensure there was specific mental health focused recovery included. In 2016, 40 psychiatric assistants in these DHBs completed the programme. The career workforce project team have now committed to take over the roll out of this resource and will continue to evaluate the programme.

- Also during the 2015-2016 period, the DoMHN group partnered with Te Pou to develop a national Safe Practice and Effective Communication (SPEC) training programme. Following a national review against training standards in 2015, the Counties Manukau DHB SPEC training programme was chosen for national roll out. Counties Manukau and Canterbury DHBs then generously partnered to share their trainers to support other DHBs to adopt a ‘train the trainer’ programme. Since then a significant number of staff have been trained in this new programme and the feedback has been very positive.

Key areas of action for 2016-2017

In addition to their respective organisational responsibilities members of the DoMHN group are committed to a national mental health and addiction nurse leaders programme of work.

- Continuing to support the reduction of restraint and seclusion. Ensuring the national roll out, implementation and the fidelity of the Safe Practice and Effective Communication (SPEC) training programme occurs. Having representation from the DoMHN group on the SPEC governance group. Continuing to support this significant practice change for nurses which focuses on a person-centred approach to minimising harm and less restrictive approaches to care.

- Sustaining a robust programme for entry to speciality practice by ensuring the New Entry to Speciality Practice-Nursing (NESP) programme remains focused on postgraduate mental health nursing clinical practice. Ensuring that new graduates are fit for purpose to work in the mental health and addiction sector. Continuing to lobby to ensure this programme continues to meet the demands of contemporary practice.

- Increasing the awareness and understanding about mental health and addiction advanced nursing practice and registered nurse prescribing and value-add for people using services. Developing a guideline for DHBs and other providers.

- Increasing the understanding about the role of enrolled nurses currently within mental health and addiction services.

- Ensuring a nationally consistent quality of care by participating in the Mental Health - Improvement Programme - Health Quality and Safety Commission.

- Developing inter-DHB transfer guidelines.

- Continuing to support the Equally Well initiative by taking collaborative action to reduce physical health disparities between people who experience mental health and addiction problems, and people who don’t.

The DoMHN group are delighted that they can connect with mental health and addiction nurses by providing regular updates in Handover about their work programme.

If you have any queries please feel free to contact Elaine Wogan (chair), Elaine.Wogan@bopdhb.govt.nz.
Real language, real hope
by Caro Swanson

The way we speak, write and frame things is an ever flexible and changing dynamic. The way we speak to our loved people is different from when we are speaking to strangers. Our tone and nuance emphasises, or sometimes confusingly negates, the words we speak.

In mental health and addiction services, the words we choose to use ARE important and have the power to heal, strengthen and comfort or create hopelessness, wound and scar.

This is NOT about being politically correct and fake, it’s about being respectful, compassionate and hope inducing. It’s not about avoiding difficult or awkward subjects, it’s about approaching every person, as a person, first and foremost.

The World Health Organization talks of the BURDEN of disease and of mental health problems being one of the greatest. I’m not saying there isn’t cost in healthcare, any healthcare – there is and that’s ok. Isn’t that cost an investment though, an investment in our people? Would it all work differently if instead of burden we saw opportunity for investment?

Matua Raḵi recently put out a great resource on language for addiction. At Te Pou we have been using one as well. It’s all about being human and seeing the context of people rather than the pathology and problems. We’ve shared this with you in the insert in this issue.

We would love to hear what you think about language, what words you like to use or dislike hearing used.

Caro Swanson

Our readers want to know about solutions and innovations to improve services for people experiencing mental health and addiction problems. They also want to know how to support the workforce to develop the values, attitudes, knowledge and skills that best support a person with their recovery. So if you have a story like this get in touch.

Issue 39 – wellbeing is our theme, so get your thinking caps on and develop a story about how we support our own wellbeing or the wellbeing of the people we serve. We also welcome International Nurses Day celebration stories. The theme is: Nurses: A Voice to Lead, Achieving the Sustainable Development Goals. Find out more online, www.icn.ch/publications/2017-nursing-a-voice-to-lead-achieving-the-sustainable-development-goals/.

Articles are due Wednesday, 17 May 2017.

Issue 40 – Handover is 10 years old! What better excuse for a special issue? The focus will be on recommendations from the Ministry of Health’s 2006 Mental Health Nursing and its Future: A Discussion Framework: leadership, mental health nurse practitioners, standards, skill mix, clinical career pathways, professional supervision, education, research, recruitment and retention.

Articles are due Friday, 4 August 2017.

Articles can be 300-800 words and photos are welcome. Please send to either suzette.poole@tepou.co.nz or carolyn.swanson@tepou.co.nz.
Language matters

Language is powerful – especially when talking about addiction
Stigmatising language perpetuates negative stereotypes
“Person-centred” language focuses on who the person is – rather than their disorder

When discussing addiction ...

<table>
<thead>
<tr>
<th>Say this …</th>
<th>instead of …</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person with an addiction</td>
<td>Addict, Junkie, Druggie, Alky, Alcoholic</td>
</tr>
<tr>
<td>Person in recovery</td>
<td>Ex-addict, Abstinent, Used to be a …, Clean, Sober</td>
</tr>
<tr>
<td>Has an addiction/dependence</td>
<td>Suffering from an addiction, Battling the booze</td>
</tr>
<tr>
<td>Not engaged</td>
<td>Non-compliant</td>
</tr>
<tr>
<td>Medication is a treatment</td>
<td>Medication is just another addiction</td>
</tr>
<tr>
<td>Lapsed/relapsed</td>
<td>Using again, Fell over, Off the wagon</td>
</tr>
<tr>
<td>Positive urine drug screen</td>
<td>Dirty urine</td>
</tr>
<tr>
<td>Treatment/intervention</td>
<td>Rehab</td>
</tr>
<tr>
<td>Intoxicated</td>
<td>Drunk, Pissed, Stoned, Out of it, Wasted</td>
</tr>
<tr>
<td>Distressed, agitated</td>
<td>Crazy, Off his/her rocker, Lost it, Acting out</td>
</tr>
<tr>
<td>Person disagrees</td>
<td>Denial</td>
</tr>
</tbody>
</table>

Adapted from Language Matters from the National Council for Behavioral Health, Washington DC, USA
Reflecting on gains and achievements

by Klare Braye

Tēnā koutou katoa, I hope that the summer season has been kind to you.

As I sit here considering the upcoming opportunities for nurses in addiction in 2017, my mind wanders back to some of the highlights of 2016. Very quickly, I would just like to reflect on them, noting the achievements and gains made.

In the More than numbers workforce stocktake we clearly identified that 16 per cent of the addiction workforce are in nursing roles, primarily in DHBs, but a growing and encouraging number in NGOs. www.maturaraki.org.nz/initiatives/workforce-data/165

Several addiction scholarships have been awarded to nurses, http://teraumatatini.com/pages/our-mahi/scholarships. This is in addition to the Skills Matter scholarships, www.tepou.co.nz/initiatives/skills-matter/46.

Sarah Barkley of Lakes DHB became our second addiction sector nurse practitioner, bringing with her a strong co-existing problems background in working to improve the wellbeing of tangata whai ora. Sarah’s story was first published in the Matua Rākī newsletter, and is republished on page 14.

Matua Rākī provided a number of training sessions in screening and brief intervention to primary health organisations (PHOs).

I had the opportunity to talk at the Nurse Educators Forum in Dunedin exploring and encouraging the ways in which addiction content could be better integrated and woven into the ‘everyday’ current nurse education teaching content.

Our 7th Addiction Nurses Symposium was held in Wellington in 2016 with over 80 participants and an amazing array of speakers and initiatives from around the country, https://www.maturaraki.org.nz/resources/presentations-from-the-7th-matua-raki-addiction-nurses-symposium/678. The 2017 symposium was held just recently on 27 March in Hamilton. Presentations will be available soon, www.maturaraki.org.nz/workforce-groups/addiction-nursing/155.

Following on from some research carried out about nurses who use substances we are exploring ways in which we can better support nurses to seek assistance, and ways that nursing colleagues can support each other.


We continue to support and promote the initiatives led by DANA, including access to scholarships and the certification process, www.danaonline.org/credentialling/.


I encourage you to take note and consider the power of language, check out our Language Matters poster in this issue of Handover.

And finally we welcome the passing of the Substance Addiction (Compulsory Assessment and Treatment) Act 2017, which replaces the Alcoholism and Drug Addiction Act 1966. This Act will provide for the compulsory assessment and treatment of individuals who are considered to have a severe substance addiction and who do not have the capacity to participate in treatment.

Heoi anō tāku mō nāianei, Ngā mihi nui,

Klare
Matua Raki resources

Addiction resources in five Asian languages; Chinese Simple, Chinese Traditional, Japanese and Korean

How alcohol affects the body and health

To help Asian people better understand how alcohol affects the body and health.


CAGE and AUDIT drinking questionnaire

The CAGE questionnaire screens for potential problem drinking and the Alcohol Use Disorder Identification Test (AUDIT).

The CAGE questionnaire, the name of which is an acronym of its four questions.

- Have you ever felt you needed to Cut down on your drinking?
- Have people Annoyed you by criticising your drinking?
- Have you ever felt Guilty about drinking?
- Have you ever felt you needed a drink first thing in the morning (Eye-opener) to steady your nerves or to get rid of a hangover?


Living Well: Life strategies for family, whānau and friends of people using alcohol and other drugs

Kina Trust in collaboration with Matua Raki have released the updated version of Living Well. This is a resource for family, whānau and friends of people using alcohol and other drugs. Contents includes:

- being around someone using alcohol and other drugs
- putting yourself first
- what’s going on for you
- it helps to talk
- who can I talk to
- talking to professionals
- looking after yourself, family, and whānau
- understanding the process of change
- living your life
- services and mental health problems.

Please see www.kina.org.nz for more information on support for family and whānau.

Dr Frances Hughes, chief executive officer of the International Council of Nurses

With roughly 10 per cent of the world’s population experiencing some form of depression or anxiety disorder, the International Council of Nurses (ICN) is lending its global voice to help tackle the worldwide issue of mental health conditions.

From my experiences as a mental health nurse on the wards through to my work in various government positions in New Zealand, Australia and the Pacific, I have witnessed first-hand just how quickly poor mental health can result in poor physical health, placing financial pressure on a country’s hospital and health system and a person’s family and friends.

Mental health disorders are experienced by people all over the world which is why the issue of mental health is one of ICN’s strategic priorities for the next three years. In consultation with our members and industry experts, ICN is currently drafting a new mental health strategy to help raise awareness among our members, and the global nursing community, about the worldwide cost of mental health problems.

While ICN has provided comment on several mental health issues in the past, we have now selected it as one of our priority areas to ensure the nursing perspective is included in the development and implementation of policies at a local, national and international level. Frontline nurses see all too regularly the negative impacts that a lack of funding, stigma and ill-informed preconceptions have on those who experience mental health problems.

The ICN mental health strategy aims to highlight the important role the nursing profession plays in the recovery and advocacy of people experiencing mental health conditions. It also works towards strengthening the leadership of mental health service provision, and to educate and build the capacity and capability of frontline nurses to reduce stigma and prevent discrimination of people experiencing mental health problems.

There are many nations doing wonderful things around mental health and we aim to celebrate the advanced mental health nursing practice taking place worldwide. However, there is still much work to be done to ensure the human rights of people who experience mental health conditions are no longer violated.

Consultation on the mental health strategy with ICN’s National Nursing Association members will start soon. We expect the final document to be released later this year following the ICN Congress in Barcelona. Once complete, the new mental health strategy will be available via the ICN website.

I am proud to be a mental health nurse. No matter where in the world I work I will always remain passionate on all matters pertaining to mental health. I firmly believe the days and years ahead can be a time of great change when the skills and knowledge of nurses become valued as never before.
Te Ao Māramatanga - New Zealand College of Mental Health Nurses update:

Message from Anne Brebner, president

Nursing in mental health and addiction is entering exciting times. As president of the College I am invited to attend the National Nursing Organisation group (NNOg), a group of nursing stakeholder organisations comprising representatives from employers, educators, professional bodies, the regulator and the Office of the Chief Nurse. It’s a national forum where there is opportunity to discuss, consult, and develop consensus positions on the strategic direction for nursing.

It is in fora like this that I feel energised and excited to hear of the innovations and the vast nursing contribution to improved health outcomes for people seeking wellness. I also hear about the amazing numbers of nurse practitioners being endorsed in New Zealand, and am made aware of the challenges and hurdles we need to overcome to fully reach nursing potential.

Nursing can and should take a lead role in helping shape how services are designed and delivered. Nurses are trained to work in a strengths-based way; it is intuitive in nursing to work with families to support wellness. Too many times we wait for our medical colleagues to set the pace, and we often fill in the gaps. We need to gather ourselves to work positively to support the New Zealand Health Strategy 2016, www.health.govt.nz/publication/new-zealand-health-strategy-2016. Articulating and taking nursing leadership in the five strategic themes (people powered, closer to home, value and high performance, one team and smart system) needs focus and energy, and will require all the combined energy and leadership that groups like the NNOg can offer.

I urge all of you to find ways to contribute to the strategy – take all opportunities to be part of the innovation. I fear if we don't we may find others will define it for us, and we won't be happy with that.

The College has chosen to be part of the solutions. We will work with other key groups to ensure people seeking wellness don't miss out when it comes to mental health, addiction and disability.

www.nzcmhn.org.nz

Conference announcement:

Surfing the Waves:
Mental health and addiction nurses responding in new and innovative ways

The 5th International Conference of Te Ao Māramatanga-New Zealand College of Mental Health Nurses 10 -11 October 2017

Distinction Conference Centre, Hamilton

The conference will open with a day of presentations and conclude with a day of skills based workshops. Dinner will include the College Fellowship Ceremony. All guest speakers will be announced by April. Call for abstracts will open in May and registration will open in August.

For further information please email Jacqui, jacqbellwalsh@yahoo.com.
http://www.nzcmhn.org.nz/News-Events/2017-Conference
Despite pouring rain across the country and delayed flights, the sun broke through in time to welcome Māori nurses and guests from across Aotearoa onto the beautiful Whakatū Marae, nestled beside Tai Tapu Bay in Nelson. The theme for the 4th biennial wānanga was *He Waipounamu, He Maunga Pakohe* - Excellence in Māori nursing, bringing the gems of our past into our future.

During the powhiri, tribute was paid to the recently departed Whetū Kanapa alumni and rangatira nurse, Robert Mingii Elliot. The next two days were filled with speakers and presentations that inspired, challenged and entertained. Perspectives ranged from:

- work by Delft Klootwyk and Tui Tauruas’ to develop a national voice for Māori service users
- the trials and tribulations of new graduate nurses
- perspectives from a number of Māori services and nursing groups
- a narrative from Greg West about seclusion.

Speakers of note included Dr Peter Meihana who not only gave a thought provoking korero on the role of the Māori ‘privilege’ discourse in the colonisation of Aotearoa, but also shared stories of the local iwi and traditions throughout the wānanga.

The formal Whetū Kanapa Awards evening honours long serving Māori nurses in the mental health field and the 2016 recipients were:

- Mere Balzer – Te Arawa/ Ngāti Ranginui
- Kathleen Mohi – Ngāti Porou
- Huia Elkington – Ngāti Toa
- Ray Watson – Kāi Tahu.

The ceremony was followed by an amazing feast, spoilt only by the fact there was far too much crayfish!

In the lead up to the wānanga the Kaiwhakahaere, Tish Siaosi, worked hard to reconnect the Māori caucus with our indigenous cousins in Australia. This led to the memorable final presentation by Professor Gracelyn Smallwood from the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM). Her presentation on her doctoral thesis took us on a journey from her upbringing in Townsville, to her times as a registered nurse in Alice Springs, Palm Island, remote West and South Australia, her work for Nelson Mandela in AIDs prevention to ministerial posts and many other initiatives to improve the health and wellbeing of her people. We look forward to ongoing whanāungatanga with Professor Smallwood and CATSINaM.

The success of the wānanga was thanks to the amazing work of wānanga convener Lewis Boyles, supported by Lois Boyd, Dave Emmerson and a hardworking team of kaimahi. We look forward to the next wānanga in Poneke in 2018.

Helpful ways to work with families and whānau of people who experience an eating disorder

By Kathrin Winkelmann, family advisor, Canterbury DHB mental health services

Ever wondered what mental health and addiction staff can say and do to support family and whānau when someone in their family has an eating disorder? Read on for some tips from a family and whānau perspective...

Give a message of hope

Family and whānau need messages of hope to be able to support their loved one on a daily basis. Recovery from an eating disorder can be a long journey, but it is possible at any stage, age and for any gender. Hope is a strong motivator to get through tough times. Messages of hope in shared stories of recovery can be motivating as well as messages like “the eating disorder has chosen the wrong parents to mess with” or “I’m not saying it is easy, I’m saying it is worth it”.

The power of knowledge

Evidence based knowledge can be key for people contending with an eating disorder. There are still a lot of unknowns when it comes to eating disorders, but many myths have been dispelled through things such as genetic research and brain imaging. In addition to research findings, practical tips on how to support a family member or friend are equally important. While most parents know what to feed their child to thrive in normal circumstances, they might be stumped when it comes to feeding a child who refuses to eat. Family and whānau might be grateful for specific clinical advice to achieve this difficult task. The more specific the advice the better. For instance, specific tips on distraction methods during meal time, such as reading a story, or watching a favourite movie is more valuable than just advice to offer distraction. A handout or video with useful phrases to use to encourage a reluctant eater like “I know it is difficult, but I am proud of you” might be helpful.

Listen to concerns raised by family and whānau

Family and whānau appreciate being heard and taken seriously. Early intervention in eating disorders can be an important factor in preventing hospitalisation and in achieving full recovery. A few short weeks can make a big difference in the severity of starvation occurring in someone with anorexia nervosa. Hence, concerns brought forward by family regarding abnormal eating patterns and weight loss seen in a family member require a rapid response with referral to a specialist eating disorder service.

On the other hand, once a person has been referred to an eating disorder service, it is advisable to verify information given by the person with family and whānau regarding physical complaints, food preferences, eating habits and the level of exercise. Because of the nature of eating disorders, it can be difficult to distinguish a stomach upset caused by an underlying condition or the eating disorder itself. Missing an underlying condition can prove to be as harmful as not getting treatment for the eating disorder.

Provide information on how to get in contact with family and whānau groups

There is a point when most family members become wary of friends who ask “why can’t she/he just eat?” and want to spend some time with people who understand what they are going through. The Eating Disorder Association of New Zealand (EDANZ, www.ed.org.nz) provides such peer support and understanding through a telephone helpline and branches throughout the country. The Around the Dinner Table Forum offered through Family Empowered and Supporting Treatment of Eating Disorders (www.feast-ed.org) is another option many people find very helpful for support.

The Werry Centre also has useful resources for clinicians working with eating disorders. http://www.werryworkforce.org/professionals/publications-and-resources

Kathrin Winkelmann

Mental Health and Addiction Nursing Newsletter - Issue 38 - April 2017
Rees Dart
tramp triggers
Angela’s goal
to become
a nurse practitioner

“Become a nurse practitioner so you can round your career up… pull all your skills and practice experience together into a tidy bundle” were words from a friend whilst tramping that ignited Angela Bleach’s desire to become a nurse practitioner (NP).

Six years later, with support from the growing swell of NPs in the Southern DHB, Angela was endorsed by the Nursing Council as a nurse practitioner: adult mental health. She is one of 15 NPs supporting people experiencing mental health problems in New Zealand. Angela now works as an NP in mental health services for older people.

She is just one of six NPs to be “hatched” (in Angela’s words), by Heather Casey, director of mental health nursing. The first being Bernadette Paus-Forde who in 2004 became New Zealand’s first NP, mental health, intellectual disability and prescriber. Followed by Liz Langer, Mark Baldwin, Christine Maxwell and Jenni Topliss who also works in mental health services for older people.

Support is high for NPs to develop in this DHB which offers nurse practitioner candidate roles as pathways towards an NP role. Angela followed in the footsteps of Liz Langer and Christine Maxwell, NPs in older people’s mental health. Liz was profiled in Issue 20 of Handover and retired in 2014, however returned for a four-month locum in early 2015 to provide support to the service and mentorship for Angela.

Although Liz returned to the US she continues to provide mentorship to Angela via Skype or phone. Couple this support with; weekly meetings with Bernadette, monthly meetings with the other Southern DHB NPs in mental health, bi-monthly meetings with all NPs working in Otago and Southland and throw in very supportive nursing leaders and psychiatrists then a clear picture of how a nurse practitioner can be ‘hatched’ and supported to grow from a novice NP to an experienced NP is painted.

Preparation

Although Angela had completed a Master in Nursing in 2006 she was required to complete further study. She undertook a postgraduate diploma via the University of Auckland over a three-year time period. This was funded by Skills Matter. These papers were: advanced assessment and clinical reasoning, biological science for practice, principles of pharmacology, pharmacokinetics (15 points), principles of therapeutics for advanced nursing (15 points) and prescribing in advanced nursing practice.

Being on a supported NP pathway enabled Angela to build on her existing skills as an experienced mental health nurse and integrate new knowledge into practice. During this time she also worked alongside Bernadette in Balclutha fulfilling the practice requirements for the physical health assessment and prescribing practicum paper.

The NP portfolio took Angela about five months to prepare. Following an accident Angela had a period of enforced rest to allow a serious leg injury to heal. This was just six weeks out from appearing before the Nursing Council panel, but it was “a blessing in disguise,” says Angela. Up until then she had been juggling full-time work, study and preparing her portfolio. The break from work gave her time to fully prepare. It was hard work but she says well worth it in the end. Angela said her panel consisted of two NPs and a Nursing Council staff member. “It was not too stressful, they were all really supportive,” she said.

NPs meeting a need

The population served by the Southern DHB is New Zealand’s highest in terms of ageing. Of the 365,000 people in this DHB area there are around 51,000 who are over 65 years of age. This equates to around 14 per cent of the population and the aged population will continue to increase. NPs can play a key role in improving the quality of life for people living in residential care facilities who often experience multiple co-existing problems – mental health, physical health and loneliness to name but a few.

Although many staff working in the residential care facilities have some basic knowledge about how to recognise and respond to people with mental health problems there remains a high demand for further training, says Angela. “My work also includes spending time with managers and delivering educations sessions for staff. In some areas the turnover of staff is high so this is a continual process. Despite good intentions of most staff, stigma and discrimination about mental health conditions exists and this can be a barrier sometimes in enabling older people to receive the care that they need.”

By providing support to older people where they live, it not only helps ease their distress but reduces the need for hospital admissions. Shortly after Liz Langer took up the role as NP six hospital beds were closed. Angela says this trend in reduced hospital admissions has continued as the NP roles develop. The mental health services for older people now has two NPs which cover the Otago area. Angela will also cover the
Oamaru area and Jenni the Balclutha area, with both covering Central Otago in the future. The role is busy and demand ever increasing with capacity for a third NP to be introduced.

Learning to prescribe

Angela sees herself as a novice nurse practitioner and really values the support by others. “Becoming a prescription writer is a big learning curve and the responsibility is huge. To get the best outcome, you need to carefully assess the person, consider what medication they are on, what they have been on before and what may benefit them most now. Many of the people I support experience physical health problems and are often on a range of different medications. I need to consider how all these interact with any new medication. I have good support from Dr. Seifert around prescribing and can also consult with other NPs and psychiatrists,” explained Angela.

A typical day

• Arrive at work, check emails.
• Complete documentation from previous day and prepare for today.
• Complete any notes related to previous day’s work.
• Check lab reports/clinical information for new referrals.
• Make calls to family members.
• Attend a referral meeting twice a week.
• Around 10am start to venture out to visit people in rest homes, including three D6 hospital level care facilities and five D4 level rest homes.

Angela enjoys spending time with the people who have been referred to her. “Listening to stories about their lives and gently drawing out information about their health problems is the part of the job I love the most,” says Angela.

Key highlights from the early days of getting through the NP process

• Becoming a NP – yeah!!
• Getting out there and being able to practice autonomously.
• Having the freedom to practice clinically.
• Spending time with older people, listening to their wonderful stories and gently unravelling what their health problems are.
• Helping to provide respite from symptoms.
• Enabling people to improve their quality of life.
• Working with family members or significant others.
• Enabling staff to better respond to older people.
• Feeling a huge sense of job satisfaction.

Key messages for aspiring NPs

• Put your head down and work hard.
• The hard stuff doesn’t last forever.
• It’s worth it!
• Engage in good clinical supervision and mentoring.
• Don’t think that your learning will ever stop.
• Seek out support to develop your portfolio. This takes a few months to develop if you are working full-time but the process is much more streamlined now. “Lean and green I call it.”

Career pathway

Angela graduated in 1982 as a registered general and obstetric nurse, and then in 1985 as a registered psychiatric nurse. Over the last 30 odd years Angela has worked in a variety of clinical settings in general health care and mental health, both as a manager and clinician. A brief summary of these areas are: community mental health service including rural teams, community therapeutic programmes, forensic service, acute mental health inpatient units, programme coordinator for new graduate nurses programme, duty manager role, acute mental health inpatient unit in London, general nursing in Maniototo and Dunedin Hospital and two years voluntary service as a general nurse in Papua New Guinea.

Attributes

In summary Angela’s NP journey is characterised by these attributes.

• Desire and resolve to become an NP.
• Commitment to lifelong learning.
• Dedication to supporting people experiencing mental health problems.
• Determination to succeed.
• Diligence to produce a portfolio and courage to face a panel of experts.
• Courage and ability to articulate the skills and knowledge of being a nurse practitioner to others.
• Contagious sense of adventure and humour.

If you have any queries please feel free to contact Angela, angela.bleach@southerndhb.govt.nz.

Angela Bleach
Sarah Barkley, New Zealand’s second addiction nurse practitioner

Kindly reprinted with the permission of Sarah and Matua Rakī (December 2016 newsletter)

In October 2016 Sarah Barkley became the second addiction sector nurse practitioner, joining Louise Leonard who was the first in 2012.

“It all happened a bit by accident,” she says.

She had been managing the inpatient unit and crisis service at Lakes District Health Board (DHB) but took up a position with the Lakes Opioid Treatment Service in 2009. Realising she needed to broaden her knowledge of addiction, she did some postgraduate papers with the National Addiction Centre (NAC). It was NAC deputy director, Dr. Daryle Deering, who suggested she consider becoming a nurse practitioner.

Her training involved getting a Master’s Degree in Health Sciences (Mental Health and Addictions) through the University of Otago. She then completed a dissertation focused on the client perspectives on opioid substitution treatment and the service factors that influence the therapeutic alliance, and faced what she describes as a “gruelling interview” with the Nursing Council before being granted her licence.

Sarah comes from a strong co-existing problems background and says it makes sense to her to cover both mental health and addiction issues when working with a person to improve their wellbeing.

She says it’s really important to have nurse practitioners working in the addiction and mental health fields.

“I think it broadens the access base for people. Nurses are easily accessible, very holistic in their approach, and offer a variety of interventions, not just prescribing.”

Her broad experience means Sarah can work in the adult mental health sector as well as in addiction and she feels lucky to be able to treat people with co-existing problems without having to call on someone else.

In early November 2016 Sarah took up a new position as nurse practitioner of mental health and addictions at Lakes DHB, something she describes as both “cool” and “exciting.”

New resources for co-existing problems and solutions

Mental Health and Addiction Screening and Assessment Guideline

This guideline has been developed to promote a standardised approach to screening and comprehensive assessment processes in primary and secondary mental health and addiction services.


CEP e-learning: Screening and brief intervention

This e-learning course introduces learners to the use of:

- standardised tools to screen for the presence of substance use, gambling and mental health problems
- brief interventions for substance use, gambling and mental health problems.

Lois and Caro on language

Lois reflects

I'm one of those pedantic and picky people that has a bit of a “thing” about language and how we use it. As well as language I can easily get myself stuck on individual words, sometimes for very random reasons. During my nursing training one word that instantly grabbed me was blephospasms (said blefospasms) just because it rolled off the tongue rather well. It is a word used to describe involuntary spasms of the eyelid. I've never used it clinically but will remember it forever.

Even though I have a strong interest in both individual words and the use of language, I'm not a natural when it comes to learning languages – but that doesn't stop me trying. At school, I was fortunate enough to be involved in a pilot for compulsory Te Reo in year's 7 and 8 (form 1 and 2). Learning pronunciation and some language skills at this age, alongside a range of positive experiences of Māori culture, helps me understand the importance of using Te Reo to support wellbeing. Tools I use to support my use of Te Reo both at work and at home include:

- [www.kupu. Māori .nz](http://www.kupu. Māori .nz) where you can register to receive a new Te Reo word every day
- [www. Māori dictionary.co.nz](http://www. Māori dictionary.co.nz) a really useful online dictionary for words and phrases, and they have a great phone app.

And of course my work colleagues, whanāu and friends who never seem to mind me asking the "silly" questions about correct use of language and sentence construction.

We know words can influence, make changes and are open to wide variation and interpretation. I want to say a couple of things about how this relates to the work we are all engaged in to reduce restrictive interventions such as seclusion and restraint.

We know reducing restrictive practices is most effectively achieved when the service user perspective is included in all levels of an organisation's response. I would argue an organisation’s commitment to always include the service user perspective can be partially assessed by the use of language.

When you come across language (written or spoken) that doesn't seem to support our collective least restrictive goals in the sector, take a moment to consider. Does the word or phrase support:

- a spirit of true collaboration
- inclusion of everyone involved
- recognition that both service users and service deliverers bring valid and important perspectives and experiences
- the need to ensure that people are the primary drivers and not the system they are entering.

If the answer is NO to any of the above, what can you and/or your team do about it? Does it matter? Why does it matter? Will changing language make a difference? In our experience having these conversations and making or suggesting even some small changes in the considered use of language can make big differences and it doesn't take a lot of time or ongoing resource.

I have been eternally grateful to a number of wise colleagues for pulling me up and making me think when I am occasionally lazy or less thoughtful in my use of language. I know this improves my practice. Sometimes such conversations are met with raised eyebrows or PC mutterings, but I’m convinced language can contribute towards both supporting or inhibiting changes and developments in our practice. Agree or disagree – it’s something to reflect on.

Caro reflects

Working in partnership with Lois on the least restrictive practice work has been a wonderful continual learning experience. Like Lois I am a word person, I love words and the power they can have. Lois and I have many conversations about how to say things so people can hear and understand what we are saying.

Recently I was presenting at a forum and someone pointed out that I was luckier than most people who accessed services because I am articulate. I thought about this for a bit, I wasn’t quite sure what to make of it. The truth is I am able to be articulate a lot of the time, but not when I am winding into an episode. I lose words, I forget things, the chaos in my head and the constant mostly unhelpful chatter in there makes it hard to be close to present for the outside world. I am just like most people accessing services, struggling and needing support without knowing what that is.

In the ward environments you only get to see people when they are midst turmoil and having a hard time. It's worth remembering that isn't who they are in their entirety. But more importantly what you say and how you say it can be like life rafts in a stormy overwhelming sea.
CMDHB win national award for Safe Practice, Effective Communication training package

Te Pou o te Whakaaro Nui congratulates Counties Manukau Health on winning the 2017 New Zealand Human Resource Award for Learning and Development Capability in the Public Sector for their Safe Practice and Effective Communication (SPEC) training package.

This award recognises excellence in outstanding training and development initiatives that have contributed significantly and strategically to organisational capability outcomes in the public sector, central and local government and other Crown agencies.

SPEC is now a national training program and collaboration between all district health boards, under the leadership of the National Directors of Mental Health Nursing and inclusive of other key stakeholder groups. The focus of the training package is to ensure that least restrictive, best practice principles and techniques are consistently and effectively taught and integrated into acute inpatient mental health services.

Counties Manukau Health’s review, development and ongoing refresh of this package led to it being viewed as the national way forward. “Winning this award has been very exciting and highly validating of the hard work this team has put in,” says Anne Brebner, clinical nurse director – mental health, Counties Manukau Health.

Te Pou is pleased to have supported the SPEC training programme, working alongside the national directors of mental health nursing group and DHBs since late 2012.

Workforce development theory and practice in the mental health sector

Co-edited by Mark Smith and Angela Jury

Workforce development is more than just training – it’s “an emerging area of great importance that is critical to the delivery of quality care and support”. That’s how Te Pou’s Mark Smith and Angela Jury describe it in the book they co-edited, Workforce development theory and practice in the mental health sector.

The publication is an essential resource for understanding workforce capacity, capability and applications in addiction and mental health services. Authors include several nurses from New Zealand: Bronwyn Dunnachie, Frances Hughes, Fuimaono Karl Puloto-Endemann, Helen Bingham, Julia Hennessy, Mark Smith, Rachel Lawson and Suzette Poole. Gail Stuart author of ‘Stuart and Sundeen’s Principles & Practice of Psychiatric Nursing’ is also a contributor.

Find out more about each chapter or purchase a copy of the book online, www.igi-global.com/book/workforce-development-theory-practice-mental/166923. E-book and hardcopy versions are available.

Creating Māori language for use in the mental health, addiction and disability sectors

There is an appetite for using te reo properly; correctly and with respect. Keri Opai, Paērāhi Māori strategic lead for Te Pou o te Whakaaro Nui is leading an initiative updating and creating Māori language used in the mental health, addiction and disability sectors.

The project is called Te Reo Hāpai – the language of enrichment.

This project is researching and creating Māori words and terms that adequately and accurately reflect the best use of te reo Māori in the mental health, addiction and disability sectors now and into the future.

A Māori mental health glossary will be launched in conjunction with the Māori Language Commission during Matariki.

https://www.tepou.co.nz/initiatives/te-reo-hapai-the-language-of-enrichment/169
The world of information is full of acronyms. Too many acronyms in all probability.

We have PRIMHD – programme for the integration of mental health data where DHBs and NGOs send their data. PRIMHD essentially replaces MHINC (mental health information national collection) and MHSMART (mental health standard measure of assessment and recovery initiative).

We’re all meant to be focusing on the people with NHIs (national health index) who need mental health care. Sometimes we focus too much, one suspects, on the people who have HPIs (health practitioner index).

Clinicians collect HoNOS (Health of the Nation Outcome Scales) and ADOM (Alcohol and Drug Outcome Measure). This will help us demonstrate improved outcomes.

As services we are trying to improve our performance using PDSA cycles (plan, do, study, act) with the hope that this will improve our KPIs (key performance indicators) so we will reach our targets.

Maybe there are too many acronyms to hide behind. What really matters though (if easily forgotten) is the people we are meant to serve, the people without whom there would be no need for PRIMHD, NHIs, HoNOS, ADOM, PDSA cycles or any other cycles. It is a simple enough truth. What is the most important thing in the world? It is people, people, people.

Mark Smith
**Leadership**

**Consumers in mental health service leadership: A systematic review.**


Mental health policy documentation and standards for mental health services emphasise the importance of involving consumers in all aspects and in all levels of mental health services from initiating planning, to delivering the service, to evaluating the impact of the service. Consumer leadership is a critical aspect of the paradigm shift required for mental health services. Most of the included studies represent research about consumer run organisations, with consumer leadership in mainstream mental health organisations being less represented in the literature. The findings in the study suggest that consumer leadership can be reframed as a resource through better understanding of the issues relevant and important to consumer leadership, clinicians and managers.

**Engagement**

**Empathic processes during nurse-consumer conflict situations in psychiatric inpatient units: a qualitative study.**


This study 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 semi-structured 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. The central theme identified was ‘my role as a nurse – the role of my nurse’. Nurses focussed on how their role in managing risk and safety determined empathy experienced towards consumers, while consumers saw the importance of nurse empathy both in conflict situations and for their general hospitalisation experience. Empathic relationships built on trust and rapport can withstand conflict, with empathy a core component in consumer satisfaction regarding conflict resolution and care.

**Addiction**

**Parenting Emerging Adults Who Game Excessively: Parents’ Lived Experiences.**


Excessive gaming among emerging adults is a growing concern, especially where it interferes with key development milestones such as gaining an education or establishing a career. Given the strong social element involved in excessive gaming and withdrawal from real world relationships, the potential impact that gaming has on the family members of gamers is an important issue to explore. This study involved in-depth interviews with parents and a rich description of the experience of parenting a young adult who games excessively is provided. Parents felt their sons were missing out on aspects of their lives and not meeting their full potential due to excessive gaming. They also believed that their sons were addicted to gaming.

**Addiction and mental health across the lifespan: an overview of some contemporary issues.**


Addiction is an issue across the lifespan, beginning with babies exhibiting neonatal abstinence syndrome (NAS) produced by prenatal exposure to opioids in utero or fetal alcohol syndrome (FAS) produced by prenatal exposure to alcohol. As children and adolescents, both syndromes have higher rates of mental health disorders. NAS was first observed in babies whose mothers had used heroin or received methadone for their heroin addiction; another neonatal syndrome occurs in babies whose mothers have abused crack cocaine, and a more recent phenomenon is the dramatic increase in NAS because of pregnant women’s abuse of opioid analgesics for a historical perspective on NAS and current information on its treatment. Whilst there is limited evidence about the nature of best practice addiction, research suggests treating both MHDs and SUDS concurrently, using the integrated model of treatment is beneficial.
Equally Well

What does mental health nursing contribute to improve the physical health of service users with severe mental illness? A Thematic Analysis.


The researchers aimed to explore if the positive attitude mental health nurses have to providing physical health care to service users of mental health services translates to enhanced clinical practice. Semi-structured interviews were conducted with 15 service users and mental health nurses from acute, rehabilitation and community services. These were then transcribed and analysed using thematic analysis. Six themes emerged: (i) not the work of mental health nurses; (ii) the physical effect of psychiatric drugs are ignored; (iii) the need to upskill; (iv) keeping busy; (v) horrible hospital food/living on takeaways; and (vi) motivation to change. The overarching meta-theme was of unmet physical health needs amongst service users with a serious mental illness.

Workforce planning and development

Development and psychometric testing of the attitudes, subjective norms, perceived behavioural control, and intention to pursue a career in mental health nursing scale.


The aim of this study was to develop and test the psychometric properties of the attitudes, subjective norms, perceived behavioural control, and intention to pursue a career in mental health nursing (ASPIRE) scale, an instrument to assess nursing students’ intention to work in mental health nursing. Understanding the factors influencing undergraduate nursing students’ career intentions might lead to improved recruitment strategies. This cross-sectional survey was undertaken at a large tertiary institution in Australia in 2013. Survey data from 1109 first and second year and 619 third year students undertaken at a large tertiary institution in Australia in 2013. Survey data from 10,997 mental health employees working in direct patient contact were used in a cross-sectional design with structural equation modelling techniques for model testing. Job satisfaction was predicted by civility and supervisory support. Job satisfaction predicted emotional exhaustion which predicted turnover intention. Job satisfaction also directly predicted turnover intention and turnover plans.

Organisations can initiate culture changes to improve civility and develop supervisors’ soft skills in conjunction with technical expertise.

Improving the prevention and treatment of suicidal thoughts and behaviors

Risk Factors for Suicidal Thoughts and Behaviors: A Meta-Analysis of 50 Years of Research.


Suicidal thoughts and behaviors (STBs) are major public health problems that have not declined appreciably in several decades. One of the first steps to improving the prevention and treatment of STBs is to establish risk factors (i.e. longitudinal predictors). To provide a summary of current knowledge about risk factors, a meta-analysis of studies was conducted that have attempted to longitudinally predict a specific STB-related outcome. This included 365 studies (3,428 total risk factor effect sizes) from the past 50 years. The present random-effects meta-analysis produced several unexpected findings: across odds ratio, hazard ratio, and diagnostic accuracy analyses, prediction was only slightly better than chance for all outcomes; no broad category or subcategory accurately predicted far above chance levels; predictive ability has not improved across 50 years of research; studies rarely examined the combined effect of multiple risk factors; risk factors have been homogenous over time, with five broad categories accounting for nearly 80 per cent of all risk factor tests; and the average study was nearly 10 years long, but longer studies did not produce better prediction. The homogeneity of existing research means that the present meta-analysis could only speak to STB-related outcome. This included 365 studies (3,428 total risk factor effect sizes) from the past 50 years. The present random-effects meta-analysis produced several unexpected findings: across odds ratio, hazard ratio, and diagnostic accuracy analyses, prediction was only slightly better than chance for all outcomes; no broad category or subcategory accurately predicted far above chance levels; predictive ability has not improved across 50 years of research; studies rarely examined the combined effect of multiple risk factors; risk factors have been homogenous over time, with five broad categories accounting for nearly 80 per cent of all risk factor tests; and the average study was nearly 10 years long, but longer studies did not produce better prediction. The homogeneity of existing research means that the present meta-analysis could only speak to STB risk factor associations within very narrow methodological limits – limits that have not allowed for tests that approximate most STB theories. The present meta-analysis accordingly highlights several fundamental changes needed in future studies. In particular, these findings suggest the need for a shift in focus from risk factors to machine learning-based risk algorithms.
Many stories Many voices

NURSES
A VOICE TO LEAD
ACHIEVING THE SDGS

“People want, need and are seeking not simply health care, but humanised health care”
– Dr Frances Hughes, CEO, ICN

International Nurses Day is celebrated internationally every May 12. This year we are inviting nurses around the world to share their stories and show how their work is focused on the Sustainable Development Goals. To follow the conversations use: #VoiceToLead and #IND2017. For more information please visit: www.icnovicetolead.com