Issue 30 - Summer edition - March 2015

# Handover

Mental health & addiction nursing newsletter

# Jane Bodkin sees an exciting future for mental health and addiction nursing

The future is bright for mental health and addiction nurses, declares Jane Bodkin, senior nursing advisor in the Ministry of Health.

"The shift is increasing towards the wellness model and more integrated care, including mental health and addiction assessment and treatment in primary care, and nurses are well placed to be an integrating force and take leadership in the health sector."

**Role and office**

Jane is one of a team of five in the Office of the Chief Nurse, led by chief nurse Jane O'Malley. The team provides advice to the Ministry and Minister of Health on health policy and promotes two-way dialogue between the nursing workforce and the Ministry of Health.

The aim is to keep the sector fully informed about government policy and the Government fully informed of nursing needs, says Jane, who has been in the role since July and holds the portfolios of mental health and health of older people in the Office of the Chief Nurse.

"Improving health outcomes for all New Zealanders, including those with mental health and addiction problems is at the heart of our team's existence."

She says the role is challenging because they are a small team looking after the biggest workforce in the health sector so they are continually evaluating how to best use their time and where they can be most influential.

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Jane Bodkin, senior nursing advisor, Ministry of Health.

*…mental health and addiction nurses make a significant contribution to the health and wellbeing of New Zealanders in a job that is very challenging.*

# Editorial

## Welcome to our summer edition of *Handover*.

We would like to extend a warm welcome to new graduate nurses – we're absolutely delighted you have chosen an exciting career in mental health and addiction nursing. Welcome to nurses new to New Zealand. Congratulations also to nurses who have completed post graduate studies, compiled portfolios or otherwise sought out learning opportunities.

We open with a cluster of stories around the future of mental and addiction nursing. Jane Bodkin, senior advisor, Ministry of Health shares her views and outlines her career pathway into policy.

Joanne Henare, family advisor reminds us that Whānau Ora **is** everyone's business. Meet the glowing graduates of the Huarahi Whakatu PDRP and the Mental Health and Addiction Credentialing programme for registered nurses in primary care.

In light of the reality that we as nurses may experience mental health and or addiction problems during the course of our careers I invited staff from Ashburn Clinic to write an article describing the service they can provide for health professionals.

As mental and addiction nurses we support people who are also parents. The COPMIA project signals the need to develop our knowledge and skills to identify and address the needs of children of parents with mental illness and or addiction.

After hearing about Fetal Alcohol Spectrum Disorder (FASD) at an addiction leadership day I am very pleased that Christine Rogan accepted our invitation to write an article for this edition. She urges us to support the actions needed to improve the lives of individuals with FASD.

The countdown is on for the implementation of the alcohol and other drug outcome measure (ADOM). I encourage you to read more about this outcome measure.

We hope this edition inspires you. Work is underway for our next issue which I cannot wait to bring to you. It focusses on Māori mental health and addiction nurses, and is being created in collaboration with Te Rau Matatini and Māori caucus members of Te Ao Māramatanga NZCMHNurses.

*Kindest regards, Suzette*

*Suzette Poole - Editor*
CLINICAL LEAD
EMAIL: suzette.poole@tepou.co.nz

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Te Pou o Te Whakaaro Nui

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## Regular features:




ISSN: 2324-3821

**NEXT EDITION:**

The next edition has a special focus on Māori mental health and addiction nurses. If you would like to submit an article for *Handover*, or just have an idea for one, please feel free to contact me. I would be delighted to discuss this with you. Articles are due by **Friday 17 April 2015**.

Email to suzette.poole@tepou.co.nz.

**Key priorities**

Jane's key priorities for mental health and addiction nurses are:

- to meet the key performance indicators of *Rising to the Challenge*
- to ensure the nursing workforce is 'fit for purpose' to meet future population health needs, including shifting services into prevention, promotion and primary care
- to ensure legislation allows nurses to work to the breadth of their scope of practice.

A key initiative the office has been working on since 2010 is the Health Practitioners Statutory Reference Bill (HPSR). This aims to amend seven Acts to change legislative references to medical practitioners so other health practitioners can undertake some of the functions currently limited to doctors.

"Included is an amendment to the Misuse of Drugs Act (1975) which will allow suitably qualified alcohol and drug nurses working in opioid substitution treatment to prescribe controlled drugs for opiate addiction," explains Jane, adding that the HPSR Bill is soon to be before Parliament.

The team has strong links with the nursing sector and meets regularly with the professional nursing organisations, the Nursing Council, NZNO, nurse employers and nurse educators.

As part of her role, Jane attends – and occasionally speaks at – nursing conferences and sector days such as the Matua Raki's drug and alcohol leadership day in Dunedin and the mental health and addiction nurse education forum in Wellington.

**Path to mental health nursing**

Being open to a range of opportunities has been the force behind Jane's nursing career. She initially studied history and political studies, but after graduating in the late eighties she struggled to find her career path. While contemplating her next step, Jane started a dishwashing job at the Mary Potter Hospice where she soon found herself drawn to the values and philosophy of palliative care. She picked up a nurse aide role and then began to study nursing while continuing to nurse aide part-time at the hospice.

"I realised I had a strong affinity with listening to people's stories and thinking about what motivates them. This was what partly drew me into mental health nursing."

After qualifying, Jane worked for Capital & Coast DHB as a registered nurse in acute inpatient psychiatric units, with forensic inpatients, and at a day hospital. She then became a clinical nurse specialist in adult community mental health before moving into a senior nurse consultation liaison role.

"Over that time I also trained in cognitive behaviour therapy (CBT) and dialectical behaviour therapy (DBT). I practised DBT individual therapy and group skills therapy while working in the community," says Jane.

She completed a Masters in Public Policy (MPP) in 2007, then later did a Masters in Nursing (Clinical), completing all approved papers for nursing practitioner (NP) status.

"I really enjoyed my consultation liaison role and felt nurse practitioner would be a great/good next step."

**New direction**

She was preparing to do her portfolio and Nursing Council assessment for NP status when an advertisement for a senior nursing advisor role in the Ministry serendipitously popped up in an email feed. Jane realised the advisory role could be a good fit for her skills and qualifications, particularly her public policy Masters which had included economics, politics and policy; all great preparation for working in the public service.

"My thesis in workforce development also related well to the advisory role. I looked at the use of a competency-based assessment framework for career progression for the mental health workforce, focusing on the United Kingdom Knowledge and Skills Framework (KSF), which informs job descriptions and career pathways across disciplines in the NHS. This differs to New Zealand where individual nursing specialties have their own KSF," explains Jane.

*Study is important… It can open doors to new career pathways, add quality to your nursing care and keep you engaged and challenged.*

**Importance of study**

Study is important, says Jane. It can open doors to new career pathways, add quality to your nursing care and keep you engaged and challenged. It also helps you raise your head above your immediate nursing situation to see the broader context of health, including the social determinants and government policy, she adds.

She says mental health and addiction nurses make a significant contribution to the health and wellbeing of New Zealanders in a job that is very challenging.

"It is such important work, being with a person and their whānau when they are at their most vulnerable, and facing ethical dilemmas on a regular basis. We are here to support and inform, working collaboratively and in partnership."

# Nursing notes

Welcome to our first nursing notes for 2015 which includes nurse leader views on the future of mental health and addiction nursing and dovetails nicely into our lead story from Jane Bodkin, Ministry of Health.

Leaders are clearly signalling that we have an exciting and challenging future ahead which will only be made possible by us working collaboratively to deliver quality care to the people we serve. Working not only inter-professionally as nurses within the speciality of mental health and addiction but also with nurses in other clinical areas who provide support for people experiencing mental health and or addiction problems. Effective and respectful working relationships with health team colleagues is vital in order to fulfil innovative Models of Care designed to respond to the needs of people wanting and needing health services.

I am looking forward to continuing to meet and work with nurses and services in the coming year. I absolutely thrive on opportunities to create spaces where we can share collective wisdom and shape pathways forward.

Kindest regards,

Suzette

Suzette Poole, clinical lead, Te Pou

PS: I have finally completed my Master of Nursing. Hooray!!!!!

# *Views on the future for mental health and addiction nursing*

## Anne Brebner from Te Ao Māramatanga NZCMH Nurses

Anne Brebner

Tish Siaso

*Ehara taku toa I te takitahi, engari he toa takitini*
*My strength is not that of a single warrior but that of many*

The uniqueness of Te Ao Māramatanga, NZ College of Mental Health Nurses Inc, commonly referred to as "the College" is that it overtly celebrates the wisdoms of the Te Tiriti o Waitangi/ The Treaty of Waitangi 1840. It is from these foundation principles that identify cultural esteem as the core tenet of mental health and wellbeing of all people. Clinical and cultural excellence in mental health nursing is the goal of us all.

*…be adaptable and ensure care remains person focused.*

As president of the College, I work in partnership with Tish Siaosi, Kaiwhakahaere, Māori Caucus to lead the college activities. The college is building is stakeholder relationships, ensuring the mental health nursing voice is heard at all key meetings and responding to key nursing documents. Growing and sustaining a well-trained mental health nursing workforce is at the forefront of all we do.

We do need new members in the College, please consider this as a great way to meet portfolio requirements, fresh ideas, energy and commitment to the improved outcomes for people who needs services is essential to the vitality and success of the College.

Anne Brebner, President

## Gina Soanes from NZNO mental health nurses section

Gina Soanes, the new chair of the NZNO mental health nurses section, believes that nurses need to be **adaptable** and ensure **care remains person focused**. We also need to be involved in influencing the future direction of mental health services and ensure our voices are heard. The organisations that represent and support mental health nurses need to **work collaboratively**. The differences of these organisations can often highlight the diversity in mental health nursing and therefore the differing viewpoints that need to be expressed.

As a section we have identified specific areas of concern and opportunity:

- the currently unregulated workforce in mental health and the future of the specialist mental health nurse in that environment
- direction and delegation of staff and the impact this can have on mental health nursing
- violence in the workplace
- recruitment and retention of mental health nurses and the employment of new graduates in the area.

Steph Anderson, South Island, Drug and Alcohol Nurses of Australasia (DANA)

## Steph Anderson from DANA

In 2014, I had the privilege of spending time with addiction nurses around the country as part of the roll out of Matua Raki's withdrawal management training. What never failed to impress me was the diversity of our workforce and the range of skills we hold in such a relatively small pool of nurses.

It was great to see we are starting to work in a much more integrated way with nurses in mainstream mental health services. This move has also been evident with the closer links forged between the professional bodies DANA (Drug & Alcohol Nurses of Australasia) and Te Ao Māramatanga (New Zealand College of Mental Health Nurses).

My hope for 2015 is that addiction nurses continue to connect with and **support** each other. Through these stronger links and use of frameworks such as the New Zealand Addiction Speciality Nursing Competency Framework (www.matuaraki.org.nz/library/matuaraki/addiction-specialty-nursing-competency-framework) and DANA certification process (www.danaonline.org/?attachment_id=2212) we will see a more focussed workforce which in turn will attract new graduates.

Addiction nursing is a great career for nurses wanting to support people with often quite complex treatment requirements. It provides you with opportunities to continue to learn and develop your skills as each person that you are working with has unique needs, especially physical health problems and often mental health problems too. Relationship building is key, not only in the nurse-patient relationship building, but also in building and sustaining relationships with other health professionals. If you feel like you want to embark on a new career pathway please feel free to send me an email Steph.Anderson@nmhs.govt.nz

With best wishes for a productive 2015.
Steph Anderson.

## The future of mental health nursing and information

Mark Smith, clinical lead, Te Pou

I don't have a crystal ball; I don't think anyone else does either. However, there are some trends in mental health nursing information, which if they continue, will lead inevitably in a certain direction. That direction is one we can start to think about and plan for. I want to emphasise in this column three trends in information which will, almost certainly, have enormous implications for mental health nursing.

**Increasing access to information for service users**

Service users will increasingly have access to information which is currently deemed purely clinical and out of their reach. The development of e-access will mean clinical plans, clinical notes, diagnostic procedures, communication between professionals over care and outcome results to mention only a few forms of information, will be directly obtainable by service users.

This has many implications for nurses into the future. The language in which nurses communicate to and about service users will have to be more aware of the service user as a potential reader of those written communications. Also the ability of service users to challenge information with which they are not in agreement will also increase as they become more aware of material written about them. Nurses will need to be skilled in supporting the way service users make sense of this information.

**Increasing emphasis on outcomes information**

Mental health nurses have placed enormous emphasis upon the process of developing therapeutic relationships with service users. This emphasis will continue but there will be an increasing focus on the need to demonstrate outcomes from those therapeutic encounters.

There will be an increasing focus on the ability of clinicians and service users to access their own self rated outcomes and clinician rated outcomes. It may well be that eventually service performance and funding will have a more formal connection than they do now.

Service users will also be able to rate clinicians and services in e-forums in a way which will provide indications of service user satisfaction. This is an area where nursing could show more leadership than it has traditionally. As the numerically largest health professional group in mental health services, nurses could make a decisive difference to the development of an outcomes focused culture.

**Increasing emphasis on research information**

Research information will become increasingly important. There is every reason to expect that increasing volumes of research will lead to

more user friendly e-access to key findings. As information becomes more personalised and individualised, the ability of clinicians to only receive information updates on key research finds in specific areas of their interest will improve through individualised apps and other tools.

We live in interesting and fast moving times in mental health and addiction services. Information in its many forms will play a central and increasingly important role within our services. We all need to keep up and learn to see the opportunities ahead!

## Carolyn Swanson a service user perspective on the future

**A personal view**

As many articles in this edition of *Handover* have outlined, the world of mental health and addiction services is changing fast and poised to change even more tremendously. There is a sense of standing on the brink of a tidal wave as we move into a more informed and technologically reliant and savvy time. We are expected to do much much more with less and can no longer afford to be siloed in our approaches, professions, areas, roles and models.

While this naturally holds some trepidations and concerns, I also believe it holds really exciting opportunities and solutions which will positively affect the lives of people who experience mental health and addiction problems.

I love the concepts of shared, co-led, authentic service and treatment between people and health professionals. As service users we can access SO much information about our challenges now. But which is good, helpful and useful information and which is incorrect and potentially hindering? The answer is it can ALL be useful if it is used in the right ways – yes even the scary, bad or wrong stuff! It's all in the relationships we have with our health providers – especially with nurses. Nurses can be the conduits for encouraging people to find out as much information as they can and then discuss the findings. You have SO much knowledge and you have relationships with us. I see this as an opportunity to really support therapeutic and healthy relationships.

A couple of years ago, during a time of mental 'hellbeing' I was trying to explain some valid (to me at that time at any rate) concerns and issues with a psychiatrist and a nurse. I had researched and really thought about what was going on. They said to me 'you really must stop googling things', which by the way I hadn't, I had access to very current research through work. I felt really put down. Later I thought, why weren't they encouraging me in this? Isn't it good that I was motivated and thorough in looking for answers and solutions? It was an opportunity they missed. I became discouraged and felt unheard, confused, misunderstood, judged and unvalued. I disengaged at that time as I felt there was no hope. It got to a desperate point for me after that until a community nurse I had in the past called me, concerned to see how I was going. **Together** we sifted and sorted all the information, thoughts, worries and ideas I had and found new and old solutions. He was patient, kind and affirming but also skilled at talking about hard things. We both compromised on things, I felt we were equally invested and respectful, we shared the risks. I also felt overwhelming relief as I stopped having to carry a mountain alone.

That is where I see nurses being so incredibly powerful as we go into the future, as full partners, guides, sounding boards, tutors, and skilled and informed autonomy supporters for the people and their families they work with.

Carolyn Swanson,
service user lead, Te Pou

# Whānau Ora is everyone's business

*by Joanne Henare, Whānau Family Advisor, MidCentral District Health Board, Ngati Wehi Wehi, Ngati Tukorehe, Ngati Mutunga o Whare Kauri*

MidCentral District Health Board
Te Pae Hauora o Ruahine o Tararua

Te Rau Matatini launched its Whānau Ora Mental Health and Addiction Workforce Framework documents at the 5 November National Drug-Free Workplace Alliance annual hui in Wellington.

The documents are:

1. Whānau Ora workforce development – a literature review
2. A mental health and addiction workforce framework – a Whānau Ora approach
3. Whānau Ora and COPMIA – the interface literature review.

Joanne Henare was a member of the Te Rau Matatini advisory group that produced these documents which are available at http://www.matatini.co.nz/resources/publications/wh%C4%81nau-ora-documents.

Working with whānau and natural supports is integral to the provision of high quality health service provision. Whānau Ora is a major health initiative driven by Māori cultural values. At its core is the goal to empower whānau/families and natural supports within their community context as opposed to individuals within an institutional context.

Whānau Ora requires the clinical workforce and government agencies to provide services and opportunities that empower whānau/families and natural supports as a whole, rather than focusing separately on individuals and their problems. It is an approach available to all whānau/families requiring support across New Zealand.

Joanne Henare

Whānau Ora is not a one-size-fits-all approach. It is deliberately designed to be flexible to meet whānau/family needs. Some whānau/families will want to come up with their own ways of improving their lives, and they may want to work on this with hapu, iwi or non-government organisations. Other whānau/families will want to seek help from specialist whānau/family-centred service providers, who may offer them wraparound services tailored to their needs.

Whānau Ora aims to support whānau/families to achieve their maximum potential and enhance their wellbeing through the self-management of health, educational, economic and cultural aspects. Using this approach, clinicians can work alongside whānau/families and service users to help them identify their needs and develop support plans to achieve their goals and aspirations.

If whānau/families and natural supports are engaged as early as possible in the treatment and care of service users, a respectful partnership can be established between all parties where roles and responsibilities are clearly defined, and clear and open dialogue takes place. Staff that recognise and address the whānau/family needs for relevant information, education, skill development and cultural support will start to see whānau/families becoming more effective and resourceful.

*Whānau Ora requires the clinical workforce and government agencies to provide services and opportunities that empower whānau/families and natural supports as a whole, rather than focusing separately on individuals and their problems*

# Addiction nurses' update

*by Klare Braye, project lead, Matua Raki*

The 6th Addiction Nurses Symposium was held recently in Dunedin, attended by nearly 40 nurses from the region.

Mel Green (nurse educator, Southern DHB and vice-president of Te Ao Māramatanga NZCMHNurses) and Mark Greco (RN/AOD clinician, Southern DHB).

The aims of these symposia are to:

- foster relationships
- enhance skills
- encourage advanced practice and nurse practitioner development
- share journeys and ideas
- hear about new and planned initiatives
- explore career opportunities.

This day is directed at nurses working with addiction. Clinicians from other disciplines are more than welcome, in recognition of the value of working within teams that pull on the strengths and resources of a range of professions. The dominant attendance at this event was from Southern District Health Board (DHB). While primary care and NGO representation was low, a number of services and locations were present and the networking, questions and chatter were lively.

Southern DHB managed much of the event organisation and a huge acknowledgement must go to Mark Greco (RN/AOD clinician at CADS Dunedin) for all his work. Te Oranga Tonu Tanga opened our day, paving the way for a time of learning, networking and resource gathering. Drug and Alcohol Nurses Australasia (DANA) was there promoting its drive to support nurses working with people with alcohol and other drug-related issues. Te Ao Māramatanga New Zealand College of Mental Health Nurses was also in attendance.

*The passion and efforts of the work of the presenters was inspiring.*

**The presentations were of a fantastic standard**

Moira Gilmour (managed withdrawal nurse, Capital & Coast DHB; and DANA North Island representative) began the day. She gave a national perspective on the direction of addiction nursing, by explaining how the *Addiction Nurses Framework* offers a system and direction regarding the skills and knowledge required for working with addiction. She highlighted how it ties in with existing professional development and recognition programme processes, ensuring its value and that it is not simply an 'extra' task. Moira demonstrated some of the key skills and knowledge through the use of case studies, bringing the criteria to life. She also talked about the DANA certification process, a means of professional validation of established professional nursing practice standards in addiction nursing.

Klare Braye (project leader, Matua Raki) provided a snapshot of the work and activities that support the addiction workforce and offered some insights in to the recently undertaken mental health and addiction workforce stocktake. She highlighted some of the key features with regards to the South Island and nurses in particular, a profession that make up 17 per cent of the addiction workforce.

Mel Green (nurse educator, Southern DHB and vice president of Te Ao Māramatanga) offered some insights into the roles and functions of the college. She highlighted the availability of the research scholarship, evaluation of the new entry graduate programme, standards of practice for mental health nursing and credentialing. She concluded by asking the group how they could better work to support addiction nurses.

Symposium participants

Berni and David Solomon (Lakes DHB; Waiariki) offered a summary of new psychoactive substances and reflected on a range of interventions to support those who use them. They drew on much international literature and discussion ensued about how New Zealand differs from what some of the evidence shows is happening overseas.

Mark Greco (RN/AOD clinician, Southern DHB) shared how the DHB has implemented a pre-contemplation group for probation clients. He talked of the challenges of such a group, the need to clarify their roles as health provider rather than probation officers and to change the expectations of probation that their clients would be miraculously 'fixed'.

Steve Howie (Watch house nurse, Canterbury DHB) introduced the Watch House Initiative implemented in Christchurch police station as a way of engaging and assessing people. It has been shown to be very effective and is valued by the police. The primary identified substance used is alcohol, although the majority of referrals are for mental health. The team sits within mental health services and this raised some really good questions regarding the screening processes used and the focus of skills of clinicians.

Patsy-Jane Tarrant (clinical nurse specialist forensic services, Southern DHB) presented on the role of court liaison nurses. A very, very small team of sole practitioners covers a very, very large number of courts. They provide reports to the criminal court although they have no official guidance on what is expected. A huge proportion (88 per cent) of their clients are known to mental health services, but they cannot access DHB databases. They are exposed to scrutiny over their practice but are unable to access supervision from their nursing peers. They are concerned they will become desensitised, feel undervalued and un-consulted. They lack a framework for the mahi (work) they do and, in essence, are learning in their role from what works or, more to the point, what does not. Patsy proposed some clear recommendations for moving forward including a framework for practice, a credentialing process and a need to recognise the value of their role.

The antabuse clinic is a nurse-led initiative, initially developed through a requirement for study by Moira Gilmour and then integrated into CAPA (Choice and Partnership Approach). It offers an effective intervention for those clients often returning to services, as high risk, chronic alcohol users. From initial inquiries it appeared that the prescribing of antabuse had lost favour, and simply wasn't working. Clients had 'stocks of the stuff' in their cupboards but just weren't taking it. This intervention with the support of addiction clinicians and community pharmacists is changing that.

The acceptance and commitment model was introduced by Bernie Thijssen (RN/AOD clinician, Southern DHB). She talked us though the matrix process of acceptance, mindfulness, making a commitment and developing a living well plan. Her passion for the model to support nursing practice to work with tāngata whai ora by offering an alternative or addition to relapse prevention was inspiring.

Sarah Barkley, (OST, Lakes DHB) talked about the importance of therapeutic relationships with clients. Her focus was on opioid substitution treatment (OST) clients but the principles are generic. She talked of 'positive' rather than 'punitive'; respect and trust that is mutual; being where the client is at, not where we expect them to be; collaborative goal setting; compassionate curiosity; and taking a holistic approach, in other words the essence of a co-existing problems approach. She noted the need for a good assessment, but also rounding that off with a formulation and treatment plan that is shared with the client, who we must always remember are 'people' – someone's sibling, parent, child, friend. It was a good reminder of why we are working in the field.

The overarching theme of the day appeared to be how we can get these initiatives occurring across services. The passion and efforts of the work of the presenters was inspiring. Many of these initiatives can occur throughout the country and with the support of those already implementing them. The efforts this takes were not unnoticed, but then neither too were the rewards.

Details of next symposium and many of the presentations from this event can be found on the Matua Raki website, www.matuaraki.org.nz.

To keep in touch with what is happening in the addiction sector check out the latest Matua Raki newsletter (http://www.matuaraki.org.nz/library/matuaraki/matua-rax1e35i-newsletter-december-2014) which highlights presentations from Cutting Edge and the Addiction leadership day and much more.


December 2014

Matua Raki News

Matua Raki Workplace Innovation Awards

Each year Matua Raki gives out workplace innovation awards to showcase innovations that have contributed to improving workplace wellbeing and staff engagement. The aim is to focus national attention on addiction treatment organisations and services engaged in best workforce practices. This year's winners were announced at the Cutting Edge conference dinner on 18 September 2014.

Supreme winners

Inside:

Matua Raki

# Nursing workforce celebrations

## Dual competency-based professional development for Māori mental health nurses

*by Maria Baker*

Northland District Health Board's commitment to enabling Māori registered nurses to access the Te Rau Matatini – Huarahi Whakatu Professional Development and Recognition Programme (PDRP) in the region saw eight Māori mental health nurses complete the programme before Christmas 2014. Māori nurses Candy Cassidy, Alice Haretuku, Natalie Pere (Whangarei CATT), Ruelle Kessell (mental health triage), Susan Henare, Elizabeth Denton (Te Roopu Whitiora), Lisa Tangitu (Dargaville community mental health), Te Warati Ututaonga- Pawa (Te Tai Tokerau PHO) were successful in completing the programme.

This was made possible with strategic support and leadership by director of nursing Margareth Broodkoorn, workplace support by Te Roopu Whitiora manager – Bevan Holtz, Whangarei mental health manager Adrian Hatton, Dargaville manager Jen Thomas; Te Tai Tokerau Director of Nursing Hemaima Reihana-Tait.

Huarahi Whakatū is a Nursing Council accredited PDRP specifically tailored by and for Māori registered nurses. For more information contact: Maria Baker: maria.baker@matatini.co.nz or visit www.matatini.co.nz/training/M%C4%81ori-nursing-pdrp-huarahi-whakatu-pdrp.

From left to right: Natalie Pere, May Hart, Elizabeth Denton, Ruelle Kessell, Alice Haretuku, Candy Cassidy, Lucy Bush, Peti Kake, Susan Henare, Maria Baker, Lisa Tangitu.

*You don't know what you don't know so this course has given me more insight into mental health and addiction and in turn more confidence…*

## Success of mental health credentialing programme for registered nurses in primary care

*by Valerie Williams*

Te Ao Māramatanga New Zealand College of Mental Health Nurses has provided the Mental Health and Addiction Credentialing programme for registered nurses (RNs) in primary care for the last three years. Its aim is to enhance the competencies and confidence of RNs in their clinical practice in regard to working with people with mental health and addiction issues.

**Manaia and Te Taitokerau PHOs' nurses succeed**

Another fantastic achievement was completed by Manaia and Te Taitokerau PHOs (Northland) in 2014. Fourteen RNs were successful in gaining a Mental Health and Addiction Credential in Primary Care. There must be something about the winter-less north that enables this success. Is it the sun? The beaches? The fish 'n' chips at Mangonui? The answer is Manaia and Te Taitokerau PHOs have a great working relationship with Northland District Health Board's (DHB's) specialist mental health services.

Registered nurses, managers and clinical leaders working across these organisations have a commitment to the people and the community they provide services to and reside in. Both Maria Baker and I were blown away by the professionalism of these RNs in wanting to increase their knowledge and skills so that the people they see are able to be screened earlier and provided with a brief intervention or referral.

**So where to from here for Credentialing in 2015?**

Next steps are to explore possibilities of the Mental Health and Addiction Credential in

Primary Care by following through with three broad recommendations from the Evaluation Report (April, 2014).

1. There needs to be wider implementation of the Mental Health and Addiction Credentialing Framework:
    - » in partnership with the Ministry of Health and Health Workforce New Zealand (HWNZ).
    - » in alignment with the Mental Health and Addiction Service Development Plan (Ministry of Health, 2012)
    - » by key stakeholders that include the National Nursing Organisation, Directors of Mental Health Nursing, DHBs and primary care organisations, non-government organisations, Corrections, and consumers
    - » through an external evaluation of the impact of credentialing, which could include examining the impact on primary care nurses' practice, on service provision and integration of care, on peoples outcomes and the experience of care.
2. Maximising the mental health and addiction potential of primary care nurses by:
    - » strengthening a mental health and addiction stepped-care approach
    - » finding opportunities to maximise the potential of the existing primary care nursing workforce
    - » supporting primary care nurses to access mental health and addiction education and training and practice development support.

The proposed outcomes would be:

- » primary care nurses undertaking screening, providing early intervention and referral
- » primary care nurses contributing to the provision of continuing care for people living with complex issues and/or long-term conditions.

3. Developing the primary care nursing mental health and addiction workforce:
    - » a partnership with Health Workforce NZ will be established to provide leadership for the development of a primary care nursing mental health and addiction workforce development plan that includes the establishment of linkages between all key stakeholders.

For more information please contact Valerie Williams who is the manager for Te Ao Māramatanga New Zealand College of Mental Health Nurses and is also based with the South Island Regional Training Hub as the mental health and addiction workforce planning lead. Email valwilliams@nzcmhn.org.nz or visit http://www.nzcmhn.org.nz/Credentialing

From left to right: Kathy Menary, Sue McGiven, Dot Dawson, Sheryl deWaal, Cathy Sangster, Darryl Francis, Cheryl Turner, Lynda Matthews, Jenny Borg, Valerie Rivers, Leanne Peachey, Penny Drummond, Lorna Denmead, Heather McVicar

**Feedback from nurses included**

…… I am using a lot of what I learned and I can see a difference already….

I chose this course because it was my 'weak' area of practice. But wow! I have learned so much but, more importantly, it has enhanced existing skills.

Very practical and pertinent in general practice/primary care for both chronic and acute care.

…You don't know what you don't know so this course has given me more insight into mental health and addiction and in turn more confidence…

… it has definitely been a success in teaching 'an old dog new tricks'! In my hospital training mental health education was minimal so to have a lot of it formalised has been excellent.

Can say with honesty I am taking away a lot of new knowledge and confidence with being able to provide my patients with appropriate care. I am able to reflect on my practice more effectively.

This credentialing programme filled a number of gaps in my knowledge especially in regards to stepped care. It has also added to the tools in the kete to make more accurate assessments and choose appropriate pathways. Communication skills and motivational interviewing cemented previous experience.

*Getting help:*

# mental health and addiction services for health professionals

*by Dr Sheila Doshi, Dr Brett Ferguson, Dr Janice Clayton*

Ashburn Clinic provides funded services for health professionals who have moderate to severe mental health and/or addiction issues that necessitate hospital treatment when admission is not possible within the local area.

This is often for reasons of privacy and confidentiality. While this service is most often used for doctors or nurses working in the mental health field, it can be used for professionals working in any health service or other "high profile" people (for example hospital managers) for whom admission to their local psychiatric hospital would likely compromise the confidentiality of their treatment.

**How to access treatment**

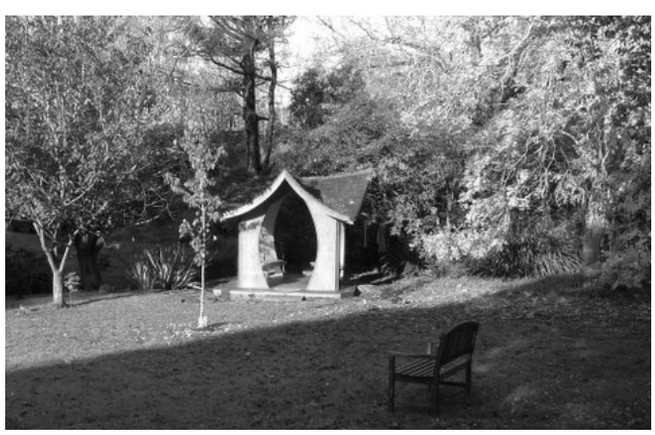
The criterion for accessing impaired professional funding for admission to Ashburn Clinic is the referring clinician assesses that admission to hospital is necessary. The referring clinician then discusses his/her assessment and reason for referral with the Medical Director of Ashburn Clinic, Dr Brett Ferguson and, if he is satisfied that the criteria are met, he will request approval from the Director of Mental Health Services in the Ministry of Health or his deputy.

If the criteria are clearly fulfilled the Ashburn Clinic Medical Director will advise the admission can proceed. The admission can take place within 24-48 hours if it is urgently required. Some people will stay for a few weeks while their acute mental health problems are sufficiently treated. Others may stay for up to several months to also address some of the significant issues that underlie their mental health difficulties.

Ashburn Clinic works particularly well with people who have:

- treatment resistant depression and anxiety
- eating disorders
- addictions
- severe and complex responses to trauma
- personality disorders.

Ashburn Clinic office and garden



Te Whare Mahana o ngā hau e whā (the warm house of the four winds) – a meditative and reflective space in the grounds of Ashburn Clinic

The main residential building and garden of Ashburn Clinic

**The basis of the Ashburn Clinic programme**

Services for impaired professionals are integrated into the Ashburn Clinic therapeutic community, which is the core of the Ashburn Clinic unique service. A therapeutic community is a place where people and staff work alongside each other in an atmosphere of open communication.

The environment itself is located near all amenities in Dunedin, yet is in a country setting with privacy and the beauty of the natural environment. This setting has been available to people for 134 years, having been originally set up as an alternate to publically funded mental health facilities. Ashburn now operates publically funded as well as private services. The basic humanitarian tenets that motivated its founders to provide something which kept people engaged in everyday living are still alive in the community. People who come for treatment are expected to take an active role in their care, and to take part in the running of the community. In this way the person remains connected with everyday life and part of a social system. They will also help and support each other in the challenges of living and working within the therapeutic community.

Coming into the Ashburn therapeutic community can be a challenge for health professionals if they have a sense of shame or failure around their vulnerability. For some there may be a fear of losing their job, relinquishing their professional role or allowing others to be alongside them in their distress. Ashburn addresses potential barriers early on by putting voice to obstacles to engagement in treatment and encouraging people to work through these.

The main principles that underpin the therapeutic community involve creating a culture of openness, belonging, safety and empowerment.[1] In this humanistic framework of living and learning, reflective examined living is encouraged. The main therapeutic programme at Ashburn Clinic uses a structured day, with an emphasis on group meetings. Comprehensive physical and mental health assessments and treatment are provided by a multidisciplinary team of nurses, psychotherapists, psychiatrists, occupational therapists, general practitioners, and a dietician.

**Getting well and staying well**

The Ashburn Clinic community concentrates on the meaning of each person's feelings, actions and relationships so changes in understanding and behaviour can be made. The emphasis is on recovery through the exploration of issues that underlie the problems that the person presents with. They could be an addiction, mental health problems, eating disorder or all of these. Coexisting problems are worked with in this process. There are specialist groups for people with addictions and eating disorders and there is a healthy lifestyles programme for people who need to address basic daily living needs that have been lost or forgotten as the person has become unwell. Those who are in specialist programmes are not separated from those who are in the main programme and this integration allows people to learn about themselves from both a dynamic and educational perspective. The emphasis on everyday living means the transition to home and work is less onerous. Examples of this are the committees that people in treatment can be involved in such as the library, recreation, kitchen and carbon footprint committees.

Family and community involvement often occurs during treatment and in the lead up to discharge. Follow up care is considered prior to the person leaving treatment. Those in recovery from addiction or eating disorders who live in the Southern region can get support from an outpatient group held at Ashburn Clinic on a weekly basis. For those who come from other parts of New Zealand, phone contact is possible for a limited time if they have been part of the addiction programme.

Those who have been to Ashburn for treatment often use the words healing, safe and holding to describe their experience.[2] Describing a sense of empowerment one person in treatment said:

> *"The word that comes to mind for me about Ashburn is 'collaborative'. I have a sense of empowerment because I am able to direct my own treatment here. I can work alongside staff towards something, rather than being channelled on a particular path towards the outside world."* [3]

For further information please phone 03 476 2092 or visit our website: www.ashburn.co.nz

*"The word that comes to mind for me about Ashburn is 'collaborative'. I have a sense of empowerment because I am able to direct my own treatment here. I can work alongside staff towards something, rather than being channelled on a particular path towards the outside world."*

*1 - Haigh, R. (1999). The quintessence of a therapeutic environment: Five universal qualities. In P. Campling and R. Haigh (Eds.), Therapeutic Communities: Past Present and Future (pp. 246-257). London: Jessica Kingsley.*

*2 - Duder, C., (2007). The Ashburn Clinic: The place and the people. Dunedin: Uniprint.*

*3 - Marshall, D., & Smith, I. (June, 2013). Ashburn: Empowering patients through collaboration and innovation. A poster presentation at the DANA Conference: Auckland.*

# Children of parents with mental illness and or addiction (COPMIA) update

**The effects of familial mental distress, problematic substance use and/or problem gambling on children are complex and varied.**

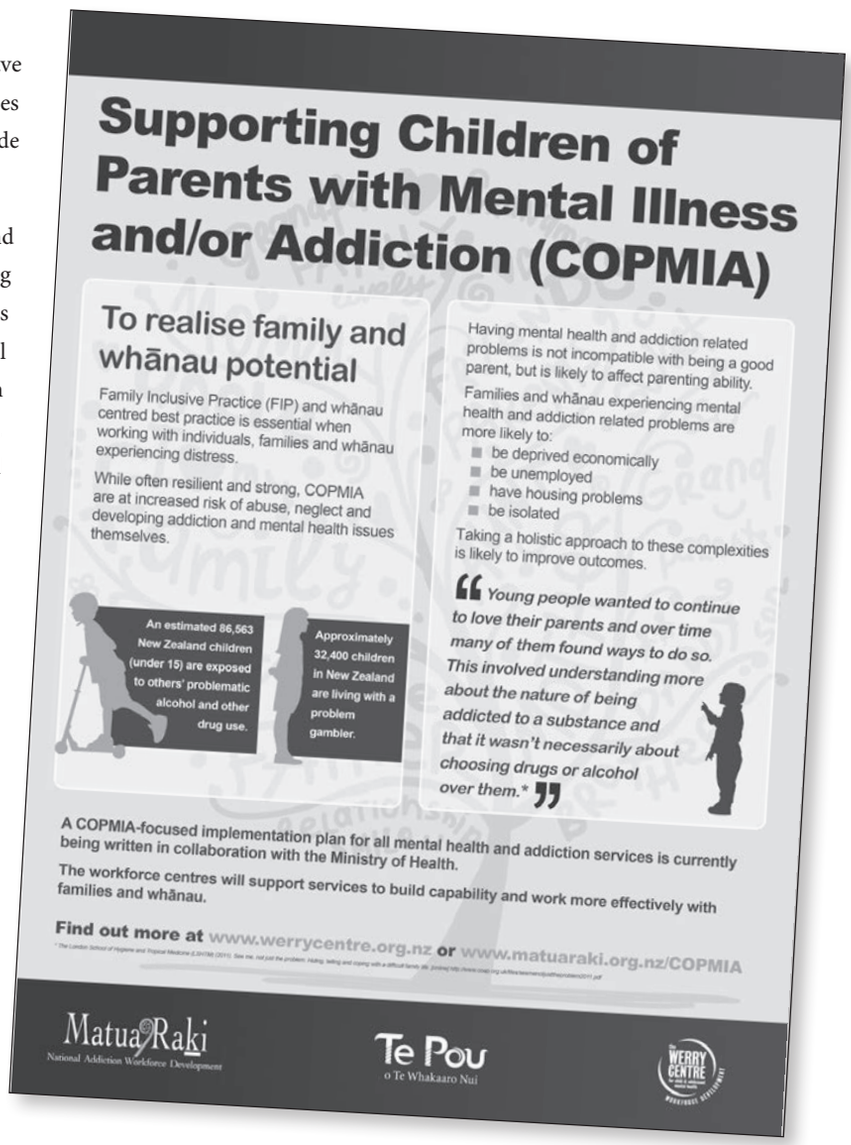
There are however a number of recognised ways in which these issues can potentially impact on the wellbeing of children. There can be harmful effects in relation to poor attachment, family dynamics, neglect and risk of violence as well as an increased likelihood that children may develop their own mental health or addiction related problems, as children or in later life.

Children that experience neglect or abuse are likely to have poorer physical, intellectual, social and emotional outcomes and are more likely to be placed into care and protection outside of their whānau.

Parental mental health problems, problematic substance use and or problem gambling is however, not incompatible with being a good parent. Many families experiencing these challenges have great strengths and resiliency. There is significant potential for early intervention to build on these strengths for children who may experience difficulties as a result of their parent, family or whānau's circumstances, intervening before potential problems arise. It is clear that many mental health, emotional and behavioural problems may be prevented before they begin, if we are able to intercede with evidence-based approaches early in the lives of children who may be at risk.

Adult mental health and addiction services are ideally positioned to be able to intervene early with whānau and their children. While some organisations are already working to become more COPMIA focussed, many professionals working in these areas report a lack of confidence, knowledge and skills for working with parents, families, whānau and children in a family and whānau inclusive way. The Ministry of Health has tasked The Werry Centre (for infant, child and adolescent mental health) in partnership with Matua Raki (the national addiction workforce development centre), Te Pou o Te Whakaaro Nui (for adult mental health) and Te Rau Matatini (for Māori mental health) and other key stakeholders with writing a COPMIA implementation plan. This plan will provide guidelines for all mental health and addiction services in New Zealand regarding the implementation of systems, policies and practices to identify and address the needs of COPMIA. These guidelines will also include a number of workforce development initiatives that will be implemented to support these practice changes.

For further information about this project please contact Bronwyn Dunnachie, senior advisor b.dunnachie@auckland.ac.nz or visit the Werry centre website www.werrycentre.org.nz/professionals/current-workforce-projects/copmia



# Preventing deterioration descending into chaos

*by Christine Rogan*

Christine Rogan, coordinator for Alcohol Healthwatch and its Fetal Alcohol Network speaks candidly about Fetal Alcohol Spectrum Disorder (FASD) in Aotearoa.

The other day, an exasperated social worker, trying his best to support a young man with FASD asked, "what more does he have to do to get the help he needs?"

Sadly and somewhat cynically I replied, "when he has seriously harmed himself or someone else so a punitive response can be exercised". The thing is, this young man – still in his teens with a very low IQ and multiple other impairments – is homeless and already in trouble with the law. Brain damaged before birth, raised in a loving stable home, he is now victim to inflexible systems that don't/won't recognise and accommodate the elevated risk that come with FASD. He is one of many facing hardship and re-victimisation.

The journey to adulthood for any child born damaged by alcohol can be perilous. Their difficulties grow as they grow. As societal expectations grow, understanding diminishes. The child's primary neuro-developmental impairments are largely missed, misunderstood, misdiagnosed or mismanaged. In school, a child with FASD can be pressured to comply, to behave, to achieve, to fit in. They can work harder than the average mainstream student to do their best and still be perceived as a wilful, uncooperative failure. Why? Because the degree of their brain impairment isn't understood or accommodated, which leads to deteriorating mental health. FASD requires those around the affected person to reach a higher level of understanding and responsiveness, not the other way around.

As a young adult with FASD put it insightfully. "Living with FASD can often be like standing in a dark room and being hit (not unlike a piñata) from different directions and never knowing where it was going to come from, or why. Small wonder we are often so reactive." (R J Formanek, 2015)

Families seeing this deterioration feel powerless, misunderstood, unsupported and too exhausted to fight on. Some are told their child needs to want to help themselves – which is like telling a deaf child to listen harder. Families denied respite, have been told to relinquish their disabled loved-one to Child Youth and Family. Is waiting for deterioration to descend into chaos the best we can do for people with serious brain impairment? When it happens again and again, it is the definition of insanity. It is time the madness stopped.

At a symposium and roundtable discussion in Auckland in September 2014, people from multiple sectors, united in their understanding, came together to figure out what needed to change to more appropriately address FASD in Aotearoa. Hosted by the University of Auckland's Centre for Addiction Research and Alcohol Healthwatch, a FASD Call to Action setting direction and priorities was developed.

The FASD Call to Action followed a Government agreement on Health Select Committee 2012 recommendations that proactive steps be taken to prevent FASD and better meet the needs of those living with it. That was 18 months ago and there have been no discernable signs of progress.

FASD needs everyone working in the same direction, with affected families as the vanguard – whichever door they happen to walk through.

## FASD in New Zealand: A Time to Act – Call to action consensus statement September 2014

### *Everyone is part of the solution.*

This Call to Action is for urgent strengthened efforts to improve the lives of individuals with Fetal Alcohol Spectrum Disorder (FASD) and their families and prevent this brain-based disability. FASD demands shared responsibility with committed cross-government and cross-sector policy and service delivery working together in a coordinated, funded and effective strategic direction.

Learn more about FASD or download a copy of the Call to Action at www.fan.org.nz.

# Taking stock of the workforce

## To prepare the nursing workforce for the future, we need to know nurses, their skills, competencies, roles and development needs.

*More than numbers* is a national initiative to gather data on the profile of the adult mental health and addiction workforce, and what is needed for future service delivery. *More than numbers* is led by Te Pou and Matua Raki, with support from Te Rau Matatini, The Werry Centre and Le Va.

Last year adult mental health and addiction organisations funded by Vote Health were invited to take part in an organisation workforce survey. The survey asked about workforce size, configuration, roles and ethnicity.

The survey had an excellent response rate: all 20 district health boards (DHBs) and 73 per cent of non-government organisations (NGOs) took part. A large proportion of the workforce was represented in the results.

We now have a picture of the adult mental health and addiction workforce of New Zealand in 2014, including the workforce employed in nursing roles.[1]

**Using the results to inform workforce planning**

A series of reports are available to help services use the data to inform workforce planning. Visit www.tepou.co.nz/morethannumbers to access full national reports and a visual overview of the national results. Visual overviews are also available for each region: northern, midland, central and the South Island.

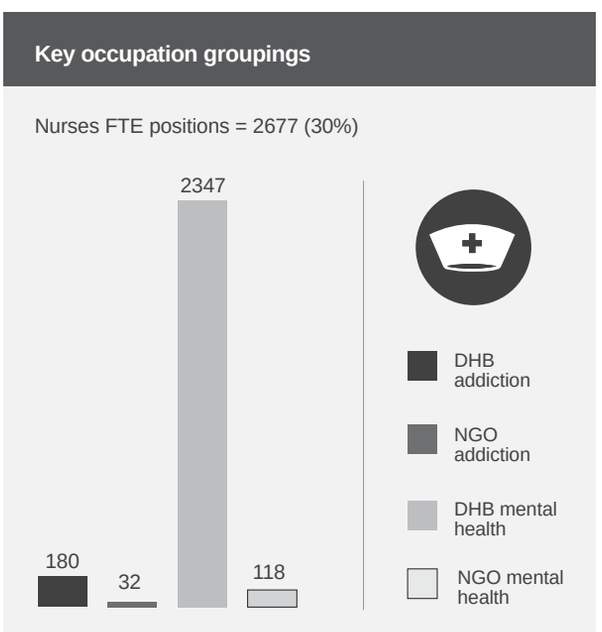
Over the coming months, regional and DHB reports will be made available. A special report on the nursing workforce will also be published this year.

**Access workforce planning support in your region**

Each region has a regional workforce planning lead, who can provide support using the survey results for workforce planning. Details can be found at www.tepou.co.nz/morethannumbers.

### Highlights

- 10,845 people are employed in adult mental health and addiction services.
- Nurses make up 30 per cent of adult mental health and addiction workforce.
- Nurses are mostly employed in DHB mental health teams (2,527 of 2,677 total full-time equivalent positions).
- Most nurses were employed in registered nurse roles (92 per cent).
- Nurse practitioner/specialist/educators roles make up 4 per cent of the nursing workforce, enrolled nurse roles make up 3 per cent and other nursing roles make up 2 per cent.
- 6 per cent of the nurse positions were vacant, slightly higher than the 4 per cent overall vacancy rate within services responding to the survey.




*1 - Survey respondents were asked to report the type of role that each staff member was currently employed in rather than their qualification.*

# Mental health and disability project *Mix and Match update*

*by Brenda Hall*

In the previous edition of *Handover* (available from www.tepou.co.nz) we profiled the Care Capacity Demand Management (CCDM) programme project currently being undertaken by the Safe Staffing Healthy Workplaces (SSHW) Unit together with district health boards (DHBs) and unions. Mix and Match is the part of this programme that enables a service to determine the most productive match between demand and base staff resourcing. This includes the determination of skill mix, staff numbers and scheduling.

To ensure Mix and Match is fit for purpose in DHB inpatient mental health units a mental health, addictions and disability advisory group (MHADAG) was formed. Membership is made up of DHB leadership, frontline and union staff. A pilot of the Mix and Match processes in a mental health inpatient unit has been conducted.

**February 2015 update**

The SSHW Unit has analysed data collected from the pilot site and have worked with staff and union organisers to finalise the reports. In particular I was keen to hear about their perceptions around the data collection, and what is missing so that we may continue to refine the process so it is fit for purpose for mental health.

The final report and experience of the process were shared with MHADAG on 20 February 2015 and recommendations are being formulated. The group considered what worked and what could be done differently in terms of process to ensure it reflects the reality of working in the mental health setting.

The next edition of *Handover* will provide a further update on the outcomes of this project.


## Te Ao Māramatanga New Zealand College of Mental Health Nurses in Wellington

**15-17 July**

The 2015 theme "Whanau Ora: New Growth from Old" has been chosen as it embraces the never ending evolvement of nursing, practices, interventions and the future of New Zealand health.

Abstracts and registrations are open, visit the conference website: www.conference.co.nz/nzcmhn15.

Whānau Ora
New Growth
from Old

Te Ao Māramatanga
New Zealand College of
Mental Health Nurses Conference

15-17 July 2015
Museum of New Zealand Te Papa Tongarewa
Wellington

# Countdown to ADOM implementation - 1 July 2015

Te Pou and Matua Raki are supporting the national implementation of the Alcohol and other Drug Outcome Measure (ADOM). Key documents providing information and guidance are now available on the Matua Raki website, www.matuaraki.co.nz.

The Ministry of Health has mandated ADOM collection and reporting from 1 July 2015. This will apply to all community-based outpatient adult addiction services, including outpatient after-care or continuing care programmes and post-residential or outpatient intensive treatment programmes.

The alcohol and other drug (AOD) sector is positive about the benefits of implementing an outcome measure that will allow a service user, together with their AOD clinician, to rate and track changes in the service user's recovery throughout their treatment journey.

**A summary of the key points**

- ADOM is a set of 20 questions for service users.
- Responses are collected at specific points in a service user's journey.
- ADOM consists of three sections:
  - » section 1 – 11 questions about the type and frequency of substance use
  - » section 2 – 7 questions about lifestyle and wellbeing
  - » section 3 – 2 questions about the service user's satisfaction with their recovery.

The process for collecting ADOM information is a collaborative one. The clinician introduces ADOM and then facilitates the process of working through the questions in a manner that supports service user-initiated responses (ratings) to each question.

ADOM is collected at assessment, three monthly reviews and discharge points during the treatment journey. Table 1 (below) shows how ADOM collection aligns with standard clinical treatment stages.

ADOM collections can be translated into a graphic format (feedback wheel) that provides a visual interpretation of the changes occurring. Service users have said they really value this easy to read format. It's so easy to see where changes are happening over time and is also a good way of discussing changes with their clinician.

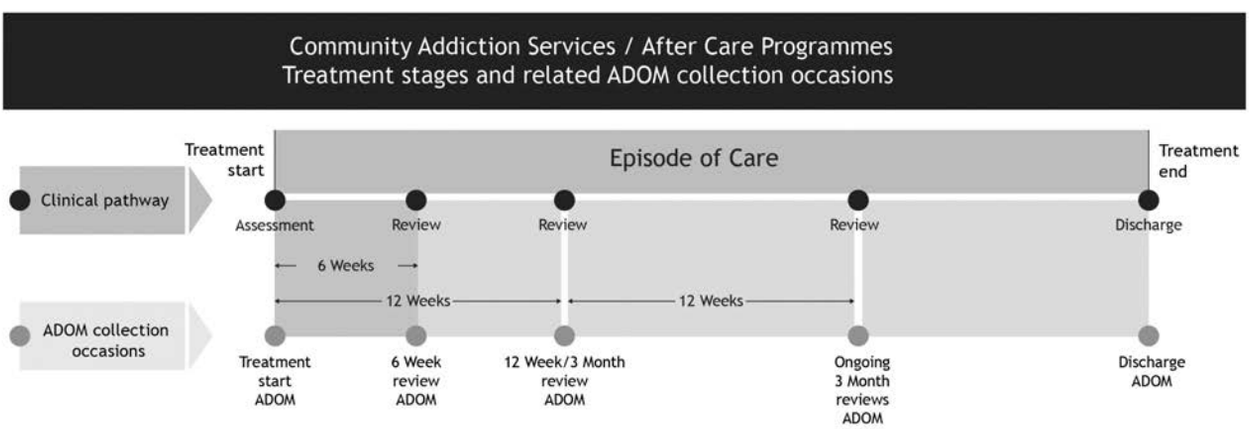
**Benefits for all**

Outcome information can add value at many levels, for example it can:

- inform and shape treatment – prompts discussion with the person about areas of change
- assist people to view the process and progress of their recovery
- provide clinicians with a means for reviewing treatment planning and goals
- assist organisations in recognising the impact of service models, service delivery and interventions
- assist in identifying case complexity through clinically significant items or index of severity reporting
- allow providers to self-assess at a team, service, regional and national level
- assist with the call for outcomes (rather than outputs) to increase service effectiveness and efficiency.

See www.matuaraki.org.nz/supporting-workforce/adom for more ADOM information or to learn about the ADOM Train the Trainer programme.

**Table 1: ADOM collection occasions**

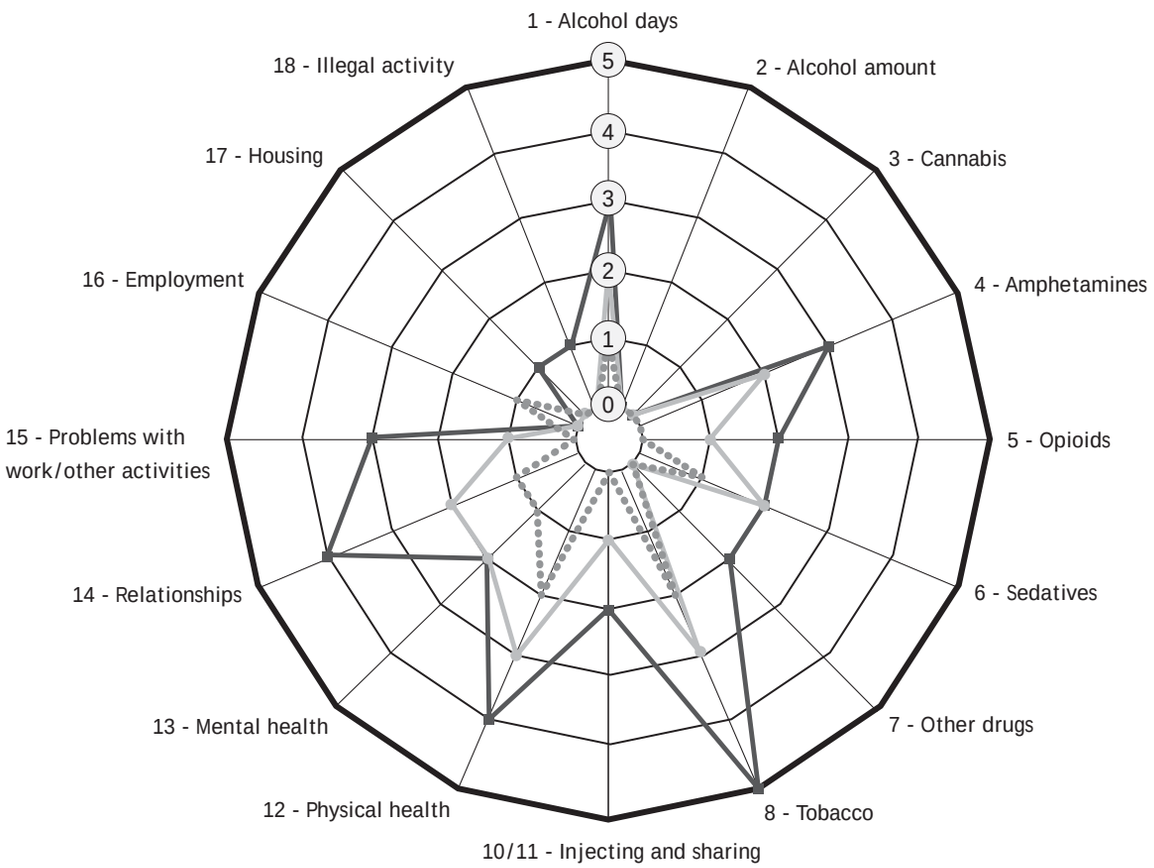


# EXAMPLE - ADOM feedback wheel[1]

Matua Raki Te Pou

This form can be used for up to three ADOM collections.
Record the date below and use a **different colour pen** each collection to show changes.

Date _____ Date _____ Date _____




**Main substance of concern**

Q.9 Substance *Alcohol* Substance *Cannabis* Substance *Ecstasy*

**Recovery progress**

Q.19 Overall, how close are you to where you want to be in your recovery (Where 10 = best possible)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

Q.20 How satisfied are you with your progress towards achieving your recovery goals?

| Not at all | Slightly | Moderately | Considerably | Extremely |
|---|---|---|---|---|
| | | | | |

**Plan/goals**

_____

_____

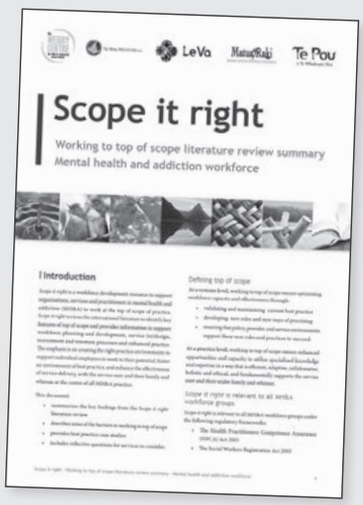
_____

1 - This feedback wheel is an example only

# Latest Publications

## Te Pou

**Scope it right**




www.tepou.co.nz/supporting-workforce/workforce-planning/working-to-top-of-scope

Scope it right is a workforce development resource to support organisations, services and practitioners in mental health and addiction to work at the top of scope of practice.

This resource defines working to top of scope as having both a systems and practice level.

At a systems level, working to top of scope means optimising workforce capacity and effectiveness through:

- validating and maintaining current best practice
- developing new roles and new ways of practising
- ensuring that policy, provider, and service environments support these new roles and practices to succeed.

At a practice level, working to top of scope means enhanced opportunities and capacity to use specialised knowledge and expertise in a way that is efficient, adaptive, collaborative, holistic and ethical, and fundamentally supports the service user and their wider family and whānau.

Seven key features of working to top of scope are identified and illustrated in case studies. These features are; role clarity, task shifting, role changes, enhanced capability, cultural responsiveness, professional boundaries and profession-less roles, education and training.

The literature review summary document:

- summarises the key findings from the Scope it right literature review
- describes some of the barriers to working to top of scope
- provides best practice case studies
- includes reflective questions for services to consider.

## Matua Raki

**Supporting people with mental health and or addiction problems who are also involved with the criminal justice system: A reflective workbook.**

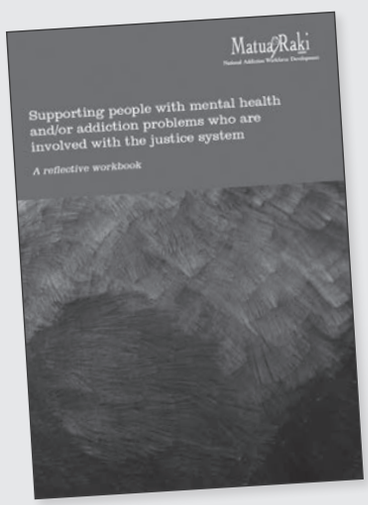
www.matuaraki.org.nz/library/matuaraki/supporting-people-with-mental-health-andor-addiction-problems-who-are-also-involved-with-the-justice-system-a-reflective-workbook

Matua Raki in collaboration with Te Pou have released a reviewed and updated version of a previous Matua Raki publication.

This workbook supports the mental health and addiction workforces to competently respond to people who have experience of the justice system. It takes the reader through a series of chapters and reflections on:

- attitudes
- cultural safety and cultural responsiveness
- ethics and boundaries
- skills of engagement
- cognitive impairment
- the justice context
- the mental health and addiction justice context
- working across systems.

Please note that this workbook does not cover 'forensic mental health'. Matua Raki hope that this workbook will be used in a variety of ways including as a resource for services and teams for their own in-service training and as a reflective workbook for individual workers. The workbook is available online only.



# Your stories

## *Stories of inspiring initiatives or service developments*

Here are some of the latest stories of change from the Te Pou website. Read them in full at www.tepou.co.nz/stories - you can also submit your own story idea online!

### Hawke's Bay DHB improving the lives of people with dementia

People with dementia can find it increasingly difficult to cope in the world on a daily basis – let alone to stay connected.

People who are experiencing the early stages of dementia may become unhappy and depressed, disengaged from partners, family/whānau and social activity. Others can become angry as they struggle to deal with the changes occurring in their world and their inability to articulate or control it.

Hawke's Bay DHB's answer is cognitive stimulation therapy (CST). The DHB has been running successful CST groups and maintenance programmes for people with mild to moderate dementia since 2009. It is now a regular service within their older persons' mental health team.

Developed in the United Kingdom, CST is an evidence-based structured group treatment that enhances the quality of life and cognitive ability of people with mild to moderate dementia. During CST a health worker leads the group through a range of activities, typically including word association, using money, current affairs and physical games, and supporting discussions designed to enhance participants' cognitive and social functioning.

CST encompasses all four principles underpinning the Ministry of Health's recently published Dementia Care Framework: a person-centred and people-directed approach, accessible and proactive services, integrated services and highest possible standard of care.

One participant, Mary, found the encouragement to relax and not panic about memory problems hugely helpful. "I forget names of people. 'Don't worry' they said to me, and I now have learnt the names of some members of the group."

Read the full story online, www.tepou.co.nz/story/2015/02/10/hawkes-bay-dhb-improving-the-lives-of-people-with-dementia

### Keeping young people safe

NZ Care is supporting its staff to deliver quality services to young people. There is an increasing demand for residential support for young people and their families, including those who fall under section 141 agreements and the Children Young Persons and their Families Act.

"We wanted to improve our ability to provide individualised and appropriate support for children and young people by understanding the specific and unique needs they have. This includes understanding the legal responsibilities that exist to protect them," says Vicki Stewart, general manager northern at NZ Care.

Read the full story online, www.tepou.co.nz/story/2014/11/21/keeping-young-people-safe

### Working with culturally and linguistically diverse populations

Laura Fergusson Trust Wellington (LFT) are supporting their staff to respond to individual cultural needs. Staff took part in a cross cultural care workshop, delivered by University of Otago. People rated the workshop as informative and thought provoking.

Read the full story online, www.tepou.co.nz/story/2014/12/03/working-with-culturally-and-linguistically-diverse-populations

# Events

## Working with Culturally and Linguistically diverse - CALD - people in the addiction sector

**Christchurch, 18 March 2015 – 19 March 2015**

Matua Raki, the Health Promotion Agency and Refugees as Survivors New Zealand will run a two-day workshop on Working with Culturally and Linguistically Diverse people in the Addiction Sector in Christchurch. This workshop will be beneficial for all addiction practitioners who support migrants and refugees in the course of their work.

http://www.tepou.co.nz/event/2015/03/18/working-with-culturally-and-linguistically-divers-cald-people-in-the-addiction-sector

## Engaging Pasifika Cultural Competency Workshop - disability focus

**24 March 2015**

The programme aims to ensure a mental health, addiction, disability and public health workforce that can better engage Pacific clients, families and communities at the critical first point of contact, ensuring the best possible outcomes for Pacific consumers and their families/aiga.

http://www.tepou.co.nz/event/2015/03/24/mental-health-specific-engaging-pasifika-workshop-1401939589

## Family therapy training

**Dunedin, 14 April 2015 – 16 April 2015**

Delivered by Craig Whisker, MA (Applied) in Social Work, NZAC, AANZPA. This 3-day training workshop introduces participants to family therapy theory and practice. The aim is to increase your effectiveness when working with individuals, couples or families in any setting.

http://www.tepou.co.nz/event/2015/04/14/family-therapy-training-dunedin

## The power of peer supervision

**06 May 2015**

In one training day participants are introduced to this team based approach to supervision, and a toolkit of processes that enable them to set up and run peer supervision groups that provide high quality supervision for themselves and their colleagues. (Discount to course fee if you mention you heard it from Te Pou or Le Va!)

http://www.tepou.co.nz/event/2015/05/06/the-power-of-peer-supervision-1422402984

NEW ZEALAND COACHING MENTORING CENTRE
LEADERS IN STRATEGIC COACHING SOLUTIONS

## People in Disasters Conference

**Christchurch, 24-26 February 2016**

The conference will showcase real life stories across health and emergency services, including dilemmas of living and working within a disaster context. Presentations from delegates who have been involved with response and recovery of a disaster, in particular anyone who has lived through a disaster in their own town/city, or country.

The conference's purpose is to explore the effectiveness of disaster planning and preparation; what cannot be planned for; and the short and long-term psychological and sociological impacts of disasters on casualties and responders.

Call for abstracts are now open so feel free to visit the website www.peopleindisasters.org.nz

PEOPLE in DISASTERS
RESPONSE RECOVERY RESILIENCE · 24-26 FEBRUARY 2016

**Missed the 2015 TheMHS summer forum: Men's Mental Health: building a healthier future?**

Information from the sessions is now online in the TheMHS blog, www.themhs.org/blog.php?action=show-category&id=7

**Visit www.tepou.co.nz/events for more upcoming events.**


RISING
to new heights
5th Australasian Mental Health
Outcomes and Information Conference
QUEENSTOWN, NEW ZEALAND, 11-13 NOVEMBER 2015
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