A special edition about infant, child and youth mental health and addiction nursing

Issue 36 - October 2016

Handover

Mental health and addiction nursing newsletter

When the land of teachers and mental health nurses became one

by Suzette Poole, co-editor Handover

Once upon a time there was a teacher and a mental health nurse, they both worked with children and young people. They lived in different lands with their own language, own customs and own ways of being. Each day they went to work; the teacher to school and the nurse to wherever a child or young person experiencing mental health or addiction issues lived, be it in hospital or in the community. The children and young people had wings to fly and moved freely between the land of teaching and the land of mental health nursing.

A common passion to make a difference in the lives of children and young people burned strongly in the hearts of both teacher and nurse. From a distance they saw glimpses of each other but the deep river between their lands meant they rarely ventured out of their homeland. Their professional paths seldom crossed.

Then one day the ground in both lands began to shake, and shake. The earth rumbled, the hills rolled, buildings crumbled and the river swirled. People in both lands were shaken, many hurled, some crushed and sadly some did not survive. Sudden bursts of adrenaline even shot down to the babies in utero as mothers-to-be were shaken.

Shaken teachers put on brave faces and gathered the children and young people together keeping them safe away from

Continued on page 2

the falling rocks and tumbling buildings. They did all they could to calm their terrified souls. They waited and waited. They waited for the shaking to stop but the ground paused only briefly between rumbles.

So many of the pathways to schools in the land of teachers were broken and they oozed with smelly grey mud from the broken earth below. Many children and young people flew into the arms of the parents and loved ones who conquered the journey to the school. But some never made it; their children waited and waited. When 'news' arrived they wept and wept. Sadly no last goodbyes for them.

The shaking never went away, the lands continued to rumble, although less often as time went by. Nevertheless, the children and young people that remained continued to live on shaky broken ground. The teacher and the nurse lived and worked on shaky broken ground but they now had another common bond- a rumbling world filled with shaken babies, children and young people.

When that river between the lands had swirled and swirled, the land had broken, then sunk and closed over. The river between the land of the teacher and the land of the nurse was now gone. In its place, rich fertile ground had arisen. This new ground was ready for seeds to be sown that could one day yield the blooms of healing and offer up fragrances of hope and wellbeing for the shaken children and young people.

The teacher and the mental health nurse, no longer divided, now stood on new fertile land and realised that many of the shaken children and young people had broken wings. They appeared to fly less freely. Their tears often flowed, they clung to their parents, they were afraid. Some tried to show they were tough and did not care. Risk taking became a fad. Their ability to be confident and calm had been tampered with. Worry, concern and, at times, fear prevailed in their faces; their ability to be resilient strongly tested. Some were facing life without a loved one – taken too early by the rumbling earth. How can we support them to soar again they both pondered? How do we live together in this new land of teacher and mental health nurse?

As time went by, in the now nature-merged lands of teachers and nurses, two new creatures appeared. The mental health nurse took up camp and moved into the land of education and from that emerged:

- a teacher with confidence and skills to support the wellbeing of young people and children who is supported by a mental health nurse
- a mental health nurse familiar with the language of 'teachers land' and able to live confidently in the culture and atmosphere of schools.

"How can we support them to soar again they both pondered?"

"How do we live together in this new land of teacher and mental health nurse?"

The broken wings of the shaken children and young people slowly began to mend and in the new land of teachers and mental health nurses they learnt to fly freely once again- soaring high to be the best they could be.

The End - or is just a new beginning?

- Read about the mental health nurses in Christchurch schools on page 22.

Guest editorial

by Dr Bronwyn Dunnachie, Senior Advisor, The Werry Centre, national centre for infant, child and adolescent mental health

Kia ora. It is an honour to be able to acknowledge all nurses who work in the mental health and/or alcohol and drug services in this editorial, and in particular, nurses who have focused their work in the area of infant, child and youth mental health inclusive of alcohol and drug (ICAMH/AOD) services. My career has enabled access to many stimulating and rewarding workforce experiences, and my choice to work in ICAMH/AOD services and in related roles has been at the heart of these experiences. In short, I am passionate about working in the ICAMH/AOD sector.

In developing this editorial I was asked to focus on the key mental health and alcohol and drug issues facing infants, children, young people and their families and whānau in New Zealand. Clearly our understandings of the experiences of children, young people and whānau are essential to describing how nurses can partner with, offer options, inquiry and interventions in their nursing roles as part of a multi-disciplinary, multi-skilled approach. However if we only focus on the mental health and addiction issues we immediately move our gaze away from viewing children and young people from a position of strength and resilience. We simply cannot deny the significant health and social disparities which serve to compromise the wellbeing of infants, children and young people, and that may lead to experiences of potential mental health problems and substance misuse.

A recent report released by The Ministry of Social Development (MSD) states that there are one hundred and forty-eight thousand children in New Zealand who are missing out on the basics of life including food and clothes[1].

We are fortunate to have access to a wealth of information from our own New Zealand research. The Christchurch[2] and Dunedin[3] longitudinal studies, the Growing up in New Zealand research[4] and the serial Youth 2000, 2007 and 2012 studies[5] have provided extensive and important information that describe a range of factors contributing to an understanding of how infants, children and young people thrive, and factors affecting their resilience. Acclaimed Māori researchers such as Professor Sonja Macfarlane[6] are supporting our growing understanding of Māori whānau health and wellbeing. Access to other models of health for specific communities provides a platform for the delivery of culturally informed services to infants, children, young people and whānau.

With access to such a wealth of information to inform the design and delivery of ICAMH/AOD services, and contemporary nursing practice, we are faced with the challenge of how we transfer this knowledge into our daily practice across a range of primary, secondary and inter-sectoral settings.

The competing demands on our time, added to by issues such as a 10 per cent nursing vacancy rate in New Zealand CAMHS[7] and anecdotal reports of increasing acuity profiles in services, serve to further reduce the time we have for direct contact with those accessing services and whānau. Making the time for supervision, mentoring and coaching, which are essential to sustain contemporary practice, are also at risk of being neglected when other demands are given priority.

Whilst these are our realities, we all share a responsibility to keep infants, children, young people and whānau at the centre of all that we do. Developing our leadership skills, and putting ourselves forward to be a part of the decision making at an organisational level are essential to challenging some of the existing models of care as well as promoting new models of care that will provide a better platform for contemporary service delivery.

The *hope* that we seek to ignite, or re-ignite, as an outcome of our partnerships with those accessing services and whānau requires us to act as role models. Role modelling a passion for our work, embracing learning opportunities, keeping abreast of the research, accepting opportunities to co-create research in partnership with those accessing services and their whānau, embracing technology advances and nurturing opportunities to reflect on our practice all support our nursing practice and contribute to creating ICAMH/AOD services which have the potential to make a difference.

1 The Christchurch Press, 9th Sept 2016
2 http://www.otago.ac.nz/christchurch/research/healthdevelopment/
3 http://dunedinstudy.otago.ac.nz/
4 http://www.growingup.co.nz/en.html
5 https://www.fmhs.auckland.ac.nz/en/faculty/adolescent-health-research-group/youth2000-national-youth-health-survey-series.html
6 www.tehonongapukenga.ac.nz/user/332
7 www.werrycentre.org.nz

NEXT EDITION:

Issue 37 – will be released mid-December. Remember if you have any ideas for stories we would love to hear from you – Co-editors: Caro Swanson - caro.swanson@tepou.co.nz and Suzette Poole - suzette.poole@tepou.co.nz

Contents

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Tēnā koutou katoa

On behalf of Te Pou o te Whakaaro Nui and The Werry Centre, we are delighted to bring to you this magical edition of *Handover* focused on nurses working together to support infants, children and youth who experience mental health and or addiction issues and their families and whānau. We open with a 'once upon a time' story that relates to our feature article about a school mental health team initiative in Christchurch, which evolved after the major earthquake on 22 February 2011.

Our guest editorial by Dr Bronwyn Dunnachie clearly signals that we all share a responsibility to keep infants, children, young people and whānau at the centre of all that we do.

We then describe how workforce centres that is; Te Pou o te Whakaaro Nui, Matua Raki, Le Va, Te Rau Matatini and The Werry Centre are working to help improve the well-being of infants, children, youth and families. This includes collaborating to support the 'Supporting Parents Healthy Children' Ministry of Health guideline which is also the focus of Leigh Murray's family column.

Understanding what co-design is and seeing an example of how this translates into reality are portrayed in articles from Caro Swanson and Joyce Leevard.

The ICN update from Dr Frances Hughes reveals just why investing in girls' education is an important global issue.

We profile nineteen nurses in this special edition. WOW. You will read about nurses:

- practicing in workforce development - Dr Bronwyn Dunnachie, Michelle Fowler and Bronwyn Pagey
- being innovative, developing new services and programmes - Suzy Ruddenklau, Carmen Murphy, Jane Macgregor and Michelle Cole, David Smith, Ray McEnhill, Nic Roffey
- leading practice - Rubashnee Naidoo, Pauline McKay, Jon Erick, Ross Mackay
- developing an NGO service - Pat Mitchell and Maria Kekus
- beginning their careers in CAMHS - Amanda Barnes, Danielle Morrison

The Information alive column by Mark Smith outlines some of the outcomes from child and adolescent services. In our Nursing digest column Barry Kennedy highlights several publications related to child and youth.

Collectively we advocate that the wellbeing of children is everyone's responsibility, not just infant, child and adolescent services. We hope this special edition inspires you to take action to improve how we, as nurses, can better support families and whānau which in turn can improve the health and wellbeing of infants, children and youth in New Zealand.

Ngā mihi

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Workforce centres

Supporting infant, children, youth and their families

Te Pou o te Whakaaro Nui

Te Pou o te Whakaaro Nui (Te Pou) is a national centre of evidence based workforce development for the mental health, addiction and disability sectors in New Zealand. **http://www.tepou.co.nz/home**

We work with a range of organisations and people including service providers (DHB and NGO), training and education providers, researchers and international experts. Organisations can use our resources, tools and support to improve their services. Te Pou includes Matua Raki (addiction workforce development) and Disability Workforce Development. We're funded by the Ministry of Health.

Our initiatives to support organisations working with child, youth and families and whānau include:

- **Working with families and whānau** http://www.tepou.co.nz/initiatives/working-with-families-and-whanau/152. We work alongside other workforce development centres to support the workforce to meet the needs of people experiencing mental health and addiction issues within the context of their family and whānau. We support the implementation of the 'Supporting Parents, Healthy Children' initiative (formerly known as COPMIA - children of parents with mental illness and/or addiction).
- **Early intervention in psychosis** http://www.tepou.co.nz/initiatives/early-intervention-in-psychosis-/164. We provide information and resources for clinicians and leaders to support workforce development in the Early Intervention in Psychosis services.

Matua Raki
National Addiction Workforce Development

Matua Raki update

by Klare Braye- project leader

Tēnā koutou katoa

Matua Raki, whilst targeting workforce development for adult addiction services, are very mindful that there is no clear demarcation of transitioning from youth to adulthood. Furthermore, the impact of substance use often impacts both family and community, including younger people and children. Matua Raki is working on a number of initiatives and activities that have an impact on the health and wellbeing of our rangatahi and tamariki. These include:

Supporting Parents, Healthy Children

Alongside the other workforce centres being led by The Werry Centre, we are supporting the implementation of 'Supporting Parents Healthy Children' (previously known as COPMIA) guideline - www.matuaraki.org.nz/initiatives/supporting-parents-healthy-children/161.

Fetal Alcohol Spectrum Disorder (FASD) Action Plan

We have provided feedback on the Ministry of Health's proposed Fetal Alcohol Spectrum Disorder (FASD) Action Plan. This document is New Zealand's first attempt to take a strategic and coordinated approach to FASD identifying goals, priorities and actions pertaining to prevention, early identification, support and evidence gathering. Matua Raki looks forward to continued involvement with the Ministry in this area. http://www.health.govt.nz/publication/taking-action-fetal-alcohol-spectrum-disorder-fasd-discussion-document

'Real People' resource

An exciting new release for Matua Raki is the 'Real People' resource, a collection of people's personal stories of their pathways to recovery. This resource is already having value by its presence across a range of primary care, youth and mental health and addiction services, instilling the hope that 'recovery is possible' http://www.matuaraki.org.nz/resources/real-people-share-their-recovery-stories/688.

Check out some of the early life experiences of children and youth and their thoughts later in life as adults.

Jessica's story:

"As an adolescent and being a good kiwi lass, I was on the piss every weekend. I was proud to be able to drink the boys under the table even though I seldom remembered the details …"

"Today I don't have to drink or use drugs to deal with life and every day amazes me …"

Paul's story:

"I had a difficult childhood… at 11, I tried solvents… I started smoking and when I was 13, I tried cannabis…"

"I could experience joy without drugs (it only took a quarter of a century)…"

Angela's story:

"I didn't need help to understand why addiction got a grip of me. I knew I had a shitty start to life and no one around me had the skills to take care of me … I was bumbling along until I found that stuff that made me feel better and numb my eternal pain … By 15, I was living out of home and consuming alcohol regularly…"

"I can now feel pretty okay with myself and my life... This is a good place to be."

Look after yourselves, your friends, your whānau, your colleagues.
Noho ora mai rā, nā

Klare

Klare Braye

Engaging authentically with Pasifika youth

by Dr Monique Faleafa, chief executive, Le Va

Dr Monique Faleafa

Youth participation means actively and supportively involving young people in all areas of our society – the family, school, workplace, place of worship, social groups and wider community.

UNICEF defines youth participation as "adolescents partaking in and influencing process, decisions and activities." The Canadian Mental Health Association states that "meaningful youth participation involves recognising and nurturing the strengths, interests and abilities of young people through the provision of real opportunities for youth to become involved in decisions that affect them at individual and systemic levels."

Walking the talk

At the start of this year, while planning for our bi-annual conference *Growing Pasifika Solutions* (#GPS2016), Le Va committed to creating and supporting a youth-based conference committee (Youth Action Komiti or YAK) of Pasifika youth leaders from across the country with diverse experiences and ethnicities (Samoan, Tongan, Cook Islands Māori, Niuean, Māori and European).

Taking this authentic youth participation approach to our conference was a priority from the outset, and the 15 members of the YAK were actively involved in the co-design, co-development and co-delivery of #GPS2016.

For me personally, our young people showed inspirational leadership and respectful guidance for the way Le Va as an organisation, and also as individuals, 'walk the talk.'

It helped that one of our board members, Josiah Tuamali'i, is a well-known national youth leader who champions and supports best practice for working with Pasifika young people.

We had a lot of interest in our process from policy makers, researchers, service providers, the community workforce, funders and young people. So we decided to document our lessons learned to give guidance and share with others should they wish to engage with our young people the way we did.

Symbolically sharing leadership

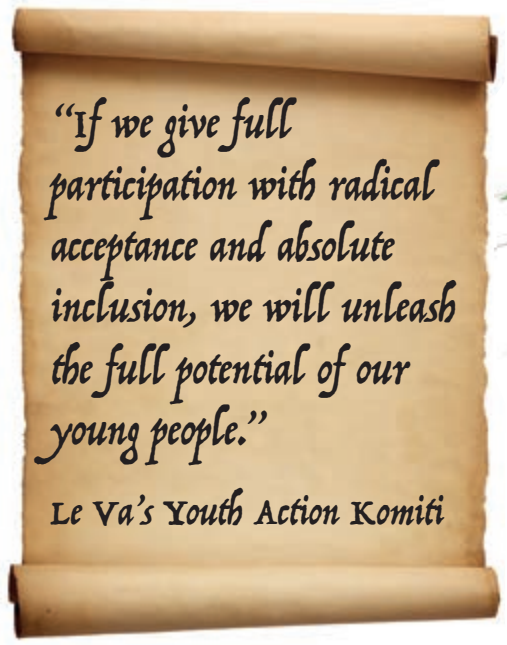
For Le Va staff, authentic youth participation in practice ranged from ensuring rides home, phone credits and food, to clinical support and pastoral care, to mentoring academic study pathways, to de-prioritising other Le Va projects in order to accommodate.

It was a privilege to watch our cultural values being executed so naturally – not just talking about values like alofa and tautua, but living and breathing them with our young people.

It also involved engaging with the Northern region DHB's Matua Council early on to ensure cultural support and spiritual guidance from our elders for #GPS2016. Ensuring Matua support and blessing was a priority for Le Va – not only for the success of the conference but to protect our young people so that they were supported to freely voice their opinions.

Nine guides in nine months

Over nine months, our approach culminated into the two days of #GPS2016, where we role modelled good practice on how to work authentically with Pasifika young people.



We've now documented our experience through nine guidelines to support other organisations and groups to effectively engage with an authentic youth participation approach working alongside our Pasifika young people.

We have based the guides on the three themes of our conference:

Absolute inclusion

1. **Effective processes**
   - Have clarity on your purpose and outcomes.
   - Recruit team members as fit for purpose.
2. **Sufficient resources**
   - Ensure adequate financial support and man hours.
   - Supply a facilitator skilled at engaging Pasifika youth.
   - Have a clear awareness of time requirements.
   - Allow time to connect and engage.
3. **Mutually clear communication**
   - Use appropriate language.
   - Practice unbiased listening.
   - Over communicate.

Radical acceptance

4. **Organisational readiness**
   - Ensure your current staff have the appropriate attitude, knowledge and skills for working with diverse Pasifika young people.
   - Induct young people to your organisational values and purpose.
5. **Nurturing the va**
   - Show authentic and respectful engagement.
   - Connect the intergenerational divide.
   - Promote awareness of alofa atu - alofa mai.
   - Engender positive energy and fun.
6. **Pastoral care**
   - Provide emotional, cultural and spiritual support and care.
   - Be prepared to go the extra mile.
   - Take a strengths-based approach.

Full participation

7. **Shared power**
   - Share goal setting and decision making.
   - Promote a safe space for free discussion and ideas.
   - Develop a shared group identity.
8. **Providing meaningful roles**
   - Support opportunities to grow youth capability in their interest areas.
   - Enhance strengths of young people.
9. **Mutual trust**
   - Develop a genuine commitment to each other.
   - Empower each other to do their best.

You can download the full guidelines from the resource centre on our website: www.leva.co.nz

How can mental health nurses use the youth participation guide?

Nurses in child and adolescent mental health services have specialist expertise for working with children and adolescents. Many have completed Le Va's Engaging Pasifika Real Skills Plus cultural competency programme (part of the *Let's get real* competencies), and so they understand why and how to 'nurture the va' (guideline number 5) with Pasifika young people and their families.

For nurses that do not specialise in the youth area, these guidelines are useful to think about when planning treatment, particularly for nurses in primary care. Ensuring shared goal setting and decision making in a safe space with mutual trust, and providing extra pastoral care from a strengths based perspective are vital components of effective care plans and, ultimately, better outcomes for the young person.

Te Rau Matatini

The core business of Te Rau Matatini is workforce development (Māori and non-Māori), education, clinical and cultural capability and capacity for the advancement of indigenous health and wellbeing for our people, their communities and whānau families to achieve whānau ora.

Whānau are the priority. Te Rau Matatini is committed to significantly improving the health of Māori that will contribute to increased entire wellbeing for individuals, whānau and their communities.

Te Rau Matatini are leaders and change agents in promoting an integrated approach to Māori workforce development. They are clear in their vision to contribute as a world leading organisation with a strategic focus on becoming the centre of excellence.

Te Rau Matatini has a rangatahi team. One of the Henry Rongomau Bennett Māori Health Leadership pathways is Tomokanga Whakamua which has a focus on Rangatahi Leadership Development.

The objective is to advance rangatahi Māori leadership in health. Te Rau Matatini has included this investment in-house with the development of the Rangatahi Rōpū of Te Rau Matatini. Their involvement across a range of workforce development streams ensure Rangatahi perspective, engagement and leadership.

Dan McCool, Eunique Kitiseni, Geneveine Wilson, Grace Walker

Supporting Parents Healthy Children – Te Rau Matatini works collaboratively across this national workforce programme to provide and promote a Te Ao Māori view in relation to whānau. Where whānau is inclusive of tamariki.

Initiatives to support organisations working with whānau include:

Waka Hourua responds directly to the expectations of the New Zealand Suicide Prevention Action Plan. Te Rau Matatini and Le Va are partners in the four year programme delivery of Waka Hourua, a National Suicide Prevention Programme for Māori and Pacific whānau and their hapori communities. Waka Hourua is funded by the Ministry of Health.

Over the past 10 years, Te Rau Matatini has been actively engaged in the design, development and delivery of community suicide prevention and postvention programmes across Aotearoa New Zealand. A key learning over the past 10 years is that "one-size does not fit all" when it comes to community suicide prevention and postvention planning. Identifying community champions and building rapport to gain their trust, confidence and support encourages the development of essential components to assist the progression and delivery of tailored community suicide prevention and postvention initiatives.

Whānau Tū, Whānau Ora - Community Suicide Prevention Planning

This programme aims to support whānau affected by suicide to achieve their aspirations and will focus on the strengthening of whānau leadership to champion the transformation of whānau.

Māori Mental Health & Addiction - Te Rau Matatini is contracted by Health Workforce New Zealand, within the Ministry of Health, as the National Centre for the Māori Mental Health and Addiction Workforce. Their mahi work focus relies on our working in partnership with key sector organisations, to encourage collaboration both within Aotearoa New Zealand and internationally, for the benefit of our people.

This mahi work has a focus on:

- Fostering the strength of **Māori health leadership** through the promotion and implementation of Leadership Programmes and Workforce Scholarships.
- **Supporting best practice** through strategic frameworks, cultural competency, models of practice, resources and scholarships.
- **Research and evaluation** portfolio to support evidence based Māori workforce development programmes
- Implementing **dual-competencies** into training curricula, career pathways and scope of practice through professional development programmes
- Rangatahi youth mental health and addictions **workforce pathways.**

Kia Ora Hauora - Kia Ora Hauora the "Māori Health as a Career Programme" is a national Māori workforce development programme that was established in 2008 to increase the overall number of Māori

working in the health and disability sector. The programme is a shared responsibility between District Health Boards, Tertiary Providers and Te Rau Matatini.

Mental Health & Addictions Career Pathway Information - Te Rau Matatini launched a series of online resources on Mental Health & Addiction Career Pathways. This information provides an outline of the types of jobs, salary expectations, employment opportunities and the skills, knowledge and personal requirements for individuals considering these careers.

Workforce development - Te Rau Matatini has been designing and developing Māori Health Workforce training programmes for the past ten years. These programmes focus on improving the cultural competency of the health workforce, and responding to the needs of Māori and their communities.

Toro Mai To Ringa - Online Cultural Tools for Child and Adolescent Mental Health Services (CAMHS) is host for Te Tomokanga, Te Tomo Mai, Chur Chur Bro and Kia Ai Te Tangata indigenous tools and resources for use in CAMHS and Kura in Aotearoa New Zealand.

Te Tomokanga and Te Tomo Mai are cultural responsive tools developed to help contribute to improving and providing positive experiences for Māori users of CAMHS. These tool measurements are vital components of cultural processes and exit protocols with Māori whānau and rangatahi.

The *Chur Chur Bro* resource is a bilingual mental health self-help care website for Rangatahi Māori. This resource offers interactive activities that focus on mental health care information and knowledge.

The *Kia Ora Ai Te Mauri O Te Tangata* resource is an innovative DVD where rangatahi tell their stories around their issues with alcohol and other drugs, as well as how they were able to stop.

Cybersafety for an Indigenous Youth Population is a literature review resource from Te Rau Matatini. See - http://teraumatatini.com/sites/default/files/Cybersafety%20for%20An%20Indigenous%20Youth%20Population.pdf

Contact details - For more information, please connect with Te Rau Matatini on:

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The Werry Centre for Infant Child and Adolescent Mental Health

The Werry Centre is a national centre for infant, child and adolescent mental health, led by Professor Sally Merry, child and adolescent psychiatrist, and situated within the Department of Psychological Medicine at the University of Auckland. The three arms of the centre are research, teaching and workforce development. The centre is involved in the development and promotion of evidence-based approaches to healthcare as well as supporting clinical staff and services working with infants, children, young people and their whānau throughout New Zealand.

The Werry Centre aims to improve the mental health of New Zealand's children and young people by:

- providing high quality training to professionals working in mental health and alcohol and other drugs (AOD) services
- promoting research in infant, child and adolescent mental health
- advocating for the mental health needs of infants, children and adolescents in New Zealand
- supporting the infant, child and adolescent mental health and AOD workforce nationally.

Current workforce projects include:

- Supporting Parents, Healthy Children (formerly COPMIA)
- Co-existing problems (CEP)
- Drivers of Crime
- The Stocktake
- The Choice partnership approach
- Incredible years and Primary care Triple P

Workforce development opportunities include:

HEEADSSS training (Home, Education/Employment, Eating, Activities, Drugs and Alcohol, Sexuality, Suicide and Depression, Safety). This assessment allows for early identification of mental health, alcohol and other drug (AOD) issues and other information to assist young people in their development.

Foundations in Infant Child and Adolescent Mental Health. An online education course for primary care practitioners comprised of four modules: infancy, childhood, adolescence and ways to support the mental health of infants, children and adolescents. Each interactive module takes 2-3 hours to complete and can be undertaken in stages. CME-related certificates of completion are available for each module and completion of the entire course, including a final quiz. This will result in the acquisition of knowledge at the primary level of Real Skills Plus, as well as a Werry Centre certificate that can be used for performance reviews and job applications.

E-Skills Plus (Real Skills Plus). The Real Skills Plus ICAMH/AOD is a competency framework that describes the knowledge, skills and attitudes that a practitioner needs in order to work with infants, children and young people that may have mental health and or alcohol or other drug concerns. In 2014 the framework was reviewed and now includes a primary level relevant to those working in the primary care sector.

E-Skills Plus is an online self-assessment and is ideal for those health professionals in services who work with infants, children and young people and their families. It is user friendly and takes 20 minutes to complete. Individual and team/service reports can be generated as this tool can identify areas of strength and areas for further skill development for both individuals and teams. The results of E-Skills Plus can help inform service planning, development and delivery, and can complement performance review processes.

Find out more about **E-Skills Plus:** Go to the Werry Centre website www.werrycentre.org.nz, and look for 'E-Skills Plus' under the 'professionals tab.'

Co-existing problems: The Werry Centre has a number of initiatives currently running within the CEP project.

- **Co-Existing Problems (CEP) & Youth: E-learning resource for enhancing practice and service delivery.** This online training is for people working in all areas of youth health, mental health and addiction. It includes an overview of current treatment recommendations and presents a practical guide for clinicians working with youth with CEP in primary care and specialist mental health and alcohol and other drug (AOD) services. Ultimately, this training will help the workforce support young people experiencing mental health and/or substance use issues in an integrated and holistic manner. Modules 1-9 are accessible on the website www.werrycentre.org.nz.

- **CEP enhanced clinicians:** This project aims to work with services and clinicians to identify people who have enhanced skills in the delivery of best-practice to young people experiencing co-existing problems. Once identified, these clinicians are offered a range of workforce development initiatives, which aim to increase their ability to support the skill development of their colleagues, thereby increasing the opportunities for best-practice service delivery. This includes the use of technologies such as video-conferencing to ensure nationwide 'reach', and the sharing of resources through the development of a web-sub-site and discussion forums. This project also provides training in the Substances and Choices scale brief intervention and CEP, nationwide to primary care, NGOs and specialist services working with young people.

Postgraduate Certificate in Health Sciences (Child and Adolescent Mental Health)

The Werry Centre is contracted by Te Pou, under Skills Matter funding, to coordinate and deliver the Postgraduate Certificate in Health Sciences (Child and Adolescent Mental Health). This programme has been running continuously since 1998. Over 300 student-clinicians from all over New Zealand have completed the Certificate. The Postgraduate Certificate comprises 60 points which can be used towards the Postgraduate Diploma (120 points).

The Certificate programme consists of three courses: two 15 point single semester courses (Development and Psychopathology) and a double semester 30 point course (Assessment and Treatment planning).

While not funded through Skills Matter, this year saw the start of a new double semester (full year) postgraduate course in Youth Forensics with 12 students from around New Zealand taking part. This was in response to an increasing need for mental health clinicians to be competent in working with youth presenting with forensic issues.

Both of these courses are offered through web-based learning and campus block teaching. Most students are nurses, social workers or occupational therapists. Most complete the Certificate over two years.

More information is available through the University website or via Skills Matter

- https://www.fmhs.auckland.ac.nz/en/faculty/for/future-postgraduates/postgraduate-study-options/programmes/certificates/pgcerthsc/pgcerthsc-child-and-adolescent-mental-health.html
- http://www.tepou.co.nz/initiatives/core-skills-for-specialist-practice-in-infant-child-and-adolescent-mental-health-and-addiction/49

The wellbeing of children is everyone's responsibility, not just infant, child and adolescent services.

The Werry Centre, Matua Raki, Te Pou o te Whakaaro Nui, Le Va, Te Rau Matatini and Abacus, in partnership with the Ministry of Health, collaborate to support District Health Boards (DHBs) and other services to implement the 'Supporting Parents, Healthy Children' guideline. The Werry Centre leads this joint workforce initiative http://www.werrycentre.org.nz/professionals/current-workforce-projects/copmia. This webpage also includes a video from Dr. John Crawshaw which outlines why we need to improve how we support children and families and the Ministry of Health's expectations.

The guideline, along with several resources, can be accessed from the Ministry of Health website http://www.health.govt.nz/publication/supporting-parents-healthy-children.

"Parents want the best for their children and these guidelines provide all mental health and addiction services, adult and child services alike, with the mandate to work in a family-focused way to help parents achieve this. This will ensure that the wellbeing of children is everyone's responsibility, not just infant, child and adolescent services" (MoH, 2015, p iii).

Check out 'Top five take tips' from both children and parents mentioned in 'Supporting Parents, Healthy Children' guideline (Ministry of Health, 2015, p., 9).

Top tips from children

Provide information so we know we're not alone

- Help us find information and link us with other kids whose families have similar lives so we don't feel alone.

Reassure us that it's not our fault when things are difficult

- It's easy for us to feel like family challenges are our fault. Reassure us and don't assume that we know it isn't our fault when things are hard.

Don't assume that abuse or neglect is happening; don't assume it isn't

- Give us a space to talk confidentially about any worries. If our parents aren't treating us well, talk to them about this: let them know it's not okay; don't condone it.

Focus on our families' strengths

- No family is perfect. Acknowledge the positives and give us hope.

Keep our families together

- Support us to visit parents in hospital or residential treatment. Link us in with support that will help Mum or Dad with parenting so we can stay in their care.

Top tips from parents

Ask us about our families and whānau

- Ask if we have kids, in a genuine, conversational way. Remember to ask men about their families too.

Share knowledge of positive activities and supports out there

- Link us in with services and supports for parents in our local community.

Support us to talk with our children about what's going on

- Help us find the language and resources to explain to our children what we're going through in a way that feels right for us, and will provide the information our kids need.

Help us look after the practicalities

- If we're admitted to hospital, residential treatment or respite, find out where our kids are and if they're okay.

Make it safe for us to talk about our children

- Understand that we're likely to be feeling guilty for not being perfect parents. Understand our anxiety about losing care of our kids; let us know that you're there to support us and will be up front about any concerns.

Meet The Werry Centre nurses

Dr Bronwyn Dunnachie: Senior Advisor

Dr Bronwyn Dunnachie's current work spans three domains: a senior advisor role for The Werry Centre, a senior advisor role at the Ministry of Social Development (MSD) in Wellington, and a small private practice in Christchurch.

At The Werry Centre, Bronwyn is part of the senior management team, supporting the governance structure of the centre and contributing to key strategic and operational decision making. Based in Christchurch, Bronwyn supports the Christchurch office team, and has oversight for several projects including the across-workforce programme initiative, 'Supporting Parents, Healthy Children.'

"This initiative is a wonderful opportunity to ensure we work systemically with families and whānau across all services. The benefits to children and young people in these families cannot be underestimated when we start our conversations with people coming into our services with the question 'Are you a parent?', ensuring we recognise the role of parenting as often the most significant role the people in our services engage in, as it is for us," explained Bronwyn.

"In recent years I have been privileged to work alongside people from numerous disciplines in infant, child and youth mental health inclusive of alcohol and drug (ICAMH/AOD) services, and continue to be in awe of the level of professionalism and expertise across professions including nursing. This is in contrast to my entry into Child, Adolescent Mental Health Service (CAMHS) in the 90s when the CAMH nursing role was mostly situated within in-patient services. Whilst clearly requiring significant expertise, the role did not extend into the significant array of services in secondary, and increasingly primary health services, both in-patient and community, as we have seen in more recent years. In even more recent times, there have been increasing opportunities to work across sectors including the education, justice and child, youth and family (CYF) agencies."

Her current role at MSD in Wellington is also an example of how nursing career options are extending. "The creation of the 'New Children's Entity' (NCE), (proposed to be named - 'Ministry for Vulnerable Children, Oranga Tamariki') which is the re-development of CYF, poses enormous cross-sector opportunities to share our expertise," says Bronwyn. NCE hopes to redress the appalling statistics with regards to the trauma experienced by an estimated 230,000 New Zealand children under the age of 18 at some point during their childhood, around 6 out of 10 of whom are likely to be Māori (MSD, 2015).

This initiative utilises a co-design approach, relying heavily on the voices of children and their families and whānau who have used CYF services in the past to direct service development. The initiative extends to investment in prevention and early intervention which are likely to lead to improved outcomes for children, young people and their families and whānau.

"Positioning this agency development through a trauma focused lens is yet another indication of the opportunities that continue to be available to share our expertise as nurses with experience working with infants, children and young people with mental health and/or alcohol and drug concerns, and their families and whānau," says Bronwyn.

Dr Bronwyn Dunnachie

Bronwyn believes that "with so many opportunities now accessible to mental health and addiction nurses to share expertise across services and sectors, and be involved in initiatives where we partner with people who have used services in a co-design approach, our profession will remain relevant, meaningful, stimulating and rewarding, hopefully contributing to positive outcomes for the people who are in contact with our services."

Career pathway

Bronwyn has a background in mental health nursing. She commenced her journey as a student psychiatric nurse at Sunnyside Hospital in Christchurch, undertaking a three year hospital-based programme. From there, Bronwyn completed a bridging programme in Nelson to gain a comprehensive nursing registration, then further general nursing training in Melbourne. She then continued on working as a registered mental health nurse both in private and public community mental health programmes whilst undertaking a Bachelor of Education. Bronwyn returned to New Zealand and began working in Child and Adolescent Mental Health Services (CAMHS). She also completed a Master of Education (Counselling) and a PhD which focused on depression during adolescence. Bronwyn has held senior nursing and management roles in CAMHS services for many years including the role of clinical head of a CAMHS team in Christchurch and a nurse consultant role for the same service until commencing a senior advisor role at The Werry Centre.

Bronwyn's small private practice, offers therapy to children, young people and their families, and clinical supervision for people working across a variety of CAMHS roles.

Bronwyn Pagey: Project Manager

Bronwyn Pagey

Bronwyn works part time as a project manager for The Werry Centre, based in the Christchurch office. Her main project is the promotion and implementation support for E-Skills Plus, the online self-assessment of the Real Skills Plus ICAMH/AOD framework.

The Real Skills Plus ICAMH/AOD is a competency framework that describes the knowledge, skills and attitudes that a practitioner needs in order to work with infants, children and young people that may have mental health and or alcohol or other drug concerns. Bronwyn is very excited to be part of this project.

She has a passion for working alongside young people and their whānau and providing best quality care. She has a strong interest in professional and workforce development.

Bronwyn is a registered nurse with extensive experience working in adolescent mental health and AOD services, both in non-government organisations and Canterbury District Health Board. She worked briefly at CPIT School of Nursing in Christchurch as a clinical lecturer. Prior to joining The Werry Centre team, Bronwyn worked for three years in the primary sector as a public health nurse in Christchurch. She enjoyed this work and working with the team, and found her experience in mental health a huge asset to the role. Working in the public health sector also enabled Bronwyn to gain an understanding of working in the primary health sector.

Bronwyn completed her Master of Health Science, focusing on adolescent AOD and group therapy, with a view to becoming a nurse practitioner. This was put on hold due to starting a family. She is now exploring further study options including completion of her PhD.

Bronwyn continues to do some work in the AOD and public health nursing areas and also provides clinical supervision to clinicians working in these areas. She finds this is a good balance to maintain her clinical skills. "Having hands on experiences of what is happening in both the ICAMHS and primary health care sector assists with my work at The Werry Centre", says Bronwyn.

Michelle Fowler: Project Manager

Michelle has been a registered nurse for 20 years and currently works as a project manager at The Werry Centre. Most of her time in nursing has been within the mental health and addiction sector and many of the varied roles she has enjoyed have been focused on young people.

Michelle last featured in the Winter 2008 edition of *Handover* (Issue 6, p, 12) where she described the work she had been doing that year setting up community detoxification services in the Tauranga region. She also wrote about how she enjoyed getting alongside people and their families and whānau, educating and supporting them through the detoxification process.

She is really passionate about mental health and addiction work, especially the opportunities it provides to engage with people. "What I love about it is empowering people to make changes and seeing their wellbeing grow," she says.

From 2009-2014 Michelle worked at Youth Specialty Services in Christchurch. There she saw young people with mental health, addiction and co-existing problems (CEP) on a clinical basis. She also worked in the youth drug court, helping young people with substance issues related to their offending to clear their criminal charges and stay out of jail – giving them an opportunity to start again.

Michelle says that when a young person has charges they can't apply for some jobs or they can't travel and that can have a big impact on their wellbeing. "So it's about helping them with that process and improving their quality of life so they can make changes – not just for their benefit, but also for their whānau and the community. It's very rewarding and I feel quite privileged to journey with these young people and their families for six months to a year, and just to see the transformations they go through."

Michelle is a solo parent to her two-year-old daughter Sophie, which she finds rewarding and challenging, especially in terms of her work-life balance. But she makes this a priority, keeping her current work at The Werry Centre to just 20 hours per week with some extra contract work on the side.

Her roles at The Werry Centre are varied but all revolve around promoting effective services for people with CEP and providing resources and training for clinicians so they can be responsive to young people with CEP.

One job has been developing a CEP e-learning subsite which includes nine free online modules clinicians can access in order to upskill in this area (see www.werrycentre.org.nz/elearning-courses).

Michelle also provides train the trainer workshops for CEP champions around New Zealand. These are specifically focused on CEP and on upskilling the champions so they can train others to use the Substance and Choices Scale (SACS) in brief interventions. SACS is a fairly new alcohol and other drug screening and outcomes measurement tool specifically designed for use with young people www.sacsinfo.com.

Michelle Fowler

She also facilitates The Werry Centre's CEP enhanced clinicians network. This involves video-conferencing four times per year which gives the clinicians an opportunity to support each other and discuss what they've been doing in their region and any challenges they've faced.

Michelle also presents on CEP and young people at various workshops and conferences, including Cutting Edge.

Michelle believes CEP is a vital area in the mental health and addiction sector, especially so for young people.

"What's important about it is that people don't fall through the cracks," she says.

"Any door is the right door, so no matter who they are talking to, we need to be asking young people the right questions so we can understand what's going on for them and so they get the right treatment."

Another role Michelle enjoys is being a supervisor. In a part-time capacity she sees about five people per month. She loves this because it's an opportunity to help people reflect on their practice, to think about ways they can engage with people and help them to get better.

"My passion is about improving people's wellbeing, and I love these roles because they allow me to be creative and innovative, but it's the networking as well; bringing my past clinical skills into national workforce development. And I so enjoy hearing all the clinical stories."

Her work and family life keep her busy, but Michelle is also working on completing a Master of Nursing as time allows. Her motivation for this is mainly for her own professional development, but it's also an opportunity to do some research in the CEP area.

"While a Masters may open some doors professionally, I really love what I'm currently doing so I don't have any concrete future plans," she says.

"Nursing is a very rewarding job and I wear so many different hats because there are just so many areas you can go into in this profession."

Hear more about Michelle's CEP work by viewing her presentation at the Integrated care for recovery and wellbeing symposium held in May this year

http://www.matuaraki.org.nz/resources/integrated-care-for-recovery-and-wellbeing-symposium---videos/685

Lessons in co-design, what does it mean?

by Carolyn Swanson, service user lead, Te Pou o te Whakaaro Nui

For more information watch this slide presentation from DMA.

http://www.slideshare.net/DMA_Canberra/dma-presentation-13-1120?ref=http://designmanagers.com.au/?page_id=1137

We are hearing a lot about co-design, co-leadership and other 'co's' in 2016. Mostly in the realm of bringing people with lived experience of mental health and addiction problems, family and whānau, management and clinical people together to create something or improve services.

It can be simple and it can be complex and needs to accommodate multiple agendas towards an agreed outcome.

On a smaller scale, individual service and treatment provision across all age groups should have a co-design process within it, where the person and the clinician discuss, negotiate, share expertise, knowledge and hopes and agree what will be involved, what outcomes are important and how to work together towards that. It's important to include identified family, whānau and friends.

This process just makes sense really but it does need to be an intentional part of service delivery.

Within a larger scale, here are five lessons for co-design from Design Managers Australia (DMA) that are really useful to think about.

Carolyn Swanson

Lesson 1: A workshop alone is not co-design

The process of design involves deep research (desk and in the field), observation, collaboration, analysis and synthesis. A technique within collaboration is developing and delivering a workshop, but the workshop itself, on its own, is not co-design. Co-design is a process not an event.

Lesson 2: Co-design must be a led process

DMA define co-design as:

The process of deliberately engaging users of the system, deliverers of services and other experts, being led by experts such as designers, to actively understand, explore and ultimately change a system together.

In practice what this means is that just because you have an activity to elicit collaborative development of services as a designer, you do more than facilitate. You lead. You challenge. You push. People are there because they know their stuff or have lived experience that means designers must provide them with the freedom to explore *with focus, within intent*.

Lesson 3: Sometimes empathy means you just have to shut up

Even if what you are doing makes sense, and works for 90 per cent of the people, design is about people, and experiences, and empathy. Sometimes letting people just 'be' is important in terms of creating community (not just design outcomes). Listen and make sure to listen to understand, not to get ready to respond.

Lesson 4: Analysing and creating are different processes

Don't try and do them at the same time. Analysis gives you focus. You must develop understanding of what you have before moving too quickly to what it means. It helps the people you're co-designing with. When you do this, then you can really create something *together*.

Lesson 5: There is no co-design without people

No matter how ideal or not a co-design process is, they don't happen at all without people being willing to think differently, and uncover possibility. Be willing to open up traditional decision-making process to the sometimes difficult and confronting process of co-design.

To get true lived experience of service systems and deep insights about service delivery, you need experienced and willing service deliverers and users. This means taking them away from their day jobs, so you need to respect that.

Co-designing

by Joyce Leevard – Youth Consumer Advisor

My youth consumer advisor role within a CAMHS service is focused around service improvement and service development. This can involve many different areas that have an outcome towards improvement. For example, in the service we used to have a dark waiting room due to the building's dark green walls in that area. Within my role I started a project to give the waiting room a makeover and make it child and youth friendly to improve the experience at the first point of contact in our service.

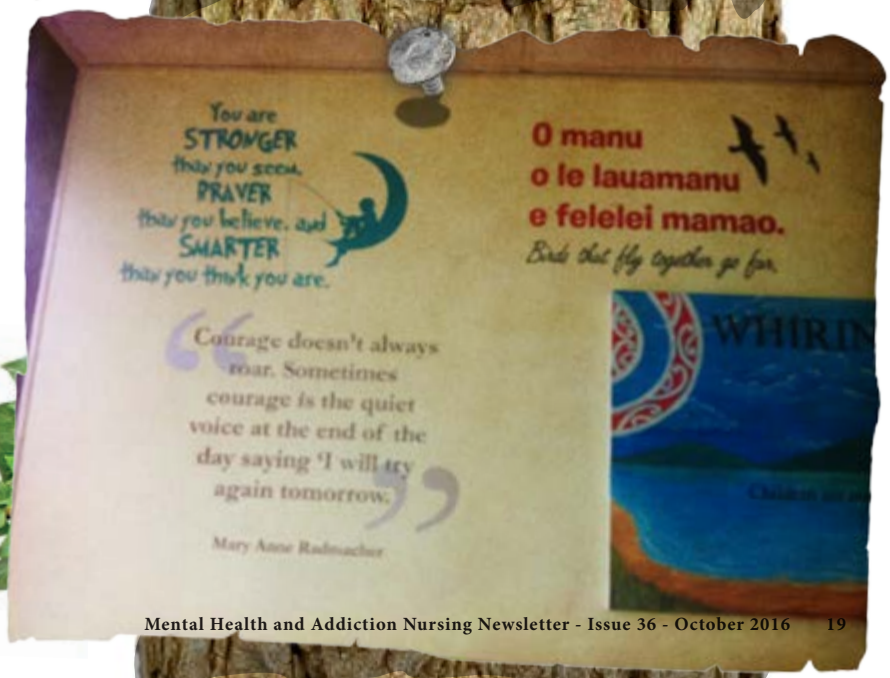
The role is important because it keeps staff on their toes and reminds them to work for the best interests of the service users and their families and not what is just convenient to them as staff.

Another way I can advocate for service users is through being on the interview panel for staff. I am now in a position to give back to the service that gave to me at my lowest and that brings me pride and joy.

Joyce Leevard

Before ▲

After ▼



Family Column

by Leigh Murray, co-chair, DFWA, family advisor, Auckland DHB mental health services

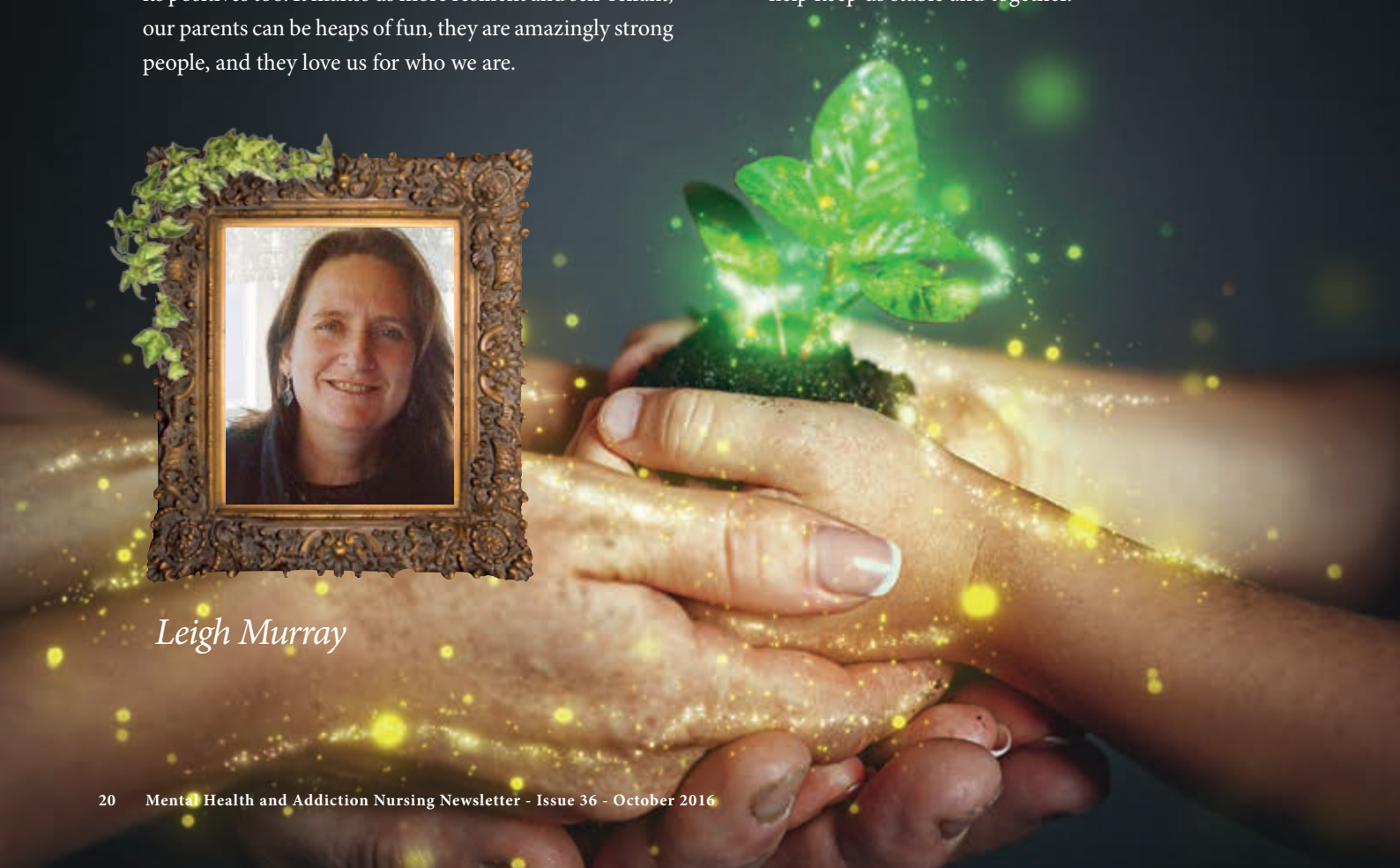
This article highlights views from young people on how services can work best with families and whānau that are expressed in the 'Supporting Parents, Healthy Children' guideline released by the Ministry of Health in 2015 (pp.,15-17).

1. **Ask about our family and whānau and include them in ways that work.** Listening, normalizing, and being able to see the hard stuff without making that invalidate the good stuff. Young people really value honest communication. It is hard when our families or services try to 'protect' us from the truth that our parents have been hospitalized. Keep up contact; be consistent & reliable. Find out how families and whānau are supporting or intend to support our parents. Don't assume we're too old or too young to want to be involved. Create a space where we can talk confidentially about any worries. Be honest and respectful of children, even those at a young age, and their role in maintaining the good health of their parents.

2. **Acknowledge and respect our strengths**. Having a parent with an addiction is extremely tough on the rest of the family …. However at times when things have been the hardest, relationships are also tested and strengthened. I put much of the strength of the relationships in my family down to the way they stood strong when they were tested. In young people's eyes in spite of challenges, having a parent who experiences mental health and/or addiction issues has its positives too. It makes us more resilient and self-reliant; our parents can be heaps of fun, they are amazingly strong people, and they love us for who we are.

3. **Knowledge is power – provide us with good information**. What helped me most was talking with each other and reading books about it as well as talking to staff & getting brochures. I wanted to continue to love my parents and over time found ways to do so. What helped was understanding more about the nature of being addicted to a substance and that it wasn't necessarily about them choosing drugs or alcohol over me. For children, information that is age appropriate and not too medical is useful. Pamphlets and books are good, but we don't often have access to them. Staff can share these with us and our families, or be around to meet us in person to answer our questions. Meeting with other people whose parents experience similar issues is also hugely helpful for us to learn that people can go through difficult times and be okay.

4. **It's about so much more than protection.** Being removed from our parent's care leads to a number of issues; it uproots us from home and can be detrimental to our own mental health. We see early intervention as far more useful. Look for alternatives to support families, not just referrals for care and protection; support our whole family early on to help keep us stable and together.



Leigh Murray

International Council of Nurses update

International Council of Nurses calls for investment in girls' education

This year, the 11th of July marked World Population Day http://www.unfpa.org/events/world-population-day. The theme was Investing in teenage girls. The International Council of Nurses (ICN) drew attention to its Girl Child Education Fund (GCEF) and called for investment in girls' education.

Five reasons to invest in girls' education are:

1. **Improve the health of future generations:** young women who are educated have children later and have fewer children. They are able to earn more, and their sons and daughters are more likely to be healthy and educated.
2. **Reduce child mortality:** each additional year of female education reduces child mortality by 18 per thousand.
3. **Increase economic growth:** according to some estimates, a one per cent increase in the level of women's education generates 0.3 per cent in additional economic growth.
4. **Increase wages:** the return on one year of secondary education for a girl correlates with as high as a 25 per cent increase in wages later in life.
5. **Reduce HIV/AIDS infection:** uneducated girls are more likely than educated girls to contract HIV/AIDS, which spreads twice as quickly among uneducated girls than among girls that have even some schooling.

According to UNICEF (2015), an estimated 31 million girls of primary school age and 32 million girls of lower secondary school age were out of school in 2013. Sub-Saharan Africa has the lowest proportion of countries with gender parity: only two out of 35 countries. The World Bank adds that "In many countries, the number of girls completing upper secondary school is so low that it is not possible to know how many are in or out of higher grades."

As the largest group of healthcare professionals in the world, and as a female-dominated profession, nurses know that by investing in women and girls, we invest in families, communities and health.

Founded in 2005, the ICN/FNIF Girl Child Education Fund (GCEF) supports the primary and secondary schooling of girls under the age of 18 in developing countries whose nurse parent or parents have died, paying for fees, uniforms, shoes and books. The GCEF is currently supporting 103 girls in four countries in sub-Saharan Africa: Kenya, Swaziland, Uganda and Zambia.

To donate to the Girl Child Education Fund's annual fund or endowment fund, please go to www.gcef.ch

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

International Council of Nurses
The global voice of nursing

School mental health team initiative

We felt it fitting to include in this special edition a 'once upon a time story' to help you make a heart and mind connection with the children and young people of Christchurch. A city shaken by a major earthquake on 22 February 2011. A city that still shakes from time to time. A city with shaken people, shaken young people, shaken children and shaken babies – newly born and in utero. It is also a city with shaken teachers and shaken mental health nurses learning to work in a new world.

The 2011 earthquake sent major impact-waves through both the education and mental health sectors in Christchurch and surrounding areas. The impact on children and young people was significant.

Teachers worked tirelessly to keep the schools open as best they could in an effort to help provide some sense of normality for children and young people amidst an epic disaster. They faced personal and professional challenges at the time and continue to do so today. Many have gone the extra mile. Many are exhausted. Soon after the earthquake, many teachers came to realise that some of the children and young people shaken by the earthquake(s) needed more than what they could give. They realised they now worked in a new world.

A world where the unborn babies shaken in utero five years ago were now entering primary school. Many since birth have been anxious, had difficulty sleeping and have struggled to cope leaving the arms of their parents. Some of these babies arrived earlier than expected.

Children who were at primary school when the earthquake happened were now entering college. Some have moved schools- many not by choice as schools were shut down. Many schools were reopened or were rebuilt but some were closed forever. Their education was abruptly disrupted.

A new world where shaken young people who were at college at the time were now transitioning into employment or pursuing further education. Some may not be doing either by choice or because of the lingering impact of being shaken on their wellbeing. Many too may have had their education disrupted.

These abrupt changes have had consequences. Over the past five years some shaken children and young people have been coming to terms with the loss of a loved one, loss of a home, loss of a family pet. Grieving may have become a familiar, unwelcome process in their early years.

For some children and young people their behaviour changed as they tried to cope. A 70 per cent increase in referrals to mental health and addiction child and youth services ensued and to date has not relented.

Developing a new service

In 2013, mental health services and education services came together and a school mental health team was set up. This initiative emerged from the earthquake response team who were seeing children presenting with anxiety post-earthquake. Although the numbers of children presenting to this team had dropped off, the inpatient and outpatient services were becoming overloaded with referrals. Jane Macgregor, now a school mental health nurse, was on that team.

A unique feature that this DHB team holds in the community is essentially that what they provide is primary mental health work, this is unique to NZ. Locally speciality mental health services have not historically worked in the area of early intervention so this is something new and has evolved as a result of the impact of the earthquakes on the community. This approach is also part of the Canterbury DHB wide vision to work with others to promote mental wellbeing and prevent and reduce the impact of mental illness in their community.

The broad aim was to connect with the 200 schools in the Christchurch and surrounding areas and find out what they needed. This information would then guide what support and interventions the school based mental health team could provide that would be most helpful to the whole of school. If the school identified any children and young people who were experiencing mental health issues the team would refer them to the Child and Family team. On a case-by-case base some initial support would be provided if needed.

Originally a letter was sent out to all these schools in Canterbury and only 67 schools responded. Developing a new service that involved two sectors each with their own language and culture, rules and process and ways of being took time. Finding a mid-ground took a lot of time. "This included a process of 'educating the educators' so to speak. When you happen to be a mental health nurse this turned can be an interesting professional challenge to grapple with. Much negotiating in their space was required', explained Michelle Cole.

Like with many new initiatives there will be 'early adopters' and this rang true for the school mental health team initiative. The team realised that working with the early adopters was a sensible approach. They realised they needed to design new ways to work together that could fit with how and where teachers worked.

The team

The new team began with the equivalent of four fulltime workers made up of three nurses and a psychologist. Today the team consists of four nurses, a Pukenga Atawhai (Māori mental health worker), a psychologist and a psychotherapist. The equivalent of three full time positions will be added to the team shortly.

Nurses in the team are allocated a number of schools. Michelle Cole works in the north Canterbury area as far as Kaikoura. Carmen Murphy covers as far south as Ashburton and out west to Darfield. Jane Macgregor and Suzy Ruddenklau work in Christchurch city schools. Michelle adds that "we all support each other in our work with our schools, for instance if one of us is doing professional development with the school communities, another member of the team will come and work in the school."

Pastoral care meetings

The forum of pastoral care in schools is a varied group of professionals (dependent on the schools) who are able to offer support to at risk young people through having a shared view of the issues and professional support for staff. It is dependent on the school as to how often these meetings occur. The focus is the wellbeing of a student from a whole of school approach; not just focusing on academic learning but taking a holistic perspective of the young person.

The school leadership team, public health nurse, resource teachers: learning and behaviour, social worker, and the allocated school mental health nurse attend a pastoral care meeting. There is a list of students who are behaving in ways that are worrying to either teachers or families and these are discussed at the meeting. The length of these meetings can vary.

The school mental health team have been able to share their skills in presenting to multi-disciplinary teams in the mental health sector to coach staff to convey the issues of concern about children discussed at the pastoral care meetings.

One thing that the team has noticed is the impact on team members of hearing about abuse and neglect that some of the children experience. This is very heart breaking. Each member of the team engages in supervision with external supervisors and also have informal peer supervision as a team to support them to cope with any feelings from this type of vicarious trauma.

Rock On

Rock On is an inter-agency truancy initiative that was developed by police staff at the north Hamilton Community Policing Centre in July 2003 and is now in place in Canterbury. The purpose of the initiative is to monitor students that are absent from school by encouraging involvement from family, Ministry of Education, Ministry of Health, Child, Youth and Family services, school guidance counsellors, truancy officers and school senior leadership team members.

The aim is to get agencies to work together more effectively to achieve an early intervention for at risk youth and increase the coordination of the level of support that can be provided to these young people.

Tiny Interventions

This programme will be released later this year. It is designed to equip teachers with anxiety management skills to be able to weave into their class time with children or young people. These activities are designed to help them to improve their coping skills.

Post suicide support

One area of work that has evolved is supporting school leadership teams after the suicide of a student once the Ministry of Education Trauma Team have completed their work. Members of the school mental health nursing team worked with the leadership teams of several schools. They set up a two day hui at Te Korowhai Atawhai - a cultural centre for specialist mental health which features a tikanga environment based at Hillmorton Hospital. Leaders of mental health teams also attended. The hui was led by Michelle Cole and focused on the wellbeing of teachers. By using a gentle facilitative approach, school leaders shared their thoughts and experiences. By doing so they enabled each another to learn more about how to develop processes to guide them through such tragedies. Their thoughts and experiences were recorded on flip charts to capture the learning gems revealed. Learning ways to cope and take the necessary actions required of them as school leaders, during the first 24 to 48 hours after the death of a student by suicide, was of common interest to all who attended. They realised where they could improve.

By going into the schools, the mental health nurses learnt the nuances related to the education sector and also about the culture of teachers and teaching. Over time they learnt the language, for example, PB4L (Positive Behaviour 4 Learning), Rock On, RTLB (Resource Teacher Learning and Behaviour) SENCO (Special Education Needs Coordinator) and a hybrid, that is, a 'school- mental health worker' evolved.

The school mental health team are united by a passion to support teachers. They have the utmost respect for teachers and recognise that they wear many hats, including pseudo social worker and nurse.

School mental health nurses share their stories

Suzy Ruddenklau

Like Jane McGregor, I have been with this team since the beginning, back in 2013. It has been an interesting and challenging journey so far. I liken it to being on a rollercoaster; some real highs and some real lows. At times it has been overwhelming in attempting to meet the needs of the schools in Canterbury particularly 67 schools wanted to be part of this new initiative and we only had the equivalent of four full time workers -we felt stretched.

When the Ministry of Education announced that some schools would close or merge that was a real low point for our communities and an extremely distressing time for our team. Early on, two clinicians left the team after dedicating many hours and much passion into developing the School Based Mental Health Team (SBMHT). This left a huge gap.

The highs for me have been the relationships that I have developed with the schools and creating alongside with the schools, education and well-being initiatives that fit for that specific school community. My passion has been working in pastoral care throughout the city and, at times, helping to develop systems around the schools' pastoral care processes and simplify pathways into the mental health services. I have enjoyed aligning myself and strengthening my relationship with other NGOs, supporting them with education and supervision. Attending 'Rock On' meetings is another way of supporting the schools and consulting with parents and supporting them with resources and education around mental health and wellbeing. All and all it's a fantastic job with so much scope to help and support young people.

Michelle Cole

My role involves working at the micro and macro levels of student wellbeing and mental health within the school context, including whānau and school community. A typical day can involve providing consult liaison to a school about a student, supporting school wellbeing initiatives, working towards collective impact with other agencies and co-creating new resources or activities.

The highlights are the diversity in relationships, the autonomy and collaboration and process development. I have enjoyed being able to seed new initiatives and projects like our 'Issues to Resources,' Tiny Interventions and support schools in areas like student sexuality and gender, rural drought and community development, post-vention responses to suicide. Challenges are inherent whilst working in and while developing a new service. I see our ability to respond to and support schools in a new and different way as supporting a clearer common agenda and potentially improving outcomes through shared knowledge and skills.

Jane Macgregor

Highlights for me are generally related to small things such as; making suggestions at a pastoral or 'Rock On' meeting that actually helps school staff and families, offering advice to school counsellors which has helped them when they are feeling stuck, seeing parents who are appreciative of resources and advice at presentations.

Challenges are mainly concerned with; resourcing, parents who enable the young person to stay away from school, and issues in regard to care and protection.

Outcomes of the differences I'm making would be quite small but as a team they are huge, in particular, interventions such as Tiny Interventions and supporting schools following an incident of suicide.

I attend a lot of pastoral care meetings for primary schools. These primarily involve discussing children of concern for the school. Often these children have care and protection concerns, health needs and mental health concerns, learning and behaviour challenges.

Also I attend several 'Rock On' meetings for high schools – discussing students whose attendance has fallen below 85 per cent. I work with the school to develop individual plans to support students back into school or alternatives if this has not been possible.

Both 'Rock On' and pastoral care meetings involve assessing if there are any potential underlying mental health concerns affecting the student's ability to function at school. It also involves attending hui for the family and whānau. We provide feedback to schools and Ministry of Education regarding recommendations and/or supporting a referral of a child or young person into mental health and addiction specialist services.

Psycho-education to school staff as requested can be delivered by members of the team or by psychologists from the child specialist service. Topics include anxiety, deliberate self-harm, autism spectrum disorder and attention deficit hyperactivity disorder.

This role provides me with other opportunities such as delivering a series of sessions on 'The healthy mind platter' to the Deans of one high school and presenting to nursing students, non-government organisations and collaborative networks on the school based mental health team.

I also co-ordinate and host the school counsellors forum each term and provide informal supervision to some of the guidance team at one high school.

Carmen Murphy

I came into this role in 2015 – not knowing what to expect – from a very busy role in child, adolescent mental health services in Northland.

It is a very different role to what I was used to doing. Firstly I had to get used to not working clinically 1:1 with children. That was probably the biggest transition I had to make. Then I had to find my place in my little part of the team. Where did I fit? How did I fit? Did I question if I made the right move? Yes several times! More than I probably should have.

Now almost 18 months and no longer the 'newbie,' I think I have finally found my place in our ever growing team.

I started working in a rural area – the Selwyn and Ashburton districts. Rural schools come with their own set of challenges. There is less access to resources. They identify the same problems as city schools but with the challenges of being more isolated. However they have communities that rally around them to attempt to solve problems in times of hardship. This in itself can cause issues though, in the fact that everyone knows everyone else in small communities and confidentiality becomes a problem for young people facing mental health problems or any other issues in their life. This can mean they are either less likely to ask for help, or unable to travel to get help without approaching someone who knows a member of their whānau.

Rural communities also take time to warm to someone from 'the outside' and I was definitely from 'the outside!' This was a challenge and almost 18 months later I am still working on building relationships. Relationships are the most important thing in our job. If you want to work in a school you need a relationship with the school and the school community.

What do I do? Well I have spent the last year and a half of my life working towards helping people to understand mental health. I provide school staff with professional development sessions on anxiety. I also provide education sessions aimed at supporting parents with children who experience mild to moderate anxiety. I have also worked with team members on developing a parenting workshop (two sessions over two weeks) to support parents who have children with challenging behaviours. All of these education sessions have been well received.

I sit on pastoral care meetings at school to provide advice to those working with children who are showing signs of mental health issues. I also attend 'Rock On' meetings for one of my allocated colleges, to support staff and young people around mental health concerns. I consult with schools about children that they are concerned about – this is where my assessment and clinical skills are really utilised at their best!

I am on two post-vention working groups looking at how to support communities after the death of a student by suicide. One of these working groups is community based and one is a collective group of agencies.

However I think the part of my job I have developed and enjoy the most is the breathing workshops I do in schools with the students and teachers. In the classroom setting, I talk with students about feelings and we concentrate on three feelings – worry, anger and fear; how these emotions make our bodies feel and what we can do to help ourselves when we start feeling this way. I then teach them diaphragmatic breathing. It is wonderful to watch the kids engage in these sessions. And if it makes a difference for even one child and helps them to calm themselves during a time of distress then I feel I have made a difference.

Nurse Profiles

First Nurse Practitioner - Rubashnee Naidoo

Within Counties Manukau Health (CMH), the division of Mental Health and Addiction are very excited to now have a nurse practitioner (NP) in their midst. After much plotting and planning in the service and a huge amount of hard work and dedication by Rubashnee, the first ever nurse practitioner in this specialty practice area was endorsed in April.

"Rubashnee brings a wealth of experience from her original training in South Africa, to her current and up to date knowledge from Whirinaki, Infant Child and Youth Mental Health and Addiction," says Anne Brebner, clinical nurse director. Having a nursing workforce that spans into the realm of top of scope such as nurse practitioner is ground breaking and offers other nurses a clear role model and example of what is achievable.

"For the people of CMH, a NP role clearly signals a strong commitment to 'doing what we can' to improve responsiveness, support integrated care, utilises a whole of health skill set and improve access to services. Rubashnee is a humble, highly skilled, expert clinician who has the skill set to fully support the interdisciplinary team at Whirinaki", says Anne.

Rubashnee Naidoo - nurse practitioner - Child and Adolescent Mental Health and Addiction with Anne Brebner - clinical nurse director, mental health, Counties Manukau Health.

Leading at Starship - Pauline McKay

Introducing Pauline McKay, the nursing unit manager for Starship's Child and Family Unit, Regional Eating Disorders (REDS) Residential Service and Fraser McDonald Unit in Auckland.

"Despite much adversity, most young people experiencing mental health issues have great resilience," says Pauline McKay, nursing unit manager of three of Auckland District Health Boards mental health services.

"Some young people have had experiences that are literally bone shattering. Yet most have hopes and goals for the future, even though they have often been let down by people who should have protected and loved them."

Pauline and her team support young people experiencing mental health issues who are admitted into either the acute inpatient services of the Child and Family Unit or Regional Eating Disorders (REDS) Residential Service.

Child and family service

The Child and Family Unit works with young people experiencing significant mental health issues such as major depression, psychosis, bipolar disorder and anxiety. It offers a wrap-around service and multi-disciplinary approach that encourages families and whānau to be part of the recovery process.

Pauline McKay

Pauline has been a nurse in the Child and Family Unit for 12 years after emigrating from Scotland in 2003. Now, as unit manager of three units, Pauline is accountable for ensuring consistency and standardisation of nursing staff practice, including care planning, medication safety and restraint minimisation.

"The unit is open 24/7 for admissions (60 % are after 5pm) and people are rarely declined," says Pauline. The need keeps increasing. Ten years ago 150 to 200 young people used the service – by July this year over 400 young people had been admitted, albeit for shorter stays.

While Pauline feels campaigns such as 'Like Minds, Like Mine' really help to change the public's view on depression, there is still a lot of public uncertainty about psychosis. "We have families terrified about what is going to happen to them and their child when they turn up here."

Issues for young people

Substance use is a big challenge for young people, with many requiring to detox or a more medical focus. Online bullying is another huge problem that creates a depth of despair not experienced by other generations of children, says Pauline. "Children could often find sanctuary at home from school bullying but with smart phones there is no break from online bullying."

Whatever the presenting issue, nurses' work hard to build up trust with the young people they work with, using therapeutic relationship skills, sensory modulation, gentle encouragement and support.

An unmet need

"The Starship Child and Family Unit is working well for many young people," Pauline says but there are two groups for whom the unit is not the best environment for their needs. The first is young people with intellectual disabilities and challenging behaviour who turn up in the Emergency Department. Parents are often exhausted and burned out and feel unsupported and unsafe.

"There is nowhere for their young people to go. There is no crisis respite or inpatient unit for young people with intellectual disabilities in New Zealand." This led to Pauline becoming involved in an Auckland project looking for a solution for this group.

The second group is young people with significant addiction issues who are at times homeless or involved in prostitution or criminal behaviours. The Mental Health Act can't be used if the sole concern is substance use, which means they cannot be compelled to stay in the unit.

"We can do an assessment but if there are no mental health issues they can't be compelled to stay, despite substance use ruining their lives," explains Pauline.

Destination after Starship

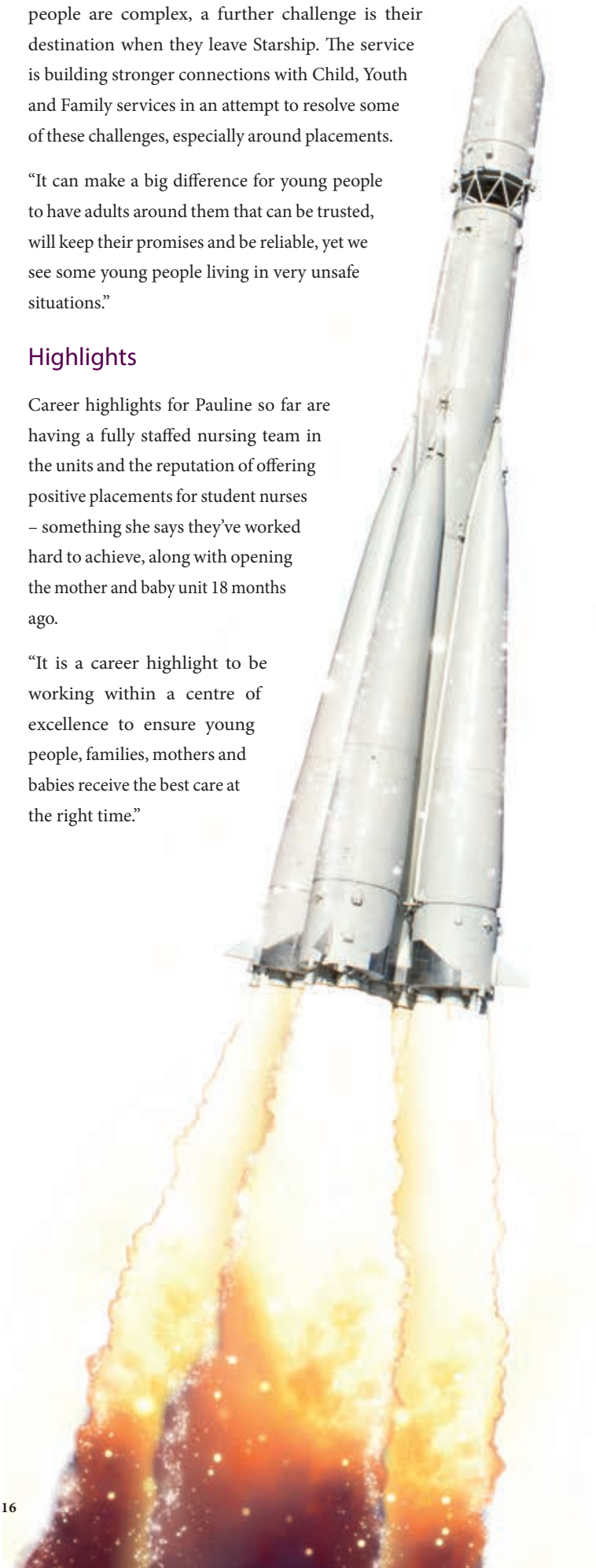
Because the care and protection needs of some young people are complex, a further challenge is their destination when they leave Starship. The service is building stronger connections with Child, Youth and Family services in an attempt to resolve some of these challenges, especially around placements.

"It can make a big difference for young people to have adults around them that can be trusted, will keep their promises and be reliable, yet we see some young people living in very unsafe situations."

Highlights

Career highlights for Pauline so far are having a fully staffed nursing team in the units and the reputation of offering positive placements for student nurses – something she says they've worked hard to achieve, along with opening the mother and baby unit 18 months ago.

"It is a career highlight to be working within a centre of excellence to ensure young people, families, mothers and babies receive the best care at the right time."



Seeing positive change - Jon Erick

There is nothing like working alongside adolescents to help them recover from what could be their worst life experience, says Jon Erick, mental health nurse and shift co-ordinator for Starship Child and Family Unit. "I like to think I'm making a positive change for vulnerable kids, helping to reshape their attitudes so they become more positive and work towards their future."

The Child and Family Unit is made up of a high dependency unit with seven beds, an open unit with 11 beds and three beds in the maternal mother and baby unit. As shift co-ordinator Jon has to be aware of what is going on with all the young people on the ward, and allocate nurses and support workers/psychiatric assistants accordingly. He monitors the young people's mental health and safety, manages crisis situations and provides mental health nursing care.

The unit

Young people are admitted into the Child and Family Unit (CFU) with a variety of mental health issues. "Depending on staffing and the ward I'm working on, I can be directly working with 1 to 10 kids at any one time." explains Jon. The adolescents are also supported on the ward by recreation officers, art therapists, teachers, and occupational therapists, social workers, cultural advisors, psychologists and psychiatrists.

The role

A lot of the time Jon nurses people who are acutely distressed and need a less stimulating environment. This can be very challenging in a busy acute unit, but is very rewarding. This includes providing emotional support and "being with" them, he says, particularly if they don't have family or friends around them.

Jon Erick

"My approach and manner allows these kids to relax and that reduces the likelihood of their behaviour escalating and becoming distressed," he explains, adding it is a priority to provide a safe environment and ensure they are not at risk to themselves or others.

Sensory modulation therapy, which includes a range of sensory inputs that help people relax, is one of the approaches he uses. "I tend to encourage exercise and the massage chair to help calm kids who are needing help to calm down."

He also draws on dialectical behaviour therapy (DBT), a specific cognitive-behavioural psychotherapy that he finds useful for treating borderline personality disorder.

"It is important that young people believe you care about what you are doing and that you treat them with respect. Having an open mind and remaining positive can make a big difference to young people."

Jon says the biggest challenge in his role is to remain calm when situations become highly stressful.

"It is a matter of taking a deep breath, slowing down my thinking, keeping things simple and making hard decisions. Having a good team around you is always helpful."

Choice of Child and Family Unit

Jon has been nursing in mental health since 2009, choosing to work in the Starship Child and Family Unit after doing a four-week placement there during his study. "I felt very welcomed and supported by the staff as a student and this all helped me choose to work here. They boosted my confidence in myself and nursing."

He remains at Starship because of the satisfaction of seeing the mental state of unwell adolescents improve to the point where they can move out of hospital back into the community to live their lives again. "My colleagues also keep me interested. It feels like a family here at CFU and seeing my colleagues working hard with kids motivates and inspires me to keep going."

CAMHS - No longer off limits to new graduate nurses - Amanda Barnes

Amanda Barnes

I graduated from UNITEC School of Nursing in 2009. Up until this time, I was focused on pursuing nursing practice in Public Health, Practice Nursing or Plunket. These areas interested me as I have always felt a strong sense of the importance of health promotion, education and prevention for community connectedness and resiliency; practising nursing in a way that supports our communities to be as well as possible, rather than allowing complicated health issues to become entrenched within communities.

My career direction abruptly deviated when I graduated in the middle of an economic recession and new graduate nurses were finding it extremely difficult to find roles. After a scuffle of applications, I was lucky (and relieved!) to find myself on the Waitematā DHB (WDHB) Mental Health New Graduate Program for 2010, which was a fantastic mix of clinical placement, post graduate certification, clinical and cultural supervision. My first placement was at Marinoto North Child Adolescent Mental Health Service (CAMHS). Suffice to say, my nursing practice dye was cast, and approximately five months into my placement, I was offered a permanent position by the Marinoto North manager – Heloise Pilling, to assume at the end of my new graduate year.

Despite not having CAMHS on my undergraduate radar, I now cannot imagine an alternative direction to my nursing practice. CAMHS nursing appeals to me as a forum to advocate for community, family and individual wellness at an accessible level. Currently, New Zealand is negatively over represented amongst OECD countries in deaths of people who choose to end their lives. Approximately half of all New Zealanders will experience some form of mental health problems within their lifetime. Working with people of a younger age range often means that health outcomes are a little more flexible. Together we can actually start to put in place interventions that can alter and improve outcomes and futures for people.

The world that our children and teenagers are currently negotiating throughout their development is rapidly and dynamically evolving. We have a responsibility to tailor our approaches so that kids can develop in secure, functional and skillful ways. I see CAMHS nursing as having a pivotal opportunity to influence and invest in the way upcoming generations will interrelate with each other, and ultimately direct our society. As an example, in countries such as Canada and USA, school health classes are being used to deliver curriculum credits that equip teenagers with emotional literacy skills. I hope that we will see this shift in healthcare priority, away from emergency management and towards mental health prevention, promotion and societal destigmatisation in the coming years - and I want to be a part of it!

I have been extremely well supported by WDHB. I completed my new graduate program with a funded Post Graduate Certificate in Mental Health Nursing, and was recognised with an award of 'Excellence in Clinical and Academic practice.' I was further funded to complete my Post Graduate Diploma in Health Sciences in 2013, and my level 3 nursing portfolio in 2014. I have been lucky enough to work in a team to develop and facilitate therapeutic groups and also represent CAMHS at the North Youth Health Clinic. After a year's travel sabbatical in 2015, I have returned to WDHB to fill a parental leave contract as one of three clinical coordinators for the Marinoto North Team. In my training sights for 2016 are completion of Duly Authorised Officer (DAO) training and all going well, submission of my senior nurse portfolio.

CAMHS no longer needs to be an off limits area to new graduate nurses. My professional experience within WDHB has largely been one of careful support and management. My personal experience has also been extraordinary. In the CAMHS sector I have found a vast array of unique and highly skilled colleagues, all amazingly passionate about this often challenging and complex work. Many of these colleagues have become my closest friends and mentors. To any prospective CAMHS nurses, I would strongly recommend accessing the CAMHS professional leads or management to discuss.

Sparked to work in CAMHS - Danielle Morrison

Danielle Morrison

Hi my name is Danielle Morrison, and I am a 24 year old registered nurse, working for Waitematā District Health Board.

I graduated with a Bachelor of Health Science (Nursing) in 2014 and was fortunate to be accepted into the NESP-Nursing programme in 2015, where I had two clinical placements: one being Marinoto North-Child Adolescent Mental Health Service and the other being Rodney Adult Mental Health Services in Warkworth.

When I finished school, I went to university to study what I enjoyed the most – human biology and psychology. Thankfully I had a lecturer who was also a registered nurse and helped me transition down the nursing route, combining both of my interests into one!

From the beginning of my nursing degree I had aspirations of working with children and their families however did not know I wanted to work in the mental health field, until I had my first mental health placement in my second year. What sparked my desire the most for this avenue of nursing was the quality of the time you could offer to the people you worked with, and the impact of the learning experiences you could help make in a whole family's life, not just the individual.

The youth field is what I really wanted to pursue due to the fact that I want to help set up positive experiences as early on as possible, in the hope that this will create an optimistic outlook for the future. I also want to provide education that can be helpful as time goes on to both families themselves, and what they can offer to others in their interactions. Walking alongside parents and their children is a privilege and a delight, and every family being so unique makes each experience memorable.

My future hope in the short term is to keep expanding my knowledge and skillset in therapeutic tools as I'm still such a new clinician and there is so much I want to learn. My longer term dreams are of following the nurse practitioner pathway.

Making a difference - Ross Mackay

Originally from Edinburgh in Scotland, I started my career in nursing in 1985 and have been nursing for about 31 years. I always had a passion for working with young people and have worked in the Child and Adolescent Mental Health Service (CAMHS) in New Zealand for the last nine years. I worked in the CAMHS service in West Auckland and Marinoto West for about four years. Since then I have been working as a nurse in the Infant, Child, and Adolescent Mental Health Service (ICAMHS) in Tauranga for the last four and a half years.

I have recently been promoted. I am now one of the team leaders and responsible for the daily running of the Adolescent Team and Duty Team at iCAMHS here in Tauranga. As a team leader, I still have a caseload of young people who I work with. However my main responsibilities include assisting in leading the team, being a resource for clinical guidance, development and facilitation of systems and pathways, supporting staff and working alongside my colleagues and the regional clinical coordinator who has overall responsibility for CAMHS.

Insights, challenges and strengths of nursing

I have always enjoyed working with young people; it's a very challenging role but it's a challenge I really enjoy. I think one of the most challenging aspects is that you don't know what the day is going to bring and that you have always got to be on your toes with recent developments and research because that changes constantly. You also have to keep up to date with the latest technology and ways of communicating with young people which is a major challenge sometimes.

The good thing is that we can make a difference. We can help to bring about change in young people who experience mental health issues and we can influence some positive changes that young people can hopefully then take into their adult life.

I enjoy coming to work - it's a very worthwhile job and if I lived my live again I would do the same job.

Ross Mackay

Leading a vibrant and passionate Early Intervention Service - Ray McEnhill

From left - Charlotte Castle, Gill Hawke, Holly Wilkins, Nathan Fayen, Barry Thomas, Brighde Campbell, Emma Woodfield (in front), Megan Owens, Ray McEnhill, Amanda Gourlay, Saskia Stockum.

Supporting people experiencing early psychosis has held the attention of Ray McEnhill for the past twenty years and he remains highly committed to working in this practice setting with a team he describes as "vibrant and passionate." Ray is the team leader for Wellington Early Intervention Service. He is also an executive member of the New Zealand Early Intervention Psychosis Group and on the board of Pablos- a creative space for people with lived experience of mental health.

Recently, Ray spoke at the Early Intervention in Psychosis leadership day held in June this year on 'At risk mental state (ARMS). But at risk of what?' Read his presentation here http://www.tepou.co.nz/resources/early-intervention-in-psychosis-leadership-day-presentations-2016/738

Early Intervention Service

The Wellington Early Intervention Service (EIS) was developed in 1997, the third of its kind to be introduced into New Zealand. It followed the establishment of EI services in both Auckland and Christchurch. Ray began work in this team as a nurse, progressed to a clinical nurse specialist and then took up his current position as team leader about 14 years ago.

EIS is a community service based at Te Whare Tipu on Hania Street in Wellington alongside a child and adolescent service and a maternal mental health service. It provides services for people living in Wellington, Hutt Valley, Kapiti and Porirua areas. EIS supports young people aged between 13 and 25 years of age who are experiencing a first episode of psychosis. Young people presenting with very unusual behaviours or a severe decline in their functioning are also considered as this may indicate that they are experiencing undetected symptoms of psychosis.

Young people are mainly referred to EIS through Te Haika, the central point for all referrals in this area. Referrers include GPs, tertiary education providers, crisis and resolution teams, inpatient services, family members and occasionally, self-referrals.

Ray believes that a thorough assessment is key. "Sometimes more than one assessment is needed. We have a low service access threshold so we don't miss people who may be developing a psychotic disorder. We need to find out who is the best team to support the person." Joint assessments with adult or child and adolescent mental health services are not uncommon and help to reduce the number of assessments a person experiencing early psychosis needs to have.

The ability to engage with young people, who do not always see themselves as having something to recover from, is another key to this area of work explains Ray. "We are always trying to make sure there is a way of engaging with the person, be it through playing basketball with them or supporting them to get back into work. Our focus is about getting alongside the person, to help them with their wellbeing." As much as the young person allows, the team also engages with his or her family to help them to get involved in supporting the young person with their wellbeing. This has repeatedly been shown to improve outcomes.

On average the team can provide support to a young person over a 2 to 3 year time frame. "It is a dynamic time in a person's life. It is a very rewarding experience to see young people improve over this time," says Ray.

Team leader role

Ray leads a multi-disciplinary team which he describes "as a passionate team who want to be here." The team consists of 14.3 clinical FTEs made up of nurses, social workers, psychologists, psychiatrists and occupational therapists (OTs), with one OT having a specific focus on employment and study support. A unique role in the team is a research and training co-ordinator who is contracted to provide training and consultation about early intervention in psychosis to mental health services in the lower North Island. Importantly, the team includes a nurse who works as a Kai Manaaki supporting young Māori people.

The team also provides learning opportunities for students from various disciplines: nurses, psychologists, social workers, occupational therapists, as well as new graduate nurses on the NESP- nursing programme. Ray sees these opportunities as ideal for recruiting people to work in the team once they qualify and/or complete the new graduate programmes. "We have some very experienced team members therefore we can absorb and support new practitioners," explained Ray.

Programme development

The role of team leader also includes programme development which enables Ray to consider new ways to connect with the young people coming into the service and to draw on the talent, skills and knowledge of the team.

"We run a number of groups and many are in collaboration with community agencies. We run sports events at the local ASB sport centre, led by a Sport Wellington staff member and at times supported by health science students from Massey University. We run a music therapy programme supported by music students from Victoria University. We work alongside Atareira/ Supporting Families to help support the families of young people in the EI service. We have an evolving relationship with KITES (Wellington NGO) that has recently set up the 'Coffee and Vibes' peer social group. It really is about having a service that offers people choice - therefore the service continues to develop as new opportunities arise," explained Ray.

Career Pathway

Ray trained in the UK as a registered mental nurse and in the late 1980s, shortly after qualifying, came to New Zealand. He worked in adult inpatient and community services in the Wellington area for a few years before taking up a nursing role in the newly developed EI service in 1997.

Future aspirations

Ray is interested in learning more about recovery colleges where courses are co-devised and co- delivered by people with lived experience of mental health and addiction problems, and mental health professionals. He acknowledges that the service needs to do more work around supporting the improvement of physical health of young people. Given that many people accessing the service also have addiction problems, he is keen to develop a plan to increase the team's knowledge about effectively supporting a young person with co-existing problems. He believes more work is needed to reduce stigma and discrimination about mental health among youth. Ray is a strong advocate for conducting research in the area of early psychosis - "there is still so much to learn about this!" he exclaimed.

Riding the wave - David Smith

David Smith, youth speciality nurse, Canterbury

This interview began with "This is a wind up isn't it?" and I think aptly reflects the comradery and humour in Canterbury DHB's youth speciality team where David Smith, a UK trained mental nurse has worked for the past nine years. David says it's easy to maintain his passion for working with youth, "Youth have a freshness in terms of their world views, and they often challenge existing truths. Even though some young people may spend a few years accessing the support they need, you do see them move on and out of the service. Children and youth are also not afraid of saying "we can move on now."

The first five minutes in an initial interview with a young person is crucial to establish some kind of connection and rapport, explains David. Many of the young people have problems with anxiety, low mood and many experience self- harm. Social media is also impacting on the wellbeing of many young people and this current social norm is part of a wider societal issue. Although it is five years on from the 2011 major earthquake, and the many more that have followed, the service has noted an increase in referrals.

Shortly after joining Youth Speciality Service in 2007, David who trained as a dialectical behavioural therapist in the UK, along with colleagues Sarah Drummond, Erin Grierson and Nadine Pow recognised the need for a dialectical behavioural therapy (DBT) programme for adolescents in Christchurch. Taking a ground-up approach to innovation, in 2009 they ran a pilot which was able to demonstrate reduced rates of self-harm, reduced hospital admissions and improved quality of life.

Following the success of the pilot, the DBT programme received further support and funding from the Canterbury DHB mental health leadership team, including investing in staff to train in dialectical behavioural therapy.

Riding the wave programme.

A programme that has proven to support youth with their mental health issues and support their families too is the *Riding the wave* programme which David helped establish. This is bespoke dialectical behavioural therapy for adolescents who experience emotional dysregulation, and their families.

Overview

Riding the wave is a programme offered to young people aged between 13 and 18 years of age and their parents. DBT assumes that the young person participating wants to feel better and have a life worth living. It is a combination of cognitive and behavioural therapies and eastern philosophies that teach the young person to gain more control over their emotions. The therapist guides the young person to balance ways of thinking, feeling and behaving.

For the young person to gain maximum benefit from DBT, it is essential that they and their family receive the DBT skills training and the young person takes part in individual therapy with a DBT therapist.

A young person who may benefit from the programme may experience these types of issues:

- becoming overwhelmed when there is a difficult situation and they don't know how to calm themselves down
- feeling suicidal or feel like self-harming or doing dangerous or risky things when they are feeling distressed
- worried about others leaving or rejecting them
- finding themselves in friendships where they switch from thinking the other person is "perfect" to thinking they are "awful"
- feeling empty and bored much of the time
- having repeated sudden shifts of mood
- having trouble controlling their anger and having frequent outbursts or physical fights.

The programme offers a Skills Group which is divided into five modules and is approximately 25 weeks long.

1. Mindfulness module helps to become more centred and in touch with ones feelings.
2. Distress Tolerance module helps to deal more effectively with distress and crisis without engaging in self-harming or self-destructive behaviour.
3. Emotion Regulation module helps to understand and manage emotions in helpful ways.
4. Relationship Skills module helps to deal with people and relationships.
5. Walking the Middle Path module focuses on teaching a young person to see the world is not black and white and that there is more than one way to view a situation and solve a problem.

This group, which can number up to seven young people plus their parents/support adults, is invited to meet every Tuesday evening for one and a half hours. New members can enrol at the start of each new module.

Young people who attend the DBT skills group have the opportunity to learn skills to:

- stop self-harming
- appreciate their own successes and strengths
- regulate their emotions
- build more stable and fulfilling relationships
- cope with stress.

It is essential that families are involved in the DBT programme and at least one parent/caregiver must be involved in the skills group. Individual family sessions are also offered.

Families can learn the skills to:

- validate others
- manage emotions and solve problems
- communicate with each other
- build parenting confidence.

Homework is given to all participants- the young person and their family, David explains. "Supporting an adolescent child can be tough on some families, and parents get homework to do. Homework includes such things as practicing crisis survival skills and pleasant activity scheduling. This is presented to the group with the opportunity of learning from each other's experiences."

Career Path

David trained as a mental nurse and qualified in 1989 in the UK. There he worked mainly in adult inpatient and community services. The desire to take on a family adventure led to David immigrating with his family to New Zealand in 2007. Initially he took up a role in Canterbury DHB's adult mental health service before moving into the youth mental health service.

Riding the wave
Canterbury District Health Board Child, Adolescent & Family Mental Health Service

Youth - Balls of potential - Nic Roffey

Nic Roffey,
youth forensic mental health nurse, Southern DHB

In Nic Roffey's view "young people are like balls of potential" and she really values the opportunity to support young people at critical turning points in their life.

"If we can provide the right care, support and treatment at this stage in a person's life then their life trajectory may take a different course which may not include the need to access specialist mental health or addiction services or spend time in correctional facilities," says Nic.

The service

Nic, a youth forensic mental health nurse, took up this newly created position in 2013. She works for Southern District Health Board where the Youth Forensic Mental Health Service (YFMHS) is based both in Dunedin and in Invercargill. The Dunedin team is where Nic works fulltime alongside two part-time psychologists and a part-time cultural worker. The Invercargill team includes two part-time nurses, and one part-time psychiatrist that covers both teams. A drug and alcohol counsellor from Youth Specialty Service joins them for their weekly multi-disciplinary teleconference meetings. Soon, access to video-conferencing will further enhance communication between teams and help reduce a sense of isolation often experienced by geographically challenged health care teams. A youth forensic email group enables information to flow between the respective teams.

The Youth Forensic Mental Health Service is led by Morva Wood and sits within the Youth Specialty Service. The focus is on youth aged between 14 and 20 years of age. The majority of youth accessing the forensic service are males, whereas the majority accessing youth mental health services are females.

Court liaison, community follow-up and interagency collaboration

Nic's work mainly involves court liaison, community follow-up and interagency collaboration. Every second Monday she attends the Dunedin Youth Court (which now includes youth who would have appeared in the Balclutha court which recently closed). Every two to three weeks she travels to the Oamaru court and as required will travel 2 ½ hours to attend the Alexandra court. There she may complete initial assessments on young people and provide feedback to the court as required. This also provides an opportunity to connect with the other agencies involved in the youth justice system.

A youth court assessment can be completed as requested by the court. This is a brief mental health screening assessment and a risk and safety assessment. It may also include a Substances and Choices screen (SACS). Most of the young people in Dunedin Youth Court will have been flagged by the Child, Youth, Family Service (CYFS) for assessment prior to appearing in the youth court. Because of the time constraints at court, a follow-up assessment can be arranged as needed.

Children on the periphery of youth forensic services

On occasion, the Police family advisor may seek Nic's support with children aged between 12 and 14 years of age who are coming to their attention or raising concerns at their respective schools. Although on the peripheral of her service, Nic assists by providing an assessment of the child and then works with the other agencies involved to identify how best to support the child and their family.

The Youth Forensic Mental Health Service refer children under 14 years of age to the local Child and Family Mental Health service (CAFMHS) to consider where the needs of the child could best be met. The child may then be referred back to YFMHS as appropriate and a comprehensive assessment completed and the next steps identified. "It is about working out which mental health service can best meet the needs of this child and their family," explains Nic.

Interagency collaboration

Interagency communication is pivotal to supporting youth experiencing mental health and or addiction issues who are involved with the justice system and or social services. Nic attends weekly meetings between the Child, Youth, Family service and the Youth Forensic Mental Health team which provides the forum to discuss children and young people they are currently supporting, new referrals and any youth that are accessing a number of services.

Nic is intending on building stronger connections with services in the Central Otago area with the local Child Adolescent Family Mental Health service (CAFMHS), police youth aid and CYFS.

Brief interventions

Anger and poor impulse control are common issues faced by young people. 'I just did it,' or 'I did not think about it," are comments Nic hears often. People can deliberately act in a certain way (consciously) or often act without thinking about it (un-consciously). "I spend a lot of time encouraging young people to consider how and why they react the way they do and look at ways that they might become more aware and therefore learn how to gain control over their actions. I also work with the young person and their family on discovering the communication patterns that have evolved over time and support them to consider how to communicate more effectively," explains Nic.

Career pathway

Nic has been a nurse for just under three decades. In 1989 she graduated from Otago Polytechnic with a diploma in Nursing (Comprehensive) and moved to Auckland. She briefly worked at Carrington Hospital before it closed and then worked at the North Shore mental health unit. An overseas adventure followed which included working at Brixton prison, London, in an acute care ward, "a steep learning curve," she commented. Nic returned back to Dunedin and worked at Wakari Hospital in an adult acute unit for around six years, as a psychiatric district nurse for around two years, and in the psychiatric emergency team for around six years. In 2006 she took up a role in the Youth Speciality Service team where she worked for around seven years before moving into the new role in the Youth Forensic Mental Health team.

Next steps

Nic is currently completing a youth forensic post graduate paper through Auckland University. Supporting young people and people in crisis are areas of mental health nursing that she is passionate about and her future lies in these practice areas. For further information about working as a youth forensic mental health nurse please feel free to contact Nic on 03 474 5601.

Health Connections – it's all about outcomes
Pat Mitchell and Maria Kekus

In mid-2013 registered nurses Pat Mitchell and Maria Kekus set up their own 'profit for purpose' nurse-led company and named it Health Connections. The business is all about working with nurses and organisations to improve mental and physical health outcomes for children and young people.

Pat has worked both in the UK and in New Zealand designing, developing and delivering child and youth health and development services. Her Masters of Nursing thesis researched how nurses contribute to quality improvement and to improved health and wellbeing outcomes. Maria is a child and youth nurse practitioner with extensive experience in child and youth health through her work in the primary health care and NGO sectors both here and in the UK.

Over the last three years Health Connections has grown to a staff of 12, all of whom are dedicated to progressing innovative thinking.

"We'd been around the block a few times with DHBs, PHOs and NGOs," says Pat, "and we often felt there were limitations to improving outcomes; mainly because there were constraints around contracts, or systems were outdated, or there were disconnects between management and frontline staff.

"So we took the brave leap to shift away from a preoccupation with systems. Our focus is primarily on achieving the best outcomes for children and young people instead of on what tasks we have to do."

There are three main domains to Health Connections' work.

The first is providing nurse-led clinical services to organisations needing them. These include primary level mental health and alcohol and other drug (AOD) assessment, treatment and evaluation.

The second is delivering workforce development programmes to any clinician or professional working with children and/or young people. One programme they've developed, named 'Equally Well', is specifically for child and adolescent mental health nurses. It is broad and holistic and includes: physical and mental health; AOD; sexual health; and chronic health. Skills and competencies are measured against the National Youth Health Nursing Knowledge and Skills Framework 2013 produced by the National Youth Health Nurses Reference Group.

"Our approach is 'nurses teaching nurses' and we've taken the time and the energy to look at adult learning principles and designed our programmes to reflect the needs of people or organisations who come to us," Pat says.

"That's a pretty exciting part. We're very dynamic in terms of our workshops and how we train – and our evaluations have been great. It's work we're really proud of."

The third domain is service transformation where Health Connections people walk alongside an organisation that wants to develop or improve its services for children and young people.

A recent example has been work with an Auckland marae to develop services for Māori youth. It was a nurse-led project using a co-design methodology that included young people from the marae. Together they explored what health services meant to them and what outcomes they desired. This exploration was supported by visits to other youth health services. Programmes were then developed to suit the needs of the marae.

"It's incredibly rewarding work and there's never a dull moment, Pat says, "but it's also really good to see that sort of turnaround; to see organisations becoming more efficient and effective, and better able to move with current evidence.

"One of the things we really love about the business is having ourselves as the ones who are truly accountable to our customers, whether they be the young person or the child, or the agency that works with them."

Health Connections has been working with Child, Youth and Family (CYF) in the community pretty much since the beginning, but has recently been awarded new contracts to work with the CYF care and protection residence and youth justice residence – both services for the most vulnerable children and young people.

Again the approach is centred on integrating and working together. Some of the work is with the young people directly and some focuses on what staff need to best improve health and wellbeing outcomes for those in their care.

"The health needs of young people are very complex," says Maria, "so we've really looked outside the box to find ways we can be sure what we're doing is evidence-based and effective, and we've built in a quality improvement framework to make sure we're constantly reflecting on what we're doing."

The CYF contracts require all young people who come into residence to have a nursing and a medical assessment, but Maria says the model of care they use is far more comprehensive than that.

"We call it an enhanced primary care model. Yes, we meet the obligations in terms of providing nursing assessments, but we also undertake health navigation. This helps us address the big gaps in the health information accompanying a young person in and out of residence which reduces duplication, makes interventions more consistent and ultimately improves outcomes."

Health Connections also has strong relations with secondary mental health and AOD services meaning they can provide a seamless continuum of care for the child or young person.

Learn more about Health Connections at www.healthconnections.co.nz/ or contact Pat Mitchell: pat@healthconnections.co.nz.

Pat Mitchell and Maria Kekus

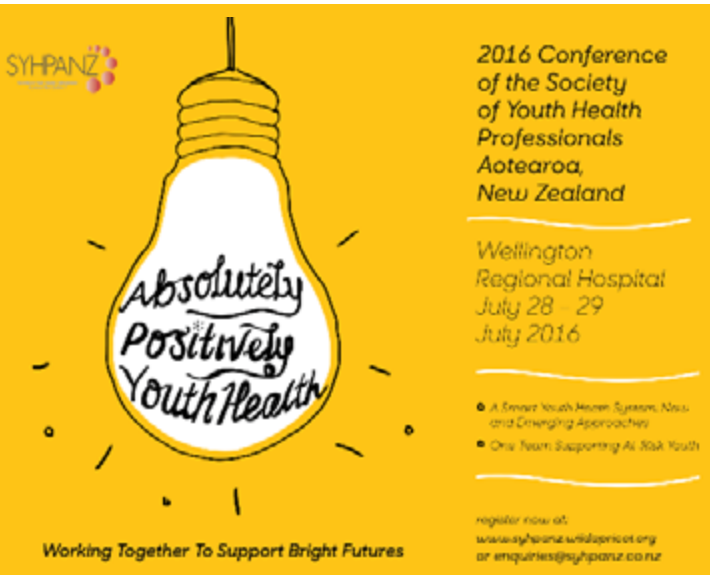
SYPHANZ 2016 Conference – Absolutely Positively Youth Health

This two day conference focused on new and emerging approaches in the youth health system and supporting at-risk youth. It was a very informative conference covering many different areas in youth health.

Highlights included guest speakers, Dr Sandy Whitehouse from Canada presenting on technology for use with young digital natives. From Australia, Dr James Fitzpatrick discussed "Making FASD history in Australia" and the journey of identifying and managing FASD in remote Aboriginal communities in the outback of Western Australia.

Two wonderful speakers to share their stories of growing up in CYFS care were Tupua Urlich and Karlee Symonds highlighting the need for youth participation to the new changes to the Ministry of Vulnerable Children.

You can access conference presentations on the SYPHANZ website on http://www.syhpanz.co.nz/



Information alive

by Mark Smith

What are the outcomes from our child and adolescent mental health services?

Mark Smith, clinical lead, Te Pou o te Whakaaro Nui

Child and adolescent mental health services have been collecting outcomes information since 2008, along with considerable activity data.

HoNOSCA (Health of the Nation Outcome Scales for Children and Adolescents) is a simple 15 item outcome measure, clinician rated from 0 meaning 'no problem' to 4 meaning 'serious problem.' The measure can be used in a whole variety of ways: to assist with care planning, goal setting, allocation of referrals, benchmarking and research, to name just a few. The 15 items are indicated right.

What is the information saying?

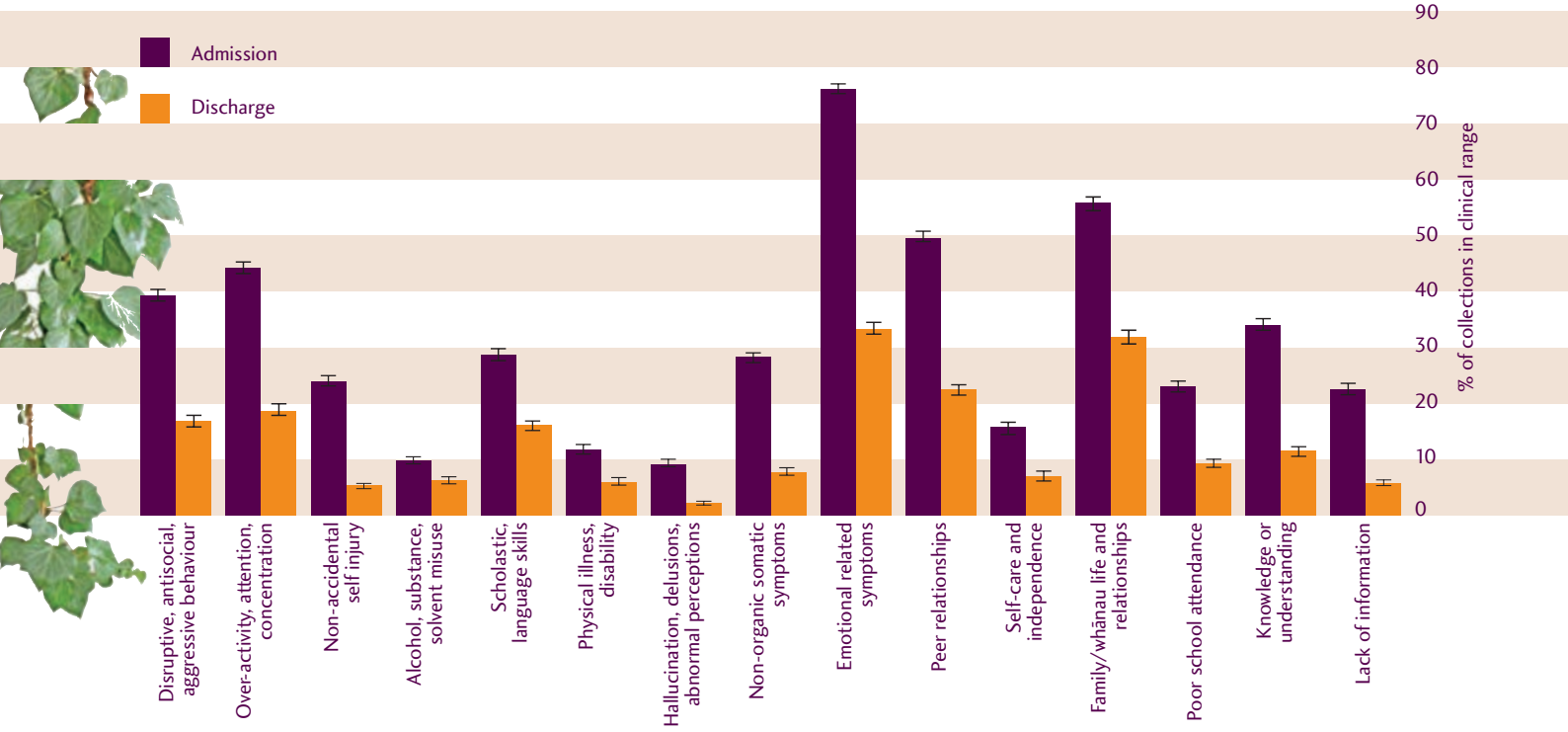
The graph below is informing us about how many service users at admission and discharge were scoring in the clinical range (that is 2 or more on HoNOSCA) during a one year period for all people seen by community child and adolescent mental health services.

As one would expect, people are more distressed on admission and on discharge are showing signs of recovery. Of particular note are emotional, peer and family relationships, all of which show significant improvements by discharge.

Limitations of the information

As with any information, the reliability of HoNOSCA information depends on how reliably clinicians do the ratings. This will depend on several criteria, in particular using the HoNOSCA glossary, being trained in HoNOSCA and having some practice with doing ratings. However we know that outcome measures have quite high levels of inter-rater reliability – higher than for diagnosis – providing these criteria are met.

Percentage of collections in clinical range on each HoNOSCA item, Community, New Zealand, Apr 2015 - Mar 2016



Notes: Percentage of service users in the clinical range (2, 3 or 4) for each HoNOSCA items.
Community discharge does not include discharges to an inpatient unit.
Source: Ministry of Health, PRIMHD extract 8 July 2016, analysed and formatted by Te Pou.

Nursing digest
with Barry Kennedy

Barry Kennedy
RN, MHSc

Substance use

Bi-directional effects of peer relationships and adolescent substance use: A longitudinal study. McDonough, M., Jose, P. & Stuart, J. (2016). *Journal of Youth and Adolescence, 45,* 1652-1663, DOI 10.1007/s10964-015-0355-4

This longitudinal New Zealand study examined whether negative peer influence and peer connectedness predicted changes in adolescent drug use, and whether substance use predicted changes in peer relationships. Adolescents aged 10 to 15 years completed measures annually for three years. Negative peer influence predicted increased use of all substances. Alcohol, cigarette, and marijuana use predicted increased negative peer influence. Peer connectedness was unrelated to frequency of drug use.

Associations between parental and grandparental marijuana use and child substance use norms in a prospective, three-generation study. Bailey, J. A., Hill, K. G., Guttmannova, K., Epstein, M., Abbott, R. D., Steeger, C. M., & Skinner, M. L. (2016). *Journal of Adolescent Health, 1-7* DOI: http://dx.doi.org/10.1016/j.jadohealth.2016.04.010

This USA study used data from three generations to test whether and how parent and grandparent marijuana use (current and prior) predicts an increased likelihood of child cigarette, alcohol, and marijuana use. Using a multilevel modelling of prospective data spanning three generations (N = 306 families, children aged 6 to 22) this study tested associations between grandparent and parent marijuana use and child past-year cigarette, alcohol, and marijuana use.

Parent current marijuana use predicted a higher likelihood of child alcohol and marijuana use but was not related to the probability of a child's cigarette use. Children's perceptions of their parents' norms and parents' current marijuana use both contributed independently to the likelihood of a child's alcohol and marijuana use. In light of the growing trend toward marijuana legalisation, authors suggested that if parent marijuana use increases under legalisation, we can expect more youth to use alcohol and marijuana and to have norms that favour substance use.

Developmental hazards among young alcohol intoxicated patients. Kuttler, H., Schwendemann, H., Reis, O., & Bitzer, E. M. (2016). *Journal of Adolescent Health, 59,* 87-95. DOI: http://dx.doi.org/10.1016/j.jadohealth.2016.03.022

The rising numbers of alcohol intoxicated adolescents (AIA) treated in emergency care units have drawn attention to this group. This German study assessed an array of developmental hazards and their stability in AIA, and compared their distribution with representative samples (RS). A multisite cohort study of AIA aged 13–17 years were assessed in hospital and 6 months later for (family) violence, cannabis and alcohol use, school problems, delinquency, homelessness, depression, and suicidality. Six months after hospitalisation, emotional family abuse, cannabis use, depression and being violent were especially prevalent. Developmental hazards are up to six times more prevalent in AIA than in RS.

Transition-aged youths with dual diagnoses. Kalinyak, C., Gary, F., Killion, C., & Suresky, J. (2016). *Journal of Psychosocial Nursing, 54(3),* 48-51. DOI: http://dx.doi.org/10.3928/02793695-20160219-08

This US study provides a description of the physical and emotional changes experienced by transition-aged youth and explores the pressures and challenges compounded by mental health issues and substance use. Intensive support throughout the transition years pays valuable dividends. However, transition-aged youth with dual diagnoses of mental health problems and substance use problems find few or non-existent options. Lack of continuity and consistency of supports and services further complicates the circumstances that affect the lives of young adults with dual diagnoses.

Sensory modulation

Educating mental health clinicians about sensory modulation to enhance clinical practice in a youth acute inpatient mental health unit: A feasibility study. Blackburn, J., McKenna, B., Jackson, B., Hitch, D., Benitez, J., McLennan, C., & Furness, T. (2016). *Issues in Mental Health Nursing 37(7)*, 517-525. DOI: 10.1080/01612840.2016.1184361

This Australian study, undertaken in a youth acute inpatient unit, evaluated the effectiveness of an online sensory modulation (SM) education package and reflective learning (action learning sets) on transferring knowledge of SM to staff, and translating knowledge into practice. A pre and post-education questionnaire was used along with three-month follow-up focus groups. Three months after SM education, four themes emerged about the practice and process of SM: translation of learning into practice, SM in practice, perceptions of SM benefits, and limitations of SM. A blended SM education process enhanced clinical practice in the unit.

Talking therapies

Within-person changes in mindfulness and self-compassion predict enhanced emotional well-being in healthy, but stressed adolescents. Galla, B. (2016). *Journal of Adolescence, 49,* 204-217. DOI: http://dx.doi.org/10.1016/j.adolescence.2016.03.016.

Meditation training programs for adolescents are predicated on assumptions that mindfulness and self-compassion can be directly cultivated, yet very little research with adolescents has tested this directly. This US study considered longitudinal relationships between changes in mindfulness, self-compassion and emotional well-being among healthy, but stressed adolescents who participated in intensive meditation retreats. Before and after the retreats, and three months later, 132 adolescents completed questionnaires measuring mindfulness, self-compassion and emotional well-being. The adolescents improved in all three immediately following the retreat, and many of these improvements were maintained three months later. Increases in self-compassion predicted reductions in perceived stress, rumination, depressive symptoms, and negative affect, and conversely, increases in positive affect and life satisfaction.

Bullying

Adolescent bystanders' perspectives of aggression in the online versus school environments. Patterson, L., Allan, A., & Cross, D. (2016). *Journal of Adolescence, 49,* 60-67. DOI: http://dx.doi.org/10.1016/j.adolescence.2016.02.003

Researchers' understanding of bystanders' perspectives in the cyber-environment fails to take young people's perceptions into account. Twenty-four interviews with a sample of Australian 13 to 16 year-olds revealed two themes. The physical presence theme suggests that young bystanders struggle to determine online intentions in the absence of body language, leading to hesitancy in reactions, which makes it easier to ignore online transgressions and avoid becoming involved. The authority theme indicates young bystanders perceive that, compared to the school environment, the online environment lacks clearly established rules, authority figures and formal reporting mechanisms.

Events

The national mental health and addiction nurse educator forum- Dunedin, 17 & 18 November 2016

Keynote speakers include: Professor Megan-Jane Johnstone, Professor Dawn Freshwater, Professor John Dawson, Gemma Griffin-Dzikiewicz and David Dewhurst.

The forum, in the spirit of collaboration, wishes to invite not only nurse educators, but also our other colleagues who provide mental health education, to attend. Some of the topics to be presented will include: advance directives, vulnerability, human rights, least restrictive interventions as well as the Kirkpatrick model of training. This will be a great opportunity to learn from inspirational leaders about progressing mental health practice. http://www.tepou.co.nz/events/the-national-mental-health-and-addiction-nurse-educator-forum/1035

Supporting children and families

- **Perinatal Anxiety & Depression Seminar** – Dunedin, 17 November

  This series of seminars provide professional development for those working in the environment where they are supporting families affected by mental illness related to pregnancy, childbirth and early parenthood from low to severe distress. When participants leave each seminar, they will better understand how these topics impact families and have strengthened their knowledge and skills to help improve perinatal outcomes.

  http://www.tepou.co.nz/events/perinatal-anxiety-depression-seminar-dunedin/1053

- **Through a childs eyes** – Christchurch, 18 November

  Jerry Moe is an Advisory Board Member of the National Association for Children of Alcoholics (NACoA), he is an author, lecturer and trainer for children and families impacted by addiction. http://www.tepou.co.nz/events/through-a-childs-eyes/1069

Workshops with Ron Coleman and Karen Taylor

- **A narrative approach to psychosis:** Ron Coleman and Karen Taylor- Auckland, 31 October -http://www.tepou.co.nz/events/a-narrative-approach-to-psychosis-ron-coleman-and-karen-taylor/1071
- **Working With Voices** - Ron Coleman and Karen Taylor - 2 day workshop- Auckland, 1 & 2 November -http://www.tepou.co.nz/events/working-with-voices-ron-coleman-and-karen-taylor-2-day-workshop/1070
- **Working With Voices** - Ron Coleman and Karen Taylor workshop – Canterbury, 3 November -http://www.tepou.co.nz/events/working-with-voices-ron-coleman-and-karen-taylor-workshop/1064
- **Working With Voices** - Ron Coleman and Karen Taylor 2 day workshops- Wanganui, 7 & 8 November -http://www.tepou.co.nz/events/working-with-voices-ron-coleman-and-karen-taylor-2-day-workshop/1065

- **A narrative approach to psychosis:** Ron Coleman and Karen Taylor - Wellington, 9 November

  http://www.tepou.co.nz/events/a-narrative-approach-to-psychosis-ron-coleman-and-karen-taylor/1066

- **Working With Voices** - Ron Coleman and Karen Taylor 2 day workshop – Wellington, 10-11 November - http://www.tepou.co.nz/events/working-with-voices-ron-coleman-and-karen-taylor-2-day-workshop/1067

Leadership development

- **Te Pou mental health leadership day: Allied health professionals in leadership - Auckland, 3 November**

  This event will provide attendees with opportunities to network, discuss issues current to allied health practice in mental health and addiction, and explore practice initiatives that allied health professionals in leadership are currently involved in. The programme will include presentations on skill transfer, the Equally Well collaboration, a discussion on how to support new graduates, and a workshop led by the National Centre of Inter-professional Education and Collaborative Practice on communication in the workplace. http://www.tepou.co.nz/events/allied-health-leadership-day/1054

- **Blueprint Leadership Series: Worried you're so busy being a manager that you're not being a leader?**

  Do you want to know how to be a leader in an environment that is time poor and task rich? Are you struggling to focus on and utilise your leadership abilities? Believe that you have more to give, but no time to give it?

  The new Blueprint Leadership Series offers a unique and innovative teaching methodology which will allow you to leave every workshop with the skills you need to make a difference to yourself, your workplace and the wider sector. This leadership series will focus on removing barriers to reflective practice, increase your own knowledge about your own leadership abilities and challenge your day to day practice as a leader using reflection and innovation to bring about change.

  www.blueprint.co.nz and for further information please contact Sonja Eriksen, Sonja.Eriksen@blueprint.co.nz

Addiction

- **Smashed 'n Stoned? Facilitator Training** – Napier, 10-11 November http://www.tepou.co.nz/events/smashed-n-stoned-facilitator-training-hawkes-bay/1057

- **Smashed 'n Stoned? Facilitator Training** – Nelson, 17-18 November http://www.tepou.co.nz/events/smashed-n-stoned-facilitator-training-nelson/1046

Outcomes

- **Feedback Informed Treatment** - Rotorua, 14-15 November

  Lakes DHB Mental Health & Addictions Service in conjunction with its regional DHB partners is pleased to host this professional development training event. Day 1: Feedback Informed Treatment (FIT): Improving the Quality and Outcome of Behavioral Health Services One Person at a Time Day 2: REACH: Pushing Your Clinical Effectiveness Presenter: Scott Miller http://www.tepou.co.nz/events/feedback-informed-treatment/1068

- **ADOM trainers and champions refresher training,** Hamilton, 25 November http://www.tepou.co.nz/events/adom-trainers-and-champions-refresher-training/1061

- **Te Pou national outcomes and information - Making it matter** 2016 - Wellington, 4 November http://www.tepou.co.nz/events/te-pou-national-outcomes-and-information---making-it-matter-2016/996

  Building on the success of the AMHOIC conference held in November 2015, join us for a full day event "making it matter". This forum is hosted to support the collection, use and understanding of mental health and addiction information and outcomes. This year's forum will focus on developing leadership in information.

  If you're a planner and funder, service leader, quality improvement specialist, chief executive, clinical director, outcomes leader/champion, or a budding outcomes leader/champion this forum will be of particular interest to you.

Older people

- **Dementia Today: Diverse Communities Collective Action**, Wellington, 3-5 November - http://www.tepou.co.nz/events/dementia-today-diverse-communities-collective-action/973

Disability

- **ASID 2016 Conference**. No More Excuses: Looking beyond "because". Wellington, 3-4th November- http://www.tepou.co.nz/events/asid-2016-conference-no-more-excuseslooking-beyond-because/1030
- **Kia Noho Rangatira Ai Tatou** - A unique education programme that puts the human rights of disabled people and the UNCRPD into a New Zealand cultural context. This two day workshop has an applied focus which will help disability support providers to ensure that disabled people's human rights are upheld in everyday practice
    - Waikato Disability Support Services- Kia Noho Rangatira Ai Tatou- Hamilton, 8- 9 November http://www.tepou.co.nz/events/waikato-disability-support-services-kia-noho-rangatira-ai-tatou-/1062

Handover

Mental Health and Addiction Nursing Newsletter
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Te Pou
o te Whakaaro Nui