



Te Ao Māramatanga  
New Zealand College of Mental Health Nurses

## TE KARERE

### Editorial December 2020

By Chris Taua

Kia ora koutou and welcome to the final issue of *Te Karere* for 2020.

What a year it has been. I imagine many of you feel like I do in the hopeful anticipation that 2021 will be somewhat less eventful, although I expect not as we negotiate the major issues around vaccines that face us, let alone the ongoing mental health impacts resulting from the continuing border closures, job losses and global family and whanau distancing. Thank you all for the mahi that you do in supporting those experiencing that distress. The role of mental health teams can never be underestimated in times like now.



This issue is a full and interesting one, from the usual updates from the Board via our President and Lois with the credentialing, where you will read about other important and interesting happenings around the country. Check out Tony O'Brien's useful synopsis of the new Guideline to the MH(CAT) Act; read the Mental Health Commissioner overview of the state of mental health and addiction services in Aotearoa New Zealand; as well as other important specialist area reports. Do also note the call for nominations to the Board.

As I look back on the year that we have had and the mahi of the College and each and every one of you, its members, I leave you with this whakatauki "*Ehara taku toa i te toa takitahi, engari kē he toa takitini*" which essentially translates as "*one's success should not be bestowed onto one alone, it is the success of the collective that makes the difference and allows each of us to succeed*". Thank you for your mahi and Seasons Greetings to you all. May the holiday season ahead be a safe and happy one where you get to spend valuable time with those who matter to you according to whatever this time of year means to you.

In this December 2020 edition of *Te Karere* we bring to you:

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## Message from the President and Kaiwhakahaere

### Kia ora College members

On behalf of the board of Te Ao Māramatanga-NZCMHNurses we wish you and your whānau a very Merry Christmas and a happy new year.



For me personally, as a whānau each year we try hard to instil in the young ones the value of being together and keeping connected. Now more than ever this must be a priority focus. Coming from a large family and having four adult children with many grandies, my Christmas gatherings are spread across many days each filled with the laughter of children enjoying the delights of Xmas kai and gifts. The age-old spoon and egg races are just some of the fun challenges we enjoy together. Laughter really is the best medicine and I think we all need a good dose of that this Christmas.

As we walk together out of 2020 into 2021, we leave behind experiences and memories that have challenged many of us to the core of our being; emotionally, physically, and spiritually. The impact of Covid-19 has reached into our professional and personal lives and stretched our levels of endurance and resilience. I am sure that many of you will agree that we are fortunate to be living in Aotearoa New Zealand and to have a Government and health system capable of reducing the impact of Covid-19. The fight to eliminate this pandemic will go on for some time and as nurses we must continue to weave into our practice activities that build our resilience and strength to ensure we can best serve our communities and whānau.

We are mindful that as nurses we walked into 2020 doing our best to serve people and their whānau with mental health and addiction needs and people with disabilities with limited resources. The year prior we saw action being taken by the Government in response to He Ara Oranga- Mental Health and Addiction Inquiry (2018) as funding to improve primary mental health care was released. In 2020 we saw more action being taken to improve health outcomes for Māori which will remain an integral part of the health system landscape. To date though we have not seen a nationally sustainable solution to solve the shortage of mental health, addiction and disability nurses that focuses on growing our own. This must be an imperative from 2021.

Change expected and unexpected is now the reality of health care and brings both opportunities and challenges for nurses. In 2021, we will walk into a time where the Health and Disability System will begin to undergo significant change including the reduction of the number of DHBs. This change will occur in the context of a national pandemic and take a few years to complete. Your College will walk with you through this change and continue to be the voice of mental health, addiction, and disability nursing.

In 2021, we will review our strategic plan and work with you to ensure that your College continues to be the voice at the forefront of policy and practice and provides you with a range of professional development opportunities.

Our plan for 2020 was ambitious and despite the Covid-19 pandemic we made good progress. Details were tabled in the Presidents and Kaiwhakahaere AGM report. Click [here](#) to review.

Key highlights of 2020 included expansion of the Credentialing Programme, appointment of a College Manager and working closely with National Nurse Leaders group to ensure that mental health has a seat at the table, that our voice is shared, heard, and acted upon.

In the New Year, the Board will work with Helen Hamer (College Manager to develop a plan for 2021 and budget). Helen and identified Board members will work with branches to support their development of an annual plan and budget. In the later part of the year, we hope to meet as a Board to review the strategic plan (2019-2021) and develop a draft plan for you as members to review. The outcomes will help set the direction of travel for 2022 onwards.

2021 is my last year as President following my election in 2017. I am looking forward to a final busy year and working with the Board to help ensure we meet your expectations as professional nursing leaders. The election

process for a new President will commence mid- 2021 and I really encourage members to consider putting your name forward for this rewarding and challenging role.

In closing we acknowledge that 2020 has been a hard year for people across the globe and for nurses and other health care workers. We take this time to pause and pay our respects to the families who have lost loved ones. We encourage you to light up a candle for the mental health, addiction and disability nurses who have died from Covid-19, those recovering and those still at the front lines.

See you in the New Year!

Ngā mihi nui

*Suzette Poole*



## News from the College Manager:

Helen Hamer

I am pleased to announce my appointment to the position of *College Manager, Te Ao Māramatanga*, 16 hours per week, commencing 16 November 2020. I follow in the footsteps of the previous College Managers, Val Williams, and Jo Harry, who led the way in the development of the College. As the College Manager, I will have an integral coordination and leadership role in the day-to-day operations of the College, including the support of the College Board and in particular work closely with the President and Kaiwhakahaere to achieve the objectives of the College, as noted in the Constitution. I will be guided by Māori Caucus on all aspects of practice and

College business. Over the next few weeks, I will work on drafting up an annual plan for 2021 for the Board to consider when they meet in early January.

The role will also offer support, information and activities for members that inform our profession as we continue to make a difference in the lives of the people we serve. I will be working alongside Kerry Cross, Registrar, and Tracey Merlini, Executive Assistant with the aim of connecting to current members and to hearing more about what matters to you.

As College Manager, I will be spending 50% of my time assisting Lois Boyd, Director of

the *Credentialing Programme* which supports and endorses enrolled nurses, registered nurses, and nurse practitioners, working in primary healthcare settings. The programme aims to develop the knowledge, skills, and experience of nurses to provide best practice mental health and addiction responses and interventions in a primary care setting.

I look forward to meeting as many members as possible over the next few months; soon I will be contacting the Chairperson's of the College Branches across the regions to introduce myself and to determine what support the Branches need for the diversity of members - *mental health, addiction and disability* nurses. In sum, I am looking forward to working alongside you all to uphold our mission

statement: "*Partnership, Voice, Excellence in Mental Health Nursing*"

Please feel free to contact me if you have any feedback or suggestions for your current and future professional and clinical development as your Board is keen to develop a suite of learning forums in 2021

Ngā mihi nui

Helen P Hamer, RN, PhD  
College Manager

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## Meet the New Board Secretary



**Elle Hayes**  
**Charge Nurse Manager**  
**Integrated Care Co-ordination Team / ISR health team / AMHAS Triage**  
**Mental Health & Addictions Service, Health Waikato**

I am a mum of one human (13yrs) and one fur baby (Canine). I am also a registered nurse having completed my degree in nursing in 2008 from WINTEC Hamilton and have worked locally in mental health ever since.

I have held a number of nursing roles including acute adult inpatient, Tamariki me Rangatahi, Early intervention for first episode psychosis, IDDD and Integrated care coordination team. I have worked in both the DHB and NGO sectors. I am currently the Charge Nurse Manager of three community teams, Adult MH triage team, Integrated care coordination team and the Integrated safety response health team. I am also the project lead for the connecting care project at Waikato DHB.

I have two post graduate certificates, one in health sciences and one in leadership and management, both from Auckland University and most recently completed the quality improvement facilitators course through Health Quality Safety Commission. I have held previous secretary roles and have real passion for service development, quality improvement and workforce development. I look forward to supporting the work of the Board.

To meet other members of the Board you can access their profiles [here](#)

## CALL FOR EXPRESSIONS OF INTEREST FOR A NATIONAL BOARD MEMBER

With the recent appointment of Helen Hamer to College Manager and her resignation from the College Board we now have a vacancy for a National Board member. The College has the power to co-opt a member onto the board to fulfil this role.

If you are looking for an opportunity to be involved at a national level to further your strategic knowledge and skills, then we encourage you to apply. You can access this on the College website under latest news also [here](#).

The time commitment needed to fulfil this role effectively is around 1-2 hours each week. Opportunities to lead or contribute to other College activities may require more of your time. Each board member has a portfolio to lead and once appointed we will work with the new member to determine what this would be. A keen interest in Policy and or Education would be useful.

You will be required to attend monthly Board meetings by Zoom in the evening for up to 1½ hours and face to face meetings as required. As a Board member costs to attend College events will be paid for.

**So**, if you have the time and passion to support the profession of mental health, addiction and disability nursing then please send in:

- 1. a letter of support from your Branch Chair**
- 2. a short Bio and a CV (please include your membership number)**
- 3. a letter from you that includes reasons why you would like to be considered for this position, what knowledge and skills you bring, your thoughts on how you can contribute to the College strategic plan.**

The successful applicant would be in position until the 2021 AGM when members would be asked to endorse this appointment. The AGM is likely to be held in November.

Expressions of interest should be sent to the Secretary – [secretary@nzcmhn.org.nz](mailto:secretary@nzcmhn.org.nz) copied to the College administrator [admin@nzcmhn.org.nz](mailto:admin@nzcmhn.org.nz) **Nominations close on 5pm Friday 10 January 2021**

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### Primary Mental Health and Addiction Credential Programme Update by Lois Boyd: Director of Credentialing

I'm writing this, having just returned from Wellington, where the programme Reference Group, hosted by Te Pou, met to reflect on 2020, discuss programme development and confirm plans for 2021 and beyond. I feel so fortunate that the Credentialing team have access to this group of nurse leaders who prioritise the programme, amongst their busy lives and contribute so generously.

We have welcomed Steph Anderson and Menetta Te Aonui to the group. Steph is a Community Nurse at Victory Community Centre in Nelson. Menetta has two nursing focused roles with Capital Coast DHB, as a nurse educator recruiting and co-ordinating Maori NESP nurses and as a service leader for Maori Workforce Development. Both nurses bring a wealth of knowledge, skills, and experience to the Reference Group.

We are also welcoming Dr Helen Hamer to the Credentialing team. Helen has been progressing project work with us recently and now as the new College Manager, she will continue to be involved in supporting the programme. Recently Helen has been working with some credentialed nurses to develop stories about how they have used programme knowledge in their practice. We hope to be able to share some of these with you soon.

I've had several enquiries and conversations with nurses lately about how credentialed nurses fit into the new Access and Choice roles that continue to be implemented in primary care settings. Credentialed nurses are a perfect example of the "any door is the right door" approach. We want anyone with a mental health or addiction concern to receive a positive and proactive, best practice response when they engage with any member of the primary healthcare team about their mental wellbeing.

The roles of Health Improvement Practitioner, Health Coach and Support Workers add to and enhance primary care teams and work alongside credentialed nurses to provide a wider range of options for people seeking mental health and addiction assistance. Credentialed nurses have a broad, all of health and wellbeing approach and respond to both individuals and families, whatever their healthcare needs. Credentialed nurses provide assistance that ranges from supporting self-care and wellbeing, to early intervention, brief intervention, referral, supporting people in distress or those with long term and complex health concerns. More detailed information on the other primary focused roles is available on the Te Pou website.

While 2020 has been a challenge for us all, we have continued to support our 8 current programmes and 4 programmes have completed credentialing groups in 2020. At this stage we have 5 programmes with confirmed dates for 2021. We are also supporting 2 new regions to convene their first programme in 2021.

We have recently launched some eLearning to assist re-credentialing nurses and the numbers of re-credentialing nurses is increasing with Tracey's attention to recalls and administrative arrangements, supporting this greatly.

Finally, I'd just like to thank all the people that make this programme work and continue to develop. Our growing credentialing team of Helen, Allan and Tracey and I are looking forward to continuing to work with you all in 2021 and wish you a Meri Kirihimete.

Nga mihi Lois Boyd, Director of Credentialing. New email address: [credentialing@nzcmhn.org.nz](mailto:credentialing@nzcmhn.org.nz)

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## Guidelines to the Mental Health (Compulsory Assessment and Treatment) Act (1992) by Tony O'Brien

In September, this year the Ministry of Health published a new guideline to the Mental Health (Compulsory Assessment and Treatment) Act (1992) ("the Act"). While the *Guideline* is in many respects very traditional, it also reflects changes in thinking about how mental health care is

provided, and likely signals some new directions for future mental health legislation. The *Guideline* is a systematic step through the Act and benefits from almost 30 years of case law, analysis, and opinions of review bodies. Nurses working with the Act will find the *Guideline* a helpful

resource with many references to opinions and analysis that provide further background to the advice contained in the *Guideline*. Areas of particular interest to nurses are those to do with the DAO role, opinions of second health professionals, and use of force.

One of the 38 recommendations of *He Ara Oranga*, the 2018 report of the Government Inquiry into mental health and addiction was that the **Government** “Repeal and replace the Mental Health (Compulsory Assessment and Treatment) Act (1992) so that it reflects a human rights–based approach, promotes supported decision-making, aligns with the recovery and wellbeing model of mental health, and provides measures to minimise compulsory or coercive treatment.” A related recommendation was that people with lived experience, advocates, and professionals “engage in a national discussion to reconsider beliefs, evidence and attitudes about mental health and risk.” The current legislation is now nearing the end of its third decade, and clearly reflects the late period of deinstitutionalisation. The Act contains provisions for compulsory community treatment, the expectation that hospital admissions will be brief, and a paternalistic model of substitute decision making which sees the “responsible clinician” usurping the autonomy of compulsory patients. The “two limb” criteria for compulsory treatment, combining a phenomenological model of mental disorder with a dangerousness standard, was seen as a significant departure from the strictly medical model of mental illness underpinning the 1969 legislation. Although the 1992 Act made significant improvements in recognition of individual

rights, procedural justice, and review processes it has been rendered substantially outdated by New Zealand’s commitment to the 2006 United Nations Convention on the Rights of Persons with Disabilities (the Convention). The Convention introduced a radical departure from existing concepts of mental health legislation, most notably in Article 12 which holds that individuals should be treated equally before the law. Under the Convention, substitute decision making is seen as a breach of rights. Many countries have revised legislation towards a capacity-based standard and made provisions for supported decision making. We can expect revised legislation to be significantly different to the current Act.

Although practice in mental health, especially in relation to acute services, is heavily influenced by the Mental Health Act it is important to note that even within highly prescriptive legislation there is scope for clinicians to give effect to changes in philosophy and beliefs about mental health. For example, the recently published Ministry of Health document *Human Rights and the Mental Health Act* signals some significant shifts in practice, perhaps foreshadowing changes in legislation. For example, *Human Rights and the Mental Health Act* points out that the current legislation does not preclude use of supported decision making or advance directives, and it is possible for clinicians to adopt these practices without their being prescribed in legislation. Interestingly the *Guideline* acknowledges (page 100) that “The Mental Health Act takes an ethnocentric view of treatment, primarily presuming a biomedical model of care”. The *Guideline* then goes on to suggest ways

in which services might moderate this ethnocentric and biomedical approach.

Something that is evident in the *Guideline* is the degree of discretion accorded clinicians in providing care and treatment under the Act. Although the Act contains an extensive list of rights (Part 6) and the *Guideline* points out that New Zealand Bill of Rights Act (1990) still applies, at almost every point clinicians are given the power to abrogate individual rights in the interests of compulsory treatment. For nurses this means bringing an ethical perspective to the foreground of care and taking that perspective into their relationships with consumers. The *Guideline* also reflects the

extensive range of legislation and guidelines that impact on nursing practice, from the Privacy Act, the Substance Addiction Act and the Health and Disability Commissioner Act to guidelines on the DAO role, seclusion, and guidelines for involving whānau.

I am sure few nurses will read right through the 132 pages of this *Guideline*. But it is definitely worth being familiar with the aspects most relevant to one's own clinical practice. By itself, the *Guideline* will not resolve all the clinical and ethical challenges nurses encounter in their practice, but it is definitely worth knowing what the "official view" of some of these issues is.

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## Mental Health Commissioner's report on mental health and addiction services: Kevin Allan— Mental Health Commissioner

The Mental Health Commissioner, Kevin Allan released his final independent assessment of the state of mental health and addiction services in Aotearoa New Zealand in June. The report draws on complaints made to the Office of the Health and Disability Commissioner (HDC) about mental health and addiction services, feedback from tāngata whaiora and their whānau, engagement with many different people in the sector, and system and service performance measures. Mr. Allan found that there is significant hope for transformational system change set by *He Ara Oranga*, and that the Government is making a promising start, but that there is more required to gain traction in improving services.

### Areas of concern

The report found aspects of mental health and addiction services requiring continued focus – including some stubbornly familiar issues:

- Addressing equity of physical health, employment, and housing for people with mental distress and/or addiction
- Ensuring tāngata whaiora have wellness plans and timely follow-up
- Addressing high rates of compulsion under the Mental Health Act and rising national seclusion numbers, especially for Māori
- Ensuring all mental health and addiction services work for Māori and are culturally safe
- Improving maternal mental health services as an integral component of the Child Wellbeing Strategy
- Ensuring the needs of people who experience harm from substance use are addressed in a broader context of wellbeing



- Addressing forensic mental health services capacity and developing and improving those services.

### Areas of progress

The report also identifies areas where real progress has been made:

- People using mental health and addiction services experience improvements in their wellbeing over time, and most would recommend their service to others
- Rapid action to house people and provide intensive mental health, addiction and other support during the COVID-19 response shows homelessness can be ended
- Strengthened focus on partnership and tāngata whaiora rights in the Ministry of Health's proposed revisions to the Guidelines for the Mental Health (Compulsory Assessment and Treatment) Act 1992, and the Government's commitment to repeal and replace that Act
- Recent increase in investment in Kaupapa Māori services
- Developments underway by the Department of Corrections to better address the mental distress and/or addiction needs of people in prison.

### Recommendations

The Mental Health Commissioner made a number of recommendations to the Minister of Health to address areas of concern identified in the report. These included that the Minister work with his colleagues to prepare an action plan, **by 31 December 2020**, for implementing the transformative *He Ara Oranga* agenda, including all-of-government, all-of-community and specific health and disability sector components.

The Mental Health Commissioner also emphasised the need for a shared agenda, strong collaborative leadership, partnership with Māori, tāngata whaiora and their whānau and other sector and community leaders, plus ongoing structured support to enable collective action.

You can read the full report [here](#).

*"Mental health nurses are at the heart of our health system. They are absolutely central to the delivery of good mental health and addiction services and will play a leading role in the transformation of how these services are provided in the future. It has been a real pleasure for me to work with mental health nurses as an integral part of my monitoring and advocacy role."*

### Nurses at the heart of the system

There is an important relationship between the Mental Health Commissioner and mental health nurses, including in HDC's monitoring and advocacy work.

Mr Allan says, *"Mental health nurses are at the heart of our health system. They are absolutely central to the delivery of good mental health and addiction services and will play a leading role in the transformation of how these services are provided in the future. It has been a real pleasure for me to work with mental health nurses as an integral part of my monitoring and advocacy role."*

Mr Allan also acknowledged the work experienced mental health nurses do in supporting HDC in assessing complaints about mental health and addiction services and providing expert advice and guidance during the assessment and investigation process.

### New Mental Health and Wellbeing Commission

The Mental Health and Wellbeing Commission Act 2020 comes into force by 9 February 2021. When it does, the responsibility to monitor mental health and addiction services and advocate for improvements to those services will transfer to the new Commission.

Mr Allan strongly supports the establishment of the new Commission, which should enable a broader and more diverse assessment of the services and systems in place to promote wellbeing and improve the wellbeing of people living with mental distress and/or addiction issues, and their whānau. The Commissioner and his small team are working closely with the initial Mental Health and Wellbeing Commission to ensure a seamless transition.

HDC will continue to make decisions relating to complaints about mental health and addiction services, and to assess and respond to the systemic issues that arise through these complaints.

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## News from the regions, branches, and specialist areas

### Wellington Branch Report by Carmel Haggerty

The Wellington Branch, like so many others around the country, have been busy but quietly working on projects. A small committee of our Wellington Branch (Tony Heyward, Kym Parks, Catherine Fuller, De'arna Sculley and Carmel Haggerty) are pulling together a forum for our members (and some non-members) on 4 February 2021 to celebrate research from the wider Mental Health, Addictions & Disability sector, so will be showcasing our graduates projects from the Master of Professional Practice. In addition, we will have a couple of keynotes – one from the Ministry of Health and the other around 'least restrictive environment'. Our intention is to hold an AGM on the same day, we will be looking to fill all our roles – Chair, Secretary & Treasurer at that AGM as I will be stepping down as Chair and we have not had the other two roles filled for the last three years anyway.

Have a wonderful summer and we hope you get to spend lots of time with your loved ones.

### Update from Christchurch Hospitals' new Emergency Department from Gail Phillips RN (Psychiatric Consultation Liaison Nurse)

#### Mental Health in Waipapa

The opening of the new Emergency Department (ED – now called Waipapa) at Christchurch Hospital, brought with it a brand-new working area for Mental Health (MH). This new area has double the space for interviewing consumers, and a larger (bigger than the previous cupboard) workspace for staff. The Psychiatric Consultation Liaison Team (PCL) were the first to use this space and having modern furniture and clean calming areas has been a positive for the team.

Of course, not all is as it should be, remembering that the design for this area started 10 years ago. There are issues of safety with no security focussed camera's in the interview rooms, limited space for security to sit and support when needed and one or two of the interview rooms are rather small, feeling less than therapeutic for supporting folk in high levels of distress. Of these the camera issue is being worked on and the others will have to be managed by staff as we go.

Processes for moving consumers around the ED and in and out of the MH area has been the topic of monthly meetings for the past two years, with participation by ED and MH staff rotating depending on rosters, however the end product has been a clear framework for treatment when required and MH assessment following this, with the safety of everyone the key.

I look forward to being able to offer some sensory modulation environment/tools for consumers during their time in the area. But most of all I look forward to working in this area and see it as a much more respectful and consumer friendly environment than what was previously available. Despite the early hiccups (which we will continue to work on) this environment is a great improvement offering a modern forward thinking therapeutic milieu for caring for those in acute distress.

## A mental health nursing update from Ara Poutama Aotearoa (Department of Corrections) by Joanne Love, Senior Advisor MH, Ara Poutama

Our Hōkai Rangi<sup>1</sup> strategy (2019-2024) plans a new direction for Ara Poutama Aotearoa (Department of Corrections). At the forefront of this is creating positive outcomes for Māori in our care. This is intended to address the over-representation of Māori in the Corrections' system. Key parts of this strategy include supporting creativity and innovation and providing humanising and healing environments for people.

In 2018, Ara Poutama Aotearoa commenced the development of a 600-bed facility at Waikeria Prison, due for completion in 2022. The Government announced that 100 of the beds in this facility would be dedicated to a regional mental health and addiction service. This will be the first service of its type in an Aotearoa prison. Hōkai Rangi identifies the Waikeria Mental Health and Addiction Service (WMHAS) as a key enabler of its success.

The WMHAS project has partnered with iwi/mana whenua (Raukawa and Ngāti Maniapoto) and the Waikato DHB to design and deliver a holistic mental health and addiction service based on Māori tikanga and kawa for ngā tāne in the central North Island. The detailed care pathways (which include the workforce requirements) are currently being co-designed with people in care, whānau, mana whenua, the Waikato DHB, Ara Poutama Aotearoa, and other key stakeholders and will be finalised in March 2021.

In June, this year Ara Poutama Aotearoa launched a programme of work around strengthening our health services, including continuing to improve the provision of mental health and addiction services nationwide. Previously, Ara Poutama Aotearoa had developed mental health services in reaction to specific needs on sites. For example:

*Ara Poutama Aotearoa recognised that this needs to be addressed urgently if Intervention and Support Units are to be therapeutically driven, and if service provision is to align with the aspirations of Hōkai Rangi.*

- Improving Mental Health Clinicians providing services for mild to moderate mental health conditions in all prison sites (similar to primary mental health services attached to PHOs in community settings).
- Three prison sites have Intervention and Support Practice Teams (similar to community mental health teams) .
- Mount Eden Corrections Facility has 5 mental health nurses

There has been little service provision in other prisons for people presenting with moderate to severe mental health issues; typically, those who are ineligible for any forensic mental health service.

In prisons, Intervention and Support Units (ISUs) care for people who may be highly vulnerable, suicidal, and acutely mentally distressed. In some instances, people may be held in these ISUs for long periods. Most of these ISUs have little access to ongoing specialist mental health support and custodial staff are carrying the burden of care, without the necessary mental health training or qualifications to do so. Ara Poutama Aotearoa recognised that this needs to be addressed urgently if Intervention and Support Units are to be therapeutically driven and if service provision is to align with the aspirations of Hōkai Rangi.

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<sup>1</sup> [https://www.corrections.govt.nz/resources/strategic\\_reports/corrections\\_strategic\\_plans/hokai\\_rangi](https://www.corrections.govt.nz/resources/strategic_reports/corrections_strategic_plans/hokai_rangi)

Recommendations from a recent prison site review include:

- A future vision for mental health service delivery within Ara Poutama Aotearoa, that reflects Te Ao Māori worldview and involves iwi as partners.
- As soon as practicable, every prison will have a Clinical Nurse Specialist (adult mental health). This will be an interim measure to allow a mental health response on site until mental health teams can be established.
- Rimutaka Prison, Mount Eden Corrections Facility and Waikeria Prison will start to build multidisciplinary mental health teams (similar to community mental health teams).
- Training in mental health and addictions for our ISU Custodial staff.
- Creating mental health multidisciplinary teams that integrate with iwi and community partners. This will help support and maintain wellbeing and mental health on release to whānau. The proposed mental health teams would consist of specialist mental health clinicians used to working in in-patient, secondary, or community mental health and addictions services.
- Workforce development of our health centre nurses in primary mental health. This will support collaborative, multidisciplinary care planning that increases the ability to consult with whānau.
- The provision of Te Ao Maori expertise in mental health. This not only adds to an integrated approach to wellbeing, but recognises the value of health, mental health, spirituality and whānau. It will also support Māori to improve the health of whānau, hapū, and iwi.
- Setting up monthly group clinical supervision for our ISU custodial staff at every prison with an ISU.

It's an exciting time to be working in Ara Poutama Aotearoa hauora rōpū especially in mental health and addictions services. Watch this space.... more to come soon!

Joanne works as Senior Advisor in the Mental Health Quality and Practice team. Work in this team is varied and ranges from designing mental health and addictions services within Ara Poutama Aotearoa to supporting staff on site as a Subject Matter Expert. Joanne can be contacted on 021 081 50433 or [joanne.love@corrections.govt.nz](mailto:joanne.love@corrections.govt.nz)

## Research news

### **New Zealand Nurses' Alcohol and Other Drug Use 2020 A call for participants: Maria Topp**

I am interested in nurses' use of alcohol and other drugs and how this might impact on their practice. If you are employed as a registered nurse in New Zealand and provide direct care to people and their families/whānau I would like to hear from you. The anonymous online questionnaire will take you no longer than five minutes to complete and you can enter a draw to win one of 150 \$20 MTV vouchers. You can access the questionnaire using the URL or QR code below

[https://auckland.au1.qualtrics.com/jfe/form/SV\\_6mJSsw9tmVBK885](https://auckland.au1.qualtrics.com/jfe/form/SV_6mJSsw9tmVBK885)

This research has been funded by a PBRF grant at the University of Auckland. If you have any questions, please contact the researcher at [m.topp@auckland.ac.nz](mailto:m.topp@auckland.ac.nz) Approved by the University of Auckland Human Participants Ethics Committee on 21/9/20 for three years. Reference Number UAHPEC2815.



## Health and Education working in partnership to develop a trauma informed care educational intervention: Helen Bingham

From Helen Bingham, Senior Nursing Lecturer, School of Nursing, Health and Wellness, Western Institute of Technology at Taranaki

Following the identification of a gap in best practice by the local District Health Board, the Mental Health and Addiction Services of the Taranaki District Health Board, and the Western Institute of Technology Taranaki, have worked in partnership to address this gap, through the development of a training package that enables the workforce to underpin their practice with the required knowledge and skills. We would like to share the development of an 8-week micro credential, which empowers staff to incorporate a trauma informed care approach into their practice, by having the knowledge and skills to:

- Critically analyse the widespread impact of multidimensional trauma on the person holistically.
- Utilise a range of in-depth sciences to inform clinical judgements and decision-making, using a trauma-informed approach.
- Critically examine and reflect on own practice and knowledge using trauma informed principles to deliver compassionate care of self, and others, which is compassionate.

People who access mental health and addiction services are more likely to have experienced trauma than the general population. Also recognised is that trauma-related stress reactions also occur amongst workers who provide services. There is an expectation that services working across the spectrum of mental health and addiction, deliver care using a trauma informed approach. Services, therefore, need to ensure that the workforce is equipped to recognise the impact of the adverse effects of trauma on the mental, physical, social, emotional, and spiritual wellbeing of service users, their whanau and on

themselves. To achieve this, the development of a strengths-based service that creates opportunities for survivors to rebuild a sense of control and empowerment was required, which also considered the unique context of historical and intergenerational trauma of Māori as tangata w'enua in Aotearoa.

Achieving this goal requires a different mindset and approach to service delivery to assist

*"People can and will recover from trauma, and their determination and resilience to do so must be honoured and supported".*

and develop the workforce to understand mental health and addictions through a trauma lens. Developing and implementing a trauma informed approach also benefits the wellness and safety of the workforce, due to their own frequent experiences of trauma, both personally and professionally. The principles and practices of trauma informed care focus on individual's strengths and competencies and focus on the requirement to practice in a compassionate and responsive way, to ensure the safety, integrity, support, and empowerment of people who experienced trauma, including the experiences of colleagues.

An exploration of local professional development opportunities that were available to staff identified a lack of robust training that addressed the practice gap. This gave rise to two years of collaboration between leaders at the local district health board mental health addictions service, and two senior mental health nurse lecturers at the Western Institute of Technology Taranaki, resulting in the development of an 8-week micro credential in

trauma-informed care. The course uses a blended learning pedagogy, which includes two face-to-face workshops, and weekly asynchronous on-line learning activities delivered via a Moodle platform, to meet the requirements of a 15-credit level 7 micro credential. Course content and assessments include a range of readings, activities to watch, forums and case studies to allow the demonstration and application of knowledge to practice. The two face-to-face workshops are designed to challenge the participants' attitudes, values, judgements, and beliefs of the life experiences of others, and to gain knowledge and skills to work in a strengths based compassionate way, that validates the trauma experiences of others, and themselves.

On completion of the micro credential, it is expected that the participants will:

- Have an increased understanding of evidence-based approaches to trauma-informed service delivery;
- Practice from a trauma informed perspective to improve outcomes for people and prevent (minimise) re-traumatisation;
- Demonstrate an enhanced understanding of the impact of historical and inter-generational trauma on tangata whenua;
- Be responsive to trauma related stress reactions;
- Have an enhanced capability to recognise the impact of trauma on health and

implement safe and effective strategies to build resilience.

The first delivery of this micro credential has commenced, with 30 participants enrolled. The first workshop was attended by all participants, with the aim of beginning the process of reflection of own practice, brought about by thought-provoking learning experiences. Feedback has thus far been positive, however, there is noted anxiety amongst the participants regarding the requirement to meet level 7 academic literacy standards whilst completing the ongoing course activities. This has resulted in the unexpected networking amongst the participants to support each other to be able to meet the expected standard.

A quantitative pre-post study has been designed, with the aim of exploring the effectiveness of this 8-week trauma-informed care training programme on attitudes in health professionals who work in mental health and addictions services using a reliable and validated tool. Data will be collected to measure the participants' attitudes and understanding of trauma informed care before and after the learning takes place. This training has been designed and presented by Tara Malone and Helen Bingham, senior nurse lecturers at the Western Institute of Technology Taranaki, whose specialty is in mental health and addictions nursing.

## 2021 Trauma Education with Dr Leah Giarratano in Auckland and Australia

Two highly regarded CPD activities for all mental health professionals.

Offered around Australia, in Auckland and online as an engaging self-paced online program over three months commencing February, April, July and October or via two-day livestream in March, June and November 2021.

Treating PTSD: Day 1-2 Auckland CBD on 7-8 September 2021 between 8.30am-4.30pm

Treating Complex Trauma: Day 3-4 Auckland CBD on 9-10 September 2021 between 8.30am-4.30pm

[www.talominbooks.com](http://www.talominbooks.com) for further details

## Māori Caucus update

Caucus have been busy over the recent months and therefore a full update is not available at this time. Please note the update regarding the [Māori Mental Health Nurses Wānanga](#) postponement in [Important announcements – College events](#)

## Nursing Webinar “Nurses-Reimagine our Wellbeing”

On 24 September 2020, the Ministry of Health hosted a zoom webinar to discuss "Nurses: Reimagine our Wellbeing".

The event coincided with Mental Health Awareness week 21-27 September led by the Mental Health Foundation. The theme this year is Reimagine Wellbeing Together-He Tirohanga Anamata. <https://www.mhaw.nz/>

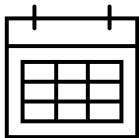
Thank you to our guest speakers Gemma Aburn (Nurse Specialist in Paediatric Palliative Care at Starship Child Health), Dr. Maria Baker (Pouwhakahaere Matua (CEO) Te Rau Ora), Dr. Tony O'Brien (Associate Professor of Mental Health Nursing-University of Waikato and Officer of the New Zealand Order of Merit) and Dr. Daryle Deering (Officer of the New Zealand Order of Merit)

Please visit [Video link to Seminar](#)

[Nurses: Reimagine our wellbeing together](#) PDF

<https://www.nzcmhn.org.nz/News-Events/News-Archive/Nurses-Reimagine-Our-Wellbeing-Together>

## Events calendar



We have put together an events calendar which is updated on a regular basis. This is available in the Members' Only area of the College website. You will need to log in to view the full year [Calendar of Events](#).

## Changed your email address? Moved to a different workplace?

If so, please advise our Executive Assistant and College Administrator, Tracey Merlini, at the email listed below to ensure you are kept up to date with all the latest news and events

[admin@nzcmhn.org.nz](mailto:admin@nzcmhn.org.nz)

## College Journal: International Journal of Mental Health Nursing

Do not forget that by being a member of Te Ao Māramatanga you have free access to the Journal. The College strongly encourage nurses in practice, academics, and researchers to consider writing and submitting articles for publication to the journal. You can access the Journal and the Wiley site through your membership page once you have [signed in](#).



## Scholarships

On your members site you will find details about the following scholarships available to mental health, addictions, and disability nurses. The **Rita McEwan** fund provides financial support for the role development of Mental Health Nurse Practitioners in New Zealand. In 2020, the fund was extended to include Addiction and Disability Nurse Practitioners. The **Te Ao Māramatanga Research scholarship fund** is to assist members to undertake viable research of value to mental health, addiction, and disability nursing. You can access further detail [here](https://www.nzcmhn.org.nz/Members-Area/Scholarships) (<https://www.nzcmhn.org.nz/Members-Area/Scholarships>)

## Latest News: Check the College Website

For all the latest news and updates on the work of the College you can link in [here](#) or copy the following link to your browser: <https://www.nzcmhn.org.nz/News-Events/News-Archive>

## Call for articles

**We want your stories, summaries of research studies and other interesting information to add to this newsletter.**

If you have items of interest, research summaries, stories from practice we want to hear about them.

Please send any details, summaries to the editor at [christaua56@gmail.com](mailto:christaua56@gmail.com) with 'NZCMHN Newsletter' in the subject line. Feel free to send any queries also. ***Cut-off date for the first edition of 2021 is the 10<sup>th</sup> February 2021.***

Thank you for taking time to read this edition of *Te Karere*.

Keep well. Keep safe and stay aware.

Enjoy the festive season doing what is right for you and your whanau at this time.

