Voices

Seasons Greetings

Te Ao Maramatanga
New Zealand College of Mental Health Nurses (Inc.)
Partnership, Voice, Excellence in Mental Health Nursing

PO Box 111, Edmonton Road, Auckland, Aotearoa New Zealand.
Webpage: http//www.nzcmhn.org.nz
Email: enquiries@nzcmhn.org.nz

Issue No. 6, Volume No. 6
Oct/Nov 2010

Editorial

By
CHRIS TAUA

Contents

Resilience. We have been hearing that word a lot lately especially in the South Island. *"The people of Canterbury have shown remarkable resilience as they get on with the business of rebuilding…", "The community is a very resilient one on the West Coast, and they are calling on their resilience now…"* A classic definition of resilience is the ability to bounce back, cope and/or deal with stressful or challenging situations. It also means that as human beings we adapt and change to situations or challenges in a way that will not leave us with lasting consequences, either physically, emotionally or psychologically. Resilience is a natural healing process. Building our skills to be resilient in times of stress can buffer us from developing mental illness such as depression, anxiety or post-traumatic stress disorder. However we don't all bounce back that easily. While factors that influence our *'bounce - back ability'* include our individual health and wellbeing, our life history and experience it is also the social and community supports that are provided that are critical. A resilient community can be described as a community that takes intentional action to enhance the personal and collective capacity of its citizens to respond to and influence adjustment. This means that the community as a whole must take action to improve the ability of people and organisations within the community, to respond to adverse situations that may have arisen. When building community resilience it is important to remember that it is a process. There will be set-backs and a need to give people second chances. Mental health services are only now starting to see the longer term effects of the disasters and on the West Coast there is possibly much more to come. It is important to start slowly, be practical, stay focussed and have partnerships with the community. Adjustment takes time. I believe we are fortunate though, Canterbury and the West Coast and indeed NZ have community. Thank you to NZ for being there. Thank you to those who sent kind thoughts our way. Thank you to those nurses who very quickly responded to the call for extra staffing in both Canterbury and the West Coast. You have all helped maintain resilience and promote recovery.

PRESIDENTS COMMENT

By Dr Daryle Deering

Dear Colleagues

It is hard to believe that we are nearing the end of the year and Christmas is almost here. Since my last report it is exciting to hear of the establishment of new Branches (Nelson) and about the activities of other branches such as Canterbury and Waikato. There are a number of updates this month.

Completion of the Business Case for the Accreditation, Certification and Credentialing Framework The Business Case was sent to Health Workforce New Zealand with copies to Ministry of Health personnel, including Dr Jane O'Malley who has now commenced in her role as Chief Nurse, and Ministers Tony Ryall and Jonathon Coleman. On behalf of the College, I want to personally acknowledge everyone including the Board Chairs who had an input to developing the Business Case; Heather as Director of the Programme, the Practice Board – and Catherine Coates who provided such a valuable input from a policy perspective in the actual development of the Business Case. This is a significant milestone for the College and will provide the foundation for a new phase of development that focuses on mental health nursing and quality of care for people with mental health related issues.

Continued over page

While I was in the US on study leave in October, Heather, and Mel Green (Vice President) met with Minister Coleman and discussed the potential for the Framework in recognizing specialist mental health nurses and promoting quality care and health outcomes for people with mental health problems. This is particularly important given the increasing number of settings that mental health nurses are working in and the critical requirement to match the level of need and complexity of issues of people presenting with the required specialist level of nursing knowledge and skills. Under the Mental Health Nurse Incentive Programme in Australia mental health nurses are required to be credentialed (certified in our framework) to work in primary care settings. As of July/August 800/2,600 members of the Australian College had been credentialed, and the College was receiving increasing numbers of applications.

Standards Review Acknowledgements to Thelma Puckey, Kate Prebble and Mo Petit for their input to the process and development of the background paper which is being finalized prior to the initial consultation process. This will occur via the Branches and will be available on the College website. It is critical that as a College member you have an opportunity to provide input in order to ensure that the revised draft for wider consultation is both relevant for today *and* future oriented.

Professional Nursing Organisation Relationships

I continue to have input on behalf of the College to a national nursing group, which includes representation from the other key nursing groups and Nursing Council with the goal of providing input to Health Workforce NZ on behalf of nursing.

Nursing Consortium Consultation on Endorsement of Specialty Nursing Standards

A further consultation process is being undertaken by the National Nursing Consortium with respect to endorsement of specialty nursing standards.

Te Pou Nursing Advisory Group

Heather and Mel provided input to this Group when I was away and Mel will take over from Heather as a College representative. Again, my acknowledgement to Heather in her President role for her input to the establishment of this group - the relationship with Te Pou is an important relationship for the College.

Chief Nurse Appointment

We very much welcome Jane O'Malley's Ministry of Health appointment as Chief Nurse and look forward to a close working relationship with her. Jane has extensive experience in nursing leadership roles which include working in mental health services and in an academic nursing role within the University of Otago, Christchurch.

Finally I want to briefly mention my study leave, supported by the University of Otago and the CDHB, which enabled me to spend time with mental health and addiction nursing academics at the College of Nursing, New York, nurse practitioners and nurse led centers in Philadelphia, to visit the Treatment Research Institute in Philadelphia and attend an Addictions Conference in Washington. In a nutshell what did I learn? There is enormous potential for mental health and addiction nurses to contribute to improving access, co-ordination and continuity of care and health outcomes for people with mental health and addictions problems. This is particularly so with respect to providing health education and health promotion and brief assessments and interventions in our daily work, working with people who have long-term health care needs in a holistic way –addressing physical health, supporting behavioural and lifestyle changes in recovery and taking a family and whānau approach, and working with people who find it difficult to access health services or continuing care. Also, that specialist mental health nurses and nurse practitioners will have an increasing leadership role to play within NZ health care systems.

In case I don't have contact with you before – my very best wishes for Christmas to you, your families and whānau.

Daryle

Jo Harry
College Administrator
Te Ao Maramatanga
PO Box 83-111
Edmonton Road
Auckland

1. **GST Increase October 2010** – This transition has gone relatively smoothly, with only a few DHBs slow to transfer over to the increase. A reminder for those of you who pay by automatic payments directly from your own account, that you are also required to change your payments to reflect the GST increase. Thanks so much everyone who has done this already. Annual subscriptions for ordinary members are **$305.65**. Fortnightly payments are **$11.75**.
2. **New Branch** - I am pleased to announce that we have a new branch forming in NELSON. Having recently recruited new members, Nelson members are enthusiastic to get their branch meetings up and running. Nelson members have always defaulted to Canterbury branch, and I am sure there needs will be much better served as they reach branch status. WELCOME J
3. **Standards Review** – as you will be aware the College *Standards of Practice for Mental Health Nursing in New Zealand* is in the final stages of review, and all members will have the opportunity for consultation in the near future. When the consultation questions come out, it would be great for as many nurses to contribute as possible. We are hoping that this will be out before Christmas.
4. **Subscription Reimbursement** – for all those members who work in a DHB where your collective contract states that the DHB will reimburse your membership fees to Te Ao Mārama-tanga please email me and I can send you a standard letter that I have sent other members this year. I just insert your details about fees paid for a 12 month period. These letters are dated from 1 April to 31 March and will only coincide with our financial year.

REMINDER – please update your details on the website – Have you moved? Changed your email address? Or email me and I can change for you.

The festive season is fast approaching, bells are jingling in the distance and I want to wish you all the very happiest of holidays.

Remember you can contact me at admin@nzcmhn.org.nz. I always look forward to hearing from members. Kind regards, JO

WHAT'S NEW ON THE WEBSITE? www.nzcmhn.org.nz	**Look on website under the following headings**
mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized settings	News and Events
Research Participants Wanted for Community Mental Health Nurse and Client Suicide Study – Researcher Luren Reddy from Waikato.	News/Events
Credentialing and Accreditation	Credentialing/Accred
NZCMHN CONFERENCE 6-8 JULY 2011 - DUNEDIN	2011 Conference
Nursing Review now available on line at http://www.nursingreview.co.nz/	
Like Minds now available on line at http://www.likeminds.org.nz/file/Newsletter-Archive/PDFs/lmlm-newsletter-42.pdf	Resources>Links

New Appointments
Research Board
From Chairperson Brian McKenna

Following a recent recruitment drive, the Research Board is pleased to announce 2 new members. It gives me great pleasure to introduce Dave Carlyle and Pipi Barton who is our new Maori Caucus representative following on from the great contribution made by Andrea Wineera.

.....

Ko Tainui te Waka
Ko Pirongia te Maunga
Ko Kawhia te Moana
Ko Oparau te awa
Ko Ngati Horotakere me Ngati Puhiawe oku hapu
Ko Ngati Hikairo toku Iwi
Ko Waipapa toku Marae.

I am currently work as a Clinical Nurse Specialist at the Henry Rongomau Bennett Centre in Adult mental health. I recently completed a contract at Massey University as a Research assistant to Dr Denise Wilson, the research project begun by investigating the Mental Health needs of Māori Mothers Exposed to Intimate Partner Violence (IPV) it is envisaged the research will eventually lead to developing a mental health assessment instrument for use with Māori mothers exposed to IPV.
Prior to that I also worked alongside Dr Wilson investigating the effects of political reengineering of the NZ public health system on Maori health outcomes, some key findings from this research led to my thesis study.
I completed a Master of Philosophy last year, where my thesis research investigated Maori experiences of hospitalisation.
I am passionate about Maori health and Maori Mental health and have worked in both mainstream and Kaupapa Maori services. I am currently contemplating my future in regards to further research and study.

.....

Originally from Australia I trained in the early 1980's in Sydney. Following moving to New Zealand in the mid 80's I worked in Dunedin in adolescent mental health service before moving to Christchurch. Since then I have worked in a variety of mental health areas with a short OE to work in the UK.
My PhD, which I completed in December 2009, was an exploration of the unconscious socially constructed influences on moral decision making in mental health nursing.
I currently work half time as a lecturer with the Christchurch School of Medicine's Dept. of Psychological Medicine. I also work clinically as a therapist in an outpatient psychotherapy service for the treatment of Borderline Personality Disorder. My area of research interest is, not surprisingly, focused on the use of talking therapies in the treatment of enduring mental disorder and related chronic illnesses.

REPORT ON AUSTRALIAN COLLEGE OF MENTAL HEALTH NURSES 36TH CONFERENCE
29th August – 1st September

Title: *Row with a team or paddle alone*
Held: Hobart, Tasmania

I attended with Hineroa on behalf of Te Ao Māramatanga NZCNHN as guests of ACMHN.

Conference Feedback

About 490 participants attended the conference. In addition to Hineroa and myself, Anne McDonald (National Committee member) and Kaye Carncross (Chair of Practice Board attended). It was a great conference with very good key note presentations, an interesting research symposium which focused on the practicalities of research, and some excellent practice related presentations by mental health nurses. The revised ACMHN Standards of Practice for Mental Health Nurses 2010 were launched as well as the ACMHN Scope of Practice Project. This project has been funded for two years by the Pratt family and will involve a literature review, consultation, production of the document and dissemination and marketing.

I attended the Research Symposium which included presentations and discussion on varying aspects of conducting research (methods, ethics, multi-site trials, conducting research in clinical settings and with vulnerable populations, and representation of individuals and families with mental illness in research). Dr Richard Gray, University of East Anglia provided a very good overview of research methods from theory development, observational research to conducting randomised controlled trials. He outlined levels of evidence and made a case for randomised controlled trials – using the example of a series of studies on medication adherence.

Podcasts of the presentations of the key note speakers will be available at the ACMHN website http://www.acmhn.org/news-a-events/conference-news/conference-2010.html.

Key note presentations attended

Professor Patrick McGorry (Australian of the year). His key messages were that the Australia mental health system needs to shift to a developmental focus on transition to adulthood and a system of early intervention in youth mental health care that which comprises two elements: 1) the "headspace" model which is a community based, youth friendly, low stigma, one stop shop for young people with mental health and substance use problems and that's in operation in 30 locations currently in Australia; 2) A specialist youth mental health system to back up the primary care level "headspace model', but broadened to cover the full range of emerging mental disorders in young people i.e. a re-engineered specialist mental health system. He quoted Harold Wilson "*He who rejects change is the architect of decay*". The rationale for the need for change included late intervention, needing to wait until "sick enough to enter the door", long delays, failure to access care – i.e. too little too late impacting on all aspects of a persons life and life options. He argued for the need for scaffolding to assist healthy lives in order to reduce the impact of mental health and substance use issues and minimize the damage. He also argued for the need to clean up the mess of de-institutionalization – need for assertive mobile services, to get out of Emergency Departments and into strengthening communities. A key issue is getting the politicians to hear the public concerns about the impact of mental illness (including substance use problems) in order to gain the funding required. His presentation reflects international trends.

Louise Byrne (MA (Hons) Peer Recovery Co-ordinator spoke powerfully about the developing roles for peers/consumers within mental health care teams and her experience. She emphasised the requirement for training, supervision and ongoing support for individuals in the growing diversity of roles in order for the roles to be meaningful, truly collaborative and effective in contributing to people's recovery outcomes.

Dr Kerry Reid –Searl (CQ University) provided an amazing presentation on the use of latex masks and 'real-life characters for teaching first year nursing students therapeutic communication. She developed and acted real life 'people' with commonly experienced health problems with whom the students actively engaged.

Dr Richard Seidler (General Practitioner) and **Alan Hainsworth** (Credentialed Mental Health Nurse) provided a thought provoking presentation on the integration of a mental health nurse into the general practice team in a disadvantaged area. Issues of homelessness, mental and physical health issues and substance use issues/addiction are highly prevalent within this underserved community.

Continued over next page

REPORT ON AUSTRALIAN COLLEGE OF MENTAL HEALTH NURSES 36TH CONFERENCE (contd)

Alan's innovative ways of working had changed the nature of the general practice approach. His focus was on outreach, engagement, connecting people with services, health promotion, opportunistic interventions and treatment adherence and continuity of relationships. Of great importance was the building up of trust in him amongst the local population. He noted the potential issue of one nurse should he leave the position.

Dr Richard Gray provided an in-depth overview of medication adherence and the international programme of re search. Results point to the need for all mental health nurses to receive medication management training.

Professor David Adams, Social Inclusion Commissioner for Tasmania delivered the Oration.

An impression gained from attending the presentation streams was the trend to establishing and developing mental health nursing roles within primary care through the funding stream for the Mental Health Nurse Incentive Programme (see information below). Of particular note is that nurses who take on these roles are required to be credentialed by the College. (Certification in NZCMHN framework development).

REGIONAL REPORTS

Canterbury Branch Activity November 2010

The Canterbury branch has met regularly throughout the year with a core group of members who have been able to attend most meetings. We have been working hard to make the College more visible and have decided that running professional development forums is a good way to raise the profile of the College in Canterbury. We ran our inaugural forum in September in which Julie Mernick presented her findings from her Master's thesis on clinical supervision. This was well attended and the feedback from attendees was very positive. We aim to run three forums in 2011 and are working with our clinical colleagues to ensure that the content of these is relevant and useful to them. We are also working to establish closer working relationships with the CDHB Specialist Mental Health Service Nursing Directorate and other professional nursing groups. We are looking forward to the *Southerly Change* conference in Dunedin next year and are encouraging members to attend and also to consider presenting. As a key nursing conference we expect that as many nurses as possible will be supported to attend and we are ensuring that it is widely advertised throughout the clinical areas.

Wishing you all a very Happy Christmas and all the best for 2011.

Mel Lienert-Brown (Secretary, Canterbury branch NZCMHN)

Wellington Branch November 2010

Christchurch Earthquake
The Wellington Branch acknowledges the very difficult time that the nurses in Christchurch are having both personally and professionally. We send our warm regards and are thinking about the Christchurch members at this ongoing trying time.

Membership Numbers
We are looking at creative ways to increase our Wellington branch Membership for 2011.

"The Road to Rio – How street football can support recovery" 2010 Homeless World Cup September

Katie Owen one of our Wellington Branch members took a NZ wide homeless football team to the Homeless World Cup held at Copacabana Beach in Rio de Janiero Brazil in September. The squad is made up of eight players four from Wellington who competed against 48 teams from around the world. The Homeless world cup is a two yearly tournament for teams of homeless players representing their country and taking positive steps to improve their lives. From Argentina to Afghanistan, South Africa to Scotland, Cambodia to Canada, homeless people take part in a once in a lifetime opportunity to represent their country and change their lives forever.

Team New Zealand joined the other 47 teams in a colourful procession along Copacabana Beach on the Sunday morning for the opening parade of the tournament. The reserved and slightly overwhelmed New Zealand players were surrounded by a sea of screaming Norwegian Vikings, Nacho Libre Mexican wrestlers, Namibian singers, and whirling Croatian clerics.

Over the week, the team played 11 matches and learned a lot about team work, communication, and problem solving. A final defeat to Slovakia saw New Zealand finishing 42nd overall, one position behind their 2008 placing.

In response to a number of difficult games, one of players coined the phased "we are having more fun than wins" which quickly became a motto of the team as we encouraged the players to have fun and explore some of the sights and sounds of Rio.

The Wellington Branch donated $200 to the team.

The unique success of the Homeless World Cup is the positive association of health, wellbeing, and developing people's individual strengths and skills while addressing poverty and disadvantage on an international stage. Only time will tell if the individual players who represented New Zealand this year have benefited from their experiences overseas. However, in the month since they returned, five of the players are making positive changes.
Eileen

This letter was forwarded by Heather Casey—it certainly provides food for thought. Comments to the editor?

Written for:
Editor, Australasian Psychiatry
July 2010
(Not published)

The lived experience and clinicians.

Dear Sir

My attendance the recent RANZCP congress in Auckland caused me to revisit the debate "The lived experience and clinicians" and it's relevance to consumer participation, collaboration and influence.

By clinicians, I refer to psychiatrists, psychologists, registered nurses, and allied health professionals. You could also include mental health assistants and support workers.

What has become apparent, to me at least is the level of stigma among some clinicians in identifying their own lived experience, or that of professional colleagues.

Why is this important? Well to put it simply, all lived experience of mental illness is valid, irrespective of employment/non-employment type, rank, situation, or circumstance. This statement may challenge a number of commonly held views on service user involvement and therefore influence. For example, should the lived experience of a clinician be regarded any differently than that of any other person's? In my view, I think not. The experience of mental illness is personal, specific to the individual and therefore each has its own value.

I am aware the 'consumer movement' may take this notion as an affront to their belief; however it should not be seen in that context. The experience of mental illness is not the realm of just a few. In the 2008/09 year over 100,725 people accessed mental health services. In fact they are rather common health concerns and therefore significantly impact on the well-being of our population.

Over the past few years I have heard or been involved in discussions of 'peer led' services, at various levels within different organisations. There are also many discussions related to 'consumer workforce' and 'consumer leaders'. I have often wondered why it is (as a generalisation) that clinicians with lived experience are not part of this process. Is there a self-stigma greater than that of a non clinician? If there is a greater self-stigma, what does this mean and how does it affect the therapeutic relationship?

The debate as to consumer/service user involvement in the RANZCP (or for that matter the Mental Health Commission) is often about what it should look like, how should it function and how will it provide positive improvements. The debate centres on a number of issues including appropriate levels of influence, preventing single agenda issues creating barriers for resolution and understanding the different levels of influence and so on. This particular debate is missing a component of agreement as to "Who determines 'consumer'?"

I firmly believe that clinicians with lived experience (personal or as family/carer) have a unique perspective that would enable and influence various organisations from a lived experience service user/family perspective.

A problem is that they may not identify themselves as such, let alone challenge the status quo.

I clearly understand that the 'activist' service user/consumer movement may feel that a clinician's lived experience is invalid. It is also important to recognise that the clinician's peers may also feel that professional boundaries prevent such interaction, or that it would be unwise to engage in such activities. In my view, they are wrong. Both are in fact discriminating and stigmatising.

Continued over

I am not suggesting that clinicians wear a badge - I certainly don't, nor would I expect anyone to. Activists may disagree on this point, but I believe any person with the 'lived experience' should be able to express their views without fear of 'attack' from either end of the spectrum. Moreover, that these broader experiences can in fact enlighten and enrich debates.

I do not consider 'mad' or 'nutter' terms or labels that identify me. 'Depressive', 'PTSD' are also labels I don't wear for the same reason. Graham is just fine as it identifies me as a person, an individual, as a member of my family and community, rather than simply a diagnostic category.

The 'second wave' of the service user/consumer, family/carer, clinical leadership and workforce will only develop to it's full potential when there is willingness by all sectors to acknowledge that lived experience is just that. Acknowledgement of the 'who', ' the role you have in life' , the 'lived experience' and passion will enable the quality of services provided to people experiencing Mental Health distress to develop in a unique way

Exclusion of clinicians due to discrimination or stigma is merely a convenient distraction that enables single-agenda activists (at either end of the spectrum) to create barriers. Barriers and/or silos of this type produce little in the way of positive debate, let alone a process of change.

So what does it take to facilitate a change?

It requires the activists at either end of the spectrum to acknowledge those who are in positions of change/influence rather than attacking or denigrating the roles.

It requires honesty by clinicians related to their lived experience. It also requires organisations (i.e. Colleges, DHB's, professional groups, consumer and family organisations) to acknowledge those with the lived experience. Clinicians (and others) with lived experience, require the opportunity and respect to articulate their perspectives within an environment where diverse and multiple perspectives are valued and encouraged.

If this sounds like commonsense to you, why is it so difficult?

Graham Roper
Dunedin, NZ

i. *NZDHB funded hospital based service. Ministry of Health*
ii. *In this context, one end of the spectrum is the service user who believes that all clinicians are of no value, while the at the other end is the clinician who believes a service user has no right to be involved in their care*
iii. *the second wave is a term (G.Roper) that refers to the next step in the provision of mental health services. The first wave was the de- institutisation and shift to more community based services. In other words the shift of institutions from hospital grounds to the community, maintaining the institutisation model.*

VACANCY

The World Health Organization has posted a vacancy notice (HQ/10/SS/FT574) for the position of Coordinator, Health Professions, Nursing and Midwifery.
This is a readvertising position and the job description has been amended since it was first advertised this year. We are pleased to send you a link to the posting for this important international nursing position and ask that you circulate it as widely as possible in your country

(https://erecruit.who.int/public/hrd-cl-vac-view.asp?o_c=1000&jobinfo_uid_c=23869&vaclng=en).

Please note the very tight deadline for applications - 23 December 2010.

Southerly Change

Past, Present and Future

6 – 8 July 2011

The 3rd International Conference of Te Ao Māramatanga, New Zealand College of Mental Health Nurses Inc. (NZCMHN)

NZ College for Mental Health Nurses Conference 6-8 July 2011
Progress Report
June 2010 (*no new news to hand*)

The Mental Health Education & Resource Centre
provides a free mental health library for everyone in
Christchurch and the South Island of New Zealand.

2nd Floor - Securities House
221 Gloucester Street
Cnr Gloucester and Madras Sts
Latimer Square
P O Box 13 167
Christchurch
NEW ZEALAND
03 365 5344
0800 424 399
Fax: 03 365 5345

	Te Ao Maramatanga: New Zealand College of Mental Health Nurses Inc
Te Kaitātaki Oranga MentalHealth COMMISSION	Mental Health Commission
Mental Health Foundation of New Zealand	Mental Health Foundation
World Health Organization	World Health Organisation
Te Kaunihera Tapuhi o Aotearoa Nursing Council of New Zealand	Nursing Council of New Zealand
	International Council of Nurses
Te Pou o Te Whakaaro Nui	Te Pou

The Role of the College

Our objectives:

Represent the professional interests of psychiatric and/or mental health nurses in Aotearoa New Zealand and those enrolled nurses who work in mental health setting in Aotearoa New Zealand;

Promote and develop the identity of psychiatric/mental health nurses as specialists working in a clinical speciality field via representation and liaison; obtain recognition of the professional status of psychiatric/mental health nurses and to promote public awareness of mental health nursing;

Advance the educational and clinical expertise of members; promote and develop nursing codes of ethics, education and practice which are culturally safe and encompass the three articles of the Treaty of Waitangi and the principles of Kawa Whakaruruhau.

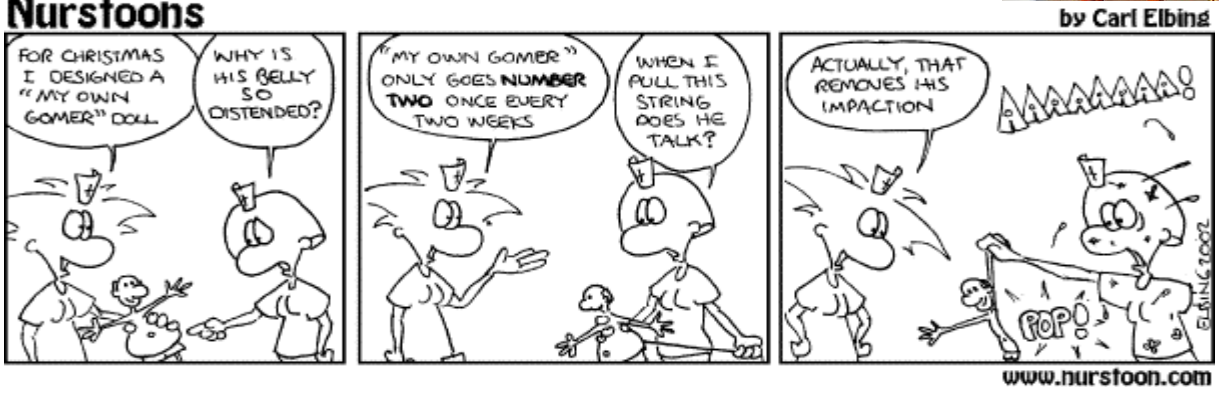
Approve national standards of practice taking into account the unique cultural, social and political conditions existing in Aotearoa New Zealand to guide members in their professional practice; develop and support research which may benefit the community and the profession;

Promote clinical career pathways within the clinical speciality field;

Promote awareness of the members about political decisions which may affect the clinical and professional role of those members;

Form links with other health professional bodies in Aotearoa New Zealand and internationally.

MERRY CHRISTMAS EVERYONE
WE HOPE YOU HAVE A CHANCE TO SPEND SOME VALUABLE AND JOYOUS TIME WITH LOVED ONES THIS CHRISTMAS
CHEERS
YOUR EDITORIAL TEAM *Chris and Stacey*



Voices

LETTERS TO THE EDITOR

WANT TO HAVE YOUR SAY?

EMAIL THE EDITORS AT

Chris tauac@msn.com or
tauac@cpit.ac.nz

Stacey S.Wilson@massey.ac.nz
stacey.wilson@xtra.co.nz

This is the section in the e newsletter and we invite you to use this space to 'HAVE A VOICE' or respond to others who were brave enough to do so. We welcome all comments relevant to mental health (within certain boundaries of course) - reflections on clinical experiences, humorous events, comments on things that just make you 'mad' or 'happy'. Please try to limit your letter to approximately 200 words.

Share your knowledge with the College:

Regional contacts

Auckland Branch – Colette Adrian
ColetteA@adhb.govt.nz

Waikato Branch – Moira O'Shea
Moira.O'Shea@waikatodhb.health.nz

Rotorua/Bay Of Plenty – Robyn Boladeras
Robyn.Boladeras@bopdhb.govt.nz

South Canterbury – Barbara Mosley
bmosley@richmond.org.nz

West Coast – Anne Tacon
anne.tacon@westcoastdhb.org.nz

Midcentral – Karin Nesdale
Karin.nesdale@midcentral.co.nz

Canterbury: Mel Lienert-Brown;
lienert-brownm@cpit.ac.nz

Dunedin: Mel Green;
melanieg@healthotago.co.nz

Nelson: Rawiri Emerson
david.emerson@nmhs.govt.nz

Newsletter Group

Editor: Chris Taua
tauac@cpit.ac.nz
tauac@msn.com

Co Editor: Stacey Wilson
S.Wilson@massey.ac.nz
stacey.wilson@xtra.co.nz

Editors borrowed words of wisdom

The quote this issue is dedicated to the people of the West Coast and their family/ whanau and friends

Hold tight to memories for comfort,
lean on your friends for strength,
and always remember how much you are cared about.

The College Boards

The three Boards are Professional Practice, Research, and Education.

The purpose of the Boards is to promote, support and develop the professional practice of psychiatric mental health nurses in the three key areas. In time this will allow the College to be responsive to professional issues.

Watch for updates!

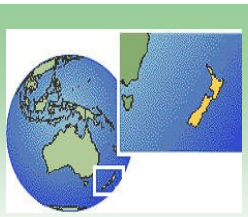
Note from the Ed:

Lets make this your newsletter where you talk to your community rather than us doing all the talking.
Please send your comments, letters,
regional reports to Chris *now* at tauac@msn.com or tauac@cpit.ac.nz

Want to join the College? Membership information at

http://www.nzcmhn.org.nz/53974/html/page.html

Taranga
Te Kumete o
Te Ao Maramatanga



Coming Events

National and International Conferences and workshops

For more **upcoming events in psychiatry, mental health and related fields**
http://www.conferencealerts.com/psychiatry.htm

16 – 18 February 2011, 17th International Conference of the Nursing Network on Violence Against Women, Auckland

Themed *Stopping Violence: Innovations & Partnerships for Sustainable Change*, this conference is an excellent international opportunity for all engaged in stopping violence to come together and share knowledge, experience and innovations.

12th International Mental Health Conference
Personality Disorders: Out of the Darkness
Gold Coast 24th-26th August 2011.

The Conference will include a *Satellite Meeting* of the *Pacific Rim College of Psychiatrists*. A stream will be dedicated to the college for presentations relevant to the conference theme.

January 2011

10 Insight Information's Chronic and Complex Health Care Halifax Canada
22 San Diego International Conference on Child and Family Maltreatment San Diego California

February 2011

09 Self-harm and borderline personality disorder Leeds United Kingdom
10 The 13th National Conference Dementias 2011 London United Kingdom
10 Social care reform - the next steps London United Kingdom
13 Reflections and directions: Social Work's 70th anniversary celebration Melbourne Australia
16 16th Annual Psychopharmacology Update Las Vegas Nevada
22 Hospital Facilities Design and Development Sydney Australia

March 2011

10 Florence Nightingale Foundation Inaugural Conference - Sharing Innovation Delivering Solutions London United Kingdom
12 19th EPA Congress – European Psychiatric Association Vienna Austria
18 American Association for Geriatric Psychiatry 2011 Annual Meeting San Antonio Texas
20 24th Annual Children's Mental Health Research and Policy Conference Tampa Florida
21 4th National Conference: Child and Adolescent Addictions: risks, consequences, treatment and management London United Kingdom
27 Neuroscience of Emotion and Emotion-Related Disorders Toronto Canada
29 International Society of Psychiatric-Mental Health Nurses 13th Annual Conference Tucson Arizona
29 The 10th London International Eating Disorders Conference London United Kingdom
30 International Family Therapy Association's 19th World Family Therapy Congress Noordwijkerhout Netherlands