



Te Ao Māramatanga

New Zealand College of Mental Health Nurses

TE KARERE

Editorial July 2021

By Chris Taua

Kia ora koutou and welcome to the second issue of Te Karere for 2021.

Well, the year 2021 is progressing with us still in a state of uncertainty with Covid issues, and progressions around vaccinations. I continue to hear such mixed ideas in the community around our future both here in Aotearoa NZ and globally. It seems we are still in a 'watch this space' situation and look to be so for a long while yet. What stands out most prominently for me at the moment is the unsettled place for nurses with ongoing MECA challenges, the shortages in workforce and the ever changing and at times ever increasing risks nurses are facing in their mahi.

What is encouraging however is what is reported on in this newsletter, the work of the College and its members. I encourage you to make a cuppa and sit down for a while to read and enjoy reading about the myriad of work that is being undertaken by so many from the College Board, its officers, regional representatives, and you the members.



This issue is therefore again a full and interesting one. The updates from our President and the College Manager highlights that busyness. You will also read interesting briefs on various research activities, regional activities, and such like. Take some time to view the inaugural College webinar if you were unable to attend (a link is provided). Two exciting updates also are from Māori Caucus who announce their Biennial Wānanga and the information around the updates to the Website which will make your ability to access College detail so much easier.

The whakatauki that stands out for me at this time on reflection of what I read in this newsletter is "He maurea kai whiria' loosely translating to the importance of 'ignoring small matters to direct efforts towards important projects.'. Those important projects are certainly highlighted in this issue.

Thank you all for your hard mahi in such challenging times. Enjoy that cuppa and enjoy your read.

In this March 2021 edition of Te Karere we bring to you:

- [Message from the President and Kaiwhakahaere](#)
- [News from the College Manager](#)
- [The New Te Ao Maramatanga Website](#)
- [Māori Caucus update](#)
- [Inaugural College Webinar](#)
- [News from the Regions Branches and Specialist areas](#)

Message from the President and Kaiwhakahaere

Tēnā koutou katoa

July is a good time to pause and reflect on from where we have come and where we want our future to take us. So, I encourage you all to take time to pause and reconnect with those dear to you. I sit here writing this on a Sunday day afternoon whilst grandie 15-Rawiri (aged 1 years old) is playing, and I am mindful how we all multi- task. One thing is for sure is that time with family is important, the sound of children laughing is the greatest sound of all in my view.

Leading the profession of mental health nursing takes the voices and minds of many and joining and being with College board members is the highlight of my time in this role.

In this issue you will read more about this. I hope you find this update informative to you as a valued College member as without you all this would not be possible.



Board membership changes

Our secretary- **Elle Hayes** has resigned. Over the past several months Elle has given time to voluntarily serve Te Ao Māramatanga- NZCMHNurses. Elle responded to our request for an expression of interest for a secretary and was co-opted onto the board in October 2020 and endorsed by members at the 2020 AGM in November. I am sure that you will all join with me in wishing Elle well for her future ahead and in acknowledging her contribution to the College.

We welcome **Regina Yhonjan**, who we have contracted in for a short period of time to assist with the new website and events. Regina reports to Helen Hamer- College Manager.

Stakeholder meetings

In April, **Chrissy Kake and I** attended the National Nurse Leaders (NNLg) group, and these are the key messages from that meeting:

- We met with a representative of Health Workforce Directorate of the Ministry of Health to discuss strategic workforce projects. NNLg provided a clear message that there has been little concerted focus on the issues of critical importance to nursing workforce development despite consistent advice about what is needed. In particular, postgraduate education remains underfunded, Māori workforce development and the workforce for elder care settings have not received focused attention as advised and there is limited investment in nurse leadership development.
- Margaret Dotchin (ADHB) and Rebecca Kay (Central Region's Technical Advisory Services-TAS) updated NNLg on the comprehensive work they are doing on the nursing workforce recruitment pipeline. It was noted that statistics reflect little change in the ability to ensure successful attraction and graduation for Māori and Pacific nurses
- We are looking towards the end of June/early July for the launch of the National Nursing Strategy. There is now an opportunity for it to align closely to the current announcements about impending health reforms. It was recognised that the strategy needs to be determined with urgency to ensure there is a national nursing platform to support and secure nursing's contribution to developments across the health sector. The bicultural partnership and commitment to Te Tiriti o

Waitangi is imperative in any future state for nursing leadership and reflects the intention of the reforms proposed by the Minister of Health

- NNLg were extremely disappointed in the response provided by Stephen Town (Te Pūkenga) to the concerns raised related to the [RoVE](#) project. Read further about this later in this issue in Carmel Haggerty's report
- Mathew Parr, GM Immunisation (MoH) met with NNLg and provided an update on the COVID-19 Immunisation roll out. The current process has created significant barriers around the COVID-19 vaccination programme compromising logistic implementation. NNLg noted that messaging from the team frequently overlooks the substantial contribution that nursing makes to any immunisation campaign, and we stressed the need to have nurses present at all levels of decision making to ensure that policy aligns with practice realities
- Stephen McKernan and Martin Hefford from the H&D System Review Transition Unit briefed NNLg on the current announcements re planned restructuring of the Health System following the [Health and Disability System Review](#). The NNLg took the opportunity to remind the team that nursing is well placed to contribute to any programme, advocating the role of nurses in knowing and leading nursing and health. Nursing is especially concerned to see change which ensures access to health and services for all New Zealanders.

In April, Chrissy and I also met with Alan Jones from Kites Trust to discuss the MOU we hold with them. We also met with a number of key people at the Ministry of Health to share our annual plan and continue to grow these relationships; MOH- Chief Nurses Office team, Health Workforce Directorate and Mental Health Directorate

August meetings planned so far are with the NNLg and I am hoping to set up a couple of others.

So how are we doing with our 2021 annual plan update?

I think we are tracking along nicely with the collective efforts of many.

Spirit of partnership & working Relationships are founded on Te Tiriti o Waitangi.

- ✓ Planning is underway for the 2021 Māori Mental Health Nursing Wānanga that will now be held on 24-26 November 2021 in Maidstone Upper Hutt. *He waka eke noa - We are all in this together: Collective Consciousness*. Registrations are now open. A big thank you to **Chrissy Kake, Menetta Te Aonui and Māori caucus** who lead this mahi.

Valuing nurses working in and toward enhancing mental health, disability need of New Zealanders.

- ✓ Planning is underway to refresh the Mental Health Nursing Standards. A call for expressions of interest to undertake this work will be released shortly. **Helen Hamer** and I will be working on this along with a soon to be established steering group.
- ✓ We continue to support the primary healthcare services to support people with mental health and addiction needs. The credentialing programme is continuing to develop initiatives to help support credentialed nurses in their primary healthcare practice. A big thank you to **Lois Boyd**, Programme Director and **Heather Casey** who holds the credentialing portfolio on the board.
- ✓ We are continuing to plan for the biennial national conference in Nelson in 2022. We still plan to develop a conference policy/guide. A big thanks to the **Nelson branch** and I will be in contact again soon.
- ✓ We are connecting with College Fellows to develop policy/guide for Fellowship awards to honour mental health, addiction, disability nurses, and promote

- and support Fellows. **Helen, Heather and Hineroa** are progressing this work.
- ✓ Planning is underway to hold the 2021 Whetū Kanapa award ceremony to honour Māori Mental Health Nurses. We still plan to develop a policy/guide on the process. A big thank you to **Hineroa Hakiha and Māori caucus** who lead this mahi. Te Ao Māramatanga is the professional body for nurses working in and toward enhancing mental health, addiction, and disability wellbeing of New Zealanders.
 - ✓ At the Planning Forum in June, we started thinking about a set of values for the College and will progress this over the coming months.
 - ✓ We now have a dedicated portfolio Board role to focus on policy, seek out opportunities to provide submissions and work with College Manager to gain input from membership and develop final submission. A big thank you to **Velda Raybone- Jones and Veronica Polkinghorne** who lead this.
 - ✓ We are continuing to support growth of Nurse Practitioners including support as a stakeholder in University of Auckland - EN & NP training programme. This is a new initiative and **Helen and I** link with the University.
 - ✓ We continue to participate as a member of the National Nurses Leaders group and contribute to joint statements. Next meeting will be held on 11 August, and we are hoping to meet again with the Health and Disability Transition team.

Te Ao Māramatanga is relevant, thriving & sustainable.

- ✓ We have started work on developing a draft strategic plan for 2022- 2026 following a face-to-face planning forum in June with all Board members. A draft will be circulated to members and then finalised for member approval at AGM in November 2021.
- ✓ We will commence the election of officers in August. We will be seeking nominations for President, Secretary, Registrar, and a national board member.
- ✓ We will hold the **AGM on 1st November 2021. 4-5pm** via Zoom
- ✓ We are well underway with work on the developing a publication to inform the future of mental health and addictions and disability nursing that includes retention strategies. The first phase is to undertake a brief literature review. We will then start a consultation phase. The final phase will be writing up the publication. We are keen to complete this by the end of this year. This project is led by a collaborative of Te Ao Māramatanga- NZCMHNurses, NZNO- Mental Health Nurses Section and the National Directors of Mental Health Nurses group. **Helen Hamer** leads this work, and we will engage a contractor shortly to complete the first phase.
- ✓ We continue to publish a quarterly Newsletter- Te Karere. A big thank you to **Chris Taua**.
- ✓ We have almost completed the new website project and aim to launch on Monday 2 August. TBC
- ✓ A big thank you to **Kerry Cross, Menetta Te Aonui, Tracey Merlini, and Helen Hamer** for making this happen.
- ✓ We continue to host a College page on Facebook social media and a big thank you to **Zoe- Jayne Porter** who will be picking up the lead on this.
- ✓ We have established a regular e- bulletin. A big thanks to **Helen Hamer** for leading this. A communications plan is under development.
- ✓ **Helen** continues to meet regularly with Branch chairs.
- ✓ We continue to support branch events and forums. A big thanks to **Kerry Cross** who ensures pamphlets, pens, pads etc are available.

- ✓ A plan to recruit more members is underway. A big thanks again to **Kerry and Helen**.
- ✓ Our webinar series is underway. A big thanks to **Helen**. The inaugural webinar with College leaders was held on 27 April. The next on 29 July 2021 at 6pm is titled- *Te Tiriti and Equity: What does the journey look like? A DHB perspective*.
Speakers: Hineroa Hakiha & Katrina Wahanui (ADHB) and Tio Sewell (Waikato DHB). See more details on the website

- ✓ We have started work on developing an electronic manual of policies, processes, and desk files. A big thanks to **Veronica** for taking the lead on this.

Thank you too to all of you reading this for your commitment to your profession and to the people you work with. Thank you for your continued loyalty to the College.

Ngā mihi nui
Suzette Poole

College Board Strategic planning meeting

Taking the College forward over the next 4 years requires us all to carefully think about how we can lead the future of mental health, addiction, and disability nursing.

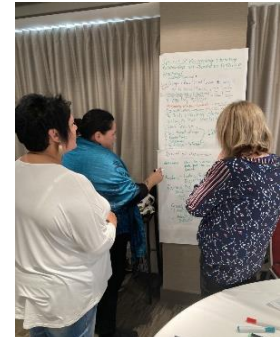


lead going forward.

Your College board took time out in Frankton in June over 3 days from Friday afternoon to Sunday morning, to come together. A first for many. Your board members come from across New Zealand and hold a variety of roles so each and everyone brings their unique perspectives. Collective wisdom of many. Energy levels were high as was passion and commitment to the College and the profession. There was a sense of determination and taking a strong

Mel Green from Southern DHB kindly volunteered her time to facilitate the planning forum. We spent this time:

- Holding a regular board meeting- our first face to face meeting since October 2019.
- Imaging our future, this enabled us to really connect as a group
- Looking at key drivers of change and current issues facing our profession
- Sharing our thoughts about values
- Considering what could be included in each of Strategic Poutama for 2022-2026
 - Spirit of Partnership & Working Relationships are founded on Te Titiri o Waitangi
 - Valuing Nurses Working in & enhancing mental health, addiction and Disability needs of New Zealanders
 - Te Ao Māramatanga is the professional body for nurses working in and towards enhancing Mental Health, Disability, and addiction for New Zealanders
 - Te Ao Māramatanga is relevant, thriving, and sustainable
- Completed an exercise using an Impact assessment tool to help prioritise what we thought needs to happen
- Completing a draft action plan
- Wellbeing and support





Key snippets included: Progressing on with the 2021 annual plan activities such as the refresh of the MH Nursing Standards of Practice which was seen as a high priority, developing a recruitment plan and a communications plan, growing relationships with key stakeholders. There was strong support to take a lead on the education of nurses in New Zealand. Finding balance

Here is what some of your board thought about this forum

“We are the change, We are the future., We are the mainstream: Nēhi Māori Zoe Jayne Porter

Ehara tāku toa I te tua takitini!

Wonderful few days coming together working hard for our members to ensure voice of mental health nurses is heard loudly in the current climate of change & health reform. The board hold wisdom, knowledge, experience with members best interests in or hearts. Velda



So where to from here? The outcomes of the planning day will be discussed by the board at the July meeting, and we will then develop a draft strategic plan which will be sent to you to review. Your feedback will help inform the final strategic plan which will be tabled at the AGM on 1 November 2021. The plan will be available prior to the AGM along with other key reports. So, keep an eye out for that that in the coming months.

Your feedback is important as the new strategic plan will set the direction of travel for 2022-2026 and inform the yearly plans.

News from the College Manager

By Helen Hamer

Welcome to the July edition of the Board summary of the many key activities such as:

Collaboration: we often join with other nursing leaders, professional bodies, and health agencies to strengthen our College activities and our influence across the sector

Credentialling: The numbers of nurses in the primary care sector undertaking the programme is increasing annually and case study examples of their practice is in development to place on the College Website

Membership: “We can’t be the College without you” - as our valued members, hence the Board continues to increase its strong links with the membership through this newsletter, further developing our communications strategy, and the delivery of webinars are some examples.

Hearing from you: we hope you find our regular updates helpful, and we value any feedback from members too so please do not hesitate to contact us at manager@nzcmhn.org.nz

Summary for April

Our Annual Plan was distributed to all members via our website link as an A3 printable document. We held our inaugural webinar and began talks on a communication strategy to ensure all of our members receive pertinent updates in a timely way.

We began engagement with Pacifica nurses who have taken the options to present their portfolios verbally, in their first language as required, to complete their credentialing. We are planning an online survey as a part of the review of the credentialing programme to maintain its fidelity within the practice settings. We believe strongly in being a united voice for nurses across the Rohe, and you will have seen in the last update that we are collaborating with other groups on a submission paper on the future of mental health, addiction, and disability for 2025. We are also working in partnership with the Mental health, addiction, and disability Nurse Practitioner group on pertinent submissions.

Staff wellbeing remains front, and centre of our monthly meetings and we will be looking to incorporate aspects of awareness and promoting staff wellbeing into our webinars. Our webinars will also be available on the College YouTube channel in case you miss them.

Summary for May

We actively represented our members in a meeting with the health workforce directorate in May and put forward our concerns about workforce shortages, we were reassured that a recruitment strategy would be presented soon. The Nursing Council of New Zealand has published its RN Education Programme Standards, and as we made a submission on behalf of members, we are reviewing the updated standards and will comment accordingly.

We also represent our members at the National Nursing Leaders group (NNLg) and continue to support the development of a national nursing strategy. We have also been successfully appointed as a member of the Te Pou clinical reference group.

We will be working on a membership recruitment drive in the near future seeking to link in undergraduates, new graduates, Māori and Pacifica and existing mental health nurses to ensure we can sustain a wide reach into our workforce, the more members we represent the bigger the voice we have. Please spread the word in your local areas. We would love to hear from members and their experience working in their areas, areas of interest and study and any projects on the go for publication in our newsletter. Spread the word!

Upcoming Board meetings are held on a Monday evening 7-8.30pm: Dates for the second half of the year are 7 pm on

- Jul 19, 2021,
- Aug 16, 2021,
- Sep 20, 2021
- Oct 18, 2021,
- Nov 15, 2021,
- Dec 20, 2021,

Ngā mihi nui

Helen P Hamer, RN, PhD | College Manager | E:manager@nzcmhn.org.nz.

The New Te Ao Māramatanga Website

The launch of the new website is planned for **Monday 2 August at 6 pm**. See [Zoom link](#) for access to the launch. The new website will feature a brand-new look and feel with improvements to the overall visual presentation as well as enhancements to the organisation of content on the site.

This will make for an improved user experience for members, enabling visitors to quickly find the content and information they are after. Some significant updates include:

- Mobile responsive design making it easier to view on mobile phone
- Expanded and better organised sections for access to resources
- Dedicated branch pages
- A change in the way member only content can be viewed. There is no “member section” as such. Member only content, pages and posts will be visible only to those visitors who login.
- Each member will have a dashboard associated with their account where they can view their information, account details and membership subscriptions. Members will be able to update their personal details here as needed.

And much more...



In June, College board members had a glimpse at the new website to see how this was shaping up. Feedback was positive with just a few tweaks needed.

What you as a member need to know

The website will be utilising a new membership platform and we will be migrating information and your account details from the old system. While we are able to migrate most of the information there is some account information that won't shift across.

You will need to create a password to access the member content on the new website. Before the website goes live, we will send an email to members with instruction on how to do this.

For your membership renewals you will receive automated notifications from the membership system when membership is due to expire.



Congratulations

The College would like to Congratulate **Anne Brebner** previous College President on her appointment as **Principal Clinical Advisor – Mental Health and Addictions, Ministry of Health**.



Anne has joined the Ministry of Health as a Principal Clinical Advisor within the 'Lived Experience and Clinical Advisory Team – Mental Health and Addictions'.

Anne reports "I am still 'finding my feet' and in the early stages of learning how the Machinery of Government works and how projects are managed and supported with the right technical, lived experience and clinical experience. However, although still very new, I can already see how exciting and interesting this work is going to be. I can't let my 'nursing' go entirely and am enjoying supporting Jane Bodkin (from the Office of the Chief Nurse) whenever I can. I've dipped my toes supporting Stu Bigwood with his work which includes understanding how the Mental Health Infrastructure Unit works and getting back to my roots with Mental Health KPI work. We have a lot to do with the Repeal and Replacement of the Mental Health legislation. . These are exciting times indeed. Thank you to everyone who has supported me as I transition into this new role, and I look forward to seeing many of you as I visit areas in this new role".

Nga mihi
Anne Brebner
Fellow; Te Ao Māramatanga= NZCMHNurses

Māori Caucus update

It's time to register for our Seventh Biennial Wānanga. Te Ao Maramatanga New Zealand College of Mental Health Nurses Māori Caucus. We are committed to Te Tiriti o Waitangi and working together to achieve Pae Ora, Healthy futures for Māori and all New Zealanders.



**MĀORI CAUCUS
BIENNIAL WĀNANGA**

Ōrongomai Marae
1-9 Railway Ave
Maidstone Upper Hutt

24-26th November 2021

Theme: He waka eke noa - We are all in this together: Collective Consciousness

The image is a promotional poster for the Māori Caucus Biennial Wānanga. It features a central graphic of a woman's face with traditional Māori moko (facial tattoos) in red and white. The background is a deep red. Text is overlaid in white and gold. Logos for Te Rau Ora and Te Ao Maramatanga are at the top.

For further details, contact Menetta Te Aonui on 027 5266 073 or Caucus@nzcmhn.org.nz

Primary Mental Health and Addiction Credential Programme Update

by Lois Boyd: Director of Credentialing

The programme has marked some key milestones this quarter with a new programme now available for the first time in Wellington, developed and hosted by Tu Ora Compass Health PHO. We have also seen our 500th programme enrolment being achieved by our founding Northland programme led by Mahi Tahi PHE.

I've felt incredibly lucky to have been able to travel, meet with nurses to record their stories of programme involvement and attend whole programme days in Wellington, Northland and Rotorua, this quarter. I'm really looking forward to sharing the stories and practice experiences credentialed nurses and key programme stakeholders have so generously shared with me over the past couple of months.

We are also pleased to welcome Scarlett Teng to the credentialing team. Scarlett is a Nurse Practitioner who works for Counties Manukau DHB in a Primary Care Liaison role. Scarlett is joining us part-time as our Assessment Co-ordinator, supporting the credential assessment process. Her wide range of mental health nursing knowledge, skills and experience is an asset to our team, and we are looking forward to her input into our continued programme development.

Last but certainly not least, I'd like to invite you to **contribute to our main development project for this year**. The programme has been available for nine years now and while there have been changes over time, we are currently taking a more comprehensive look and review for programme content to roll out in 2022.

We would really appreciate your perspective, recommendations, and feedback on current programme content, via the below survey link. The survey is anonymous, with the option of providing your contact information at the end, if you want to be included in the next stage of consultation, and when we have a new draft developed, to share.

We are keen to hear from anyone connected to the programme so please feel free to share this with others, who you think may be interested in providing their perspective and feedback **by 6th August**.

<https://www.surveymonkey.com/r/credentialingcontent>

Thank you for your ongoing support of the programme and please be in contact if you have any questions or comments on any of the above.

Nga mihi Lois Boyd credentialing@nzcmhn.org.nz

Inaugural College Webinar

Members attending the Inaugural College Webinar heard from a panel of College representatives who presented an Overview of College Direction for 2021. You can view this meeting [here](#)

(<https://youtu.be/97aWjIKiAx0>)

Covid Shaming – we must all be mindful

By Helen Hamer: College Manager

Covid 19 and shaming:

The South Auckland breach of compliance to self-isolate whilst awaiting a Covid test result earlier this year is not first occasion that members of our community did not comply with the Covid rules - at this time last year April 2020 over 500 people had broken lockdown rules, and since then only a smaller number have broken the self-isolation rules. So, what made it different for the increased publicity related to the South Auckland 21-year-old male MIT student who chose to go to the gym and for takeaways, immediately after his Covid test? There are a range of factors that might help explain this:

The new language of Covid:

Let us consider how the Covid virus has given us a new terminology such as 'lockdowns', 'PPE', and 'genomic sequencing' (we are all epidemiologists now!). Not only has it entered our vocabulary, but it has also changed the way we live including adapting to constraints on our liberty. Like any new language we need to master the meaning and the nuances, in this example, the difference between 'stay home' and 'self-isolate'.

Media coverage:

There are vast amounts of information about Covid, mostly through on-line platforms, however for many of our population, access to online platforms is not financially viable. We need to consider the role (and the traps) that the use of social media played, such as this young man's 'outing' by fellow students. We do not know the circumstances of this individual, and the situation he found himself in at that time for him to neatly apply the rules. It is easy to be judgmental at a time when people need support. However, the media can help to educate by bringing a new phrase to our Covid vocabulary - that a good rule of thumb is *'if in doubt, don't go out'*.

Age group:

The experience of lockdowns has been difficult for younger adults; being cut off from almost all socialising has taken a toll on the mental health of adolescents, due to increasing loneliness and anxiety. Most young people are hearing the messages from public health officials and understand the risks. However, youth can display despondency about authority due to lack of meaningful engagement; therefore, implementing Covid rules can be perceived as telling them what not to do, at a time when autonomy and peer connection can raise risk-taking behaviors when forced to physically distance from friends and activities. Commentators¹ suggest that young people who have not been following strict Covid rules are not doing it because they don't care or don't know the risks. Rather, young people are making complex decisions that weigh the health of themselves, their family, friends and public health against their own mental health and social connection: we need to be reminded to be kind to everyone²

Race and ethnicity:

Racial disparity in COVID-19 mortality has nothing to do with 'race' (think ethnicity) and everything to do with structural racism. The COVID 19 virus does not discriminate; but the systems have and do³. How might racism have played out in this situation? Was there unstated undercurrent of racism

¹ Ellis, W. E., Dumas, T. M., & Forbes, L. M. (2020). Physically isolated but socially connected: Psychological adjustment and stress among adolescents during the initial COVID-19 crisis. *Canadian Journal of Behavioural Science*, 52(3), 177–187.

² <https://www.rnz.co.nz/news/national/437435/covid-19-what-happened-in-new-zealand-on-1-march-2021>

³ Nephew, L. D. (2021) Systemic racism and overcoming my COVID-19 vaccine hesitancy. *E-Clinical Medicine*, 32.

<https://doi.org/10.1016/j.eclinm.2020.100713>

because it was South Auckland, whereby ‘everyone assumes they’re brown’? ⁴. The reality is that we do not know their ethnicity; what we do know is that racism is on the rise due to Covid. The Human Rights Commission of New Zealand reports⁵ that since the end of March 2021, it has received 82 race-related complaints due to Covid. What we do not know is the degree to which the shaming and blaming of this young man has impacted on his mental health and wellbeing, and that of his family, his status as a student and member of his ethnic community. Kindness and compassion are needed even more; however, we cannot rely on the vaccine to save us.

Vaccine hesitancy and Covid myths:

Conversely, race and ethnicity can play a positive role here in increasing vaccine uptake, yet we cannot underestimate the myths and incorrect information circulating throughout the community. There are many reasons for there to be skepticism with compliance to Covid rules. There is an important role that spiritual, religious, and cultural leaders can take to inform and dispel the myths amongst their congregations as some religious beliefs can prevent uptake - is the vaccine *halal* (permitted) or *haram* (prohibited); is there lack of confidence and mistrust related of health professionals e.g., the Samoan measles outbreak the deaths of vaccinated babies. The legacy of unethical treatments and research on people of colour⁶ has also led to mistrust of treatment from health professionals⁷. Health professionals also have vaccine hesitancy with 1:8 sharing a range of these concerns. The myth that ‘young people don’t get the Covid virus’ is also pervasive.

The impact of shaming:

Shaming affects mental health in many ways, such as increasing anxiety, depressed mood, symptoms of PTSD and can often lead to thoughts of suicide. Digital shaming has also been on the rise for a decade⁸, and affects the individual, their family, and their community. When people feel shamed, they can become defensive, or tend to blame other people, are disinclined to take responsibility, and unlikely to change their behavior. In this example though, New Zealand media commentators were quick to reverse the blaming and shaming, suggesting that as we do not know the full facts of this situation, we need to show compassion and understanding, and remain focused on continuing to heed the Covid messages of kindness, patience, and compassion.

What is our role as Mental Health, Addiction and Disability Nurses?

As the most trusted profession, nurses can have a large influence on people’s health and wellbeing; and our College standards set the platform for us to aspire to, and model to other professions, our compassionate and non-judgmental attitudes. Sadly, we know that stigma and discrimination towards whaiora is more deadly than any virus⁹. We can demonstrate our commitment to equity for underserved and marginalised populations, as we may be the safest and most trusted person in the lives of some whaiora in our care and influence equitable access to the vaccine for the people we serve.

⁴ <https://thespinoff.co.nz/society/02-03-2021/you-dont-know-their-lives-a-call-for-empathy-from-the-aunties-jackieclark/?fbclid=IwAR2qKASgsVYzXlOLfaehZuJtFozzDNBa5qJhLstyOZdAg9vL6KBOdAThXJs#.YD5jw4I2qp4.facebook>

⁵ <https://www.odt.co.nz/news/national/spike-racism-during-pandemic-human-rights-commission-reports>

⁶ <https://www.urmc.rochester.edu/clinical-translational-science-institute/stories/august-2016/the-legacy-of-tuskegee.aspx>

⁷ <https://www.nzherald.co.nz/nz/samoan-measles-outbreak-70-deaths-projected-and-6500-infected/MVSRFCRBRF6CO5QS6TEXSNMJ4/>

⁸Scheff, S. (2017). 5 ways to heal from online shame and digital hate. Psychology Today. Retrieved from <https://www.psychologytoday.com/intl/blog/shame-nation/201709/5-ways-heal-online-shame-and-digital-hate>

⁹ Ayesha Verrall: Why the shaming of people with Covid-19 must stop. <https://thespinoff.co.nz/society/03-02-2021/ayesha-verrall-why-the-shaming-of-people-with-covid-19-must-stop>

As people with serious mental illnesses are associated with an increased risk of COVID-19-related morbidity and mortality, they need to be prioritised in vaccine allocation strategies¹⁰. Here are some clinical tips that we can use to increasing vaccine awareness and uptake¹¹:

- **Beliefs:** verify what is at the root of the person's hesitancy first, only then do you amplify the health messages ("verify before you amplify")
- **Efficacy:** explain that vaccines are held to a higher degree of testing protocols than any other prescription drug
- **Safety:** all vaccines are tested on hundreds of thousands of people in the international drug trials before it is given to the public
- **Necessity:** many people we work with have not experienced previous pandemics e.g., the devastation of polio on our community, hence they are unable to understand how necessary it is to reach herd immunity through vaccinating
- **Authority:** showing confidence in our knowledge about the vaccine
- **Trust:** supporting our community and primary care leaders to reduce vaccine hesitancy as people are more likely to trust cultural leaders, primary care nurses and doctors in their neighborhoods
- **Support:** assess the person's vaccine status and offer support to overcome any barriers to uptake (check in on progress/or further questions at each visit with you)

National Nurse Practitioner Training Programme (NPTP) 2022
University of Auckland – University of Otago – Victoria University of Wellington
By Sandra Oster NP (National Course Director of the NPTP) and Dr Sue Adams (National Coordinator)

We are pleased to advise that applications for the 2022 NPTP are now open, and will close on **Friday, 10 September 2021**.

Details of the NPTP can be found on the following link, along with the national application form and eligibility for the Programme: <https://nurseworkforce.blogs.auckland.ac.nz/nptp/>

Please distribute widely to your networks across the health sector.

The NPTP includes funding for:

60 postgraduate credits in advanced clinical practice/prescribing practicum

500 hours supervised practice (with an NP or senior doctor), including a minimum of 80 hours in a secondary placement

Release time for a minimum of 12 study days

All students will experience clinical supervision by an NP either in their main or secondary placement

Regular support and site visits from an NP academic mentor

Discretionary funding for additional cultural, academic, and professional support

Mentoring to complete NP portfolio, mock panel assessment, and registration with the Nursing Council of New Zealand

Priority areas for this funding include:

Māori and Pacific NP students (*continued over*)

Mental health and addiction

¹⁰Mazereel, V, Van Assche, K., Detraux, J. & De Hert, M. (2021). COVID-19 vaccination for people with severe mental illness: why, what, and how? *The Lancet Psychiatry*, 8(5), 444-450. [https://doi.org/10.1016/S2215-0366\(20\)30564-2](https://doi.org/10.1016/S2215-0366(20)30564-2)

¹¹ Jacobson, R. M., St. Sauver, J. L., & Finney Rutten, L. J. (2015). Vaccine Hesitancy. *Mayo Clinic Proceedings*, 90(11), 1562-1568. 10.1016/j.mayocp.2015.09.006

Rural and hard to reach communities

Additional funding is available to support the participation of Māori and Pacific nurses in postgraduate study to become Nurse Practitioners. Please enquire.

Virtual Information Sessions:

There will be two NPTP information sessions, with Nurse Practitioners from each University in attendance, to answer any questions that potential applicants or their employers might have.

July

Wednesday, 21 July: 12 – 1pm

August

Wednesday, 4 August: 6 – 7pm

[Click here for a link to access the sessions](#)

If you have any queries about the programme, please contact the university of your choice, or for University of Auckland enquiries, email postgradnursing@auckland.ac.nz.

News from the regions, branches, and specialist areas

The Reform of Tertiary Education leading to Te Pūkenga – New Zealand Institute of Skills and Technology

By Carmel Haggerty, Chair Wellington Branch

New Zealand has been working toward the reform of our vocational education system with the introduction of Te Pūkenga, the New Zealand Institute of Skills and Technology.

What is the Reform of Vocational Education?

The Reform of Vocational Education (RoVE) aims to create a strong, unified vocational education and training system that is fit for the future of work and delivers the skills that learners, employers, and communities need to thrive. It includes seven key changes, one of which is the creation of Te Pūkenga – New Zealand Institute of Skills and Technology. The new system puts learners back at the centre and it will have a stronger focus on employers: delivering the skills they need, providing more support for those in work-based training, and ensuring greater consistency in vocational learning across the country. Learners will receive more support while they are training, and their knowledge and skills will be more relevant to what industry needs. They will be able to move more easily between regions and between on-the-job, on campus, and online training. The changes reflect the Government's commitment to Māori-Crown partnership. (Taken on 8 April 2021 from [Frequently Asked Questions | Te Pūkenga \(xn--tepkenga-szb.ac.nz\)](#))

Many of you may be aware that on 1 April 2020 all Institutes of Technology and Polytechnics across New Zealand became subsidiaries of Te Pūkenga. Most people did not, and probably have not noticed any difference in regard to their interactions with their local institute, as on the surface little has changed in the delivery of programmes of study.

Behind the scenes however there has been a lot of work underway to bring all the institutes into the new identity and this has included:

- The establishment of the location of Te Pūkenga, which has its head office in Kirikiriroa (Hamilton).
- The appointment of key positions – information about these can be found at [Leadership | Te Pūkenga \(xn--tepkenga-szb.ac.nz\)](#)
- The establishment of an Academic Board – see [NZIST Academic Board members announced | Te Pūkenga \(xn--tepkenga-szb.ac.nz\)](#)

- The beginning of the development of an operating model through a co-design process – see [The mahi begins: the operating model is underway | Te Pūkenga \(xn--tepkenga-szb.ac.nz\)](#)

Alongside this various groups have been working together across the subsidiaries on specific projects which are many and varied, some that myself and my staff have been involved in:

- The Post Covid19 educational requirements for the Health & Social Services Sector – this was a group of educators from the sector, including CareerForce, consulting with their stakeholders to better understand the vocational education needs of our sector following the Covid 19 lockdown and other disruptions. This group has prepared a report that has gone to Te Pūkenga for consideration. Two of the recommendations from this group have already been implemented – the allocation of funding for targeted training (TTAF) to the NZ Diploma in Enrolled Nursing and the NZ Certificate in Emergency Care (First Responder), which has allowed students to enrol fees free until the end of June 2022. This is in addition to those programmes that are already covered by the TTAF scheme, which includes Mental Health and Addictions Support workers at Certificate and Diploma level.
- The Animal Care/Veterinary Nursing Consortium – which is working collaboratively to develop the new qualifications for this area to ensure consistency across the network.
- Through Nurse Educators in the Tertiary Sector (NETS) I am involved with looking at undergraduate nursing degrees across New Zealand. This is early in its work and will be reliant on the updated Nursing Council of New Zealand Standards for Nursing Education to be finalised before any real discussion begins.
- In addition to this one of my staff is engaged in the discussion around an agreed Social Work curriculum across the network. This too is in the early stages of its mahi.
- We at Whitireia have been working on an agreement that supports the delivery of three nursing degrees – BN, BN Māori, BN Pacific. This agreement is our ‘Te Kawenata’ that sets out the governance and operational commitments by the School of Health, Te Wananga Māori and the Pacific Strategy Team who manage the three programmes. This is an exciting development for us and is proving to be a valuable support to our ongoing collegial relationships between these three similar, but unique programmes.

Alongside these reforms the Tertiary Education Commission is undertaking the formation of six new industry-led and governed Workforce Development Councils (WDCs). There will be one for Health, Community and Social Services, of which I have submitted an expression of interest for and have been supported in this by Te Ao Maramatanga for which I am grateful. You can read more about the WDCs and their purpose at [Workforce Development Councils | Tertiary Education Commission \(tec.govt.nz\)](#)

I hope this brief overview gives you some insight into the Reform of Vocational Education (RoVE as it is known). In addition you could go to [Te Pūkenga Publications \(xn--tepkenga-szb.ac.nz\)](#) which is the site where all of the specific documents related to the corporate components of Te Pūkenga can be found and within this site there are two that it would be worth making yourself familiar with:

- Ministers Letter of Expectations – which sets out the Minister of Health expectations of Te Pūkenga and its subsidiaries.
- Te Pae Taewhiti – Te Tiriti o Waitangi Excellence Framework (working draft)

I will provide additional updates overtime, but I hope that this has at least provided enough information and links for you to explore for yourselves.

Outcome of the 2020 Referendum on the proposed Cannabis Legalisation and Control Bill – What now?

By Daryle Deering, Addictions Branch

The outcome of the 2020 referendum which asked voters to tick Yes or No in relation to supporting the proposed Cannabis Legalisation and Control Bill resulted in a close result with a negative outcome (50.7% no, 48.4% yes, 0.9% not clear). For those who voted No two underlying assumptions promoted by No lobbyists were; that the existing law is effective in reducing harm and damage and, legislation would likely increase harm and damage. Neither assumption is supported by evidence. There is no evidence that convicting and sentencing drug users reduces drug use overall or benefits them individually. Criminal convictions of young people and Maori (most affected groups) often have adverse consequences for career and life opportunities and, the costs to the criminal justice system and taxpayer are considerable. In addition, the complexity of the proposed Bill required considerable attention to understand and the debate prior to the election could have been simplified.

It was notable that the Helen Clark Foundation commissioned research showed that 20% of those who voted no would have voted for decriminalisation versus prohibition. These included the Salvation Army, the New Zealand Medical Association, and a group of national leaders. An age difference in voting was also apparent in the post-election survey data provided by Vox Pop Labs for Vote compass that suggested a majority of those over 50 voted against legalisation and a majority of those under 50 voted for it. These findings highlight that the issue of legalisation and control of cannabis is not going to go away.

A key issue is the need to overhaul the Misuse of Drugs Act (1975). Both the Law Commission in 2011 and the Inquiry into Mental Health and Addiction in 2018 called for a complete rewrite of the Act. A 2019 Amendment to the Act gave police discretion to take a health-centred approach and not to prosecute individuals for using or possessing drugs which seems like decriminalisation. But this leaves the response up to police discretion – it is not decriminalisation; individuals are and will continue to be prosecuted with the burden falling on young people and Maori.

It is evident there is a call for change; a public majority supporting a shift to decriminalisation and, a government that is openly supportive of a shift to a health-based approach to drugs. At the Drug Foundation's *On the road to health symposium* (12-13 May) more than 200 people spent two days discussing and debating how we move further and faster toward a health-based approach to drugs in Aotearoa New Zealand. This symposium was attended by a number of ministers other than government ministers which suggests a level of cross-party support. The Rt Hon Helen Clark spoke *on the Global Shift to Health after the war on drugs* and noted that the referendum result was a blow to NZ's socially progressive reputation and the way forward includes building cross-party support.

As nurses we must question our beliefs about drugs, drug use including alcohol, people who use drugs, and our underlying assumptions. We must be evidence-informed and participate in debates and discussions that continue to support a health-based approach that is focussed on reducing harm and increasing wellbeing.

Research Report from CNO International Nurses Day forum Keynote Speaker

By Sonia Hawkins (Doctoral Candidate)

Sonia Hawkins presented her current findings of a study that explored senior nurses' understandings of equity. Sonia employed Kaupapa Māori methodology. Eight senior registered nurses (one was a NP), all with five years plus experience participated in the study. The study was focused on the primary care setting and underpinned by the principles within Wai 2575

<https://www.health.govt.nz/our-work/populations/maori-health/wai-2575-health-services-and-outcomes-kaupapa-inquiry> and the Whakamaua Action Plan

<https://www.health.govt.nz/publication/whakamaua-maori-health-action-plan-2020-2025>

Sonia drew parallels to the report by Professor Don Berwick (UK) who explored how systems can reduce patients being harmed by the health system when receiving care.

<https://www.nursingtimes.net/clinical-archive/patient-safety/qa-what-is-the-berwick-report-06-08-2013>

Interviews focused on what the enablers and barriers to an equity informed tauwi nursing practice might be and the role that senior nurses can play in developing and modelling practice for their profession and within their communities. Sonia described the benefits of Kaupapa Māori methodology and the use of whakatauki (proverbs), to bring positivity to the darkness of the findings. For example, the early experience of attending Kura supports children to have better outcomes and enhanced options for equity, however, when Māori enter into a health system it is not reflective of their culture and Te Reo, due to the western paradigm of health and illness and institutional racism. For example Māori have reported that “the system did not speak to me, so I had bad experience, so I am not going back” hence the shorter life expectancy, particularly for Māori men, compounded by inequity in accessing quality education and housing that pākeha often take for granted. Such inequities result in the inability for Māori to sustain their overall wellbeing when the systems and their design are based on pakeha concepts, leading to blaming of Māori patients.

Sonia's findings will offer a systemic and structural critique of the current health system and how it can provide equitable healthcare and the role that all tauwi nurses can play in that process. So how do we work together to increase equity? The eight participants suggested that as nurses they need to be able to offer care plans that are not undermined by doctors. One participant stressed that it took many years of practice and then completing a Post Graduate paper before she finally understood the meaning of equity, putting a lens on the role that education plays in nurses' development. Also, 85% of primary care nurses do not come from the communities that they serve and are therefore less likely to understand the challenges in those areas. Often these nurses are “heads down, and too busy to look up and know who to refer the person on to” hence the vicious cycle of Māori ending up acutely unwell in hospital – and the inequity cycle continues. Sonia's recommendations will propose that equity questions are embedded in screening criteria on admission to health care, and for the primary care sector to have “front-line teams, fully informed, engaged, and ready to go” to support better outcomes for Māori.

Brief Report on NESP study

by Emilia Hlatywayo, Nurse Educator, Professional Development Unit. Waikato District Board

New graduate nurses' (NESP) perceptions and experiences of clinical rotation during the first year of practice at Waikato DHB.

Background

The clinical rotation was aimed at providing opportunities for NESP nurses to experience more than one placement in order to expand their skills and knowledge through sharing and new learning. Te Pou, (2021)¹² and Nursing Council of New Zealand [NCNZ] (2012)¹³ emphasise the need for nurses to practice in a variety of settings and contexts in order to build on their theoretical knowledge and to apply that learning in partnership with tangata whaiora, whanau and communities. A pre and post rotation survey monkey was used to collect the information around the nurses' preparedness and experiences of moving to a different clinical area during the first year of practice Findings yielded mixed feelings, perceptions and experiences that were categorised into three broad themes; announcement of the rotation, workplace experiences and evaluation and recommendations for future placements.

Announcements and preparedness

There were mixed feelings of anxiety, frustration, disappointment and excitement with the rotations as indicated in the following excerpt "... was placed in acute mental health inpatient... had some understanding of acuity ... was not prepared with how to manage challenging behaviours... had little understating of Mental Health Act". These reactions were attributed to the short length of time given to process the rotation information and consultations around preferred areas of work. However, the nurses appeared open to exploring new environments and new challenges.

Workplace experiences

Despite some nurses not getting an allocated preceptor at the start, all the nurses felt that they were supported by their wider teams of preceptors, colleagues, managers, educators, and professional supervisors. "Booking me in education sessions, working in partnership with me when allocating shifts.... reflecting with me on a weekly basis...supporting me with difficult patient situations, advocating for me". This example indicates that the nurses felt accepted and that the rotations provided a sense of belonging that nurtured and protected them in their new roles.

There were reported challenges around rostering and "fitting it all in" but despite this, the nurses devised and employed strategies such as negotiating rosters and shifts, scheduling calendars, and setting up reminders to help them to achieve their set goals.

Evaluation and recommendations for future experiences

The nurses were asked to evaluate their experiences and to recommend supports required to make their transitions smoother. The nurses reported that they had achieved general and specific goals

¹² Te Pou. (2021). New entry to specialist practice: Mental Health and Addiction Nursing.

<https://www.tepou.co.nz/resources/skills-matter-service-specifications-nesp-mental>

¹³ Nursing Council of New Zealand. (2012). Competencies for registered nurses; Registered nurse scope of practice.

https://www.nursingcouncil.org.nz/Public/Nursing/Scopes_of_practice/Registered_Nurse/NCNZ/nursing-section/Registered_nurse.aspx

including improving competencies, more learning, completing the NESP programme and getting certification with venepuncture, blood glucose levels and taking on leadership roles. Recommendations included more education days, prompt communication regarding future placements, consultation and negotiations around clinical placements and support meetings soon after starting work. The nurses indicated that the rotations exposed them to variety and more learning experiences. They expanded their skills and knowledge of managing different acuties. They identified that the skills they had learnt would be transferred to their future placements.

Perceived disadvantages of the rotation included too little time in one place that did not allow for consolidation of skills, adjustment challenges and not moving to their desired areas as indicated in this excerpt “loss of confidence due to sudden changes...incomplete learning... having to start all over again”

Discussion

The findings of this small survey support evidence that staff rotation creates new learning opportunities due to varieties in work content and reduces the monotony associated with the repetitive tasks of routine (Hallberg et al., 2020¹⁴; Pinhatti et al., 2017¹⁵). Chen et al. (2015)¹⁶ reported that rotation improved motivation, development, personal growth, broader insight of the organisation, formation of collegial relations and enhanced career possibilities. The quality of service user care improves by inspiring nurses to improve on their knowledge.

Negative consequences of rotation include lack of security, stress, fear, exclusion, incompetence, insufficient instructions with recommendations of dialogue and interaction-based communication that avoids vertical decision making (Pinhatti et al., 2017).

Gregg et al. (2011)¹⁷ concluded that rotational programmes extend nurses’ learning but added that the nurses also experience stress and lack of fulfilment in short term rotations. This sentiment was expressed by the DHB nurses who felt that more time would have provided opportunities for more learning.

Conclusion

Clinical rotation can be a way of expanding knowledge and skills obtained from a variety of settings. It can provide nurses with opportunities to widen their choices and options around future specialty pathways from the personal and work experiences. The survey found mixed views regarding rotation. However, the nurses regarded the rotation as an opportunity to network and to expand knowledge and skills.

¹⁴ Halberg, N., Assafi, L., Kammersgård, G., & Jensen, P.S., (2020). “Wow I had no idea”—How job rotation is experienced by nurses caring for elective orthopaedic patients: A qualitative study. *Journal of Clinical Nursing*, 29,932-943.10.1111/jocn.15157

¹⁵ Pinhatti, E.D.G., Vannuchi, M. T.O., Sardinha, D.D.S.S., & Haddad, M.D.C.L. (2017). Job rotation of nursing professionals among sectors of a hospital: A management tool in conflict resolution. *Texto and Contexto Enfermagem*, 26(2). <https://doi.org/10.1590/0104-07072017001180015>

¹⁶ Chen, S. -Y., Wu, - W.- C., Chang, C.-S., & Lin, C.-T. (2015). Job rotation and internal marketing for increased job satisfaction and organisational commitment in hospital nursing staff. *Journal of Nursing Management*, 23(3), 297-306. <https://doi.org/10.1111/jonm.12126>

¹⁷ Gregg, M. F., Shigematsu, T., Hayashi, C., Kono, M., & Yoshida, K. (2011). Newly licenced nurses’ experiences in rotational training programs in Japan. *Journal of Continuing Education in Nursing*, 42(2), 89-96. <https://doi.org/10.3928/00220124-20101101-03>

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 for further details

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

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)

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 with 'NZCMHN Newsletter' in the subject line. Feel free to send any queries also.

Cut-off date for the third (September) issue of 2021 is the 10th of September

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

Keep well. Keep safe and stay aware.