



Te Ao Māramatanga

New Zealand College of Mental Health Nurses

TE KARERE

Issue 4 2022

Editorial

[President report](#)

[Meet the new assistant editor](#)

[Credentiailling Programme update](#)

[Conference 2022 review](#)

[Māori nurse led rōpū](#)

[NP MH role in Ōtautahi](#)

[Music for MH DJ D](#)

[Research – User experiences](#)

[Research participants wanted](#)

Kia ora koutou and welcome to our final issue of Te Karere for 2022.

I can only imagine that you are all, like me, happy to see the end of 2022 sitting with hope that 2023 is going to see improvement in the health of the world. What a year it has been. As Newsletter Editor it is appropriate for me to extend my gratitude to all who contributed to the newsletter realising that to fit in formulating and writing contributions on top of the busy life of the nurse is no mean task. I admire your efforts indeed.

So much happens in a year doesn't it. You have all continued to respond safely and professionally to the pandemic utilising best evidence to support tangata whai ora in tackling this

unprecedented ongoing challenge. Your work has never been more important or relevant and it is forming an important part of history.

As I reflect back over the year in regard to the College and its mahi I note the Strategic plan and how the College is continuing to work on embedding its strategies. College members have influenced changes in important policy around the MHA and Conversion therapy amongst others. We have seen a new [College President](#) elected and of course the College for the first time delivered a [Conference](#) to its members online. As we approach 2023 remember to hold onto the lessons we have learned from this year taking them forward to build upon into the next.

May your Christmas season be filled with joy and hope doing what is right for you at this time of the year with the people that mean the most to you. Thank you one and all.

Whāia te iti kahurangi ki te tūohu koe me he maunga teitei (Seek the treasure you value most dearly: if you bow your head, let it be to a lofty mountain). This whakatauki is about aiming high or for what is truly valuable, but its real message is to be persistent and don't let obstacles stop you from reaching your goal.

Meri Kirihimete me te Hape Nū Ia

Dr. Chris Taua



Message from the President

Hineroa Hakiaha



E te whānau o Te Ao Māramatanga he mihi aroha kia koutou katoa. E tū kaha, e tū maia, e tū manawanui mo ō tātou tangata whai i te ora whānau hoki i tēnei tau 2022. Ki o koutou mahi rangatira roto ou ake hapori, hauora, me ou koutou whānau hoki. Mihi atu kia koutou katoa. To the whānau of Te Ao Māramatanga with much aroha and greetings, you have stood in strength, in bravery and with an open heart have worked tirelessly to provide good care for our tangata whai i te ora and their whānau across the motu. As leaders in your communities, in your workspace and your whānau you do this with such style, grace, and kindness, I'm proud to be part of your whānau, Te Ao Māramatanga.

As 2023 is quickly approaching and Christmas hot on our heels, we prepare for the festive season with our whānau. Importantly yourselves, be kind and generous to you, who have toiled the long hard nights, where you have covered the shift on your own with one other person, making a difference in a tangata whai i te ora's life so that they can be well enough to spend Christmas with their loved ones.

To the community team member who sets the alarm as the last person in the building, and you pause – “have I completed those notes”, “have I called **on call** about Miss Jane”, “did I **fax off** Mr Johns prescription to his Pharmacy”, “did I **ring** Mr Jones to tell him I will pick him up at 8.30am for his appt with Dr tomorrow?” As you feel in your pocket for that scrap piece of paper that had the **things to do**, you look at the paper and the ticks where you have completed your mahi, and in your sigh of relief, you continue to set the alarm. You give yourself that invisible **pat on the back** and say “done” and walk out confidently and pleased saying, “well done you”, with a smile on your dial.

To our crisis teams who are our rapid response people providing short, and high intense mahi with our whānau, some whānau are new, but the majority are our own tangata whai i te ora who have decompensated in a short time and need a bit of awhi and manaaki and a place of safety as they recover. We thank you for your hard work night after night caring for people, our communities and most of all tangata whai i te ora and their whānau. In your kind and matter of fact way you provide generous hope, to whānau who have come to the end of the tether and need that gentle advice, gentle support, and know that someone cares and can **see life** for our unwell tangata whai i te ora in times when **hope is absent**. You are what legends are made from.



In closing I can't express enough, the importance of taking leave, break, and time off to celebrate the festive season with whānau and friends. If you are going abroad, take care of yourself while your away from us. If you're staying at home and enjoying your own back yard, do it with style and invite your favourite person along, have your favourite kai or watch a movie or two. Whatever you do, just do it, why 'cos' you can, and you deserve it.

Meri Kirihimete kia koutou katoa – Merry Christmas whānau, hei a te Tau Hou – See you in the New Year.

Hineroa, President

Introducing our new College Newsletter assistant

Deborah Cracknell

*Tēnā koutou katoa
Ko Lakes District ngā pae maunga ki Ingarangi
Ko Lancaster te awa
Ko Dickinson Ko Kay Ko Cracknell ngā whānau
Nō Lancaster ahau
Ko Deborah Cracknell tōku ingoa
Nō reira, ngā mihi nui, ki a koutou katoa*



Greetings everyone, my name is Deborah Cracknell, and I am delighted to be a guest profile for this newsletter. I'm originally from the UK and have lived in *Ōtepoti* Dunedin for 19 years. I trained as a mental health nurse in England during the 90's and worked in forensics and primary care mental health before moving to NZ. Since being here I have worked in acute care, community, intellectual disability, and child and family services. For the past six years, I have worked as a mental health nurse educator, starting out at Otago Polytechnic with undergraduate nursing students. I was really interested in why students chose mental health and if they were supported enough with the transition into our specialty. This became my master's topic, and I went on to complete a small research project interviewing NESP nurses. I called my dissertation "Thrown in at the Deep End" and I suspect most of you will know why I chose this title.

This year I started a new position working for the University of Auckland as Otago and National Coordinator for the NESP programme. I absolutely love my role and our small team because we are all passionate and dedicated to supporting new grads and nurturing our future workforce. We had over 120 nurses who joined us for semester two this year, most of these are new graduates, but we also had experienced nurses, new to working in the mental health and addictions sector. These nurses are employed all over Aotearoa, from the far north to the deep south, it has been wonderful building new relationships with our clinical partners despite being on Zoom for much of the day. It is fascinating learning about how each locality supports their NESP nurses in different ways. Some of the exciting projects in this space include clinical coaches, cultural support workers for new grads, and various partnerships between NGOs and Te Whatu Ora employers to support nurses working in the NGO sector.

Topics I have taught this semester include Recovery & Wellbeing, Coercion and Least Restrictive Practice, Intro to CBT, and Intro to Solution Focussed Brief Therapy. It is my personal belief that mental health nursing is not covered enough at undergraduate level, so I really believe the NESP programme has an important function. Learning how to teach effectively and adapt to the online environment have been some of the challenges during the past few years. Our team has a real focus on student well-being and encourages nurses to practice regular self-care as they navigate that challenging first year of practice. I recall my own new grad year being extremely distressing so any small act of kindness or supportive gesture you can give to a new graduate, goes a long way. Mostly, I hear stories of nurses going above and beyond but occasionally I hear something that fits with "nurses eating their young" and this always hurts. I am genuinely worried about our aging workforce, the high attrition rate of younger nurses, and the growing need for mental health promotion and intervention in the communities we serve. Are we going to have enough mental health nurses? And is our profession fit for the future?

When I am not worrying about these things, I am busy as a single parent with two teenagers and a cute dog. My other main passion in life is music and I have collected vinyl records and been a DJ for about the same length of time I have been an RN. Recently I have become interested in the space between music and mental health promotion and am keen to explore this further. Please contact me if you also share this passion!! You can hear my DJ mixes here: [Stream Lady D music | Listen to songs, albums, playlists for free on SoundCloud](#)

[See article later in this issue](#)

Thank you for taking the time to read my profile! Moving ahead, I am looking forward to working with Chris as an assistant for our Te Karere newsletter. Everyone has a story to tell, and I think we should celebrate our mahi, and our diversity, so don't be shy.... there is so much more that unites us than divides us. Please send me your profile and I am happy to work alongside you to share your profile with our group.

MH&A Credentialing Programme

Valerie Williams & Lois Boyd

Kia ora Koutou

Reflecting on this year, some of the highlights for us have been the authentic relationships, camaraderie, collegiality and "real stuff" that we have been involved in. We have really enjoyed collaborating with and supporting local programmes to engage and sometimes re-engage, with their communities, including tangata whenua, colleagues, and leadership. We continue to value collaboration nationally and locally, co-leading to develop and deliver content that draws on local strengths, includes tangata whenua and reflects local health needs and priorities.

The College team and local programmes have taken some time this year to regroup, refocus and be ready for a lot of activity and nurses participating in 2023.

In 2023 we will be:

- Launching our new content after this was extensively reviewed in 2022

- Welcoming back programmes that were paused due to Covid and introducing new programmes
- Adding in a new eLearning package that introduces Supervision and Reflective Practice to new participants
- Visiting programmes and the teams that make them happen
- Continuing to evaluate the programme and implement evaluation recommendations
- Surveying credentialed nurses to describe their access to supervision
- Engaging with organisations representing the lived experience perspective to examine how we currently include this in both the programme and its ongoing development

A big thankyou to all members of the College who continue to contribute to and support the programme. The college credentialing team and local programme teams really appreciate the professional leadership and practice-based support that members provide.

Meri Kirihimete



Urungi Pae tawhiti Nau mai ki Rangiātea.

Navigating the future. Welcome to Rangiātea.

Conference 2022

By Suzette Poole - College events Lead

The 7th International Conference of Te Ao Māramatanga- New Zealand College of Mental Health Nurses Inc., delivered online and in person, on 4th November 2022 was hosted by the Nelson Branch. The Nelson Conference Committee included Co-convenors: Jodi Roberts and Lewis Boyles, Lois Boyd, Helen Lynch, Karen Cargill, Leoncine Elkington, Thomas Ngaruhe supported by Regina Yhonjan: Operations Manager and Suzette Poole- Events Director Te Ao Māramatanga NZCMHNurses. The Fellowship Investiture ceremony was held the afternoon prior to this event and led by the Vice President- Menetta Te Aonui. A series of webinars followed this conference event.

The theme was: *Urungi Pae Tawhiti - Nau mai ki Rangiātea. Navigating the future. Welcome to Rangiātea.* In our Māori stories, Rangiātea is known as the launching place of the waka that formed the great migration to Aotearoa New Zealand in search of a better life.

This was the first time in the history of the College that we had to change the format and way we deliver a conference. The pandemic resulted in the 2021 conference being deferred to 2022, however we were determined to find a way to bring nurses together. Investment into live streaming this event was made to enable as many nurses as possible to attend online via zoom.

Over 100 nurses registered to attend online and around 30 people including some speakers joined the host branch in Nelson. The College for the first time offered free registration to members to attend.

The Nelson branch worked tirelessly to bring this new conference format to fruition and on the day, I certainly was impressed with the sense of manaaki and inspiration that was created. We were overwhelmed with the support from local organisations. This conference would not have been possible without the generosity of the sponsors: Primary Mental Health and Addiction Credentialing Programme, Whāraurau, Te Pou, PSA, and national mental health nurse educators.

Topics included: Welcome from local nurse leaders, President and Kaiwhakahaere address, addiction nursing, disability nursing, registered nurse prescribing, national SPEC training, forensic mental health, celebration of the 10th anniversary of the primary mental health and addiction nursing programme, peer support and advocacy in emergency department, National Directors of Mental Health Nurses update, the soon to be launched national nurses strategic plan, and in development a series of papers about the future of mental health nursing – Destination 2030- watch this space in 2023!

Unique features of this conference included the ‘Goodie Bag’ sent to participants prior to the conference to enable nurses to relax and take time out. The generosity of the local community resulted in a large number of spot prizes being able to be given out during the conference.

Our aim was to deliver a dynamic online conference to inspire and motivate nurses to

navigate the future and shape their legacy. We believe we did the best we could under the current context of living with a pandemic in flight. We are reviewing the feedback, but I think in main most nurses appreciated the opportunity to reconnect at this conference forum, be it online or in person. The messages coming through though are that the preference is to hold face to face conferences and hear more presentations from nurses.

Thank you, Jodi, and Lewis, for leading this event and to the terrific conference committee

and volunteers that helped make this happen. Thank you for the hours of voluntary time you gave to the College during a time when you also faced many challenges including: services were extremely busy, some of you were recovering from Covid and some responded to the flooding emergency. Your commitment to seeing this through is admirable. Thank you.

Further details can be found on our website <https://nzcmhn.org.nz/college-events/>



Conference Committee with Matua Ron



Conference Committee and helpers

Canterbury launches a Māori nurse led rōpū

By Cassandra Staps

Ngā Toka o te Aratika is a Māori nurse led rōpu that is a collective of Māori and non-Māori who are committed to the development of growing the Māori nursing workforce, supporting Māori nurses by developing leadership pathways for Māori, and ensuring Māori contribute towards decision making at all levels within Specialist Mental Health Service (SMHS).

Ngā Toka o te Aratika recognise the unique strengths and skills that Māori nurses bring to their practice and are committed to investing in further development and growth of these specialised nurses. By investing in our Māori nurses, SMHS contribute to equitable health

outcomes for Māori tangata whai ora and their whānau who enter our services.

Nga Toka o te Aratika launched in January of this year and the rōpu have created an action plan which supports strategies to embed tikanga, cultural awareness and cultural support for Māori nurses and non-Māori nurses working in SMHS. The action plan consists of steps and clear direction which leads to outcomes for improved cultural practice and cultural development with the intention of improving equity for Māori working within SMHS. This will lead to improved whakawhanaungatanga and

manaakitanga for Māori and their whānau who access SMHS for treatment, care, and recovery.

The action plan addresses issues including but not limited to:

- Increase number of Māori nurses employed in SMHS (i.e., understand recruitment and retention rates of Māori nurses in SMHS, seek a report on recruitment and retention on Māori nurses)
- Increase retention rate of Māori nurses within SMHS (i.e., Māori nurses are supported and encouraged to connect with Ngā Toka o te Aratika, Tuakana-Teina model to be implemented for new Māori nursing students and new Māori nurses)
- Increase number of Māori nurses being supported into professional and cultural development (i.e., Māori nurses are supported to access professional development opportunities which explicitly focus on Māori models of best practice and care, the ongoing development of tools drawn from Māori world views and knowledge bases to inform Māori mental health nursing practice)
- Increase number of Māori nurses in leadership roles (i.e., to increase and support Māori mental health nurses in

governance, management, and leadership roles at all levels of SMHS, identify potential leaders and ensure they have mentorship and opportunities to grow)

- SMHS managers and clinical leaders provide a positive and enabling environment for Māori staff, students and tāngata whaiora through their knowledge of Te Ao Māori (i.e. all managers and clinical leaders will have performance appraisals that include bi-cultural development goals, with steps to be undertaken and time frames to achieve them, appropriate to their level of te ao Māori knowledge and understanding, develop structure to address bias and improve understanding of perspectives of Māori nurses).

Ngā Toka o te Aratika work in collaboration with SMHS and acknowledge it is the responsibility of both Ngā Toka o te Aratika and SMHS to support the use of tikanga knowledge, Māori models of care, building a culturally competent and responsive workforce in SMHS and increasing Māori leadership which is critical for building a foundation for improved Māori health outcomes.

This rōpu is a collective of nurses and a kaumatua/Kaihaumanu – a Senior Practitioner who supports and uplifts the tikanga of Ngā Toka o te Aratika.

Ngā Toka o te Aratika members in picture from L) – R): Shahana Truscott, Aroha de Bie, Frances Pooley, Cassandra Staps, Megan McQuarrie, Ivy Churchill, Tony Farrow and Awhina Tapiata on screen. Missing from picture Josie Butler.



New Nurse Practitioner (Mental Health) Role

Gail Phillips Nurse Practitioner Primary Care Mental Health



I recently joined the ranks of Nurse Practitioners in New Zealand and have taken up a role at [He Waka Tapu](#) in Canterbury. This is an NGO working to provide easy access to primary care, and in the process prevent unnecessary referrals to specialist services. My role is focused on mental health care.

The NGO works in a Kaupapa Māori Framework, providing a wide range of services across the age range, with a strong focus on building whanau resilience in primarily a low socio – economic area of Ōtautahi but with a reach to the greater Canterbury area, to Ashburton and now out to the Chatham and Pitt Islands. The services provided are various encompassing mahi undertaken in co-existing alcohol and drug and mental health related problems, domestic violence minimization and response, prisoner supports, suicide prevention, healthy kai, and a free gym as well as the health care services. Services are mostly free or with a very small charge, and access is Monday to Saturday inclusive.



My role is still in development but encompasses consultations and ongoing care management for tangata whai ora with a range of mental health concerns and any other physical health issues. I am supported in this by a team of General Practitioners, Nurses, Support Workers, and administration staff.

One inspiring initiative currently being established is a walk-in crisis response service. This is intended for people experiencing sudden mental distress related to a psychosocial crisis. For example, homelessness is common in this population, so a person presenting in distress related to this issue, will be screened by a team member, often offered food and drink, and supported to engage with appropriate agencies to facilitate engagement in whatever process is required to acquire housing. Once this crisis period is over and the person is engaged with external support they are discharged from the team. Referrals can be self or via Specialist Mental Health Services. It is hoped that in the future this service will evolve into a permanent addition to the organisation's services.

I am proud to be a Primary Care Mental Health Nurse Practitioner working in such a forward-thinking organisation and hope in the future that opportunities will arise for mentoring of NP Interns within the organisation and expanding the breadth of service that will be available to vulnerable populations. I look forward to chatting with you in the future around this role and how it works to improve the mental health responses in vulnerable communities.

I orea te tuatara ka puta ki waho: A problem is solved by continuing to find solutions



Music for Mental Health Vol 1: Wake Up Everybody

Written by Pippa Holland

Deborah Cracknell is a mental health nurse, professional teaching fellow at the University of Auckland, the National NESP co-ordinator and she is also a DJ – performing as ‘Lady D’!



On the 10th October 2022, in acknowledgement of World Mental Day and the World Health Organisation’s aim of raising awareness of mental health issues around the world, Deborah shared a reflective music project that she has been thinking about for over a decade!

As an experienced DJ and mental health nurse with a career spanning over 20 years in both fields, Deborah has spent a lot of time reflecting on the two worlds, the space between them and making sense of how they fit together. These ruminations have culminated in Deborah creating ‘Music for Mental health: Wake up everybody’, an eclectic musical journey that spans seven decades and offers a social critique of the mental health system. There are 22 tracks which have accompanying notes for each song which are designed to promote awareness and education about mental distress and challenge stigma.

The first track is a Lily Allen cover of a 1982 song ‘*Mad World*’. Deborah links this song to Thomas Szasz’s classic book written in 1962 ‘*The Myth of Mental Illness*’ where Szasz argues that insanity is in fact a sane response to living in an insane world. Deborah notes that *Mad World* has been covered by many artists, but she chose Allen’s version as she has been frank about her own mental health struggles. The lyrics refer to childhood anxiety, despair and using alcohol as a means to cope, a strategy which Deborah points out is a common phenomenon seen in the mental health system by people trying to manage.

R.E.M.s 1992 track ‘*Everybody Hurts*’ is also included. Deborah discusses the sobering statistics in Aotearoa with one in every five experiencing mental distress in their lifetime. For Māori this is one in every three and one in every four for Pasifika. Despite how common mental distress is and it being a normal human response, there is still prejudice and discrimination, as Deborah points out *everybody hurts*, and she provides a list of Helplines available in Aotearoa. She also provides a link to the Mental Health Foundations resource, ‘*Open Minds E-learning*’ - a resource that managers can access to learn about supporting employees experiencing mental distress.

Deborah’s accompanying notes provide an inspiring, contemporary, recovery focused position on mental distress, support and intervention which challenges the status quo and the biomedical approach. Numerous links and resources are provided, and interesting tid-bits of information are dotted throughout, such as Track 14, a song entitled ‘*Who’s Mad*’ by an Ōtepoti Dunedin band *Psycho King Dogs*. Deborah explains that two of the band members work in mental health and the frontman Matthew Peppercorn is an experienced mental health nurse who helped set up an organisation called WEKA – Wellness, Empathy, Kindness Aotearoa, which provides grassroots free mental health education sessions and a peer support café.

When I approached Deborah to ask if I could write this article, I had a brief korero with her via email. She told me that the content in her accompanying notes also reflects what the new graduate mental health nurses are being taught at the University of Auckland during their first NESP year of practice. So, if you have been wondering about the theory within the NESP curriculum and what’s being promoted, have a read!

You can access the notes here: [Music for Mental Health Vol 1: Wake Up Everybody - Google Docs](#) and you can hear Deborah's tracks here: [Stream Music for Mental Health Vol 1: Wake Up Everybody by Lady D | Listen online for free on SoundCloud](#)

Deborah is interested in the relationship between music and mental health promotion and is hoping this may grow into a potential PhD topic at some point in the future. Deborah is open to **kōrero about music and mental health promotion, you can contact her** - deborah.cracknell@auckland.ac.nz.

Deborah concludes with a call to action with the final track being 'Wake up Everybody' by Rae & Christian featuring Bobby Womack. She encourages people to move away from the traditional bio-medical model and embrace the exciting developments happening in mental healthcare including complimentary therapies, psychological approaches, peer-led support, nutrition, creative arts, and the move back towards more indigenous cultural healing approaches.

Ka pai Deborah, all **the best going forward!**



Participants wanted for important research:

Centre for Postgraduate Nursing Studies University of Otago, Christchurch Lynere.wilson@otago.ac.nz

We are seeking volunteer nurses to complete an online survey on fostering resilience and adaptability in registered nurses. This survey is part of a larger study of frontline workers (nurses) being conducted by researchers at the University of Wollongong, the University of New South Wales and the University of Otago, Christchurch.

The purpose of this study is to understand the role of resilience and adaptability in helping nurses to cope with the aftermath of COVID 19, and the formal (organisational) and informal (community) supports that help them to be resilient and adaptable in these circumstances.

The aim of the project is twofold: ◦ 1) to generate knowledge that supports frontline professionals and their organisations; ◦ 2) expand our understanding of the formal and informal resources that support resilience and adaptability for frontline workers during times of crisis.

Participation is completely voluntary. Results from the study will be used to develop long-term strategies for health workplaces on how to best foster the necessary resilience and adaptivity to ensure nurses feel confident to carry out their work and maintain career satisfaction.

Research into the social nature of resilience and adaptability is fundamental to addressing real-world challenges such as nurse well-being, career retention, burn-out, and emotion management.

If you would like to participate, please click on this link

https://otago.au1.qualtrics.com/jfe/form/SV_bJausUL42o65LrU

Further information can be found on the College website at

<https://nzcmhn.org.nz/wp-content/uploads/2022/09/Dr-Lynere-Wilson.pdf>

Research overview

Mixed methods study of user perceptions of their physical health and their views on GP care

By Stefan Heinz

About me: I'm just an ordinary and passionate mental health nurse. I studied psychiatric nursing in Switzerland, studied comprehensive nursing in Aotearoa, and just completed my Bachelor of Honours program with the University of Waikato. My Kiwi wife imported me as a Swiss souvenir to Aotearoa in 2015 and we are now living with our baby daughter in Whaingaroa/Raglan. Why Whaingaroa? I love surfing. This research was part of my Bachelor of Honours thesis.



While working as a registered nurse in mental health inpatient and community settings in Aotearoa, I noticed inequitable health outcomes of people diagnosed with mental illness. Comorbidities such as diabetes, cardiovascular disease, and obesity are common in people with a longstanding history of mental illness (Lacey et al., 2019¹). Therefore, resulting in mental health service users having a higher morbidity rate than the general population (Cunningham et al., 2014²). Furthermore, I noticed that people with mental illness face social inequity through social and economic deprivation (i.e., lack of access to housing), hazardous environments (i.e., exposure to mould), social trauma (i.e., stigma) and targeted marketing of goods that cause harm (i.e., fast food, energy drinks, alcohol). I also noticed a communication breakdown between GP practices and mental health services.

During my Bachelor of Honours study, I was able to explore mental health service users' physical health perception, barriers to improved health, and their relationship with their primary health provider. During the research study, I reflected on my study and practice with the help of service users, colleagues, and my supervisor Anthony O'Brien. The constant reflection helped me to learn and grow from mistakes. Reflexivity helped me design a sequential explanatory mixed method study that explored service users' perception.

In sequential explanatory mixed method study, quantitative findings inform qualitative questions. In the first part of the study, I utilized a Qualtrics survey which included the 12-item short-form survey (SF-12), demographic, and general physical health questions. The response rate was low (~10%), however, the response from the Qualtrics survey was quite significant. Most respondents identified as female, 25-34 years old and reported living in urban areas such as Hamilton. High blood pressure was the most identified physical health diagnosis. When asked whether participants received information about potential physical side effects of mental health medication, a large number answered with "No". Furthermore, most participants wanted to improve their physical health. Many participants favoured physical activity which did not involve expensive equipment, such as walking, yoga, and swimming. It

¹ Lacey, C., Manuel, J., Schluter, P. J., Porter, R. J., Pitama, S., & Jamieson, H. A. (2019). Sociodemographic, environmental characteristics and comorbidities of older adults with schizophrenia who access community health service support: A national cross-sectional study. *Australian and New Zealand journal of psychiatry*, 53(6), 570-580. <https://doi.org/10.1177/0004867419828480>

² Cunningham, R., Peterson, D., Sarfati, D., Stanley, J., & Collings, S. (2014). Premature mortality in adults using New Zealand psychiatric services. *New Zealand medical journal*, 127(1394), 31-41.

was evident that most participants liked to exercise on their own and wished for more Kaupapa Māori support services.

The main findings for the SF-12 questionnaire resulted in an average Physical Component Score (PCS) 42.7 and the Mental Health Component Score (MCS) 33.2 for participants (n = 141) who completed the SF-12 questionnaire. These findings appeared rather low when compared to the average MCS and PCS scores of the general population in Aotearoa as reported in the 2019/2020 survey.

The second part of the study involved a qualitative data collection. I interviewed six tangata whaiora, three Māori and three non-Māori. Four main categories arose from the qualitative analysis: Accessibility and availability, people wanting to be healthy, staff attitude, and medication. Participants highlighted common issues in regard to accessing health services. Long waiting lists to see their doctor, minimal Kaupapa Māori services, high GP costs and expensive gym costs were some of the identified barriers to improve peoples' health. In addition, diagnostic overshadowing increased the hurdle to receive quality health care. Antipsychotics and mood stabilisers contributed to sedentary behaviours, low motivation, and weight gain. Most participants noticed that they were not meeting their physical health standards due to chronic pain and weight gain, as a result most participants reported a desire to better their health. In fact, participants had an innate desire to be more involved in their care, become progressively autonomous, and to establish a trustworthy and safe relationship with their general practitioner. In fact, participants reported a GP who is assigned to the person's care, actively listens, advocates for the person's needs, offers person-centred care, creates a better relationship with a service user.

Contemporary assessments should include service user's perspectives and encompass their strengths, past successes, and future hopes. Participants want a more personalised approach to their physical and mental health care. This is key to improving primary and secondary health services. Primary and secondary health care providers are expected to communicate and collaboratively develop a treatment that encompass the service user's preferences. This strengthens service users- provider alliance and ensures best outcomes in health care delivery.

Mental health nurses' physical care delivery is determined by their understanding of the physical and mental health interrelated construct. Therefore, a greater emphasis on the interconnected relationship, as well as understanding possible barriers to health for people with mental illness, is essential for contemporary nursing education. These guarantee beginning nurses are equipped with the knowledge to address mental health service users' physical health needs with a holistic approach and offer nursing care on multiple levels.



Member Profile
Your story wanted

Each issue we are keen to profile nurse members who work within mental health, disability, or the addictions sectors so please if you have an interesting role to tell us about think about sending in your profile or encourage colleagues to do the same. Let Deborah (as new assistant editor) know if you are keen, and she can support you in developing this.

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 issue one 2023 is 28 February.

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

Keep well, keep safe, laugh lots, and stay aware.