



Te-Upoko-me-te-Whatu-o-Te-Ika
Mental Health, Addictions and Intellectual Disability Service 3DHB
Wairarapa, Hutt Valley and Capital & Coast DHBs

Student Nurses

Hutt Valley Community Mental Health and Addictions

Welcome!!
We are looking forward to working
with you

Student Name:

The Community Mental Health and Addictions Service (CMH&A)

Welcome to Hutt Valley District Health Board Mental Health Services, which are part of the Te-Upoko-me-te-Whatu-o-Te-Ika, Mental Health, Addictions and Intellectual Disability Service 3DHB, Wairarapa, Hutt Valley and Capital & Coast DHBs (3DHB MHAID). Our intention is for your placement with us to be safe, enjoyable and have your learning needs met.

We are a community-based service within the Hutt Valley Health DHB and provide assessment and treatment services for people with moderate to severe mental illnesses and/or addictions who are aged 18-65 yrs. We work with consumers living in the community setting, who are seen either at our bases, through visits to homes or at another arranged meeting place.

We comprise of two multi-disciplinary teams and an Intake and Triage team. One of the teams, (and the intake /triage team) is based in Public Trust House and one in Upper Hutt CBD Towers . The teams include Psychiatrists, Psychiatric Registrars, Administrators, Psychologists, AOD Clinicians, Occupational Therapists, Social Workers & Nursing staff.

Consumers may present with issues related to chronic mental illness and/or addictions or may present as acutely mentally unwell. Our referrals are usually received from Doctors within the community, the psychiatric inpatient unit or the Crisis Team, but can come from other sources such as self-referrals, whanau/family, probation or caregivers.

We aim to ensure that trained, skilled mental health and addictions staff provide quality services in a timely manner. We also aim to work co-operatively with other providers of health services in this region. We have developed co-operative relationships with a number of primary healthcare providers, NGO's (Non Government Organisations) and community agencies.

Philosophy

Our philosophy is to provide high quality clinical services for mental health and/or addictions consumers within the Hutt Valley. The assessment and treatment services provided are consumer-centred, recovery-focused, accessible, accountable and integrated to include family, significant others, other service providers and the community.

Mental Health Services

CMH&AS are a part of the wider local and regional Mental Health Services. HVDHB supports a range of MH Services including:

- Te Whare Ahuru inpatient unit and Te Rangi Marie psychiatric ICU
- Consultation Liaison
- Crisis Resolution Service
- Central Regional Eating Disorders (sited in Johnsonville)
- Infant, Child and Family service, including child Services and Youth Specialty Services
- Needs Assessment Service Coordination

Regional Mental Health services accessed from C&CDHB include:

- Methadone clinic (Opioid Treatment Service)
- Regional Detox unit
- Regional Rangitahi Adolescent Inpatient Service
- Forensic Services and Court Liaison
- Regional Personality Psychotherapy Services
- Maternal Mental Health
- Early Intervention Service
- Regional MH Rehabilitation unit

Access Criteria

A referral to CMH&A service for assessment is accepted if the person's behaviour and/or psychiatric histories suggest they may be suffering from a moderate to severe:

- Psychotic disorder
- Cognitive behavioural disorder
- Dissociative disorder
- Personality disorder
- Anxiety disorder
- Mood disorder
- Adjustment disorder
- Somatoform disorder
- Impulse control disorder
- Addiction or substance abuse

Or the person is:

- Referred under the Mental Health Compulsory Assessment & treatment Act 1992 and requires assessment under provisions of the Act.
- As the result of a disorder, is at risk of suicide or harming others
- Significantly disabled by a psychiatric disorder and is without appropriate support.

If any of the above is confirmed on assessment the person will be accepted for treatment. If not confirmed, the person and the referrer will be informed and alternatives to our Mental Health Services will be suggested.

Exclusions

- People with disorders related to ageing
- People with intellectual disabilities who do not have a co-existing mental disorder
- People with developmental disorders who do not have a co-existing mental disorder
- People experiencing relationship difficulties
- People requiring parenting services
- People requiring general counselling
- People requiring family health counselling services
- People solely experiencing anger and violence issues
- People solely requiring grief counselling

Teaching Facility

Our Mental Health and Addiction Service is also a teaching facility for undergraduate nursing students, allied health professionals, addictions counselors, registrars and new nursing graduates whom we support through the Post Graduate Certificate of Mental Health Nursing programme (NESP programme).

Legislation

There are a number of Acts and Regulations relevant to health care and mental health. These include (but are not limited to):

- Mental Health Assessment and Treatment Act 1992 (and amendments 1999)
- Privacy Act
- Health and Disability Commissioners Act
- Health Practitioners Competency Assurance Act
- Human Rights Act
- Medicines Act

Full copies of all NZ Acts of Parliament, amendments, Bills and Regulations can be found here <http://www.legislation.co.nz/>

CMH&AS Roles

Manager- The Manager reports directly to the Service Manager, Mental Health and Addiction Services and has overall responsibility for the administration, service delivery and quality of the services delivered. This role also requires the ongoing analysis of district needs in order to determine the strategic direction and planned implementation of services.

Clinical Coordinator - The coordinator reports to the Manager and is responsible for the smooth running of the services. They oversee the intake of referrals, and are responsible for liaison between all staff and services, utilization of resources, and facilitation of multidisciplinary meetings.

Psychiatrist - A Psychiatrist is a qualified medical doctor who has obtained additional qualifications to become a specialist in the diagnosis, treatment and prevention of mental illness. In addition to their clinical work, psychiatrists train doctors who are working for post-graduate qualification in psychiatry (Psychiatric Registrars). They also teach and train house surgeons, trainee interns (6th year medical students) and medical students.

MOSS - A MOSS is a Medical Officer Special Scale, a doctor who has not completed specialist qualifications for Psychiatry, but who has extensive experience working in Psychiatry. A MOSS also diagnoses, assesses, treats and prevents mental disorders, but does not have responsibility for the training of others.

Administration Staff - Admin staff are essential for the establishment and maintenance of client information and data. They provide secretarial support, process client-related information and facilitate the smooth transfer of this information throughout the services. Admin staff include the Receptionists who attend to telephone enquires and client appointments.

Community Psychiatric Nurse - CPNs are Registered Nurses, whose role includes medication administration and education, supporting clients to understand their diagnosis and assisting clients to develop strategies to minimise the impact of illness on quality of life. CPNs also provide care coordination and monitoring of client symptoms and risks.

Occupational Therapist - Occupational therapy is assessment and treatment through the specific use of selective activity. Therapeutic programmes are designed by the occupational therapist to meet the functional needs of individual consumers. These may be carried out on an individual or group basis.

Clinical Psychologist - Clinical psychologists carry out psychological assessments and treatment with consumers. These may involve the use of psychological tests and other assessment procedures to assist with diagnosis, decision-making and the management of consumers. The focus is on assisting consumers to recognise and change patterns of distorted thinking and dysfunctional behaviour. Psychologists utilise a range of therapies in their work with consumers.

Social Worker- The role of the social worker includes: personal counseling and family therapy, working with consumers to resolve particular stresses, supporting consumers to obtain the services, accommodation or practical support they may need and providing liaison with community agencies. Social Workers work within a strengths-based framework.

Alcohol and Other Drug Clinician - AOD clinicians specialise in the assessment and treatment of addictions including alcohol, prescribed and/or illicit drugs, substances such as inhalants, smoking cessation and gambling.

Detox Nurse - A Registered Nurse who specialises in providing assessment, treatment and referral services for clients who require detoxification interventions. These interventions may occur in hospital or in the client's own home if appropriate. The Detox Nurse also acts in an advisory capacity to GPs and the wider hospital.

Clinical Nurse Specialist (CNS) - This position offers clinical and professional support for nurses. The CNS functions as a role model for nursing practice and acts as a resource for nurses and for others about nursing. The focus of the role includes improved consumer outcomes and enhanced professional practice for nurses. The Intensive CNS supports and works to support RNs in their clinical development and practice. The current CNS role covers the community and inpatient areas.

Your Placement

It is our intention that your placement with us is safe, enjoyable and meets your learning needs. While on this placement with us you will need to wear your training institution ID badge at all times. Please dress in tidy casual muffs. All personnel, including students, are required to abide by the DHB Code of Conduct.

You have been allocated to a clinical preceptor, with whom we will endeavour to create some continuity, however there will be circumstances when you will be required to complete self-directed learning (there are considerable resources available which you may use while on site) or you will be allocated to another team member to work with during that time.

It is understood that students bring with them their own learning objectives. The continuity of your learning experience can be improved through clearly communicating these with your clinical mentor to achieve your goals. Your preceptor may suggest other learning areas that may enhance your understanding of community mental health care. It would be helpful if you would introduce your tutor to your preceptor. Please ensure all documentation you need to complete for the polytechnic/university is accomplished before the last days in the unit – your preceptor will **not** complete any paper that is given to him or her if it is given in the last days of your placement

Please present yourself to reception of the appropriate community base on your first day at 0830. Start time thereafter is in negotiation with your preceptor. If you are required to be away, or need to take sick or bereavement leave, this needs to be communicated to your preceptor. You should also notify reception if you are absent. There is a whiteboard in reception where you should write planned absences.

You will be given an access card for placements in either public Trust House or Upper Hutt base. The swipe cards are to be returned at the end of your placement. DO NOT let anyone into restricted areas if you do not know who they are.

Should you encounter any difficulties, which you feel unable to successfully resolve with your preceptor, you can discuss these with the Team Leader. Your lecturer and the team at HVDHB are here to support you and facilitate your learning.

You will need to become familiar with the emergency alarms, fire extinguishers and hoses and evacuation procedures in the building where you are based. Your preceptor can assist you with this.

During working hours while on placement, your personal cell phone should be used only for emergencies and during your breaks.

Documentation

Use of the 'Client Pathway' documentation system is policy for all MH&AS staff. The Client Pathway Manual describes the procedures related to a client's "pathway" through the service - e.g. Referral, Assessment, Admission, Risk, Recovery Planning, Clinical Review, Discharge, etc. The manual also provides forms to be used for these procedures. Your preceptor will be able to make client pathway forms available to you at your request.

All documentation must be legible and have the date, name, signature, and designation of the clinician completing the documentation. For nursing students, your documentation must be checked and co-signed by your preceptor.

Students have some intranet/internet access from hospital computers while on placement. Your preceptor can tell you the login and password. Please do not write them (or any codes/passwords) down. You can only access client-related information on the intranet via your preceptor.

Confidentiality

Whilst on placement in this service, students are bound by the requirements of the Privacy Act in maintaining consumer confidentiality, which means information given by clients must not be shared with anyone outside of the service at any time. Whilst discussing consumer-sensitive information, please be mindful of those who may potentially overhear the discussion.

From time to time you may notice information regarding a friend, family member or someone else you know outside of this placement. It is a breach of the Privacy Act for you to access this information. If you do become aware of this information, it is best that you advise your preceptor who can ensure this information is stored elsewhere during your time here.

Learning opportunities in CMH&A

Your placement with us provides a number of learning opportunities. Speak to your preceptor about the following:

- Therapeutic relationships
- Interpersonal and communication skills
- The role of the mental health nurse
- Mental Health Act
- Mental Health Assessments
- Treatment planning and goal setting
- Mental Health Diagnoses
- Recovery in Mental Disorders
- Issues in the management of risk
- Medications used in Psychiatry
- Administration of Intra-Muscular Injections
- Therapies (individual and group)
- Multidisciplinary approaches to Mental Health and Addictions

It is understood that at times a first placement in mental health services can generate some anxiety. The most valuable tools you can bring with you to enhance your experience are an open mind and a willingness to learn!

Contacts

Upper Hutt		Public Trust House Building	
Level 1 , CBD Towers, 84-90 Main Street Upper Hutt– (04) 587 2860		Ground Floor 40-42 Queens Drive Lower Hutt – (04) 5709801	
Nurse/Service Educator		Service CNS	Margaret Daniela
CNM	Steve Tyrer	CNM	Fae Logovae
Clinical Coordinator	Gale Cull	Clinical coordinator	Tavita de Seymour
Preceptor			

Notes:

Date: _____ **Venue:** _____

No	Items Covered	Yes/No	Comments	By Whom
1	Role of Health and Safety Team			
2	HVDHB H&S Structure			
3	H&S Reps in CMH&A area are:			
4	Know where H&S Guide is located			
5	Wearing identification tags and signing visitors register			
6	Reporting Hazards to their managers Awareness of hazards they may face e.g. Slips trips and falls (wearing suitable footwear Challenging patients or visitors - (What to do in this situation – using RT to alert orderlies)			
7	Reporting broken equipment they maybe a danger, to their manager			
8	Reporting events – injuries near misses, challenging situation to their manager and they will assist to fill out event form		Show event form	
9	What to do if they have an injury – minor to see nurse in Occ Health and if serious would go to ED			
10	First aid kits – know where they are		Check with reps or supervisor	
11	Fire exits Fire alarms Fire extinguishers and hoses Assembly area Panic alarm system Security			

Student name _____

Sign _____

Preceptor name _____

Sign _____

Medications commonly used in Psychiatry

1 st Generation antipsychotic	2nd Generation antipsychotic	Intramuscular antipsychotic	Benzodiazepine & Hypnotosedatives	Antidepressant (SSRI)	Antidepressant (tricyclic)	Antidepressant (other)	Mood Stabilizer	Side-effect management
Chlorpromazine	Olanzapine	Zuclopenthixol	Clonazepam	Citalopram	Amitriptyline	Venlafaxine	Lithium Carbonate	Benzotropine
Haloperidol	Risperidone	Paliperidone	Diazepam	Fluoxetine	Doxepin	Phenlyzine	Sodium Valproate	Procyclidine
Trifluoperazine	Quetiapine	Olanzapine LAI	Oxazepam	Paroxetine	Nortriptyline	Tranylcypromine	Carbamazepine	
	Ziprasidone	Risperidone	Lorazepam		Imipramine	Amoxapine	Lamotrigine	
	Aripiprazole	Haloperidol	Alprazolam		Trimipramine	Nefazodone	Olanzapine	
	Clozapine	Flupenthixol	Buspirone		Clomipramine	Bupropion	Risperidone	
			Zopiclone				Quetiapine	
			Temazepam					

Student Learning Exercise: Write underneath each drug name at least one common trade name
 Information about drugs used in New Zealand can be accessed from <http://www.medsafe.govt.nz/>

This site includes consumer information, information for clinicians and articles designed to keep health professionals up-to-date with latest research around medications

	Day one onwards	During week One
The student will:	<ul style="list-style-type: none"> - Meet with the ACNM or preceptor - Be orientated to the physical ward and alarms and safety features. - Have meal break and shifts explained - Be introduced to staff on duty - Find out the name of their preceptor - Expectation of student explained 	<ul style="list-style-type: none"> - Meet staff - Meet clients - Understand the CMH routines - Have introduced their tutor to preceptor and CNM / coordinator - Have 1:1 with preceptor to evaluate the week. - Attend clinical MDT <p>The following will be explained:</p> <ul style="list-style-type: none"> - Safety in Home visits - Safe Use and storage of Medication. - Legal paper work relating community care
	Other activities	DURING WEEK TWO
The student will	Attend education session as available.	<ul style="list-style-type: none"> - Have a client allocated - Access the client files. Under no circumstances are client files to leave the office. - Assist in medication administration, including any physical health obs. - Participate and support client activities - With RN write client progress notes according to documentation standards - Be involved in Mental state examinations. - Have 1:1 with preceptor to evaluate their week and experiences.
	Other activities	DURING WEEK THREE
The student will	<p>Be able to explain the Mental Health Act</p> <p>Be able to identify and explain the use of mental health medications and needed physical health observations</p>	<ul style="list-style-type: none"> - Build on weeks one and two - Have 1:1 with preceptor to evaluate their week and experiences.

	Other activities	DURING WEEK FOUR
The student will	<p>Within the last week the student will be completing their case presentation.</p> <p>Also be discussing their placement with ACNM or CNS or Preceptor</p>	<ul style="list-style-type: none"> - Have 1:1 with preceptor to evaluate their week and experiences. - Complete their overall evaluation of clinical placement form (last page of this book) and leave for CNS in the tray in the front office

Notes:

Self-assessment tool for student nurses

Community Mental Health and Addictions Service date: _____

Using the scales below, score where you feel your current knowledge or understanding is currently with each of the below. Complete one at the beginning of your placement and one at the beginning of your last week

I understand the intent and the process of the Mental Health Act 1992

Not at all

Very much

I am familiar with the more common medications used in Psychiatry

Not at all

Very much

I understand how the Multi-disciplinary team process fits within mental health care

Not at all

Very much

I can give a brief outline of some of the AXIS I and AXIS II diagnoses from the DSM IV

Not at all

Very much

I am aware of the most common assessment tools used in mental health care

Not at all

Very much

I can articulate a concept of recovery as it relates to mental health and illness

Not at all

Very much

I understand the term 'therapeutic relationship' and can discuss its importance in mental health care

Not at all

Very much

Name of preceptor:		Name of preceptee:			
MY PRECEPTOR: Please tick the description which best describes your experience in each category		Excellent	Strength	Satisfactory	Needs Improvement
• was expecting me and made me feel welcome		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• identified what previous knowledge and skill I had and set goals with me which reflected this		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• had a wide range of clinical knowledge and skills to meet the patient/client needs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• assisted me with prioritising & time management skills		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• communicated well with patients, family & colleagues		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• was confident in dealing with clinical situations which assisted my learning		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• used effective clinical teaching skills		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• identified other people who could assist my learning		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• role modelled caring nursing practice and patient centred care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• offered regular specific constructive feedback		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• facilitates mutual trust & respect among colleagues		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• extended my learning through creating practice opportunities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• challenged my knowledge base		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• created a safe learning environment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other comments:				Signed by preceptee:	
				Date:	
TO BE COMPLETED BY THE PRECEPTOR: What will you do differently as a result of this feedback and how?				Signed by preceptor:	
				Date:	

Name of preceptor:	Name of preceptee:			
MY PRECEPTOR: Please tick the description which best describes your experience in each category	Excellent	Strength	Satisfactory	Needs Improvement
Further comments				

Note this completed form can form part of the preceptor PDRP portfolio