



MidCentral District Health Board | Te Pae Hauora o Ruahine o Tairāia

URU RAUHĪ COMMUNITY MENTAL HEALTH AND ADDICTIONS SERVICE

STUDENT NURSE ORIENTATION

Developed by: Nga Manu Teka: Practice Development
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Contents

1	
WELCOME	3
CONTROLLED DOCUMENTS.....	4
EXPECTATIONS OF THE STUDENT NURSE	4
ORIENTATION TO THE CLINICAL AREA.....	6
MENTAL HEALTH ACT SUMMARY	8
COMMON MEDICATIONS.....	9
LEARNING OPPORTUNITIES.....	10
SELF-ASSESSMENT TOOL FOR STUDENT NURSES.....	12
EVALUATION OF YOUR PRECEPTOR.....	13
YOUR CONTACT DETAILS.....	14

KEY CONTACTS

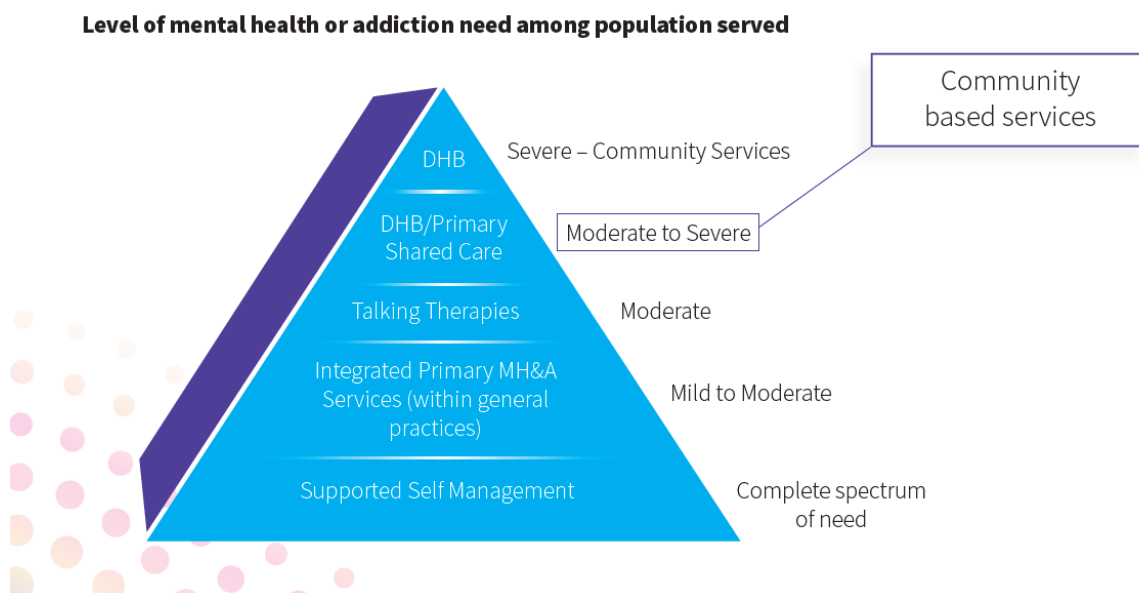
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Nurse Educator		

DOCUMENT CONTROL

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Authors	Yvonne Stillwell:	
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WELCOME

Welcome to Palmerston North Hospital and Uru Rauhi, Mental Health and Addictions Services. Uru Rauhi provides treatment and connection to recovery orientated services for individuals experiencing mental illness or addiction issues. Uru Rauhi services also include support for families/whānau and increase society’s awareness of the importance of mental health and well being. Services are delivered across the continuum of care, both regionally and locally. While some individuals are able to lead independent healthy lives and manage their mental illness, others rely on full time care within specially designed residential programmes that provide 24-hour, seven days a week services.



MidCentral Health's Uru Rauhi Services provide secondary care for general adult mental health and addictions in the community, inpatient services, eating disorders, perinatal mental health, older adult mental health, mobile assertive follow up, co-existing disorder and community rehabilitation.

Specialist secondary services provided include Oranga Hinengaro Māori Mental Health, Child Adolescent and Family and Alcohol and Other Drugs Services. The Uru Rauhi service refers to SupportLinks for carer relief, home support, packages of care for adults with a psychiatric disability and acute care packages for children and young people.

General Adult: General Adult Mental Health Services incorporate community mental health services in the Manawatu, Feilding, Tararua and Horowhenua as well as the Acute Inpatient Ward at Palmerston North Hospital.

Transcultural: MidCentral DHB has two teams that provide culturally appropriate mental health services to adults and young people. Oranga Hinengaro, the Māori Mental Health Team and the Pasifika Mental Health Clinical Consult Liaison Service.

Specialist: The Specialty Mental Health Services provide assessment and treatment in the areas of child and adolescent mental health, conduct disorder service, early intervention in psychosis, eating disorders, perinatal mental health, Alcohol and Other Drugs Services including opioid substitution treatment and intensive rehabilitation and treatment service.

HEALTH AND SAFETY

Every staff member is responsible for their own safety and the safety of others. The Occupational Health and Safety Manual outlines the hazards within the department. Please familiarise yourself with these hazards and their management. All accidents are to be reported to the Charge Nurse and a Riskman completed.

EMERGENCIES

All staff should make themselves familiar with the response requirements for all emergencies during their orientation. Please ensure that fire exits are always kept clear and corridors uncluttered. Exits must be clear at all times.

PARKING

Students can purchase concession parking cards from the Wilson Parking Office on site to get a discounted parking fee: a \$20 bond is required to purchase these cards.

CONTROLLED DOCUMENTS

Once on placement you will need to access relevant policies, procedures and guidelines. Ask your preceptor to help you find the Controlled Documents on the intranet. (*Note: you cannot access this outside of the organisation.*)

EXPECTATIONS OF THE STUDENT NURSE

- On the first day please complete the Student contact details form (page 14) and give it to the Nurse Educator, Charge Nurse or nurse in charge of the shift.
- It is expected that you arrive on time and if you are going to be late or unwell and cannot come in please ring and ask to speak to the Charge Nurse/nurse in charge of the shift. Hours of work are:
 - Morning duty 0700-1530 hours
 - Afternoon duty 1445-2315 hours
 - Night duty 2245-0715 hours

Compassionate
Ka whai aroha

Respectful
Ka whai ngākau

Courageous
Ka mātātoa

Accountable
Ka noho haepapa

- We endeavour to give you continuity of preceptor(s) wherever able. If you are unable to work the days that you have been rostered, you need to discuss this with the Nurse Educator or your Clinical Lecturer.
- You must complete the full shift that you are allocated to work.
- The preceptor you are working with needs to be aware of your learning objectives.
- Your preceptor will work with you to help you learn about assessment and management of a variety of conditions relevant to the setting.
- Third year nursing students commencing their final placement need to identify which preceptor will be completing their documentation requirements and ensure their preceptor has an adequate timeframe to complete this.
- Please ensure that your uniform meets your institution standards.

Please contact the Charge Nurse or your Clinical Lecturer to confirm your start dates and times. If you are unable to attend your placement, please ring the ward and advise the Charge Nurse and your Clinical Lecturer.

PRECEPTOR

You will be allocated a primary preceptor and follow their rostered duties which may include morning, afternoon, nights and weekends. There may be times your primary preceptor is not on duty and you will be allocated a secondary preceptor.

OBJECTIVES

Before you start please consider what you want to achieve on this placement. Bring a list of objectives, remembering that these need to be realistic. Please share with your preceptor/s at the beginning of your placement the documentation that must be completed while on that placement. Use your initiative to make the most of your placement, for example:

Objectives may include but are not limited to:

- 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 and social inclusion
- Issues in the management of risk
- Medications used in mental health and addiction services
- Administration of Intra-Muscular Injections
- Therapies (individual and group)
- Multidisciplinary approaches to Mental Health and Addictions

ORIENTATION TO THE CLINICAL AREA

It is important that you have an awareness of the environment in which you will be working to ensure the safety of yourself, the patient and other staff members. You are required to complete a clinical area orientation checklist. This is provided by your academic institution: once completed give this to your Clinical Lecturer.

EMERGENCY RESPONSE

The emergency number for Fire, Cardiac Arrest and Security is 777. In an emergency situation, please follow the direction of the nursing and medical staff. Locate the following:	
WHAT	(v) when completed (x) if not applicable
Duress Button Procedure	
Emergency Bells	
Emergency Equipment	
Emergency Phone Number	
Emergency Response Flip Chart	
Fire Extinguishers	
Fire Hoses	
Portable Oxygen	
Red Phone (fire emergencies)	

SERVICE ACCESS CRITERIA

A referral to Uru Rauhi service for assessment is accepted if the person's behaviour and/or psychiatric histories suggest they may be experiencing 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 Mental Health Services will be suggested.

EXCLUSIONS

- 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

CLINICAL DOCUMENTATION

Clinical notes contain a record following any intervention involving the client. This may include face to face interview with the client, integrated treatment plan (ITP) meetings, telephone contacts with the client, family, significant others, or other agencies involved in the care and treatment of the client.

Clinical notes are to be entered, as information becomes available and written in a clear and concise manner, capturing all the relevant information. Please ensure all clinical notes include the name of the consumer, DOB, and are dated, timed, signed and your discipline and name is clearly written or use a stamp. This is as per MDHB 672 – Clinical Records Content and Maintenance.

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
- Crimes Act
- Health Information Code

Full copies of all NZ Acts of Parliament, amendments, Bills and Regulations can be found at

<http://www.legislation.co.nz/>

MENTAL HEALTH ACT SUMMARY

- Section 8** Application for assessment.
By anyone who is over 18 has seen the proposed client within the last three days. Must be accompanied by a Health Practitioners Certificate.
- Section 8B** Health Practitioners Certificate.
Must be examined by a Registered Health Practitioner such as an RN, NP or Medical officer and reasonable grounds for believing that the person is suffering from a mental disorder.
- Section 9** Notice to attend an assessment.
Date, time, place and with whom.
Given by a duly authorised officer.
Health Professional must not be the same Health Professional who issued 8B.
- Section 10** Certificate of preliminary assessment by a Psychiatrist or Nurse Practitioner.
If the client is found to be mentally disordered a copy of the certificate must go to the:
- The client.
 - Any welfare guardian of the client.
 - The applicant for the assessment.
 - The client's principle caregiver.
 - The client's GP.
- Section 11** Notice to undergo a 5-day assessment period.
Can be either inpatient or outpatient.
- Section 12** Certificate of further 5-day assessment by a Psychiatrist or Nurse Practitioner.
Same provisions as apply to section 10.
A letter of reason for continuance to go to the Director of Mental Health by a Psychiatrist or Nurse Practitioner (DAHMS).
- Section 13** Further assessment and treatment for 14 days.
Second period of assessment and treatment.
Same provisions as apply to section 11.
- Section 14** Certificate of final assessment.
Can be adjourned 2 times to a maximum total of 6 weeks in 12 months.
If the client is to remain under the act an application for compulsory treatment order is to be made.
- Section 16** Review of a consumer's condition by a Judge (2nd opinion required).
- Section 29** OUT-PATIENT community order (6 months).
No power to detain the client for the purpose of treatment.
Made by a Judge.
- Section 29 (3) (A)** Responsible Clinician can direct a consumer to be treated as an inpatient for up to 14 days.
Cannot be any more than twice in a six-month period.

Section 29 (3) (B)	Responsible Clinician directs consumer subject to a community treatment order (CTO) to be assessed. CTO ceases and reassessed under section 13 & 14 of the act. *It is possible for a consumer subject to a CTO to have an informal admission for a short period.
Section 30	IN-PATIENT order (6 months). Made by a judge.
Section 76	Clinical reviews if still mentally disordered extension of 6 months. Clinical review at 3 months and again at 6 months.

DULY AUTHORISED OFFICERS (DAOS)

DAOs are health professionals designated and authorised by a DAMHS to perform certain functions and use certain powers under the Act. DAOs must have appropriate training and experience to respond to concerns about a person's mental health and to contribute to the assessment and treatment of people with mental health problems. Section 93(1)(b) of the Act assumes that DAOs will often be the first point of contact for members of the public seeking information or assistance when they are experiencing mental health difficulties, or are concerned about someone else's mental health. DAOs are required to provide general advice and assistance under section 37.

COMMON MEDICATIONS

This placement is a good opportunity for you to familiarise yourself with the mode of action, administration, risks and nursing considerations related to a number of medications within these drug groups.

Oral medications

You may check and give oral medications under the direct supervision of a registered nurse (RN) if they are confident for you to do so, remembering the 10 rights of safe medication administration:

1. Right patient
2. Right medication
3. Right dose
4. Right time
5. Right route
6. Right reason (e.g. if BP is 90/50 should you administer an antihypertensive medication?);
7. Right response to the medication e.g. analgesia
8. Right documentation
9. Right formulation e.g. immediate release or slow release
10. Right to refuse after being offered an informed choice.

LEARNING OPPORTUNITIES

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 and social inclusion
- Issues in the management of risk
- Medications used in mental health and addictions
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- Therapies (individual and group)
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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.

1 st Generation antipsychotic	2nd Generation antipsychotic	Intramuscular antipsychotic	Benzodiazepine & Hypnotics	Antidepressant (SSRI)	Antidepressant (tricyclic)	Antidepressant (other)	Mood Stabilizer	Side-effect management
Chlorpromazine	Olanzapine	Flucloperithiol	Clonazepam	Citalopram	Amitriptyline	Venlafaxine	Lithium Carbonate	Benzotropine
Haloperidol	Risperidone	Fluphenazine	Diazepam	Fluoxetine	Doxepin	Phenylzine	Sodium Valproate	Procycladine
Trifluoperazine	Quetiapine	Pipothiazine	Oxazepam	Paroxetine	Nortriptyline	Tranylcypromine	Carbamazepine	
	Ziprasidone	Risperidone	Lorazepam		Imipramine	Amoxapine	Lamotrigine	
	Aripiprazole	Haloperidol	Alprazolam		Trimipramine	Nefazodone	Olanzapine	
	Clozapine	Flupenthixol	Buspirone		Clomipramine	Bupropion	Risperidone	
		Olanzapine	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.

SELF-ASSESSMENT TOOL FOR STUDENT NURSES

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 Mental Health
|-----|-----|-----|-----|

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

EVALUATION OF YOUR PRECEPTOR

Please return your evaluation to your Charge Nurse

Name of Preceptor _____ Date _____

E = Excellent VG = Very Good S = Satisfactory NI = Needs Improvement

Please read the following statements then tick the box that best indicates your experience

My Preceptor:	E	VG	S	NI
Was welcoming and expecting me on the first day				
Was a good role model and demonstrated safe and competent clinical practice				
Was approachable and supportive				
Acknowledged my previous life skills and knowledge				
Provided me with feedback in relation to my clinical development				
Provided me with formal and informal learning opportunities				
Applied adult teaching principals when teaching in the clinical environment				

Describe what your preceptor did well

Describe anything you would like done differently

Signed: _____ Name: _____

YOUR CONTACT DETAILS

We care about your well-being as well as your education. If you don't arrive for a planned shift, if there is illness on the ward or in the case of an emergency we need to be able to contact you. Please could you provide the ward with your contact details and an emergency contact using the form below.

Your Name	
Your Home Phone number	
Your mobile phone number	
Name of emergency contact	
Phone number of emergency contact	

From time to time the staff on the ward may need to contact your lecturer regarding your progress, for support or in the case of problems. Please could you supply the contact details of the Lecturer/CTA that will be supporting you during this placement, in the form below?

Name of Lecturer/CTA	
Phone number of Lecturer/CTA	

This information will be kept for the length of this placement and then disposed of. It will not be shared with anyone else without your permission unless there is an emergency.