

# TE WHARE TIPU

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CAMHS | EIS | SMMHS

## Orientation Booklet for Student Nurses

## Treasure Hunt:

This list is designed to help you become familiar with the environment, but is by no means exhaustive of all the things you will be required to locate.

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|--|---|
| <input type="checkbox"/> Staff Room                      | <input type="checkbox"/> Medical Rooms                            |
| <input type="checkbox"/> Mental Health Act Board for EIS | <input type="checkbox"/> Patient File Room                        |
| <input type="checkbox"/> Fire Exits                      | <input type="checkbox"/> Depot Injections                         |
| <input type="checkbox"/> Patient Meeting Rooms           | <input type="checkbox"/> Nurses Folder                            |
| <input type="checkbox"/> Photocopier/Fax/Scanner         | <input type="checkbox"/> Quiet Rooms                              |
| <input type="checkbox"/> Library                         | <input type="checkbox"/> Drug and Alcohol Resources               |
| <input type="checkbox"/> Stationery cupboard             | <input type="checkbox"/> Different pods e.g. CAMHS, EIS,<br>SMMHS |
| <input type="checkbox"/> Phone                           | <input type="checkbox"/> Toilets                                  |
| <input type="checkbox"/> Your own desk                   | <input type="checkbox"/> First Aid Kit                            |

## Safety Measures:

- Please be aware of the fire and emergency procedures in the department. Every student is responsible for knowing the whereabouts of emergency equipment.
  - Secure your swipe card and wear your I.D. badge at all times
  - Make sure that you know the code to get into the staff area in the event you don't have your swipe card
  - Know how to call 111 in the event that a situation arises e.g. a patient has left the building and is a danger to themselves or others.
  - Know the whereabouts of the emergency bell in meeting rooms
  - When assessing out in the community always go in pairs
  - When meeting with patients outside of Te Whare Tipu always write your name on the whiteboard so others know where you are and ensure you have a cellphone on you.
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# Welcome Student Nurses

*We hope that you find the following guide helpful. We would like you to find your time in Te Whare Tipu interesting and enjoyable. Please ask questions as we are here to help you make the most of your time.*

**Y**ou will rotate between the three teams (Maternal Mental Health team, CAMHS team, and the EIS team) over the course of your placement, and work alongside a preceptor who will help you gain theoretical knowledge, and also orient you to the role of a community mental health nurse. However, it will be your own responsibility to direct the development of your placement.

If you have problems with your orientation, please do not hesitate to inform your Clinical Nurse Specialist, the preceptor you have been working with, or your tutor. If at any time you feel you have been put in a situation in which you do not feel confident please let someone know.

The orientation handbook should assist you to formulate your learning objectives before you commence your placement. When you start in each of the teams, you can review them with your preceptor.

In each of the teams, you will be able to work alongside a preceptor and observe their role in relation to the care provided to a client. You may be asked to carry out a Mental State Examination, or any other nursing role under direct supervision of your preceptor. The preceptor that you are working with will guide you as to what you can do.

## Contacts

<b>Te Whare Tipu (reception)</b>		806 0002
<b>Cindy Smith</b>	Team Leader (Specialist Maternal Mental Health Service)	EXT 80582 0276222260
<b>Jenny Maley</b>	Team Leader (Child & Adolescent Mental Health Service)	EXT 80047 0274456174
<b>Ray McEnhill</b>	Team Leader (Early Intervention Service)	EXT 88162 0274423254
<b>Lauren Heath</b>	Clinical Nurse Specialist	0277023803

## Team Roles

### **Case Manager:**

Case managers have a central role in the coordination and monitoring of development, implementation and review of treatment plans. We are responsible for the monitoring of all aspects of clinical care delivered by other services during certain phases of treatment. Case managers will bring to this role skills developed within their professional, clinical or training and experience. We will work within our own clinical job descriptions and the case manager job description.

### **Consultant 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 illnesses. In addition to their clinical work, psychiatrists train doctors who are working towards a post-graduate qualification in psychiatry (Psychiatric Registrars). They also teach and train House Surgeons, trainee interns (6<sup>th</sup> year medical students) and medical students.

### **Psychiatric Registrar:**

Is a doctor who is training in psychiatry and growing in experience and knowledge. They work under the supervision of a Consultant Psychiatrist.

### **Consultant Psychologist:**

Clinical psychologists use forms of talking therapy to help clients understand, manage, decrease, or work through their symptoms or experience.

### **Administration staff:**

Administration 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. Administration staff include the receptionists who attend the telephone enquiries and client appointments.

**Registered Nurses:**

The nurse's role includes administration of medication, client education, and supporting clients to understand their condition and assisting clients to develop strategies to minimise the impact of illness in their quality of life. RNs also provide care coordination and monitoring of client symptoms and risks. Documentation, therapeutic use of self and the handing over of information are also important factors in being an RN.

**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.

**Occupational Therapist (OT):**

Occupational Therapy is assessment and treatment through the specific use of selective activity. Functional assessments and group work are also key in assessing day-to-day skills of our client group.

**Social Worker (SW):**

They provide client centred care based on recovery principles and the use of the strengths model, psychosocial assessment and treatment interventions . A social worker works in partnership with clients, families / whanau / caregivers involving them from the earliest opportunity in all aspects of care, planning, delivery and evaluation of outcomes of interventions.

**Study Support & Employment Person:**

If required, our employment consultant works with clients to explore work or study opportunities.

**Child-Infant Psychotherapist:**

Child-infant psychotherapists work with parents and their babies to help them understand their relationships. They talk together about strengths and concerns, and reflect on what the baby is trying to communicate and how the parents want to respond.

## Your Preceptor

Due to the unpredictable nature of community mental health services, you will find that it will be challenging to have one main preceptor for the whole duration of your placement. However, we will try our best to see to it that you are always with a preceptor during your time with us. This preceptor will be responsible for helping you completing your objectives. It is **your** responsibility to ensure the nurse you are working with is aware of your objectives for the day/week. You must provide evaluations and/or other paperwork to your preceptor in a timely fashion (i.e. not on the due date!). Your preceptor will not complete any evaluations if you give it to them on your last days in the unit.

If you have any concerns or questions do not hesitate to contact your team leader or clinical tutor.

## Expectations of the Student Nurse while in Te Whare Tipu

### Note

Your shifts will generally be from 0830 – 1700, depending on which team you are with.

- It is expected that you arrive on time for your shift and if you are going to be late or you are unwell and can not come to call and ask to speak to the person you are working with on **806 0002** (or call the CNS).
- You must complete the full shift that you are allocated to work – if you are unable to do so please discuss this with your nurse, preceptor or nurse educator.
- It is important for your preceptor or the nurse you are working with that he/she is aware of your objectives. Should you encounter any difficulties, which you feel you are unable to successfully resolve with your preceptor, you can discuss these with either the Clinical Nurse Specialist or your tutor. Your lecturer and the team at Te Whare Tipu are here to support you and facilitate your learning.
- While on placement with us you will need to wear your ID badge at all times. Please dress in smart casual mufti i.e. no shorts, short skirts/dresses, and no revealing tops. All personnel, including students, are required to abide by the DHB Code of Conduct. A copy of the code can be found in the resource folder.

- If you are not achieving your objective please see your preceptor (before the last week of your placement)
- Please ensure all documentation you need to complete for the polytechnic/university is accomplished before the last days in your placement – 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

## Confidentiality

Whilst on placement in this service, students are bound by the requirements of the Privacy Act and the Health Information Code in maintaining client confidentiality, which means information given by clients, must not be shared with anyone outside of the service at any time. Whilst discussing client-sensitive information, please be mindful of those who may potentially overhear your 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 then ensure that you do not access this client's information. You are asked not to read or have any contact with this person while on placement.

## Recommended Pre-Reading:

The following is a list of some topics and articles we recommend that you read over before beginning your placement here at Te Whare Tipu:

Antidepressants

Antipsychotics

Mood Stabilisers

Substance Abuse

Anxiety

Schizophrenia

Bipolar Disorder

Psychosis

Depression

Post-Traumatic Stress Disorder (PTSD)

Attachment Disorder

Mental State Examination (MSE)

Cognitive Behaviour Therapy (CBT)

Dialectical Behaviour Therapy (DBT)

Mental Health Act 1992

## COMMON MEDICATIONS USED IN PSYCHIATRY

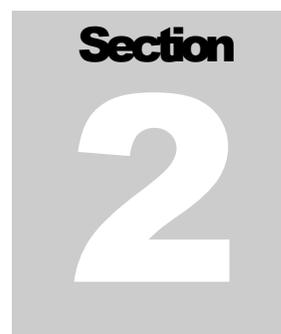
1st generation antipsychotic	2 <sup>nd</sup> generation antipsychotic	Intramuscular antipsychotic Long-acting or depot	Benzodiazepine and hypnotosedatives	Antidepressants (SSRI)	Antidepressant (Tricyclic)	Antidepressant (Other)	Mood stabiliser or MS properties	Side effect management
Chlorpromazine	Olanzapine	Zuclopenthixol	Clonazepam	Citalopram	Amitriptyline	Venlafaxine	Lithium carbonate	Benzotropine
Haloperidol	Risperidone	Fluphenazine	Diazepam	Fluoxetine	Doxepin	Phenlyzine	Sodium valproate	Procyclidine
Trifluoperazine	Quetiapine	Pipothiazine	Oxazepam	Paroxetine	Nortriptyline	Tranlycypromine	Carbamazepine	Orphenadrine
	Ziprasidone	Risperidone	Lorazepam		Imipramine	Amoxapine	Lamotrigine	
	Aripiprazole	Haloperidol	Alprazolam		Trimipramine	Nefazodone	Olanzapine	
	Clozapine	Flupenthizole	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 [www.medsafe.govt.nz](http://www.medsafe.govt.nz).

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

# Child and Adolescent Mental Health Service (CAMHS)



**C**AMHS stands for the Child and Adolescent Mental Health Service. This is where people aged 0 and 19 years and their families can come for help with mental health problems. These problems can be caused by lots of different things like stress, relationship problems at home or school, bullying, exam stress, or drugs and alcohol.

CAMHS is free, and it is provided by the Capital & Coast District Health Board for people living in Wellington, Porirua, and Kapiti.

CAMHS works with clients to figure out what has been happening, if it is a mental health issue, and how they can best be helped. This might be with CAMHS, or there may be a better service somewhere else that suits the client better.

## Choice Appointment

The first meeting with CAMHS is called a 'Choice Appointment'. Here we will talk with the client and (if possible) the client's family or other people involved to get a good idea on what has been happening.

Together, the team and the client will decide how our service can help, or if there is something better that another service can do. If CAMHS is the right service for the client, we will offer them an appointment with a case manager, who will be their main contact at CAMHS, and is a member of the multidisciplinary team (MDT).

## About the team

The CAMHS team is made up of professional, qualified and trained staff that includes:

NAME	TITLE
Dr Arran Culver	Consultant Child & Adolescent Psychiatrist
Annabel Marshall	Clinical Psychologist
Brod Wellington	Social Worker
Marc Bradbury	Nurse
Dion Howard	Nurse
Emma Barnes	Occupational Therapist
Dr Jamie Ioane	Psychiatric Registrar
Lucie Zwimpfer	Child Psychotherapist
Ginny Fielden	S.W./Family Therapist
Bridget Young	Clinical Psychologist
Janice Lambe	Fam Therapist/Consul Liason Psych Nurse
Jenny Maley	Consult Clinical Psychologist/T.L.
Lauren Heath	Clinical Nurse Specialist
Dr Rebecca Holt	Paediatric Registrar
Rachel Kan	Consult Psychiatrist
Paula Fielden	Snr Consult Clinical Psychologist
Paula Tarrant	Social Worker
Robyn Alexander	Snr Consult Clinical Psychologist
Dr John Lambe	Consultant Child & Adolescent Psychiatrist
Wendy Cuthbert	Clinical Psychologist
Philippa Woods	Workfirst Occupational Therapist

## Services we provide :

A number of treatment options may be considered:

- Individual therapy
- Family therapy
- Patient and child / young person therapy
- Medications
- Group programmes
- Referrals to other appropriate agencies

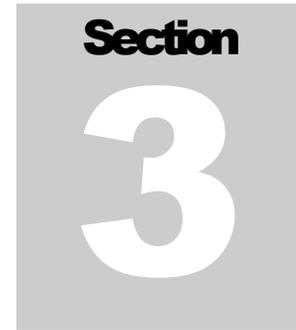
At your choice appointment, we will look at things the client can do to help make positive changes, and the team will make a 'plan' for the client to work on before their next appointment. This might include :

- Strategies to support resilience (coping abilities)
- Help the client and their family better understand what is going on for them
- Link the client in with other helpful support

## Common Presentations to CAMHS

- Depression
- Bipolar disorder
- Anxiety
- Eating disorders
- ADHD
- Self harm
- Acute and chronic risk behaviours e.g. suicidal ideation
- Substance Misuse

# Early Intervention Service (EIS)



**E**IS provides a specialist service for young people, aged

between 13-25 years, in the greater Wellington region, who are experiencing psychosis for the first time.

Psychosis describes symptoms that can accompany some forms of mental illness. These symptoms vary between different people. Some of the most common symptoms include –

- disorganised or jumbled thinking, feeling confused, finding it hard to concentrate
- marked changes in usual mood
- hallucinations – sensations or experiences that seem real but are not experienced by others. This is often in the form of ‘hearing voices’
- delusions – unusual or strong beliefs held by someone that most other people do not think are true, for example thinking that people around us can read or control our thoughts when this is not the case.
- Behavior changes, for example doing little, seeming flat, withdrawing from other people.

## About the team

The EIS team is made up of professional, qualified and trained staff that includes:

<b>NAME</b>	<b>TITLE</b>
Dr Alison Masters	Consultant Psychiatrist
Amanda Gourlay	Occupational Therapist
Barry Thomas	Nurse
Dr Jeremy McMinn	Consultant Psychiatrist
Brighde Campbell	Social Worker
Struan Robertson	Consultant Psychiatrist
Emma Woodfield	Community Mental Health Nurse
Charlotte Castle	Community Mental Health Nurse
Gillian Hawke	Snr Consult Clinical Psychologist
Estelle MacDonald	Clinical Psychologist
Holly Wilkins	Snr Clinical Psychologist
Dr Elizabeth Robson	Psychiatric Registrar
Lauren Heath	Clinical Nurse Specialist
Megan Owens	Social Worker/Family worker

Sasika Van Stockum	Research & Training Coordinator
Ray McEnhill	Team Leader/Nurse
Su O'Hara	O.T./ Employment & Study Support
Sarah Callander	Social Worker
Nathan Fayen	Nurse/Kaimanaaki

### Services provided by EIS :

- Specialist assessment and treatment for adolescents and young adults with an identified or suspected psychotic disorder
- Early intervention, community support, group programmes and education around psychosis to individuals and family members which aims to reduce disruption in peoples lives.
- Provide links with social, educational, work – related and support services.
- Provide links to maori mental health, pacific mental health services, alcohol and drug services and other related services.
- Provide consultation, liaison and education about psychosis to other community services.

### Common presentations to EIS:

First episode psychosis alongside:

- Substance Misuse
- Depression
- Anxiety
- Post traumatic Stress Disorder
- Bipolar Affective Disorder

**Section**

**4**

## Specialist Maternal Mental Health Service (SMMHS)

**T**he Specialist Maternal Mental Health team provides a service

for women who develop mental health problems during their pregnancy, and/or in the postnatal period up to 9 months at the point of referral.

For women with a moderate-severe mood disorder or psychotic disorder, living in the greater Wellington region (Kapiti, Porirua, Wellington, and Hutt Valley areas), this is likely to involve direct contact with the team. For those with mild-moderate disorders, or living in the Lower Central North Island (Gisborne, Hawkes Bay, Wanganui, Manawatu, and Wairarapa), the team provides a consultation/liaison service via other health providers involved in the care of the mother.

### About the team:

We are a small multi-disciplinary team, who bring a variety of skills, experience and approaches to our work in the Maternal Mental Health Service.

<b>NAME</b>	<b>TITLE</b>
Cindy Crowley	Community Mental Health Nurse
Cindy Smith	Registered Psychotherapist/Team Leader
Heather Elmes	Snr Consult Clinical Psychologist
Laura Prendergast	Community Mental Health Nurse
Lucie Zwinpfer	Parent-Infant Psychotherapist
Dr Mark Huthwaite	Consult Psychiatrist
Dr Natalie Han	Psychiatric Registrar
Sue Benham	Snr Consult Clinical Psychologist
Tracey McIntyre	Social Worker
Dr Laura Kean	Consultant Psychiatrist

### Services provided

The SMMHS offers a mobile community-based service which includes:

- specialist assessments
- treatment options and planning
- mental health information
- community support services information

- individualised counselling/support/therapy

## Common presentations to SMMHS:

- post-natal depression
- post-natal anxiety
- post-natal psychosis
- PTSD