

Student Nurses



CRS

2DHB Crises Resolution Service

2022

Student Name:

Welcome!!
We are looking forward to working with
you

CRS – Student Nurses

The 2DHB Crisis Resolution Service (CRS) is a multidisciplinary team comprising of Consultant Psychiatrists, Psychiatric Registrar, House Surgeon, Community Mental Health Nurses, Social Workers and an Occupational Therapist.

The service is a 2 DHB service that covers the wider Wellington region from central Wellington to Upper Hutt and the Kapiti Coast up as far as Peka Peka. The Service Currently works from 2 bases: Kenepuru, and Lower Hutt.

The service also has staff based in Wellington Emergency Dept (7.30am – 11pm) and also attends the Police Hub.

The team is responsible for the assessment and treatment of people who present in crisis. CRS clinicians provide a variety of short term interventions including:

- Assessment and referral (to primary or secondary mental health or alcohol and drug services and/or social agencies and GPs)
- Short Term Case Management with a view to stabilising a crisis response and then if needed referral for ongoing mental health support and/or social agency services
- Intensive Treatment services at home as an alternative to inpatient hospital care and treatment.

We are a 24 hour 7 day service. All referrals except referrals from ED are triaged initially by Te Haika: the mental health access service based at the BNZ tower in Porirua. They assess whether referral to the CRS is the next best step.

Referrals to CRS come from a variety of sources –self or family referral, agency referral such as Police, hospital referral via ED or from GPs. CRS sees a broad spectrum of people of all ages across the lifespan including adolescents and older people.

CRS sees people for many reasons but some more common ones are :

- When a person is expressing suicidal ideation. This may be in the context of low mood, anxiety or personal stressors.
- following attempted suicide. Emotional dysregulation secondary to a situation, stress or crisis.
- Following attempted self-harm. For example an adolescent who has been superficial cutting as a result of a lack of emotional regulation skills
- Severe psychiatric symptoms such as hallucinations/delusions and paranoia which may be as a result of the use of illicit substances or the early onset of a psychiatric illness.
- The person has expressed suicidal thoughts in the context of Intoxication from drugs or alcohol

Contacts

This should contain information on all the key contacts for the ward/unit and the preferred method of contact

Contact the CNS Nito Dube about starting your placement

CRS	Main contact	Email for main contact	Phone number for ward/Unit
Clinical Nurse Specialist	Nito Dube 0277064196	Nito.dube@mhaids.health.nz	
Team Leader (acting)	Lynda Simeona 027554446	lynda.simeona@mhaids.health.nz	
Day Coordinator	Sean Dolan 0272481593 Jo Lambert 0274402871	sean.dolan@mhaids.health.nz <i>Joanne.lambert@mhaids.health.nz</i>	

If you are away sick or running late contact for

CCDHB placement- KENEPURU -contact the CRS Kenepuru Base (04) 9182278

HVH DHB placement –HUTT -contact the CRS Hutt Base (04 570 9402)

Your Preceptor

You will be allocated one main preceptor who will be responsible for helping you to complete your objectives. We will endeavor to ensure that you mainly work with this preceptor, however, due to shift work this is not always possible. It is your responsibility to ensure the nurse you are working with is aware of your objectives for the day/week.

Given our staff are working shifts and for much of a shift may be off site it is particularly important that you 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 team.

If you have any concerns or questions do not hesitate to contact the Clinical Nurse Specialist. (027 7064196)

Your Day

We do our best to promote a positive learning experience however we are seeing people at times of acute crises so it is not always appropriate for students to be present during assessments nor are there many tasks or activities that we can delegate to you so much of the placement is observation and completing paperwork under supervision.

The decision to allow students to be present is made by the CRS staff member in consultation with the client and /or taking into account the client's mental state, level of vulnerability and safety considerations. When you are unable to participate it is important that you are prepared for self-directed study.

Meals

Overall having your own “travelling” lunch is likely to be the best option. CRS staff are often out and about. This can give you opportunities to pick up lunch while you travel between jobs but is not guaranteed. It's important to stay hydrated while you work so having a water bottle on hand is recommended.

Hutt – Hutt hospital has a cafeteria in the corridor on the floor below CRS/CL teams which services a range of hot and cold options – sandwiches, sushi, filled rolls, salads and bottled water. There is also a coffee shop in the clock tower building.

Kenepuru – Kenepuru hospital has a coffee shop located in the main entrance and a cafeteria ground floor of the main hospital block, the cafeteria has a limited range of hot and cold foods/drinks,

Wellington – Wellington hospital has a cafeteria (VIBE) on the ground floor of the WSB block which provides a range of hot and cold foods/drinks and there is also a café in the Medical School first floor. There are two coffee outlets – the one in the main hospital entrance and one on the first floor of the GSB building

Expectations of the Student Nurse while on placement at CRS.

The shifts for placement are

Morning	:	07.30 hrs to 16.00 hrs
Afternoon	:	14.30 hrs to 23.00 hrs

We have a few expectations of student nurses working in the CRS:

- ❖ It is expected that you arrive on time for your shift and if you are going to be late or you are unwell and cannot come to call the unit on 9182280
- ❖ 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. A lot of learning occurs at quiet times and by observation at CRS.
- ❖ It is important for your preceptor or the nurse you are working with that he/she is aware of your objectives
- ❖ You must wear your name badge at all times whilst at CRS
- ❖ Dress needs to be casual and conservative. Sensible footwear is essential and important given on any day you may be out and about a lot and jewelry particularly neckwear is not recommended
- ❖ If you are not achieving your objective please see the CNS or your preceptor (before the last week in the unit)
- ❖ If you have any concerns or worries about the work or the service please see your CNS when these occur. If the CNS is not on site please email or call on the cell number provided.
- ❖ 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 few days of your placement
- ❖ Remember to be prepared for self-directed learning /study for times when we are unable to involve you directly in assessment or treatment.

Safety Measures at CRS

Always inform the shift coordinator (this is the person coordinating the day's work not the Day Coordinator) when you leave the base

HUTT & KENEPURU

In the event of a cardiac arrest please get a colleague to dial 777 and begin CPR

In the event of a fire an extinguisher is located

HUTT – main CRS hallway

KENEPURU - the administrators office .

If a fire alarm is activated you must leave the building

KENEPURU - by the side entrance and take instruction for the fire officer in the yellow hat

HUTT – By the main corridor, down the stairwell over to the carpark straight opposite the clock tower.

There are back entrances to both HUTT and KENEPURU SITES - For security reasons always shut the back door behind you.

If there is any kind of security incident on site, unless you are asked to do otherwise, please remove yourself as soon as it is practical to do so to a safe place within the building until the matter is resolved. Follow any instructions issued by CRS staff.

IF DIRECTED TO CALL SECURITY AT EITHER HUTT OR KENEPURU DIAL 777

IF YOU ARE IN A PERSONS HOME OR COMMUNITY AND POLICE ARE REQUIRED DIAL 111

Ethical Safety

As with many services we are seeing people when they are in crisis and when they are feeling vulnerable. Mental health issues still continue for many people to have a stigma attached and issues of confidentiality are often of paramount concern to mental health service consumers.

There are many potential ethical issues when working in mental health but one that students can find tricky is when you find yourself unexpectedly present at the assessment or treatment or MDT discussion of a client that you find you know personally or are related to.

It is very important for both your and the clients safety that you identify this to your preceptor or supervising staff member on the shift and discuss whether it is advisable not to participate. **It can be wise to remove yourself immediately from the assessment, treatment or discussion to start with until you have had the opportunity to discuss the situation with staff /your preceptor /Day Coordinator or CNS –whoever is the most easily available.**

ORIENTATION

This list is designed to help you become familiar with the environment, administrative and clinical tasks so you have a basic understanding of how our day functions and where items can be found but is by no means exhaustive.

Environmental	Systems
<input type="checkbox"/> Where to store your bags	<input type="checkbox"/> How it all works
<input type="checkbox"/> Car parking	
<input type="checkbox"/> Toilets	<input type="checkbox"/> Client files
<input type="checkbox"/> Exits	<input type="checkbox"/> Cars/fuel/parking
<input type="checkbox"/> Phones and work stations	<input type="checkbox"/> EHR pathway
<input type="checkbox"/> Kitchen/ tearoom	<input type="checkbox"/> Referrals
<input type="checkbox"/> Administrators office	<input type="checkbox"/>
Interview rooms	Safety and Security
<input type="checkbox"/> Team meeting room	<input type="checkbox"/> Confidentiality
<input type="checkbox"/>	<input type="checkbox"/> Fire alerts
<input type="checkbox"/> Acute case management Screen	<input type="checkbox"/> Emergency plan
<input type="checkbox"/> Daily work board	<input type="checkbox"/> 777 v 11 1 number –when to use which
<input type="checkbox"/> Coordinator/Team Leader office	<input type="checkbox"/> Managing visitors
<input type="checkbox"/>	<input type="checkbox"/> Privacy
<input type="checkbox"/> Clinical Nurse Specialist office	<input type="checkbox"/>
<input type="checkbox"/> Staff cafeteria	<input type="checkbox"/> Administrative
<input type="checkbox"/> Coffee shop	<input type="checkbox"/> Who's who
<input type="checkbox"/> Te Haika (BNZ Tower)	<input type="checkbox"/> How does CRS fit within the Mental health Service
<input type="checkbox"/> MHAIDS Duty Managers (BNZ Tower)	<input type="checkbox"/>
<input type="checkbox"/> Shuttle service (Kenepuru)	<input type="checkbox"/>

Objectives

- To have the ability to complete a risk assessment and Plan of care in conjunction with a CRS clinician
- To observe crises assessments and treatment planning
- To be an active participant in MDT meetings by presenting the findings of an assessment in a clear, concise and professional manner
- To become familiar with the Electronic Health Record System
- To be aware of the referral process at CRS and gain confidence in referring clients to appropriate service
- To gain an understanding of the multidisciplinary team
- To become familiar with the referral criteria and treatment regimens offered for the differing areas of service these being Assessment and Referral, Brief Case Management and Intensive Home Treatment

Common Presentations to CRS

- Acute relapse of major mental illness
- Severe depression and/or anxiety
- Chronic or acute self harm including overdose
- Emotional distress , depressed mood and/or anxiety/panic or self harm /suicidal ideation with underlying social stressors
- Suicidal ideation
- Expressions of suicidal intent on the background of traumatic events or alcohol or drug intoxication or distress management deficits
- Out of area Mental Health Clients who arrive in Wellington with no support

MENTAL HEALTH ACT

During your placement you may come across the Mental Health Act being used by staff. This is a legal process that can be used to force people to receive assessment and treatment for a mental health disorder.

To be treated under this act you must have a mental disorder, that meets the following criteria *an abnormal state of mind (whether of a continuous or an intermittent nature), characterised by delusions, or by disorders of mood or perception or volition or cognition, of such a degree that it – (a) poses a serious danger to the health or safety of that person or of others; or (b) seriously diminishes the capacity of that person to take care of himself or herself*

The Act is administered by Duly Authorized Officers (DAO). Most CRS staff are either a DAO or in training to be one. A DAO is the best person to explain more about the Act but in brief the process is as follows

Section 8a Client is seen by someone –could be family, CRS staff, Community staff , Police , ED staff etc . This has to be within 3 days. They fill out an application for the person to be assessed.

Section 8b A doctor sees the person and decides to support the 8A application or not. If the doctor thinks they have a mental health difficulty and that there is no other physical health explanation for the behavior/condition.

Section 9 A DAO explains to the person that they are now a proposed patient under the Mental health Act and must now see a Consultant Psychiatrist. The DAO must also give them a copy of their rights and explain them. The person has a right to have a support person during this process.

Section 10/11 A Consultant Psychiatrist sees the person and determines if they meet the criteria for compulsory assessment and treatment

Another relatively common section of the Mental Health Act is **Section 109** which gives the Police powers to pick up people who are in public places who appear to be mentally disordered and have them assessed.

Common Medications

- ❖ Anti psychotics -Olanzapine, Quetiapine, Risperidone.
- ❖ Anxiolytics - Benzodiazepines- Lorazepam, Diazepam Clonazepam, Propranolol.
- ❖ Mood stabilizers- Lithium Carbonate, Sodium Valproate,
- ❖ Sleep Hygiene - Zopiclone.
- ❖ Antidepressants- Predominantly Selective Serotonin Reuptake Inhibitors (SSRI)

Pre-reading/Resources

Assessment and Management of people at risk of suicide (2003) by the New Zealand Guidelines Group.

Roberts Seven Stage Intervention Crisis Model (1990)

*Guidelines for Clinical Risk Assessment and Management (Ministry of Health 1998)
access through MoH website*

Evaluation of Clinical Experience

Nurse: _____

Date of placement: _____

Date of Evaluation: _____

Preceptor: _____

Clinical Learning	1 Strongly Agree	2 Agree	3 Neither agree or disagree	4 Disagree	5 Strongly disagree	Comments
The staff were welcoming and learned to know the students by their personal name						
The staff were easy to approach and generally interested in student supervision						
A preceptor(s) was identified/introduced to me on arrival to area						
One preceptor had an overview of my experience and completed my assessment						
An orientation to the clinical area was provided						
My learning objectives were achieved						
I felt integrated into the nursing team						
I formally met with the "named preceptor" at least fortnightly						
There were sufficient meaningful learning situations in the clinical placement						
How was the Preceptor?						
The preceptor assessed and acknowledged my previous skills and knowledge						
The preceptor discussed my prepared learning objectives						
The preceptor assisted with planning learning activities						
The preceptor supported me by observing and supervising my clinical practice						
The preceptor was a good role model for safe and competent clinical practice						
I felt comfortable asking my preceptor questions						
The preceptor provided me with regular constructive feedback on my practice						

Additional comments:

Please return this form to Clinical Nurse Specialist , Tutor or Nurse Educator