



Tāwhirimātea. Regional Rehabilitation Service, Te Korowai – Whāriki.

Student Name:

Welcome to Tāwhirimātea!!
We are looking forward to working with you!!

Mission Statement

“To optimize quality of life through the provision of specialist residential mental health rehabilitation services, in collaboration with consumers and their crucial network, with an efficient use of resources.”

WHAT WE DO!

The Regional Rehabilitation Service (RRS) is a 24-hour inpatient service at Ratonga Rua Hospital. The region covered includes Mid Central, Hutt Valley, Nelson/Marlborough, Tairāwhiti, Hawkes Bay, Wanganui and the greater Wellington area.

There are two rehabilitation inpatient units and step down cottages on the ground of Ratonga Rua o Porirua.

Tāwhirimātea Unit: Long term low secure care **(29 beds)**

Tane Mahuta: Intensive rehabilitation in an open setting **(36 beds)**

The service has **66 inpatient beds in total**, some of which are in purpose built cottages ranging from 1 to 5 bedrooms. There are also **16 step-down beds** for the Central Regional Forensic Mental Health service throughout the RRS.

Also on campus are two medium secure forensic units which provides medium secure rehabilitation **(Rangipapa)** and a forensic admission unit **(Purehurehu)**.

In addition we have a regional youth forensic service **(Nga Taiohi)**.

“Breathing Life into Recovery”

FUNCTION OF REHABILITATION UNITS

The main function of Tāwhirimātea is to provide a 24-hour specialist hospital care with a strong focus on recovery and rehabilitation. It is for individuals who experience challenges with living safely in the community as a result of their mental illness and other factors. In order to assist these individuals to successfully rehabilitate back into the community we work collaboratively with people in the following areas:

- Developing/maintaining independent living skills.
- Symptom and wellness management.
- Developing/maintaining social and communication skills.
- Developing/maintaining supportive social relationships.
- Vocational and educational enablement and guidance.
- Psycho-educational groups such as DBT.
- Health promotion and education around healthy living.
- Individual psychology, alcohol and drug counselling.
- Community integration.

Both units provide people with individualized recovery programs that are created in partnership with the person and members of the multi-disciplinary team (MDT). Tāwhirimātea work closely with other programs that run from Tangaroa (the activity centre) and Ruaumoko (cultural centre) as well as linking with community based resources and organizations.

TANGAROA (THE ACTIVITY CENTRE)

Tangaroa is a drop in activity based centre situated on the rehabilitation campus. It provides a group and individual programs to support consumers with leisure and occupational activities such as arts and crafts, computer access, pool, gym and cooking. It is a central social hub and often provides consumers with consistency when transitioning through the various units.

GENERAL PRACTITIONER (GP)

A GP clinic and dietician are also located at Tangaroa. The GP clinic oversees peoples' long term chronic health needs and liaises with house surgeons on a weekly basis on complex cases and monitoring of current medical issues. Referrals for the dietician are made via the MDT process.

Although Tāwhirimātea is a low-medium secure unit, people have various degrees of leave both on the campus and in the community, this will depend on a person's level of risk, acuity and where they are in their rehabilitation pathway. The process to decide this is usually done through the MDT process.

CONTACTS

This should contain information on all key contacts for the ward/unit and the preferred method of contact. Contact George Underhill if you have any concerns or away sick.

Name	Role	Email	Contact no.
George Underhill	Team Leader	George.Underhill@mhaid.health.nz	04 9182515
Winifred Tipa (Fred)	CNS	Winifred.Tipa@mhaid.health.nz	04 9182534
Marciano Lim	Clinical Coordinator	Marciano.Lim@mhaid.health.nz	04 9182500
Hoani Tangitutu	Kaimanaaki	Honi.Tangitutu@mhaid.health.nz	04 9182521
Jill Blackmore	Senior Admin	Jill.Blackmore@mhaid.health.nz	04 9182500
Taugalea Fafoi	DEU: CLN	Taugalea.Fafoi@mhaid.health.nz	04 9182519
Sailosa Kabiriera	DEU: CLN Support	Sailosa.Kabiriera@mhaid.health.nz	04 9182518

DEDICATED EDUCATION UNIT

The Dedicated Education Unit (DEU) model of clinical teaching and learning in Wellington and is a partnership between organizations, the education provider Massey University (Massey), Whitireia New Zealand (Whitireia) & Victoria University and Capital and Coast District Health Board. Collaboration allows practice areas to provide a more supportive clinical learning and teaching environment for students. DEU's are dedicated to supporting nursing students on clinical placement encouraging incidental and intentional learning modes, and peer teaching. The DEU is based on an Australian model and replaces the Preceptorship model to focus on student learning and curriculum integration.

PRECEPTOR

Your Preceptor will work alongside you to support your practice and learning during your placement. You will work with your preceptor in a shared care model for your orientation period. This means you will be allocated your own workload and be supported by your preceptor for this time. You will be allocated one main preceptor, this preceptor will be responsible for helping you completing your objectives. Our team 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.

You must provide competencies and/or other paperwork to your preceptor in a timely fashion (i.e. not on the due date!!). Please do not pressure your preceptor if you gave your paperwork on your last days in the unit.

If you have any concerns or questions do not hesitate to contact George Underhill – Team Leader.

CLINICAL LIAISONS NURSE

Taugalea (Tee) and Sailosa are the Dedicated Education Unit Clinical liaison nurses (CLN) for Tawhirimatea and your main clinical contact. Tee and Sailosa will provide you with some structured clinical learning during your clinical placement. Together they have an understanding of your program and academic study and will work alongside your academic tutors and yourself to support your learning needs and complete formative and summative assessments during your placement. If you have any concerns or questions do not hesitate to contact your CLN or Preceptor.

ROSTERS: Tāwhirimātea Unit

The shifts in the Tāwhirimātea Unit are:

- Morning Shift: 0700hrs to 1600hrs
- Afternoon Shift: 1430hrs to 2245hrs

Administrator will contact Team Leader or Clinical Coordinator to welcome you into your placement.

- Students are allocated to the morning shifts.
- If students are interested in the afternoon shifts then please inform the Team Leader.

WHAT WE EXPECT FROM YOU

- 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 (04) 918-2500.
- You are required to work alongside your preceptor at all times.
- 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 in the unit!!
- It is important for your preceptor or the nurse you are working with that he/she is aware of your objectives. You must always work alongside a staff member.
- Due to infection control a clean uniform must be worn, long hair must be tied back and cardigans must not be worn when working in the floor
- If you are not achieving your objective please see the CLN or your preceptor (before the last week in the unit)
- 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
- Tidy, casual dress:
 - No Jandals/Scuffs
 - No Low tops
 - No singlet's
 - No skirts, dresses or tights are to be worn
 - ID badges with first name only and designation.

SAFETY MEASURES FOR Tāwhirimātea UNIT

- Health and Safety orientation sheet must be completed within your first day of placement.
- Entrance is locked (1700hrs), access is via Reception.
- Duress alarms are placed throughout the building.
- Hand held alarms are available through the clinical coordinator and stored in the nursing station.

FIRE ALARMS:

Are situated throughout the building. Fire warden wears a yellow hat and will direct staff and tangata whaiora to the meeting point – front of the building or the main unit courtyard depending on where you are situated within the unit at the time of the alarm activation.

SWIPE CARDS:

Students are responsible for their allocated swipe cards and must notify the administrator or shift coordinator of misplacement IMMEDIATELY. Swipe cards are to be handed in at the end of your placement.

STUDENTS DO NOT:

- Become involved in physically restraining tangata whaiora.
- Students must leave immediately if an incident occurs or remain in office (Do not get involved).
- Any incident involving a student must be notify their academic liaison nurse/clinical tutor as soon as possible.
- Students do not drive CCDHB vehicles.

OBJECTIVES

Example for nursing students:

- The provision of appropriate care to the tangata whaiora and whanau with support and supervision from the preceptor, including:
 - Accurate assessment
 - Competent implementation of care
 - Documentation
 - Referrals
 - Gain an understanding of the multidisciplinary team.
- How the RRS team work together and how they are part of the Central Regional Forensic and Rehabilitation Inpatient Services, Te Korowai-Whāriki.
- Practice good infection control measures.

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.
- Children, Young Persons, and Their Families Act 1989
- Criminal Procedure (Mentally Impaired Persons) Act 2003
- The Intellectual Disability (Compulsory Care & Rehabilitation) Act 2003

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

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.

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.

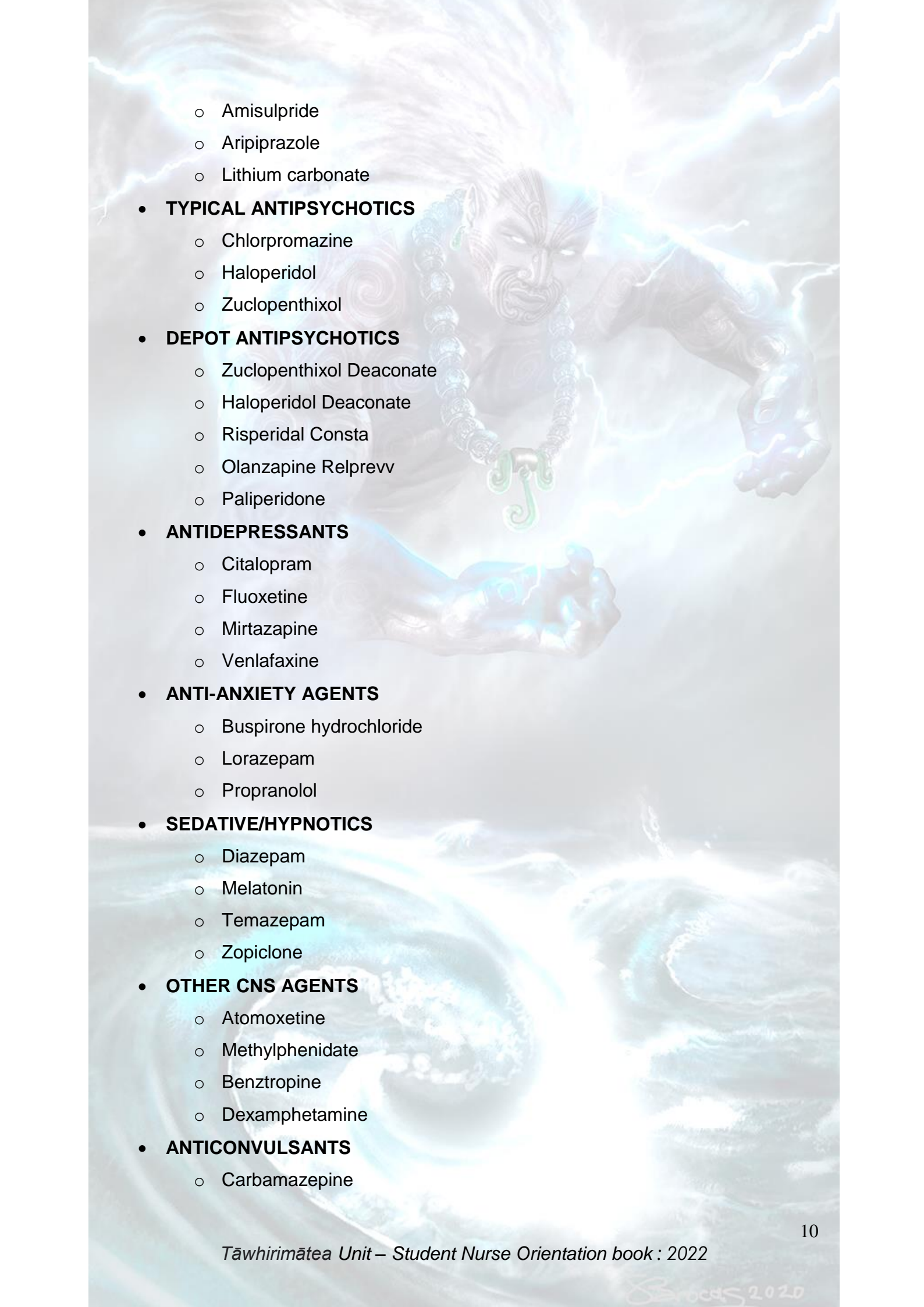
Fire Hydrants	Fire Alarms
	Fire assembly point
Car Parking areas	Clinical policies & Procedures
Team Leaders Office	Duress Alarms
Allied Office	Linen supplies
Clinic & Medication room	Manual BP machine
Resuscitation trolley/First Aid Kit	Tympanic thermometer
Drug Fridge	Scales
Patient charts	Bio-hazard bags
Drug Fridge	Controlled Drugs cupboard
Whanau Room	Staff Base
Laundry room	Incident Reporting
Photocopier	Assessment Room
Store room	Stationery supplies
Where to store you bag	Staff toilets

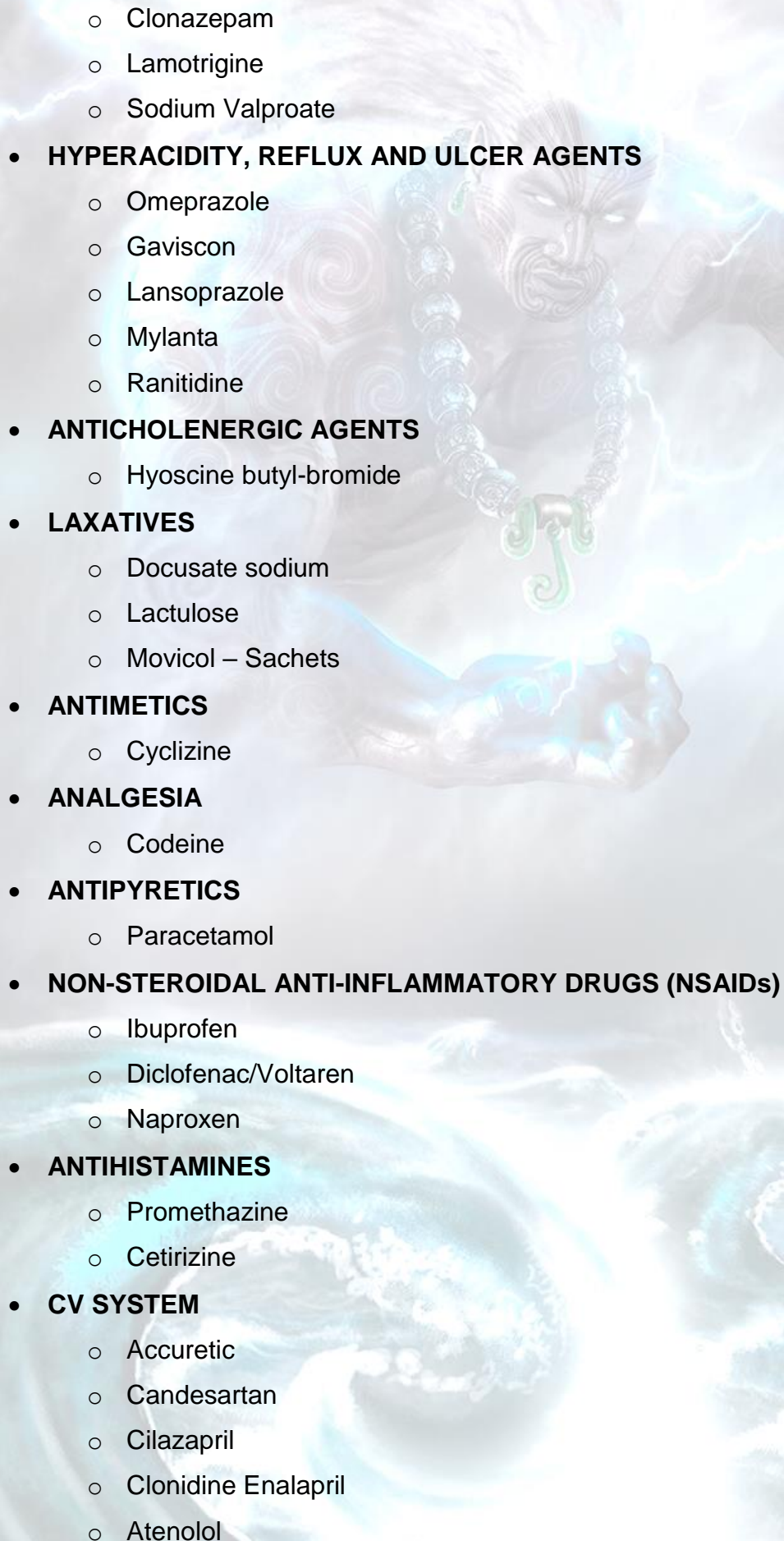
COMMON PRESENTATIONS AT Tāwhirimātea UNIT

- Schizophrenia
- Other psychotic disorders
- Severe mood disorders
- Complicating comorbid conditions (e.g. illicit substance use)

COMMON MEDICATION

- **ATYPICAL ANTIPSYCHOTICS:**
 - Clozapine
 - Olanzapine
 - Risperidone
 - Quetiapine

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- Amisulpride
 - Aripiprazole
 - Lithium carbonate
 - **TYPICAL ANTIPSYCHOTICS**
 - Chlorpromazine
 - Haloperidol
 - Zuclophenthixol
 - **DEPOT ANTIPSYCHOTICS**
 - Zuclophenthixol Deaconate
 - Haloperidol Deaconate
 - Risperidal Consta
 - Olanzapine Relprevv
 - Paliperidone
 - **ANTIDEPRESSANTS**
 - Citalopram
 - Fluoxetine
 - Mirtazapine
 - Venlafaxine
 - **ANTI-ANXIETY AGENTS**
 - Buspirone hydrochloride
 - Lorazepam
 - Propranolol
 - **SEDATIVE/HYPNOTICS**
 - Diazepam
 - Melatonin
 - Temazepam
 - Zopiclone
 - **OTHER CNS AGENTS**
 - Atomoxetine
 - Methylphenidate
 - Bzotropine
 - Dexamphetamine
 - **ANTICONVULSANTS**
 - Carbamazepine

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- Clonazepam
 - Lamotrigine
 - Sodium Valproate
 - **HYPERACIDITY, REFLUX AND ULCER AGENTS**
 - Omeprazole
 - Gaviscon
 - Lansoprazole
 - Mylanta
 - Ranitidine
 - **ANTICHOLENERGIC AGENTS**
 - Hyoscine butyl-bromide
 - **LAXATIVES**
 - Docusate sodium
 - Lactulose
 - Movicol – Sachets
 - **ANTIMETICS**
 - Cyclizine
 - **ANALGESIA**
 - Codeine
 - **ANTIPYRETICS**
 - Paracetamol
 - **NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs)**
 - Ibuprofen
 - Diclofenac/Voltaren
 - Naproxen
 - **ANTI-HISTAMINES**
 - Promethazine
 - Cetirizine
 - **CV SYSTEM**
 - Accuretic
 - Candesartan
 - Cilazapril
 - Clonidine Enalapril
 - Atenolol

- Metoprolol

PRE-READING RESOURCES

Two legislation was passed in 2003 and implemented in July 2004. They are:

- The Criminal Procedure (Mentally Impaired Persons) Act 2003. (CPMIP)Act2003).
- The Intellectual Disability (Compulsory Care & Rehabilitation) Act 2003. (IDCCR Act 2003).

This outline describes the first of these Acts, but it is important to note that the IDCCR Act 2003 is a dispositional arm for the people coming to Court under the auspices of the CPMIP Act 2003.

UNFIT TO STAND TRIAL

Section four contains the following definition of “Unfit to stand trial”.

- *Unfit to stand trial, in relation to a defendant*
 - * *Means a defendant who is unable, due to mental impairment to conduct a defense or to instruct counsel to do so; and*
 - * *Includes a defendant who, due to mental impairment is unable to plead.*
 - * *To adequately understand the nature or purpose or possible consequences of the proceedings.*
 - * *To communicate adequately with counsel for the purpose of conducting a defense.*

MENTAL HEALTH (COMPULSORY ASSESSMENT AND TREATMENT) ACT 1992

The sections that are used to range from those covering the initial assessment and treatment provisions, Compulsory Treatment Orders and those covering special and restricted patients.

The sections covering special and restricted patients are included here:

The Act deals only with Compulsory Assessment and Treatment. There is no provision in the Act for the assessment and treatment of voluntary (informal) patients or a definition of their rights or the responsibilities of mental health services for them.

The emphasis of the Mental Health (Compulsory Assessment and Treatment) Act has shifted from the compulsory treatment of a person in psychiatric hospital to the consideration of whether or not the person has a mental disorder that requires treatment. Once the need for treatment has been established within the meaning of the act. The act works to facilitate the provision of that treatment in the least restrictive environment possible. The act also focuses on protecting the rights of people under compulsory orders and the rights of people for whom a compulsory order has been applied.

DEFINITION OF MENTAL DISORDER

Mental disorder is defined in the Act as:

- An abnormal state of mind, whether of a continuous or an intermittent nature, which is characterized by delusions or by disorders of mood, volition, cognition or perception

AND

- The abnormal state of mind must be of such a degree that it poses a serious danger to the health and safety of the person or others

OR

- Seriously diminishes the capacity of the person to take care of himself/herself.

If these conditions cannot be met then no person can be subject to compulsory psychiatric assessment treatment.

There are **three** key roles in the Act that have specific responsibilities for its administration. These are:

- * Director of Area Mental Health Services – (DAMHS)
- * Responsible Clinician (R/C) – Psychiatrist
- * Duly Authorized Officer (DAO)

Other key roles: Director of Mental Health & District Inspectors.

The **Director of Area Mental Health Services** is responsible for the day to day administration of the Act. The specific responsibilities of the Director as detailed in various sections of the Act include:

- The receipt of applications for assessment.
- The arrangement of assessment examinations.

- The appointment of Responsible Clinician for each patient undergoing a compulsory assessment of treatment process.
- Control and direction of Duly Authorized Officers.
- Determinations of certain special patients to be returned to penal institutions.
- Assurance of patient rights.
- Maintenance of records relating to compulsory assessment and treatment.

The responsibilities of **Responsible Clinician** include:

- Determination of whether or not a person is mentally disordered within the meaning of the Act.
- Application to the Court for compulsory treatment orders.
- Regular clinical reviews of special and restricted patients and anyone else who is subject to compulsory orders and that the Responsible Clinician is responsible for.

The responsibilities of the **Duly Authorized Officer** includes:

- Advice to the public about the operation of the Act and other services available for those who may be suffering from a mental disorder.
- Practical assistance in dealing with people who may be mentally disordered.
- Practical assistance in dealing with the assessment of proposed patients and the care and treatment of patients on leave.
- Assistance in taking or returning people to their place of assessment or treatment.

For more information about the Acts and Sections of the Acts:

Mental Health Act 1992

<https://www.legislation.govt.nz/act/public/1992/0046/latest/DLM262176.html?src=qs>

Criminal Procedures (Mentally Impaired Persons) Act 2003

<https://www.legislation.govt.nz/act/public/2003/0115/latest/DLM223818.html?src=qs>

Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003

<https://www.legislation.govt.nz/act/public/2003/0116/latest/DLM224578.html?src=qs>

Crimes Act 1961

<https://www.legislation.govt.nz/act/public/1961/0043/latest/DLM327382.html?src=qs>

Evaluation of Clinical Experience

Nurse: _____ Date of placement _____

Date of Evaluation: _____ Preceptor: _____

This evaluation is intended to offer feedback to the preceptor and their clinical area.

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 Charge Nurse Manager or Clinical Nurse Educator.