



Wellington South Community Mental Health Team 2022

Welcome!!
We are looking forward to working with
you

Contacts

| Name | Role | Email for main contact | Phone | | |
|-------------|-------------|-----------------------------------|------------|-----|--|
| | | | number for | | |
| | | | ward/Unit | | |
| Penny Flaws | Team Leader | | 0800 | 300 | |
| | | | 056 | | |
| Nigel Guy | Clinical | nigel.guy@mhaids.health.nz | 0800 | 300 | |
| | Coordinator | | 056 | | |
| | Student | | | | |
| | contact | | | | |
| | person | | | | |
| Reception | | CMHTAdminAdelaid@mhaids.health.nz | 0800 | 300 | |
| | | | 056 | | |
| | | | | | |

Contacting the Team

Please make note of which team you are being placed with as we also have another team based on the same floor as us. Call reception on 0800 300 056 and ask to speak with Nigel Guy, please advise admin that you are a student nurse.

Location

Level 2, 113 Adelaide Road Mount Cook Wellington (three storey black office building)

Team Roles

Team Leader (TL):

The team leader provides clinical and managerial leadership and is accountable to the Operations Manager. They are available to clinicians for advice, guidance and support and ensuring the team works within the policies and procedures of the organisation.

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 (6th year medical students) and medical students.

Clinical Psychologist:

A clinical psychologist's role includes assessment, formulation and diagnosis of cognitive, emotional and behavioural problems. The role also includes engaging in evidence-based treatment, using a range of therapy modalities such as Cognitive Behavioural Therapy (CBT) and Eye Movement Desensitisation and Reprocessing (EMDR). Clinical psychologists further carry out neuropsychological assessment.

Administration staff:

Administration staff are essential for the establishment and maintenance of client information and data, including keeping tabs on Mental Health Act processes. They provide administration 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.

Community Mental Health Nurses (CMHN):

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. CMHN'S also provide assessment, case management and monitoring of client symptoms and risks. They also provide some therapies such as CBT, DBT, ACT and EMDR. CMHN's act as care managers within the team to co-ordinate a person's care.

Occupational Therapist (OT):

Occupational Therapy is assessment and treatment through the specific use of selective activity and a focus upon sensory modulation. Functional assessments and group work are also key in assessing day-to-day skills of our client group. They also provide some therapies such as CBT, DBT, ACT and EMDR. OT's act as care managers within the team to co-ordinate a person's care.

Social Worker (SW):

Social workers also act as care managers within the team to co-ordinate people's care. Social workers tend to focus upon bio/psycho/social aspects of care including family systems, links within the community and resources, networking and child safety. They provide broader holistic approaches that augment the

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medical model. They also provide some therapies such as CBT, DBT, ACT and EMDR

Clinical Nurse Specialist (CNS):

The CNS is at WCMHT on Mondays and is available to assist you.

Their role is to oversee the clinical practice of the Nurses and assist with clinical work, doing Choice assessments.

Primary care Liaison Nurse:

The interface between clients who have been discharged to the GP on the GP Liaison Scheme.

Your Preceptor/ Clinical Liaison Nurse

You will be allocated a preceptor, this preceptor will support you in your placement and is responsible for helping you complete your objectives. We will endeavor to ensure that you mainly work with this preceptor, also having the opportunity to observe other disciplines. It is **your** responsibility to ensure the nurse you are working with is aware of your objectives for the placement. You must provide evaluations and/or other paperwork to your preceptor in a timely fashion (i.e. not on the due date!!). You preceptor will not complete any evaluations if you give it to them on your last days in the team.

Expectations of the Student Nurse

Hours at Wellington CMHT are Monday to Friday 0830-5pm

We have a few expectations of student nurses working in the Wellington South CMHT:

It is expected that you arrive on time and if you are going to be late or you are unwell and cannot come, call reception on 0800 300 056

- It is important for your preceptor or the nurse you are working with that they are aware of your objectives.
- If you are not achieving your objectives please see your preceptor (before the last week in the team).
- Please ensure all documentation you need to complete for the polytechnic/university is accomplished before the last days with the team – your preceptor <u>will not</u> complete any paper that is given to him or her if it is given in the last days of your placement.

- ❖ We do not wear a uniform in CMHT's. Your attire should be tidy, casual and appropriate, following the Dress code policy. Please wear your name badge; you need only have your first name showing.
- Please ensure that you have your objectives to work on during the day as there will be times that you will not be able to participate in clinical assessments.
- Students now have a login for EHR (electronic health records) and may be asked to write the notes up and these must be done in accordance with the documentation policy and documented that they were done under the supervision of the preceptor.
- Please advise your preceptor of who your CTA is and when they will be visiting.

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 clientsensitive 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.

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.

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- 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

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

Environmental checklist

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.

| Swipe card | Fire Alarms |
|---------------------------|--------------------------------|
| Car parking areas | Clinical policies & procedures |
| Duty Room | Emergency assembly point |
| Linen supplies | GASS forms |
| Staff Room | Sphygmomanometer |
| In-out whiteboard | Clinic and Medication room |
| Metabolic monitoring bags | Café Laffare coffee |
| Duress Alarms | Bio-hazard bags |
| Store room | Tympanic thermometer & covers |
| Defib | Stationery supplies |
| Resuscitation trolley | Photocopier |
| Controlled Drugs cupboard | File room and key |
| Staff toilets | Laboratory forms |
| Dw. o. Fridaya | Client EHR files |
| Drug Fridge | CHOTH LINCHIOS |

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| Your desk | Fire exits/exits |
|----------------------------|---------------------------------|
| Toilets | Blue duress lights |
| Alarm board | Health and safety manual |
| Civil defence cupboard | Health and safety rep |
| Fire wardens | Toiletries and food for clients |
| shower | Prescription line cell phone |
| Blood and body fluid spill | Needle stick injury kit |
| kits | |
| Incident reporting | Car parking areas |

Objectives

The following maybe some of the objectives you can complete during your placement.

For example:

- The provision of appropriate care to the patient and whanau with support and supervision from the preceptor, including:
 - Accurate assessment including mental state examination and risk assessment
 - Implementation of care
 - Documentation
- Gain an understanding of the multidisciplinary team, the multidisciplinary team meeting, processes and outcomes.
- Gain an understanding of the referral process for clients that will potentially be accepted to the team.
- Medication administration.
- Mental Health Act and court proceedings.
- Mindfulness, grounding techniques, distraction techniques and self-soothing.
- Whanau/family involvement.

- Risk assessment and management.
- Life skills.
- Taking part in Initial Assessments.
- Increase active listening skills
- Liaising and referring to other community agencies

Common Presentations to Wellington Central CMHT

Some common presentations of people admitted to the team:

- ❖ Borderline Personality Disorder
- ❖ Bi Polar Affective Disorder
- Psychosis
- ❖ Drug induced psychosis
- ❖ Mood disorders
- Personality Disorders
- **❖** Anxiety disorders
- **❖**PTSD
- **❖**ADHD
- ❖Autism Spectrum Disorders
- Schizophrenia
- **❖** Depression
- ❖ Obsessive Compulsive Disorder

Common Medications

Antipsychotic Medication

Below is a list of medications, some of the medications clients may be on and that you will come into contact with during your placement:

| | O Olanzapine |
|----------|----------------------------------|
| | Risperidone |
| | Aripiprazole |
| | Quetiapine |
| | Clozapine |
| | Paliperidone |
| * | Antidepressants |
| | O Fluoxetine |
| | O Citalopram |
| | O Mirtazapine |
| | O Venlafaxine |
| | O Sertraline |
| * | Mood Stabilisers |
| | O Sodium Valproate |
| | O Lithium |
| | O Lamotrigine |
| * | Anti-anxiety |
| | O Lorazepam |
| | O Diazepam |
| | O Clonazepam |
| * | Other |
| | O Metformin (Hypoglycemic agent) |
| | O Zopiclone (Sedative) |
| | O Methylphenidate (ADHD) |
| | |

Intramuscular injections commonly used at Wellington Central CMHT are:

- Paliperidone Invega sustena
- Olanzapine Relprevv
- ❖ Risperidone Consta Risperidal Consta
- Zuclopenthixol
- Haloperidol

Pre-reading/Resources

We encourage you to have a read about some of the following before starting placement:

Mental Health Stress-vulnerability model
Te whare tapa whā – Māori model of health
Clozapine
Olanzapine
Metabolic syndrome
Serotonin syndrome
Mental Health Act

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 | 2 | 3 | 4 | 5 | Comments |
|--|-------------------|-------|---------------------------------|----------|----------------------|----------|
| Clinical Learning | Strongly Agree | Agree | Neither agree or disagree | Disagree | Strongly disagree | Commenis |
| 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

