THERAPIES & GROUPS

Each Community Mental Health Centre has psychologists as part of the MDT. The Psychologists and others in the team offer individual and group talking therapies to whaiora in the service. Various models of therapy are used including Cognitive Behavioural Therapy, Acceptance and Commitment Therapy and Dialectical Behaviour Therapy.

Because of demand, whaiora are assessed for individual therapy and there may be a delay.

Each CMHC offers a variety of groups at different times including the Emotion Skills Group, Hāpai I te Pai –Dealing With Distress , ACT for Psychosis and Mindfulness Based therapies.



DIALECTICAL BEHAVIOURAL THERAPY (DBT)

-an evidence-based treatment for borderline personality disorder (and other emotional disorders). The approach draws on cognitive-behavioural treatment and elements of eastern meditative practice and emphasises the balance between acceptance and change. DBT group is one component of the DBT Balance Programme. Clients contract to attending individual DBT therapy (1 hour weekly) and DBT Skills group (2 hours weekly) for a 12 month period. Group opens with mindfulness practice, homework is then reviewed, and in the final hour clients are taught a new skill. Clients are expected to practice the skills in between sessions. There are four skills modules; Mindfulness, Emotion Regulation, Distress Tolerance, and Interpersonal Effectiveness. The Balance Programme is accessible to those who meet specific eligibility criteria (including having a certain risk profile e.g. historical and current self-harming behaviour and/or suicide attempts).



EMOTIONAL SKILLS GROUP (ESG)

12-week group based on DBT theory that helps clients learn, practice and employ skills for understanding, managing and benefiting from their emotions. Clients identified as experiencing difficulties with emotions (e.g. anxiety, depression, anger, shame or guilt) are referred by their key workers. Typically 8-11 clients will be accepted into each group. Select skills from the Mindfulness, Emotion Regulation and Distress Tolerance modules of DBT are taught. ESG is generally aimed at those who do not meet the threshold for the full Balance programme

COGNITIVE BEHAVIOURAL THERAPY (CBT)

CBT focuses on challenging and changing unhelpful cognitive distortions and behaviours, improving emotional regulation, and the development of personal coping strategies that target solving current problems.

THERAPIES & GROUPS



ACCEPTANCE COMMITMENT THERAPY (ACT)

ACT develops psychological flexibility and is a form of behavioural therapy that combines mindfulness skills with the practice of self-acceptance. When aiming to be more accepting of your thoughts and feelings, commitment plays a key role. In the case of ACT, you commit to facing the problem head-on rather than avoiding your stresses.



SENSORY MODULATION

“The ability to regulate the amount and intensity of the sensory input we receive from our environment”. We are all sensory beings and are constantly screening out unnecessary stimuli and choosing what we focus on – this is quiet automatic. We use sensory strategies in our day to day lives without realising to control the sensory input we receive and this in turn impacts our functioning.



MINDFULNESS

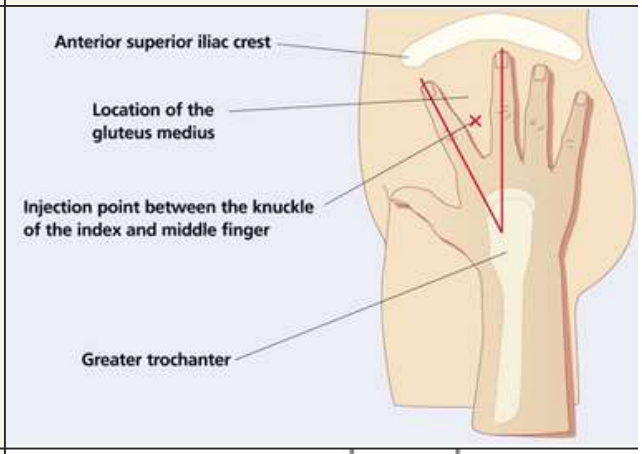
the idea of learning how to be fully present and engaged in the moment, aware of your thoughts and feelings without distraction or judgement.

INTRAMUSCULAR INJECTIONS

VENTROGLUTAL SITE

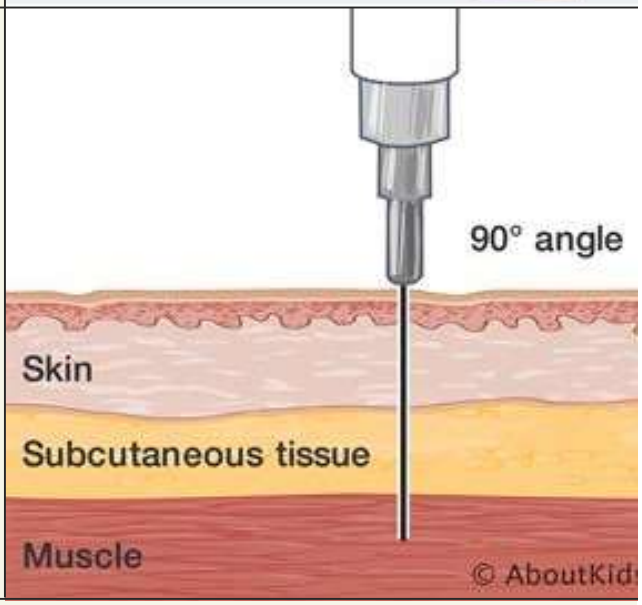
1. PRE-INJECTION PREPARATION

check all 'rights of medication administration' prior. Explain to the whaiora the procedure. Have whaiora assuming a side lying position (if possible) – some before to be standing, ask them to shift weight off the side receiving the IMI and place a slight bend in the leg receiving the IMI



2. LOCATE YOUR INJECTION SITE

Locate the greater trochanter, and the anterior superior iliac crest. Place the heel of the hand is placed over the greater trochanter of the patient's hip with the wrist almost perpendicular to the femur. The right hand is used for the left hip, and the left hand is used for the right hip. The thumb is pointed toward the patient's groin, with the index finger pointing to the anterior superior iliac spine, and the middle finger is extended back along the iliac crest toward the patient's buttock. The index finger, the middle finger, and the iliac crest form a V-shaped triangle, with the injection site at the center of it



3. ADMINISTER

Stretch skin with one hand and use the other hand to administer the medication. Insert the needle perpendicularly (90 degrees) leaving 0.5cm of the needle shaft exposed (for very thin patients use a 45degree angle) between the two fingers (removing the actual fingers before insertion). Pull back the plunger to check for blood: If no blood present, slowly inject medication

If blood is present:
o Remove
o Explain to the patient what has occurred
o Replace needle and
o Repeat the procedure

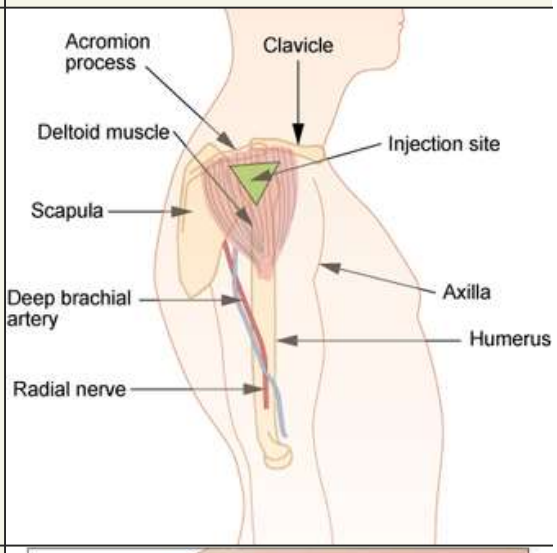
Inject at a rate of approx. 1 mL/10 seconds, Wait for 10 seconds before withdrawing the needles, Withdraw the needle rapidly and Apply pressure to any bleeding point with a sterile swab.

INTRAMUSCULAR INJECTIONS

DELTIOD SITE

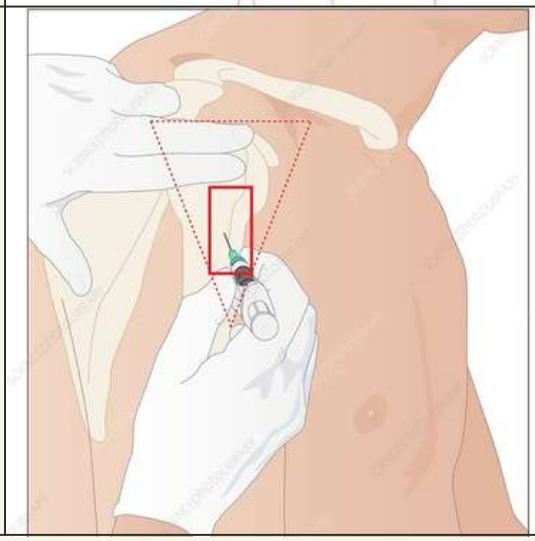
1. PRE-INJECTION PREPARATION

check all 'rights of medication administration' prior. Explain to the whaiora the procedure. Have whaiora assuming a sitting uptight position (if possible) – some before to be standing. Ensure arm is relaxed and not tense.



2. LOCATE YOUR INJECTION SITE

The deltoid muscle is located by fully exposing the patient's upper arm and shoulder and asking the patient to relax the arm at the side or by supporting the patient's arm and flexing the elbow. The lower edge of the acromion process, which forms the base of a triangle in line with the midpoint of the lateral aspect of the upper arm, is palpated, and the injection site is found in the center of the triangle



ADMINISTER

3.

Stretch skin with one hand and use the other hand to administer the medication. Insert the needle perpendicularly (90 degrees) leaving 0.5cm of the needle shaft exposed (for very thin patients use a 45degree angle) between the two fingers (removing the actual fingers before insertion). Pull back the plunger to check for blood: If no blood present, slowly inject medication

If blood is present:
o Remove
o Explain to the patient what has occurred
o Replace needle and
o Repeat the procedure

Inject at a rate of approx. 1 mL/10 seconds, Wait for 10 seconds before withdrawing the needles, Withdraw the needle rapidly and Apply pressure to any bleeding point with a sterile swab.

RAINBOW MENTAL HEALTH



IMPORTANT TO KNOW

- Those part of the rainbow community have higher lifetime risk for mental health problems , including depression, anxiety, suicide, self-harm, substance misuse and eating disorders compared to those not in the rainbow community.
- The NZ suicide mortality review commitee's 2016 review of rangitahi Maori suicide deaths found that issues around sexuality were significant in 7.2% of deaths by suicide by rangatahi Maori (aged 15–24 years).
- In NZ Youth '12 study of NZ secondary schools, rainbow students by far had the highest rates of depression. and suicidality. The study showed that 20% of gay students had attempted suicide in the past year, compared to 4% of student who identified as heterosexual. The same study found that one in five transgender students had attempted suicide and nearly half self-harmed in the past year. Among those with gender and sexual diversity around 40% were experiencing significant depressive symptoms.
- Rainbow service users have really poor experiences engaging with mental health services, so we have to do better.



WHAT WE CAN DO ABOUT IT

- **NEVER ASSUME** – always ask a service user their preferred name and pronouns. Don't assume their pronouns or sexuality
- **EDUCATE** – yourself and others about the diverse experiences of those in the rainbow community. The challenges faced are individual and unique – there is not one way to be trans or gay so don't assume you know there story. Educate yourself on important concepts such as the impact of minority stress and other rainbow specific issues
- **DON'T PATHOLOGISE** – we have a long and bad habit of pathologizing/ medicalising the rainbow community. This means we often assume that they are accessing service because they are having issues with their identity – this can be the case but also not! We also tend to make suggestions or assume that their identity needs treating or is a result of trauma / childhood adversity – lets stop doing this.
- **FAMILARISE** yourself with rainbow community services such as gender minorities, rainbow youth and outline
- Get savvy with using **INCLUSIVE LANGUAGE** as your automatic – use they/them or their preferred name in the notes if you haven't yet clarified their preferred pronouns



Thoughts of suicide - initial assessment

Static factor
Demographic or historical

Dynamic factor
Can be amenable to change

Patient with thoughts of self harm or suicide

Send patients requiring physical treatment to emergency room

Assess risk of self harm or suicide

Home and work

People who die by suicide in England are more likely to be:

- Male
- Unmarried
- Living alone
- Unemployed

Mental health

Treating mental illness can reduce risk of self harm and suicide

- Affective disorder
- Schizophrenia
- Personality disorder

People with conditions like these could be seen by mental health teams

Self harm plans

Asking about suicide plans can be helpful. Consider introducing the subject gently, starting with questions like:

- How is your mood?
- Sometimes people who feel down can start to feel hopeless about the future. Has this happened to you?
- Have you ever had any thoughts come into your head about life not being worth living?

Try to find out how prepared they are. Do they have a considered plan about how they would end their life? What preparations have they made?

History

Finding out about a patient's past can reveal further risk factors, such as:

- History of self harm
- History of alcohol misuse
- History of drug misuse

Assess protective factors

Several factors have been identified that can mitigate risks, if present:

- Family support
- Strong religious faith
- Having children at home
- A sense of responsibility
- Problem solving skills

Loss of protective factors can increase risk for the patient, for example if a partner and children leave the patient

Estimate risk

Assess overall risk, taking into account risk and protective factors

Low risk ◀ ▶ High risk

- Minor mental health problem. Engages with treatment
- At risk of suicide but has protective factors. May have suicide plan
- Well thought out suicide plan. Can't see point in treatment as "nothing will change"

Management plan

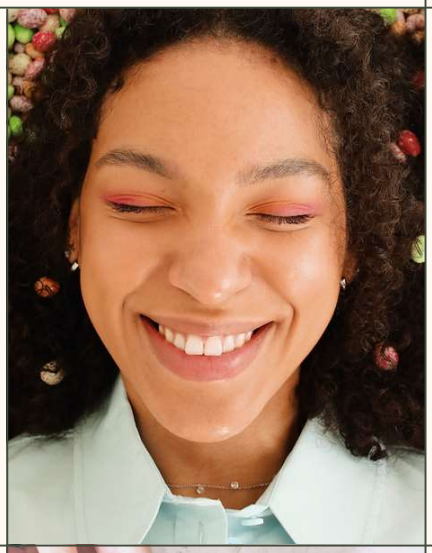
Consider whether any dynamic risk factors could be modified, and whether the patient is willing and able to engage with a management plan

- Manage in primary care. Discuss treatment for mental health problems, such as talking therapy, medication, or both
- Ask about friends/family who could help them. Give contact details for Samaritans. Consider mental health referral if support unavailable. Plan next appointment
- Contact mental health services urgently. Consider whether it would be unsafe for them to leave the building alone

SELF CARE PLANS

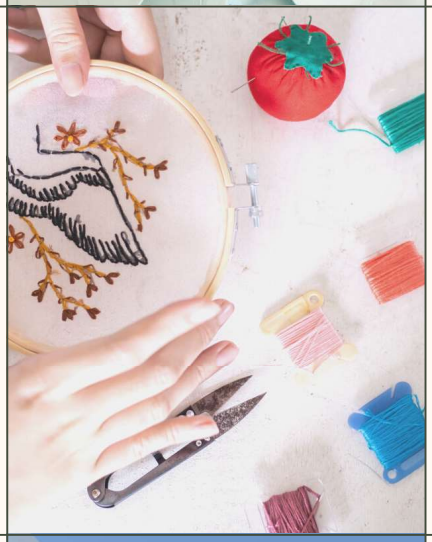
1. EVALUATE PRE-EXISTING COPING SKILLS

Evaluate your coping skills – Examining your own habits is an important first step in developing a self-care plan. How do you typically deal with life's demands? Can you identify when you need to take a break? When faced with challenges, we can use either positive coping strategies or negative coping strategies. Below are a few examples of each. Which strategies do you use?



2. IDENTIFYING YOUR SELF CARE NEEDS

Identify your daily self-care needs – Take a moment to consider what you value and need in your everyday life. Then consider what you value and need during these difficult times of uncertainty. It may not seem like the right time to be planning, but time spent now will reap benefits later if you can get a plan in place. Remember that self-care extends far beyond your basic physical needs; consider your psychological, emotional, spiritual, social, financial, and workplace wellbeing. Have a look at template 1: Identifying needs.



3. REFLECT, EXAMINE, REPLACE

Reflect on the existing coping strategies you have identified have outlined in the previous activities. What's working? What isn't working? Keep the helpful tools and remove anything that is unhelpful.

Are there barriers to maintaining your self-care? Examine how you can address these barriers. Start taking steps toward incorporating new strategies that will benefit your health and well-being. Work on reducing, and then eliminating, negative coping strategies. If you find yourself using negative strategies, then begin by choosing one action you feel is most harmful and identify a positive strategy to replace it.



TEMPLATE 1: IDENTIFYING SELF CARE NEEDS

What are you doing to support your overall wellbeing on a day to day basis? Do you engage in self-care practices? are you more active in some areas of self care than others? Use the table below to help you determine which areas may need more support

AREA OF SELF CARE	CURRENT PRACTICES	PRACTICES TO TRY
PHYSICAL eg regular and health meals, good sleep habits, regular exercise, medical check ups		
EMOTIONAL eg engage in positive activities, acknowledge my own accomplishments, express my emotions in a healthy way		
SPIRITUAL eg read inspirational literature, self-reflection, spend time in nature, meditate, explore spiritual connections		
PROFESSIONAL eg pursue meaningful work, maintain work-life balance, positive relationships with colleagues, time management skills		
SOCIAL eg healthy relationships, make time for family & friends, schedule dates with partner, ask for support from friends and family		
FINANCIAL eg understand how finances impact your quality of life, develop a budget or financial plan, pay off debt		
PSYCHOLOGICAL eg take time for yourself, disconnect from electronic devices, learn new skills, access therapy.		

TEMPLATE 1: IDENTIFYING SELF CARE NEEDS

EMERGENCY SELF CARE

When we are faced with a crisis, you likely won't have time to create a coping strategy. Take time to develop a plan in advance so it's there when you need it.

Try completing the following table to help identify your unique self-care needs during times of distress.

EMERGENCY SELF-CARE STRATEGIES	HELPFUL	NOT HELPFUL
RELAXATION & STAYING CALM Which activities help you relax? eg deep breathing, talking a walk Which activities will make you feel agitated or frustrated? eg yelling, swearing, drinking		
SELF-TALK Helpful self-talk may include, "i am safe/I can do this" Harmful self talk may include "I can't handle this/ I knew this would happen/ I deserve this."		
SOCIAL SUPPORT Which family members and friends can you reach out to for help and support? Which people should you avoid during times of stress? Be honest about who helps and who zaps your energy.		
MOOD Which activities support a positive mood? eg listening to music, enjoying the sunshine What should you avoid when times get tough? eg staying in bed all day, avoiding social activities		

TEMPLATE 2: CREATE YOUR SELF CARE PLAN

Once you have determined your personal needs and strategy , it's time to write it down.
Your self-care plan can be as simple or complex as you need it to be. You don't need to use this template you may prefer a list or a diagram.

Here is an example of how a self care plan might look:

MY DAILY SELF-CARE PLAN

List your favourite practices for each category

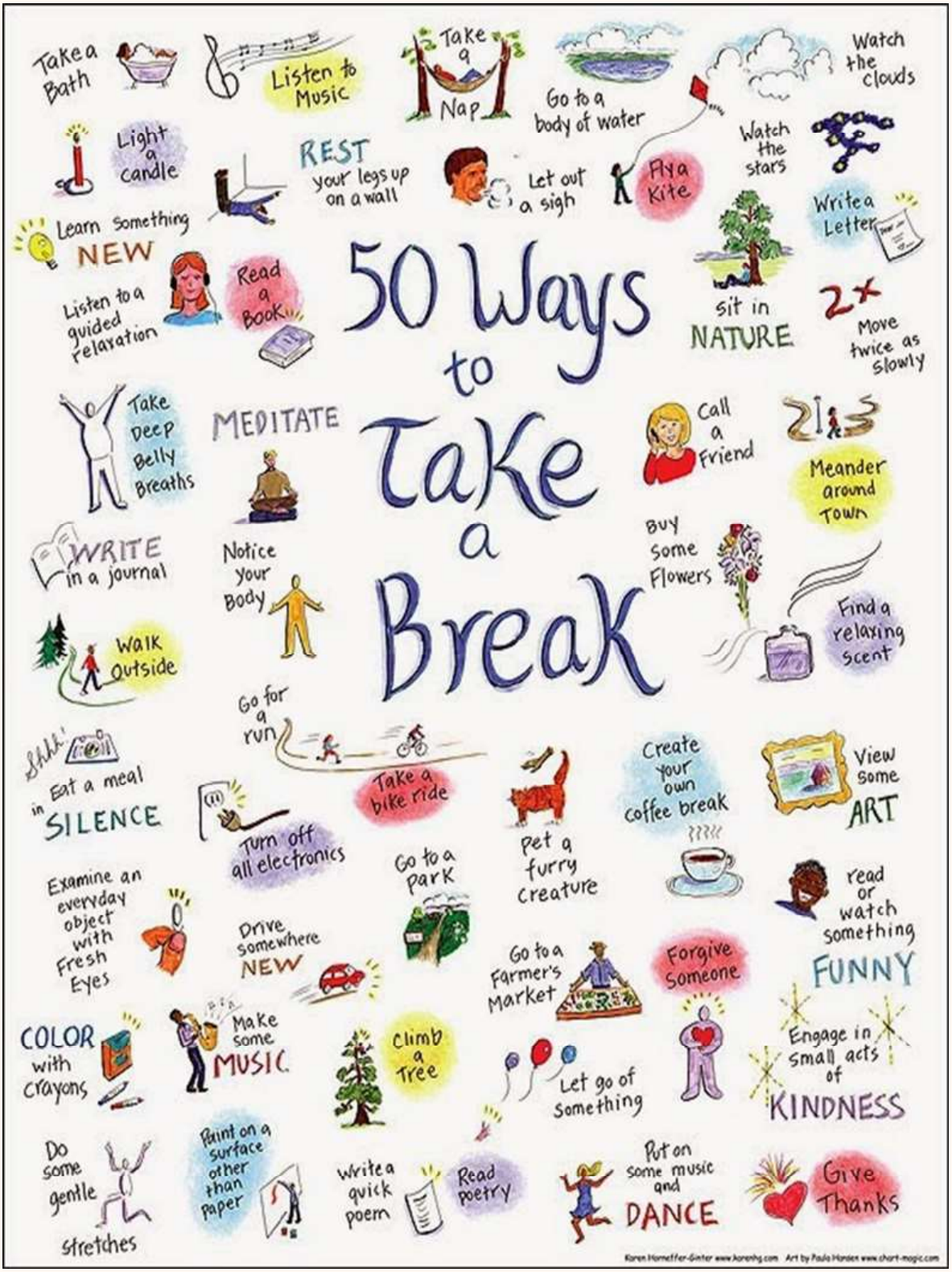
BODY	MIND	SPIRIT	EMOTIONS	RELATIONSHIPS	WORK

MY TOP THREE POSITIVE COPING STRATEGIES

Record three strategies you want to get into the habit of using

MY EMERGENCY SELF-CARE PLAN

HELPFUL TO-DO List your top five emergency practices	**HARMFUL TO AVOID** List five practices, people, places, or things to avoid during crisis or stress. This will serve as a reminder to keep you on track


50 Ways to Take a Break
Take a Bath
Listen to Music
Take a Nap
Go to a body of water
Watch the clouds
Light a candle
REST your legs up on a wall
Let out a sigh
Fly a Kite
Watch the stars
Learn Something NEW
Write a Letter
Listen to a guided relaxation
Read a Book
sit in NATURE
2x Move twice as slowly
Take Deep Belly Breaths
MEDITATE
Call a Friend
Meander around Town
WRITE in a journal
Notice your Body
Buy some Flowers
Find a relaxing scent
Walk Outside
Go for a run
Take a bike ride
Eat a meal in SILENCE
Turn off all electronics
Pet a furry creature
Create your own coffee break
View some ART
Examine an everyday object with Fresh Eyes
Go to a Park
read or watch something FUNNY
Drive somewhere NEW
Go to a Farmer's Market
Forgive Someone
COLOR with crayons
Make some MUSIC
Climb a Tree
Let go of Something
Engage in small acts of KINDNESS
Do some gentle stretches
Paint on a surface other than paper
Write a quick poem
Read poetry
Put on some music and DANCE
Give Thanks
Karen Horneffer-Ginter www.karenhg.com Art by Paula Harden www.chart-magic.com