



"I hope that something productive happens with this information and that this was not another example of time wasting and inefficient use of time and resources as seems to constantly plague the health system"

Introduction

Within the demanding landscape of mental health care in New Zealand, insights taken from a survey of over 400 members of the NZNO Mental Health Nurses Section in 2023 show the stark realities faced by those on the frontline of mental health nursing in both the hospital and community settings. A vivid picture is given by the approximately 25% response rate of the multifaceted, often overlapping, challenges plaguing the sector. These challenges, ranging from staffing shortages to safety concerns and systemic inadequacies, place emphasis on the urgent need for intelligent management and resourcing to ensure the wellbeing of both mental health nursing staff and the tangata whai ora they serve.

Workforce Challenges

- a) **Staffing Struggles:** The staffing shortages and inadequate skill mix within mental health nursing teams amplifies workloads and contributes to concerning levels of burnout amongst nurses. Recruitment and retention issues exacerbate the problem.

Quotes

- "Low staff numbers, high acuity, firefighting and unable to provide effective, sustainable treatment."
- "Poor skill mix, lack of experienced staffing and increased use of HCAs to replace nurses." "Difficulty recruiting appropriate staff."
- "Understaffing making workplace unsafe."
- "Yes, morale is at an all-time low and this job is more dangerous than it has ever been."
- "The biggest area of concern for me is staff retention."

- b) **Workload and Burnout:** Overwhelming workloads and capacity issues, compounded by increased tangata whai ora acuity and demand are leading to burnout among qualified mental health nurses.

Quotes

- "Workload too high due to increased referrals."
- "Can't deliver good and safe care due to care model and restrictions of buildings. Acute admissions are traumatising for many patients because they are exposed to intimidation, bad behaviours, and the illicit drug use of other patients."
- "With overcrowded wards nurses are becoming more stressed which compounds the already dire situation for unwell In-patients."
- "As one nearly at retirement age I feel there has been a marked deterioration in conditions and safety for patients and staff. New nurses are overwhelmed, afraid"

and feel they have no voice to complain. It is extremely sad to see them leave especially from acute wards and often nursing, feeling 'burnt out'."

- c) **Support Deficiencies, Pay:** Lack of experienced senior nurses, inadequate supervision, and poor remuneration contribute to low morale and job dissatisfaction.

Quotes

- "Pay doesn't reflect the personal cost of psych nursing."
- "Mental Health staff are not getting enough money for the job we are currently doing and the workload has increased significantly."
- Yes, flying out to Canberra in 2 hours to finish off my nursing life in a new Medium Secure Forensic Unit with starting salary \$93,225 before penal rates."
- "Poor pay for the work I do – shift work, working public holidays and nights. Compromising time with family, clubs, etc."

- d) **Professional Development & Education:** Nurses require increased knowledge and skills for effective tangata whai ora care, hindered by limited time and resources for training and education.

Quotes

- "Age of workforce and impending loss of knowledge and skill as older nurses retire is an issue. Undergraduate Nursing Programmes doesn't appropriately prepare the MH workforce (I used to be a Nurse Lecturer so have first hand knowledge of this."
- "No time to do progressive professional development only just managing mandatory training, no time for anything else."
- "Lack of time for additional training/upskilling."
- "Restrictions on release time for professional development and mandatory training due to staffing."
- "No recognition or encouragement for specialist skills or experience like CBT."
- "Nil time to attend education or do portfolio."
- "Poor standard of nursing training."
- "Many new grads have little knowledge when they start."
- "For me it is really heart breaking watching new grads that I have mentored, supported and supervised losing their passion and becoming tired, fearful and burnt out in a very short time. In order to stop this happening and retaining our young grads they need to have ongoing support, supervision, a safe working environment, responses to violence that are genuine and an overall feeling that what they do is valued and important."

Safety Concerns

- a) **Violence & Aggression, Safety:** Prevalent violence and aggression from patients pose significant safety risks for nurses and tangata whai ora alike, exacerbated by a lack of accessible security and support.

Quotes

- "I'm on a de-briefing team and I'm very concerned about staff's distress after major assaults, violence and their lack of support and change to reduce violence risk."
- "Nurses are currently working in an era where they have been let down by managers, doctors, the human rights lawyers, the Ministry of Health with their agreement with the World Health Organisation **to eliminate seclusion** and our own nurses unions, it is a sorry state that has evolved."

- "I feel this is a bigger issue than just funding. There is a lack of support for mental health from the Ministry down. There is a refusal to believe the violence is as prolific as it is and the environment is incredibly stressful to work in."
- "An attitude from some senior management that being assaulted at work is the new normal."
- "I often feel unsafe at work and I would not encourage anyone to work on an acute admission ward."
- "Lack of consequences for violence."

b) **Leadership and Management:** Weaknesses in leadership and management impede problem-solving and increase staff dissatisfaction.

Quotes

- "Those that work in the Ministry of Health and who set targets, guidelines, etc need to spend some time in an acute ward when things are going 'pear-shaped' for staff in order to fully appreciate the complexities of situations."
- "Management pretending that everything is OK."
- "Lack of qualified mental health leadership."
- I am very concerned about the direction mental health nursing in NZ is going. We are under-funded, badly-managed and assaulted on a daily basis, almost. We are expected to manage violence without the basic tools that any reasonable person would expect to have. Patients rights are all, but what about us? Do we have no rights?..."
- "I am completing this historically as I have left due to safety issues and unfair process and bullying staff."

c) **Organisational Culture:** Compromised incident analysis, elevated risks, and fear surrounding safety underscore systemic challenges within mental health systems.

Quotes

- "A schism developed between clinicians and management right from the onset when the business model was applied to health. The clinicians became disempowered, disenfranchised and depersonalised, no longer able to participate in the decision making process. Twenty odd years later the new staff, with no institutional memory, appear to accept that this power differential is the norm. I truly believe the system is corrupted and beyond repair, I have worked as a clinician for over 30 years and believe the first decade was the best where I felt reasonably safe and supported. As I head towards retirement I hope to do so without being seriously assaulted at work."
- "The number of patients who fall under the umbrella of Mental Health Services has grown ten-fold over the years. Yet no effort has been made to redesign the system, or the environments where patients go. But more importantly there has been no consideration of safety."
- "Politics before patients."

d) **Stigma and Perception:** Stigmatisation of mental health tangata whai ora and staff, perpetuated by public and media perceptions, adds to challenges faced by mental health nurses.

Quotes

- "Where is WORKSAFE NZ after all the head injuries of staff? Why is this being allowed to continue and progressively get worse? NZ is advertising "It's NOT OK" campaign but MH Nurses are being told to expect it and it's not being addressed."

- “Poor facilities – service spread across several sites, locations and stories – not time efficient, creates silos, poor physical state of buildings and rooms adds to negative image and stigma of mental health.”
- “Psych is a very dangerous place to work.”
- “The mental health system is buckling.”
- We need more available talking therapies, better nutrition guidance, and early prevention. Promotion of positive early relationships and prevention of and early detection of trauma, abuse and neglect of children.”

Resource Limitations

- a) **Resource Constraints:** Insufficient resources and skilled support services, including inpatient beds and community resources, hinder effective tangata whai ora care.

Quotes

- “I feel this is a bigger issue than just funding. There is a lack of support for mental health from the Ministry down. There is a refusal to believe the violence is as prolific as it is and the environment is incredibly stressful to work in.”
- “Mental Health and Addiction nurse...There’s a problem right there. The services should NOT be combined. Both need separate and tailor-made services. As do all others lumped under the mental health umbrella.”
- “No Psychology, no O.T. no Social Work.”

- b) **Community Mental Health Services, including Primary Care:** Strain on resources and staffing shortages reduce therapeutic engagement in community mental health services, including primary care.

Quotes

- “No funding for long term counselling/psychology input if ACC are not involved.”
- “Working in isolation with limited support.” And “I work in a GP practice as a primary mental health nurse – having access to a timely psychiatrist’s appointment would help.”
- “The bandaid approach is not sustainable longterm – people need access to longer term support for non-ACC psychological trauma. More primary mental health nurses in GP practices with easy access to psychiatrist input would make it less daunting and more accessible to all.”

- c) **Non-government Organisations (NGOs):** Lack of resources and infrastructure within NGOs exacerbate challenges in tangata whai ora support and accommodation.

Quotes

- “Half of the patients could be discharged from the ward if they had accommodation.”
- “No supported accommodation for both short and long term patients in community.”
- “Lack of accommodation and community support for our patients.”
- “Lack of community step down services to support primary care.”
- “We need more available talking therapies, better nutrition guidance, and early prevention. Promotion of positive early relationships and prevention of and early detection of trauma, abuse and neglect of children.”

- d) **Model of Care:** Shortages in psychiatry and psychology limit tangata whai ora-centred care delivery, while inconsistent policies hinder recovery-focused models.

Quotes

- “The pressure to keep increasing caseloads regardless of capacity is unsafe and a form of bullying as staff are not being heard when they say they feel unsafe or

unable to provide timely care. There are many clients needing specialty care, eg A&D, therapy/counselling, that RNs are being expected to work with when they do not have the skills or support to do so. The increase in substance abuse and medical co-morbidities makes this area of work increasingly complex with no concurrent increase in staffing/training/support. After 30+ years in MHS I currently feel less safe both personally and professionally."

- "Mental Health funders need to talk to coal face nurses to get accurate facts of mental health issues and why things have gone wrong."
- "Not enough funding in talk therapies / alternatives to medications."
- "There is a definite increase in anxiety/depression with service users presenting younger. There is a definite lack of family/community values which in the past provided more emotional security."
- "Poor models of care."
- "Lack of consistent models of care."
- "After 40 years plus working in mental health, I wonder where the service is going. We appear to constantly be responding to crisis and not having the resources to some recovery focused care."

- e) **Communication across sectors, IT systems, 'Paperwork'**: Outdated IT systems, and excessive paperwork hinder efficient communication and tangata whaiora-centred care.

Quotes:

- "Poor inpatient processes that lead to nurses constantly having to spend time duplicating unnecessary documentation."
- "Limited engagement with services available outside the prison – likely due to high caseloads, burnout, accommodation problems."
- "Increased time doing paperwork and computer entries leaving less time for patient contact."
- "Lack of tools to support staff – computers, smart phones, etc."

Tangata whai ora Complexity and Acuity

- a) **Addiction and Drug Tangata Whaiora; complex tangata whai ora needs**: Combining addiction and mental health tangata whai ora in inadequate facilities poses safety risks and challenges therapeutic care.

Quotes

- "Illicit drug use especially meth is on the rise. It is becoming an epidemic. Nurses are not trained to deal with this, yet we are constantly put in harmful situations. Many of my colleagues have been assaulted and I am expecting it will happen to me one of these days. Something needs to change to keep our staff and patients safe as well as our wider community."
- "Increasing substance use amongst patients."
- "Violence and abuse from 'high' drug addicts."
- "Lack of funding to widen scope of service provision to meet needs of the population, eg increasing numbers of people with PTSD."
- "Dementing old men and p addicts do not mix well. We, the nurses are charged with keeping everyone safe, the stress is awful. Add in high staff turnover and lack of respect from Te Whatu Ora."
- "Those with cognitive decline – needs not met."

- b) **Equity issues**: Disproportionate representation of Māori and Pasifika peoples reflects systemic equity issues in access to care and outcomes.

Quotes

- “Discrimination.”
- “Mental health has huge challenges ahead. NZ wants world class care but many of our people in NZ are living in 3rd world conditions with little chance to get ahead. Entire sections of society are becoming disenfranchised and it will present as an increase in poor health outcomes in all spheres. We can throw all the money we like at mental health but we need to look after our citizens at all levels and all fronts.”
- “Honesty around our capacity and the limitations we have. That mental health is complex and that we don’t “fix” people especially their behaviours. That we provide support, encouragement, skills, resources and expertise but it requires people to work with us – we can’t do it to people. That communities are part of providing/participating in promoting “good mental health.”
- “Yes, the housing shortage is creating extreme difficulty for inpatient units. We are left with people who are homeless and this is taking up beds we do not have for people who are acutely unwell. As well as that, community residential NGOs are using acute unit to literally dump their patients who are in the “too hard” basket and demanding more funding to take care of them, despite our staff being able to look after these people with little issues.”
- “We tend to have more international nurses coming through, particularly from India. The language barrier, accents and lack of cultural knowledge in an acute ward that has a large percentage of Māori patients can cause issues. Due to the lack of staffing, it appears that the quality of staff is lacking in mental health. I am not trying to be racist or prejudiced but a lot of patients complain that they cannot understand the nurses. I have also had to calm patients who get agitated by Indian doctors simply because they cannot understand the accent.”

Conclusion

These findings and comments are potent insights by mental health nurses about the deteriorating state of the New Zealand mental health system. The provision of mental health care to tangata whai ora - who are increasingly unwell, increasingly complex with immediate to long term needs – is lacking in accessibility and effectiveness, coming at a high cost to the individual, whānau and society. Stakeholders across the health spectrum must heed nurses’ voices and prioritise actionable solutions for meaningful change.

Anne Brinkman
Professional Nursing Advisor
May 2024