



NEWS THIS MONTH

By Chris Taua

INSIDE THIS ISSUE

1. News this month
2. Presidents comment
3. Conference report
7. The College Boards
9. Regional news
11. Coming events

Konichiwa! As I mentioned briefly in the previous newsletter, one of the highlights for me this year has been attending the International Council of Nurses (ICN) Conference in Yokohama, Japan. ICN is the widest reaching health care organisation in the world, representing millions of nurses in more than 128 countries. The President of the ICN is Hiroko Minami (see photo in conference report), a truly humble yet charismatic speaker. In listening to Hiroko I felt re-energised, stimulated and truly proud to have her as leader of our profession. Each time she spoke I just sat back and let her words envelop me. Check out the ICN website at <http://www.icn.ch/message.html>

Also make sure you read Heather's conference report after her President's comment in this Newsletter.

There has been so much going on this year I am having trouble keeping up with it all, fortunately Heather provides much more detail around many of these events. There is no update on the Tasers at this time as things seem to have gone quiet. Ian McLauchlan will update us if any news eventuates.

I can't believe the College Conference is almost upon us. When we started talking about it in this newsletter it was over a year ago and seemed so far away. The programme looks outstanding and with the eminent keynote speakers is certainly worth attending so I hope you are registered. See you there!

I am not going to provide too much more of a preamble in this newsletter as there is a lot in it and the Presidents Report is much more important. But there is one very important yet very sad event that has occurred over the last month that must be mentioned here. The following message is from Thelma Puckey and I am sure you will all join Thelma in sending the condolences to Heathers friends and family. This is indeed a big loss to the NZ collective of MH nurses. RIP Heather and thank you for all you gave to MH Nursing.

"Sadly Heather Martin passed away in Dunedin after a long battle with cancer. Heather will be known to many of you particularly in the Bay of Plenty, Waikato and Otago as well as students of the Graduate School here at Victoria. An extraordinary, vibrant and gifted person and probably the only MH nurse in the world who was employed as a 'nurse artist'. Condolences were sent to her family on behalf of the College."

TE AO MARAMATANGA INAUGURAL CONFERENCE 2007

**A FRESH LOOK AT
NURSING IN THE
MENTAL HEALTH &
ADDICTIONS SECTOR
IN AOTEAROA NEW
ZEALAND**

**19 & 20th July 2007
Venue Novotel in
Hamilton**

Presidents Comment

By Heather Casey

Apologies for not contributing last month, I will make up for it news wise this month.

As Chris mentioned in the last newsletter we were in Japan. I was supported by my workplace to attend the International Council of Nurses (ICN) in Yokohama, and what a wonderful opportunity this proved to be. I will attach an overview of the conference to this newsletter and also will report back on individual presentations as the year progresses and I get to make some sense of my notes! College wise the Conference in Hamilton is the focus as the 19th and 20th July are fast approaching. New updates are:

- Dame Margaret the College Patron will be welcomed and introduced to members at the conference. Having trained as a psychiatric nurse Dame Margaret will attend both days of the conference as she is interested in Nursing issues and the activities of the college.
- The Australian College President and Executive Officer (Steve Elsom and Kim Ryan) have accepted the invitation to attend the conference in Hamilton and the national committee will be meeting with them to discuss the opportunities for a new relationship and the possibilities this may offer.
- The professional practice boards are taking the opportunity to meet face to face at the conference.
- Frances Hughes and Stephanie Calder's book will be available for sale at public policy in New Zealand' (2007)
- Reports for the AGM are on the website

Note there will not be teleconference facilities at the AGM.

Other items of recent interest not related to the conference are:

- Brian Phillips is leaving the college and moving to Brisbane with his wife Shirley. Brian has made a significant contribution to the college, the research board and in the role of registrar. He has developed the database, and systems of registration and renewal. He also introduced Shelley Gunther to the assistant registrar role. He will really be missed sought for Research Board and the role of Registrar so keep your eyes on the website.
- A letter has been sent to the Nursing Council of New Zealand from the College outlining concerns that NZ registered comprehensive nurses are unable to gain UK registration despite post graduate qualifications in mental health, due to a lack of clinical training hours.
- Helen is working up a position paper on the availability of reduced rates for Mental Health Nurses who are retired from practice/work. The aim is to keep this group of nurses in the College as it would be sad to lose their experience, expertise and wisdom from the College.
- Special interest groups: We have been thinking about how to set these up for a while so that nurses with common professional interests can contact each other. As a starting point members who are working in NGOs can contact me via email if they would like to be linked via email to other nurses practising in NGO settings. The College sent a letter to the Ministry of Health late last year outlining the professional issues for nurses working within the NGO sector. As part of compiling this letter the Committee sought input from nurses and received a lot of good input. Collective action will be one way of affecting change and NGO nurses seem like a good place to start.

That's all for this month, I am hoping to meet many members at conference. Keep warm, days will lengthen out now and it will hopefully get warmer soon.



Conference Report

By Heather Casey



(Hiroko Minami, 2007)

International Council of Nurses: Japan 28th May - 3rd June

Two conferences (back to back)

1. Nurses at the forefront: Dealing with the unexpected
2. Protecting the public: Regulatory best practice

I would like to acknowledge the support and funding given by the ODHB. This report provides an overview of my reflection on the two conferences.

Overall Conference Information:

There were 3,600 nurses from 109 countries attending the first conference. As there were three multi floored venues the vastness of the area presented some problems in moving between presentations - the greatest challenge I had one afternoon was attending 9 presentations over approximately 4 hours, all in different areas!

The primary language was English however the conference was multilingual with presentations in French, Japanese and Spanish. Translation occurred via earphones.

A parade of Nations was a feature of the opening ceremony on the evening of the 28th of May. Whilst New Zealand did feature the countries that utilised a form of cultural identity - dress, flags etc really stood out. One of the recommendations for other New Zealanders attending in the future is to coordinate attendance nation-wide to show a strong NZ presence. It was great to see the NZNO student rep carrying our flag. There were approx 21 New Zealanders present representing NZNC, NZNO, DHBs, Educators and Midwives.

New Zealand sits within the Western Pacific and Asian WHO region. This region includes 38 countries with over half of the world's population. Health needs within this region vary significantly.

The conference participants came from a vast range of clinical backgrounds; this was reflected in the significant range of papers offered within the programme. As well as the Plenary and Keynote presentations, a further 1500 paper options were offered. The diversity of the programme reflected the diversity of the countries attending. Health issues ranged from the developing countries (3rd world) basic health needs, to complex multi-organisational challenges.

One of the aspects of the conference that surprised me was that I thought we may hear many new ideas and come home with answers to some of our specific challenges. However, the reality was that our many of the issues we are facing are global and experienced very similarly in many parts of the world. We are however fortunate, when hearing about some of the critical issues facing the 3rd world countries who often are struggling to even maintain a health workforce and meet people's basic health needs. Whilst I didn't come away with absolute answers, what the conference did provide was a good overview of health sector issues and this in turn has stimulated my thinking regarding how challenges within the NZ health sector can be progressed.

General Themes

1. Dealing with the unexpected/Disaster Planning

Environmental and man-made disasters are increasing internationally. Nurses are an essential part of health care response to disasters, making up 60% - 80% of the health workforce internationally. They deal with unexpected events on a daily basis and are generally amongst the first responders and are often the last to leave.

Key points coming through presentations repeatedly included:

- Caring for the carers - caring for the carers ensures that they in turn can care for patients/communities. Organisations need to be considering what strategies they have in place, and what additional strategies are needed to care for the nurses/caregivers so they in turn can provide care for others.
- Nurses are used to dealing with the unexpected, and their scope of practice provides the required flexibility to meet changing needs.
- Disaster preparedness and understanding needs to be a part of operational business plans in health care delivery, incorporating community responsiveness.
- Organisations need to be considering how the disaster planning infrastructure occurs across sectors. Many current responses are reliant on having a familiar workplace in order to provide responses - need to consider disaster responses where hospitals don't exist.
- Education curriculum's need to have disaster planning incorporated.
- One of the questions that were asked was what can individual organisations do to assist other countries in disaster situations. Assistance may decrease disparity in relation to responses available to communities following a disaster, and increase the skill level of both the country providing the workers and where the disaster has occurred.
- African states - 33% loss of health workers in 10 years, AIDS is the major cause of attrition.



Conference venue
Yokohama

2. Health Workforce.

Key themes broadly fit into three categories, recruitment, retention and professional development.

Recruitment:

- In relation to recruitment there is a 4.3m shortage of all Health Care workers internationally (WHO estimate). Terms that are frequently used by researchers into recruitment issues are nurse migration and globalisation. Nurse migration is a feature of the nursing workforce in the 21st century; this means that nurses use their qualifications and skills to provide them with opportunities to travel and work internationally. Globalisation is the ease in which information and people can move internationally. (The other term used was Global Village). The shortage of qualified Nurses internationally is not likely to improve as international transportation becomes easier and health services continue to develop at a phenomenal rate.
- Models of care in relation to the nursing workforce were a recurring theme as was making the most of the qualified workforce and the use of unregulated caregivers. There is a global tendency toward the use of auxiliary workers, some under the direction of nursing others not - i.e. physician assistant.
- It is important to consider how unregulated caregivers/auxiliary workers/Health Care (HC) Support workers are used. Also how to maximise RN knowledge and skills and consider what motivates HC Support workers, as after training it is useful to be able to retain their developing knowledge and skills. Training also needs to be considered and how this training can be 'staircased' into other training programmes.

- Preparing the existing workforce to assist with the coaching, and preceptoring of overseas nurses. What does the new nurse need to know about the culture of healthcare and Nursing in the destination country - how do we ensure coaches and mentors are prepared for this role (more than usual orientation).
- Adaptation/Return to Nursing Programmes. An interesting point about the programme content was raised by a NZ provider of a Return to Nursing programme - the same programme is offered to nurses who have been out of Nursing for 5 or 30 years. Are organisations providing feedback about the suitability of graduates from these programmes? The average age of students in this Return to Nursing programme is 47 therefore aging nurses joining an aging workforce.
- UK actively targeted overseas nurses during 2000-2005 to meet their needs. They are now in the midst of downsizing so it is now more difficult to get nursing registration. Nursing is off the government shortage list, it is harder to get working permits and successfully complete immigration requirements.

Retention:

Retaining the staff we have is important - this is not new however there were a number of ideas that warranted further exploration and thought. The key point was that if nurses are to look after others then they need to be the priority and need to be retained. The aging nursing workforce was again cited as an international phenomenon. A number of presentations discussed

- Late career nurses - how do we use them effectively. They may not be suited to busy acute facilities but may be as a resource for newer nurses and for training, coaching, preceptoring etc.
- Multigenerational nursing workforce - what motivates a new graduate of the X generation may not be what motivates a nurse born as part of the baby boomer generation. How do these motivators influence retention and the range of knowledge/skills required in management/leadership positions.
- Research into staff satisfaction by Kaye and Jordan-Evans (2002) indicated 89% of managers believe satisfaction is about \$\$ - employees didn't say this.
- Sandra West researched intergenerational workforce and found that the mid life nurse needs to feel they have control over their rosters, be able to make longer term plans and have control over out of work hours. It may be useful to consider how fixed shifts could become part of acceptable rostering practice.

Professional development:

There was quite a focus on building resilience within the nursing workforce "without perseverance talent is a barren bed" (Walsh saying).

- A number of papers discussed the challenges associated with working in the constantly changing health environment, always working with people who are experiencing crisis in their lives and dealing with death and the grief of others on a daily basis.
- A resilient workforce is flexible, copes with change and the unexpected, and recovers quickly from adverse events.
- There is much literature on this topic that could be used to inform training/ education programmes, the strategies used by managers and leaders and to inform policy development.

Management and leadership knowledge/ skills were the focus of a number of presentations. Recurring themes were

- Self-awareness, knowing self and biases are a good starting point
- Peter Senge writings on leadership were frequently referred to
- The need for managers/leaders to be reactive preventing them being proactive was raised and stimulated discussion. The nurse presenting

this session was clear about defining one role - if we don't identify parameters others will do it for us.

- *History doesn't repeat - patterns repeat*

The physician assistant role was discussed frequently. Presenters reported that this role developed within the US because nursing viewed the NP role with a 'lens from the past', thinking that NP would be filling gaps and taking orders from Doctors. Nursing was slow to respond, this allowed the opportunity for growth of the physician assistant role.

3. Data Collection

Nursing Key Performance Indicators (KPIs) need to focus on costs and outcomes not one or the other.

Outputs will reflect quality of inputs. Collecting data that is used for Nursing KPIs is often a non scientific process, and often an after thought for busy receptions or Nurses themselves. Researchers would use this process for data collection so why not nursing.

4. Sentinel Event/Near Misses

A number of presentations focused on the impact of sentinel events and near misses in an organisation. A good way to sum up these presentations is the term that was used when discussing the US HealthCare system 'pay me now, pay me later'.

- The major factor that was seen to make a difference was organisations acting with compassion to family members after a sentinel events rather than defensively or dismissively. Organisational representatives going to see families, talking with them about the event, their family member etc was identified as a compassionate approach that saved time and money in the future.
- The analogy within the NZ HealthCare setting would be the cost of spending time talking about the issues etc ('pay me now') at the time vs. the cost to organisations of H & D, complaints, investigations etc ('pay me later').
- Complacency through over familiarity with work environment was identified as a significant factor in incidents and near misses. Diligence and vigilance were cited as primary factors in preventing incidents.

5. Interesting points to note.

- When presenting internationally use photos of NZ - to promote.
- Nursing education in some countries is independent of the nursing profession and regulatory body.
- No nursing regulation, regulatory body or legislation in some countries.
- When considering change - don't let what you can't do blind you to what you can do.
- Positive feedback - how does a profession incorporate into organisational culture?
- Nurses are unique; they have a unique perspective because their education is based on health need rather than on treating illness.
- In UK advanced practice roles are under threat due to a shift from a focus on acute care to community care with little or no strategy in place to manage this transition.
- Regulatory perception in a presentation focused on nurses who had committed multiple murders in their role as nurses. Common features were, frequent change in jobs, often numerous complaints against them, reluctance by colleagues to report, relatively unlimited access to lethal substances, poor relationship issues with employers, colleagues and teams.



The Kiwi Contingent in Japan

The College Boards

The three Boards are Professional Practice, Research, and Education. The purpose of the Boards is to promote, support and develop the professional practice of psychiatric mental health nurses in the three key areas. In time this will allow the College to be responsive to professional issues.

Research Board.

Brian McKenna, b.mckenna@auckland.ac.nz Chairperson.

We are pleased to announce that the application process for the 2007 Te Ao Maramatanga Research Fund has been posted on the College web site. This year the eligibility has been broadened to include research being undertaken as part of Masters or PhD education. Requests up to a maximum of \$3,000 will be considered. We look forward to receiving your expressions of interest.

Acute Services Focus Group

By Kaye Carncross

The acute services focus group is made up of Te Ao Maramatanga, College of Psychiatrists, Mental Health Manager, Allied Health and the Mental Health Commission (MHC). The aim is to explore ways of moving forward and identifying any challenges this may present in the acute areas of mental health services.

The group agreed that there was a need to have a focus on this area. There have been significant developments in other areas of Mental Health Services and these developments had impacted on the acute areas. Acute units during this time have remained much the same and were perhaps slower to change due to the demand and the structure within mental health services.

The discussion was wide ranging and explored the following

- need to work closely with consumers and clinicians in order to move forward,
- that there were issues in defining what is acute and what is intensive care,
- what services might best meet the needs of clients

Although no definite outcomes were reached I think this was a useful discussion to have with the MHC and perhaps the issue that became clearer was the need to have a range of options for treatment and care and flexibility within services to meet changing needs.

**A FRESH LOOK AT NURSING IN THE MENTAL HEALTH & ADDICTIONS SECTOR
IN AOTEAROA NEW ZEALAND**

19 & 20th July 2007

Venue Novotel in Hamilton

Conference organisers: Six Hats: Amanda Graham

The Waikato Branch is organising the inaugural conference for Te Ao Maramatanga.

Organising Committee

Convenor: Suzette Gisler

Secretary: Denny Mc Nae

Jeff Symonds, Karin Haganaars, Heidi Steyn, Robyn Boladeras, Mark Smith, Tio Sewell (Maori Caucus)

Te Ao Maramatanga

2007 Annual General Meeting

2007 Annual General Meeting (AGM) of Te Ao Maramatanga, the New Zealand College of Mental Health Nurses.

Please indicate your intention to attend the meeting to the Secretary by **Thursday 28th June 2007**. If notification of a quorum is not received by that date, the meeting must be postponed until a quorum can be formed. The meeting will be held during the inaugural conference.

4.15pm, Thursday 19th July 2007

Novotel Tainui

Hamilton

*A notice of any proposed changes to the constitution must be received by the Secretary no later than **Thursday 7th June 2007**.*

**CHECK OUT THE TE POU WEBSITE AND NEWSLETTER AT
http://www.tepou.co.nz/page/tepou_255.php**

National Information Service and Resource Centre Coordinator
Mental Health Foundation NZ

www.mentalhealth.org.nz; kim@mentalhealth.org.nz

Kim Higginson DD (09) 300 7038

The Resource and Information Centre is located at 81 New North Road, Eden Terrace, Auckland. Open to the public from 9.00am - 4.30pm, Monday to Friday. Resource Centre Phone (09) 300 7030.

Working to improve the mental health of all people and communities in New Zealand

Request for reduced Membership rates

By Helen O'Sullivan --- hm.osullivan@xtra.co.nz

The college has had a request from a retiring mental health nurse for reduced membership rates. The national committee feels this issue should be put to the membership for their opinion and views to collectively make a decision. Given that the committee had lively debate during their recent teleconference, with common themes around the issues of the aging workforce, constant requests for members to represent the college on numerous national projects and committees, and succession planning being expressed. Therefore it is worth remembering that our retiring mental health nurses leave with a huge knowledge base and often have 'time on their hands' to finally offer time back to their profession. What are your views? Please e-mail me your thoughts and I will collate back to the national committee. Thanks for your time.

Regional News

Auckland branch seminar: DAO role

On 27 March the Auckland branch held an open seminar with a range of speakers invited to discuss aspects of the recent High Court rulings in relation to section 9 (2) (d) of the Mental Health Act. Speakers were Carolyn Swanson (Service User Workforce Advisor, Te Pou); Leigh Brash (Family Advisor ADHB); Barbara Foster (Professional Nurse Advisor BoPDHB, formerly DAMHS), Sandy Barry, (District Inspector); and Terry Debenham (Privacy Office).

A large number of mental health nurses attended. Each speaker gave a brief presentation outlining issues from their perspective. Although mental health nurses in the DAO role have found compliance with the High Court rulings difficult, speakers advanced some compelling reasons for having a third party who is not a nurse, witness the presentation of the section 9 certificate. These included the sense of fairness arising from having someone outside the clinical team involved, the opportunity for families to be fully involved with care, and greater transparency in the committal process. Members of the audience put forward concerns about the effect on the timeliness of the process, and the implications for privacy. While there seem to be no legal barriers in terms of privacy, the issue of timeliness was acknowledged. One of the points of discussion was how a DAO, anticipating that a mental health act process is likely to develop, might begin to negotiate with family or others so that at the point the third party becomes necessary there is someone available. Recognising the practical difficulties involved, Barbara Foster spoke of this area of practice being part of the 'art of nursing', requiring skilled decision making and anticipation of future needs. The seminar did not produce any final solutions to the problem of arranging a third party in compliance with the High Court rulings. But

it did provoke some worthwhile debate and discussion.

Thanks to branch members Carol Seymour, Helen Hamer, Duncan Milne, Brian McKenna, Tony O'Brien and others for organising a stimulating and informative discussion.

Hawke's Bay & Tairāwhiti Branch

est.2007

Justine Pack

Hawke's Bay/Tairāwhiti Chair

Helen O'Sullivan

National Committee

Wednesday the 30th May, 2007 was a milestone for mental health nurses from the Hawke's Bay and Tairāwhiti District Health Boards. It was this day that the inaugural meeting for the Hawke's Bay/Tairāwhiti Branch of the College of Mental Health Nurses was held. The College is the recognised professional voice for all mental health nurses in New Zealand. The meeting received significant support from the Nurse Consultant for Mental Health & Addictions Continuum, the Manager of the MH&A Services and, the Director of Nursing but more importantly by those mental health nurses who attended with a remarkable audience in excess of 30 clinicians, including nurses from NGO's.

National NZCMHN Committee Member Helen O'Sullivan briefed those who attended on the history of the College, whilst providing the background on the commitment required over the past 18 months in planning and organisation to ensure this initiative was not only successful but also sustainable. Helen played a key role in establishing the Hawke's Bay / Tairāwhiti Branch. Helen's involvement and dedication has led to an increase in national membership and an increased awareness of current nursing issues, projects, reviews and debates. Helen is also offering her support and knowledge from a national level to those elected office holders, especially during the initial induction and development of the Branch.

This event is a significant juncture in the development of mental health nursing in Hawke's Bay and Tairāwhiti. Up until recently there have been no officially recognised professional forums for mental health nurses in our region. It is envisaged from this point forward that we will have yet another tool to assist and facilitate the development of mental health nursing and practice within our region. This initiative provides a forum for mental health nurses to meet, be informed and be heard. Among many other outcomes it is hoped that this will facilitate the partnership between mental health nurses and managers at the local level with assisting the development of mental health nursing frameworks. The Branch meetings will occur monthly. Whilst this event has been organised under the auspices of the New Zealand College of Mental Health Nurses, the Branch has made the decision not to limit attendance solely to members of the College although we do encourage membership. This decision was largely driven by our need for a professional mental health nursing forum within our region and limiting attendance to College members may have been counterproductive to this process.

Terms of Reference have been developed. Mental health nurses within the Hawke's Bay and Tairāwhiti region, look forward to the provision of an ongoing forum in which they will have a continuing collective opportunity to both national and international infrastructures. We envisage to be contributing to the newsletter regularly.

Coming events

Date: 16 & 17 August 2007

Venue: School of Nursing, Room 502, 5th floor, ECom Building, 3 Ferncroft Street, Grafton

Two-Day Workshop

Facilitated by:

Debra Lampshire (Experienced-Based Expert)

Helen P Hamer (The University of Auckland)

The content of this skills-based workshop is grounded in Cognitive and Behaviour Therapy and Dialectical Behaviour Therapy approaches to enhance the personal skills and resilience for people who experience positive psychotic symptoms, particularly auditory hallucinations.

The skills taught in the workshop include normalising and validating, focusing, interpretation and evaluation of voice hearing, and the explanations the clients have for their voices. The workshop models the consumer-clinician-alliance in both the teaching and in the clinical delivery of psychological strategies for fluent voice hearers.

Teaching objectives

To raise awareness of the latest research into psychological research on psychosis.

Develop the skills to interpret the voices using the techniques of CBT

Explore the role of voice hearing and the explanations given to those voices by voice hearers

Practice the normalising and validating skills within this approach and the attitudes required to work effectively with the client group

Understanding the role that voice-hearing plays in client's lives, and the consequences of reducing the frequency and distress caused by voices.

Develop skills to use the techniques in a group and within individual key worker practice.

Registration: Robyn Auld, Ph. 09 373 7599 ext 87563 or r.poole@auckland.ac.nz

Cost: \$150 per day per person. Minimum of 10, maximum of 20 group participants.

Contact details: Debra.l@extra.co.nz h.hamer@auckland.ac.nz

16th July 2007, Mangere

Introduction to quality circle time: a whole school approach to addressing social, emotional and behavioural issues. A one day workshop with Jenny Mosley.

For more details contact gail@mentalhealth.org.nz

11-14 July 2007, Rotorua

Royal New Zealand College of General Practitioners Annual Conference

<http://www.rnzcgp.org.nz/conference/conference.php>

30 July - 1 August 2007, Hamilton

2007 New Zealand Early Intervention in Psychosis Training Forum

For more details:

http://www.werrycentre.org.nz/site_resources/library/Conferences%20Events/brochure.pdf

Fri 17th & Sat 18th August 2007, Gold Coast Australia

The 8th International Mental Health Conference

Contact: <http://gcimh.com.au/conference/Default.htm>

26th - 28th September 2007, Oxford, England

*13th International NPNR (Network for Psychiatric Nursing Research) Conference
Researching beyond the boundaries...*

Call for abstracts until 23 March, 2007. Contact Sheavaune.Fox@rcn.org.uk

8th - 12th October 2007 • CAIRNS

33rd Annual International Conference of the Australian College of Mental Health Nurses Inc.

Call for Abstracts: Closing date for abstract submission - 23 March 2007
<http://astmanagement.com.au/anzcmhc7/>

HRC Pacific Health Forum: (previously known as HRC Pacific Health Research Fono) for more details email dalofivae@hotmail.com or nwichmantou@hrc.govt.nz

14th - 18th October 2007 ROTORUA

Aotearoa Network of Indigenous Health Knowledge & Development Trust (ANIHKD) Conference.

Visit: www.conference.co.nz/INIHKD2007 for more information. Noho ora mai Seilena Phillips Office Administrator Te Kaunihera O Nga Neehi Maori (National Council of Maori Nurses) tekaunihera@slgroup.co.nz www.maorihealth.co.nz

Share your knowledge with the College:

Contact Samantha: samratkel@hotmail.com with coming events

Regional contacts

Auckland: Carole Seymour;
cseymour@adhb.govt.nz

Waikato: Jeff Symonds
symondsjeff@xtra.co.nz
symondsjeff@waikatodhb.govt.nz

Rotorua: Marita Ranclaud;
marita.ranclaud@lakesdhb.govt.nz

Hawkes Bay: Justine Pack;
Justine.Pack@hawkesbaydhb.govt.nz

Central District: Stacey Wilson
S.Wilson@massey.ac.nz

Wellington: Eileen Weekly;
eileen.weekly@ccdhb.org.nz

Christchurch: Gail Phillips;
phillipsg@cpit.ac.nz

Dunedin: Mel Green;
MelanieG@healthotago.co.nz

Change of Address

Please notify the Registrar of changes to mailing &/or emailing addresses.

E-mail: admin@nzcmhn.org.nz

Newsletter Group

Editor: Chris Taua tauac@cpit.ac.nz

Co Editor: Stacey Wilson S.Wilson@massey.ac.nz

Coming Events: Sam Kelly samratkel@hotmail.com

NOTIFY THE REGISTRAR OF CHANGES TO YOUR EMAIL AND MAILING ADDRESS