Additional Service Information

Southern District Health Board – New Zealand
Mental Health, Addiction & Intellectual Disabilities (MHAID) Services

Budget: $65 million (approximate)

Funding Sources: Ministry of Health

Staff Numbers: MHAID FTE 600.0

Number of active clients: 6353
2 – CRITERIA

2.1 Evidence of a significant contribution to the field of mental health on a local, state or national level.

And

2.2 Evidence of innovation and/or recognised best practice

Heather has been instrumental in growing Nurse Practitioners across the Southern district. She set up and chaired the inaugural Nurse Practitioner group which continues to meet today. Heather’s advocacy and support for advancing nursing practice and career development has resulted in Southern DHB being recognized at a national level.

https://www.odt.co.nz/regions/nurse-practitioners-relieve-hospital-burden


As Chair of the South Island Mental Health and Addictions Alliance, Heather is highly regarded and influential at a regional and national level. Below is a link to a recent editorial https://www.sialliance.health.nz/news/guest-editorial---heather-casey-chair-of-the-mental-health-and-addiction-services-sla/ which provides an example of Heather’s leadership in addressing the stigma and discrimination associated with mental health and addiction, and her pursuit of breaking down barriers to people seeking help.

Heather has been a member of the Health Quality & Safety Commission’s National Mental Health and Addiction Quality Improvement programme Leadership Group (with a governance function) for the past eighteen months. She has also been seconded to the programme team in a part-time capacity to provide specialist nursing expertise.

Heather supports the programme at local, regional and national levels with energy, commitment, knowledge and experience.

Ngā poutama oranga hinengaro-mahitahi/The Mental Health and Addiction (MHA) Quality Improvement Programme (QIP), is a five year Health Quality and Safety Commission initiative, funded and supported by the District Health Boards, which commenced in 2017. It uses an evidence-based approach, which includes identifying and testing different ways of improving health services, so that people receive high-quality, and safe, care and support.

It aims to:

• improve the experiences consumers and their families and whānau have with MHA services, resulting in better health.
• reduce variability in the access to, and quality of, MHA services so consumers receive the same high-quality care, no matter who or where they are.
• build skills and a culture of quality improvement leadership in the MHA sector workforce, and strengthen leadership.
• share learnings across service providers and encourage quality improvement and safety.
• measure the impact and effectiveness of quality improvement initiatives.
In 2017 Heather represented New Zealand at the International Congress of Nurses conference in Barcelona, providing a keynote address at the conference opening alongside Dr Daryle Deering. The address reported on a range of innovative primary mental health and addiction programmes including rural service delivery teams, nurse practitioners and the credentialing of primary care nurses in New Zealand.

http://nursingreview.co.nz/kiwis-on-world-stage/
The poster below also supported their keynote address and symposium by continuing the discussion about Innovative Primary Healthcare solutions.

Heather Casey, 2nd from the Right, participating in panel of speakers at ICN 2017, Barcelona, Spain.

From ICN Press Release:

The keynote speech was followed by a session on innovative primary care models with a panel of speakers including Jos de Blok, Founder and CEO of Buurtzorg, Netherlands, a community-based service; Tine Hansen-Turton, President and Chief Executive Officer of Woods Services, USA, a leading advocacy and service organisation for people with exceptional challenges, disabilities and complex needs; Daryle Deering, a mental health nurse specialist from New Zealand, who specialises in addiction, and Heather Casey, a mental health nurse from New Zealand, who is past President and fellow of Te Ao Maramatanga: The College of Mental Health Nurses in New Zealand.
"The Changing Nature of the Nursing Workforce: Breaking Down the Silos Between Community and Specialist Mental Health and Addiction Services."

Authors: Daryle Deering Lois Boyd and Heather Casey

INTRODUCTION

In 2011 Tāmaki Makauraua New Zealand College of Mental Health Nurses, worked with Manaia Primary Health Organisation to pilot and develop a mental health and addictions credentialing framework and program. The aim of the program is to support already qualified and competent registered nurses, working in primary care settings in generic healthcare roles, to respond with confidence and best practice approaches to service users presenting with mental health and addiction challenges.

PROTOTYPE CONTEXT

The program continues to be a collaboration between an interested local primary care organisation or individual, their local District Health Board (DHB), (Health and Housing department funded services) and the college. The local primary care organisation and/or DHB deliver an education program that meets both local need and speaks to national policy and privacy direction.

The college have developed four key learning objectives to guide program development and require that 75% of the local program, address these:

- Mental Health and Addictions in NZ Context
- Early Interventions
- Engaged & Therapeutic Alliance
- Long term Management & Complexity

In addition to these key learning objectives, participants are introduced to the practice of regular professional supervision and reflective journaling.

PROTOTYPE STRUCTURE

The program is typically delivered over 6-8 months and an average 6 full study days where participants meet outside of the workforce to attend a timetabled program that addresses the learning objectives. On occasion, in isolated areas there have been individual nurses who have arranged their own program of study that meet the learning objectives via online learning and some relevant training attended that they can evidence.

PROTOTYPE ASSESSMENT

At the end of the program primary care nurses are required to submit evidence to the college of:

- Program and supervision attendance
- Evidence of primary care employment
- 4 short reflective pieces of writing that demonstrate the translation of the key learning objectives into their practice environment
- Evidence of current nursing registration

This information comes to the credentialing director who allocates it to an assessor who is a mental health nurse college member with assessment qualifications and experience. A set of marking criteria are provided to assessors and detailed feedback is returned back to the assessor at the end of the process.

PRIMARY RENTAL HEALTH AND ADDICTION CREDENTIALED NURSES

Nurses who pass the assessment criteria receive a credential certificate and one year these associate membership to the college. They are contacted for a re-credential process every 3 years which involves evidencing ongoing learning and participation in professional supervision.

PROGRAM EVALUATION AND OUTCOMES

These have been 2 formal evaluations of the program, both with very positive results. These can be viewed at www.cmhn.org.nz. The college evaluated the initial pilot in 2012 and in 2016 the Auckland Metro PHO and DHB Collaborative commissioned an external program evaluation.

Key findings of the 2016 evaluation included nurse participants:

- Rating the program as “very valuable” across a number of measures.
- Sustained, brief intervention and referral activity increased over a 4 month period by 90%
- Self-reported vastly increased levels of confidence engaging with mental health and addiction service users, providing evidence based interventions and addressing stigma and discrimination.

REFERENCES


NATIONAL POLICY CONTEXT

New Zealand Health policy over the past few years has steadily been moving health resources and organisations away from tertiary services and into the primary care sector. The most recent New Zealand Health Strategy (2015) aimed to see all New Zealanders live well, stay well and get well. The five identified action areas described in the health strategy is very well with the credential program aims and objectives. They are: 1) People pleased 2) Close to home 3) Value and high performance 4) One team and 5) Smart system.

The most recent New Zealand Mental Health and Addictions Action Plan: 2017-2021 outlines 4 priority areas that are also consistent with the credentialing program. These are: 1) A workforce that is focused on people and improved outcomes, 2) A workforce that is competent and capable and 3) A workforce that is the right size and skill mix. More specifically the strategy contains 14 actions one of which is a “Support the development of the primary and community workforce to respond effectively and facilitate access to appropriate services” (RON, 2017).

KEY SUCCESS FACTORS

- Essential to the success of the program is the local collaboration between general primary care services and specialist mental health and addiction, hospital based services to provide a high quality comprehensive program
- The meeting of these two different health services assists with understanding of each others workplace, challenges and the health service they offer. The ongoing relationships facilitate future referrals and mutual support which all parties to the program can benefit from.
- The college advising on but sitting outside of program delivery. This structure provides a robust objectivity that adds additional rigor to the program itself and its ongoing development.
- The involvement of mental health and addiction nursing college members in assessment and feedback is another unique work. These nurses gain an appreciation of the work primary care nurses are involved in and again support aligns and conversations are promoted.

ONGOING PROGRAM DEVELOPMENT

Six years on from the initial pilot program, over 100 nurses are now credentialled and the program is being promoted beyond the initial pilot site with a large external cohort over the next 2-3 years expected.

5.2% of nurses in New Zealand work in primary care settings (Ministry of Health, 2010). This translates to approximately 2,500 nurses who could benefit from involvement in this program. Currently there are 4 additional organisations in discussion with the college about delivering program and some resources are currently being invested in reviewing and improving what is at
Heather, as part of a small team of Te Ao Maramatanga, New Zealand College of Mental Health Nurse members, championed the need for and piloting of a primary care nursing focused mental health and addiction credential programme. She was involved in lobbying key nursing leadership groups, successfully obtaining seeding funding and developing a foundation for a programme that eight years on, is doubling in size year on year and currently has nearly 300 credentialed primary care nurses engaged in mental health and addictions best practice delivery.

Link to the pilot programme evaluation that Heather was very involved in supporting. https://www.nzcmhn.org.nz/files/file/738/EvalDoc_10LoRes%20FINAL.pdf

Excerpt from a Primary Care Nurse Participants Reflection on Practice, submitted to meet course requirements:

As P left, I felt quite rewarded for taking the time to enquire further about events in his life at that moment. I felt reassured by his feedback and more confident to use the screening tools since attending several study days on the Mental Health course.

The skills taught have given me the knowledge and taken away the fear factor of approaching someone with mental illness. I thought our time spent went well and I felt comfortable asking questions about his condition and being able to use the assessment screening tools with confidence.

Prior to the course, I was aware of the screening tools but afraid of the answers that might eventuate, not knowing how to respond. It helped me realise that just caring enough to ask how a person is feeling is of great benefit. I felt that this added to the holistic approach of good nursing care which we both benefitted from. Programme Participant and Credentialed Nurse 2018.
3 – Conclusion

It is fair to say that this has been an extremely challenging and daunting nomination to complete. Similar to any academic assignment, the less word count the more concise the information must be; however when one is collating information about someone as cherished and valued as Heather Casey – one soon realises just how many people are privileged and humbled to be involved.

The evidence that has been collated more than adequately shows the length, breadth and width of Heather’s phenomenal expertise, skill and ability to tackle any experience with dedication, professionalism and hard work.

I have only been with Southern District Health Board for 14 months, having uprooted my family from Auckland (top of the North Island) to Invercargill (bottom of the South Island) solely due to the reputation of Heather Casey. My research had shown me that if I was to work within a District Health Board that prioritised and promoted Nurse Practitioner training then I needed to relocate to somewhere within the Southern District Health Board, under the direction of Heather.

Interestingly the actual has been remarkably close to the theoretical; working as a clinical nurse specialist under the direction and mentorship of Heather over the past 14 months has been extraordinary. Her vision and philosophy for, not only promoting the nursing workforce, but also actively encouraging and creating the space for those conversations that further collaborative working alongside all stakeholders.

Having worked within five district health boards throughout Aotearoa New Zealand over the past 13 years in various roles within Mental Health, there is not one person more equipped for being nominated for an ‘Exceptional Contribution’ award than Heather Casey. It is my utmost pleasure and privilege to submit this nomination to The Mental Health Service Awards.

4 – Referees
Removed for privacy.

5 – Appendix of Support Material

Testimonials

Bernadette Paus – Nurse Practitioner

“During her time as Nursing Director Heather has seen major changes for New Zealand nurses including the inception and development of the Nurse Practitioner role in New Zealand. As the first Southern District Health Board Nurse Practitioner and now one of 30 plus, I am eternally thankful for Heather’s visionary leadership and passion for advanced nursing role and the role they play in contributing more holistically to the wellbeing of all New Zealanders. Heather was quick to see the potential for the Nurse Practitioner role and started the Southern District Health Board Nurse Practitioner Strategy Steering Group which she chaired for 10 years. During this time she developed policies and guidelines to support the sensitive integration of these roles into practice. Whilst she has tirelessly supported the development of Nurse Practitioner roles in the Southern District Health Board she has continued to encourage and growing Nurses who have the potential and desire to complete the training required to become Nurse Practitioners. It has been a privilege and a pleasure to be part of her outstanding contribution to nursing and sheer passion”.
Daryle Deering – Past President of the New Zealand College of Mental Health Nursing

“I have known Heather for nearly two decades - particularly as a member of the National Directors of Mental Health Nursing group, in my role of Vice President of Te Ao Maramatanga, NZ College of Mental Health Nursing when Heather was President and then in my subsequent role as President of the College. In the latter two roles, Heather was instrumental in my seeking these roles – see comments below re her approach. Heather has a passion for mental health nursing, recognising the role mental health nurses can play in our communities through supporting people with mental health service needs across multiple sectors. She has played a significant leadership role in mental health nursing and in the provision of care for people affected by mental health issues over many years. This role has incorporated clinical service, input to local and national policy, research and teaching. She is an optimistic problem solver – seeing barriers to mental health service delivery and mental health nursing as challenges to overcome and believes strongly that challenges can be overcome through connections and working in partnership with others. One of Heather’s key skills is in identifying mental health nurses with leadership potential and then in mentoring and supporting them in taking on leadership roles at local and national levels both within mental health services and within the College. As a mental health nurse said to me “If Heather identifies your leadership potential, she will make sure you achieve this potential... she is persuasive, confident and persistent...not possible is not in her vocabulary.” In her College roles - she played a significant role in increasing the visibility of mental health nursing within the broader nursing profession and in enhancing the mental health skills of primary care nursing with the goal of improving access and responsiveness to people affected by mental health nursing. Despite many challenges she had a leadership role in introducing mental health credentialing of primary care nurses under the College umbrella – recognising that general health was impacted by mental health (no health without mental health) and that nurses working in a range of primary care roles had an important role to play. This practical initiative incorporating an ‘in practice’ enhancement of knowledge and skills, supported by mentoring and supervision via specialist mental health nurses, other practitioners and consumers attracted significant Workforce NZ funding. It was ahead of its time as evidenced by the now growing ‘take up’ of this activity within the primary care sector. Heather is recognised as an early and continuing champion of the role of Nurse Practitioner in New Zealand, recognising the potential of this role in increasing access and responsiveness to people who are affected by mental health issues – particularly underserved populations. This is evidenced by the uptake of Nurse Practitioner roles in the Southern DHB. She has played a role in breaking down silos within mental health services across the NGO and DHB sector - encouraging the building of relationships leading to services within the mental health service and related sectors working more closely together. Her ‘building of relationships and working in partnership’ approach has also been evidenced by her facilitation of consumer input to nursing and mental health service delivery. For example, actively advocating and supporting those with lived experience to enter nursing. Her leadership and advocacy extended to her close links and working in partnership with the Australian College of Mental Health Nursing in her College roles. In 2017, I had the privilege of sharing an invited key note address on mental health at the International Council of Nurses Congress in Barcelona. This address highlighted mental health within overall health and portrayed the New Zealand experience. In her mental health nursing leadership roles, Heather has continued to enhance her knowledge and skills in adding to her Master’s degree, undertaking postgraduate studies in addiction, recognising that mental health and addiction issues are interlinked. Also, to utilise her academic skills in participating in research e.g. a member of a research group exploring the potential of advanced directives and in actively supporting nurses to undertake research projects within Master’s qualifications. She is highly respected as a teacher and is a strong advocate for exposing nurses in practice to cutting edge advances in mental health and broader health strategies e.g. through invited speakers on a range of topics - challenging them to critically reflect on practice. As president she hosted a very successful conference in Dunedin through her relationships with overseas and NZ nursing leaders and academics. In summary, Heather has played a significant role in the leadership and development of mental health nursing and in mental health service delivery in Australasia through promoting high quality care, policy
development, championing the potential and expansion of mental health and broader nursing roles, teaching, promoting and participating in research. In doing so over many decades she has shown that through relationships and connections and by working in partnership barriers can be overcome and aspirations achieved”.

Mel Green – Charge Nurse Manager, South Community Mental Health Team

“In 1997 Heather interviewed me as a New Graduate RN who wanted to work in Medical/Surgical nursing not in Mental Health. She offered me a position which I accepted because there were no other available positions at the time. At that time, there was no nursing New Graduate programme so three months later she had one up and running with 8 new graduate nurses from Otago and Southland Hospitals. 18 months later when I still wanted to “experience medical/surgical nursing Heather made contact with some of the Charge Nurse Managers and before long I moved to the surgical ward. Her view was that she supported me to leave mental health in the hope that I would return one day, a view she holds generally for nurses. Heather stayed in touch and after some time I returned to the mental health directorate in a Unit Manager position in a Sub-Acute Ward. Heather was my manager at the time and I learned a great deal from her about being a manager. I completed a PG cert in MH nursing and she was my academic mentor. She was very direct with her feedback (was painful at times with the red pen 😊) but I learned a huge amount about academic writing and that started me off on my pathway to completing my Masters in Nursing. Heather and I job shared a clinical position in the Consult-Liaison Service for about four years which she did one day a week alongside her Nurse Director Role and was very skilled clinically. She has been my mentor for 22 years. I think often people change their mentors but because of Heather’s continual self-growth/development and vision I am still learning from her and I still look up to her. She encourages me to do things that I didn’t think I was capable of doing; e.g. Convening the College Of Mental Health Nurses Conference in Dunedin 2011, and taking on the acting Nurse Director role when she had extended periods of leave. She has a strong Mental Health Nursing presence nationally and internationally and is very well respected. For the entire 22 years I have known Heather has always had a very strong patient focus and really does have a heart for patients. She understands the importance of and values and nurtures relationships. Heather is one of the main reasons why I became passionate about mental health nursing and why I am still working in this area”.

Stu Bigwood – Nursing Director, Specialist Mental Health Service, Canterbury District Health Board

“I have known Heather Casey for the past 15 years; the last 10 of which we have been colleagues as mental health directors of nursing of district health boards (DHB’s) in the South Island of New Zealand. Heather has been a long-standing director of nursing and my knowledge of her influenced my decision to apply for a director of nursing role. She has been very supportive of me in my director of nursing role and was particularly active in mentoring and supporting me in my first two years in the role. I have noted that she does this for all new appointees to the group (the 20 DHB directors of mental health nursing meet nationally every three months). For the past two years I have been chair of this group and again Heather supported my nomination and has acted as a vice-chair and major support to me during this time. Heather has a particular bent for supporting and developing others and has a relentlessly positive approach and outlook which is characterised by unconditional positive regard and being kind. (A sort of mental health Jacinda Ardern). I have also had the pleasure to work with Heather on the health quality and safety commission of New Zealand’s mental health improvement initiative. We were the only two nurses on the leadership group of 20 people. Heather has tirelessly worked to build relationships with all stakeholders, staff, consumers, family and various organisations. We are also both on the project group for the Zero seclusion initiative for the health quality and safety commission of New Zealand. Heather has personally led an initiative looking at positive and proactive use of nicotine replacement therapy to avoid conflict and consequential seclusion. She has also been very active in leading project team visits to DHB’s to encourage, support and help develop initiatives to reduce the use of seclusion. Heather has presented to the national zero seclusion forum on the NRT
initiative and has also provided a masterclass for sponsors of the zero seclusion project. This came about because of the excellent results and reports from the teams that she was sponsor for. I am aware that over the years Heather has been often chosen to lead reviews of services. This has been both in the traditional post incident circumstance but also when people were looking for fresh ideas and innovation. I'm also aware that Heather has been a stalwart of the New Zealand College of mental health nurses and previous to that the Australian and New Zealand College. She is a past president of the New Zealand College and is a fellow of same. Heather has been very proactive and innovative in her support of new and innovative roles where she has seen value for the sector. This is best exemplified by her support for nurse practitioners where she has been successful in supporting more nurses to obtain nurse practitioner status than any other DHB in New Zealand. I think overall the measure of Heather is the way that her staff talk about her. I have had many opportunities to visit the southern DHB over the years both in a collegial and a reviewer capacity. Heather is universally respected and is always focused on what’s best for consumers and their families and the staff that care for them. Thank you for the opportunity to support this nomination I cannot think of anyone who was worked harder or more diligently to improve the lot of consumers their families and staff of mental health services in New Zealand”.

Directors of Mental Health Nursing Group 2017: Michael O’Connell, Lakes DHB; Jeff Hammond, Whanganui DHB; Jane Bodkin, senior advisor Ministry of Health (invited guest); Carole Kennedy, Waikato DHB; Paula Watson, West Coast DHB (acting); Jane Simpringham, Northland DHB; Anne Brebner, Counties Manukau DHB; Heather Casey, Southern DHB; Elaine Wogan, Bay of Plenty DHB (chair); Wendy Lowerson, Canterbury DHB (acting); Peta Rowden, Hawkes Bay DHB (acting); Barry Keane, Mid-Central DHB (acting) and Toni Dal Din, 3 DHB - Capital & Coast DHB.

Photo courtesy of Matua Raki, National Addictions Workforce Development
CURRICULUM VITAE

HEATHER CASEY
Email: Heather.Casey@southerndhb.govt.nz

Professional Qualifications

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<thead>
<tr>
<th>Year</th>
<th>Qualification</th>
<th>Institution</th>
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<tbody>
<tr>
<td>2012</td>
<td>Post Graduate Certificate in Health Sciences (Addiction and Coexisting Disorders)</td>
<td>University of Otago</td>
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<tr>
<td>2002</td>
<td>Master of Arts (Nursing)</td>
<td>Victoria University of Wellington</td>
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<tr>
<td>1997</td>
<td>Post Graduate Certificate in Advanced Nursing (Mental Health)</td>
<td>Victoria University of Wellington</td>
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<tr>
<td>1996</td>
<td>Bachelor of Nursing</td>
<td>Otago Polytechnic</td>
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<tr>
<td>1991</td>
<td>Diploma in Comprehensive Nursing</td>
<td>Otago Polytechnic</td>
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Relevant Employment & Professional History

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<tr>
<th>Year</th>
<th>Role</th>
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<tr>
<td></td>
<td>• Previous role disestablished. New role across Southern District after merging of two districts. 400 nurses over 14 sites.</td>
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<td></td>
<td>• Authorised vaccinator - undertake to assist with Influenza vaccines each year.</td>
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<td>Dec 2003 – 2013:</td>
<td>Mental Health Nursing Director – Southern District Health Board (Full Time Position)</td>
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<td></td>
<td>• In this role, between the dates of 2003 – 2007, I also had a clinical role covering the Consult Liaison nursing role 1 day a week. This service provides Mental Health consultation and liaison into the general wards of the hospital.</td>
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<td></td>
<td>• Acting General Manager Mental Health and Intellectual Disability Services January to May 2010</td>
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<td></td>
<td>• Acting Deputy Chief Nursing Officer August 2011 – March 2012</td>
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<tr>
<td>Feb 2003 – Dec 2003:</td>
<td>Mental Health Nurse Consultant - Otago District Health Board</td>
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<td></td>
<td>• A newly developed position within the ODHB focussing on Nursing leadership and practice development.</td>
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<td>2000 – 2003:</td>
<td>Inpatient Clinical Services Manager - Otago District Health Board</td>
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<td></td>
<td>• Responsible for the operational, financial, people, change and strategic management and quality improvement activities of all intensive care/acute, clinical rehabilitation and residential beds within the Adult Mental Health Service (approx. 96 beds and 160 clinical staff).</td>
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- Clinical leadership and operational management roles within intensive care/acute/rehabilitation inpatient units and a residential facility.


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<tr>
<th>CV</th>
<th>Significant Professional Roles</th>
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<td>Heather Casey</td>
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Current:
- Health Quality & Safety Commission’s National Mental Health and Addiction Quality Improvement programme Leadership Group – Working group member
- Te Pou Workforce Centre – Handover Journal Editorial Board
- Mental Health and Addictions South Island Alliance - Chair.
- Nurse Practitioner Steering group - Chair and Nurse Practitioner champion.
- Co existing Problem (Mental Health and Addiction) - Project sector wide lead.

2016: Blueprint Leadership Programme – Leadership mentor

2014: Review of Mid central Mental Health and Addiction Services - Registered Nurse selected to participate.

2011: College of Mental Health Nurses Biennial Conference – Programme Convenor

2011: National Health Board Mental Health and Addictions ‘Service Review’ – Working Group Member

2010 – 2014: Director: College of Mental Health Nurses - Accreditation, Credentialing and Certification Programme:

2010 – 2012: Ministry of Health Section 95 Inquiry Hutt Valley – Clinical Advisor.

2006 - 2010: National President: College of Mental Health Nurses


As requested: Thesis Supervision - Victoria University of Wellington, Otago Polytechnic

As requested: Thesis Examination - Victoria University of Wellington, Otago Polytechnic, Otago University and University of Auckland

As required: Sentinel Event/SAC 1 & 2 investigations: Within Mental Health and wider DHB

2002 – 2007: Co facilitator of the Victoria University of Wellington Post Graduate Certificate in Clinical Nursing (Mental Health): Otago Polytechnic, School of Nursing
‘Special Patient’ Reviews – 6 monthly within the Southern DHB

Clinical Review Panels – within Southern DHB as requested

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<tr>
<th>CV Heather Casey</th>
<th>National Nursing Forums/Membership</th>
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- Health Quality and Safety Commission – National Leadership Group, member
- National Directors of Mental Health Nursing – assisted with initial development of this group in 1996 - various roles over the years including chair, secretary - membership ongoing
- New Zealand College of Mental Health Nurses – Current Fellow and member; national President role 2006 – 10
- DHBNZ – Nursing and Midwifery Workforce Strategy Group, Mental Health Nursing representative 2008 - 2010
- Permanent External Advisory Group Membership - Otago Polytechnic

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<tr>
<th>CV Heather Casey</th>
<th>Publications/Papers Presented</th>
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2017: College of Mental Health Nurses Conference. Hamilton. Workshop.

2017: Pilot study to evaluate implementation and outcomes of advance directives in mental health services

2012 – 2016. Various presentations, mainly focused on bringing together two very different MH & A services.

2012: Management and Leadership papers, University of Otago.


Co facilitator, Leadership in Nursing.

Active and ongoing Research

Invited speaker each year - ongoing

Nurse Practitioner Development
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<tr>
<th>Year</th>
<th>Event Description</th>
<th>Conference/Location</th>
<th>Paper Presentation Title</th>
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| 2009/2011 | DHBs and PHOs: One Day Workshops: 
Northland, Dunedin, Southland, Wellington, Rotorua and Waitemata. | | “Maximising the potential of mental health and intellectual disability nursing” |
| 2009 | Celebrating Mental Health Nursing Expertise and diversity Conference in Dunedin: Paper presentation | | “Expanding scope of practice addictions – policy, professional practice and education” |
| 2009 | Welltec Addictions Workshop in Wellington: Paper presentation | | “A mental health nursing response to ethical dilemmas” |
| 2009 | Australia and New Zealand College of Mental Health Nurses Conference in Sydney: Paper presentation | | “NZ college of mental health nurses – working together” |
| 2008 | World Psychiatric Association Conference in Melbourne: Paper presentation | | “I am tomorrow or some future day what I establish today” |
| 2003 | Australia and New Zealand College of Mental Health Nurses Conference in Rotorua: Paper presentation | | “Empowerment: What can nurse leaders do to encourage an empowering environment for nurses working in the mental health area?” |
| 1999 | Contracted by Taranaki Mental Health Service to provide three one-day workshops | | ‘Management of the acutely well patient within an intensive care environment’ |