Post-natal care good enough, say nurses

By Justin Latif

The recent Kahui twin tragedy has fuelled questions about hospital procedures for discharging babies.

However, some hospital staff believe they take sufficient precautions when assessing a mother's ability to care for her newborn.

Chris and Cru Kahui died from multiple injuries allegedly sustained at their home, only five weeks after they were discharged from Middlemore Hospital's Kidz First unit.

According to media reports, they were sent home from Kidz First even though their mother visited them only twice. Hospital staff who dealt with the children have declined to comment pending a possible court case.

Rebecca Flanagan, 23, is a nurse at the Neonatal Intensive Care Unit at National Women's Hospital.

She stresses that she and her colleagues are always thorough before letting children go home.

Flanagan says that every visit a baby receives from parents is documented.

Information includes how well the mother is bonding with her child and if the family's home seems violent, abusive, or neglectful.

"There is an innate ability to protect, but some mothers just have no idea. They are lucky to come here because we give them so much training, whereas at the post-natal ward they are pretty much left to their own devices," she says.

"We document daily in the baby's notes and nursing charts whether the parents have come in or called via telephone, and also whether they have helped with simple cares, such as feeds, changing the baby's nappy, and doing other small things to allow optimal bonding between mother and baby."

> "Most mothers are really good and committed. But some parents just don't turn up. A lot of mums suffer depression"

She adds that a baby and mother must also pass certain milestones before they leave hospital, including having the baby sleep on its mother's tummy regularly.

If the mother is unwilling to do this, it is viewed as a sign that she could have unaddressed issues with motherhood and could need extra support.

"Most mothers are really good and committed," she says. "But some parents just don't turn up. A lot of mums suffer post-natal depression because the feeling of worthlessness can affect them as the pregnancy does not turn out how they expected."

A confidential chart called the "visiting sheet" evaluates the role of the mother and family in the baby's care.

If mothers aren't taking an active role in the baby's care this is passed on to a family liaison nurses.

Part of their role is to check whether the home the baby is returning to is violent or abusive. Before a baby can be discharged they will ask the mothers if they have had or are currently experiencing emotional, verbal, sexual or physical abuse. Their response is documented by nursing staff.

All this documentation and careful observation of the baby's family is able to paint a picture of the type of care the baby will receive once discharged from hospital.

Flanagan says if there is reason to believe the baby may be going back to a neglectful home, Child, Youth and Family Services is notified, along with the nursing staff, medical team, social workers and family liaison nurses.

"A decision is reached as to whether the baby should return home with the parents or go into other care," she says.

"Obviously before this point, families are invited to meetings where the staff concern at the lack of visiting and partaking in the baby's care gets addressed.

"The parents then have a chance to explain things from their point of view in a non-threatening environment.

"Health professionals just wouldn't send home kids if they didn't think their parents were up to it," she says.

Marlene Stratham, from Social Services at Kidz First, agrees that everything is well-documented and any further concerns are passed onto the social welfare.

PHOTO : JUSTIN LATIF

REBECCA FLANAGAN

"We have very involved discharge meetings with the families and the support people," she says.

"Everyone does their best."

NZ 'voice hearers' seek acceptance

By Anika Forsman

Hearing voices that no one else can hear does not make you crazy and those who do hear voices want people to stop thinking they are.

Results from an Auckland University study, Angels at our Tables, found that 48 per cent of those interviewed about hearing voices found their experiences positive.

Psychologist intern and post-graduate student Vanessa Beavan gathered answers from 154 voice hearers and interviewed 50 of them in person to explore their experiences in depth.

At a recent hearing voices forum, Beavan discussed her results and introduced a number of speakers who experience other voices.

"The phenomenon of hearing voices is more complex than suggested by the psychiatric model of voices as a symptom of severe mental illness."

One speaker at the forum, Arana Pearson of Keepwell Limited, advocates for real recovery solutions in mental health through consultancy, training and workshops.

Pearson has heard voices for most of his adult life. He shared some of his experiences of the mental health service and the negative stigmas around voice hearers.

"Hearing voices doesn't mean that you are mentally ill," he says.

"People can experience varied voices that will have different meanings. I work in a sector that trains people in recovery.

"My first experience of the mental health service saw me checking in with one voice and checking out with three."

Pearson says the mental health service does work for some people but there are few alternatives being explored by the sector when drugs do not work.

"Treatment programmes have only just started asking what seems like a very obvious question, 'What do you actually hear?'" he says.

"A lot of people who hear voices often feel trapped by the mental health system."

Beavan's research also identified issues in the way the mental health service deals with voice hearers.

"There appears to be no sure-fire coping strategies that work for all voice hearers.

"Instead, the evidence suggests they should be encouraged to develop and test out their own selection of techniques that help them successfully manage their voice experiences," she says.

For the 25 per cent of respondents who do hear negative voices, the content is often so distressing many have difficulties living within the general population.

Voice hearers who reported experiencing distressing voices often felt polarised by the community and were concerned by the way they were portrayed in the media.

The Auckland University respondents unanimously agreed they wanted voice hearing to be regarded as normal and not a psychiatric disorder.

Auckland District Health Board's Debra Lampshire specialises in providing workshops for those who hear voices and who work with voice hearers.

Lampshire says the board is trying to normalise and validate hearing voices so people can incorporate their experience as something which is normal.

"Hearing voices is often associated with particular stressful times," she says.

"If you can alleviate the stress and talk about the voices so they can have meaning, they can then become helpful."

"Hearing voices is not a psychiatric disorder – it is a fairly human response to a human dilemma."