



Canadian Federation of Mental Health Nurses

Summer 2003

Edition Number 38

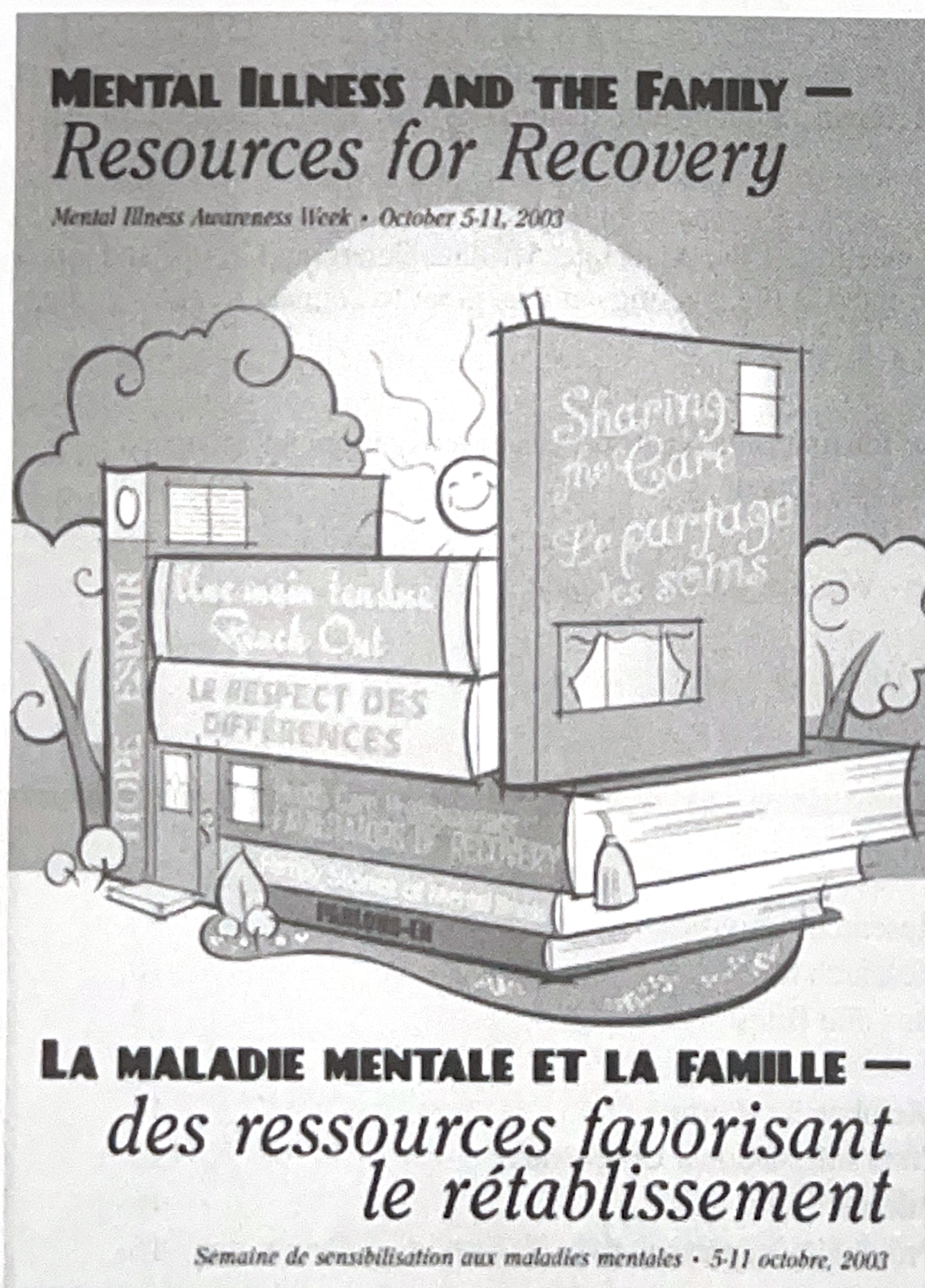
Editorial

Chris Davis

As I came to write this, my first editorial for the newsletter, I experienced a number of feelings. On the one hand I am excited to have this opportunity. On the other hand, I find it very humbling to think about the connections with nurses working in mental health/psychiatry across this country.

I wondered how it is I came to volunteer to do this. In speaking with some of the contributors to the newsletter and to Judy Buchanan and Brenda Ingram, it seems all mentioned one person's name. Ann Greene! It is amazing to me how it is that Ann has been able to encourage many of us to "volunteer." Her commitment and passion for people dealing with mental health issues in various ways and for nurses working in the area of mental health/psychiatry is exemplary. Ann will be missed but we are fortunate that Judy Buchanan has been able to step in to the Acting President role. Judy's commitment and passion is also contagious. CFMHN is in good hands!

In speaking with both Ann and Judy, I know that there has been an attempt to focus each issue around a particular theme. This issue has no real theme, but rather is a collage of sorts – a patchwork quilt. We have tried to maintain a format that you, the reader, are familiar with. I look forward to your comments and suggestions.



On another note, as you will read in the President's message, the CFMHN conference was postponed to October 30th to November 1st, 2003 due to Toronto's SARS outbreak. The commitment of the conference planning committee, the CFMHN Executive and the conference presenters deserves mention and membership support. Many of our fellow healthcare workers working in Toronto were challenged beyond belief during this difficult time. Two nurses lost their lives to SARS and many others became ill, worked in very stressful situations and were isolated from their families. A recent small article in the Globe and Mail makes mention of the fact that at a recent meeting of the American Psychological Association it was noted that countless health care workers, members of the Asian community and others are plagued by anxiety and stigmatization and continue to feel the psychological effects of SARS. I would encourage as many of you as possible to plan to attend the conference. We may not be the Rolling Stones but we can show our support for Toronto and the health care workers who did so much to care for their communities. Information about the conference and registration is contained within this newsletter. And airline ticket prices are quite reasonable at the moment!

So.... take a few minutes, read this edition of your newsletter, book that flight to Toronto and register for the October conference! Hope to see you there!

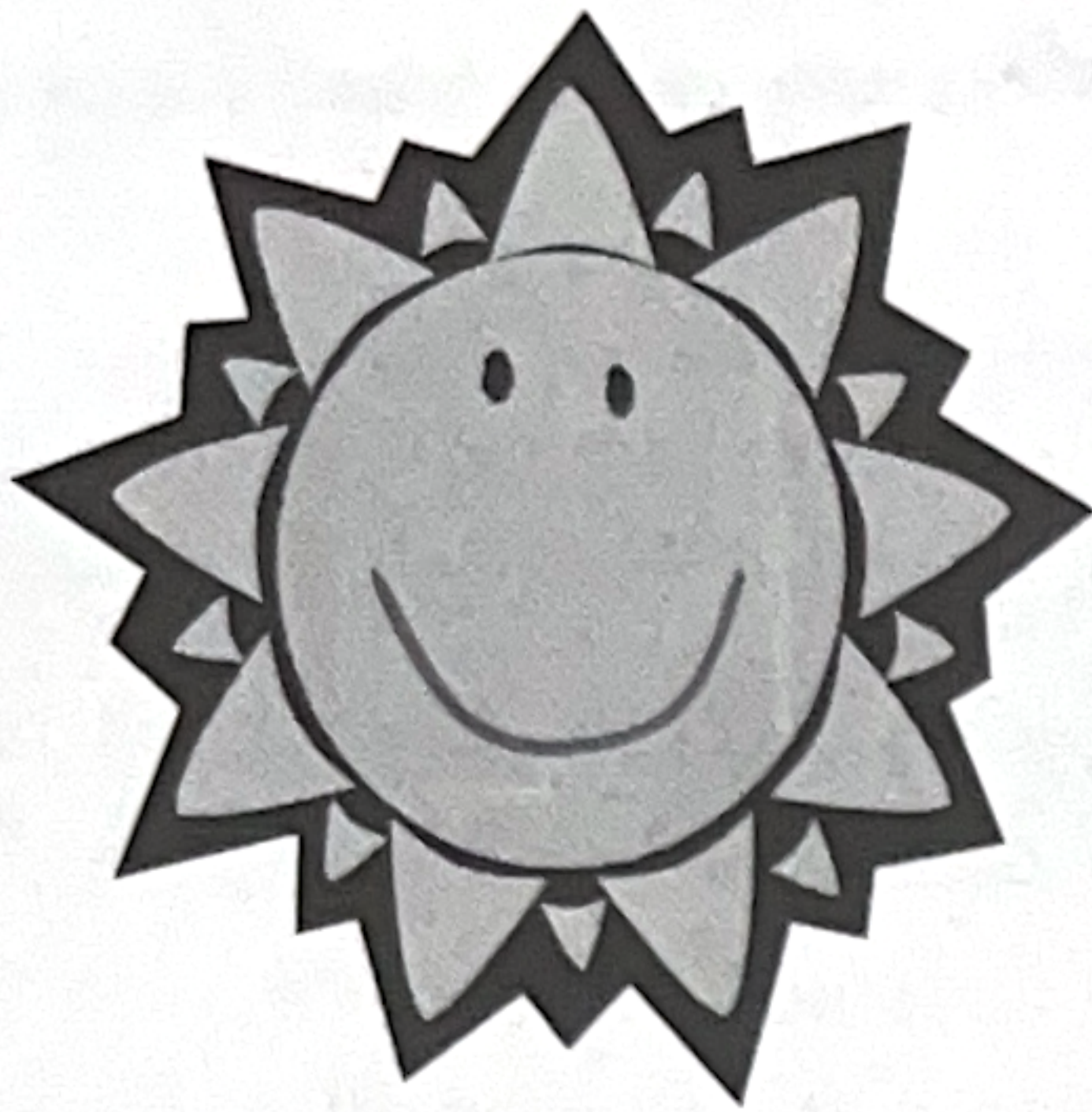
Fédération Canadienne des Infirmières et Infirmiers en Santé Mentale



Message From Your Acting President

Judy Buchanan

"Summertime and the livin' is easy" or so says the song.



The reality is otherwise across our great nation. I'm sure that none of us can say we've been untouched by the crisis of SARS in Toronto, or the devastation of the beef industry in the west and its attendant 'farm stress', or the infernos in BC, or the impact of the war in Iraq, or one of the other critical events that seem to be buffeting us on all fronts. In all of these situations mental health nurses are there - assisting people to deal with overwhelming stress, havoc, loss and grief. PMHN's regularly support clients through tough times, but these past few months for many of you have definitely been a stretch. Some of you have been personally affected, and have needed/are needing personal support. If so, I most sincerely hope that you have gotten it.

Although the difficulties of the Federation pale in comparison, nonetheless as an organization we have had to face adversity. The resignation of our President Ann Greene in April was a great loss to the Board, and as would be expected we had to go through the task of rebounding and gathering a renewed sense of equilibrium. We have had financially challenging times since last communicating with you via our newsletter. The greatest trial for the organization was the decision to postpone the International Conference (now slated for October 30 to November 1, 2003). The decision was made with great deliberation and angst; nonetheless we knew it had to be made. Looking back we also know that it was the best decision that we could have made. The difficulty of course is that it has hit us where it really hurts - in our pocketbook! However, survive and thrive we will.

So onward ... What has your Board been up to since you last picked up your newsletter?

- The next revision to the Canadian Standards of Psychiatric and Mental Health Nursing is expected to go to the Board for review at the October 30 Board meeting.
- CFMHN had representation on the Standing Committee on Social Affairs, Science and Technology (Mental Health and Mental Illness).
- Our link with CNA remains strong. I attended one teleconference meeting of the Associate/Affiliate/Emerging Groups and am slated to attend another in October. Twenty-six groups were represented at the meeting - it was great to connect to other groups and to discover that we have many similar issues.
- We have plans to upgrade our website so as to ensure: greater ease for first time 'visitors'; easier navigation; an enhanced currency of our postings; and sub-sections of particular interest. So stay tuned!
- Plans are already underway for our 2005 International Conference - Winnipeg here we come.

I'll say adieu for now - hope to see you at the Conference in October. You'll not want to miss it.

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Multi-Sensory Musings

Gwen Van Schaik

THE CHAKRAS

Our physical body is the densest component of many interactive energy fields. To allow energy of higher vibrational orders to flow into our body and influence behaviour at both the cellular and organismic level, it must pass through specialized step-down transformers. These transformers are known as the chakras and function to translate the effects of higher energies, ie. the etheric, astral, mental, and higher, into biological manifestations via our endocrine and neurological systems.

The etheric field/body is an energetic template associated with and resembling the outline of our physical body, differing from it only in frequency. There are seven major chakras housed in the etheric body. Each chakra is associated with a nerve plexus, a physiologic system, and a gland. Each one is also associated with a different emotional and spiritual issue in the development of human consciousness.

The chakras help to regulate the flow of subtle/higher energy into different organs of the body and establish strength and balance in particular physiologic systems. Imbalances at the level of the chakras can contribute to the manifestation of either health or illness in the physical body. Energetic changes occur at the etheric level before becoming manifest as physical cellular events.

The lower two chakras (root and sacral) are physiologic in nature. They relate to processes of absorption, assimilation, excretion, and reproduction. The primal issues dealt with at this level are groundedness, connection to the Earth, sexuality, and survival instincts.

The third, fourth, and fifth chakras (solar-plexus, heart, and throat) are related to issues of personal development and individuation. On a physiologic level, these centres control the processes of digestion and purification, circulation, respiration, immune defences, and the preservation of the integrity of the self. Issues include establishment of a sense of personal power in relation to self and others, expressing love toward self and others, and communication and master of the will/discipline.

The sixth and seventh chakras (brow and crown) are primarily spiritual in nature. The brow centre helps to direct higher spiritual forces and assist in intuitive decision making and in seeing beyond the physical level. The crown chakra is the highest centre and is especially activated when an individual is attuned toward inner searching for the meaning of life, during the practice of meditation, and through the process of active spiritual seeking.

In reality, the first three centres (root, sacral, and solar-plexus) form a lower triad of physiologic and grounding functions. The

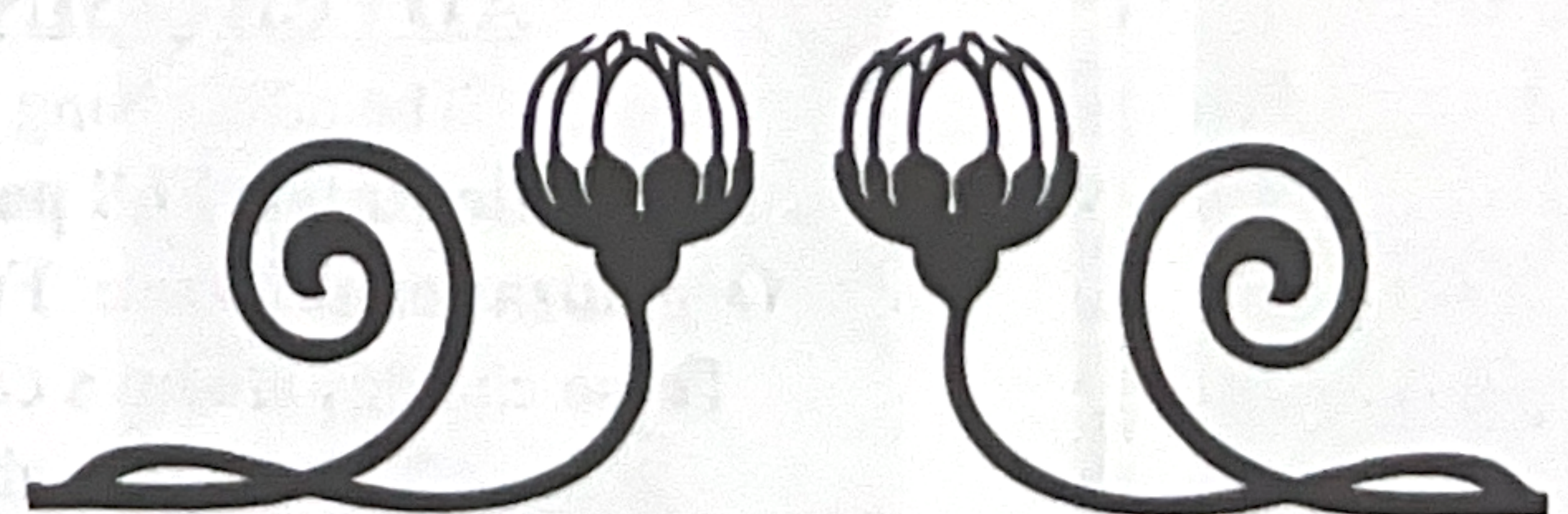
uppermost three centers (throat, brow, and crown) form the higher spiritual triad. The heart chakra is the bridge between the lower and the higher triads.

The degree to which an individual is successful in dealing with the particular lessons inherent in each chakra determines the amount of subtle-energy flow which can move into the body to maintain proper health. It thus seems important that we understand and know how to take care of our etheric body.

Anodea Judith, a clinical psychologist, yoga teacher, and workshop leader has written a landmark book on the topic called: *Eastern Body Western Mind – Psychology and the chakra system as a path to the self*. The book focuses on vital issues in therapy today: addiction, co-dependence, physical and sexual abuse, family dynamics, character structures, personal empowerment, feminism, male emancipation, sexuality, visualization, depth psychology to spiritual practice. It shows how to use the chakra system as a tool for diagnosis and healing. It has a wealth of clinical examples of Judith's own work with clients using the chakras as a healing tool. With her colleague Vega, Judith produced "The Sevenfold Journey" a workbook that came from many years leading groups in "reclaiming the mind, body, and spirit through the chakras." It is a step-by-step approach to a profound spiritual healing system.

As far as I know, no one has ever tried to explain the DSM-IV in terms of excessive or deficient chakra function, but Judith in her work deals with people who are depressed, manic, personality disordered, addicted, and psychotic. By working through their chakras and engaging in exercises such as journaling, meditation, yoga, movement, mindfulness, ritual, for each individual chakra, these people came to know themselves and their bodies on an intimate, meaningful, and spiritual level and acquired the means and knowledge to self-care their etheric bodies and promote health in their physical ones.

Me, I'm still working on chakra one – and suspect I will be, for a while. Where are you at?



Alberta

Geertje Boschma

Effective April 1, 2003 the Alberta Mental Health Board (AMHB) has obtained a different role. Most mental health services and facilities are now subsumed under the responsibility of the nine regional health authorities in the province, as recommended by the Premier's Advisory Council on Health of Albertans (Mazankowski Report 2002). Province-wide services, such as forensic psychiatry, suicide prevention, aboriginal health and tele-mental health remain under AMHB governance. Mental health promotion and provincial mental health planning also remain an AMHB responsibility. Over the next year the Health Authorities and AMHB will collaborate on the development of a provincial mental health plan with input from various governmental departments and community stakeholders.

A remarkable and compelling book, *Political Asylums* (2002), on mental health service in Alberta has been written by Ron LaJeunesse, Executive Director of the Canadian Mental Health Association - Alberta Division. It is published by the Muttart Foundation in Edmonton. The book provides an interesting historical and political perspective on mental health policy in Alberta. I highly recommend this important book to mental health nurses and other mental health professionals. Ron LaJeunesse was the 2002 recipient of the C.M.Hincks Award of the CMHA, the highest honour the organization can bestow, for his work on the advancement of mental health in Canada.

The former Suicide and Education Centre in the province has changed its name as of November 2002 into the Centre for Suicide Prevention. The Centre's new Suicide Prevention Research Projects contribute provincially, nationally and internationally to suicide research, and in collaboration with CMHA the Calgary based Centre also provides on-site counseling (for more info see www.suicideinfo.ca). Opportunities for methadone treatment for people

with opiate addiction have expanded in Alberta with the recent opening of a clinic in downtown Calgary. This is the third facility in the province. Other ones are a facility in Red Deer and one run by AADAC in Edmonton.

Saskatchewan

Denise Kayto

Greetings!

On a provincial level, planning is underway for a number of new facilities. Swift Current is planning for a new hospital, which will include inpatient mental health. Saskatoon is also planning for a new inpatient mental health unit that involves the consolidation of the two current inpatient mental health units.

There has been a significant drop in the successful recruitment of nurses in the rural communities of Saskatchewan for inpatient mental health units. One of the factors that impacts on the recruitment of nurses is having students complete a clinical practicum in the rural setting. There has been a decrease in the number of students of all disciplines having a student experience in a rural community. This issue is present in any of the hard to recruit disciplines such as physicians and pharmacists. The Academic Health Sciences Network has established a committee as a strategy to address the issue of clinical experiences in the rural setting. Two managers of inpatient mental health units in rural communities were invited to join a committee. The desired outcome would be establishing opportunities to support students in all disciplines to experience a rural community.

On a local level, Mental Health Services in Saskatoon have developed a direction for service provision and planning for the next 3 years. The document was widely distributed in early June.

ADVERTISING RATES FOR CFMHN NEWSLETTER

The advertising rates for the Newsletter are as follows (Cdn. funds):

Corporate Rates: Full page \$800	Half page \$500	Quarter page \$300
Organizational Rates: Full page \$250	Half page \$150	Quarter page \$100

These charges are on a cost recovery basis only so that we don't incur tax implications.

To inquire about advertising in this newsletter please contact:

Brenda Ingram Tel: 604-463-3220 Email: bl_ingram@yahoo.ca
11649 Riverwynd Street, Maple Ridge, B.C. V2X 7G9

Dare to Tell

An interview with Beth Dorsey, RN, MN & Diane Grabke, RN, BScN

Teamwork makes a difference

Making a difference in the care of mentally ill patients and their families is at the heart of the nursing careers of Beth Dorsey and Diane Grabke, family therapy specialist and nurse clinician respectively at the Mental Health & Psychiatric Outpatient Services of the Foothills Medical Centre in Calgary.

Based upon research that patient outcomes improve if the patients' family is supported, Beth and Diane offer an Education and Support Group for partners and relatives of patients suffering from schizophrenia. The group runs about two or three times a year for six sessions each time, "To help partners and relatives manage their special role," Beth and Diane emphasize. Topics include: A review of the illness and its symptoms, treatments available, crises management, and coping with illness in the family. Participants find support in sharing experiences with other family members. Near the end of the sessions presentations by the Schizophrenia Society and the Canadian Mental Health Association invite families to utilize their ongoing support programs after Beth and Diane's group finishes.

The rewards of this work are particularly stimulating. "At the end of the day you feel you've made a difference," Beth and Diane remark. They have observed that having the input from the family improves the care offered to patients in the clinic. The group for family members helps to get the families' perspective on what the needs are, and provides an opportunity to work with the family to meet some of the patient needs.

Beth and Diane work by the principle that the family is the unit of care. "The group demonstrates that point of view," Beth and Diane say. "If you perceive the family as part of the team, then you respect the family's expertise, and want to learn what their view of the situation is." Working together provides optimal care for the person with the illness. They acknowledge family members' strength and empower them to cope more effectively with the impact of the illness.

Working in mental health services always raises the issue of how to maintain motivation for your work. Beth and Diane maintain their enthusiasm in part through continued learning and review of current research. Staying on top of the latest findings is fascinating, they feel, and being innovative is very rewarding. Research encourages them to try new things. One new strategy they are currently deliberating is to set up a group for family members and patients together. Presently families search the internet themselves. Both patients and families are more informed and participate more. They actually expect to do so, is Beth and Diane's experience. "Such developments energize us as clinicians to keep up with the literature and research.

"Doing groups like these is not a one way process of teaching or giving information, but a two-way communication process," Beth and Diane have found. Their advice to other nurses is to include and involve as much as possible patients' families in their practice. According to Beth and Diane we as nurses "have a lot of expertise to offer, and talking with families is part of our practice."

Submitted by Geertje Boschma, RN, PhD, and CFMHN representative for Alberta.



Beth Dorsey



Diane Grabke

Early Psychosis Intervention: From Awareness to Action

EA Project from the Canadian Mental Health Association, National Office

Joel, a bright and engaging 16 year old was always a popular student who excelled in all aspects of student life. Not surprisingly, Joel's teacher grew concerned when Joel's grades began to drop and he started to withdraw from his usual extracurricular activities. She also noticed that he was growing increasingly distant from his close group of friends. She decided to refer Joel to the school guidance counselor. The guidance counselor, who had recently attended an 'Early Psychosis Intervention' training session, recognized that Joel's behaviour could be a sign that he was experiencing psychosis. The counselor immediately telephoned Joel's parents and the local Early Psychosis Service. Joel's parents, who were also becoming alarmed with their son's mood and sensed that it was more than typical teenage angst, were anxious to learn more about what may be behind his unusual behaviour. The next day an early psychosis clinician met with Joel and his family in their home and began the screening and assessment process. Over the next few weeks, Joel undertook a series of physiological and psychological tests. He also met with the psychiatrist from the Early Psychosis Service and was assigned a service coordinator (case manager). Upon confirmation that Joel was indeed experiencing psychosis, he began treatment which consisted of low dose anti-psychotic medication and participation in various psychosocial group interventions. His family attended a series of educational presentations offered by the service and joined the family support group. Since Joel's initial assessment six months ago, the Early Psychosis Service has been assisting his high school in providing accommodations that support his participation within the school system. The service coordinator has maintained regular and close contact with both Joel and his family, providing information and support as Joel continues his journey towards recovery.

While this vignette is not based on a real person per se, it is an illustration of a typical scenario that is being played out in communities across the country. Early psychosis intervention refers to the provision of medical and psychosocial interventions as early as possible following the emergence of the first symptoms of psychosis (ie. first-episode of psychosis). Characterized by a loss of contact with reality, psychosis tends to emerge during adolescence and young adulthood. According to a growing body of research, the earlier the symptoms of psychosis are recognized and addressed the better the outcome in terms of fewer hospitalizations, reduced symptom severity, earlier remission and an improved quality of life. Since 1999, the national office of the Canadian Mental Health Association has been involved in activities geared toward increasing awareness, knowledge and understanding about the concept and practices of early psychosis intervention among adolescents, their families and professionals. Project activities have included the development and dissemination of educational resource materials, the facilitation of local early intervention activities through four CMHA sites across Canada, the development of a policy guide to build a national consensus and the emergence of a national family network.

Symptoms include:

- delusions
- hallucinations
- thought disorders
- sleep disturbances
- behaviour changes
- social withdrawal
- impaired role function

Creating awareness about psychosis among young people, families and gatekeepers (eg. teachers, guidance counselors, health professionals) is particularly important since the symptoms of psychosis are often misinterpreted as "typical teenage behaviour" or attributed to drug usage. Thus, often there can be a delay of more than a year before appropriate treatment is sought. For young people who are in the critical period when identity, relationships and vocational plans are developed, a prolonged period of untreated psychosis can be devastating. However, studies indicate that when the duration of untreated psychosis is brief, the outcomes are better with faster and fuller recovery and fewer relapses. Generally, treatment includes the use of low-dose antipsychotic medications, psychoeducation for the youth and their family, and support for the development of cognitive, stress management and coping skills.

Since many young people who develop psychosis are still residing at home, families can play a crucial role in both identifying the signs of psychosis as well as supporting their family member in seeking out treatment and promoting the recovery process. Recognizing the importance of engaging and supporting family members, one of the objectives of CMHA's Early Psychosis Intervention Project has been to enhance the capacity of families to cope with psychosis and support recovery. Towards this objective, a National First-Episode Psychosis Family Network has been established. In March of this year, the network got off to

Continued on page 7

Continued from page 6

an official start with their first National Family Meeting in Toronto. Families from across Canada gathered to share information, support one another and develop goals for the upcoming year. This network continues to grow and engage in a wide range of activities such as lobbying for early intervention services, advocating for family rates at mental health conferences, presenting the family perspective at conferences, creating awareness among gatekeepers and connecting new first-episode families to other families and services. In addition to supporting the family network, the CMHA project also supports the 'Family to Family' newsletter by maintaining a web presence, translating the newsletter into French and ensuring a full mailing distribution. A sibling guide that will provide information and support for siblings of young people experiencing psychosis is also currently being developed.

While it is difficult to know the cause of psychosis the first time it occurs, psychosis is associated with a number of medical conditions including schizophrenia, depression, bipolar disorder and substance abuse. The possibility that appropriate interventions in the early stages of psychosis might alter the course of schizophrenia and other mental disorders is a positive step towards the prevention of mental illnesses. Ultimately, the success of early psychosis intervention strategies is dependent upon the collaborative efforts of the community at large including gatekeepers, mental health professionals, family members and youth affected by psychosis.

Resources

For more information on the CMHA project, Early Psychosis Intervention: From Awareness to Action and for additional resources to download, go to www.cmha.ca and click on "Education". Or contact Elaine Crawford, Project Manager, Early Psychosis Intervention: From Awareness to Action, at Elaine@milllake.com, (416) 484-7750.

Other websites on early psychosis include:

www.psychosissucks.ca

www.pepp.ca

www.eppic.org.au



Book Review

Reviewed by Linda Newton

Pinsker, H. (1997). A Primer of Supportive Psychotherapy. Hillsdale, NJ: The Analytic Press

Although published 6 years ago this text offers valuable guidance for nurses working in both inpatient and outpatient settings. As Pinsker so rightly points out in the introduction many treatment plans include the concept of 'support', but specifics have not necessarily been provided during our education programs. Based on his work at Beth Israel Hospital, he provides ample evidence in support of the concept that 'supportive therapy' does require specific skills and knowledge to be done effectively and safely. He goes on to point out that supportive therapy is a component of therapy provided to all mental health clients, including those with serious and persistent mental illness. He contends that most psychotherapy should be modeled on supportive therapy and that supportive and expressive therapies are points on a continuum.

The chapters of the book are richly illustrated with clinical case examples from his own practice. He begins with a definition of supportive therapy and a discussion of the scope of this approach. This type of therapy includes a responsive therapist, communication that is conversational in nature as well as direct, straightforward and clear. Subsequent chapters focus on specific elements of the therapy. The first is the strategies which would be used to enhance the client's self-esteem including knowing the client, demonstrating knowledge of the story as well as the emotional significance of the event. Following chapters clearly and concisely discuss the reduction and prevention of anxiety, the role of ego functions and adaptive skills. The chapter on specific supportive techniques provides lucid illustration of the application of techniques such as encouragement, reassurance, reframing, and advice and teaching. Pinsker also provides easily read chapters on the client-therapist relationship, practical treatment issues and planning and ending treatment.

Overall, this book is easily read and very useful for practitioners of all skill levels. Educators and nurses providing clinical supervision to new therapists would find it of great benefit.

For Vancouver Island Health Authority (VIHA) Mental Health & Addictions practitioners, meaningful change starts with putting the client first.

At the heart of these initiatives lies an integration of mental health with addictions services. As over 50% of people with serious mental illnesses also have substance misuse problems, VIHA educates its staff to care for

those with concurrent disorders. A training team and allied resources ensure the learning process is supportive and comprehensive. The delivery of these 'wrap-around services' is among the first of its kind in Canada. "A person in distress doesn't need to hear 'That's not our department; you'll have to see someone else about that issue,'" said Allan Campbell, Manager, Policy Transition. "We're finally authorized to address addictions as what they've always been – a public health issue, and one that's closely linked with mental illness. It's imperative to equip service providers with the skills they need to treat the client as a whole person rather than a collection of disorders. The entire team is excited about this integrated new direction."

Strengthening services to underserved areas, VIHA is increasing the number of residential beds and supported living options, and offering clients more flexible services, training and education. "The North Island in particular has been chronically under-funded. It needs many new and enhanced mental health/addictions services, including access for special populations such as First Nations," said Margaret McNeil, Regional Director.

New facilities are emerging up and down the Island to support expanded services. This Island-wide undertaking encompasses education and support, network assistance to community agencies, train-the-trainer courses, and public information programs. Paramount to successful implementation is an innovative service delivery model to improve processes for admission, treatment and discharge, public health prevention efforts, and support for physicians. The range of programs and services available to clients and their families is needs-based and extensive. In addition to outreach and crisis response, VIHA provides myriad services including day hospital and short-term treatment, residential care, and much-needed respite services recognizing and alleviating the challenges faced by family members or other caregivers.

Given this broad spectrum of services, it's not surprising that professional opportunities abound here, particularly for nurses. Urban, small and rural communities welcome compassionate, enthusiastic and forward-thinking care providers. Offered to newcomers is a working environment characterized by unparalleled team spirit, tangible support for both professional and clinical practice, and the chance to play a leading role in developing service excellence. "Our people know how much they're valued, by the clients and the organization," said Heather Cook, Senior Manager, Residential & Tertiary Services. "They love making a real difference in human lives, and they're proud to be involved in this era of organic and client-focused change."

**Among the first of its kind
in Canada**

The Vancouver Island Health Authority (VIHA) provides a full range of dynamic and progressive healthcare services to more than 700,000 residents of Vancouver Island.

We have a number of front-line and leadership opportunities in Mental Health across Vancouver Island including Victoria, Nanaimo and Campbell River.

No matter what you're looking for – from Nursing positions to Senior Management – we have a role that's right for you.

For details on our current openings visit
www.viha.ca



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Research Activities

Gloria McInnis-Perry

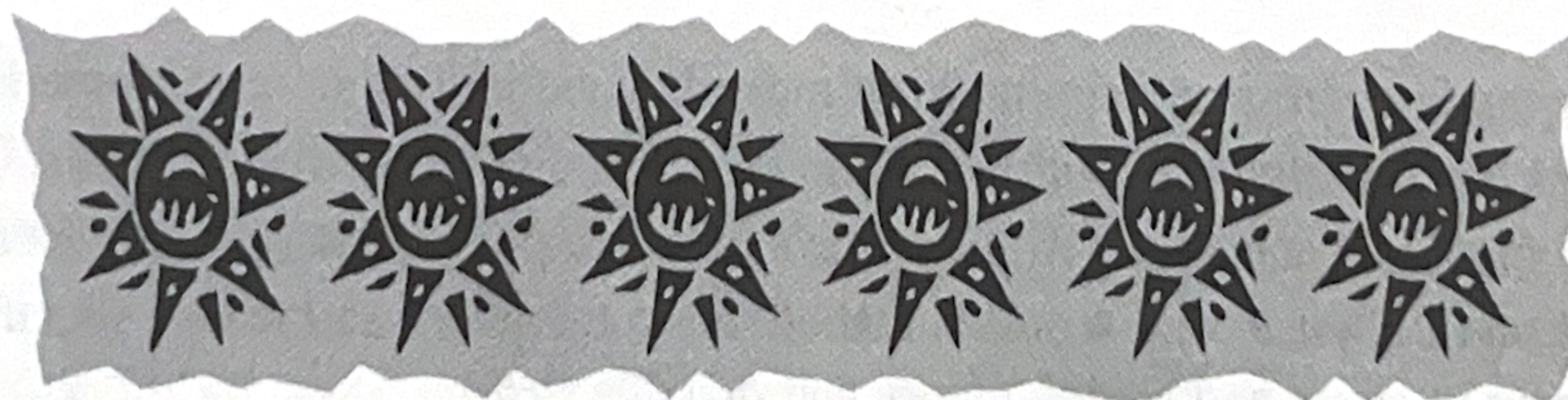
For many years predicting how many nurses and what type of nurse is needed to provide care to a specific population has been a challenge for human resource planners. Presently fewer nurses are available to provide care to an aging baby boomer population. In fact, there is an over-all increasing demand for nurses in all health care sectors. The research study, "Effective Mechanism and Policies for Establishing, Monitoring, and Predicting the Needs for Nursing Services" is attempting to address these questions. ACRUN (the Atlantic Consortium of Research Utilization for Nursing) which is a network of researcher, policy makers and nurse-managers from the four Atlantic provinces was successful in receiving funding and support by CHSRF (Canadian Health Service Research Foundation) in the Spring of 2000. In addition, funding and support was received by NSHRF (Nova Scotia Health Research Foundation), PEIHRP (Prince Edward Island Health Research Plan, NLCAHR (Newfound Land and Labrador Centre for Applied Health Research) and in-kind support by policy makers, service providers and academic researchers in each of the Atlantic Provinces. The study is being coordinated by the School of Nursing, Dalhousie University, Halifax, Nova Scotia. The co-principle investigators are Judith Ritchie, RN., PhD., Chris Power, RN., BScN., MHSA., and Jean Hughes, RN., Ph.D. There are representatives from all four Atlantic Provinces designated as co-investigators, co-sponsors and support agencies.

The objectives of the study are:

- 1) To describe the health related needs of Atlantic Canadians with End Stage Renal Disease (ESRD) in order to predict a nursing service need;
- 2) To determine the strengths and limitations of existing data in Atlantic Canada that support needs-based planning;
- 3) To examine the changes provided by a needs-based planning model in predicting nursing services requirements for End Stage Renal Disease;
- 4) To build partnerships among stakeholder groups (patients, families, policy makers, service providers, researchers).

The project has many phases. A needs based model will be developed after the completion of several focus groups and interviews with key informants. A small group of the informants and other experts in the field will help determine the indicators for each type of information. Database managers will be interviewed to determine the availability of this information and the feasibility of collecting the data. Finally, the needs related to the End Stage Renal Disease in the region will determine the major areas of unmet need, and examine the potential means and the cost implications of providing the nursing services required to meet these needs. The research project is in the final stage of data collection and the results are being reviewed by both the team of experts and database managers. Results of the research should be completed by November - December 2003 and dissemination of results will follow.

Reported by Gloria McInnis-Perry, RN., D.N.Sc (co-investigator)



Collaboration for Advancement of Seniors Mental Health

The Canadian Federation of Mental Health Nurses along with the Canadian Nurses Association is actively involved in advancing seniors' mental health. In April 2002, we sent two nurses to a National Symposium on "Gaps in Mental Health Services for Seniors' in Long Term Care". Over 90 participants from 65 national and provincial organizations representing providers, consumers, planners/policy makers, educators, researchers and associations attended the event. From the Symposium came the creation of a National Coalition for Seniors Mental Health (CCSMH). CCSMH advocates for and promotes seniors mental health. The ultimate goal of the project is to support collaborative initiatives which facilitates positive mental health for seniors through innovation and dissemination of best practices. Phase one of the project is to address mental health issues in seniors who live in long-term care settings. Present initiatives are; research evaluation and assessment; best practices; public awareness; public education and education. In addition human resources and systems of care will be reviewed. Psychiatric and Mental Health Nurses are encouraged to participate as the many requests come forward. Our involvement and advice will be very important to the direction and success of the initiative. The CFMHN newsletter will share updates and for those interested in knowing more can visit our website-

www.ccsmh.ca

Submitted by Gloria McInnis-Perry, RN., D.N.Sc. (Education Inventory Group of CCSMH)

Research News

Carol Ewashen

Innovative Research-based Practice Possibilities

I would like to draw your attention to a recently published article by Tam Donnelly and Bonita C. Long, University of British Columbia, Vancouver, British Columbia. The article is titled: Stress discourse and Western biomedical ideology. It was published in Issues in Mental Health Nursing, Volume 24, pages 397-408. This article offers an alternate perspective for understanding stress and coping and thus implicates alternative directions for nursing practices.

A Brief Introduction to one of the authors:

Tam Truong Donnelly, BScN, MScN, PhD(c)

Assistant Professor (currently at University of Calgary, Alberta) Phone: (403) 220-8377 Email: tdonnell@ucalgary.ca

I received Bachelor of Science in Nursing from Dalhousie University in 1985 and a Master degree in Nursing from the UBC School of Nursing in 1998. Prior to coming to Canada in 1979, I completed four years of Medicine in Hanoi Medical University, Vietnam. I have 10 years of experience working in the ICU as a Cardiovascular Intensive Care Nurse and one year experience as a Public Health Nurse. My research interest are cultural, health and health care; Multicultural health care issues; Health care policy; Migration, race, gender, class and health; Mental health care: stress and coping. My dissertation topic is "Vietnamese women's health: Contextual factors affecting Vietnamese Canadian Women's Breast Cancer and Cervical Cancer Screening Practices." My dissertation is supported by the National Cancer Institute of Canada PhD Studentship award.

Brief Synopsis of the Article:

In the article, alternative ways of understanding nursing practice in relation to stress and coping are discussed. The authors argue that popular psychosocial understandings of stress and coping are based on a biomedical framework that privileges focussing on the individual as well as the use of reasoning and objectivity as ways of identifying and understanding stressors, the effects of those stressors, and implicated nursing practice.

The authors state, "The dominant discourse of health and illness has replicated its ideological "codes" within stress and coping conceptualizations so that these reflect White, middle-class ideologies of health, illness, and human social nature that have been widely accepted by both the lay population and professionals" (p. 404). In other words, the discourse, or ways of talking about and understanding stress and coping, tends to locate 'pathology' (and accountability) within the individual overlooking social, historical and discursive factors and meanings. Racist and classist biases may be carried forward in the name of scientific objectivity and reasoning.

The authors argue that understanding stress and coping must move beyond individual and biomedical formulations to include how social institutions create stress and contribute to both our sense of self and how we live our lives. The abstract states, "we suggest that stress and coping theory should be concerned with the ways in which power relations and social institutions produce the meaning of stress. The inclusion of alternative discourses that attend to the micro and macro social and historical factors is necessary for the further development of stress and coping theory and practice." (p.1).

How does understanding stress and coping from a biomedical and individual perspective shape contemporary Western mental health practices? How do mental health nursing interventions focus on individual coping and 'irrational' behavior in order to reduce 'risk' and increase compliance with medical protocols? How is subjective knowledge of the person and/or family taken into consideration in 'treatment'? How might mental health practice incorporate alternate discourses that acknowledge how power relations and social institutions produce the meaning of stress and coping, health and illness?

Your Chance to Write in the Newsletter

Here is your opportunity to contribute to the newsletter on any current topic relating to psychiatric mental health nursing. We look forward to hearing from you!

Send your info to:

First Stage Enterprises

1185 Eglinton Ave. East, Suite 104

Toronto, ON M3C 3C6

Fax: 416-426-7336

E: info.mental.health@firststageinc.com





Humber River REGIONAL HOSPITAL

Humber River Regional Hospital is one of Canada's largest community hospitals. Our organization continues to provide excellent patient care within the most culturally diverse community in Toronto.

An opportunity now exists to join our Programs/Services teams as:

Manager, Adult Out Patient Services

Mental Health Program

Temporary Full Time (1 year)

(Please Quote Comp# 03.0367 on your application)

Collaborating with Program Director, Physician Director and management team, the Manager will assist in providing program and service leadership and create an environment for innovation in patient focused care. The responsibilities of this management position will include both addictions and mental health ambulatory services.

RESPONSIBILITIES INCLUDE:

- Providing effective, efficient and safe patient services through human, environmental and financial resources management.
- Facilitating the development of staff to achieve advances in clinical practice standards.
- Data collection and information analysis of quality, utilization and outcome indicators and developing/implementing innovative actions.
- Developing linkages and coordinating services with the community's needs.

THIS CHALLENGING POSITION REQUIRES:

- Registration with the College of Nurses of Ontario
- Baccalaureate Degree in Nursing or other related health related discipline
- Completion of , or current enrollment in, a related Master's level degree
- Minimum of 3 years management/leadership experience involving multidisciplinary teams and proven effective communication
- Demonstrated commitment to professional practice standards, evidence based practice and client/community needs
- Related clinical experience
- Word processing and spreadsheet software skills are also required.
- Project management and team building skills

Qualified applicants should submit their resume in writing with a covering letter to:

Recruitment Specialist
Human Resources
Humber River Regional Hospital
Finch Avenue Site
2111 Finch Avenue West
Toronto, Ontario M3N 1N1
e-mail : recruitment@hrrh.on.ca
Fax. No.: (416) 747-3758

We thank all applicants for their interest, but advise only those to be interviewed will be contacted

Posting # 03.0367

Date Posted: 16th June 2003



CFMHN

Bits & Bites

Canadian Alliance on Mental Illness and Mental Health (CAMIMH)

I currently represent the CFMHN on a national consortium, Canadian Alliance on Mental Illness and Mental Health (CAMIMH). I would like to share information about this alliance.

This consortium was created in October 1998 as a unique, consensus-based national organization. CAMIMH is an umbrella organization that consists of a broad cross-section of stakeholders, including the CFMHN. CAMIMH's core purpose is to put mental illness and mental health on the national health and social policy agendas. The aim is to influence and advise on mental health policy at the national level as a unified voice of consumer, family, community and professional organizations. CAMIMH's mission is to facilitate and promote the establishment and implementation of a Canadian action plan that reflects a shared national vision for meeting the needs of persons with mental illnesses and to enhance the potential for positive mental health for Canadians.

CAMIMH representatives have already begun to ensure that mental health is seen as a priority at a national level. CAMIMH representatives have met with each of the candidates in the Liberal leadership race and submitted a report to the Standing Committee on Social Affairs, Science and Technology. These are two recent examples of the continued effort to speak as one voice on common goals.

I would encourage you to share this information about CAMIMH to as many people as possible to raise awareness about mental illness and mental health, which will add to the 'voice'.

Reported by Denise Kayto

National Collaborative Mental Health Care Project

This project is being developed through a collaboration of eight organizations and is in the process of finalizing a proposal for funding. The proposal is being submitted for funding from the Primary Health Care Transition Fund established by the Federal government. The majority of people receive treatment for a mental health issue/disorder by a primary care provider, which is often a general physician. Primary care providers provide this care with limited involvement and support from mental health care providers. The objectives of the project is to enhance support and training for primary care providers, identify primary care strategies in existence and develop a process for information sharing on evaluation of primary health care.

The proposal has received tentative approval for funding. This is an extremely exciting new project and I am glad to be able to participate in the examination of mental health in primary health care at a national level. I will continue to provide updates on the progress of the project.

Reported by Denise Kayto

CNA Certification Mentors - do you know who they are?

Following is the list of CNA certification mentors in our specialty. The rescheduled 2003 exam is September 5, 2003. Exams for the year 2004 are on schedule and slated for April 3, 2004.

Georgiana Beal, RN, PhD

Chief of Nursing Practice and Professional Services
Centre for Addiction and Mental Health
1001 Queen Street West, Toronto, ON
Tel (W): 416-535-8501, ext. 2001 E: Georgi_Beal@camh.net

Pamela Khan

Toronto, ON
Tel: 416-978-7409 E: pamela.khan@utoronto.ca

Linda Nasato

20 Nelson Street W., Suite 301
Brampton, ON L6X 2M5
Tel: 905-451-3111, ext. 18 Fax: 905-451-3118

Judith Buchanan

Dept. of Nursing, University of New Brunswick
100 Tucker Park Road, P.O. Box 5050
Saint John, NB E2L 4L5
Tel: 506-648-5829 Fax: 506-648-5784
E: jbuchan@unbsj.ca

Nancy Panagabko, RN, BSN, CPMHN(C)

Victoria, BC
Tel: 250-721-5026 E: nancy.panagabko@panacon.ca

Please do not hesitate to contact one of these people for assistance - they are there to help you!



Letters to the Editor

Congratulations to Colleen Stewart, a member of CFMHN in Edmonton. Colleen's letter to the editor appeared in a recent issue of Maclean's magazine. Colleen adds the following to put the letter into context:

"Earlier in June, I was sitting in my doctor's office, reading the previous issue of Maclean's where they reported on the health status across the country, and I thought someone had ripped some pages out of the magazine as I could not find any mention of mental health indices. I truly thought the article was to be completed elsewhere in the issue. I was quite astonished there was no mention of psychiatric illness or mental health programmes for any part of the country. That's what prompted me to write"

Letter to the Editor – Maclean's Magazine June 15, 2003

As a registered nurse working in the psychiatric/mental health setting I find it very alarming to look at the figures you've referred to in your feature piece "Centres of Excellence", June 16, 2003, and see nothing that reflects mental health indices of wellness across the country. How can this segment of health care be so grossly overlooked? Depression, suicide attempts, and acute manifestations of schizophrenia, among many other diagnoses, are reasons for admission to hospital and often result in very lengthy stays, as well as greatly taxing community resources, if the individual is trying to function outside the hospital setting. The emotional, psychosocial and financial stressors that affect the individual and families create a deep gouge in the otherwise remarkable health statistics you have compiled. That Maclean's should report a nation wide survey without any reflection of mental health/psychiatric admissions, statistics, and health promotion programmes that specifically address mental illness I find quite astonishing. I hope that this huge oversight will be addressed in the next national survey, as a significant percentage of Canada's population is affected by mental illness at various stages in life. The physicians, nurses and health care professionals who care for this segment of the population are committed and concerned about these patients and clients who require complicated health care and expert advice, and would greatly desire that be reflected in your capture of health in Canada. Else our work may appear to be a delusion, in the collective consciousness of our country, and the mentally ill continue to be stigmatized by not even deserving a representative rating in a national survey.

Yours sincerely,
Colleen Stewart RN BScN CPMHN(C), Edmonton, AB

Editor's note: Maclean's actually edited the letter in such a way that the context was altered. Colleen describes this as 'a lesson in what happens when one tries to advocate for mental health issues and in dealing with a major publication.. Maclean's also removed Colleen's credentials of RN BScN and left only CPMHN(C). Hmmmmmm....

Letter to the CFMHN

I am writing in response to Dr. Michel Tarko's thoughtful letter published in the Fall, 2002 CFMHN newsletter. Dr. Tarko expressed his concern that RPNs in Western Canada were "relegated to check off 'other' on the membership application form". It was a valid concern and quickly rectified by the CFMHN Board. His letter also queried why this newsletter had not provided information on the First World Congress for Psychiatric Nurses held in British Columbia in May, 2002. Past President Ann Greene clarified that the CFMHN had not been approached regarding the event, and called for more inclusiveness between the two professional groups that practise in the psychiatric nursing discipline.

That said, perhaps Dr. Tarko or someone from the RPN profession might respond to my concern. In the Dec. 2002 edition of the College of Registered Psychiatric Nurses of Manitoba newsletter, a notice about the Second World Congress for Psychiatric Nurses (May, 2004) stated "This is a Congress by RPNs for RPNs" (p.22). It caused some unease, but I attributed it to planning stage excitement. That was until I viewed the call for abstracts on the College of Registered Psychiatric Nurses of BC website, www.crpnb.ca/abstracts. I was keen to submit an abstract but was excluded because of criterion #1. "Senior authors/presenters must be a Registered Psychiatric Nurse working psychiatry or a mental health field. Co-presenters can be from any other discipline."

What are the planners of this conference thinking? How can it be a **World Congress for Psychiatric Nurses** when RNs, who also practice in the psychiatric nursing discipline, are being excluded? In Canada alone, there are over 11,000 RNs who practice in this discipline! What is the rationale for excluding us? How did this happen? This is the 21st century, and I am calling on those still stuck in the past to stop such intentional divisiveness, and make May, 2004 truly a **World Congress**.

Sincerely,
Veryl Tipliski, RN, PhD, CPMHN(C)
Winnipeg, MB



YOUR FEDERATION

Helping meet your Professional goals

An official specialty group of the Canadian Nurses' Association (CNA), we are a national voice for psychiatric and mental health (PMH) nursing. Our objectives are to:

- ♦ Assure national leadership in the development and application of nursing standards that inform and affect our practice.
- ♦ Examine and influence government policy, and address national issues related to the care our members provide.
- ♦ Communicate and collaborate with national and international groups that share our professional interests.
- ♦ Facilitate excellence in PMH nursing by providing our members with educational and networking resources.

Formed in 1988, the Federation pioneered national credentialing in PMH nursing and achieved CNA certification status seven years later.

Because of our efforts, nurses across the country can qualify for the national PMH credential. Certified nurses are eligible to use the CPMHN(C) designation after their names and wear our specialty's official CNA certification pin - a sign of professional achievement.

Membership brings broad benefits

Our effective national body empowers psychiatric and mental health nursing (PMH) professionals as they pursue positive outcomes - for themselves and for patients and clients. The Canadian Federation of Mental Health Nurses speaks and acts on our shared concerns, uniting us and assuring these broad benefits:

- ♦ Input to national standards for PMH set, maintained and regularly updated in cooperation with CNA.
- ♦ Educational opportunities at regional and national Federation events, and at PMH nursing conferences in Canada where our members enjoy reduced fees.
- ♦ Professional networking opportunities, through the Federation's meetings, newsletters, interactive web site and direct contact with other members in our national directory.
- ♦ Recognition initiatives involving sponsorship of a PMH Nursing Excellence Award and, working with consumer groups, the "Courage to Reach Beyond Award" for Canadians overcoming the consequences of mental illness.
- ♦ An international voice through our group's active membership in the World Federation of Mental Health.

Application for a One-Year Membership in Canadian Federation of Mental Health Nursing

Name: _____ Address: _____

City: _____ Province: _____ Postal Code: _____ - _____ Home Phone: (____) _____ - _____

☐ Independent Practitioner or Place of Employment: _____

Position: _____ Work Phone: (____) _____ - _____ Fax: (____) _____ - _____

Email: _____

AREA OF EXPERTISE

- ☐ RN
☐ RPN
☐ OTHER _____

CFMHN(C)

- ☐ Yes
☐ No

- ☐ Abuse / Violence
☐ Community
☐ Marriage Counseling

- ☐ Adolescence
☐ Cross Cultural Issues
☐ Medication

- ☐ Administration
☐ Developmentally Disabled
☐ Men's Issues

- ☐ Adults
☐ Drug Abuse
☐ Research

- ☐ Ageing
☐ Family Therapy
☐ School Health

- ☐ Alcoholism
☐ Forensic Issues
☐ Sexuality

- ☐ Alternative Practices
☐ Group Therapy
☐ Women's Issues

- ☐ Children / Youth
☐ Individual; Therapy
☐ Other

Membership (Nov to Oct) Annually Renewable

- ☐ Check here if you do not want to be listed in the CFMHN Directory
☐ \$30 Single or
☐ \$20 Group Memberships (Min group size - 10 from one agency)
Group applications must be submitted together

Send this form and cheque or Money Order payable to **CFMHN** to:

First Stage Enterprises
1185 Eglinton Ave. East, Suite 104
Toronto, ON M3C 3C6

Tel: 416-426-7029

Fax: 416-426-7336

E: info.mental.health@firststageinc.com

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CFMHN

We've got the perfect place for you.

www.vch.ca

Vancouver Coastal Health offers you an incredible range of practice opportunities within a supportive team atmosphere. Explore what's currently available within our health service delivery areas of North Shore/Coast Garibaldi, Richmond and Vancouver. A continuum of care model is at the heart of all our endeavours.

Eligibility for registration with RNABC or CRPNBC is required for all the roles cited below. For full details on these and other exciting opportunities, please visit the careers section of our website.

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Regular full-time & casual positions based in either the North Shore or Richmond.

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A regular part-time [0.5 FTE] position based in Vancouver.
- **Intake Worker, Adult Mental Health**
A temporary full-time role based in Richmond.
- **Geriatric Outreach Program**
Temporary part-time and casual positions based in Richmond.
- **Mental Health Emergency Services**
Temporary part-time and casual positions based in Richmond.
- **Mental Health Residential Services**
A temporary full-time role based in Vancouver.

Please visit our website to apply online, citing job title and competition #03X.NUNP49.CM. Alternatively, you may contact: Human Resources at Vancouver Coastal Health: 1 800 565.1727; or (locally) 604.875.5152.

Vancouver Coastal Health
Promoting wellness. Ensuring care.

2003 International Conference

October 30th to November 1st, 2003 in Toronto, Ontario

We extend a cordial invitation to you to join us in Toronto for our international conference entitled: **THE ART, THE SCIENCE AND THE ETHICS OF PSYCHIATRIC AND MENTAL HEALTH NURSING.**

At this conference you can expect to: ♦ Hear three outstanding keynote speakers of international acclaim ♦ Participate in one of five exciting workshops as space permits ♦ Be refreshed, affirmed and challenged in your practice. Because the response to our Call for Abstracts was so enthusiastic we have been able to develop an outstanding programme that honours the artfulness, knowledge and wisdom of psychiatric and mental health nurses.

We sincerely have appreciated all the support and encouragement we received from the health care community when we made the difficult decision to postpone our original May conference dates. I look forward to welcoming you personally.

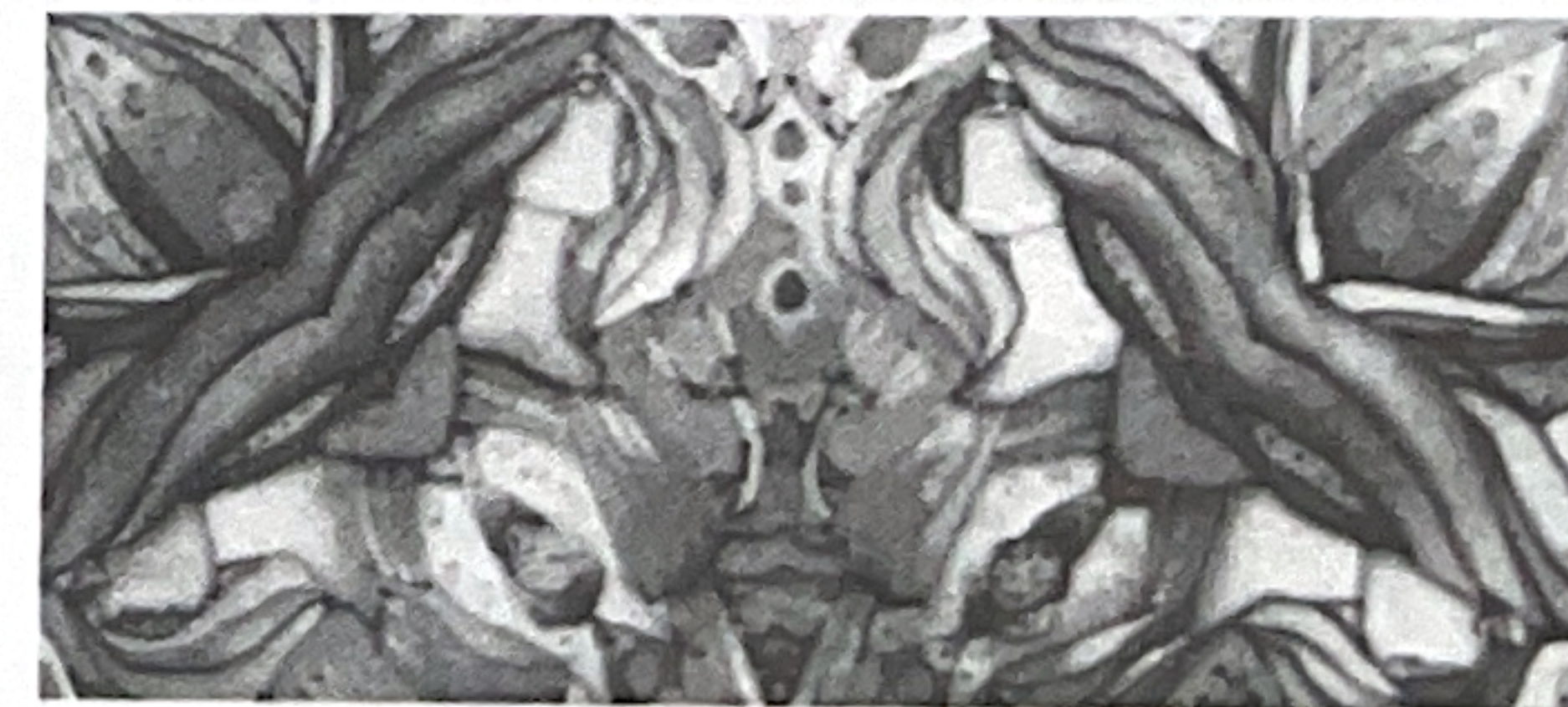
Yours sincerely,

Nancy Johnson, Chair, Conference Planning Committee

Annual General Meeting

The 2003 Annual General Meeting of the Canadian Federation of Mental Health Nurses will take place at the conference on the afternoon of Thursday, October 30th at 5:00 p.m. This will be an excellent opportunity to become more involved in and aware of our national association.

The conference brochure is being widely circulated by mail and is available on our web-site www.cfmhn.org. If you would like a copy of the brochure, please contact info.mental.health@firststageinc.com or phone (416)426-7029.



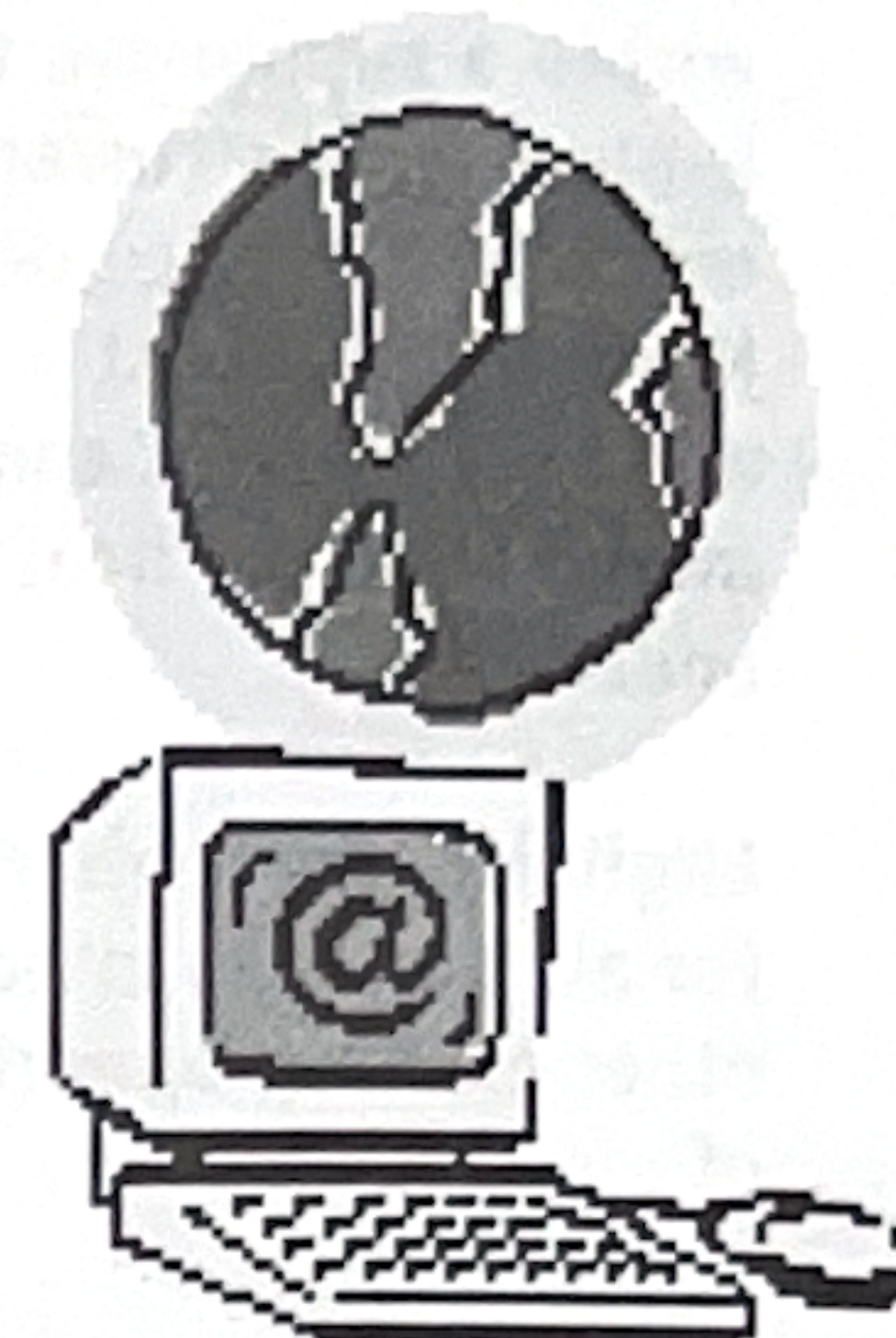
Internet Cafe

Nancy Panagabko, BC

Hello Again. It looks like the Internet Cafe is going to be a regular piece for a while, so if any of you have any questions, anything you would like to comment on or have discovered any really great sites, please let me know (nancy.panagabko@panacon.ca).

Lately, I have needed to brush up on the latest suicide literature and Canadian Suicide Rates. The fastest way is to use a search engine (as I mentioned last time, my preference is Google) and type in Suicide in Canada. You'll get page after page of listings. Here's what I've found that I thought was useful: · www.hc-sc.gc.ca/hppb/mentalhealth/pdfs/suicide_e.pdf - this site has the Update of the Report of the Task Force on Suicide in Canada and it's titled (you guessed it!) Suicide in Canada. It's almost 10 years old but it's still a good overview and the rates haven't really changed. · www.siec.ca - This is my favourite. SIEC stands for Suicide Information and Education Centre. They offer a fabulous library and resource section as well as information about training. Articles are relevant and up to date. They also have a section for 'frequently asked questions' which is a quick reference point. Did you know that it's a bit of a myth that people leave suicide notes? Apparently it's quite rare to leave a note. Check out the article - an interesting read.

Give these sites a read and happy surfing!



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Email: boschma@ucalgary.ca

Saskatchewan - Denise Kayto

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Ontario - Susan Ray

Email: slray@julian.uwo.ca

Quebec - Vacant

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Email: jbuchan@unbsj.ca

Nova Scotia - Sharyn Chapman

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Email: gloria.mcinnis@pei.sympatico.ca

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Nunavut - Vacant

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