



Canadian Federation of Mental Health Nurses

NEWSLETTER

Fédération Canadienne des Infirmières et Infirmiers en Santé Mentale

Number 17

Autumn, 1995

President's Message

Are we becoming "missing persons"? This is a question I'm increasingly asking myself. Health care cuts are creating situations where patients literally cannot find a nurse. Nonprofessional "aides" are replacing nurses in providing care both in institutions and in the home. Vice-Presidents, Nursing are disappearing; Directors of Nursing are being replaced by Directors, Generic Brand. It was with some alarm, then, that I discovered that PMH nurses have been omitted from the list of health care professionals contained in the new Canadian Mental Health Association (CMHA) pamphlet, *Depression: Help Can Make the Difference*. This pamphlet is part of CMHA's excellent National Awareness Campaign on Depression. Listed in the pamphlet as sources of help are social workers, psychologists, family therapists, psychiatrists and pastoral counsellors. Nurses are missing.

A few years ago, there was a previous omission in a CMHA document, *Women and Mental Health Care in Canada*. Here the contributions of the various disciplines were reviewed without a mention of nursing. This omission was rather ironic as a major thrust of the report was the undervaluing of women in our society and nursing, a predominately female profession, was entirely overlooked.

This may be a factor in our current disappearing act: we have been socialized as a nurturing (female) profession to do what needs to be done without demands for recognition and often without clearly delineated boundaries for our role. Our ability to adapt and collaborate may, paradoxically, be placing us at a disadvantage during this time of systemic change. We have to add the ability to articulate our place and function clearly to other disciplines and to the public. Any suggestions as to how the CFMHN can help PMH nurses do so would be most welcome by your provincial reps. (By the way, I've written to Sharon Barnes, the CMHA President, expressing concern over our absence from the pamphlet and asking that we be included in its next printing. I've had the privilege of meeting Sharon and know that she supports an open dialogue between the CMHA and the CFMHN.)

Nursing voice was the focus of the CNA's Advisory Council meeting. Nurses were encouraged to contact politicians (as a part of the efforts to influence policy decisions) with concrete stories to illustrate their points and with questions that can be put to governments. The CNA's Public and Government Relations Manager, Carole Pressault, can be contacted at 1-800-361-8404. Also a focus was CNA's re-

structuring. As an Interest Group, we have to ensure that the coming changes don't silence our voice *within* CNA. Clarification of Advance Practice was addressed at the meeting by working groups: basic questions were asked — Who are Advanced Practice Nurses?; What is Advanced Practice? The discussion is ongoing. I didn't leave with any answers, other than that the CNS role seems the clearest model.

FYI: Doreen Papineau has resigned as the Chair of the Manitoba Interest Group, and therefore, as the CFMHN representative. Thanks to her for past efforts on behalf of CFMHN! Ellie Spencer has replaced Doreen. And thanks to Ellie for collating our provincial response to the CNA regarding the CCHSA's Accreditation Standards for Mental Health Organizations. Congratulations go to Beverly Boyes and Deborah Warren on their receipt of Certification Awards from the Canadian Nurses Foundation. October '95 is an exciting time for CFMHN nurses: *The Challenge of Change Conference* in Toronto becomes a reality. Thanks to all who made it so!

Wendy Austin

Mental Health Care: The Challenge of Change Conference

The Toronto Hilton, October 18 - 21

An international, multidisciplinary conference for clinicians, case managers, consumer/survivors, family members, administrators and others in the mental health system.

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Standards
Wendy Austin

Ways and Means
Dorothy McGee

The World Federation for Mental Health Conference

Left to right:
Maria-Helena
Bromberg,
Brazil; Kerry
McClenagh,
Australia;
Andrew
Woodward,
Australia; Iris
Niemi, Finland;
Tom Borman,
Canada; Wendy
Austin, Canada.



Trinity College, Dublin was the site of the '95 Congress of the WFMH. Hosted by the Mental health Association of Ireland (MHAI), the Congress brought together 1600 people with an interest in improving global mental health. The President of Ireland, Sheila Robinson, welcomed delegates to 5 days of poster and paper presentations, Assembly and Regional Council meetings, networking and collaboration. Associated events involved the opening of a MHAI sponsored art exhibit by Rosalyn and Jimmy Carter and a State reception for delegates in Dublin Castle. A predominant theme at the Congress was the distress caused by the social stigma of mental illness. "User" groups were active in sharing their perspective on the issue and took a lead in organizing a demonstration in response to an article in the *Irish Times*. This article on the Congress misrepresented a comment by the WFMH European Vice President, John Henderson, who decried the discharge of mentally ill persons to non existent community services. The *Time's* headline declared the "Public at Risk!" This episode highlighted for everyone the pressing need to combat such attitudes.

The WFMH coordinates voluntary mental health work; is in formal consultative status with the United Nations; collaborates with agencies at all levels and campaigns for better, community-based, services, for the rights of people with mental health problems and to end stigma and discrimination. Our mem-

bership provides us a means to be involved in these world-wide issues. Further, the CFMHN is helping to strengthen the presence of nursing within the WFMH. A strong presence is vital as there is a growing expectation that it will be nurses who lead the way in providing mental health care in Third World Nations.

This Congress was a stimulating, enriching experience for me as the CFMHN delegate. I want to acknowledge the Central Research Fund of the University of Alberta which supported my presentation at the scientific programme of the Congress and thus made my attendance possible. The next Congress is July 67-11, 1997 in Lahti, Finland. I highly recommend it!

Advertising rates for CFMHN Newsletter

The advertising rates for the Newsletter are as follows:

Full page \$100

Half page \$ 50

Quarter page \$ 25

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

Change of Address? Please let us know so we can keep the Newsletter and Federation information coming your way. Complete the form below and mail to: Suzanne Johnston, Chair, Membership Committee CFMHN
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Canadian Federation for Mental Health Nurses International Report 1994-1995

Lou Heber, R.N., Ed.D., Ph.D.
Chair, International Affairs, CFMHN

Packages have been prepared for the World Mental Health Week, October 10-15, 1995. Celebration in cooperation with the World Federation for Mental Health and the World Health Organization (WHO) is underway. I hope each provincial representative received their packages to prepare for the upcoming celebration. This period of celebration is to remind us to:

- Increase the public's understanding of mental and emotional disorders and to promote optimal mental and emotional health through educational forums and conferences.
- Achieve respect for the rights of those diagnosed as having mental and emotional disorders such as women who are homeless and experiencing abuse. Contacts through Women's Mental Health Network is one way of promoting this.
- Expand prevention programs designed to reduce the threat of emotional disorders among vulnerable populations; the refugees in Rwanda and Bosnia are vulnerable to emotional and mental disorders due to the continuing war among ethnic populations in these areas.
- Improve the quality and availability of mental health care throughout the world through cooperation with international agencies such as the WHO Collaborating Center, Seoul, South Korea. I have assisted in the mental health promotion program through the Dance/Movement: Wellness Program; in the form of a workshop in Dance/Movement; Wellness Program for the health professionals from various universities in South Korea, sponsored by the Research Institute in conjunction with the WHO Collaborating Center, Seoul National University.

I participated in a letter-writing program through Amnesty International in support of the release of medical health

prisoners in Sudan, Guatemala, and Bosnia. On behalf of the CFMHN, there was a release of detained prisoners and we are continuing our moral support through a letter-writing program through Amnesty International.

Tapes such as *Mental Health Matters: Global Concern*, received from the World Federation for Mental Health (WFMH) can be borrowed and permission granted to have copies made by Mr. Richard Hunter, Deputy Secretary General, WFMH, for video program activity across Canada.

A letter of support from the office of Her Excellency, Mrs. Diana Fowler LeBlanc, to the Canadian Federation of Mental Health Nurses on achieving its mandate through this special occasion,

World Mental Health Week (will be sent before October 10.)

The Lieutenant Governor for Saskatchewan signed the Provincial Proclamation for World Mental Health Week, October 10-15, 1995. Aurelin Bench, Provincial Chair for the WMH Week.

A possible dual fund-raiser for Women's Mental health to benefit homeless and other activities took place during World Mental Health Week.

Newsletters published from South Africa, Ireland, and the Netherlands, as well as the World Federation for Mental Health and Amnesty International were received for information relevant to mental health issues, education, and professional practice in local, national, and global perspectives.

Conference Corner . . .

Fourth International Middle East Nursing Conference, April 29-30, 1996, Irbid, Jordan. Sponsored by Jordan University of Science and Technology and University of Windsor, in cooperation with Villanova University. Theme: *Nursing Excellence in the 90's: An International Perspective*. Abstract deadline: October 31, 1995.

Third International and Interdisciplinary Health Research Symposium, May 21-31, 1996, Beijing China. Sponsored by the West Virginia University School of Nursing and Peking Union Medical College Hospital. Theme: *Advancing the Commitment to Care through Research*. Abstract deadline: December 1, 1995.

Second Nursing Academic International Congress, September 16-18, 1996, Kansas City, Missouri. Sponsored by the University of Kansas School of Nursing. Theme: *International Collaboration in Nursing: Working Together to Enhance Health Care*. Abstract deadline: January 15, 1996.

Sixth International Conference on System Science in Health Care, September 16-20, 1996, Barcelona. Theme: *Moving Health Systems into the New Century*. Abstract deadline: March, 1996.

Nursing, Women's History and the Politics of Welfare, September 18-20, 1996, Nottingham, England. Sponsored by the Department of Nursing and Midwifery Studies, University of Nottingham. Abstract deadline: Oct. 31, 1995.

21st Quadrennial Congress of the International Council of Nurses, June 15-20, 1997, Vancouver, Canada. Theme: *Sharing the Health Challenge*. Abstract deadline: January 15, 1996.

Eighth Biennial Conference of the Workgroup of European Nurse Researchers, June 24-27, 1996, Stockholm, Sweden. The main topic of the conference is *Research on Nursing throughout the Lifespan*. Abstract deadline: October 1, 1995.

Dual diag

by Joanne Lewis

Persons with mental illness often exhibit challenges which have, over the years, frequently attributed to mental retardation. According to Jamieson (1992), it wasn't until the 20th century that consideration was given to the notion that many of the behaviors were symptoms of mental illness in the presence of mental retardation. It is to be found only in a low level of intelligence. Not only was it discovered that mental illness did occur in persons with mental retardation but the level exceeded that of the general population (Eaton & Menolas).

During the last few decades, the scientific community has given mental illness the same recognition to research, which is the case with mental retardation (Nezu, Nezu & Cline, 1990). The coexistence of mental retardation and mental illness — dual diagnosis — regardless of the various combinations, have concerned mental health professionals with mental illness and mental retardation from mental illness.

Despite recent advances, research indicates that a) mental illness is prevalent in persons with mental retardation (Eaton & Menolas, 1990; Meador & Osipow, 1990; McKinney & Nelson, 1990); b) persons with mental illness have a full range of intelligence (Nezu et al, 1990); and c) mental illness occurs at all levels of retardation (Jamieson, 1993). Therefore, mental illness remains an undiagnosed condition (Jacobson & Berman, 1990) in the service of persons diagnosed to have mental illness (Dorn & Proulx, 1990).

The barriers to diagnosis are still in existence. Jamieson notes that persons with mental illness are devalued and also been thought of as even free from

Dual diagnosis: Is this phenomenon new to you?

by Joanne Lewis

Persons with mental retardation often exhibit challenging behaviours which have, over the years, been frequently attributed to the mental retardation. According to Vitiello and Behar (1992), it wasn't until the nineteenth century that consideration was given to the notion that many of the behaviours were symptoms of mental illness. The presence of mental illness was thought to be found only in those with a higher level of intelligence (Gabriel, 1994). Not only was it discovered that mental illness did occur in those with mental retardation but the prevalence far exceeded that of the general population (Eaton & Menolascino, 1982).

During the last two decades the scientific community has given considerable recognition to this population. The research, which is plentiful, validates (Nezu, Nezu & Gill-Weiss, 1992) the coexistence of psychopathology and mental retardation, thus the phenomenon — dual diagnosis. The experts, regardless of the variety of research outcomes, have concluded that 20-35% of persons with mental retardation suffer from mental illness (Nezu et al, 1992).

Despite recent research that indicates that a) mental illness is more prevalent in persons with mental retardation (Eaton & Menolascino, 1982; Meador & Osborn, 1992; Reiss, McKinney & Napolitan, 1990), b) persons with mental retardation experience a full range of psychiatric disorders (Nezu et al, 1992; Reisse et al, 1990), and c) mental illness can be present at all levels of retardation (Chitty, Boo & Jamieson, 1993), the dually diagnosed remain an under served population (Jacobson & Burehard 1992). The gaps in the service systems allow the dually diagnosed to fall through the cracks (Dorn & Prout, 1993).

The barriers created over the years are still in existence. Woodward (1993) notes that persons with mental retardation are devalued by society. They have also been thought to be worry-free and even free from all emotions therefore

they could not experience emotional stress (Reiss et al, 1990). As previously stated, behaviours were attributed to the retardation. Reiss and Szyozko (1983) describe the belief that intellectual deficits overshadow emotional disturbances, thus the term diagnostic overshadowing. Diagnostic overshadowing, according to Reiss and Szyozko (1983), is a bias phenomenon and biases are difficult to change. It seems that the longer the length of time involved in the care of persons with mental retardation, the more common the biases. Overshadowing continues to be one of the most troublesome issues in the treatment of the dually diagnosed.

The gap is further widened by the diverse training provided for the caregivers of those with mental retardation and mental illness (Woodward, 1998). There are few centres which provide substantial programs for the professionals regarding mental retardation and even fewer with a dual diagnosis focus (Torrey, 1993; Menolascino & Fletcher, 1992). At the International Congress for the Dually Diagnosed held this year in Boston several presenters spoke of the need for educational programs for all categories of caregivers. They also alluded to several programs which are now in place but some are too new to even assess their effectiveness. Without programs focusing on the education of professionals, diagnostic overshadowing will go unchallenged.

The deinstitutionalization of the past two decades has brought the concern for the dually diagnosed to the forefront. Saint Angelo (1992) recognizes that, around the world, individuals with certain labels fall through the cracks of the service system. No one wants to take the responsibility (Gabriel, 1994) for provision of services. Recently, in an information search for existing programs for the dually diagnosed, a psychiatric facility in western Canada referred to the developmental centre for program information. When the developmental centre was asked to delineate

the services they provided for the dually diagnosed they referred to the psychiatric facility. This validation that no one takes the responsibility is another example of the gap that exists.

There is a consensus of opinion that persons with mental retardation do not belong in institutions or in hospitals. On the other hand, all persons with mental retardation have the right to quality mental health services whether they require in-patient or community care. Nurses have a major role in providing these services. Nurses not only provide expert assessment skills but they provide the advantage of a holistic focus (Gabriel, 1994). They can assess a full range of functioning levels, a full range of physical problems and a full range of psychiatric symptomatology. Nurses should be forerunners in helping to close this gap in our service systems by being alert to the existence of the dually diagnosed, by observing the behaviours and by assessing the etiology of those behaviours. The dually diagnosed exhibit behaviours which are amenable to contemporary nursing approaches (Hodgins & Monfils, 1985; Gabriel, 1994) and which are based on the needs of the individual.

The dually diagnosed need nurses to advocate for quality mental health care as they so often are unable to speak for themselves. These individuals present a multiproblem scenario with complex needs. It seems appropriate to close with the words of Gabriel (1994): For nurses who enjoy a challenge and an opportunity to see positive changes in an individual's growth, dual diagnosis is an area to explore" (p. 39). On behalf of the dually diagnosed, I implore New Brunswick nurses to be informed and alert to their special needs.

References

- Campbell, M. & Malone, R. (1992), Mental retardation and psychiatric disorders, *Hospital and Community Psychiatry*, 42(4), 374-379.

continued on page 6

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dian Federation of Mental Health Nurses.

I was invited to participate in the review of the Mental Health Services Act and the Mental Health Services Regulations of Saskatchewan. The focus of the discussion was on "Patient's Rights Under the Mental Health Services Act".

I reviewed an 86-page document — a draft — 1997 Accreditation of Mental Health Organizations (A Client-Centered Approach). An eight-page response based on the Standards of Psychiatric Nursing Practice and other relevant materials were submitted to the Canadian Nurses' Association, Canadian Federation of Mental Health Nurses, and a copy sent to the Saskatchewan Registered Nurses' Association.

The Chair for the World Mental Health Week celebration for the Province of Saskatchewan is Ms. Aurelia Beach (Program Consultant, Saskatchewan Health). The province is coordinating educational conferences and a video. "Mental Health Matters (A Global Concern)" will be part of the provincial celebration. We are also looking at fundraising for the homeless and mental promotion activities. The Canadian Mental Health Association, provincial executive, Dr. John Hylton, and the Registered Psychiatric Nurses' Association Executive Director, Marianne Reiger, are closely involved with the CFMHN provincial activities of Saskatchewan.

*Respectfully submitted,
Lou Heber, RN, PhD*

Whyte honored for courage

Jayne Whyte of Fort Qu'Appelle is the first-ever recipient of a national award honoring those who have overcome adversity in their lives.

Whyte has been named the winner of the Courage to Reach Beyond award, presented by the Canadian Federation for Mental Health Nurses. The federation is an interest group of the Canadian Nurses Association whose mandate it is to provide national leadership in the development and application of standards of practice in psychiatric and mental health nursing.

Whyte was selected over seven other nominees for the award. Each province had the chance to nominate a citizen for the award. She became Saskatchewan's nominee after winning this province's award in the spring.

The award is presented to a Canadian, or group of Canadians, who have demonstrated "the courage to reach beyond" the confines of mental illness. Nominees must have been, or are, consumers of mental health services.

For Whyte, the award is a nice payoff for the work she has done in the field of mental health. She hopes such recognition will aid her in turning the expertise she has gained into a profession.

"I guess after 20 years of apprenticeships it would be nice if I got paid for my expertise," says Whyte.

Whyte's experience in the field has included advocacy to encourage the Canadian Mental Health Association and other consumers and professionals to focus on issues that involve and affect consumers of mental health services. She's also sat on a number of committees and associations in the mental health field.

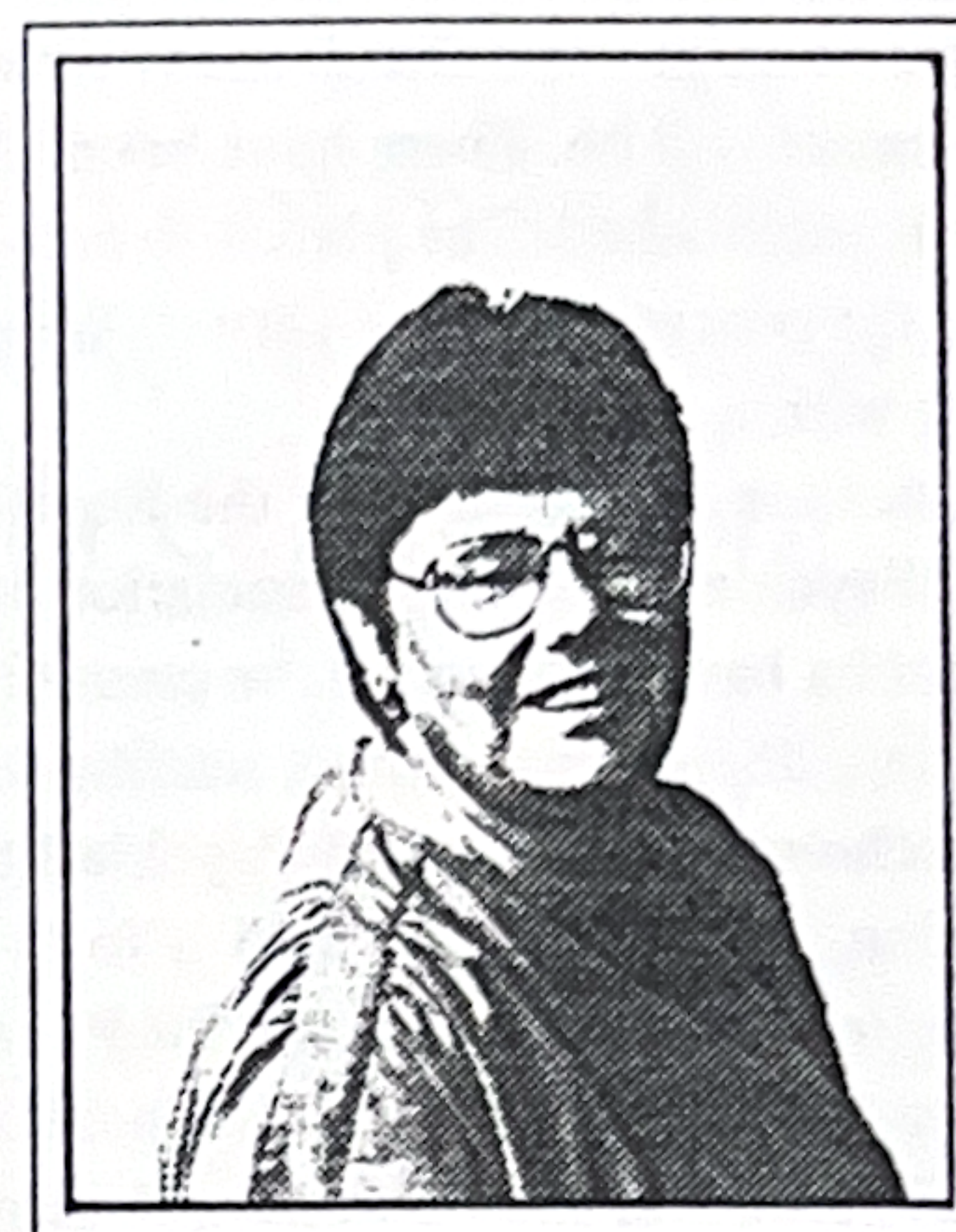
Whyte's expertise in the field of mental health comes not only from her training but also from her personal experience. Whyte has been a consumer of mental health services herself for most of her life. She was a victim of childhood abuse and suffered from depression and dissociative disorder. Her life has included suicide attempts, hospitalization and 30 years of therapy.

Now she's ready to use her experience to help others with the same problems. She says as a mental health patient herself, she's in a good position to help others. But, while people as herself are used by the mental health professionals for studies, reports and advice, rarely are they made professionals in the area themselves, something Whyte thinks should change.

"It's a perspective that's missing right now," she says.

Win Miller, chairperson of the award selection committee, says Whyte was the unanimous choice of the committee.

"We received many nominations who were very good. Jayne's certainly



*Jane Whyte,
the courage to reach beyond*

an excellent example in how she has gone beyond," Miller told The Times.

Whyte will receive her award next month in Toronto.

Reprinted with permission from the Fort Qu'Appelle Times.

Manitoba Report

The Manitoba Psychiatric Mental Health Nurses Interest Group continues to grow as we start our second year. Several members are planning presentations for *The Challenge of Change* conference in Toronto in October. The group has also engaged in some proactive politics to expand their role in shaping the impact of mental health reform. They will meet with Sue Hicks, Assistant Deputy Minister of Health responsible for Community Care and Mental Health in November, to discuss the role of registered nurses in mental health nursing and the outcomes of mental health reform to date and in the future.

The provincial government in Manitoba recently completed a study of Psychiatric Day Hospitals and Outpatient/Ambulatory Care. The working groups made several recommendations aimed at improving community-based care for people with mental health problems. One of these, establishing a Clubhouse, is already in the planning stages. Decisions have not been made regarding any other new initiatives.

In the rural areas of the province the government has introduced regional health boards. Since they are only in the

formative stage it is difficult to say what the impact will be. There have been 11 boards established. The plan is to complete the process with the City of Winnipeg within 2 years.

Brandon University and the Registered Psychiatric Nurses Association of Manitoba have announced the creation of a new degree programme leading to a Bachelor of Science in Psychiatric Nursing, BScPn. They intend it to replace the Bachelor of Mental health, a non-nursing degree, within the next 2 years. A student may enter the 4 year programme following high school or a 2 year, post diploma programme with a diploma in psychiatric nursing (RPN).

Respectfully submitted by
Elly Spencer

Ontario

Community Updates

Congratulations to Clare McKeen, R.N., and Marcel Vaillancourt, R.N., B.Sc.N., who were successful in preparing and presenting a course titled *Positive Self-Image*, at The Scarborough Grace Wellness Institute. Participants in the program focussed upon goal-setting and achievement, as well as, developing a positive self-image and enhancing new skills that advanced healthier lifestyles. On completion of the course, participants completed an evaluation survey providing constructive and practical feedback that will be helpful in planning future course offerings.

Clare McKee, R.N., holds Certificates in Group Therapy, Addiction Counselling, Life Skills Coaching and has many years experience as a clinical psychiatric/mental health nurse. Marcel Vaillancourt, R.N., B.Sc.N., holds a Certificate in Group Therapy and is the Co-ordinator of the Day Treatment Program at the Scarborough Grace Hospital. Both Instructors share interests in community-based promotion of wellness and healthier lifestyles.

The Scarborough Grace Wellness Institute is a new centre promoting health education and research within the Scarborough community. For further information, or to contact the above named individuals please telephone: (416) 495-24094, Fax: (416) 495-2631

or mail: The Scarborough Grace Wellness Institute, 3030 Birchmount Rd., Scarborough, Ontario, M1W 3W3.

Helena Heesen, R.N.
Nursing Supervisor
at Clarke Institute of Psychiatry

Submitted by Rozsa Gyulay
Ontario Representative

Prince Edward Island

We are welcoming a new member for P.E.I., Sharon Lawlor. There will be a profile of her in the next newsletter.

Notes from New Brunswick

We in the Health Care Industry continue to live under a shroud of confusion and complexity. Like our counterparts in the rest of Canada, our clients are 'sicker' and our resources slimmer. We exist in a peculiar state of numbness — wondering just where and when the boom is going to fall next. But we are all too familiar with the bad the ugly, so I want to highlight a few goods in the world of New Brunswick's mental health nurses.

For starters, as I sit to write this the New Brunswick Mental Health Nurses Group (NBMHNG) is gathering for its 16th annual meeting and workshop. This is a proud, steadfast and supportive group — one which continues to advocate on behalf of those issues which impact on the mental well being of all New Brunswickers. This year the Group decided that the goal of mutual (intra Group) support by far outweighed any other professional development activity. Therefore the workshop theme is *Celebrate Nursing*, the focus is the cultivation of the seeds of empowerment and the intended outcome is revitalization (with a fair share of fun on the side). The workshop leader is an entrepreneurial mental health nurse, Colleen Knudson.

The second, and last, item for now is an update on the Mental Health Nursing Research Delphi Study, a study designed to establish research priorities as identified by mental health nurses. Participants in the provincial, bilingual

study are all currently practicing in the field, have a minimum of 5 years of mental health nursing practice experience and are aware of aspects of nursing practice for which the scientific basis is inadequate or the outcome of an intervention uncertain.

The Delphi technique, a group process survey method, was used because of its effectiveness with research participants who represent a wide variety of experience and opinion. After the participants worked through a series of four questionnaires, the research method was pointed in another direction. Through the process of analyzing the data from questionnaire #4, several key themes emerged. The research team, led by Marilyn Merritt-Gray, decided that although the themes required greater focus and depth this was not likely to occur through a fifth round of questionnaire completion.

Thus throughout the summer months, members of the research team conducted focus groups around the province with the study participants. The outcome is that the 9 themes have been fleshed out, and the somewhat grueling (albeit enlightening) process of analysis has begun. For your interest the themes were around questions related to:

- assaultive behaviour
- clients with major behaviour problems
- medication use
- the helping relationship
- the service system
- abuse
- the preparation of helpers
- community integration
- caregiver needs.

It is hoped that the results of this research will shape future research agendas. More importantly though, is to continue the ongoing development of collaborative relationships between mental health nurses involved in direct client care and nurses in academia and research. The results of this research are to be presented at our upcoming conference in Toronto. So, if your interest has been piqued . . .

Mental Health The Challenge

The *Mental Health Conference* being held at the Toronto Convention Centre, a multidisciplinary, conference for survivors, family members, and the mental health system is being sponsored by the Ontario Association of Psychiatric Nurses, in cooperation with the Ontario Association of Psychiatric Nurses.

The conference features a variety of topics and seven symposia. The tide of mental health issues in smaller communities, as well as, will focus on the partnership between families, and speakers from the United States will give presentations on issues.

Jessica Hill, Assistant Chair of the Department of Psychiatry, President of The Canadian Association of Psychiatric Nurses; and Marie L. on mental health reform.

Keynote speakers include the Ontario Nursing Association and more consumer-oriented speakers. Gallop, PhD who will discuss the mental health field.

A wine and cheese reception sponsored by the Ontario Association of Psychiatric Nurses will provide an opportunity for those involved with mental health. Two famous artists, will create an atmosphere by exhibiting their work.

The conference will be held on Thursday evening. The program will be recognized by the "Reach Beyond" award given to CBC personnel.

The conference will feature consumer groups, nurses, nurse educators, and the surrounding area. The conference will be a definite high and closer to the open end of the positive anticipation.

Looking forward

Mental Health Care: The Challenge of Change

The *Mental Health Care: The Challenge of Change* conference is being held at the Toronto Hilton, October 18-21. This international, multidisciplinary, conference for clinicians, case managers, consumer/survivors, family members, administrators, and others in the mental health system is being sponsored by the Department of Nursing, Clarke Institute of Psychiatry, in cooperation with the Canadian Federation of Mental Health Nurses.

The conference features 85 concurrent sessions on a wide range of topics and seven symposia with themes such as consumers challenging the tide of mental health care, the impact of mental health reform on smaller communities, and innovative hospital community linkages. Panels will focus on the partnerships among professionals, consumers and families, and speakers from Norway, Holland, England, Austria and the United States will give an international perspective on mental health issues.

Jessica Hill, Assistant Deputy Minister of Health; Dr. Paul Garfinkel, Chair of the Department of Psychiatry, University of Toronto and President of The Clarke Institute of Psychiatry; Pat Capponi, consumer advocate; and Marie Hayse, family representative, will share perspectives on mental health reform.

Keynote speakers include Eleanor Ross, President of the Canadian Nursing Association who will speak on the global shift of health care to more consumer-oriented and "consumer-driven" orientation and Ruth Gallop, PhD who will speak on future innovations and collaborations in the mental health field.

A wine and cheese reception on Wednesday October 18 is being sponsored by the Ontario Mental Health Nurses Interest Group. This will provide an opportunity for conference-participants to dialogue with others involved with mental health care. Music will be provided by John Arpin. Two famous artists, Anton Cetin and Mary Hecht will enhance the atmosphere by exhibiting their work.

The conference dinner/entertainment social event is planned for Thursday evening. At this time, the founding members of the federation will be recognized. Jane Whyte, a consumer will receive "Courage To Reach Beyond" award. Entertainment will be provided by Nancy White, CBC personnel.

The conference planning committee consisted of representatives from consumer groups, family members, community nurses, hospital based nurses, nurse educators, nurse administrators, from Toronto and the surrounding area. We must confess that the planning process has had definite high and low periods over the past 2 years. Now, as we draw closer to the opening ceremonies, we are gathering more strength and positive anticipation of an exciting, international event.

Looking forward to meeting with you all in Toronto.

Trish Robinson and Rozsa Gyulay
Conference Co-Chairs

Do not miss the Nov. 30 deadline for certification!

236 nurses are certified in psychiatric and mental health nursing! There was a 84% pass rate for the '95 exam. The pass score was 72% for this exam. (This is not a constant — it may change for other exams.) The next exam is set for March 30, 1996. The deadline to register for the exam is Nov. 30, 1995. The Canadian Nurses Foundation has expanded its award program to include support for nurses pursuing certification. Two award recipients will be randomly selected from among successful candidates in each specialty. The award is reimbursement of certification fee. The forms are available through CNF and will be mailed to each candidate.

For your information, the total fee for certification is \$347.75 (\$53.50 of this is an application fee). The exam may be written in English or French. The exam will be in two booklets, each with approximately 100 questions, and administered in one day. The morning session is usually 0900 - 1130 hours and the second from 1300-1530 hours.

To be eligible to write, you must have:

- current registration;
- 2 years of full-time experience (or part-time equivalent) during 4 years prior to writing;
- or 1 year full-time experience (or equivalent) plus satisfactory completion of post-basic program in a specialty area;
- letter of reference from supervisor or a consultant in the specialty.

The CNA has a package (cost: \$10) to use in preparation. It will contain a copy of the exam blueprint. The blueprint is based on the competencies which, in turn, are closely aligned with the Federation's Standards of Practice.

Canadian Federation of Mental Health Nurses MEMBERSHIP APPLICATION

The Federation is an interest group of the Canadian Nurses Association (CNA) whose purpose is to further the standard of mental health nursing in Canada.

Please print the information on the application form in ink.

☐ New Membership

☐ Renewal

☐ R.N.

☐ Has Address Changed?

☐ CNA Member

Name: _____

Mailing Address: _____

Postal Code: _____

Place of employment: _____

Business Telephone: (_____) _____ Fax: (_____) _____

Internet Address: (if applicable) _____

Current Position

Please check one item from the list below:

☐ A: Staff Nurse

☐ D: Clinical Nurse Specialist

☐ G: Community Mental Health Nurse

☐ B: Head Nurse

☐ E: Educator

☐ H: Independent Practitioner

☐ C: Case Manager

☐ F: Manager/Administrator

☐ I: Other

Areas of Expertise

Please check up to three items from the list below:

☐ AV: Abuse/Violence

☐ GT: Group Therapy

☐ AD: Administration

☐ AL: Adolescence

☐ AU: Adults

☐ AG: Aged

☐ AC: Alcoholism

☐ CH: Children & Youth

☐ CS: Community

☐ CR: Cross Cultural Issues

☐ DA: Drug Abuse

☐ DP: Developmentally Disabled

☐ FT: Family Therapy

☐ FI: Forensic Issues

☐ IT: Individual Therapy

☐ ME: Mediation

☐ MC: Marriage Counselling

☐ RE: Research

☐ SC: School Health

☐ SX: Sexuality

☐ WM: Women's Issues

☐ OT: Other _____

☐ Check here if you DO NOT want your name included in the Canadian Federation of Mental Health Nurse's Directory.

Remember to enclose \$30 application fee! Fee ensures membership until May 31, 1996.

Mail completed form and cheque or money order payable to CFMHN to:
Suzanne Johnston, The Captain's House, General Delivery, Pocologan, NB E0G 2S0

National Forum on Health

Canada's current health system has evolved from a unique partnership between the federal and provincial/territorial governments and between government and health care providers. Each partner plays an important role in ensuring that Canadians enjoy one of the finest health systems in the world. Nevertheless, Canada's health system is changing and there needs to be a national dialogue with Canadians to chart the future, building on the fundamental values that are embedded in the principles of the Canada Health Act. For that reason, the Forum was promised in the Red Book, *Creating Opportunity*, and confirmed in the 1994 Speech from the Throne.

The federal government acknowledges the primary responsibility of the provinces for the delivery of health services and recognizes that provincial governments have undertaken extensive reforms of their health care systems over the past several years. However, the Forum can play an important role in ensuring that national priorities are identified and that Canadians are involved and informed about the issues and the options.

The Mandate of the Forum is to inform and involve Canadians and advise government on innovative ways to improve the health of the population. It will do so by promoting a dialogue with Canadians about their health system to determine whether changes can be made that lead to better health while respecting the principles on which the system was built.

In carrying out its mandate the Forum will follow a number of common directions. It will seek to:

- support a national, universally accessible health system, as encompassed in the principles of the *Canadian Health Act*;
- strengthen the public understanding of health and health care and develop support for change;
- provide the government with recommendations for action, reflecting Canadian values and based on the most appropriate level of evidence.

As Forum members undertake this task they will build on the worthwhile work of provincial reviews and commissions.

The Forum will examine specific issues, help focus discussion, and assist in developing solutions and strategies to improve the health of Canadians and ensure that the health system is equipped to deal with the challenges of the future. This will be carried out through regular meetings, working groups and a variety of activities aimed at fostering a genuine dialogue with Canadians.

A description of two of the four working groups follow. The other two working groups are striking a balance and evidence-based decision making.

Values: This working group is seeking a better understanding of how values affect the development of the principles and policies governing health and health care in Canada. It will examine the values underlying the *Canada Health Act* as well as any new or emerging values that are currently affecting Canadian policy decisions or may affect them in the future. Professional, religious, social and ethical values will be examined to gain a better understand-

ing of those values which influence decision making and policy development, as well as to see where they come together and where they conflict.

The group will also look at any new factors which have emerged that will affect policy or policy changes — for example, affordability, accountability, and appropriateness.

In carrying out its task the group will first examine existing material concerning values, including:

- studies related to the values underlying the *Canada Health Act*;
- values identified by organizations and associations, such as bioethical and medical;
- surveys/studies of Canadian groups/citizens on the question of values related to health;
- related public opinion surveys.

From this research, the group will endeavor to identify the health-related values which must be central to any policy development or change.

Chairperson: Nuala P. Kenny

Members: Randy Dickinson, Madeleine Dion Stout, Richard Lessard, Gerry Loughheed Jr., Shanthi Radcliffe, Duncan Sinclair.



Participate in National Forum on Health

The National Forum on Health is encouraging Canadian nurses to make their views known. This was the message that Marie Fortier, Executive Director of the forum, brought to CNA's annual meeting in Ottawa, June 16. The National Forum on Health, including three nurse members, was formed in October 1994 to take a broad look at health and the health care system in Canada.

This fall the forum begins a two-track consultation process with the health community and public. In 1996 there will be a series of national conferences with key organizations. Fortier urged nurses to send information about the challenges and successes they have experienced during current reforms. Contact: National Forum on Health, Box 2798, 4th Floor, 200 Kent St., Ottawa, ON K1P 6H4. Phone (613) 957-3268, fax (613) 954-0947.

Reprinted from *The Link*, Vol. 4, No. 3, Fall 1995.

Are you interested in being the committee chairperson of Research and Archives?

The role of this person is to facilitate research endeavors, utilization and dissemination of research. S/he will be able to inform members of the CFMHN about current research findings or how to access them. Specific tasks could include:

- writing a research column or a critique of a research article for the newsletter;
- assessing the quality of mental health/psychiatric nursing research literature;
- starting a directory of nurses who are doing research in mental health/psychiatric nursing in Canada;
- assisting with the research stream for conferences.

Her Excellency Mrs. Diana Fowler LeBlanc

I am pleased to extend my warmest greetings to the members of the Canadian Federation for Mental Health Nurses who are taking part in the activities surrounding World Mental Health Week.

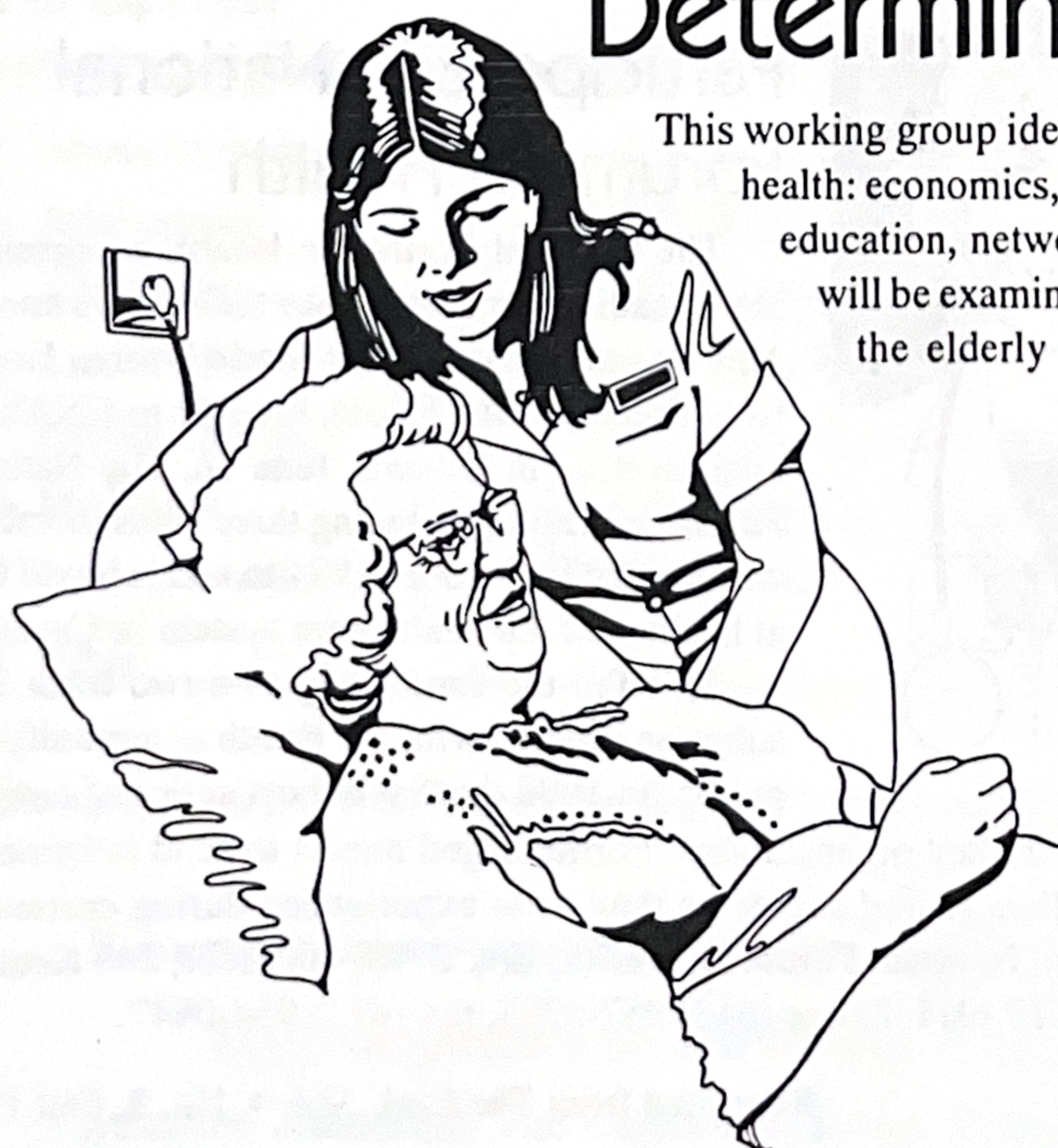
Each year, mental illness affects thousands of Canadians from every level of society and from all walks of life and ages, even children. World Mental Health Week provides us with an opportunity to consider not only the importance of mental health, but also the cost of mental illness to our country. We can measure the effect that poverty or financial instability has on the occurrence of mental problems among Canadians experiencing economic difficulty. However, we cannot measure the distress felt by those who have experienced mental illness, as well as by their families and friends.

I encourage all Canadians to offer their support to those whose dedicated efforts are fundamental to maintaining our mental health and to increasing our understanding of how mental health issues are of paramount importance to our communities.

Her Excellency Mrs. Diana Fowler LeBlanc

A French version is available

Determinants of Health



This working group identified several key factors known to influence a person's health: economics, biology (including genetics and development), work and education, network/links in communities and psychology. These factors will be examined in relation to several groups in society: children, youth, the elderly and the chronically physically and mentally disabled.

Gender issues will be considered in looking at each of these groups.

Based on existing evidence that links these factors and health, the group will document case stories about approaches that have succeeded in improving the health of the population, seek the input of the public and provide information about those success stories, and make policy recommendations.

Chairperson: Marc Renaud
Members: Debbie Good, Louise Nadeau,
Judith Ritchie, Roberta Way-Clark