

in this issue

- 1 Message from your President
- 2 Editorial
- 2 Consumer Corner
- 2 My Experience with Chris Caldwell
- 3 CNA 2006 Biennial Convention
- 3 Dowsing as a way of Accessing our Inner Wisdom
- 4 Collaboration in Mental Health CFMHN a Key Partner
- 6 Newfoundland and Labrador Nursing Response to the Changes to the new Mental Health Care and Treatment Act
- 7 Ode to 'Our Jude'
- 9 Provincial Reports
- 11 FYI
- 12 Provincial Representatives and Executive Committee

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Greetings to all CFMHN and MHNIG members

2006 is promising to be an interesting year across Canada with a new government in Ottawa.

It is a time of 'new' for the Federation also. The new third edition of the Canadian Standards of Psychiatric and Mental Health Nursing is now available for purchase. This particular revision of the Standards document involved input from consumers and family members of consumers. This is very exciting! Please visit the website for ordering information.

And speaking of the website, be sure to check out the new CFMHN site at www.cfmhn.ca. Our Web Coordinator, Heather Barton has been working tirelessly to make the site more user friendly. Please forward any feedback or suggestions to Heather at hbarton@cfmhn.ca.

There are now two sub-committees made up of Board members and CFMHN members engaged in research projects. One sub-committee, chaired by Anna-Marie Kean of Newfoundland, is looking at the issue of undergraduate education in mental health nursing. If you are interested in contributing to this project, please contact Anna-Marie at amkean@cfmhn.ca.

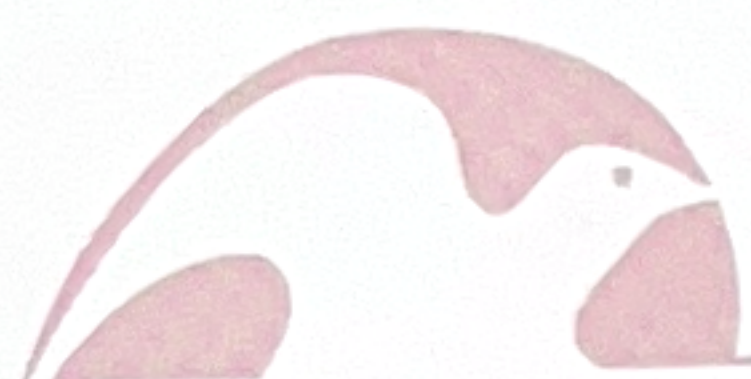
The second sub-committee, chaired by Gloria McInnis-Perry, is looking at the erosion of Community Mental Health Nurses across Canada. Again, if you would like to contribute to this, please contact Gloria at mcinnisperry@cfmhn.ca.

Finally, the 2007 CFMHN conference in Ottawa is fast approaching. The Ottawa Conference Planning Committee is very active. Watch the web site for forthcoming conference information.

Christine Davis,
President



*a message
from your
president*



editorial

Linda Nasato

Your CFMHN executive met in Toronto February 3 – 6 for a retreat/planning session facilitated by Doug Rosser of First Stage Enterprises. The Registered Nurses Association of Ontario moved into their new building in October 2005 and we enjoyed holding our session in the board room there. At that time we also discussed the 2007 Conference being organized by our Ottawa colleagues. Good luck to the mental health nurses who are writing the CNA psychiatric/mental health nursing certification exam April 1 2006. There is a weekly CBC television series many mental health nurses may find interesting. "This Is Wonderland" is a dramedy about a Toronto courthouse that regularly focuses on mental health court processes in an intelligent sensitive manner that may decrease some of the stigma and ignorance about mental illness.



consumer corner

Dakota – Papa's Little Girl

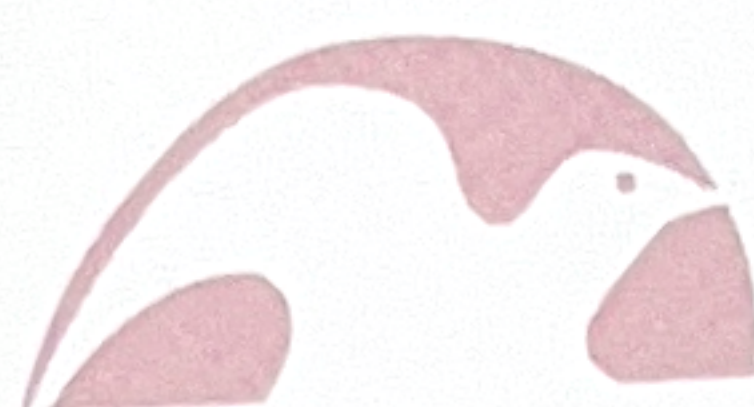
I am blessed with a grandchild and she's Papa's Little Girl,
She's my little bit of sweetness and she sends my heart awlirl.
I love her more than anything, she makes my heart sing loud,
She's precious, she's beautiful and she makes me very proud.

Her smile brightens up a room like the sun does in the day,
I'm grateful for her presence in my life in every way.
Dakota lifts my spirits when I'm sad and feeling down,
She lifts me up and builds me up so my face can lose its frown.

She smiles with love when she sees me
and she weeps when I go away,
It breaks my heart to leave her when I go to work each day.
When she's feeling sad I pick her up and hold her close to me,
I sing to her, show her my heart and hug her lovingly.

Dakota grows more beautiful and loving every day,
Soon she will be off to school and making her own way.
I have been blessed with a grandchild and Dakota is her name,
Once she's grown and in the world, life just won't be the same.

Papa Loves Ya Baby!



my experience with Chris Caldwell

Patient "Jane"

I have found it very helpful to work with Chris Caldwell over the past 8 or so months and thought it might be useful to describe as much as possible what specifically it is about her and her approach that have given me so much, in the event that this information might be of interest to someone.

To me, Chris's greatest strength is the balances she maintains, which I will attempt to describe in detail a little further along. In brief, I am referring to her ability to make a significant difference in a patient's life without taking charge of it - in effect, to be a catalyst by providing them with the assistance they need to start sorting themselves out. I think it must be a complex skill to master, requiring strong commitment to helping patients, excellent instincts, and years of experience to be able to do this as well as she does. I frequently have difficulty working with mental health professionals because I am suspicious, demanding, judgmental, and have axes to grind as a result of previous unpleasant experiences. No problem with Chris, though, which was surprising to me considering the particular prejudice I hold against psych nurses. She must be extraordinarily talented and just basically an all-around excellent person to have met the rigorous standards I apply to her and others. I have received much benefit from working with her and have made good progress in areas where I thought I would be hopelessly stuck forever.

So - onto some partially organized thoughts about what I mean by these balances:

Chris is honest and straightforward yet she is not cruel. She has good insights that she presents in a direct yet fairly gentle manner. She spots patterns, calls things to my attention and will confront where necessary, but she doesn't beat me up about whatever the issue is.

Warm and caring without being intrusive. I feel she values me as a person and wants to know about me and my experiences but she doesn't pry, she lets me share at my own pace. Because I don't feel threatened, I am more open with her than with most other people, including other health care professionals.

Has a good, solid presence without being overbearing. I can look to her for strength and support but not have to worry about getting overwhelmed or minimized or burdened down with a lot of expectation.

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superior being or the
"controlling" variety
past, Chris is actually
provides inputs and
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Influences without coercing. Doesn't set herself up as the superior being or the authority or anything like that. Unlike the "controlling" variety of psych nurse that I've encountered in the past, Chris is actually a sort of collaborative partner. Though she provides inputs and feedback, she doesn't tell me what's wrong with me, what I should work on, or how I should solve my problems. It is always up to me to decide where we go.

Moves things forward without pushing too hard. Provides encouragement when I'm attempting something challenging. Asks thought-provoking questions and explores my answers with me. Makes useful suggestions if I'm really stuck, but doesn't insist on them. Lets me have more time with something if I need it.

Questions some of my choices without disrespecting. Reframes difficult concepts to make them more palatable. Proposes alternatives persuasively yet doesn't try to force, even when it's clear she believes strongly in something, e.g. that business about my need to be on medication. Chris has what I think of as a "strong" personality, so for her to show such restraint in this type of a situation demonstrates a lot of respect for me and our process. This in turn helps to build trust, as well as my respect for her. [Regarding the med issue: if Chris had pushed this, it's likely I would have pushed back and continued to resist the idea of being on meds, and would be much less well off than I am now.]

Has a sense of humour without ridiculing. We laugh a lot, but with a good-natured, affectionate overtone.

Basically, Chris is fascinating and fun to work with, and I have come to look forward to our sessions with much anticipation. She has been a tremendous support to me during a difficult time. She always has something interesting and valuable to offer. She knows when to coax and when to back off. She does not bullshit or otherwise insult my intelligence. There is energy in the room, a sense that we are going places and something special is happening. What she has to say matters to me a great deal, even if I don't always agree with it (though I almost always do), and I always will consider it. And it seems that what I say matters to her as well.

**Canadian Mental Health Association (Ontario)
has an initiative on workplace mental health
and workshops available from CMHA.
For information about this
see www.mentalhealthworks.ca**

CNA 2006 biennial convention

Saskatchewan Registered Nurses' Association will host the convention and annual meeting June 18 – 21 in Saskatoon at the Centennial Auditorium and Convention Centre. The theme is Advancing Technology and Preserving Caring in Nursing. Visit the website, www.cna-aiic.ca for more information. The following workshop may be of interest to mental health nurses.



Canadian Holistic Nurses Association

presents

Dowsing

as a way of

Accessing Our Inner Wisdom

"What is dowsing? It is the ancient art of seeking information or unseen objects through the use of non-ordinary perception. In practice it is a process of obtaining yes/no answers (or numerical answers) to properly worded questions with the use of a dowsing instrument and the proper frame of mind." (Stephen Johnson, Basic Dowsing Steps).

Join us in an experiential workshop. We will demonstrate using dowsing instruments such as the pendulum and divining rods and accessing information using muscle testing. These are practical and effective ways to access and develop our natural intuitive abilities.

June 18, 2006

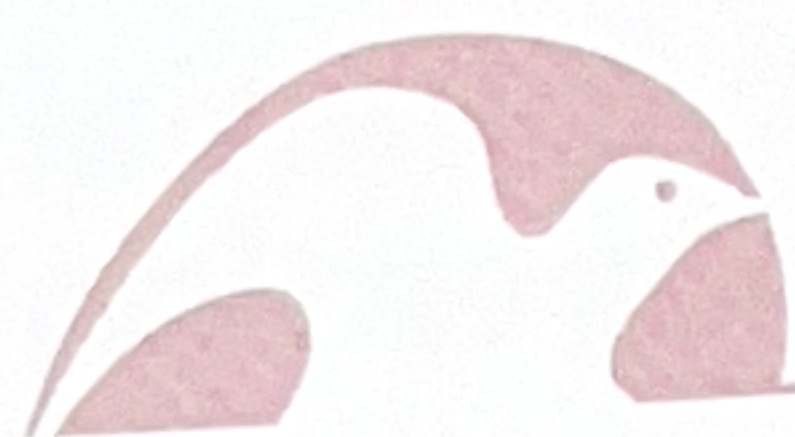
**Delta Hotel, Saskatoon, Saskatchewan
(preceding CNA AGM)**

10:00 am – 11:30 am • CHNA Annual General Meeting
11:30 am – 12:45 pm • Lunch
1:00 pm – 4:00 pm • Dowsing Workshop

Workshop Fee (lunch included)
\$30.00 members
\$40.00 non members

Register by June 1, 2006

Cheque payable to CHNA
Registrar: Betty Petersen
7535 Hunterview Dr. NW, Calgary, AB. T2K 4P7



collaboration in mental health CFMHN a key partner

Valerie Gust, CCMHI Secretariat

"Our vision for mental health care in Canada is to be integrated in a public health system with health care providers from a variety of backgrounds working in partnership with consumers and their families, communities and each other, to enable consumers to access prevention, health promotion, treatment/ intervention and rehabilitation services from the most appropriate provider, when they need it, in a location that is accessible and with the fewest obstacles."

– CCMHI Chair, Dr. Nick Kates

The Canadian Collaborative Mental Health Care Initiative

For the past 21 months, a national initiative called the *Canadian Collaborative Mental Health Initiative* (CCMHI), has been working with 12 national organizations to promote and improve access to collaborative mental health care.

The *Canadian Federation of Mental Health Nurses* is a partner of the initiative, and is represented by Denise Kayto, Manager of Acute Care Services, Mental Health at Saskatoon Health Region. Ms Kayto is one of 21 individuals who sits on a Steering Committee representing a broad range of perspectives including: consumers, families and caregivers; dietitians; family physicians; nurses; occupational therapists; pharmacists; psychologists; psychiatrists and social workers.

"I am pleased to represent the CFMHN, and be at the table with such a dedicated group of mental health, primary health and consumer advocate professionals whose ultimate goal is to improve how mental health care is delivered in Canada", remarked Denise Kayto. "Working in teams has always been integral to the nursing profession. And by adding the specialized skills and knowledge of mental health nurses to a collaborative mental health team, we can only get closer to achieving the mental health goals that are set by consumers, families and caregivers."

The CCMHI is focusing on three deliverables:

First – a **series of papers** that document the state of collaborative mental health care in Canada.

Second – **tools** tailored to providers, educators and consumers, families and caregivers to help them establish and participate in a collaborative care network in their community.

Third – a **Charter** expressing the continued commitment of the Steering Committee organizations to work together and strengthen the delivery of mental health care.

Series of Papers

This series involves 10 papers and 2 internal working documents which look at the state of collaborative mental health care from various perspectives, including: policy, human resources, education, and best practices. Two particularly useful papers are the Annotated Bibliography that examines the current literature on collaborative care in primary health care, and a Review of Canadian Initiatives that inventories and analyses over 90 collaborative initiatives. Visit the CCMHI Web site at www.ccmhi.ca to view or download the papers.

Toolkits

Twelve toolkits are currently in production and should be available from the CCMHI Web site shortly. The toolkits are tailored to: assist providers and planners in the implementation of collaborative initiatives; help mental health consumers and their family members understand mental illness and work with other members of the care team; and inform educators of the benefits of interprofessional education and provide tools to teach about collaborative mental health care. Each was developed with an Interprofessional Expert Panel and guided by a Working Group that represented a number of key stakeholder groups. It is hoped that readers of any of the toolkits in the series will spread the word and share them with others.

For a complete list of toolkits, visit www.ccmhi.ca and go to "Our Products" then "Toolkits" and bookmark the page for future reference.

Charter

A real cornerstone to making changes to 'when' 'where' and 'how' we deliver mental health services, is CCMHI's Charter – a pledge amongst the 12 national organizations to work together to support the delivery of mental health services in primary care through interdisciplinary collaboration.

The Charter was developed through extensive dialogue with consumers, families, caregivers, health providers, policy makers, educator and funders across the country. In total, the Charter has been considered and informed by nearly 2,500 people from coast to coast to coast.

The Federation of Mental Health Nurses participated in the consultation process by seeking advice from their members at the national annual general meeting in late spring 2005. Members also participated in other consultation activities undertaken by the Canadian Nurses Association.

Federation members responded very positively to the Charter. Most participants agreed that the Principles should help secure the role of mental health nursing in collaborative primary health care practice and offer an alternative to the traditional medical model. Specific suggestions that came out of the consultations were very helpful in finalizing the Charter which is currently being endorsed by the 12 national steering committee organizations.

Next steps

The project is funded by Health Canada's Primary Health Care Transition Fund for a two-year period, thus taking the project until end of May 2006. It is acknowledged that much needs to be done in the area of access to, and delivery of mental health services in Canada. However, it is hoped that at the conclusion of this project, a solid foundation upon which the next group or project can build will be achieved.

The original 12-member consortium is exploring transition options that will further the work that was started. The recent federal announcement to establish a new Mental Health Commission presents a promising opportunity.

Visit www.ccmhi.ca for announcements and new developments in this area.

For more information, contact 905-629-0900 ext 215; or e-mail us at: info@ccmhi.ca

Web links and Resources

Canadian Collaborative Mental Health Initiative – www.ccmhi.ca

Health Canada's Primary Health Care Transition Fund - www.hc-sc.gc.ca/hcs-sss/prim/index_e.html

Steering Committee

Joan Montgomery, Phil Upshall

Canadian Alliance on Mental Illness and Mental Health

Terry Krupa, Darene Toal-Sullivan

Canadian Association of Occupational Therapists

Elaine Campbell, (Jake Kuiken), Eugenia Repetur Moreno

Canadian Association of Social Workers

Denise Kayto

Canadian Federation of Mental Health Nurses

Keith Lowe, Penny Marrett, (Bonnie Pape)

Canadian Mental Health Association

Janet Davies

Canadian Nurses Association

David Gardner, Barry Power

Canadian Pharmacists Association

Nick Kates (Chair), Francine Knoops

Canadian Psychiatric Association

Lorraine J. Breault, Karen Cohen

Canadian Psychological Association

Marilyn Craven, Francine Lemire

The College of Family Physicians of Canada

Linda Dietrich, Marsha Sharp

Dietitians of Canada

Robert Allen, Barbara Lowe, (Annette Osted)

Registered Psychiatric Nurses of Canada

EXECUTIVE DIRECTOR

Scott Dudgeon

elements of the collaborative mental health charter

Principles

- Promotion and Prevention
- Holistic Approach
- Collaboration
- Partnership
- Respect
- Information Exchange
- Resources

Commitments

- Provide Leadership
- Reduce Stigma
- Be Consumer Driven
- Respect Diversity
- Collaborate
- Enhance Access
- Embrace Quality
- Advocate for Resources

The CCMHI is proud of the Charter that is endorsed by all 12 Steering Committee organizations. The final Charter will be available on the CCMHI Web site.

Newfoundland and Labrador nursing response to the changes to the new mental health care and treatment act



As part of a new Mental Health and Addictions Framework, **Working Together for Mental Health** (launched on October 5, 2005) the Provincial Government of Newfoundland and Labrador (NL) committed to presenting new legislation in the spring 2006 legislative session to replace the current Mental Health Act (1971).

The government of NL (informed by the people of NL) acknowledges that the provisions of the current Mental Health Act do not reflect the perspectives and practices that today guide mental health care and treatment and that the current Act when compared to United Nations Principles for the Protection of Persons with Mental Illness highlights major deficiencies. For example, some of the deficiencies include the disregard for human rights of individuals detained against their will including lengthy wait times, lack of involvement of patients in clinical and other decisions affecting them, and lack of a formalized advocacy activities and attention.

As part of a province-wide consultation process, the Association of Registered Nurses of Newfoundland and Labrador (ARNNL), named as one of the key stakeholders, were invited to provide feedback to a list of questions regarding the proposed changes to the new Mental Health Act on key policy directions and suggestions for refinement.

Psychiatric Mental Health Nurses are directly involved in the treatment of clients who are certified under the mental health act. Nurses often administer the imposed interventions. Because these nurses use therapeutic relationship as a method for intervention, the way in which a client experiences that imposed treatment greatly impacts the nurse's ability to provide care.

ARNNL consulted with members of The Psychiatric-Mental Health Special Interest Group of Newfoundland and Labrador (PSIGNAL) and from this consultation, a position statement entitled, "ARNNL Submission to the Mental Health Care and Treatment Act Consultation Process, December 5, 2005" was written by ARNNL consultant, Pegi Earle, and was presented to the Provincial Government. While nurses support the many changes proposed by the Act they provided additional insight to reflect the best practices that today guide mental health practice.

A summary of the some of the key points from the ARNNL response to the proposed changes to the new Mental Health Care and Treatment Act is as follows:

- Nurses uphold the rights of individuals to have accessible and effective treatment, timely review of involuntary admissions and appropriate timelines for second assessment/signature for these cases. Nurses offer suggestions that would enable this to happen.
- Nurses recommend that the language of the act reflect person-centered philosophy and that the semantics used are clear and well-defined. For example when presenting the criteria for involuntary admission, one of the four criteria of the proposed Act states, "the person is unsuitable to be admitted as a voluntary patient". The language should reflect that it is the treatment/involuntary admission that is unsuitable and not the person. Nurses add that there is also a need to define key words, for example, what does a person who is deemed 'unsuitable' mean.
- With regards to Specific Safeguards to prevent wrongful admission or treatment, nurses concur with the new changes that health professionals should be the first line of response with police to provide critical back up only on rare and exceptional situations. Nurses add that while the current Act dictates that the police have to observe that the client needs an involuntary admission to be admitted. They believe that the new Act should allow for the acceptance of an assessment from a third party who knows the client (i.e., family member, case manager).
- Nurses believe that it is within the scope of practice of Psychiatric-Mental Health Nurse Practitioners and Advanced Practice Nurses (APN) in Psychiatric-Mental Health (who have the competencies to conduct a psychiatric assessment) to carry out initial psychiatric assessment, complete the first certificate, and authorize transport to the treatment facility.
- Nurses have mixed opinions with regards to community treatment orders, agreeing that it should only be considered for a very small group of clients, and that the process must be clearly defined, adequately resourced and not open to misinterpretation or abuse.

These are some of the key points outlined in the ARNNL response. A copy of the complete submission can be found on the ARNNL website www.arnnl.nf.ca homepage, under the section, 'What's New'. A hard copy can be ordered by filling out an order form on-line at the following website:
http://www.arnnl.nf.ca/menu/order_form.htm.



Ode to 'our Jude'

Ann Greene

Hey, Jude, don't make it bad
Take a sad song and make it better
Remember to let her into your heart
Then you can start to make it better

Hey, Jude, don't be afraid
You were made to go out and get her
The minute you let her under your skin
Then you begin to make it better.

And any time you feel the pain, hey, Jude, refrain
Don't carry the world upon your shoulders
Well don't you know that its a fool who plays it cool
By making his world a little colder

Hey, Jude! Don't let her down
You have found her, now go and get her
Remember, to let her into your heart
Then you can start to make it better.

So let it out and let it in, hey, Jude, begin
You're waiting for someone to perform with
And don't you know that it's just you, hey, Jude,
You'll do, the movement you need is on your shoulder

Hey, Jude, don't make it bad
Take a sad song and make it better
Remember to let her into your heart
Then you can start to make it better

Lyrics by Paul McCartney

Judy Buchanan, 'our Jude', began her illustrious career with the CFMHN as a passionate believer in psychiatric mental health nursing near the beginning of the Federation, 1992 to be precise. Judy was fulfilling her role in the world of work in the eastern part of this fair country (New Brunswick), when the notion to get involved on a professional level as well, struck.

Hey, Jude, don't make it bad
Take a sad song and make it better
Remember to let her into your heart
Then you can start to make it better

And make it better she did. One of her first involvements of national significance was as a member of the Psychiatric Mental Health Nursing Certification Committee that met at CNA House In Ottawa in June 1993 to develop a list of PMH Nursing competencies as the first phase of the certification process leading to the certification examination in PMH nursing. Judy quickly involved herself as chair in the development of the second publication of the Canadian Standards of Psychiatric Mental Health Nursing which is now in its 3rd publication and used by nurses working in PMH around the world.

Hey, Jude, don't be afraid
You were made to go out and get her
The minute you let her under your skin
Then you begin to make it better.

This wasn't enough for our Jude. She went on to take key positions on the Board of Directors, assuming the Vice President role in 1994. She worked tirelessly to promote the professional practice and professional voice of nurses working in Psychiatric Mental Health Nursing across the country. Within her province of New Brunswick, Judy promoted the implementation of the CPMHN Standards of Practice in the workplace and in the university. She was instrumental in the successful launching of the first CNA certification examination in 1995, participating in the examination committee working groups across the country.

And any time you feel the pain, hey, Jude, refrain
Don't carry the world upon your shoulders
Well don't you know that its a fool who plays it cool
By making his world a little colder

Our Jude stopped playing it cool and stepped into the heated position of President in 1996. This is when the world of PMH Nursing in Canada really got to know the Judy that we have all come to love, respect and cherish as a voice and advocate for clients, families and their nurses. Likely one of the highlights of Judy's' career, and certainly of the Federation, is the correspondence she had with Hildegard E. Peplau in 1996 when the Board invited (and she accepted) Ms. Peplau to become an honorary member of the CFMHN.

Hey, Jude! Don't let her down
You have found her, now go and get her
Remember, to let her into your heart
Then you can start to make it better.

Judy's engaging sense of humour and humanness endeared her to the hearts of the Federation members. Her Presidents messages in the newsletters and her facilitation of the annual meetings provided avenues for the voice of nurses across the country, across the domains of nursing and struck a cord with members from all walks. Her vigilance as an advocate of clients and their families never wavered, nor was it ever out of sight. She skillfully pushed and prodded us to stay focused on the Federation objectives and goals to continue to move forward.

So let it out and let it in, hey, Jude, begin
You're waiting for someone to perform with
And don't you know that it's just you, hey, Jude,
You'll do, the movement you need is on your shoulder

Around this time, the Federation was getting some notice on the international stage. Judy was at the helm when the success of the national and international conferences began. The symposium held in 1997 in Vancouver, and strategically attached to the ICN, was an opportunity to expose the world to the Federation and the accomplishments of the PMH nursing movement in Canada. With Judy's lead, the Federation continued their alliance established at the symposium with the APNA (American Psychiatric Nurses Association), going on to share the international conference in Toronto in 1999 with them. Judy passed the torch along in 1999 and continued with the Board as Past President and Committee Chair for International Affairs.

Hey, Jude, don't make it bad
Take a sad song and make it better
Remember to let her into your heart
Then you can start to make it better

At this time, she also physically spread herself across this fair county by moving herself to the centre (well sort of centre....Alberta actually) and then on to the western shores of British Columbia for a period of time. This strategic move of Judy's boded well for the Federation, as it increased her visibility and provided a face for all the wisdom that was now being reflected from other parts of Canada. Suddenly, our Jude was showing up at meetings, regional conferences and local forums from St. John to Calgary to Nanaimo! The Federation couldn't have asked for a better poster child.

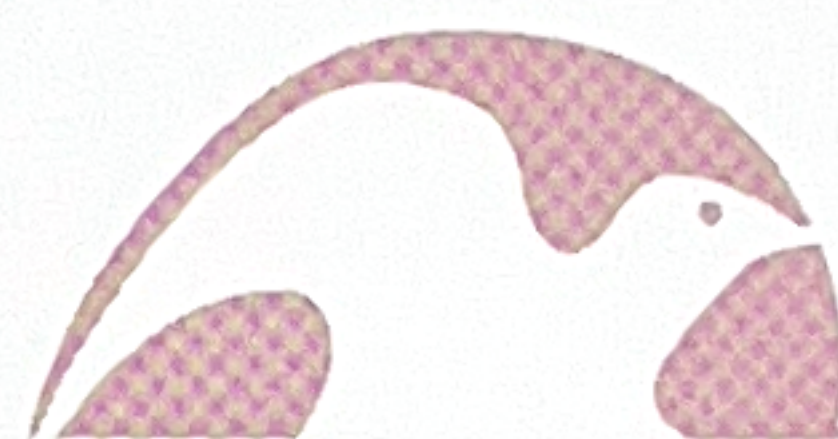
Our Jude wasn't done with us yet. In the fall of 2003, Judy took on the role of Editor of the CFMHN Newsletter and continued her relation with the Board of Directors. And thank goodness she did. In 2003 Judy courageously stepped into the void and took on the responsibilities of Acting President. Her commitment to the Federation, to PMH nursing and to clients and families truly shone through this time. The leadership was floundering and Judy's devotion and wisdom carried the Federation through.

It was with tears in our eyes that the Board of Directors bid adieu to 'our Jude' at the International Conference in Winnipeg in 2005. Her time with the Board, the Federation and Psychiatric Mental Health Nursing was evolving into other paths and she was off on new adventures. True to form, she hadn't forgotten us and sent along a CD which held a story of humour, wisdom and vision, all situated in her own version of grounded theory.

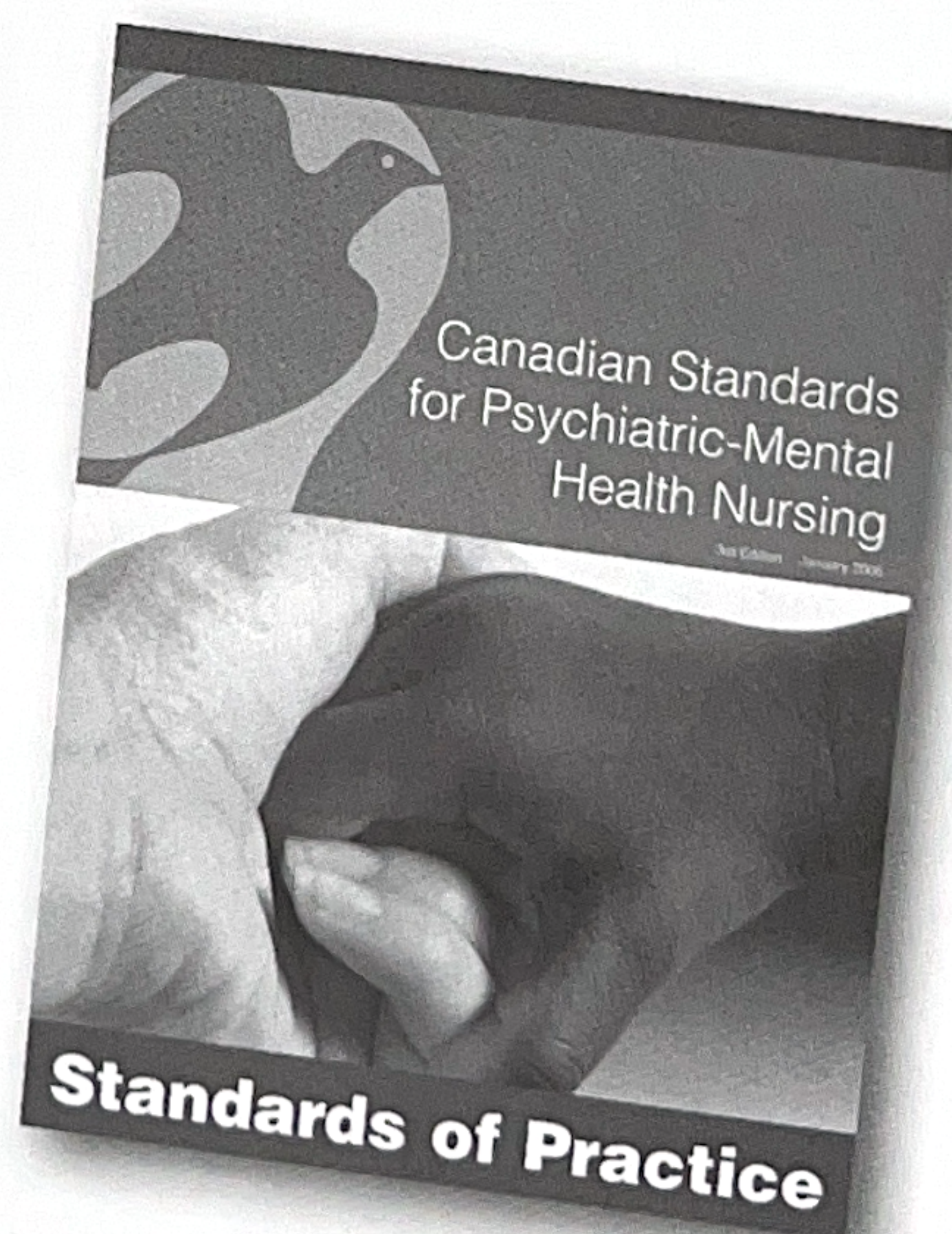
This Ode ends with one of Judy's own quotes from the newsletter Presidents Message in the Fall of 1999.

"I'd like to leave you with a thought from a great mind, Ralph Waldo Emerson, who reminds us all that "the measure of mental health is the disposition to find good everywhere" J. Buchanan.

The Canadian Federation of Mental Health Nurses proudly thanks Judith Buchanan for her considerable contribution to the wellbeing and mental health of all Canadians and to the disposition of finding good everywhere.



announcement



**Brand new third edition (2006)
Canadian Standards
for Psychiatric-Mental
Health Nursing
is now available.
Please see back cover
for details on ordering**

British Columbia

Paula Tognazzini

The North American Opiate Medication Initiative (NAOMI) is a carefully controlled (clinical trial) that will test whether medically prescribed heroin can successfully attract and retain street-heroin users who have not benefited from previous repeated attempts at methadone maintenance and abstinence programs.

The NAOMI study will enroll 470 participants at three sites in Vancouver, Montreal and Toronto. The Toronto and Montreal sites are expected to begin recruitment this spring.

Each site will enroll about 157 participants. About half of these volunteers will be assigned to receive pharmaceutical-grade heroin (the experimental group) and half will receive methadone (the control group). The prescribed heroin will be self-administered under careful medical supervision within a specially designed clinic. Those in the heroin group will be treated for 12 months then transitioned, over three months, into either

methadone-maintenance therapy or another treatment program. The researchers expect a 6-9 month recruitment period, so that the total time to complete the study will be 21 to 24 months.

Saskatchewan

Denise Kayto

This fall, all of the health regions in Saskatchewan received new funding to develop a mental health home care service. The funding came as a result of the First Minister's Accord, which identified mental health home care as a gap. Since the announcement, a great deal of work has already been completed to develop this service in all regions.

The mandate of the service is to ensure a positive, effective return to the community and/or prevention of (re)admission for those people with a primary mental health diagnosis. This service will provide short term case management, professional support, personal support and prevention of hospitalization.

Mental Health, Psychiatric & Addictions Professionals

Vancouver Coastal Health (VCH) serves more than a million people in Greater Vancouver and the scenic communities (including Whistler) up the coast to Bella Bella. We're looking for committed, high-calibre: RNs/RPNs • Addictions Counsellors • Mental Health Clinicians • Nursing Educator • Clinical Supervisor • Clinical Coordinators • Psychologist • Mental Health Therapists • Community Mental Health Workers • Residential Mental Health Workers.

Our innovative programs include:

Chemical Dependency Resource Team Provides care to patients at risk for chemical dependency. Services include: identification, assessment, education and intervention as well as referral to appropriate community resources.

Urgent Response Team Works with clients, their families and colleagues to provide appropriate treatment services. Performs key duties such as intake, mental health and addictions assessment, treatment planning, crisis intervention, consultation and individual counselling to facilitate and coordinate client access to services.

Insite North America's first legal Supervised Injection Site, provides a clean, safe environment where injection drug users can self-inject under the supervision of clinical staff. Our aim is to reduce overdoses, improve the health of injection drug users and increase access to addictions treatment, mental health care and other social services. We have an ongoing need for experienced Nurses to provide primary health care, first aid, wound care and health education.

Visit www.vch.ca/careers for more information, position details and to apply online or call VCH Employee Engagement at 604.875.5152 (Vancouver area) or 1.800.565.1727 (toll free).

**Vancouver
Coastal Health**
Promoting wellness. Ensuring care.

www.vch.ca/careers

In Saskatoon, we have developed a team comprised of professionals and contracted workers to provide practical assistance. The team has been accepting referrals since November, 2005. There have been many positive outcomes already with individuals. We will evaluate the service until April 2006.

The provincial government has also committed new funding for addictions. The Premier announced in the fall that 35 million dollars would be spent on Project Hope. Project Hope is comprised of a number of new initiatives, which are targeted for specific gaps. The gaps identified were youth stabilization, outreach, methadone support clinics, family care, prevention/health promotion, needle exchange, respite, transitional housing, a research chair and additional support to the Brief Detox Unit in Saskatoon

Saskatoon Health Region was identified to deliver 6 of the projects and two of these will be a provincial resource. This has meant a lot of work for the community, partner agencies and staff in addictions and mental health. Representatives from these areas have formed working groups and will have the program developed for at least two of the projects. Although, the timelines are tight, people are providing their best practices and opinions to ensure successful outcomes.

An additional area that we are looking at in Saskatoon is the waiting list for adult mental health services. We will be reviewing the process involved in providing the service, who is receiving the service and what service is being provided. The review and the recommendations will be completed by April 2006.

Ontario

Linda Nasato

In June 2005 the Ministry of Health and Long Term Care announced the appointment of the founding board chairs, board members and CEOs to 14 Local Health Integration Networks (LHINs). These non-profit corporations, initially operating under delegated authorities from the Minister of Health and Long Term Care, will evolve to act as local health system managers in engaging all of the (mental & physical) health services in each region for the planning and implementation of efficient coordinated health care services. The functions of the LHINs will be phased in over time, with a full functionality date of April 2007 set by the Ministry, and replace what were known in the past as District Health Councils.

Funds have been allocated to the local regions of Canadian Mental Health Association to increase or create programs offering case management, court support/forensic, crisis management and other services. In some regions there will be

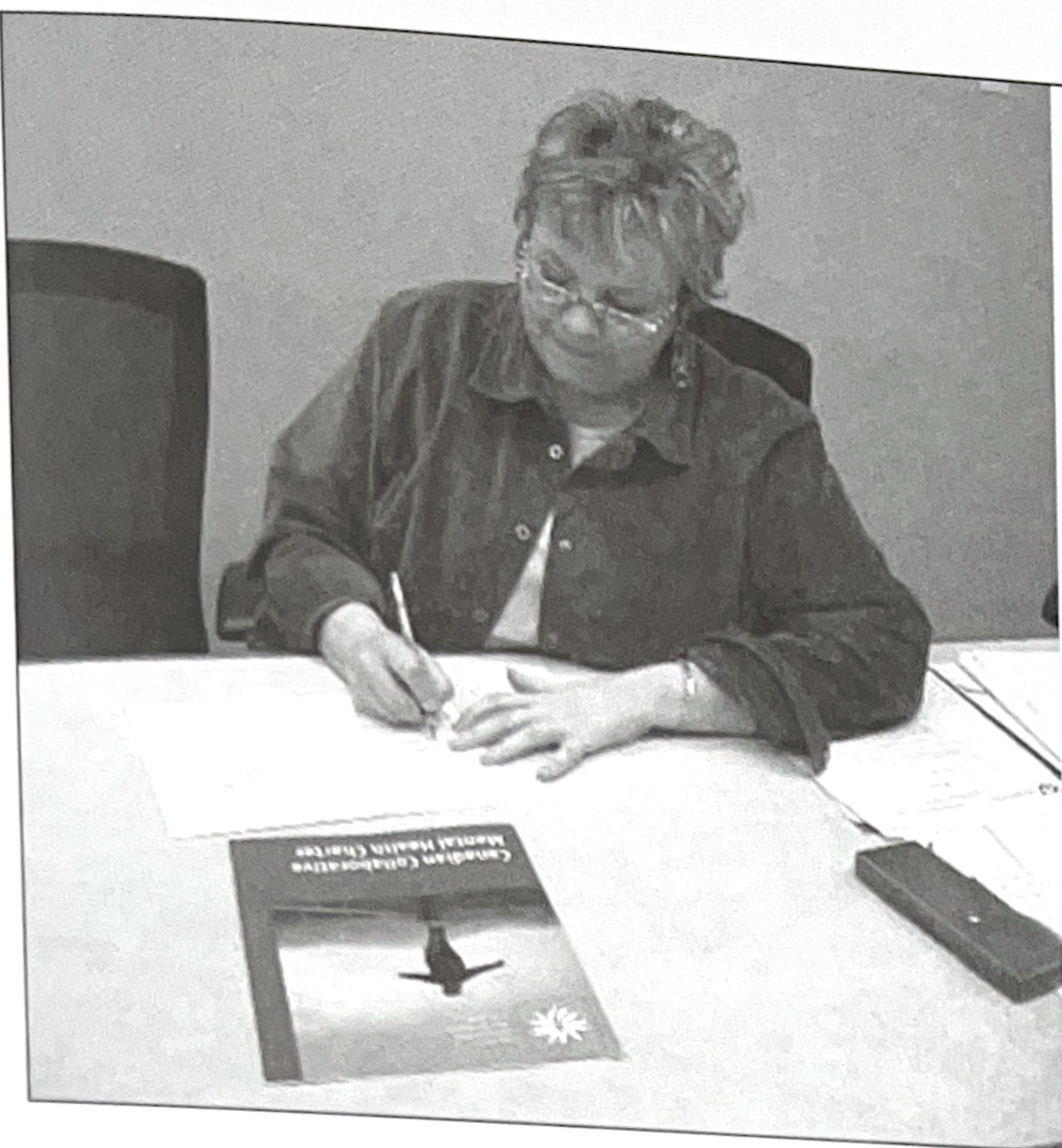
mental health nursing positions created that involve answering mental health calls with police officers. Contact your local CMHA to enquire re these positions.

Prince Edward Island

Gloria McInnis-Perry

For the past two years, Prince Edward Island's Health Care system has undergone major changes. The Provincial Government has introduced a Renewal Program Initiative in which all programs, services and administrations are now under Health, Social Services and Seniors. These changes are to ensure increased quality of care, reduced expenditures and minimized the impact on patient services and on the staff who deliver these services. To date the changes have reduced the number of persons in senior leadership, increased integration of some programs and fragmented others, in particular mental health and addictions. A major concern voiced by the PMHN's is the loss of a dedicated position of a PMHN Director of Nursing for the Provincial Psychiatric Hospital and the Provincial Addictions Hospital. In addition, we have lost our mental health consultant at the Department of Health. On the other hand, we have gained a position for a seniors' secretariate and supportive staff for this new person. On a different yet related note, PEI will be completing the regulations supporting the Nurse Practitioners Act of PEI. Although no plan has been made for Nurse Practitioners in mental health, it does open the door for future planning.

Due to the major changes and corresponding losses, the PEI Psychiatric Mental Health Interest group has had difficulty in meeting. The health care scene continues to unfold as it goes through the transition phases and the effects of these changes and are being monitored by all. However, the PEI Interest group has managed to schedule a meeting for February. A memo has been sent out to all Nurse Managers in Mental Health and Addictions encouraging them and their nursing staff to visit the CFMHN web-site and consider the possibility of joining the provincial and national organization. The Provincial Psychiatric Hospital nurses are investigating a nursing model that will help them guide their practice. Certification of PMHN on PEI remains an interest and discussion of advance practice nursing in PMHN for PEI continues to be articulated as a need on PEI. The upcoming year should be interesting for PMHN's on PEI as the new structures begin to unfold in both the mental health and addiction arenas. PEI's mental health nurses will be keeping an eye on the national scene as the new standards come out and the emphasis for best practice and evidence based practice continues to direct us in our care.



Canadian Collaborative Mental Health Initiative (CCMHI), a consortium of organizations representing community services, families/caregivers, self-help groups, dietitians, physicians, nurses, occupational therapists, pharmacists, psychologists, psychiatrists, and social workers has developed a Charter of nine principles that constitute good mental health services. To obtain this workbook (available in French and English) call (905) 629-0900 ext.215 or e-mail info@ccmhi.ca. Website www.ccmhi.ca.

Left: CFMHN president Chris Davis signing the historic Canadian Collaborative Mental Health Initiative Charter.



CFMHN is extremely pleased to announce the release of the third edition of the National Canadian Standards for Psychiatric-Mental Health Nursing. Shown to the left are two of the key members of the Standards rewrite committee displaying the prototype model at our planning session at Toronto in February.

Left: Gloria McInnis-Perry, Prince Edward Island, and Sharyn Chapman, Nova Scotia.



Your CFMHN board members "hard at work" planning the future of CFMHN in February.



fyi

1-800-531-2600 is the new Mental Health Service Information Ontario (MHSIO) telephone line available 24 hours a day, 7 days a week to connect people with services in their community and across Canada. Further information available on www.mhsio.on

Conference Board of Canada has published a workplace mental health tool for managers that discusses prevention and recognition of mental health problems, getting an employee needed help and planning for a return to work. This is available free at www.conferenceboard.ca.

Mental Health Notes is a publication of CMHA found online at www.ontario.cmha.ca.



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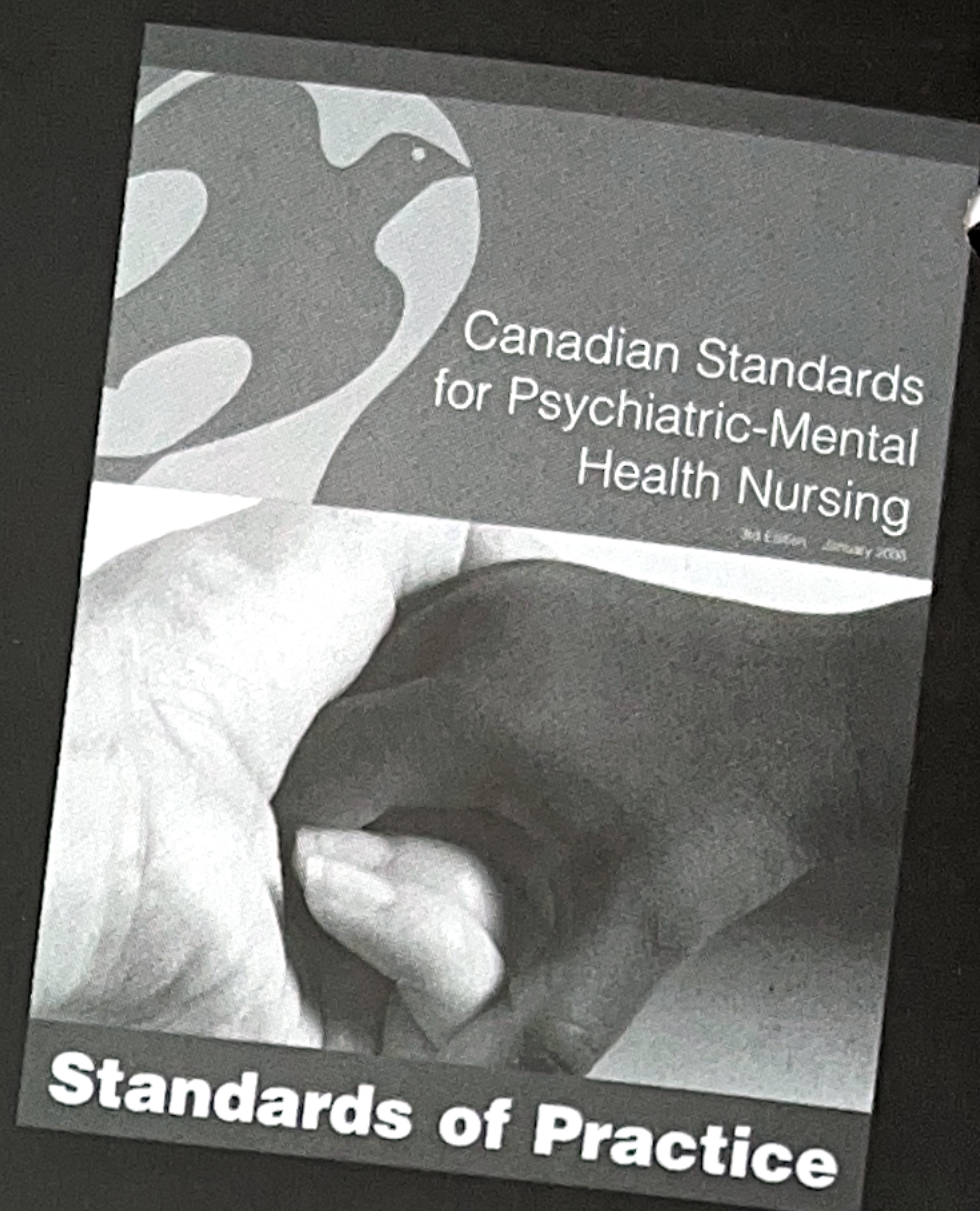
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