



Canadian Federation of Mental Health Nurses

Fédération Canadienne des Infirmières et Infirmiers en Santé Mentale

Edition 47

Spring/Summer 2008

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Hot News

Links from the Web Café
www.ccsmh.ca

Canadian Coalition for
Seniors Mental Health-
Promoting Seniors Mental
Health by Connecting
People, Ideas and
Resources

how to reach us

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Canadian Federation of Mental Health Nurses

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PRESIDENTS MESSAGE

Happy Nurses Week! We hope you have an opportunity to participate in the activities planned in your area that acknowledge the work that we all do.

As you know, the CNA Biennium is taking place June 16-18 in Ottawa. A few CFMHN Board members will be there as will members of the Halifax Conference Planning Committee. We will have a booth on the Tuesday morning of the conference. Please drop by and say hello and pick up information about the 2009 Halifax conference.

Speaking of conferences, Ann Greene and Paula Tognazzini are presenting this week at the Shared Care Conference in Victoria.

On the same topic of conferences, CFMHN had been planning to hold our AGM in Ottawa prior to CNA. Our plans have changed and we are planning an electronic AGM in September. We will keep you posted as the plans become more definite. If you have an opportunity, you may want to visit the following web sites:

<http://www.nnmh.ca>

www.heretohelp.bc.ca

<http://www.mentalhealthnurse.co.uk/>

And finally, I want to congratulate the members of the Ontario Mental Health Nurses Interest Group who were successful at the recent RAO AGM, in having their motion re: mental health content in undergraduate nursing curricula, pass. This took an inordinate amount of work and perseverance and commitment to the clients and families and communities with whom they work. Congratulations! Enjoy your summer.

Respectfully submitted,

Christine Davis

MYSTERY SOLVED!

By Ann Greene

Several years ago the CFMHN Board of Director Sharon Lawlor took on the onerous task of public relations for the CFMHN. Sharon, being a good sport, dedicated nurse and staunch maritimer took this role seriously and inspired the Board to "do something that would leave a legacy and tell the story of the Federation".

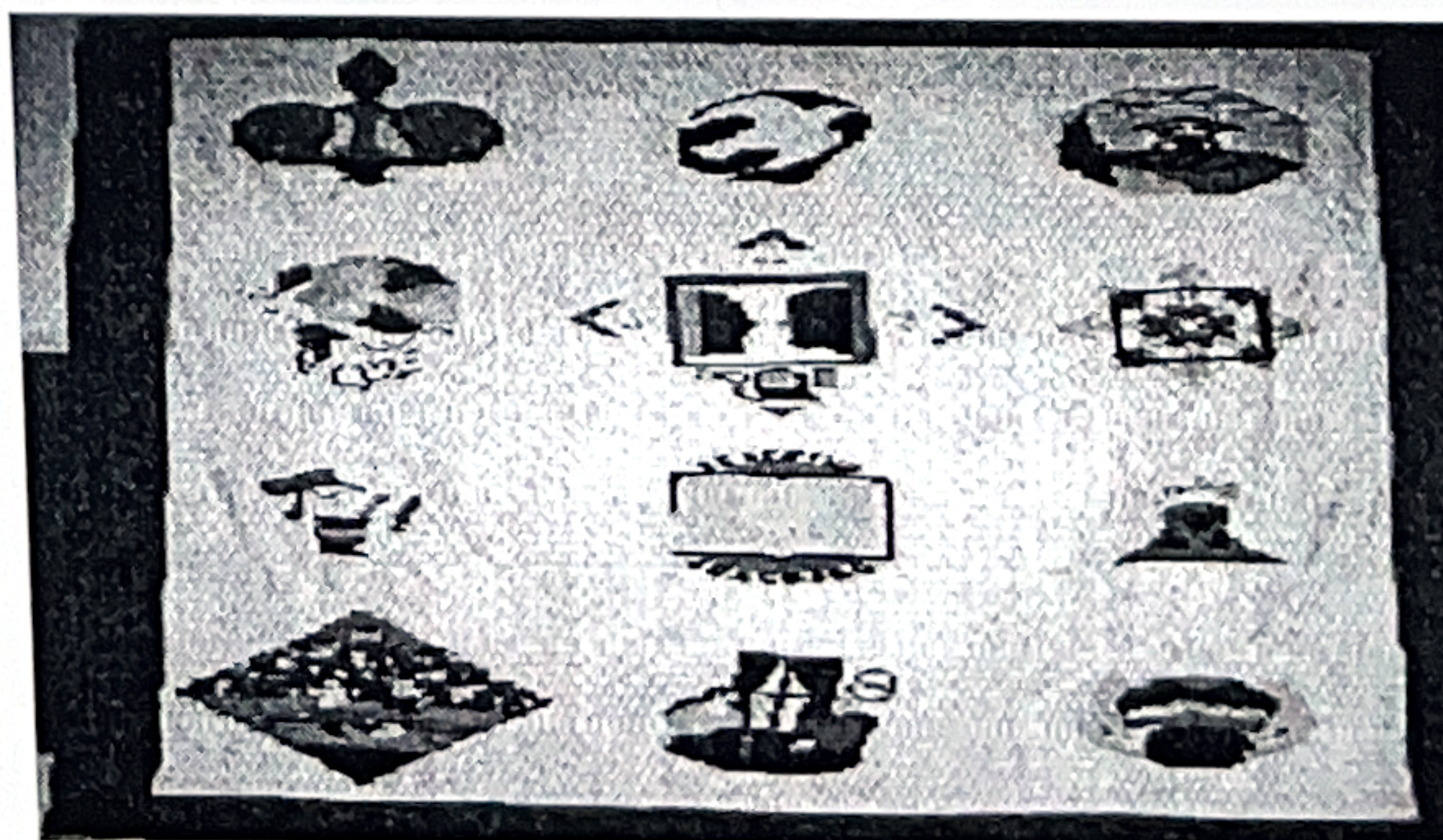
The brainchild was the CFMHN Quilt. The quilt was planned with Sharon's leadership and took on a life of its own across the country with each provincial rep taking responsibility for the completion of one or two squares. Each square was to depict either a value of the CFMHN or one of the Standards of Practice and each province through the leadership of the provincial rep, developed a design and had the piece quilted. The pieces were then returned to home base (PEI) where Sharon got busy with local quilters and put the entire quilt together.

The finished product traveled the country and was displayed at CFMHN functions and events from 1998 until it went missing on its journey from one province to another via the airways. The quilt was traveling solo and the assumption has been that it was "lost in transit". Despite extensive national and local searches, the quilt was considered lost until recently when one of the retired board members was making a house move and came across the blue plastic tote in her attic.

(Names are being withheld to protect the innocent).

To make a long story short the famous CFMHN Quilt is now safe and sound in our administrative offices in Toronto and will once again be traveling and available for viewing at CFMHN events well into the future.

Ps: the quilt no longer travels alone.



Setting the Course *By: Anna-Marie Kean (NL Rep)*

is with great pleasure that I report the following news delivered on **April 15, 2008** from Pam Baker, chair of the Association of Registered Nurses of Newfoundland and Labrador (ARNNL) Advisory Group on the Role of the P/MH Nurse working in the Community:

"Congratulations on the approval at today's (April 15, 2008) Council Meeting of the Position Statement, *The Role of the Psychiatric-Mental Health Nurse Working in the Community*. It was approved unanimously". In addition, there is commitment and accountability from ARNNL and PSIGNAL for implementation and to move forward on the following summary of strategic directions:

ARNNL supports development strategies and policies that:

- Enable community P/MH nurses to practice to optimal scopes of practice
- Advocate for expanded roles for P/MH nurses working in the community
- Increase human resources in community P/MH nursing
- Advocate for ongoing development of community based psychiatric-mental health services.
- Enable community P/MH nurses to maintain continuing competency in the standards of practice required to promote competent, safe and ethical care in P/MH nursing practice, education, research and administration
- Support nurses in the provision of specialized services in health promotion, prevention, maintenance and rehabilitation services to address the needs of clients and their families in their communities
- Provide for evidenced based P/MH nursing care
- Provide preceptorship and mentoring programs for P/MH nurses
- Support quality professional practice environments

Setting the Course- Background to the Position Statement

In 2002, the province of Newfoundland and Labrador (NL) released a paper, *Review of the Community Mental Health System*, reviewing community mental health services in NL. This paper compared best practice in mental health service delivery across Canada with existing mental health service delivery in the province of NL and found,

"There is an inconsistent pattern of the types of professionals present by region. In the H&CS Boards, there is a predominance of social workers. While social workers bring one perspective and knowledge base there is a need for the knowledge and skills of nurses, psychologists, physicians, psychiatrists and occupational therapists" (The Institute for the Advancement of Public Policy, Inc., 2002, p. 46).

In 1994, when ARNNL's landmark position on "*The Role of the*

Psychiatric Mental Health Nurses in the Community" was published only 20 P/MH nurses were working in communities in NL. In 2006, approximately 34 P/MH nurses reported providing community-focused services in the province (ARNNL, 2006).

Psychiatric-Mental Health Special Interest Group of Newfoundland and Labrador (PSIGNAL) identified this as a significant gap in interprofessional community services, in particular the role of the P/MH nurse. PSIGNAL highlighted this review as priority work and attempted to pass a resolution at an ARNNL AGM to seek support in lobbying for changes in education and to seek support to lobby for more positions. While the resolution did not pass (for one reason or another), ARNNL committed as one of its council goals (ends): *ARNNL believes the public should have access to a range of mental health services that focus on promotion of mental health, recognize the role of economic and social factors in mental health and are comprehensive, accessible, community-based, and non-stigmatizing* (ARNNL ENDS, 2007).

To fulfill this council goal, an advisory group was formed with ARNNL, PSIGNAL and other P/MH nurses across the province. The Advisory group reiterated that there was clearly a need to articulate and clarify the unique education, roles and functions of P/MH nurses and to advocate the valuable contribution they can bring to clients/consumers of mental health services in NL. Goals were formulated to put together a policy paper, *Policy Paper On Advancing The Role of the Psychiatric-Mental Health Nurse In The Community*" (ARNNL, 2008) with a subsequent position statement, *The Role of the Psychiatric-Mental Health Nurse Working In The Community* (ARNNL, 2008). The position statement was put forward for ARNNL council approval. The policy paper backed up the position statement.

With the recent passing of the MHNIG resolution by RNAO (April 2008) and the release of a provincial position statement and a commitment to move forward on strategic directions, the provinces of Ontario and Newfoundland and Labrador demonstrate that in the face of all adversity, standing up to the status quo to effect change, is possible!

'The Secret' to success: having a *vision* of the way it ought to be; a *steadfast belief* in that vision; formulation of *goals* to attain the vision; *commitment, motivation, hard work, dedication*, and a *burning desire* to attain goals; *tenacity* to stay the course (keeping compass on vision) despite disappointments and failures along the way. P/MH nurses across the country have valid feelings and experiences of the ongoing changes in the discipline that can and does affect mental health service delivery. It is the right and I would argue, the responsibility, of each individual nurse to make his or her voice heard. It is my experience that you can move the mountain 'one pebble at a time'!

(NOTE: Copies of Policy Paper and Position Statement will be available in print and on ARNNL website:
<http://www.arannl.nf.ca/>)



Health care professionals may be one of the most important links in detecting behaviours leading to childhood depression — behaviours that could lead to early warning signs of suicide.

Not widely known, but one in 10 youths in Canada will experience some form of depression and even suicidal tendencies. Researchers who have studied this now realize that early and correct diagnosis is the key to helping teens live better lives. When a young person exhibits depression it could be the first step in diagnosing more serious symptoms such as suicidal tendencies. Ironically, parents are not always the first to see this. Health care professionals—RNs, RNAs and RNP—have an invaluable early warning system for serious mental health problems. Being on the front line of patient care, they are frequently in contact with parents in a more informal way and as such, play a vital role in helping other professionals in the care continuum provide assistance when it is needed most.

One of the most well-known experts in this field is Ottawa psychiatrist Dr. David Palframan. For the past 30 years he has committed himself to helping parents, health care professionals and educators better understand childhood depression and the importance of identifying it, as early as possible.

In this article, Dr. Palframan provides a reflective and informative view on suicide and teens: what teachers can look for, and what other symptoms and disorders are typically associated with suicidal tendencies. He also provides practical advice on how to observe these behaviours and how to communicate with a teen who exhibits suicidal tendencies. Finally, it includes some strategies on how to work with parents in obtaining an accurate diagnosis and treatment.

Suicidal Behaviour

The death of a child is the ultimate tragedy for parents, and death by suicide is especially painful. By dying in this manner, the child is saying that no matter how much they were loved, it wasn't enough to sustain their life. This message gives a strong hint of the anger that propels a person towards the decision to die. Of course, for the vast majority of suicidal children, the urge to live takes precedence but the struggle is painful and frightening. Doctors use a checklist to determine the degree of seriousness of suicidal behaviour: Symptoms or situations indicating an elevated risk of suicide:

- Male gender
- Past puberty
- Parents separated
- Using drugs or alcohol
- Depressed
- Lost girlfriend or boyfriend
- History of abuse
- History of violence in the family
- Clear plan of action
- Method potentially fatal
- Hearing voices ordering suicide
- Previous suicidal behaviour
- Close friend or relative suicide

Parents will often be aware of many of the problems on this list, and if they can discuss the situation in a constructive manner, suicide potential will likely be reduced. Of special concern are the early symptoms of depression that may have led the child to a decision to die. Pre-suicide

How to Respond to Suicidal Behaviour

The arguments about why living is better than dying don't always mean much to a depressed child, but the caring nature of the parents' response is useful. A part of a child's mind might be aware that they are seeking a permanent solution to a set of terrible but temporary problems. It is worth explaining that their death will hurt all of those friends and family members who love them and not just the ones they are currently angry at. Also, they need to know that concrete and specific help will be arranged for problems — problems that many other people have lived through. Reaching out to a child's determination to overcome their pain and anger sometimes strikes a chord. For the very angry and resentful, they need to know that the best revenge is to live well. This argument is especially useful for victims of child abuse who have seen their abusers walk away unpunished. Children need to hear that they have an obligation to try everything to make life better before they give up, and during their efforts to live better they won't be all alone. Clearly the goal of such arguments is to establish that we have heard their cry for help, and they will have allies in making their lives better.

Long-term reduction of suicidal behaviour is an exercise in improving the health of both family and the larger society in which families live. Symptoms or situations that increase suicidal risk shows that some factors, such as losing a boyfriend or girlfriend, are very individual, but many others, such as parental separation or alcoholism, are part of our imperfect social fabric. The best plans for creating circumstances where suicide would be less frequent, work back from the more immediate causes. One in particular seems impervious to any form of prevention. How could any program reduce the tendency of young people to fall in love and to then suffer the pangs of rejection? Leaving that one alone, we are left with separation and divorce, substance abuse, child abuse, domestic violence, and clinical depression—no shortage of material for constructive planning.

Refusing Treatment

Parents are often painfully aware of their child's depression before the child is prepared to admit it. Adults have much more experience in describing and recognizing emotional ups and downs. Children may not have the words to describe their emotional events and they will react to their feelings rather than reflect on them. After a period of suffering marked by whatever symptoms the child has—tantrums, irritability, social isolation, sudden tears—parents' efforts to understand what has gone wrong will usually pay off with an agreement to seek some kind of help.

ur may include giving away personal possessions and sudden



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is hopeful point, many young people will refuse treatment. They
t go to therapeutic appointments or they won't take their
ication. Cooperating with treatment means admitting there is
ething wrong. This admission is frightening and is particularly
ic for adolescents. They are the young ones, healthy and full of
ential. Any flaw is a cause for agonizing appraisal (acne, body
ight, hair) and a flaw in brain functioning can seem entirely too much
ear. Besides, parents can always be blamed for life's
appointments.

reatment refusal is a challenge to any therapist's skills, and parents
d therapists need to join forces to allow treatment to begin. In general
rms, young people can be told that no one is perfect and everyone has
ealth flaws. People need glasses, inhale asthma medication, take
sulin, and so on. Unfortunately, it's now their child's turn to confront
a health problem, be brave and honest, and defeat the illness. If one of
he parents has already coped successfully with a depression, that could
be shared.

Teenagers can be especially wary of using antidepressants. They need a
lot of clear information about side effects. They often ask about
addiction potential—"Will I need to take it the rest of my life?"—and
they worry that they should be able to get over depression on their own.
I suggest to them that they will need all their willpower to overcome
depression. They will need to expand their ability to deal with stress
through exercise, music, and relaxation techniques. They will, however,
need to calm the anxious part of their brains so that they can sleep and a
return to a balanced view of life through regaining a better mood that
will allow their efforts to be more forceful and effective. In answer to
concerns about taking the medication for a long time, I suggest that the
initial trial of therapy to see if this particular medicine will be effective
takes usually two to four weeks. Dosages sometimes need to be
increased. Then, once improvement starts, several months of feeling
fine should pass before dosages can be cautiously reduced. Some people
stay well once their medicine stops and some people have to go back on
a maintenance dosage. Parents need to help their child accept that life's
difficulties are not always short-term only. Children who can accept that
they have a problem, reduce the pain of the problem with treatment, and
carry on living a good life, are very wise and strong people. Dialogues
about treatment refusal will likely occur often between parents and
children and therapists. It is important to stress the common goals of
better health, never giving up, open communication and careful
assessment of what works and what doesn't work. Depression carries
with it the possibility of suicide. A young person who has these
tendencies may be:

- Failing at school
- Having a physical disability (even acne)
- Having little social support from friends and family
- Being impulsive by nature
- Having an explosive tem

What to do:

Use tact and diplomacy in alerting parents about
your concerns
Know when to hand over intense problems to health
care professionals

*Dr. Palframan is a consultant psychiatrist at the
University of Ottawa's School of Medicine, and
involved with community psychiatry for the
Children's Hospital of Eastern Ontario in Ottawa.
His book, Young Misery: A child and family
psychiatrist discusses child and youth depression—
how to identify it, and how to cope is published by
Creative Bound (www.creativebound.com). For more
information please contact 1-800-287-8610 or e-
mail resources@creativebound.com*

RNAO Resolution Passed

Thank you to everyone for their incredible work to
support the MHNIG resolution to the RNAO AGM.
Finally, we have a commitment to advocate and
collaborate around mental health education in Ontario
Nursing Schools.

Lisa Crawley Beames RN, BScN, CPMHN(C) Clinical
Leader Manager 416-867-7443
416-685-5074 pager
416-867-3727 fax beamesl@smh.toronto.on.ca

Stay tuned to our next issue regarding the CFMHN
current activity regarding psychiatric mental health
nursing education.

Our latest newsletter is now available! Please visit [http://
www.rnao.org/Storage/38/3262_MHNIGwinter08ne
wsletter.pdf](http://www.rnao.org/Storage/38/3262_MHNIGwinter08newsletter.pdf) to check it out!

Thank You Canada Post!

Canada Post takes mental health seriously.

Since 2007, the Crown Corporation has made mental health its cause
of choice. As a workplace, it has taken significant steps to ensure that
its 72,000 workers across the country have access to good mental
health practitioners in the workplace. And the Crown Corporation has
also taken a leading role as the title sponsor of CAMIMH's Mental
Illness Awareness Week.

Now Canada Post has taken its commitment to a new level, and will
issue the first ever mental illness awareness postage stamp!



Nurses

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Canadian Federation of Mental Health

A Toast to Mental Health Week

Take the life balance test on the site below, and read the Tips for mental health.
http://www.cmha.ca/bins/balance_page.asp?cid=2-1841-1842&lang=1

And, please come out and support the "Wine, Women and Chocolate" event, Thursday, May 8th @ 6:30 pm in the Royal Arbutus Room.

Tips for Good Work/Life Balance

Take control: there are ways to help bring yourself into balance! At work schedule brief breaks for yourself throughout the day. Your productivity and effectiveness will increase if you take even a ten minute break every two hours and overall, you will get more accomplished. At the end of each day, set your priorities for the following day. Be realistic about what you can achieve in the time you have available. Only respond to email once or twice a day. Then, shut off your email program to avoid being distracted as messages come in. Make a distinction between work and the rest of your life. Protect your private time by turning off electronic communications. Don't be available 24/7.

At Home

Create a buffer between work and home. After work, take a brief walk, do a crossword puzzle, or listen to some music before beginning the evening's routine. Decide what chores can be shared or let go. Determine which household chores are critical and which can be done by someone else. Let the rest go. Exercise. Even if it's only for 15 minutes at a time, you'll feel more energized and refreshed. Create and implement a household budget. Start by setting aside some money from each pay cheque for the future.

In Your Community

Make choices. Social, community and volunteer obligations pull us in many directions. Choose the ones that are most fulfilling and learn to say 'no' to the rest.

Lynn Meyers, CHRP, Human Resources Advisor | Malaspina University-College, 900 - 5th Street, Nanaimo, BC, V9R 5S5 Ph: 250-740-6219 | Fax: 250-740-6605 | Email: meyersl@mala.ca



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Peer support can help people with mental health issues

Posted By Jai Mills Article ID# 969010 The Mental Health Support Network

Things have really changed in my world since I wrote my last column. The Mental Health Support Network, which is where I work, is poised for a large expansion as of April 1, and my family and I have expanded as we welcomed a gorgeous little girl to our home. I won't bore you with the endless detail of how beautiful our new daughter is, but I will tell you a bit more about the expanding service of peer support, and how that can really change the lives of people who have mental health issues. By sharing experiences, people can really change their lives, and combat the stigma that often keeps them from re-establishing themselves.

My last two columns have discussed some of the myths and misperceptions regarding mental illness and the stigma that surrounds it. Regardless of the fact that we are now in the year 2008, stigma is pervasive, and it truly gets in the way of anyone who is seeking to re-establish their life in the community.

Peer support is one way in which people can use their experiences in the mental health system to support and assist others with similar struggles. Peer support also allows people to use their experiences in a positive way that helps others and their communities as a whole.

This is not a new concept. Peer support works well for many people dealing with difficulties. The Canadian Cancer Society has had great success in offering peer support programs to people dealing with cancer.

Many cancer survivors have reported feeling very much alone until they were able to speak with a volunteer who had a similar experience.

Peer tutoring programs can make a world of difference to students struggling with learning or other disability, and it is wonderful for promoting mutual respect and leadership for all students. Peer support for people with mental health issues is no different. It is merely offering support from the perspective of someone who has had a similar experience. One of the best things about peer support is that it results in a mutual benefit to both the provider and the recipient of the support.

The idea is to use this support as a resource, and a way in which to reconnect with life in one's community of choice. It is about reconnecting with one's own life again after what is often a very traumatic incident of mental illness. It is also about finding ways to keep mentally well, and hopefully prevent a devastating event of mental illness through a mental wellness plan.

These plans, or WRAPS, (Wellness Recovery Action Plans), are personalized plans worked out by the person who has a mental health issue with the support of someone else who has had a similar experience. It is sort of like a "tool kit" of personalized methods and skills that can often prevent serious relapse and assist the person in accessing the supports they need to stay well.

Often people forget that they have abilities and skills. They view themselves as only having difficulties. Peer support often assists them in remembering the things they like and enjoy about themselves, and about life in general. Although peer support is not a medical service, it can, in co-operation with medical services, help people to resume their lives and stay well. The people who provide peer support receive initial and ongoing training that ensures the service they deliver is of the highest quality, and they work closely with other community partners to provide a full system of supports. Having a wellness plan is not restricted to people who have had contact with the formal mental health system. Anyone and everyone should have a plan for mental wellness.

Peer support services are available to all residents of Hastings and Prince Edward Counties via the Mental Health Support Network. Over the coming months, the service area will be expanding. More to come on that in the future. If you would like to know more, please visit our website at www.mhsn.ca, or give us a call. Or, if you are reading this column from outside the area, there are resources in your community. Consult with your Local Health Integration Network, or with Connex Ontario to find out more.

Jai Mills is the Executive Director of the Mental Health Support Network, Hastings Prince Edward Corp. and a member of the Intelligencer Writers Group. She has worked in the mental health system for 30 years.

Stigma Busting—

By Asha Rani Parmar, RN UBC Student

After having written a paper regarding the concept of STIGMA and its effects on mental illness, I have been asked to share a summary of the researched information by my course faculty. The results of the research proved to be interesting and pertinent to mental health nursing and should be of interest to all nurses. The literature reviewed for this paper was obtained using the Cumulated Index to Nursing and Allied Health Literature (CINAHL) via the University of British Columbia Library website. Although I had chosen to discuss stigma in clients with schizophrenia, many articles focused on schizophrenia, discussed stigma faced by the general population with mental illness. It is for this reason I will provide a summary regarding stigma and the mentally ill client. Stigma is defined as a characteristic that evokes negative attitudes and feelings (such as fear, disgust or hate) and usually results in discrimination of the person or institution in various walks of life (Sartorius, 2006, p. 383). Stigma is a crucial concept to understand in mental health nursing due to its direct effect on the recovery of the client. Lowered self esteem, social isolation, demoralization and compromised healthcare are only a few of several consequences due to stigma of the mentally ill client. Subsequently, these negative effects lessen the likelihood of clients to seek professional help. Combating stigma is essential in order to provide adequate care to the mentally ill client. Nurses can assist in decreasing client stigma by:

- Initiating a therapeutic nurse-patient relationship;
- Using active listening;
- Analyzing their own attitudes/prejudices towards mental illness;
- Speaking in appropriate non-stigmatizing language;
- Filtering misinterpretations of mental illness by the media publicly, such as via letters or public announcements. Finally, ignorance is often the root of stigma, thus it is important to provide adequate training to healthcare professionals as well as the public in order to decrease stigma of the mentally ill.

References for this paper included:

www.schizophrenia.cawww.nimh.nih.gov/health/topics/schizophrenia/index.shtml

as they provided knowledge regarding the mental illness, thus decreasing stigma, and NIMH has excellent information pertaining to psychosocial treatment of the individual with schizophrenia.

Asha Rani Parmar, RN

UBC Student

WEB CAFÉ— Sites of Interest

- 1) Canadian Mental Health Association:
<http://www.cmha.ca>
- 2.) National Alliance on Mental Illness:
<http://www.nami.org>
- 3.) National Institute of Mental Health:
<http://www.nimh.nih.gov>
- 3.) Information, Support, Empowerment, Community:
ECT.ORG
- 4.) Advocates for Survivors of Child Abuse:
<http://www.asca.org.au>

All of this websites provides comprehensive information for individual/family support, public awareness, self-help, and/ or professional information. CMHA, NAMI, and NIMH provide a broad range of different subjects about mental illness, ECT provides subject on self-help ideas on depression, and ASCA provides information on survivors for child abuse. This might be beneficial for people who are suffering from psychological illness as a way to get information and call for help.

...and this organization that is in Quebec, Action on mental illness that provides many resources and support groups for clients, families and friends dealing with mental illness.

<http://www.amiquebec.org/>



PROVINCIAL REPORTS

From Ontario: Lisa Crawley Beames

Since last fall in Ontario, the RNAO Mental Health Nursing Interest Group (MHNIG) has collaborated and dedicated their efforts to ensuring the successful passing of the following resolution presented at their AGM:

"Therefore Be it resolved that RNAO collaborate with and lobby all relevant sectors of the education and health care system to advocate for undergraduate nursing programs which include a clinical practicum in psychiatric/mental health nursing, as well as advocate for the development of a consistent minimum level of competency and content teaching about 'mental illnesses' in all basic nursing programs in Ontario."

It has been an amazing team effort as MHNIG members talked with and lobbied their counterparts across the broad system. This resolution was the result of a grass roots request, received from a student member. The MHNIG, listened carefully, explored it fully, looked at the history, engaged our colleagues across the system and successfully ensured the passing of the resolution.

The CFMHN letter of support made a difference. To prepare for success, the resolution was carefully crafted. Members of the MHNIG were mindful of the parliamentary process. Comments were coached to have the greatest impact when speaking to the voting delegates and to make the most of our time at the podium. Student delegates came in droves to plea and support the resolution. Our efforts resulted in successful passing of the resolution. It wasn't the first time the MHNIG had attempted to forward such a resolution, so feeling a little dream-like; I'm still saying "pinch me"! We all win when our nurses and patients win with mindful, informed, knowledge based care.

New Brunswick- Julia Gajewski-Noel

NB Minister of Health, Mike Murphy has announced a 4-year health plan which will cost the province 154 million dollars. Over one hundred new initiatives are a part of this plan with several focusing on mental health and addiction services. Minister Murphy asserts that the philosophy underlying this plan has shifted from a find-it and fix-it approach to a prevent it, find it, and manage it approach. Emphasis in the plan will be placed on children and giving them a healthy start in life. At this level, the plan calls for the creation of a cabinet committee on childhood development. In addition, the plan calls for a strategy to prevent fetal alcohol spectrum disorder and screening and stigma reduction initiatives for postpartum depression.

The plan will also deal with the enhancement of a broad range of mental health and addiction services on both inpatient and outpatient levels. This includes the province wide expansion of the existing pilot projects on early psychosis intervention for adolescents and young adults and mobile crisis units. Expansion of the province's methadone program will also be a part of this health plan. Minister Murphy also identified studying the need for an in-patient program for women with addictions as part of this plan.

Mental -health consumers, professionals and family members are feeling hopeful about the future of mental health and addiction services in NB.

Strengthening Families Together -Julia Gajewski-Noel

This is a 10 session national psycho-educational program designed specifically for family members and friends of people with a mental illness. The program aims to increase accessibility to Canadian-based information on topics associated with living with a mental illness. Each 2 hour session focuses on a specific issue related to living with a mental illness. The sessions include: What is Mental illness?; Schizophrenia; Mood & Anxiety Disorders; Coping as a Family; Treating Mental Illness, Understanding the Mental Health System; Mental illness, addictions & criminal justice; Living with Mental Illness and Striving for change.

The program offers an opportunity for participants to discuss daily challenges and to access ongoing support through provincial societies and local branches. In addition, the program offers useful and current information about mental illness, treatment options, causative factors, current research and mental health services. Participation in the program helps family members to develop problem solving, coping and communication skills. The program is about more than education; it is about strengthening family members and friends of individuals with a serious mental illness by providing support, awareness and tools. .

The experiential knowledge of family members coupled with the theoretical and practice based knowledge of healthcare professionals contributed



Canadian Federation of Mental Health Nurses

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CCNet Survey - Relevant Health Information for Consumers

Dear All,

Thank you for your participation in the survey. You have helped us to reach more than 380 responses!

We are kindly asking you to distribute the survey among consumers. Please feel free to forward the e-mail below to any personal or consumer group to complete the CCNet Survey.

If you didn't complete it yet or you want to assess another review group of titles, click the link below:

<http://www3.cochrane.org/surveys/TakeSurvey.aspx?SurveyID=n6K1618>

Consumers and patient groups - take the Cochrane Consumer Network Survey!

The Cochrane Collaboration aims to improve consumer access to relevant health information through the prioritisation of Cochrane Reviews. The process of establishing the most important, useful and relevant health information will be accomplished through your contribution to the survey.

The survey assesses the criteria that you find useful when seeking health information. You will also be asked to select a topic area (Review Group) in which you would like to prioritise reviews. Please note that the CCNet Survey requires only a small amount of your time to achieve invaluable results. With the consideration of review titles and health topics within the survey, we would ask for your patience and input in seeing the survey through to the end.

Click on the link below to access the CCNet Survey:

<http://www3.cochrane.org/surveys/TakeSurvey.aspx?SurveyID=n6K1618>

Please feel free to forward this email to any other relevant personnel or consumer group to complete the CCNet Survey, as we would greatly appreciate your assistance in distributing the survey. Your contribution to the survey is greatly appreciated!

If you would like more information about this project or the survey, please contact:

Maria Belizan <maria.belizan@gmail.com>

Or visit http://news.cochrane.org/view/item/review_one.jsp?j=1013

Thank you very much!

You will receive our feedback from the project.

Yours Sincerely,

Janet Wale, Maria Belizan and Sita Vij ,Cochrane Consumer Network Prioritisation Project

Submitted by Nancy Brookes Nancy.Brookes@rohcg.on.ca



Mental Health Pilot Project Expected To Ease Wait List In Cape Breton

CHRIS SHANNON

The Cape Breton Post 05/04/08

SYDNEY — The Cape Breton District Health Authority is launching a mental health pilot program Monday that was first developed at the Izaak Walton Killam Hospital in Halifax, and has been in service there for more than two years. The aim of the Family Help program is to treat children and adolescents experiencing moderate mental health disorders in their own homes, instead of through in-hospital appointments, which are often the cause of anxiety among youth. The program consists of easy-to-read handbook materials, educational videos on DVD and weekly telephone support from a trained, non-professional coach at times that are convenient for the family.

The Capital District Health Authority has seen a decrease in the waiting list for children needing to see psychologists and psychiatrists and other mental health professionals because of the program.

"We expect overall wait times for child and adolescent mental health services to decrease because what's happening is we've added another treatment option to the range of services that are available," said Linda Courey, the Cape Breton health authority's director of mental health services.

"And if we're able to provide treatment for children with mild to moderate disorders, hopefully we're contributing to early intervention and preventing new cases from being added to the caseload."

Families looking to see a clinician in child mental health services wait up to eight to 10 weeks before seeing the health-care professional. The current procedure has a child's guardian mail in a questionnaire which would be reviewed by the unit's multi-disciplinary intake team before deciding who would take on the case. "That takes time," Courey said.

Now all non-priority referrals will be screened by the Family Help program by telephone and those clinicians will make a recommendation on whether each case it hears meets their criteria for treatment. The mental health multi-disciplinary team has the final say on the direction for each patient's treatment.

In times when families need assistance, a 24-hours-a-day toll-free telephone number is available.

Families can call for weekly telephone support from a coach, who doesn't necessarily need any formal university training in mental health issues.

"Right now most of them have had a baccalaureate background of some sort but that is not a necessary prerequisite as long as they have some relevant background experience and that they prove competency through our evaluations," said Patricia Lingley-Pottie, the IWK Family Help clinical program manager.

If necessary, the call goes directly to a health-care professional. The pilot program is receiving \$250,000 from the provincial Strategy for Children and Youth, based on recommendations from the Nunn Commission. Other than IWK Mental Health, which began the service after five years of analysis and trials, Cumberland Mental Health Services and Colchester-East Hants Mental Health Services also make use of the program.



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“Hope, Health and Healing: Mental Health Nursing Around the Corner, Around the World”

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Here's your opportunity: A call for abstracts will be available this summer, to share your poster or present at the 2009 CFMHN National conference. Stay tuned.....

Conference update:

We are honored to have the Honorable Michael Kirby along with several distinguished members of the Mental Health Commissions Board and committees to provide an update on the Commissions work. and engage the audience in dialogue about mental health issues in Canada.

Dr Cheryl Forcuk RN, PhD will be the key note speaker on Day 2 of the conference.

Dr. Forchuk is a Canadian nurse leader, researcher and enduring advocate for improving the mental health of our communities. Cheryl will focus on the theme of instilling hope working with people with severe mental illness at the individual and community level.

The conference will offer 2 Optional Workshops on 3 days:

1. Phil Barker and Poppy Buchannan-Barker, authors of the Tidal Model. This model of mental health nursing will be showcased in a workshop format allowing participants to share and experience how recovery approaches can be embraced in all areas of practice.
 2. Lieutenant Commander Rose Collins BscN and Lieutenant Colonel Jetly (Psychiatrist) will offer a workshop on the subject of PTSD. Both presenters have distinguished careers assisting individuals and families to move forward with their lives managing PTSD.
- Stay tuned for more details about conference, guest speakers, and the social events in the next newsletter.

Interesting Facts about Nova Scotia DID YOU KNOW THAT.....?

Nova Scotia is the first seat of democratic government in Canada (1758)

Halifax has the Worlds longest downtown Boardwalk of over 4 KM along the Harbourside (and directly in front of the Halifax Marriott, location of our conference)



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