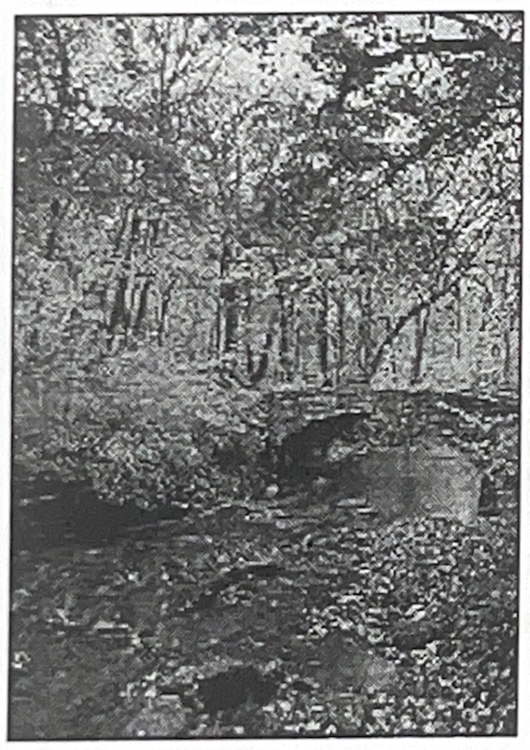
Canadian Federation of Mental Health Nurses
Fédération Canadienne des Infirmières et Infirmiers en Santé Mentale

Fall 2010 No. 56

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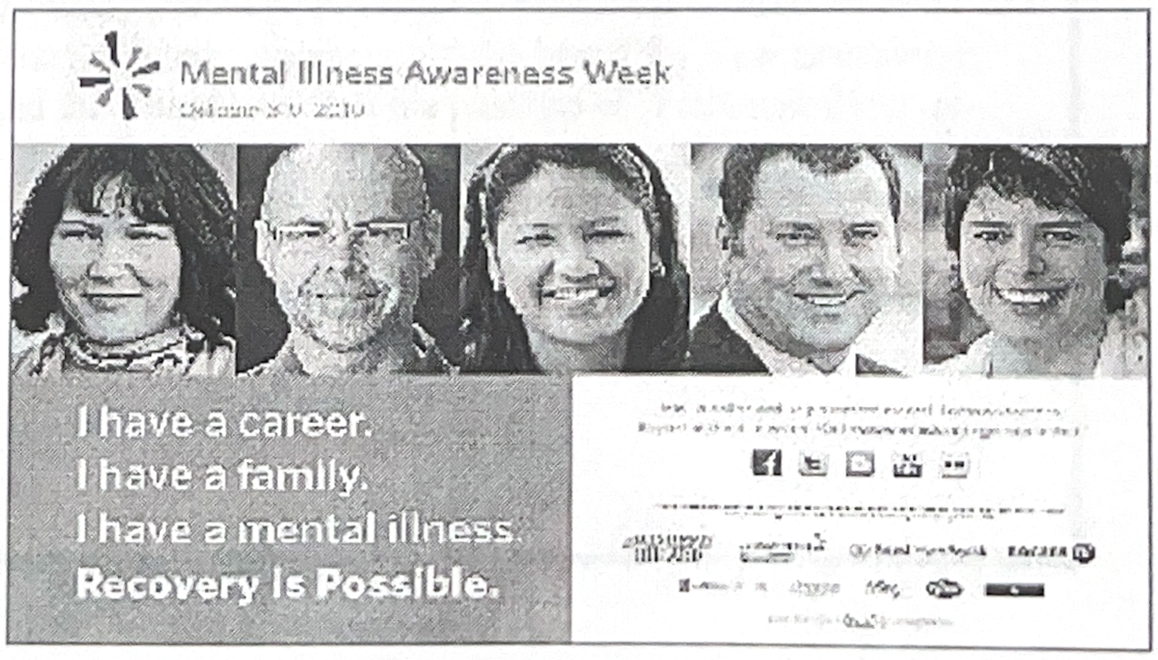
Why Mental Illness Awareness Week?

For too long, Canadians with mental illnesses have been in the shadows. Too few Canadians know about the burden of mental illness on our society, and too few sufferers seek help when they need it. Mental Illness Awareness Week seeks to raise awareness of the level of mental illness in Canada; to reduce negative stigma about mental illness amongst the general population and health care professionals; and to promote the positive effects of best practice in prevention, diagnosis and medical treatment.

This year, MIAW is October 3-9 2010

Mental Illness Awareness Week (MIAW) is an annual national public education campaign designed to help open the eyes of Canadians to the reality of mental illness. The week was established in 1992 by the Canadian Psychiatric Association, and is now coordinated by the Canadian Alliance on Mental Illness and Mental Health (CAMIMH) in cooperation with all its member organizations and many other supporters across

Canada.Campaign elements include: a grassroots public education initiative; a nationally-distributed poster and bookmark series; the Annual Champions of Mental Health Awards luncheon in Ottawa and an education initiative with federal Members of Parliament, both in their home ridings and on Parliament Hill.





Lisa– Crawley-Beames, President

PRESIDENTS MESSAGE

I am privileged to serve as President of the Canadian Federation of Mental Health Nurses and would like to take a moment to introduce myself. As President of the CFMHN, I am responsible and accountable for overseeing the strategic direction of the organization, working with the Board of Directors for the execution of the vision and mission, and ensuring that all activities are congruent with the philosophy of the Federation in representing its membership. Previously the Ontario representative, I live in Toronto with my partner and children. I am a Clinical/ Leader Manager at St. Michael's Hospital in Toronto and have experience in acute, tertiary and community settings of the inner city. My passionate commitment to maintaining nursing excellence and best practice inspire me to constantly seek creative and innovative solutions for complex problems. This passion for nursing care excellence is grounded in my genuine compassion for those living with mental health and addiction issues. I look forward to being more familiar with the various issues that affect the amazing work psychiatric/MH nurses do across our country.

Just a few months in to this new role, I'd like to take this opportunity to acknowledge and thank our past president, Petrea Taylor, for her devoted, dedicated, and passionate leadership. Petrea has left the federation leadership to focus on her academic career and family. We thank her for her excellent stewardship and wish her much success.

Our Board of Directors, representing a national voice for mental health and psychiatric nursing is indicative of the active and vibrant board from across this country. Our board is actively working on a variety of projects including revising/updating the Standards of Practice and Core Competencies for Educators. We currently have vacancies on the board for New Brunswick, North West Territories/Nunavut and the Yukon. As well the position of 'President Elect' remains vacant.

Continued on pg 3

Presidents Message ..... Continued

Please encourage your colleagues across this country to consider representing their profession, their province and their community by contacting the Federation to see how they can get involved.

The AGM will be occurring on Thursday October 21st at 1700 hrs (EST). Keep your eyes peeled for news as this is just weeks away. As well, check this issue of the newsletter for details on the federation involvement with the Pan-Canadian Advisory on Patient Safety in Mental Health and the 2011 National Conference to be held in Toronto.

Sincerely/Sincèrement,
Lisa Crawley Beames

OFFICIAL ANNOUNCEMENT OF THE 2010 CFMHN ANNUAL GENERAL MEETING.

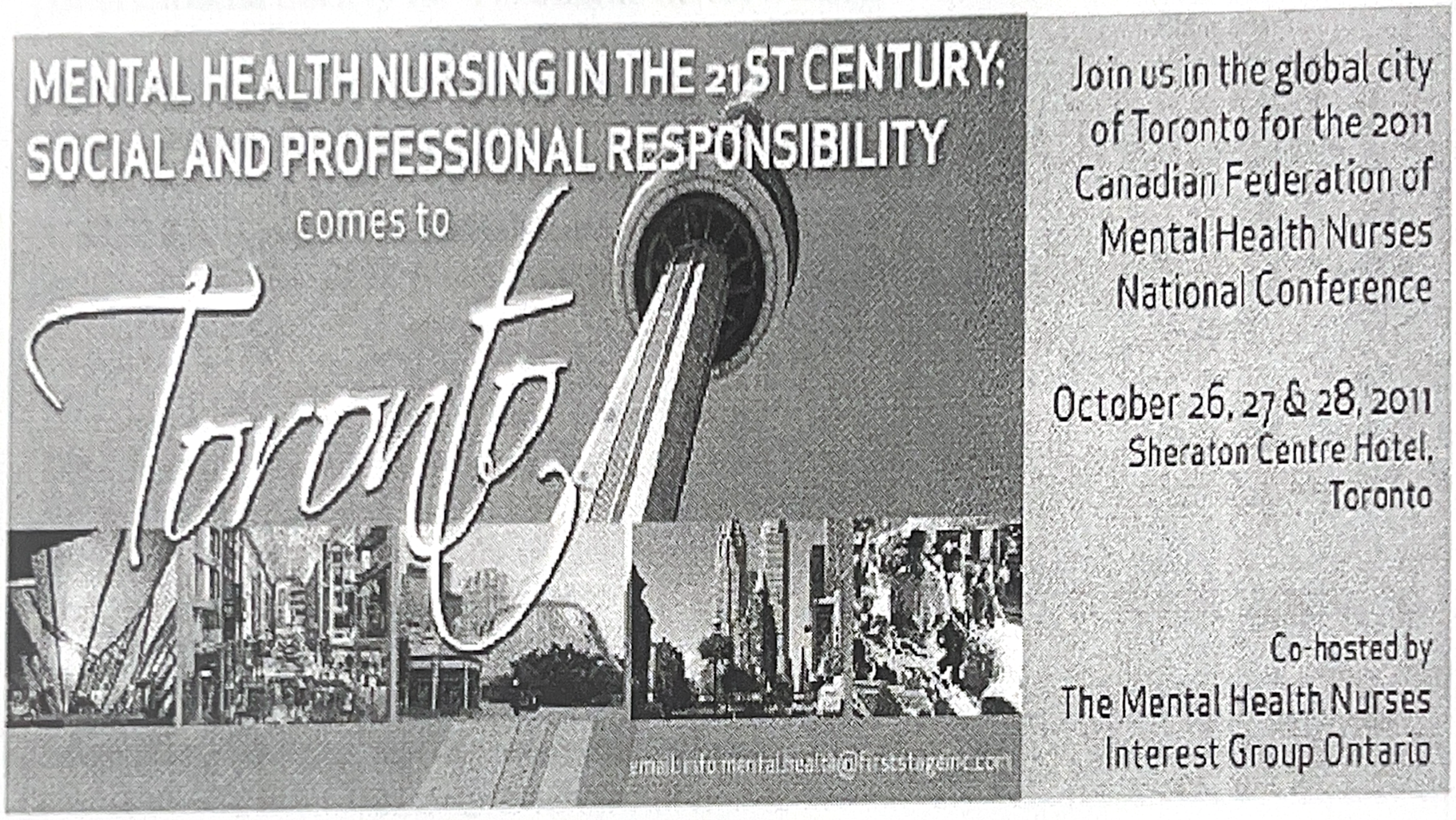
The Board of Directors of the Canadian Federation of Mental Health Nurses hereby provides notice that the 2010 Annual General Meeting of the Federation will be held on Thursday, October 21st, 2010 , commencing at 5:00 PM Eastern Standard Time.

Such AGM will be conducted by Conference Call, enabling all members from across the country access to join should they wish. Details of the conference call connection will be e-mailed directly to each member, with the appropriate Toll Free Dial In connection numbers, access codes, along with a general protocol for the meeting. This information will be sent electronically to all members by October 1st along with an agenda for the meeting.

Respectfully submitted
CFMHN Board of Directors

"It takes 20 years to develop a reputation and five minutes to ruin it. If you think about that, you'll do things differently." *Warren Buffet*

CONFERENCE UPDATES



Your Invitation To Participate...

MINING

Sponsorship

A number of excellent opportunities exist for companies to increase their profile & exposure at this event.
To discuss sponsorship opportunities please contact Doug Rosser by email at dresser@firststageinc.com

Program

The 2011 National Mental Health Nursing Conference will feature renowned keynote speakers, panels on contemporary issues, approximately 75 concurrent papers, 35 poster presentations, and networking sessions.

Brochure available early 2011.



Exhibitors

Exhibiting will provide an excellent opportunity to reach audiences that are key to your marketing efforts.

Please contact Doug Rosser by email at dresser@firststageinc.com

(416) 426-7254

Watch our website for conference updates www.cfmhn.ca



CONFERENCE UPDATES.....*continued*

International Society for Traumatic Stress Studies 26th Annual Meeting
Translation, Collabotation, & Mutual Learning
November 4-6, 2010 in Montreal Quebec
www.istss.org for details

CADDRA (Canadian ADHD Resource Alliance)
November 20/21, 2010 Vancouver, BC
www.caddra.ca

Nursing Leadership: So What? Now What?
2011 Nursing Leadership Conference
Registration now open - register online
February 13-15, 2011
Le Centre Sheraton Montreal Hotel

National Nursing Ethics Conference:
Advocacy - Making a Difference for Patients
March 24-25, 2011 Los Angeles, California

"What we see depends mainly on what we look for." *Sir John Lubbock*

Stories of Interest

This article has been submitted by a first year nursing student who has a keen interest in holistic, client-centered care. She shares her cultural experience as a guest in a war-torn country many miles (geographically and culturally) from home.

Monks, Maoists, and Momos: Nursing in Nepal

Mikaela Jorgensen, Camosun College Nursing Student

For my 1st year in nursing at Camosun College, I had the opportunity to complete practicum in Kathmandu, Nepal. There were a total of sixteen students, both 1st and 2nd years, as well as two teachers that accompanied us on our trip. Before leaving for the journey of a total of six weeks, my knowledge of the country was as much as a lonely planet reference book can prepare one. As soon as I stepped off the plane, new smells, noises, and scenery, overwhelmed my senses. It was 11:30 at night, and we were welcomed by local Nepali's grabbing and carrying our luggage out to a bus that was waiting for our arrival. Our trip followed by a few days of rest, to get used to our new home in a Buddhist Monastery, which was also home to hundreds of monks all ages. After a few days of adjusting to Kathmandu, the high elevation, and humid climate, we were off to the Tribhuvan University Teaching Hospital. TUTH opened on July 14th, 1983, and currently has a total of 468 beds. Most of my experience was in the male medical ward, where we cared for many patients with a broad range of diagnoses from chronic obstructive pulmonary disorder, tuberculosis, chronic renal failure, and liver failure. A major difference from hospitals in Canada, and hospitals in Nepal, is the role of the family in caring for a patient. Many families take part in a large amount of caring for their loved ones in the hospital. They provide bedding, drugs and medicine, grooming utensils, and most of the time will cook and provide morning care. Since our experience was at a teaching hospital, our group was usually along side with many other nursing and medical students from Nepal.



Not only did we nurse in the hospital, we also found ways to gain nursing experience in the community during a Maoist strike on May 1st, 2010, which forced our group of eighteen, as well as the rest of Kathmandu to stay in lockdown for seven days while the communist party (known as Maoist's) protested to have the current prime minister and government of Nepal to step down. During this time we were able play football with some local children that lived in the same neighbourhood we were staying at. This was an important highlight of our trip to Nepal. There was a group of at least twenty kids that met us almost every night to play football with them. Watching them interact with one another made me realize how strong of a community they were. Everyone watched out for and took care of each other like they were brother and sister. After a few weeks of football our group decided to hold a wound clinic for the local children in the football field. After a few minutes of setting up, we had over a hundred people lining up to come and see us. With the help of our new friends to help translate for us, we ended up caring for people with a number of different problems in the local community.

The practicum in Nepal was filled with hands on learning, that was enriching, and something that we will all remember forever. The culture, beliefs, people, and of course pan fried Momo's, are all things that made nursing in Nepal a unique educational experience.

Provincial Updates

News update from **Manitoba :**

The Manitoba Mental Health Nurses Interest Group is preparing to resume regular meetings on September 27, following the summer break. The majority of the membership resides in the city of Winnipeg with some faithful members driving the two hour trip in from the city of Brandon to participate but the group has been using Telehealth video conferencing technology to assist members in the farther reaches of the province to actively participate in meetings. The group will engage in strategic planning at the first meeting of the year.

Manitoba Health Mental Health and Spiritual Care Branch has been engaged in a strategic planning exercise that will guide the development and implementation of mental health services over the next five years. The Mental Health Managers Network are anticipating the release of the document in the next few weeks. The province of Manitoba is made up of 12 autonomous Regional Health Authorities which are responsible for the design and delivery of health services appropriate to the needs of their citizens. The Mental Health Services strategic plan is expected to reset standards for service while preserving the flexibility within the Regions to address specific regional concerns. This is a growth process informed by the findings generated by the Mental Health Commission of Canada.

Manitoba membership in the Canadian Federation of Mental Health Nurses remains at 16 and Registered Nurses are certified through the CNA Certification process.

Throughout the province of Manitoba professional mental health nurses have placed significant importance on the subject of suicide prevention. Several suicide awareness events were held throughout the province on September 10, 2010. In Flin Flon for example, a northern community of 5,800 citizens, a very active Suicide Prevention Committee has formed including partners in caring from Creighton SK (only 2 km away across the border). The committee has planned and delivered many successful events to promote awareness such as a high school student video contest in which youth were asked to produce short video films on suicide prevention. Students worked individually and in groups and 21 videos were submitted. Six prizewinners were chosen by a jury of prominent citizens and an evening of celebration of the accomplishment was held in the local school auditorium. Over 100 parents and friends attended the gala event where all the films were shown and the prizes awarded. the students also provided live entertainment with the local spirit drum group, youth musicians playing and singing and several readings of original stories and poems. It was a marvelous event and many people experienced significant new learning.

Elly Spencer RN

Provincial Updates .....*Continued*

News update from
PEI:

Hello to all Mental Health Nurses in Canada from the Mental Health Nurses Interest Group here in PEI. It certainly has been a beautiful summer here in Prince Edward Island and one in which our small island interest group hoped to have time to relax and rejuvenate with their families when we last met in June. I would like to say as chair of our island interest group that I sincerely hope that all of our local and national members did have a good and safe summer and were able to relax and rejuvenate before heading into what can be a long and difficult Canadian winter.

At our last interest group meeting in June we had a representative from Eli Lily come to discuss the Risperdal Consta L.A Deltoid Injection Option that is currently available to all patients who are on the drug. The representative shared the latest research findings with the group as well as information on giving deltoid injections which is an uncommon practice for most mental health nurses currently experienced in administering the drug. The reception of this information was quite good and the concensus following the presentation was that anything that helps patient compliance with treatment regimes to stabilize their illness is worth following up on. The group is working together to ensure that all mental health nurses in acute care and community service areas have an opportunity to receive the same information and education on the practice of giving deltoid injections of Risperdal Consta.

The members of the group also discussed what is happening in Mental Health across the province and the country. I gave a brief update on the the Federations News including information on the new web page encouraging folks to check it out in the future. Those present at the meeting were made aware of the process of medication reconciliation being a required organizational practice for our Health Department to maintain Accreditation and of a committee of mental health practitioners coming together to develop a plan of action for doing such a formalized process in all service areas of Mental Health and Addictions. I was pleased to have the opportunity, as chair of this quality committee to share that in my service area of acute care psychiatry, we were the first area within acute care at the main acute care referral center(Queen Elizabeth Hospital) to implement medication reconciliation with a spread plan developed for all other mental health and addictions services. To date, six months after implementation, I would like to say that the Acute Care Psychiatry Team at QEH has early success with 97 % of all admissions having a medication reconciliation completed at the time of admission and have decreased our discrepancy rates to below our target goals of the national recommended standards.

Provincial Updates .....*Continued*

Continued from pg 8.

There was some discussion on structural changes that are currently happening within our Health Department and an air of uncertainty was evident from the interest group members present. Overall, the group was optimistic and well aware of recommendations previously made and now being carried out within the department of Health, with regard to acute care, community mental health care and addictions service areas coming together as one group working in partnership with one another, as opposed to working independently of one another, as we move forward.

Members of the interest group identified that educational information and resources were more readily being shared across the service areas Provincially in Mental Health and Addictions and felt that this momentum should be capitalized on and furthered into the coming year. The group felt that coming together to discuss what is happening locally was a very important part coming together to ensure that our services are overlapping for those clients that require more cohesive treatment plans across spectrums. The plan from this meeting was to come together again in the late fall and to have a full day for our nurses to educate other nurses about their roles in each of their service areas and to identify what training is required for nurses to fill any gaps in the mental health services that are currently provided within our province. The date tentatively was set for mid November and I am currently working on a plan for this day as the chair of PEI``s interest group.

I am sure there is much more that I could tell you about what is happening in Mental Health on PEI but I would guess that not everyone would have time to read it anyway as I am sure you are all as busy as we are here in PEI working together to move our mental health and addictions services onward and upward.

Respectfully Yours,
Karen MacLaren RN, BScN, CPMHN(c)

"Teamwork is working together– Even when apart." *Unknown*

Provincial Updates .....*Continued*

Update from Nova Scotia

Current Membership: 32

Provincial Activity: Our *Mental Health Nurses Association of Nova Scotia* has been established and meets Quarterly. They continue to work very hard to bring mental health nurses together, so please join us!

Education: Here in NS we continue to have various courses available to us to further our education in the specialty of Psychiatric mental health nursing, so please feel free to check out the CDHA website (www.cdha.nshealth.ca). As well we continue to have more and more nurses annually receive their CNA certification, and presently we are 109 strong! **Congratulations to you all!**

Membership: As for the membership committee we have been working hard in follow up to last years AGM, and have been looking at various ways to increase and maintain our membership. We had lots of questions on how to do this, but we decided that one of the best ways to answer our questions is to ask you! Therefore we are currently hard at work on the development of a survey that will help us serve you better.

It has been a great summer and a great year and I wish you all the best. Feel free to contact me with any questions or concerns.

Respectfully submitted,
Sherette Currie, NS Rep

HIGHLIGHTS FROM ALBERTA

During the past two years there have been many changes and challenges to the delivery of health care services in Alberta. Governance of health services lies with one "super board" and there are no regional health boards however there are zones of delivery and administration which report directly to the super board. As a result many functions are now centralized. There is still some uncertainly whether the goal of a more efficient and standardized has been realized.

Several months ago a new minister of health and wellness was announced. Together with this announcement, the government paid the outstanding debt that accumulated was absorbed by government. A plan for a guaranteed five year budget for health services provides some stability for future planning.

The new minister of health and wellness changed some of the original plans of the previous health minister which were concerns strongly objected to by patients, families, mental health providers and the Alberta Alliance on Mental Illness and Mental Health .

Continued on page 11

Provincial Updates .....*Continued*

An example was the anticipated closure of a number of psychiatric beds at Alberta Hospital Edmonton, this was put on hold. During the last two years, there has been a **freeze on external hiring** in order to fill vacant positions. This policy was very challenging as it prevented the entry of new professionals into the system.

Most recently, the freeze on external hiring was cancelled. In addition, the recent contract with the Nurses Union included the hiring of 70% of new graduates from schools of nursing in the province. The nurses' contract did put a freeze on salary increases for the next two years. The hiring of new graduates was deemed to be a priority over the salary increases.

During 2009-2010, the priority in Addictions and Mental Health Services was the **integration** of addictions and Mental Health at both the provincial and local levels. In the up-coming year (2010-2011) the focus is the process of developing a **strategic planning framework** that will support a common approach to planning and delivery of services across the province. This framework will be used to guide the development of services, clinical pathways and help to develop service models.
Currently, Addiction and Mental Health are using the **Alberta Health Services Strategic Direction 2009-2012: Defining Our Focus/Measuring our Progress.** Three major goals are **Access, Quality and Sustainability.** There are 8 areas of focus for 2010-11:

- Developing and implementing clinical care pathways
- Improving access
- Decreasing wait times
- Fit for the future
- Living with our means
- Workplace of choice
- Improving population health
- Responsive to consumers and communities.

An important priority for Addictions and Mental Health Services is the **development of Clinical Pathways**. A clinical pathway is defined as "a multidisciplinary outline of anticipated care, placed in an appropriate timeframe, to help a patient with a specific condition or set of symptoms move progressively through a clinical experience to positive outcomes (Middleton, Barnett & Reeves, 2001). Clinical Pathways provide a record of and a monitoring process for a patient's/client's journey through the health care system.

Depression in a Primary Care context is the first pathway to be developed and is presently being piloted in Calgary. Depression was chosen as the beginning clinical pathway as 5% of Albertans have a high probability of depression and secondly Albertans are more likely to see their family physician for treatment of a mental disorder. There is a high cost to society in terms of lost productivity and increased health costs.

Continued on page 12

Provincial Updates .....*Continued*

In January 2010, **community treatment orders were instituted**. This process undertaken to implement the CTO involved many educational sessions with health professionals involved as well as information sessions for patients, clients and their families. As of August 30, there have been 38 CTOs issued. Ten have expired and there remain 28 active CTOs. All CTOs issued include medications in the treatment and care plan. Three review panel hearing has been held so far and all CTOS were upheld. Most recently (September 16, 2010), a report containing recommendations on developing an **Alberta Health Act, intended to help guide Alberta's publicly funded health system.** The report was based on a four month dialogue with Albertans, 1300 persons in 23 communities were consulted.

The Alberta Alliance on Mental Illness and Mental Health submitted input during the consultative process. The burden of mental illness on individuals, families and communities was identified across Alberta. It was also identified that the mental health of an individual was closely linked to poverty, education and homelessness. It was suggested that the social determinants of health provide a more holistic approach to mental health care. It as noted that the lack of local resources in some communities to support people with mental illness has lead to isolation and separation from families and friends.

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The report's recommendations include establishing a **Health Carter** that strongly supports a partnership between individuals, families, communities, health providers and the government by establishing a Health Advocate. The report also recommends making a commitment that all Albertans have access to primary care through primary care teams. The minister of health and wellness is expected to provide a formal response on the behalf of government early in October.

Finally, the **Mental Health Research Showcase**, that occurred in the fall each year and was recognized as a notable research conference, unfortunately has again been cancelled as a financial measure.

Marg Osborne, Provincial Representative

Welcome to our Newest Board Member

Please welcome **Joanne Jones** to the Federation as the representative from **Ontario.** Joanne graduated in 1984 with her Diploma in Nursing and later completed her BScN. Her nursing career has been focused on mental health, covering both acute and tertiary setting. Currently she is a Clinical Education Leader at Ontario Shores Centre for Mental Health Sciences in Whitby.

Joanne can be reached at jonesjo@ontarioshores.ca or by phone at 905-430-4055 ext. 6716

Irish Mental Health Nurses Interest Group Announcement:

Introducing a link to the revised Standards of Practice for Mental Health Nurses from down under Australia. These replace the 1995 standards that were developed collaboratively with New Zealand. It is very interesting to observe the changes in language. The previous version stressed partnership and cultural safety with reference to indigenous notions of health etc. The newer standards draw on human rights language, which seems to be becoming increasingly common. Interesting the mental health nurses promote recovery as defined by the individual. Clinical indicators are yet to be developed but these are the minimum standards of practice, which any mental health nurse ought to practicing at after a reasonable transition period from student to nurse.

The HAPPIEST people DO NOT necessarily have the 'BEST THINGS',
They simply APPRECIATE the things they have.

Warren Buffet

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The page size is 8.5" x 11". The dimensions and rates of the advertisements for any size ad up to full page 7" x 10" is **$300.00 plus HST**

CFMHN NEWSLETTER NEXT ISSUE

Submissions for the WINTER 2010 submissions are due by December 3,2010.

Your 2010 CFMHN National Board of Directors

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They are always looking for interesting articles for the newsletter.

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