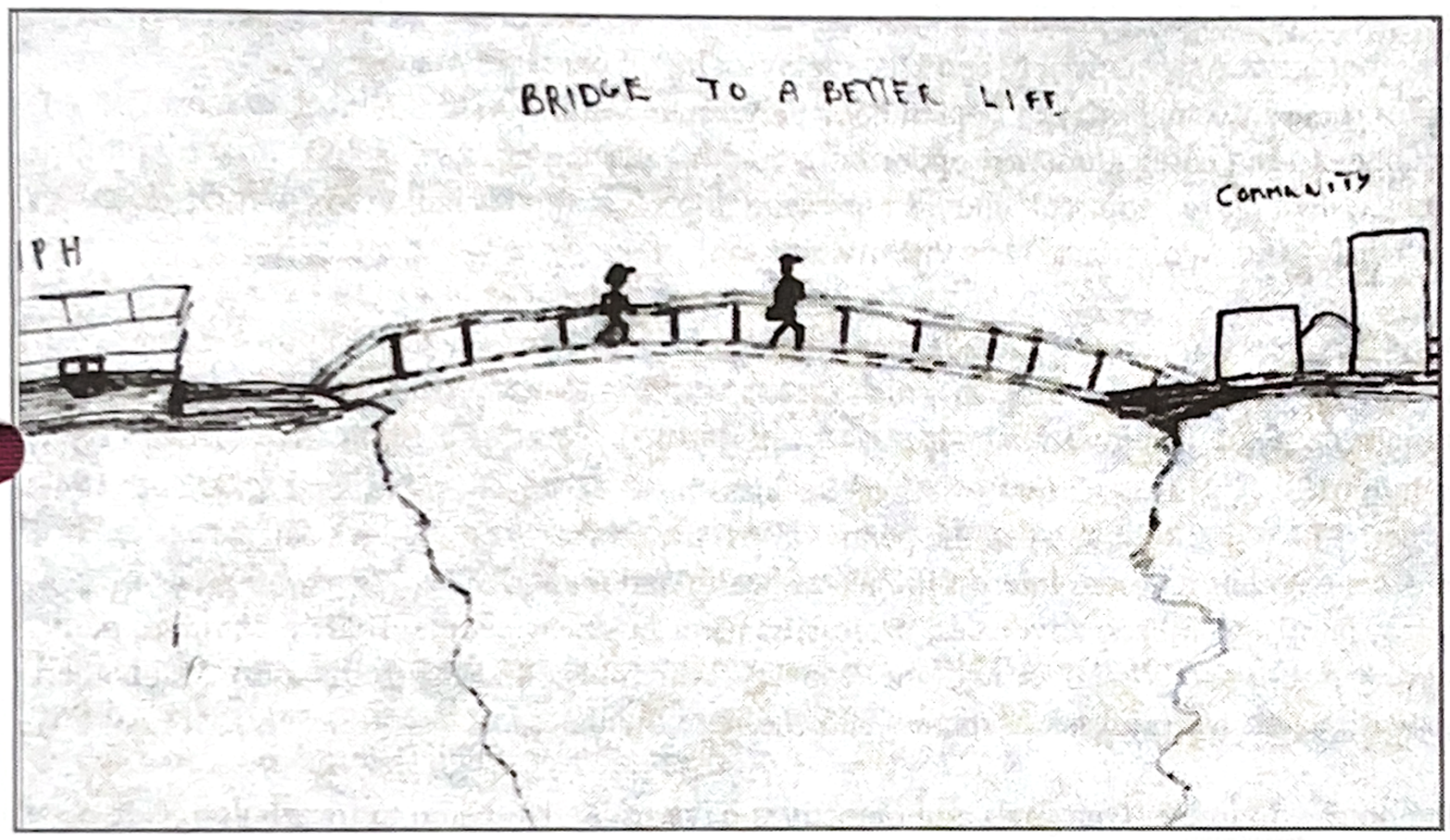
Canadian Federation of Mental Health Nurses

Fall 2002 Edition Number 36

Editorial

Judy Buchanan

And so dear colleagues, winter is coming home - the darkness of the days call for us to batten down, force a smile and bide the time until a friendlier season bursts upon us. In preparation for CFMHN's May 2003 International Nursing Conference T*he Art, The Science and the Ethics of Psychiatric and Mental Health Nursing* we want you, the reader, to reflect on the integration of those three domains. To separate them is in a way like asking someone to separate mind from body. Think about the artfulness of Psychiatric and Mental Health Nursing PMHN as you weave your way through this edition, and take time to reflect on how healing, helping and nurturing environments can be created. Artfulness is expressed for example through the use of a creative healing approach presented by Gwen Van Schaik, or through the relational aspects of Ann Marie Monahan's 'tell all', and through the human caring filtered through the account of a true leader and mentor, Joan Walsh.



It would be hard to miss elements of the science of PMHN found between these covers. Dr. Marlene Reimer, in interview discusses her perspective on research issues and priorities, Carol Ewashen-Williams keeps us abreast on research targeted towards women's mental health and Cheryl Forchuk provides an update on "The Bridge to Discharge Project" - a true meld of science, art and ethic. The poignant piece of artwork found on this page underscores the meaning of the project from the perspective of a client-participant and is abundantly telling in its presentation.

Although the word 'ethics' is not found in Sharon Moore's article on senior's mental health - I believe it under girds the piece. For many seniors with mental health issues (including dementia) the walk across the bridge (reprinted here) is in the opposite direction - from community to facility. Ethical-moral questions abound as that bridge is crossed: the challenge of respect, dignity and maintenance of personhood; the ethics of behavioural control; quality of life versus quantity of a life less lived. And on that dour note, perhaps its best to turn the page.

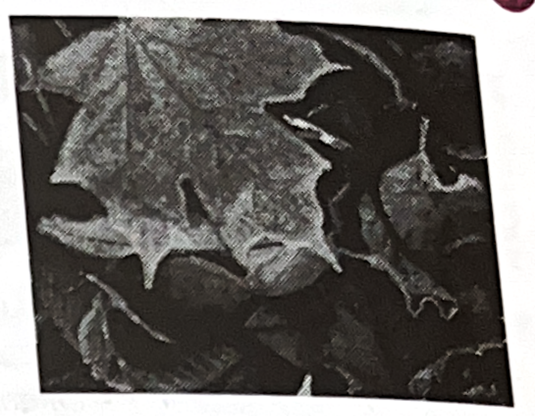
Perhaps you might want to consider the question whether the art needs to be put back/integrated/acknowledged in Psychiatric/Mental Health Nursing. Have we become too focused on that which can be empirically validated through measurement? Is there a place for wisdom as well as statistically derived models of truth/certainty? Would we lose our status as a science if we relied more on stories than numbers?

Nancy Johnston

Fédération Canadienne des Infirmières et Infirmiers en Santé Mentale

President's Message

Ann Greene



With each edition of the "President's Message", I have a burning need to situate you, the reader, with me, the scribe. It's the Sunday afternoon of a golden, autumn day and I am sitting in the Ottawa airport waiting for yet another plane to get off the ground. I have come by train from Montreal and will connect to Victoria through Toronto before this day is done. As I physically and geographically connect and am transported across this country (note to self…..must get further east!), I am thinking that travel is an effective analogy for the voyage of the Canadian Federation of Mental Health Nurses.

In June 2002 I officially took office of the President and attended the CNA Annual Meeting in this capacity. My personal mission was to remind CNA of the need to include the CFMHN in nursing activities that were focussed on the specialty of psychiatric mental health nursing (PMH), and to network at the national level.

So far……mission accomplished……..and it's not yet winter! During the summer, on behalf of the CFMHN and at the invitation of CNA I participated in a proposal submission for the Shared Care/Primary Care National Initiative. This was a collaborative venture that brought together several professional bodies and non-government organizations including Canadian Psychiatric Association, CNA, Canadian Psychologists Association, Mood Disorders Society, Schizophrenia Society, CMA, to name a few (see page 15 of this newlsetter for more information). In September I participated in the Assessment Strategies (CNA) examination committee process at CNA in Ottawa. In October, another opportunity had me participating in the National Summit on Mental Health and Mental Illness in Ottawa, then on to Montreal where I represented CNA at the Canadian Institute of Health Research (CIHR) for Neuroscience, Mental Health and Addictions. Thus the cross-country trekking.

Phil Upshall, Executive Director of the Mood Disorders Society of Canada, described the Summit and the CIHR meeting as "synergy". "The word synergy is derived from the Greek word synergos, which means working together (derived from syn, together, and ergon, work). A relationship is synergistic if it involves cooperative activity that produces a greater effect than either of the cooperating parties could provide individually."[1] Now isn't that what this business is all about? After talking with Phil, I experienced my 'ah ha' moment of this journey. The point in time when the penny drops, the tumblers on the lock fall into place and the planets align. Each and every one of us who has a vested interest in mental health and mental illness, whether we are consumers, politicians, family members, advocates, professionals or business people, share a common goal: "To make the journey from the first indications of a mental illness through the recovery, which becomes the destination". This then defines the journey, across the country, across time, across professions, across stakeholder boundaries.

As CFMHN we can participate in this collaborative journey. Our goals and objectives have us well situated to travel alongside our partners. Further in this edition, you will read about the various meetings that brought together this collection of providers, consumers and advocates. I hope that my musings will give you some food for thought about how you, as an individual practitioner, can participate in the journey with synergy! And speaking of musings, check out those of the Multi-Sensory kind found on the next page.

[1] Kohl, H. (1992). *From archetype to zeitgeist: Powerful ideas for powerful thinking*. New York: Little, Brown and Company, p. 189.

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Multi-Sensory Musings

Gwen Van Schaik

Lest you think from my first musing that Qigong is nothing but a series of meditative movements, in this musing I want to put "The Way of Qigong" in context.

Qi is the Chinese word for "life energy" and Gong means "work." So, simply, Qigong means working with the life energy, learning how to control the flow and distribution of qi to improve the health and harmony of mind and body.

There is not one style or school of qigong, but many thousands, all based on common principles of balance, healthy breathing, good posture, and relaxation. The practice includes breathing techniques (abdominal breathing is essential), healing postures, movement, self-massage, and meditation. The roots of qigong are firmly planted in Taoism, China's original spiritual tradition. Taoists are known for their pragmatism, emphasizing simplicity and harmony with nature.

It is a holographic system of self-healing exercises for the body, mind, and spirit that begin with "The Eight Brocades," 8 gentle stretching exercises that lengthen the muscles and tendons and stimulate the meridians and internal organs, to "Bone Marrow Cleansing" healing postures, gentle movements and concentration techniques to cleanse the marrow of toxins, to "The Five Animal Frolics," graceful, dancelike exercises to develop strength, grace, flexibility, balance, and abundance of healing qi, to Qigong martial arts, and "The Arts of Cloud and Rain," the cultivation of female and male sexual energy.

"The Inner Smile" is a meditative Qigong practice in which smiling energy is gathered in the midbrow and allowed to flow from there to the glands and organs in the body.

When you smile to your organs daily, you learn how to sense good feeling and negative energies will gradually change into positive life-force.The "Six Healing Sounds" meditation links sounds/vibrations with specific organs to strengthen their positive energies.

What appeals to me so much in Qigong is that the system as a whole, no matter what level you practice or what area you focus on, all movements and meditations are designed to become more intimate with your own body and its emotions. Eventually, it is possible to move the life energy at will, and to correct imbalances you would detect in your energetic field, preventing disease and illness in the physical body. The ultimateself-care!

Here in Victoria, the daily qigong class at the Day Hospital is growing steadily with a core of regular attendants; clients who came while in hospital and who continue to come after discharge. The other day, a client of mine, a Qigong enthusiast, told me he had convinced his mom, who has a heart problem and suffers from depression, to come with him to qigong classes where the exercises are particularly geared to healing and strengthening the heart. The Way of Qigong stimulates emotional awareness. Emotional awareness is the gateway to inner growth and the path of aligning the personality with the soul. As Gary Zukav says: "You cannot align your personality with your soul without becoming conscious of your emotions."

Let me leave you with this musing: Would knowledge of and experience with the way of qigong enhance the care and scope of mental health/psychiatric nursing practice?

Membership Notice
Canadian Federation of Mental Health Nurses

Please check your mailing label.
The month specified after your name denotes when your renewal month is. If there is no month listed, you are overdue.
Thank you for your assistance.
If you have any further questions about membership do not hesitate to contact me.

Sharyn Chapman
CFMHN, Membership Chairperson
97 Driftwood Crescent
Dartmouth, Nova Scotia B2V 1S6
Email: *Sharyn@ns.sympatico* or Tel: 902-434-5095

Reports

Manitoba

Cathy Lucas

The Manitoba Psychiatric Mental Health Nurse Interest Group continues to meet on a bi-monthly basis. The group consists of a small core membership who are educators, administrators and clinicians. Unfortunately, we continually struggle to increase our membership, but understand from other interest groups that membership numbers are a common concern. The meeting format continues with both a business and an educational component. The plan for the November meeting's educational section will include a presentation by a member of the Faculty of Nursing at the University of Manitoba who will discuss the proposed curriculum changes as they pertain to mental health.

We are pleased with the recent announcement that Linda Newton will assume the newly created position of Clinical Nurse Specialist-Mental Health-Adult. I am sure that many of you know Linda, not only through her work with the Federation but also through the newsletter in which she was featured as one of the mental health nurse leaders. Also, please keep a watch for an article in the Canadian Nurse written by Diana Clarke and Linda Hughes on the role of the psychiatric nurse in an emergency department.

In adult mental health, there is a regional initiative to integrate treatment for those with co-occurring mental health disorders and addictions. Currently 26 clinicians are involved in an extensive training program with Dr. Minkoff and associates. The goal will be that they will take this knowledge to their individual treatment programs. It is anticipated that both mental health and addiction sites will be able to not only screen but be knowledgeable in the area of co-occurring illnesses and be able to develop appropriate treatment plans.

Another goal is that an enhanced integrated treatment model will be available for those individuals dealing with complex mental health problems and substance problems. Another major initiative has been a review of all crisis services within Winnipeg, including emergency departments, mobile crisis teams, the crisis stabilization unit and hotlines. The report will hopefully be released in March. As well, the joint initiative between Adult and Child and Adolescent Psychiatry focussing on first- break psychosis continues; and it is anticipated that the program will begin in the early new year. The care of adults with eating disorders continued to be a serious issue within the province, unfortunately complicated by a lack of resources.

Centralized intake for child and adolescent psychiatry is now up and running. The purpose is to provide a one-door access to the mental health program which will facilitate appropriate and expedient processing of referrals. Psychiatric nurses in Children's Hospital Emergency is a co-operative venture between Child Health and Child and Adolescent Mental Health. The nurses provide 16-hour day coverage to the Emergency Dept. and provide some service to inpatients at Children's Hospital on a consultation basis.

The ICATS (Intensive Child and Adolescent Treatment Service) has just celebrated its first anniversary and has completed the process of review and evaluation for a new program. This treatment team provides immediate follow-up from either the Inpatient Child and Adolescent Psychiatric wards or emergency referrals by maintaining a 3-month treatment mandate. There has also been an external review of autism services within the province. A committee has been struck and will define appropriate service delivery.

The preparation of this report became an exciting process as I learned of the diverse initiatives that are currently happening within the province. In speaking with various colleagues, there seems to be real enthusiasm about the upcoming Canadian Federation of Mental Health International Conference in May, 2003 and the anticipation of connecting with other nurses involved in mental health.

Ontario

Susan Ray

There has been a great deal of activity in Ontario in regards to education. The Registered Nurses Association of Ontario (RNAO) has developed a series of Best Practice Guidelines that can be downloaded from: *http://www.rnao.org/bestpractices/*

Several of the available Nursing Best Practice Guidelines of particular interest to Psychiatric and Mental Health Nurses are:

- Crisis Intervention
- Enhancing Healthy Adolescent Development
- Client Centred Care
- Supporting and Strengthening Families Through Expected and Unexpected Life Events
- Establishing Therapeutic Relationships

The development of additional sets of Best Practice Guidelines is currently in process. Of particular interest will be:

- Screening for delirium, dementia and depression in older adults

Educational programs for nurses around the existing Guidelines are currently being offered.

Let me introduce you to...

Your new CFMHN reps from; Alberta, British Columbia, Saskatchewan, Newfoundland & Labrador, and the Northwest Territories



Alberta

Geertje Boschma

Since January 2002 I joined the Board of the CFMHN as the Provincial Representative for Alberta. I am a faculty member at the Faculty of Nursing at the University of Calgary since 1999 and prior to that I lived in Edmonton for two years, also teaching nursing. I am from Holland, where I obtained a Bachelor's Degree and worked as a staff nurse at the Psychiatric Clinic of the University Hospital. In the late 1980s I moved to Philadelphia, USA, to work on my Master's in Psychiatric Mental Health Nursing, receiving training as a family therapist. I did outreach work with families in their own homes and moved on to do thesis work. For my research I focused on history and wrote a thesis on the history of mental health nursing in four Dutch asylums at the turn of last century. Reading archival asylum records, and occasionally coming across documents written by psychiatric nurses about hundred years ago, I found truly exciting. I not only came to understand how the field of mental nursing became feminized as of the early 1900s, but also - reading the records of the Dutch Male Nurses Association, founded in 1906, - how upsetting this was to male nurses, who pretty much felt they were excluded from a field of work they truly loved. I am now doing some work on the history of psychiatric care in Western Canada as well.

Since the upcoming CFMHN International Conference is on the art, science and ethics of psychiatric mental health nursing, I took a few moments to reflect on the theme. The first thing that came to my mind is the work I am currently doing with new student nurses and future colleagues in the first year clinical lab. It's a privilege to help new nurses socialize into the art of the profession, to lay the important foundations of clinical and communication skills for their future work with clients, and to help them understand the complexity of their role. Working with novice nurses is truly a highlight, and I am sure some of them will choose mental health as their field. I look forward to working with the Federation and to meeting you at our future events.

British Columbia

Nancy Panagabko

I currently live in Victoria, British Columbia and am self employed, offering acute mental health consultation/education. I am originally from Calgary where I received my diploma in nursing from the Calgary General Hospital. Since graduating in 1974 I have worked primarily in psychiatry and specialized in emergency psychiatry/mental health as a clinician, teacher, manager and now consultant. I have also obtained my BSN and CPMHN(C).

My work as a consultant takes me throughout British Columbia and provides an opportunity to meet and talk with nurses and other mental health professionals about their concerns, joys and educational needs related to psychiatric/mental health nursing. I have recently taken a lead role in establishing a local chapter of CFMHN in Victoria. A planning meeting was held in August and a schedule of meetings every 2 months has been established. This group has evolved from a group of nurses who studied together to write the CNA CPMHN certification exam and then decided that meeting regularly with nurses who had similar professional interests had benefits both personally and professionally. The main priority of the group will be education. We have invited Ann Greene to come to the first meeting to inform us about CFMHN and we are hoping she will be a regular member.

Saskatchewan

Denise Kayto

I wondered how I might both introduce myself and relate to the themes of the upcoming CFMHN International Conference. I realize that both the art and the science of psychiatric nursing are embedded in my experiences and education.

I graduated with a psychiatric nursing diploma from Wascana Institute of Applied Arts and Sciences in 1984. When I started my first job as a staff nurse at Saskatchewan Hospital in North Battleford, my focus was related to the science of psychiatric nursing. Saskatchewan Hospital was a facility for the long-term rehabilitation of clients with psychiatric conditions and the science seemed to be a comfortable fit. I developed my assessment skills, utilized cognitive-behavioral approaches and increased my knowledge of psychiatric disorders. It was later in my career that I was able to understand and develop the art of psychiatric nursing.

After three years of working at Saskatchewan Hospital, I had decided that I needed to expand my knowledge in nursing. I returned to school and obtained my Bachelor of Science in Nursing degree at the University of Saskatchewan in 1992. While going to school I worked in a staff nurse position as a casual employee on the inpatient psychiatric units at Royal University Hospital and Saskatoon City Hospital. It was during this time that I finally began to understand and develop the art of psychiatric nursing. I saw psychiatric nurses who seemed to

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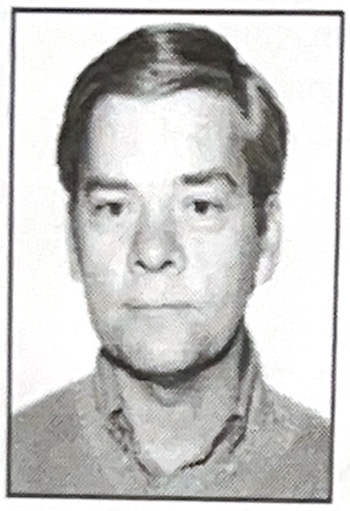
have an innate ability to relate to and communicate with clients. These psychiatric nurses were able to rely upon experience and intuition to assist clients.

For the next five years, as a staff nurse, I continued to improve my skills in both the art and science of psychiatric nursing in my own practice. However, I was still not satisfied with my understanding of psychiatric nursing so I decided to return to university. I obtained a Master in Nursing degree at the University of Saskatchewan in 2001. At the same time I returned to university, I accepted the position of unit manger on the acute unit at Royal University Hospital. I remained in that role for 6 years. Last year I assumed the position of Manager for Acute Care Services, Mental Health Services in Saskatoon which includes overall responsibility for acute care mental health services. I continue to assist other nurses to understand and balance the art and the science of psychiatric nursing and to continue my own journey in this area.



Newfoundland & Labrador

Robert Meadus

I am currently employed as Assistant Professor at Memorial University School of Nursing, St. John's, Newfoundland and Labrador. I teach in the BN (Collaborative) Programme. I have been practicing nursing for over 24 years of my life in a variety of clinical areas. I have worked as a Staff nurse in surgical, medical, and psychiatric nursing. I have also worked as a Nurse Educator in Staff Development, and for the past five years I have worked as a Nurse Educator with students completing their basic nursing degree program.

In 1978, I graduated from a three year diploma program at the General Hospital School of Nursing in St. John's. Upon graduation I took my first job as a Staff Nurse on a busy surgical floor. At that time I realized the importance of furthering my education and knowledge, I started completing courses towards my nursing degree at Memorial on a part-time basis. I guess I enjoyed the concept of life long learning and have never looked back. I completed a [one year] Diploma Program in Mental Health & Psychiatric Nursing from Memorial University in 1986. Continuing on, I completed my Bachelor of Nursing in 1989 and Bachelor of Vocational Education from Memorial in 1995. This was not an easy achievement as I was working sometimes on a casual and full-time basis. In 1992, I began Graduate studies in Nursing at the University of Toronto, completing my degree [specializing in the Clinical Nurse Specialist stream: Psychiatric Mental Health Nursing] in 1996. For my Masters thesis, I completed a Phenomenological study investigating "The Experience of Being an Adolescent Child of a Parent Who Has a Mood Disorder." I began Doctoral studies in 1998 at Barry University, Miami, Florida completing their summer program, Doctor of Philosophy in Nursing. Currently I am a Doctoral candidate, completing my dissertation entitled; "Adolescents Coping with Mood Disorder; A Grounded Theory Study." Since working in the area of psychiatric mental health nursing I have been very interested in trying to understand how families experience mental illness. This knowledge may help nurses and other mental health professionals to offer appropriate counselling and intervention. Stigma today remains an important issue for families experiencing mental illness.

I feel privileged to serve as Provincial Representative for Newfoundland and Labrador. My goal in collaboration with the Federation will be to enhance the role of the organization within the province.

Northwest Territories

Stephanie Lewis



Greetings From The "Great White North"

It is with great enthusiasm that I prepare for my role as a representative for the Northwest Territories (NT) as a new member of the CFMHN. My name is Stephanie Lewis and I am a Registered Nurse working on a full-time basis on a 10 bed in-patient acute psychiatry unit of Stanton Territorial Hospital in Yellowknife. This hospital serves as the major referral centre for all of the Territories, home to over 40,000 people. I also work on a casual basis for the Yukon Health and Social Services Board as a Community Mental Health Nurse. In this position I provide outpatient services to our culturally diverse population. I am originally from Newfoundland (I am also therefore known as a "North of 60 Newfie!) who relocated to the Yukon from Ottawa four years ago. The NWT is home to people from all over the country and abroad. From the capital city of Yukon, to the remote arctic communities, services for mental health are vastly improving. It is an exciting time for mental health nursing and I look forward to sharing the Northern perspective with you.



Research Update

Co-Sponsors: *Canadian Health Services Research Foundation, Mountain Centre for Health Services, St. Joseph's Healthcare, Hamilton (formerly Hamilton Psychiatric Hospital), Regional Mental Health Care, St. Joseph's Healthcare, London/St. Thomas (formerly London/St. Thomas Psychiatric Hospital), Whitby Mental Health Centre Lawson Health Research Institute (formerly London Health Sciences Centre-Research Inc.), The Donner Foundation, The Trillium foundation*

Therapeutic Relationships: From Hospital to Community

University of Western Ontario / London Health Science Centre - Research
375 South St. Rm. C205NR London Ontario N6A 4G5 (519) 685-8500 ext 75896 http://publish.uwo.ca/~cforchuk/tr

Main Messages

This study tested a Transitional Discharge Model (TDM) a Combination of 1) the bridging of inpatient staff support to community care, and 2) peer support. The purpose of the model is to improve outcomes for people with chronic mental illness. In our study, thirteen wards used the new model and thirteen wards provided usual care. A total of 390 clients participated in the trial.

Key Findings:

- Implementation of the model facilitated shorter lengths of stay on the TDM wards, resulting in a **cost saving of $12,212,242**. Discharges were not delayed by the unavailability of community resources, as supports were in place while the person was awaiting needed community based services.
- One year follow-up results of using the intervention included, improved functioning and better quality of life related to social relations. The TDM group used **$4,400 less per person**, on average, in hospital/ ER services during the year but this was not statistically significant.
- The "lonely" subgroup (people who described their quality of social relationships as neutral or unsatisfactory at enrolment) constituted 26% of the sample. The "lonely" subgroup in the TDM group used **$20,300 less, per person**, in hospital/ER services than the group receiving usual discharge care. The people who received usual care consumed a total or **$1,078,900 more** hospital/ER services than the "lonely" people who received the support. All outcomes (costs, quality of life, & level of functioning) were improved using the intervention with this subgroup.
- Qualitative findings showed similarities and differences between groups. Both groups found contact with professionals, medication, and support with finances helpful. Both groups identified talking to someone as important, but the TDM group was specific about the issues they needed help with. It appears that, from the qualitative responses, the TDM group had more insight and was further along in the therapeutic recovery process.
- As the study progressed, wards with usual care started to implement TDM based on a strong belief in its value.

Key Implications:

- Partnerships between consumer organizations and professional mental health services can yield cost savings and improved care. **Consumer groups will need ongoing funding** of peer support programs to continue offering this service. Treating just one lonely person per year would pay for a part-time volunteer coordinator through reduced hospital/ER costs.
- A more **flexible role for hospital staff**, that has them bridge services to the community, results in shorter lengths of stay since discharge is less dependant on availability of community resources; clients can access supports immediately.
- TDM is most beneficial when **targeted at individuals who perceive themselves to be lonely.**

Research Team: *Cheryl Forchuk RN PhD, Kathleen Hartford RN PhD , Åke Blomqvist PhD, Mary-Lou Martin RN PhD (cand), Lilian Chan PhD, Allan Donner PhD*

Research Issues

Interview with Dr. Marlene A. Reimer

Advisory Board Member Canadian Institutes of Health Research (CIHR) and Institute of Neurosciences, Mental Health and Addictions (INMHA) Full Professor, Faculty of Nursing, University of Calgary

Today, I had the distinct pleasure of sitting down with Dr. Marlene Reimer to discuss research issues and priorities from her perspective as a well-recognized Nurse Scientist and an Institute Advisory Board Member. Dr. Reimer had recently returned from the CIHR Annual General Meeting in Montreal, Quebec. I include some of the highlights of our discussion.

According to Dr. Reimer, the Canadian Institutes of Health Research started as an experiment - a major philosophical shift from the Medical Research Council to the Canadian Institutes of Health Research as the primary federal research funding body. The CIHR mandate broadened the scope of health research to include the four pillars: biomedical, clinical, health services and population health research. Although 'traditional' benchmark research continues to dominate funding, opportunity for 'nontraditional' research is increasing.

Dr. Reimer stressed that mental health is well represented within the Institute. This includes the identification of strategic initiatives that set priorities compatible with a mental health/illness focus. Four broad initiatives are part of the strategic plan: first episode in neurological and mental illnesses and in addiction; co-occurrence of brain disorders with other health problems, regenerative medicine, and nicotine addiction and tobacco use. Emerging areas for research include discrimination and stigma, understanding the placebo effect, and neurodevelopment and early life forms. Dr. Reimer noted the collaboration across Institutes with Dr. Miriam Stewart and Dr. Cy Frank attending the AGM. There is concerted effort to form partnerships across Institutes.

Dr. Reimer also stressed the importance of building better communications. She acknowledged that the Institute needs better direct communication with the professions and 'smaller' organizations. She noted that at least 50% of people attending the AGM were health professionals. There is a need for regular electronic communication to stakeholders. In this regard a Communication Officer position is evolving as critical. One idea, currently in the works, is the development of a regular email newsletter.

Dr. Reimer suggested that nursing may in some regards be at a double disadvantage when it comes to eligibility for research funding. Why? Well, there are some barriers when it comes to judging excellence in research. Particular attention needs to be paid to the composition of Review Committees. While adhering to the best traditions of peer reviewed competition, 70% of research funds are allotted through open competition while only 30% of funds are specific to a particular Institute. As a general rule, nurse researchers do not have a record of rigorous peer-reviewed publications and of funded research. If there is a record of funded research it may not be recognized as having as great a potential for significance compared to basic research. Dr. Reimer acknowledged the view of 'legitimate' research is broadening at the Institute level but she did remark that she was "less confident that the people comprising the peer review committees have as broad a grasp of what constitutes rigorous nursing research."

How then can nursing better position itself in relation to research funding? Dr. Reimer had a number of suggestions:

- Actively nurture research endeavours including the achievements of beginning researchers
- Identify leaders and mentors in research
- Provide recognition through such things as rewards for research
- Provide funding for attending conferences/meetings with a research focus
- Identify ways the CFMHN can be seen as giving priority to research
- Nominate graduate students for the Brain Star awards
- Establish a track record - Increase publications in peer reviewed journals

Finally, Dr. Reimer expanded on the Brain Star program encouraging us to nominate 'young people' who show potential for excellence in research. Specific criteria for nomination are on the CIHR website. Marlene ended by acknowledging the continued "respect that I feel representing our discipline and the issues brought forward to the table." She was very optimistic regarding the future for nursing research.

I will close with some additional tips for each member who would like to become more actively engaged in research and in CIHR activities:

- Contact the Program Officer associated with the Review Committee that best aligns with your research to talk over the fit of the research proposal with the committee criteria and mandate

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- Actively take advantage of opportunities to participate in Institute activities including attending meetings to increase the Mental Health Nursing and CFMHN profile
- Provide input to Institute initiatives e.g. CIHR paper on 'clinical scientist'
- Nurture research through positioning new researchers for recognition and involvement in CIHR e.g. Brain Star program.
- Establish a track record that includes publishing and dissemination of research findings.

I want to thank Dr. Reimer for this interview and for her continued willingness to work with the CFMHN. She consistently makes herself available for up-to-date information and research support.

Dr. Reimer was interviewed by Carol Ewashen-Williams

Ann Greene and Dr. Marlene Reimer, CIHR-INMHF Board of Directors member, at the 1st Annual Meeting in Montreal



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Research Report

Carol Ewashen-Williams

I mentioned in a previous research report that I participated in a national research symposium on Women and Mental Health. Since that time, a final document was prepared by Dr. Marina Morrow with the assistance of Tasnim Nathoo and Robert Hartfiel. The symposium was financially supported by the CIHR, specifically the Institute of Gender and Health and the Institute of Neurosciences, Mental Health and Addiction. Additional funding came from the Women's Health Bureau, Health Canada and the Vancouver Coastal Health Authority.

The document includes a number of research "theme areas" with specific recommendations for the Canadian Institutes of Health Research. Two "theme area" recommendations were made for CIHR:

1. Repeatedly, participants acknowledged the interaction of mental illness, unemployment and poverty. It was thus recommended that the CIHR actively request research that "looks specifically at the relationship between mental illness, poverty and unemployment in the current social and economic environment" (p. 18). This includes that specific attention be paid to policy implications of the research.

2. Another area of repeated discussion was the interaction between sex, gender and psychotropic medications. An identified gap in knowledge included sex differences in metabolism of drugs and the implications for prescription practices. It was recommended that the CIHR request research that "examines sex and gender differences related to biological uptake of psychotropic medications and highlight the clinical implications of the findings" (p. 19).

Other recommendations to CIHR included:

1. Designate special research funds for Research Capacity Building: Both frontline workers and rural participants emphasized the need for training and support in designing research projects and in securing funding.

2. Incorporate Participatory Action Research (PAR) Models: PAR was identified as a transdisciplinary, innovative research approach that acknowledges the link between theory, research and practice.

3. Expand the composition of Peer Review Committees: A definite concern was expressed regarding the 'limited view' of Peer Review Committees with the need to expand unde standing of a wide range of research methodologies. This included feminist, qualitative, and action research such as PAR.

4. Provide specific support for Multidisciplinary, Cross Sectoral Mental Health Research Teams: There was definite support for research relevant to consumer experiences and to the practice of mental health workers.

5. Develop specific strategies for Knowledge Transfer and Translation: "The importance of bridging mental health research with clinical and community practice and policy was raised often during the symposium"(p. 20).

6. Establish a Policy Research Pillar.

7. Incorporate Diversity: This includes recognizing the diversity within population categories such as 'women' and including a wider range of community based researchers.

Each of the recommendations are discussed in more detail in the symposium document: Women and Mental Health Across the Life Span: Creating a National Cross-disciplinary Research Agenda and Strategy by Marina Morrow, British Columbia Centre for Excellence for Women's Health.

As a Nurse Educator, I find that some students feel lost in working in the area of Mental Health Nursing because they feel the essence of nursing is tasks. An important issue for nursing as a profession in Canada and the United States is the low number of nursing graduates who want to work in the area of Mental Health Nursing upon graduation. As a Federation of Mental Health Nurses we have an obligation to develop, and support strategies to enhance the importance of having nurses interested in working in this important area of nursing.

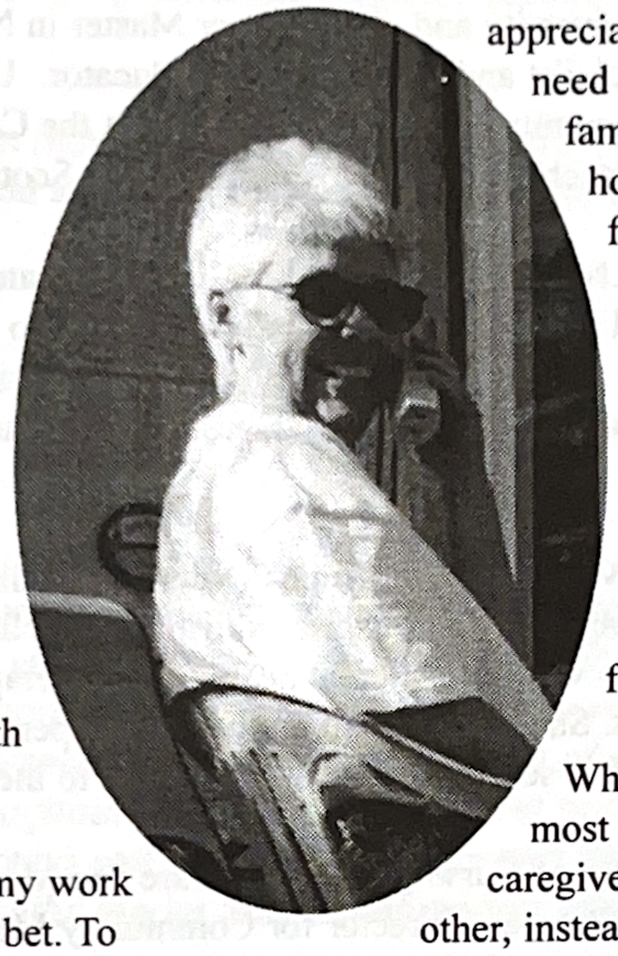
Robert Meadus on Education of PMHNs

Dare to Tell

Ann Marie Monahan

(Narrated to a Curious Friend Via Long Distance Telephone Line)

Since everything is but an apparition
perfect in being what it is
having nothing to do with good or bad
acceptance or rejection
one may well burst out in laughter.
Long Chen Pa



Let me start at the beginning. My role as Psychogeriatric Education Consultant serves Central Vancouver Island. I provide education in the areas of mental health and aging, perhaps most primarily in respect to dementia and its multitudes of challenging ramifications. The target audience for me is nursing home staff, home support workers, nurses in long term care and community mental health centers, and nurses on in-patient psychiatric units. Of extreme privilege is that I also work with family caregivers of persons with dementia.

Do I find my work routine? - never! Do I find my work stimulating and professionally enriching? - you bet. To begin with there is a ton of research being done in the specialty field of psychogeriatrics continually pushing me, and all others in the field, to keep on top of the most current developments. This keeps me enlightened and on my toes.

You asked for a few examples of my 'teachables'. Since I am of the persuasion entranced by metaphor - I'll use one here. I liken dementia care/caring to being in a foreign country. Now if you're in a foreign country you need to be creative in order to understand a form of speech that is not immediately understood by you. In dementia care, we work with people whose language has been affected, sometimes it is all but lost. Often we need to figure out what the person is trying to say through gestures, facial expressions, behaviours and/or mood. When we're in a foreign country we need to be prepared for the unpredictable. People with dementia may have different norms and social graces than perhaps we're used to, and very frequently what their families have never encountered. We need to appreciate and accommodate those norms and we need to uphold dignity within differentness. With family caregivers I have to speak a language of hope as these are often people who are living in fairly deep despair. I need to be able to translate the disease (e.g. dementia) to them, to assist them in continuing to honor their loved one and to provide them with words and understanding about the behaviours in relation to the disease. All caregivers, both formal and informal, need to know the varied expressions of dementia and the ways in which they can really intervene to make a difference to the quality of each individual's life.

What principles do I work by? Well, I guess the most paramount belief that I wish to pass on to caregivers is that we must go into the world of the other, instead of expecting the other (who has a dementia or mental health disorder) to come into our world. Obviously I add the proviso as long as it is 'safe' to go there.

So as for me, what do I do to keep my own life balanced? Well I have set my priorities, and cling to them like Velcro - my cat, my friends, my trips and planning for my next Academy Award party. I take every opportunity that I can to squeeze joy out of life. Oh - and did I mention I try to have 3 or 4 good laughs every day - keeps my spirit healthy and my heart happy!

Submitted by Dr. Gloria McInnis-Perry

ADVERTISING RATES FOR CFMHN NEWSLETTER

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

Corporate Rates: Full page $800 Half page $500 Quarter page $300

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Canadian Nurse Leader - an Exemplar in Leadership

Joan Marie (Morrison) Walsh



Compassion, dedication, determination and unassuming are just a few of the qualities that describe Joan (Morrison) Walsh, a nurse who has devoted thirty years of her life in service to others. Joan was born to Margaret and Fraser Morrison in Glace Bay, Nova Scotia. After completing her early education in Cape Breton, she entered St Francis Xavier University where she obtained her bachelors degree in Nursing Science. She began her nursing career at the Halifax Infirmary initially as a Medical-Surgical Nurse and then as an ICU/CCU Nurse. Then, she took a position as Community Mental Health Nurse in Antigonish and she was also a Clinical Instructor at St. F.X U. In 1976 Joan moved to Boston and attended Boston University and obtained her Master in Nursing Science, achieving a joint major, Clinical Nurse Specialist and Mental Health Educator. Upon her return to Cape Breton Island she took a position as a Community Mental Health Nurse at the Cape Breton Hospital at which time she developed the first Psychiatric Day Hospital in Nova Scotia.

Sandra La Forte Jost, R.N., M.H.Sc a friend for 30 years states, " Joan is all the way there, she is the most sincere and honest person I ever met. She is totally dedicated to her family and they come first in all she does. Whenever one of the children has a game or an activity Joan is there, no matter if it is on PEI or elsewhere. She does what it takes to be available for her children." Leo (Joan's spouse and partner of 23 years) and Joan also provide care to their aging parents, who reside with them for needed additional support.

As a true pioneer, Joan became the first Psych/Mental Health Clinical Nurse Specialist on PEI. She became the first Coordinator at the Montague Mental Health Center in rural Kings County. After establishing the clinic and the role of the nurse, she moved to Richmond Center in Charlottetown and began to work as a mental health nurse therapist. Those who meet Joan, quickly came to know what an amazing women and nurse she is. She is simply an unquenchable person. She has a mission to care for the most vulnerable, a champion for the underserved; she is self-motivated and commits to the nourishment and growth of others.

Prior to taking on her present position as Director of Nursing for Acute Care and Mental Health, Joan worked as the Nursing Consultant for Long Term Care and then as the Program Director for Community Mental Health McGill Centre. At McGill once again the ingenuity and creative juices were shared with the creation of a transition program for men and women with persistent mental illness who move back into the community. The Nursing liaison program that presently exists between Acute Care Psychiatry and the Community and the crème de la crème program known as the Queens Region Life Style Awareness Program were founded through Joan's initiatives.

Presently, Joan is the Director of Nursing for Acute Care and Mental Health, Queens Region. Gail McLeod RN. BN Assistant Director of Nursing at the Queen Elizabeth Hospital in Charlottetown describes Joan as true leader, dedicated to her patients and staff. She coaches her nurse managers and assists them in growing as persons and as managers. Joan promotes the importance of continued education and asserts the importance of providing many opportunities for the nurses at QEH and Hillsborough Hospital (Provincial Psychiatric Hospital).

Joan has worked very hard for our Island seniors. When the Canadian Study on Health and Aging became a reality for Canada, she advocated and assisted in the establishment of the Centre on Aging for Prince Edward Island and became its first Chair. She was a key figure in the Provincial Project, which addressed detection of depression, and dementia in home care. This was a joint project in which Mental Health and Home Care worked together in the early assessment and intervention of older adults who present with dementia-depressive symptoms. A strong advocate for Senior Mental Health Services she, along with Cecil Villard the Executive Director of Acute Care and Mental Health, were successful in hiring a Director for Psychogeriatric Programming for the Queens Region.

Cecil Villard has worked with Joan for many years and has seen her perform both Clinically and as a Nurse leader. "Working with Joan makes my job easier. She is a team player and she constantly rallies others to participate and grow. Her critical thinking skills cannot be surpassed. She has an amazing work ethic complimented with the ability to accomplish much in such a short period of time. No mountain is too high for Joan. She has a keen way of breaking down problems into manageable steps that can be resolved to everyone's agreement. She empowers others and cheers them on when they accomplish their goals. It is indeed a privilege to work with her."

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Joan views leadership as a rather simple thing. She says, " My thoughts go back to my understanding of Orlando's Theory on Nursing which of course can be applied in the clinical, academic and administrative arenas. As a leader, my job is to find out what a patient, a nurse, a manager needs, and help them by getting what they need and allow them to do what they can. Leading means to keep a focus on why we nurse, to provide patient care, and by keeping this on the forefront we never can do wrong. Respecting others, your patients, families, fellow nurses, and colleagues will give you more positive influence in doing what you as a nurse are assigned to do, to care. Seeing the person as a holistic being and being familiar with all their needs, biological, psychological, social, spiritual, and cultural is essential in any aspect of Nursing. Psych/Mental Health Nursing is not just the psychological aspect of the person, there is the biological and other entities that need to be cared for. Thus, nurses need to be prepared with a level of knowledge and have equal skills in order to provide the expert care our patients require. A solid foundation begins at the entry level but must be maintained throughout the nurse's career path. As a profession, nurses embrace a set of values that reflect our Code of Ethics. We have professional standards that guide our practice but ongoing education is essential to our growth as individuals and as a profession.

Joan is a true humanitarian, a scholar in her own right, a compassionate nurse and a true leader. Her colleagues at Queens Region Health and indeed all Islanders can be very proud to have a person of Joan's caliber living and working amongst them. She is one of the "Best".

Nursing has come so far and Psych/Mental Health Nursing has become more established as a specialty in its own right. In the early years, nurses were struggling for an identity and sought others for leadership and direction, largely non-nursing. Today we have our own Nursing Theories to guide our practice. We have established ourselves as having many levels of expertise. Advanced Practice Nursing continues to flourish throughout Canada. Nurses must not forget the basics which include, caring for the total person, respecting self and others, promoting dignity in all, performing our care in a dignified manner, being a thoughtful leader and remembering why we do what we do, because we care."

Joan Marie Walsh, on PMHN



Important Notice to Members

At our Annual General Meeting in Toronto (June 2002),
there was a decision made to change our membership renewal processes
so that annual memberships would be valid from November to October.
For those of you who have renewed since May 2002,
you do not need to renew until next November (2003).
For everyone else, please forward your membership renewals
so that they may be processed quickly.

Sharyn Chapman RN,BScN,CPMHN(C)
Treasurer/Membership CFMHN



Mental Health Needs of Canada's Seniors in Long Term Care by Dr. Sharon Moore

In recent years, much discussion has occurred about the "greying" of society around the world. Canada is no exception with seniors being the fastest growing age group in society. According to a recent editorial (Conn, 2002), "38% of all women 85 years of age and over and 24% of similarly aged men live in an institution and the number of long-term care beds in Canada is expected to triple over the next 30 years" (editorial). Several studies have reported that a majority of nursing home residents suffer from some type of major mental disorder (Bartels & Smyer, 2002). "Dr. David Conn, President of the Canadian Academy of Geriatric Psychiatry stated that 'research clearly demonstrates that long-term care facilities are the modern mental institutions for the elderly' and that "appropriate mental health care is frequently unavailable" (Press Release, 2002).

At the beginning of this new century, the Canadian Academy of Geriatric Psychiatry developed a Millenium Project to address issues and concerns related to lack of services to address mental health needs of residents in long term care. This project took on a national focus to develop national and regional strategies to improve the quality of mental health services for seniors living in long term care settings through effective education, advocacy and collaboration strategies.

The Canadian Academy of Geriatric Psychiatry invited participation from ten national organizations (including the Canadian Nurses Association) and Health Canada to form a task force committee to examine mental health issues related to long-term care across Canada. Over a two-year period the task-force worked together with the goal of "improving the mental health of the elderly in long-term care, through education, advocacy and collaboration".

An outcome of the task force was a national invitational symposium, held in Toronto in April 2002 to address "Gaps in Mental Health Services for Seniors in Long Term Care Facilities". Policy makers, educators, researchers, consumers, health care services providers and representatives from national and provincial organizations from across the country gathered together to explore issues and strategies to address needs of older persons living in long-term care facilities. The Canadian Federation of Mental Health Nurses was represented at that symposium. The symposium participants developed a number of initiatives that will guide subsequent work of the task force.

These initiatives include:

- Education (frontline staff, families and professionals)
- Advocacy (related to policy development and to awareness about mental health and aging)
- Research
- Improved assessment and treatment strategies to address mental health needs and quality of life
- Mental health promotion in care facilities
- Recruitment and retention of individuals to gerontology settings

"The main outcome of the symposium was overwhelming support for the establishment of the Canadian Coalition for Senior's Mental Health" with its "purpose to improve mental health of seniors though a coordinated national strategy" (Conn, 2002, editorial).

Work of the coalition, co-chaired by psychiatrists David Conn and Ken LeClair from the Canadian Academy of Geriatric Psychiatry, has received funding from a Population Health Grant and will focus on the initiatives identified during the symposium with a goal to specifically improve access and quality of mental health services for Canadian Seniors living in long-term care facilities.

The coalition provides an important opportunity for the Canadian Nurses' Association to participate with a group of interdisciplinary health professionals in making a contribution to improving the quality of life and care for those who are often among the most vulnerable people in society.

More information about the Seniors Mental Health Coalition is available from the project director Shelly Haber (416-781-2886 or s.haber@sympatico.ca) or by contacting Sharon Moore.

References

Bartels, S.J., & Smyer, M.A. (2002). Mental disorders of aging: An emerging public health crisis? *Generations, XXXVI*(1), 13-20.

Conn, D.K. (2002). Canadian coalition for senior's mental health: Focusing on long-erm care. *Journal of Geriatric Care*, 1(3), editorial.

Press release. (2002, April 29). Nursing homes are the modern mental institutions for seniors. Toronto.

Sharon Moore is the Canadian Nurses Association Representative to the Canadaina Academy of Geritric Psychiatry Millenium Project.
She also teaches with the Advanced Studies in Mental Health and Gerontology Programs at Mount Royal College in Calgary

Contact Information:
Dr. Sharon Moore, Faculty of Health and Community Studies, Mount Royal College, 4825 Richard Rd. SW, Calgary, AB T3E 6K6
Email: smoore@mtroyal.ab.ca
Tel: 1 800 240-6981

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The National Collaborative Mental Health Care Project

The following excerpts from the letter of intent and the proposal for the Primary Health Care Transition Fund have been reprinted for your information and interest. Please contact Ann Greene at president@cfmhn.org if you are interested in more detailed information about the project and CFMHN's involvement.

Mental illness has a high prevalence and brings a heavy burden to individuals and their families. The majority of individuals with mental health problems are treated in primary care, often with no involvement from mental health services. Primary care is also an ideal setting for mental health promotion and early detection and treatment initiation, and for managing mental health problems (usually depression and anxiety) that co-exist with medical illnesses and which, if untreated, lead to poorer outcomes and higher health care costs.

Unfortunately, primary care providers do not consistently receive the support and assistance from mental health services and providers that they require. Traditional models of mental health care delivery have not been particularly successful in meeting the needs of members of First Nation Communities or of individuals living in more isolated communities, in implementing early detection strategies for individuals with mental illnesses, or in supporting primary care providers. The division between the primary and mental health care sectors has led to a more fragmented system, despite evidence from many jurisdictions as to the benefits of greater collaboration between primary care and mental health service providers.

Over the last five years, this situation has started to change. An increasing number of programs have successfully linked mental health and primary care, improving communication and access to services. At the same time, many of Canada's provinces and territories have identified shared care as an important part of their future mental health and primary care reform processes and are beginning to look at ways in which these links can be strengthened.

The National Collaborative Mental Health Care Project (excerpts)

The National Collaborative Mental Health Care project will promote and foster stronger links between the primary and specialized mental health care sectors to improve outcomes for Canadians of all ages with mental health problems. In doing so, it will increase the expertise and capacity of the primary care sector to identify and manage acute and chronic mental health problems and make mental health care more accessible. It will also make recommendations for sustainable service delivery models that can be adapted to the needs of specific population groups.

The Proposed Project

As an essential first step towards the broader implementation of collaborative approaches, this project will systematically examine the current state of shared mental health care across Canada and in other jurisdictions, analysing the key elements for success and identifying potential barriers to improved collaboration. It will propose evidence-based strategies for ways in which collaborative mental health care can assist in addressing some of the major mental health care delivery faced by Canadians, including those living in underserved or isolated communities. Finally, it will make recommendations concerning policy directions for the broad application of collaborative care in provincial and federal planning. In completing this project, we hope that we will have laid a solid foundation for the continuing evolution of collaborative practice

By the end of the project we will have produced:

1. **A common agenda for collaborative care** and a declaration of support from all partners

2. An analysis of the current state of collaborative care in Canada, including:
   - The key ingredients of successful models/projects
   - The benefits to the health system of successful models/projects
   - Current evaluation strategies
   - An identification of obstacles and barriers to collaboration

3. A **comprehensive plan** for effective collaboration between mental health and primary care providers, based on input from a wide range of stakeholders that will include:
   - Evidence-based guidelines on collaborative mental health care for
     - prevention and health promotion

Continued on page 16

Continued from page 15

- early detection and intervention with psychoses, mood and anxiety disorders
- rehabilitation
- improving processes of care including access, continuity of care, discharge planning and communication between various sectors/parts of the system

- Recommendations for policy directions for
  - the role collaborative care can play in health service delivery
  - integrating these findings with mental health and primary care policy/reforms
  - applying the principles of collaborative care to other health specialties and general medical problems

- Strategies for delivering collaborative care to
  - underserved communities
  - rural and more isolated communities
  - First Nations communities

- Changes in policies and practices of participating organizations to support greater collaboration

- A strategy for disseminating the results of this project and monitoring progress

4. Resources and guidelines to support:
   - The implementation of collaborative projects (including needs assessments and start-up materials)
     - the development of common evaluation tools/processes that can be implemented across Canada
     - the training of health care providers to work collaboratively
     - the development of interdisciplinary teams in primary care

5. Self-sustaining local, regional and national networks of individuals committed to promoting and supporting collaborative care.



The CNA Exam Committee enjoys a dinner invitation from Ottawa nurses; Marg Tansey & Nancy Brookes.
L-R back - Nancy Brookes, Pamela Khan, Marg Tansey, Linda Nasato. Front - Sharon Lawlor & Georgiana Beal



See note from Linda Nasato on page 19 of this issue

National Summit on Mental Illness and Mental Health

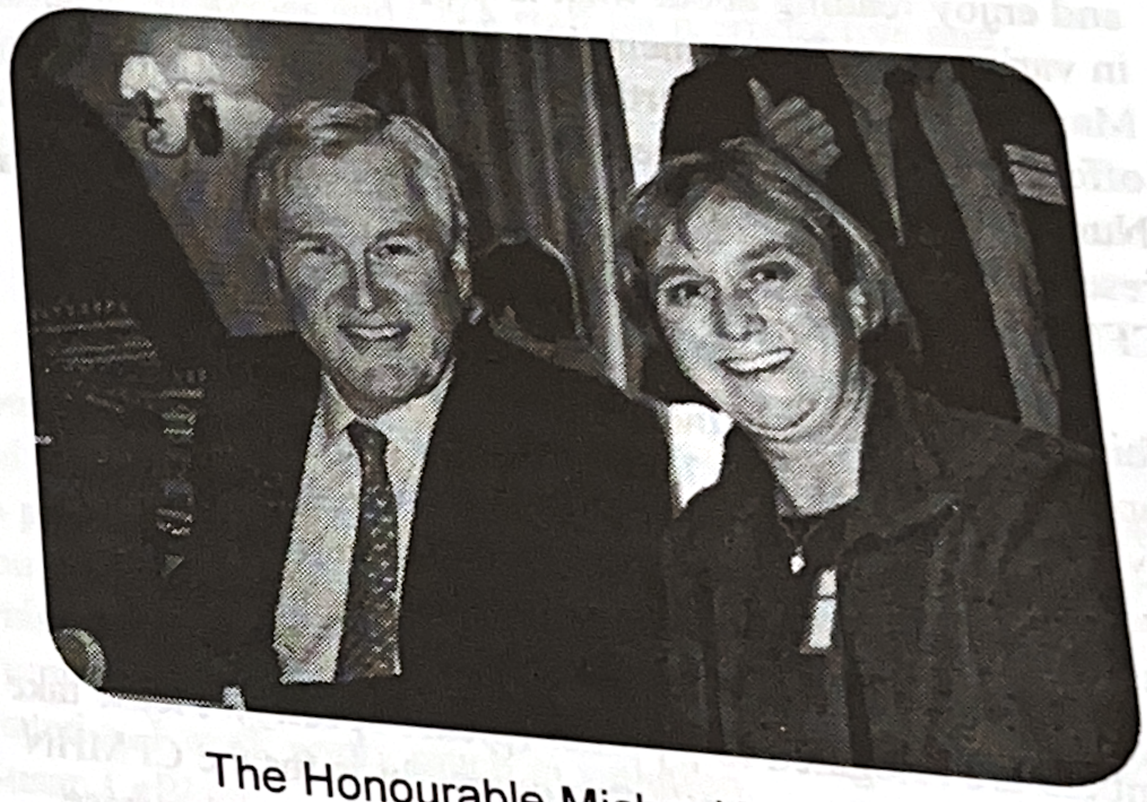
Ann Greene

The objectives of the two-day summit held in Ottawa were:

1. To raise awareness about mental illness and mental health in support of initiatives by national mental health organizations
2. To enable stakeholders to share ideas on a vision and priorities for national action on mental illness and mental health issues
3. To generate a consensus statement from delegates in support of a national strategy on mental illness and mental health issues
4. To determine next steps towards achieving a national strategy.

The emphases of all the activities throughout the summit were underpinned by the need to overcome stigma and turf issues. The usual fragmented focus on "what makes us different" was replaced with visionary, open discussion and action for a shared vision to meet the objectives of the summit.

As you might imagine, the experience was of a different variety than the usual interdisciplinary or consumer based conferences that we have all encountered. When the opening remarks included "leave your ammunition at the door, or don't come in" it was evident that this was truly a…. "and now for something completely different" encounter. The closing remarks were not about "closing" or "ending". They were about "continuing" and "when we meet again". And I, for one, am looking forward to a long and happycollaborative relationship beyond the boundaries of nursing.



The Honourable Michael Wilson and Ann Greene at the National Summit on Mental Illness and Mental Health, held in Ottawa

Recent national and provincial initiatives have stressed the significant needs and mental health concerns of Canada's older adults (Symposium on Mental Health Needs of the Elderly held in Toronto in April 2002; Gerontology Summit on Research and Education held in Calgary in October 2002). To address educational demands created by such needs, Mount Royal College's distance program Advanced Studies in Mental Health (ASMH) has introduced as one of its focus options, a program stream in aging and mental health.

Sharon Moore speaking on a New Program Initiative

Letters to the CFMHN

Good morning Ann and fellow executive board members. I am e-mailing all of the board to express my concern as a member of the CFMHN and from the perspective of a Registered Psychiatric Nurse (RPN) from Western Canada. I usually look forward to receiving the newsletter published by the CFMHN and enjoy reading about what is happening across the country in various psychiatric/mental health nursing environments. Many of the columns / articles are interesting and informative offering a National perspective. As a Registered Psychiatric Nurse (RPN), working in the roles of educator, practitioner, and researcher, I strongly advocate for other RPNs to join the CFMHN.

This summer, I was in the process of filling out the renewal application and couldn't help but notice that as a Registered Psychiatric Nurse that I am relegated to check off [ ] other (specify) as part of the renewal application process. As a Registered Psychiatric Nurse, I am concerned that in the spirit of inclusiveness, that I and other potential RPN members are relegated to [ ] other (please specify). Please take time to reflect on how subtle this oversight is for the CFMHN as you continue your work in building the membership base from a National perspective.

Additionally, I also noticed there was an absence of information in the last CFMHN newsletter regarding the First World Congress for Psychiatric Nursing held in Coquitlam, British Columbia, May 10th and 11th, 2002 where over 300 delegates were in attendance. As this was the first World Congress for Psychiatric Nursing - it would appear that it was a historic event that other members of the CFMHN may have found informative.

Thank you for your attention on this matter and I hope that this e-mail is received in the spirit of inclusiveness and is not intended to be critical in any way of all the hard work achieved/ or that is in progress by the organization.

Regards, Dr. Michel A. Tarko, RPN, PhD
Psychiatric Nursing Instructor
Department of Psychiatric Nursing
Douglas College, New Westminster, British Columbia

Response from the President
Hi Michel,
Thank you so much for bringing this concern to the attention of the CFMHN Board. Your timing is impeccable, as we have a task committee struck to look at this very issue. We have 3 various application forms currently in use,and each of them asks for information in different ways. I will pass your suggestions along to Sharyn Chapman, the chair of this committee to ensure that we capture it in our revised form.

On your other point regarding the absence of mention of the First World Congress in Psychiatric Nursing held in British Columbia this past May -2002 , the CFMHN was extremely disappointed that they had not been approached or given any information on this monumental event. In fact, we had questions from our members, wondering why we weren't identified as sponsors of the event. I am hopeful that our processes can be more inclusive in the future, and with interested nurses such as yourself, we can truly look forward to this.
Again, thanks for bringing this to our attention.

Yours truly,
Ann Greene,
President, CFMHN

<u>To Our Readers</u>: Please note that the membership form has now been updated and is found on page 22.

Hi....I am a RN with specialty certification in psychiatry/mental health working with Halton Region Health Department. The role of myself and my peers is assessment, intervention, and referral with adolescents in the area high schools. Recently we have started to re vamp our documentation system, and this has raised a question. We are trying to develop measurable outcomes for our program, and our documentation system. We started a discussion around using Global Assessment of Functioning scales. The problem we ran into is none of us have worked in a system that was not medical model led using Multi axial diagnosis that used GAF scores. My question is, do you know if the GAF score is able to be used outside of the psychiatric multi axial diagnostic system? Is there any historical problem with a nursing driven program using the GAF score as one of its evaluation tools?
Thanks for your time.
Darren Pace B.Sc.Nursing, RN, CPMHN(C), PHN
Mental Health Liaison Nurse, Mental Health Liaison Team
Halton Region Health Department
1151 Bronte Road, Oakville, ON L6M 3L1
email: *paced@region.halton.on.ca*
Note to Membership: *Can someone give Darren a hand with the information he is looking for? Please contact him direct.*

Continued on page 19

Continued from page 16

Dear Mrs. Greene:
With great pleasure and deep gratitude we accept the gift of $2,000.00 from the Canadian Federation of Mental Health Nurses for the Ruth Amiel Gallop Graduate Scholarship.

This gift will support the career development of a graduate student, who will make exceptional contributions to mental health nursing. Dr. Ruth Gallop is the exemplary model of nursing scholarship in this important field.

Thank you for the generosity of the Federation of Mental Health Nurses. Ruth's impact on both of our organizations will continue to be vibrant through this endowed fund. It is a joy to see this tribute to Ruth upon her retirement from the Faculty of Nursing at the University of Toronto.
Sincere regards,
Dyanne D. Affonso, PhD
Dean and Professor, Faculty of Nursing
University of Toronto

Dear Editor;
The Psychiatric/mental Health Nursing Certification Exam Committee (G. Beale, P. Khan and L. Nasato from Ontario, S. Lawlor from Prince Edward Island, A. Greene & K. McIndoe from British Columbia) met at the Canadian Nurses Association in September for three days of "tweaking" the exam. We reviewed new items written in January, updated recommended references and generally reviewed the original application and recertification criteria...There were two social/networking evenings with Ottawa nursing colleagues which were greatly enjoyed. The committee regretfully said farewell to Sharon Lawlor - who is shifting her professional focus to Public Health Nursing and also enjoyed a meeting with Lucille Auffrey, our CNA "top nurse".

Thank you to our new facilitator, Gordon Bazana, from Assessment Strategies and CNA staff for a productive and professionally energizing meeting.
Sincerely,
Linda Nasato

Hi … I'm a new member of the CFMHN. I work as the Community Mental Health Nurse for the Department of Health and Social Services Authority in Yellowknife, NWT. There are no policy or procedures to guide my role and I am wondering if you would know how I can access policies from another region which I can in turn use to incorporate into the role of Community Mental Health Nurse. Any guidance will be appreciated as I work pretty much in isolation.
Susan LeBlanc
If anyone out there can assist, please contact Susan directly at susan_leblanc@gov.nt.ca

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Book Report

Pat Mallory

Gracefully Insane: the Rise and Fall of America's Premier Mental Hospital
Beam, Alex
2001 New York: PublicAffairs
273 pages.
ISBN 1-891620-75-4 $39.50Cdn

This book is a history of the McLean Hospital, a psychiatric hospital on the outskirts of Boston, Massachusetts. McLean Hospital provided the setting for Susanna Kaysen's Girl, Interrupted and Sylvia Plath's The Bell Jar and counts a long list of the rich and famous among its 'alumni'. It is the voyeuristic peek into the hospitalization of some of these creative icons of American culture that Beam exploits to make this a compelling read. We're always looking for connections - James Taylor, the rock musician; John Forbes Nash, the Nobel Prize winner, (A Beautiful Mind) and Robert Lowell, the poet, are among the patients . Talk about nursing notes that stand the test of time!

Beam chronicles the life of the hospital as if it were living, dividing the book into chapters dealing with, for example, the Boston establishment in the early years; The Mayflower Screwballs, psychoanalysis; The Talk Cure: Freud and Man at McLean, the youth movement of the 60's; Hippiephrenia, and some literary name dropping, The Mad Poet's Society.

Mental health professionals will find the book interesting because it reflects the history of in-patient psychiatry and psychiatric treatment in the US over the last 200 years, albeit an in-patient setting with every luxury provided, enviable staff/patient ratios and patient access to famous therapists. Personal and philosophical power struggles within the organization are documented and the parallels with psychiatric in-patient settings everywhere are outlined. Fiscal realities, alas, are the same for McLean as elsewhere and the last chapter, Life Goes On, brings us up to date.
(Complete with a historical map of the extensive landscaped grounds and photographs.)

Internet Cafe

Sharyn Chapman

Some valuable Psychopharmacological Resources on the web:

Harvard Algorithm Project *http://www.mhc.com/Algorithms/*
This project is intended to improve the quality of psychopharmacological thinking and care by promoting evidence-based practice through the use of computerized algorithms. They provide a base of knowledge for determination of what is best for a particular patient.

- They have developed three web-based Pharmacotherapy algorithms: Depression, Schizophrenia, and Anxiety Disorders in Patients with Substance Abuse.
- The algorithms and disease management system are freely available on the website.

The Children's Medication Algorithm Project (CMAP)
http:www.mhmr.state.tx.us/Centraloffice/MedicalDirector/CMAPover.html

- A hugely collaborative venture that involves developing and testing specific medication treatment guidelines or 'algorithms', for attention deficit/hyperactivity disorder (ADHD) and major depressive disorder(MDD) in children and adolescents.

Cytochrome p450 drug interaction table *http://medicine.intmed.mcw.edu/flockhart/*

- Helps clinicians predict pharmacokinetic drug interactions and can be useful in choosing or adjusting medications.
- Links to PubMed and citations are included.

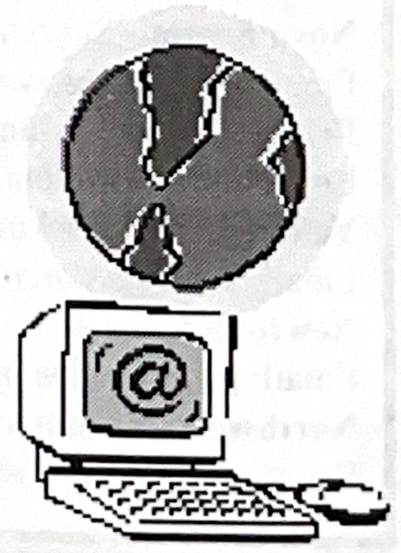
The Immunodeficiency Clinic, Toronto Hospital *http://www.tthhivclinic.com/interact_tables.ht*

- A series of drug interaction tables including HIV/AIDS- psychotropic drug interactions.

Evidence Based Medicine *http://www.sheffield.ac.uk/~scharr/ir/net-ting/*

- This site provides an introduction and tools to evidence based practice.

Hot off the Canada Press (October, 2002) *A Report on Mental Illness in Canada.* The report is available through the following website *http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/miic-mmac/index/html*



Job Opportunities

St. Michael's Hospital is dedicated to the recruitment and selection of qualified individuals who demonstrate an understanding and commitment to the unique mission and values of the Hospital.



Leading with Innovation
Serving with Compassion

ST. MICHAEL'S HOSPITAL
A teaching hospital affiliated with the University of Toronto

POSITION TITLE: Registered Nurse - Crisis Worker **Competition #: 2002-1242-JT-W**

Department: Crisis Service
Salary Range: As per ONA agreement
Posting Date: **11/01/2002**
Status: Permanent Full Time, Permanent Part Time, orCasual
Union Affiliation: ONA
Closing Date: **04/04/2003**

St. Michael's hospital in downtown Toronto integrates leading edge advances in research, teaching, and patient care with a proud tradition of health care excellence. The Mental Health Service provides a continuum of innovative, integrated, comprehensive services including crisis, inpatient, and community care. We are currently seeking experienced registered nurses and new grads to fill the positions in our newly formed Extended Observation Unit in our Crisis service,which will serve as an alternative to inpatient admission. These newly created positions offer an exciting opportunity for nurses who want to work within a unique, professional and collegial work environment. Key benefits include ongoing training and support, an interdisciplinary team that focuses on innovation and excellence, and tuition for continuing education. Suitable candidates will possess the following qualifications:

QUALIFICATIONS:

- Registration with the College of Nurses of Ontario
- Demonstrated experience in mental health crisis intervention is an asset
- Excellent assessment and communications skills
- Knowledge of community resources is an asset
- Evidence of flexibility and collaboration with members of an interprofessional team
- Demonstrated interest in professional development
- Evidence of good work and attendance record
- CPR certificate
- CPI (Crisis Prevention Intervention) or obtain within 6 months

HOURS: Days, evenings, nights on a rotational basis, regular and extended tours

Interested applicants are invited to submit their resume, quoting competition # 2002-1242-JT-W

POSITION TITLE: Registered Nurse - Inpatient Psychiatry **Competition #: 2002-1241-JT-W**

Department: Inpatient Psychiatry
Salary Range: As per ONA agreement
Posting Date: **11/01/2002**
Status: Permanent Full Time, Permanent Part Time, orCasual
Union Affiliation: ONA
Closing Date: **04/04/2003**

QUALIFICATIONS:

- B.Sc.N. preferred and/or equivalent experience.
- Must be registered with the College of Nurses of Ontario.
- Demonstrated excellent interpersonal and communication skills; verbal, nonverbal and written.
- Recent experience in an acute psychiatric setting, preferred.
- Evidence of ability to establish and maintain professional relationships with others in an interdisciplinary team.
- Candidates must have C.P.I. (Crisis Prevention Intervention) or obtain within 6 months.
- Willingness to pursue C.N.A. certification in Psychiatric/Mental Health Nursing.
- Evidence of good work and attendance record.
- Demonstrate knowledge of and skill in the care of patients with severe and persistent mental illness; inclusive of assessment; problem identification and diagnoses; current treatment modalities and evaluation of client outcome.
- Demonstrate knowledge of the Mental Health Act of Ontario and Mental Health Reform and skill in application of the legal implications and of the inherent principles.
- Demonstrate understanding of and skill in and commitment to Primary Care Nursing as a model for psychiatric nursing care.
- Candidates must have current CPR registration.

HOURS: Must be available to work rotational shifts and extended tours.

Interested applicants are invited to submit their resume, quoting competition # 2002-1241-JT-W

***All submissions and inquiries should be directed to*:**

St. Michael's Hospital
Human Resources Department
30 Bond Street, Toronto, Ontario M5B 1W8
Tel: (416) 867-7401 Fax: (416) 867-3715

YOUR FEDERATION

Helping meet your Professional goals

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

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

Formed in 1988, the Federation pioneered national credentialing in PMH nursing and achieved CNA certification status seven years later.
Because of our efforts, nurses across the country can qualify for the national PMH credential. Certified nurses are eligible to use the CPMHN(C) designation after their names and wear our specialty's official CNA certification pin - a sign of professional achievement.

Membership brings broad benefits

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

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

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

Name: _____ Address: _____

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

☐ Independent Practitioner or Place of Employment: _____

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

Email: _____

AREA OF EXPERTISE

☐ RN
☐ RPN
☐ OTHER_____

CFMHN(C)

☐ Yes
☐ No

☐ Abuse / Violence
☐ Community
☐ Marriage Counseling

☐ Adolescence
☐ Cross Cultural Issues
☐ Medication

☐ Administration
☐ Developmentally Disabled
☐ Men's Issues

☐ Adults
☐ Drug Abuse
☐ Research

☐ Ageing
☐ Family Therapy
☐ School Health

☐ Alcoholism
☐ Forensic Issues
☐ Sexuality

☐ Alternative Practices
☐ Group Therapy
☐ Women's Issues

☐ Children / Youth
☐ Individual; Therapy
☐ Other

Membership (Nov to Oct) Annually Renewable

☐ Check here if you do not want to be listed in the CFMHN Directory

☐ $30 Single or

☐ $20 Group Memberships (Min group size - 10 from one agency) Group applications must be submitted together

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

Sharyn Chapman -
97 Driftwood Cres,
Dartmouth, NS
B2V 1S6