



Winter 2005

# Canadian Federation of Mental Health Nurses

## Fédération Canadienne des Infirmières et Infirmiers en Santé Mentale

Edition Number 41

### in this issue...

|                                                              |    |
|--------------------------------------------------------------|----|
| Message from your President . . . . .                        | 1  |
| Editorial . . . . .                                          | 2  |
| New Board Representation . . . . .                           | 2  |
| Eating Disorders . . . . .                                   | 3  |
| Quality in Qualitative Evaluation . . . . .                  | 3  |
| Letter to Senator Kirby . . . . .                            | 4  |
| Internet Café . . . . .                                      | 5  |
| FYI . . . . .                                                | 5  |
| The Imagery of F.B. . . . .                                  | 6  |
| Book Review . . . . .                                        | 9  |
| Membership in CFMHN . . . . .                                | 10 |
| Provincial Representatives and Executive Committee . . . . . | 11 |
| 2005 CFMHN Conference . . . . .                              | 12 |



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## Message

from your **President**

– Chris Davis

Over the last few weeks, the Board has been working long and hard to respond to **MENTAL HEALTH, MENTAL ILLNESS AND ADDICTION, Issues and options for Canada, Interim Report of the Standing Senate Committee on Social Affairs, Science and Technology**. The Senate Standing Committee on Social Affairs, Science and Technology, chaired by The Honourable Senator Michael Kirby released three reports in November of 2004, which were meant to be a comprehensive review of policies and programs relating to mental health, mental illness and addiction in Canada and as well, a comparison of the Canadian mental health system with systems in other countries. The reports are available on-line at [www.parl.gc.ca/common/Committee\\_SenRep.asp?Langauge=E&parl+38&Ses=1&comm\\_id=47](http://www.parl.gc.ca/common/Committee_SenRep.asp?Langauge=E&parl+38&Ses=1&comm_id=47)

What is most distressing about the Interim Report of the Standing Senate Committee, for the Board and for nurses working in mental health and addictions across this country is the blatant absence of any acknowledgement or recognition of the work that we do! Registered Nurses are not mentioned in the report, this despite the fact that there are 12,016 Registered Nurses working in the areas of mental health and addictions in Canada (CNA, 2003).

As the Standing Senate Committee travels across Canada holding consultation sessions on the report, I would encourage nurses to make their voices heard. The Committee members need to be made aware of the important work that each and every one of you is engaged in with persons whose lives have been touched by issues related to mental health, mental illness and addictions. This is your time to have an impact on the work that you do and will do in the future. A letter on behalf of the Federation was sent to Senator Kirby registering the distress around the absence of Registered Nurses in the report. A copy of the letter is included in this newsletter (page 4).

An invitation has been extended to the Standing Committee to attend our **Conference in Winnipeg May 26- 28, 2005**. What better place for Committee members to meet and hear about the work that Registered Nurses are engaged in in this specialized area of nursing.

Speaking of the Conference, we hope to see many of you there. Please check out our website for registration and travel information. The Planning Committee has done an outstanding job! The Conference promises to be an exciting time of learning and connecting! I have to say that the Toronto Conference in October 2003 was my first Federation Conference. I was totally blown away by the power of being in a room with over 300 nurses who do this work! It inspired and touched me. I hope to see you there. ●

**"We need to stand tall in our practice."**

Cindy, 2003 conference participant



As we enter 2005 we remain painfully aware of the fragility of human life. The earthquake, and resulting tsunami wave, in the Indian Ocean and the HIV/AIDS epidemic ravaging areas of Africa carry heartbreaking consequences for the future as children die. I hope all my fellow nurses seek opportunities to give donations, of time or money or even hands on care, to unfortunate children in Canada and elsewhere.

The CFMHN executive board welcomes Heather Barton as acting representative for New Brunswick. Her nomination, by past president and provincial representative Judy Buchanan, will be confirmed at our 2005 AGM in Winnipeg and an introduction is elsewhere in the newsletter. I'm very pleased to include an excellent article on art therapy, from Federation

member Gwen Van Schaik, in this printing along with a brief update on the C N A's Psychiatric/Mental Health Nursing exam for 2006. The Cyber Cafe section of our news letter welcomes suggestions for additions such as the Canadian Gerontological Nurses Association ([www.cgna.net](http://www.cgna.net)) who are involved in research & education regarding the mental health of older Canadians. Their 2005 conference is in Halifax — visit the website for details. Please consider using Westjet when booking a flight to our 2005 Winnipeg conference — the airline has generously offered to donate a door prize for every 50 flights booked with them. As a "heads up" for our Ontario members in particular I'm announcing that the 2005 Mental Health Nursing Group (Registered Nurses Association of Ontario) AGM will be held in North Bay mid September. ●

## Board Representation

Welcome to our newest members — **Paula Tognazzini RN, MSN**, University of British Columbia School of Nursing ([tognazzinni@nursing.ubc.ca](mailto:tognazzinni@nursing.ubc.ca)), who joined us in mid 2004 and **Heather Barton RN,BN,MN**, University of

New Brunswick Faculty of Nursing ([knb@nb.sympatico.ca](mailto:knb@nb.sympatico.ca)) who has just joined us. Members in the Toronto area may know Heather from her nursing practice there in recent years.

## Spring is the time for new beginnings

Vancouver Coastal Health (VCH) provides high quality healthcare services to more than a million people in the cities of Vancouver, Richmond, North Vancouver, West Vancouver and the scenic communities up the coast to Bella Bella.

This is the time to start fresh. And this is the place to do it. Whether you bring years of experience or a newly minted diploma, you'll find the path to your best career and lifestyle options leads to VCH.



You'll find many exciting opportunities on our website ([www.vch.ca](http://www.vch.ca)). For all nursing positions highlighted below, you must be eligible for registration with the Registered Nurses Association of BC, or the College of Registered Psychiatric Nurses of BC (as applicable). Educational requirements vary with positions and range from Nursing diplomas with experience through to Master's degrees in Nursing, Behavioural Sciences or Social Work. Individual web postings clearly delineate minimum qualifications.

### Crisis Stabilization Nurse

- Sunshine Coast & Sea to Sky

### Mental Health Nurse – Community Psychiatric Services

- North Vancouver

### Nursing Case Managers – Continuing Care

- Richmond

### Mental Health RNs/Clinicians/Workers – Acute Psychiatry & Community Mental Health

- Richmond • Vancouver

Do you know someone who'd be well-suited to this important role?

### Social Worker: Crisis Stabilization Clinician Sechelt (Sunshine Coast), BC

Most people just dream about making Sechelt their home. For one fortunate Social Worker, this will become a reality as he/she takes on the responsibilities associated with providing psychiatric care to clients of our Crisis Intervention/Intake Program.

A Master's degree in Social Work, Psychology, Education or the Behavioural Sciences is required. Full details are available on our website.

Use our online system to apply for specific postings. If you don't see your perfect match among our current opportunities, click on a "Future Opportunities" posting and complete an application. This will allow us to consider your résumé when an appropriate position becomes available. For direct contact, call Employee Engagement at tel (local): 604.875.5152; tel (toll-free): 1 800 565.1727.

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

[www.vch.ca](http://www.vch.ca)





## The Quality of Life in Eating Disorders Project (EDQOL)

In this research study, a quality of life (QoL) measure to evaluate treatment effectiveness for adolescents and young adults with eating disorders will be developed, validated, and field tested. No such condition specific measure is currently available. Generic QoL measures lack the responsiveness to detect changes important to evaluating treatment. The proposed QoL measure will have utility for identifying systematic variations among individuals with eating disorders and/or treatment failure.

The EDQOL project is headed up by co-principal investigators Dr. Marlene Reimer and Dr. Carol Adair from the University of Calgary. Co-investigators are Dr. Carol Ewashen and Dr. Brian Cram, University of Calgary; Janet Chafe, Calgary Eating Disorders Program, Calgary Health Region; and Dr. Sandra Ziolkowski, University of Alberta. The project coordinator is Gisele Marcoux.

The research project consists of three phases:

- Phase I: Instrument Development — included systematic literature review, provider and patient interviews, item generation, pre-testing of quality of life instrument, and further item reduction. Rating criteria used for item reduction included: directionality, universality, wording and ambiguity; and, general likeability. This phase of the project is scheduled for completion by February 2005.
- Phase II: Pilot Validation — will involve 60 participants, recruited locally in Calgary to complete pre-testing of the quality of life measuring instrument.
- Phase III: Field Testing — will further refine and validate the instrument for responsiveness in a multi-site sample of 7 programs across 5 provinces from June 2005-March 2006.

The intended outcome of this three phase project will be a validated, condition-specific QoL measure for use with Canadian adolescents and young adults with eating disorders which will have utility for clinicians, researchers, and decision makers.

Phases I & II were funded by the Alberta Children's Hospital Foundation and the Calgary Health Region Mental Health Research Fund. Phase III is funded by the Alberta Heritage Foundation for Medical Research (AHFMR).

## Quality in Qualitative Evaluation: A Framework for Assessing Research Evidence

Compiled by

Liz Spencer, Jane Ritchie, Jane Lewis and Lucy Dillon  
National Centre for Social Research, United Kingdom

This 170 page document is available online as a PDF file at: A further revised appraisal framework: A Quality Framework is also available.

The authors suggest that "despite many different approaches and traditions within qualitative and evaluative research, there are widespread concerns about quality" (p.4). The document presents a framework designed to primarily assess outputs of qualitative inquiry whether papers, reports, or journal articles.

The research on which the framework was built was extensive including a comprehensive and systematic review of research literature, a review of qualitative research methods used in Government funded evaluation studies, and a review of existing frameworks for reviewing quality in qualitative research. The resulting framework is built on a set of four guiding principles: degree of contribution in advancing knowledge and understanding of policy, practice, theory or a particular substantive field; defensible design that offers a research strategy that addresses the evaluative questions posed; rigorous in methodology including transparency in collection, analysis and interpretation of data; and, credible in offering plausible arguments regarding the significance of the findings.

To aid in assessing the quality of research evidence, specific appraisal questions are developed with specific quality indicators. Specific appraisal questions include: How credible are the findings?; How has knowledge/understanding been extended by the research?; How well does the evaluation address its original aims and purpose?; How defensible is the research design; How well defended is the sample design; How well was the data collection carried out?; How well has the approach to analysis been conveyed?; How well has detail, depth, and complexity of data been conveyed?; How clear are the links between data, interpretation, and conclusions?; How clear and coherent is the reporting?

This document presents an extremely well-organized, easy to read, and substantive framework for assessing qualitative research, in particular evaluative research. As indicated the framework was designed for assessing outputs from qualitative inquiry but the usefulness of specific questions and indicators extends more generally to qualitative research proposals. I highly recommend you take a look at this rigorous, quality framework for research proposal appraisal.





February 3rd, 2005

Senator Michael Kirby  
The Senate of Canada  
Ottawa, Ontario K1A 0A4

Dear Senator Kirby

First of all, sir, I would like to acknowledge and congratulate you on the work that you and the Standing Senate Committee on Social Affairs, Science and Technology have undertaken in the area of mental health, mental illness and addictions. For many years this area of health care and the people affected by mental health and addictions issues have been largely under looked.

On behalf of the Canadian Federation of Mental Health Nurses, I must however register the distress of Registered Nurses across this country working in the areas of mental health, mental illness and addictions. Nowhere in the **MENTAL HEALTH, MENTAL ILLNESS and ADDICTION, Issues and Options for Canada Interim Report of the Standing Senate Committee on Social Affairs, Science and Technology** do you mention the significant work of Registered Nurses working in these areas. This is a grave oversight on the part of the Committee and one that must be remedied if this Report is to be championed by Registered Nurses working in mental health and addictions.

The Canadian Federation of Mental Health Nurses, an affiliate group of the Canadian Nurses Association, is the national voice of Registered Nurses working in the areas of mental health, mental illness and addictions. As of 2003, there were 12,016 Registered Nurses working in the areas of mental health, mental illness and addictions across Canada (CNA, 2003) compared to 5,107 Registered Psychiatric Nurses employed in Western Canada (CNA, 2003). (It should be noted that Registered Psychiatric Nursing is a western phenomenon in the provinces of Manitoba, Saskatchewan, Alberta and British Columbia).

Mental health and addictions are specialty areas of health care employing a significant proportion of the total pool of Registered Nurses. Registered Nurses are engaged in client centred care in various settings-in communities, in hospitals, in primary health care centers, in prisons and as street nurses. The value of this work cannot be ignored.

The Canadian Federation of Mental Health Nurses requests that the roles and functions of Registered Nurses working in mental health, mental illness and addictions services be recognized as members of the Commission engage in the consultation process, complete your Final Report and make recommendations for mental health, mental illness and addictions in Canada.

Sincerely,

**Christine Davis**  
**President**  
**CFMHN**

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# Internet Café



(websites of interest)

- Canadian Mental Health Association  
– Health Canada  
[www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)
- Canadian Institutes for Health Research  
– Canadian Nurses Association  
[www.cna.ca](http://www.cna.ca)
- International Council of Nurses  
– CNA Certification Program  
[www.cna-aiic.ca](http://www.cna-aiic.ca)
- ICN statement on global nursing shortage  
[www.icn.ch/global/shortage.pdf](http://www.icn.ch/global/shortage.pdf)

# FYI

## World Mental Health Congress

Call for Abstracts & Conference

**Cairo • Egypt**

**September 4-8, 2005**

[www.wfmh2005.com](http://www.wfmh2005.com)

## Professional Regulation & Discipline Conference and Workshops

**Halifax • Nova Scotia**

**February 21-23, 2005**

[www.infonex.ca](http://www.infonex.ca)

1-800-474-4829 x243



# ISPN

## INTERNATIONAL SOCIETY OF PSYCHIATRIC-MENTAL HEALTH NURSES (ISPN)

### 7th ANNUAL CONFERENCE

**Excellence in Psychiatric-Mental Health Nursing: A Fountain of Opportunities**

**April 6-9, 2005 • Omni William Penn Hotel • Pittsburgh, Pennsylvania**

The International Society of Psychiatric-Mental Health Nurses Annual Conference is a dynamic convergence of advanced practice psychiatric and mental health nurses from around the world. A blend of educational sessions, social events, career networking and the exhibit hall draw a consistently growing population of the most influential nurses in psychiatric and mental health care.

For more information on the 2005 ISPN Annual Conference, please visit the ISPN website at:  
[www.ispn-psych.org/html/conferences.html](http://www.ispn-psych.org/html/conferences.html)  
or contact the ISPN at:  
7600 Terrace Ave., Suite 203  
Middleton, WI 53562-3174 USA

Telephone: (608) 836-3363, ext. 144 or  
Toll-free (866) 330-7227, ext. 144  
Fax: (608) 831-5485  
Email: [info@ispn-psych.org](mailto:info@ispn-psych.org)  
Website: [www.ispn-psych.org](http://www.ispn-psych.org)

### The Mission of ISPN

The mission of the International Society of Psychiatric-Mental Health Nurses is to unite and strengthen the presence and the voice of specialty psychiatric-mental health nursing while influencing health care policy to promote equitable, evidence-based and effective treatment and care for individuals, families and communities.





# The Imagery of F.B. — Diagnosis: Chronic Schizophrenia

The first person to ever study the imagery of the chronically mentally ill was Dr. Hans Prinzhorn, a psychiatrist. Between 1890 and 1920 he collected 5,000 images from mental institutions in Europe, drawings, paintings, and sculptures. In 1922 he published his book "The Artistry of the Mentally Ill."

The book became an immediate success with the European artists' community, but was ignored by the medical and psychiatric world. It wasn't until 1972 that it was translated from German into English and began to seep into North America.

Jean Dubuffet, the French painter, was deeply impressed by the originality of the art produced by psychiatric patients. He coined the term "Art Brut" ("Raw Art") as he saw their art as representing a kind of extreme individualism, free from all social and cultural constraints. Dubuffet collected such art for forty years and his collection of works by the mentally ill was the first one exhibited outside a mental institution. (Navratil, 2003)

Untrained mentally ill persons, especially schizophrenics, frequently compose pictures which have many of the qualities of serious art and often show surprising similarities to the pictures of children and primitives... the tendency to symbolic configuration always forces us to recognize the close relationship of schizophrenic psychic life on the one hand with dreams, and on the other with the outlook and thought patterns of primitives...." (Prinzhorn, 1972)

Prinzhorn identified five distinctive styles in the art works of the patients:

- scribbling — unordered and unobjective
- decorative scribbling — ornamentation and decoration
- playful drawings
- visual fantasy
- symbolism

The next group of professionals who have most contributed to understanding and exploring the art of the chronically ill are the art therapists. Dr. Kay Collis, Founder of the B.C. School of Art Therapy, who worked extensively with chronic schizophrenic patients at the Victoria Mental Health Centre, is a good example. Her research indicates the following characteristics in the works of people diagnosed with chronic schizophrenia:

- absence of perspective
- lack of shading and volume
- highly symbolic
- pure colour
- non congruent body image
- rigid formalism

- super symmetry
  - maplike, flat representation
  - perseverance on: single/few subject/objects or condensation of subjects/objects
- (Collis, K. 1991)

\*\*\*

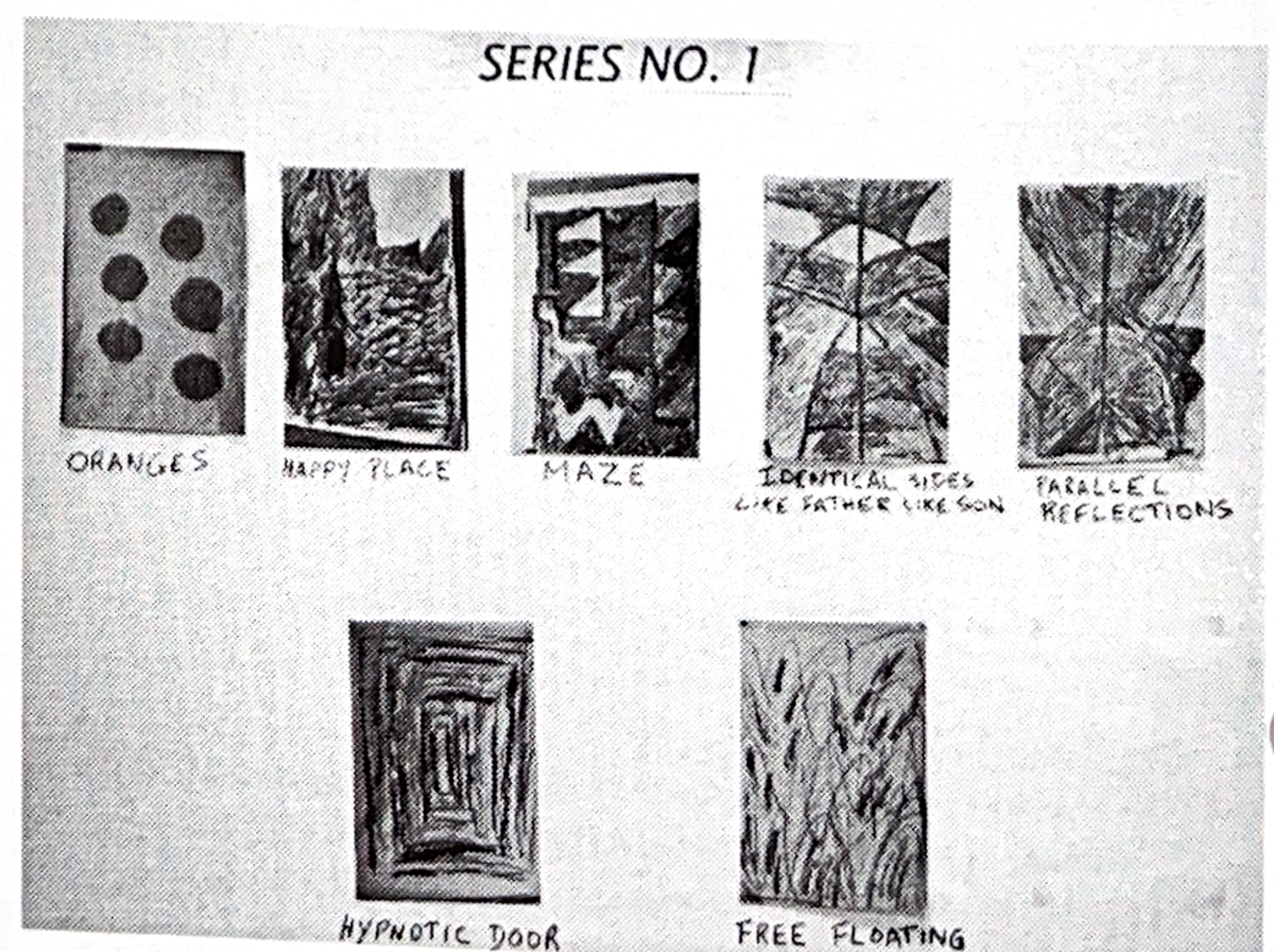
Let me introduce F.B. He is a forty year old male and has been living with his schizophrenic illness for twenty years. In medical terms, he is considered chronic. He lives in Victoria and shares an apartment with another male client. He is part of a system called "outreach programs," clients living in the community but being monitored from a main boarding home. In F.B's case he takes his lunch and dinner at the Boarding Home, where his medication is also dispensed.

I began working with F.B in the summer of 2004. He produced twenty eight images over five sessions of two hour length. He never lacked ideas. He would arrive and say "I know what I want to paint."

I watched him being totally engrossed in the process of creating his imagery. Fully focused on choosing colours and on the act of visually expressing the image in his mind.

Each session would end with us looking at his creations spread out on the floor. He was always very clear about what his images meant and had a name for each one. We wrapped up by him writing the title and date on the back of his work.

I had no preconceived ideas of what F.B. would produce in our sessions. But one look at his "Series no. 1" and the list produced by Dr. Collis underscores clearly that F.B's imagery is characteristic of the art produced by chronic schizophrenics.





All F.B.'s work is done in scribble mode, his colours are restricted to the primary ones, no mixing.

His work is stylized, maplike and flat, his imagery abstract. The names he gives to his work have more to do with concepts than emotions. Yet, there is a pleasing quality to the imagery. F.B. possesses "good gestalt," an innate sense of how best to organize stimuli on the page.

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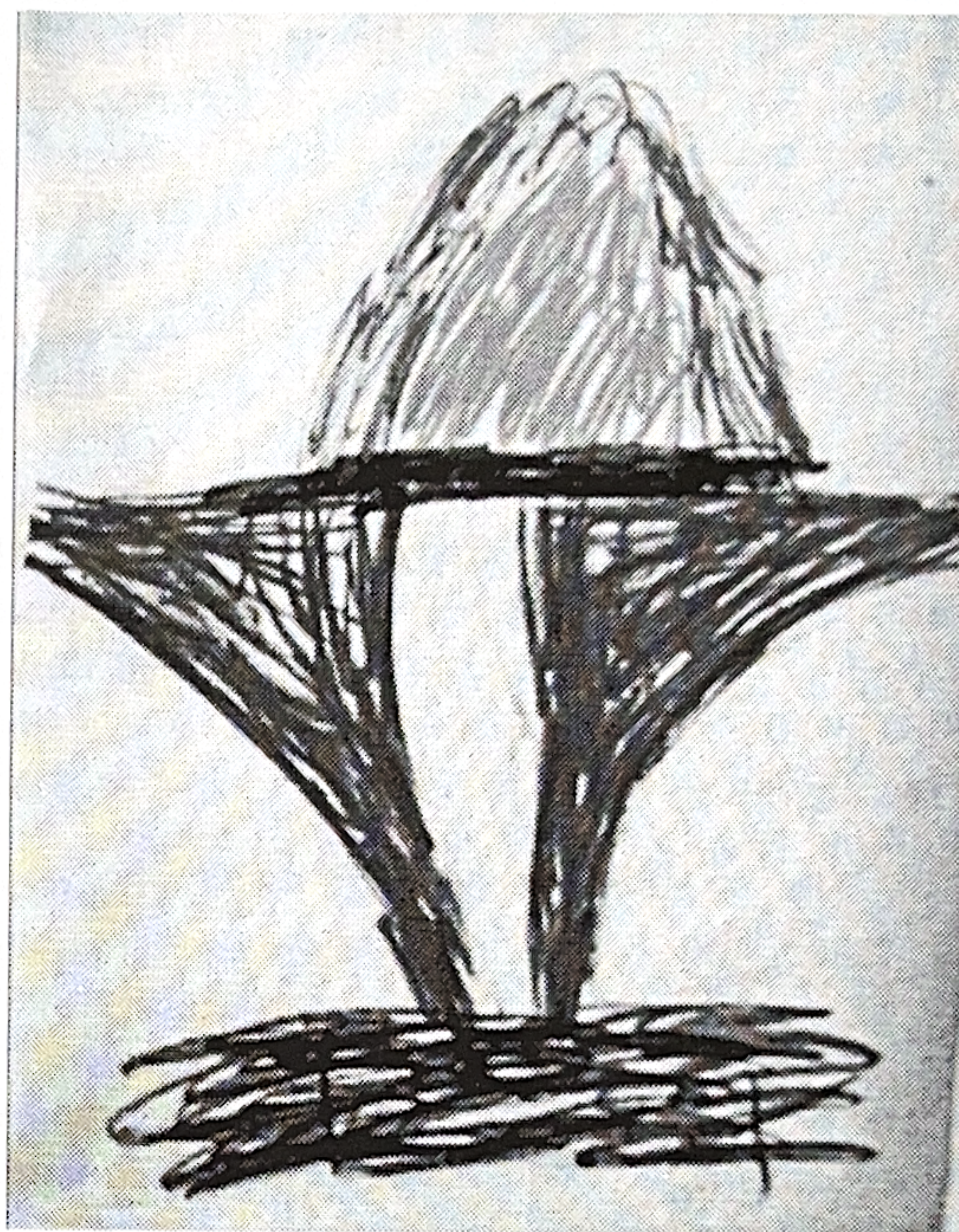
His work is stylized, maplike and flat, his imagery abstract. The names he gives to his work have more to do with concepts than emotions. Yet, there is a pleasing quality to the imagery. F.B. possesses "good gestalt," an innate sense of how best to organize stimuli on the page.

What we see is the outlines of an image that resembles a human form with outstretched arms, anchored in the earth. Above the torso, the head is a triangle held by another triangle. The head and torso are divided by another strand of earth.

"The body image of the schizophrenic is less differentiated and more regressed. The representation of the body may illustrate disappearing ego boundaries." (Bergs Lusebrink, 1990, pg. 211)

F.B.'s image gives one the feeling there are no ego-boundaries at all, that he sees himself in purely energetic terms. He described the yellow as representing his "inner self." Interestingly, it's also the part of the image that is not scribbled, but solid. Blue represents "water" and "freedom," orange

is associated with "good feelings in my head," and green is "nature and is my mind. Brown is "the earth." Those were his words of explanation for "The Colours of My Soul."



continued on page 8

Value #

CLIENT FOCUS  
&  
INTEGRATION

## our values speak volumes about who we are

### Opportunities in Mental Health & Addictions — Vancouver Island, BC

As an organization we have created and embraced a set of values that guide all our activities and make Vancouver Island Health Authority (VIHA) the special place it is to work.

Staffed with individuals characterized by pride in their work and a passionate commitment to caring for "the whole person" (body, mind and spirit), VIHA is quickly becoming healthcare's foremost employer of choice.

For our Mental Health & Addictions practitioners, meaningful change starts with putting the client first.

Strengthening services to underserved areas, VIHA is increasing the number of residential beds and supported living options

and offering clients more flexible services, training and education. New facilities are emerging up and down the Island to support expanded services.

Urban, small and rural communities welcome compassionate, enthusiastic and forward-thinking care providers. Current program review is underway, creating many exciting opportunities across Vancouver Island. If our values resonate with you, let's explore what you are looking for.

We strive for a  
seamless system,  
readily navigated  
by our clients.



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Employment Services  
Tel: 250.370.8522  
Toll-free: 1.888.296.3963  
Email: jobs@viha.ca

[www.viha.ca](http://www.viha.ca)

Check weekly for current opportunities.



In terms of healing, I believe that the studio sessions had a healing impact on F.B.'s life in that the process of creating his visual images gave him validation and recognition, for himself personally, and in relation to his immediate environment. I sensed his pride and satisfaction when he wrote the date and name on the back of his images. It positively affected his self-esteem. The "body of work" he produced is a real existing entity and for F.B. at this point, probably more real than his own body.

Art and healing are intimately connected because it is through imagination and image making that you can stimulate and witness the process of becoming whole...images are a central source of meaning-making because they flow from your inner creative authority...the source that brings you closer to who you are and reflects your inner being in ways that other forms of healing cannot. (Malchiodi, 2002)

Montgomery Dossey (1988) devotes a whole chapter to the topic of imagery and its healing properties and sees the use of imagery as a legitimate nursing intervention. By using imagery, the nurse can help the client make changes in perception and behavioural attitudes that can promote healing.

Applying Therapeutic Creative Arts principles in work with the chronically mentally ill, the focus is on structure, reality orientation, and socialization. Activities such as mixing colours, rubbing pre-cut shapes, sensory exploration of objects followed by a drawing are recommended. But that is another topic.

I have not done studio sessions with F.B. since the summer of 2004. But the impact of the exercise manifested itself in December of that year when F.B sent his family, the staff,

myself, friends, self-designed Christmas cards. He says he has never done this before. The six studio sessions implanted in him a sense of himself that is now secure and sure enough to express what he wanted to say in a personal image and send it out to the world. Mine is titled "Peace Angels over the Country."

"Peace Angels over the Country" reminds me that art making enhances life, is conducive to individuation, stimulates visual thinking, expresses what words cannot, is an important means of expressing mind, body, soul, and is intimately connected to health and well-being. To heal is to bring parts of oneself together at deep levels of inner knowing leading to integration and balance, says Montgomery Dossey.

I couldn't agree more, and then to take that integration and balance and teach/lead others to find that same place in their own lives seems to me what mental health/psychiatric nursing is all about. ●

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## Advertising Rates for CFMHN Newsletter

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

|                       |           |          |           |          |              |          |
|-----------------------|-----------|----------|-----------|----------|--------------|----------|
| Corporate Rates:      | Full Page | \$800.00 | Half Page | \$500.00 | Quarter Page | \$300.00 |
| Organizational Rates: | Full Page | \$250.00 | Half Page | \$150.00 | Quarter Page | \$100.00 |

To inquire about advertising in this newsletter, please contact:

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# Book Review

If you would like to  
submit a book review,  
please contact  
Linda Nasato at  
[Linda.nasato@sympatico.ca](mailto:Linda.nasato@sympatico.ca)



## REMINDER

**The Annual General Meeting (AGM)  
for the  
Canadian Federation of  
Mental Health Nurses (CFMHN)  
will be held on  
Friday May 27th  
from  
3:30 to 4:30 pm  
during the National Conference in Winnipeg.**

## LOOK FOR THE

Conference Program Book, Registration Form and  
Concurrent Session Choices for the

**2005 NATIONAL CONFERENCE FOR  
MENTAL HEALTH & PSYCHIATRIC NURSES**

enclosed with this newsletter.

## THE 13TH ANNUAL David Berman Memorial Concurrent Disorders Conference: *Advancing Our Knowledge in Mental Health and Addiction*

MAY 30 – JUNE 1, 2005

Coast Plaza Hotel & Suites  
Vancouver • BC



Vancouver Coast Health Dual  
Diagnosis Program and  
Interprofessional Continuing  
Education at the University of  
British Columbia announce this  
national conference, to be held at  
the Coast Plaza Hotel & Suites in  
Vancouver, BC. This conference is  
designed to provide clinicians/  
delegates with previous knowledge  
in mental health and addictions  
with advanced training in dual  
diagnosis including in-depth  
exploration of an integrated model  
for treatment of concurrent  
disorders. Breakout sessions will  
explore a number of subjects  
germane to dual diagnosis  
including gambling, personality  
disorders, chronic pain, cannabis  
and the brain, anxiety and  
psychosis and more.



**Featured Speaker:  
Dr. Kenneth Minkoff, MD**

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for updated information or contact us  
by email: [ipinfo@interchange.ubc.ca](mailto:ipinfo@interchange.ubc.ca)  
or phone 604-822-2801





# Membership

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 Nurses

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

☐ Independent Practitioner or Place of Employment: \_\_\_\_\_

Position: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

#### Area of Expertise

- ☐ RN
- ☐ RPN
- ☐ Other \_\_\_\_\_

- ☐ Adults
- ☐ Drug Abuse
- ☐ Research

#### CFMHN(C)

- ☐ Yes
- ☐ No

- ☐ Ageing
- ☐ Family Therapy
- ☐ School Health

- ☐ Abuse / Violence
- ☐ Community
- ☐ Marriage Counseling

- ☐ Alcoholism
- ☐ Forensic Issues
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- ☐ Adolescence
- ☐ Cross Cultural Issues
- ☐ Medication

- ☐ Alternative Practices
- ☐ Group Therapy
- ☐ Women's Issues

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- ☐ Children / Youth
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*"Ideas as Endless as  
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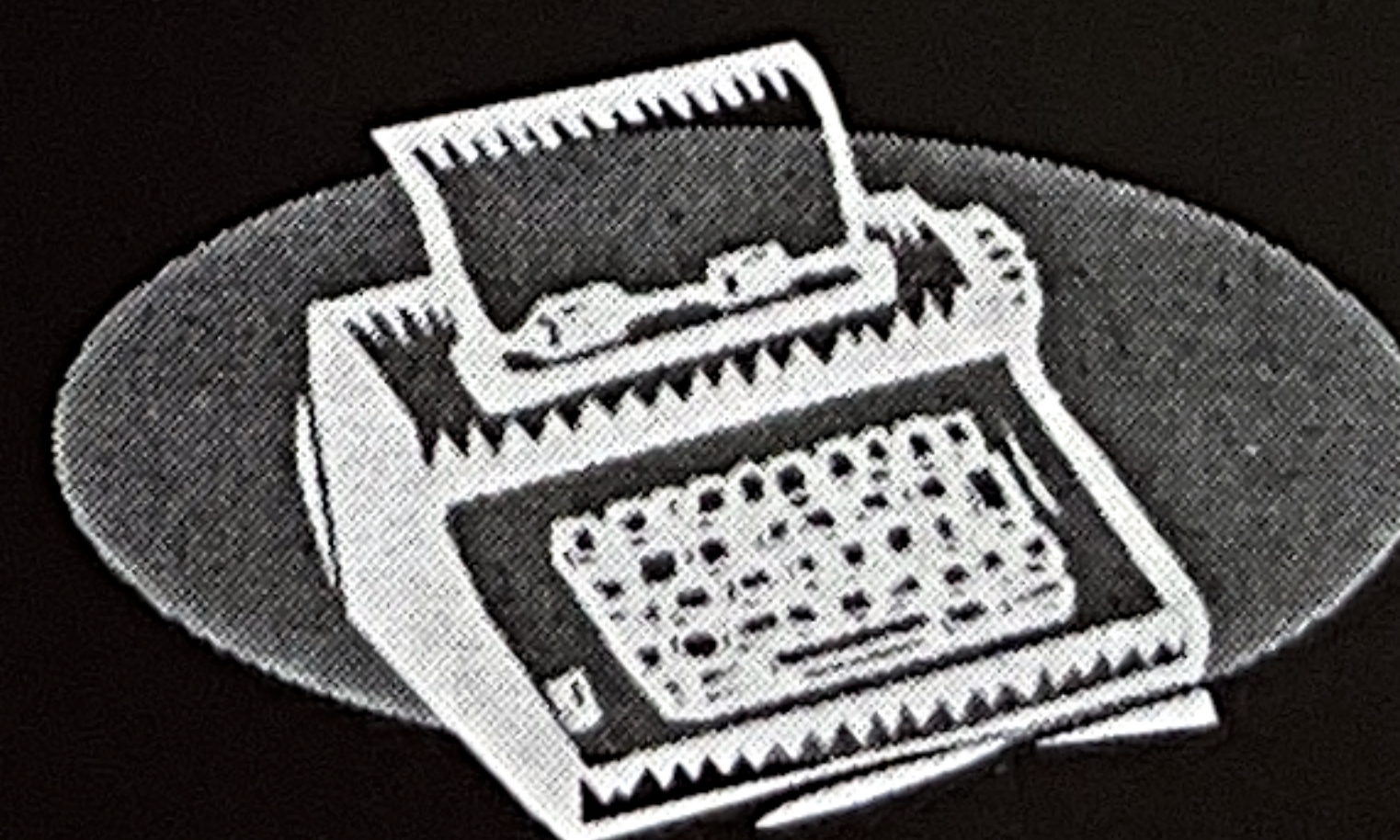
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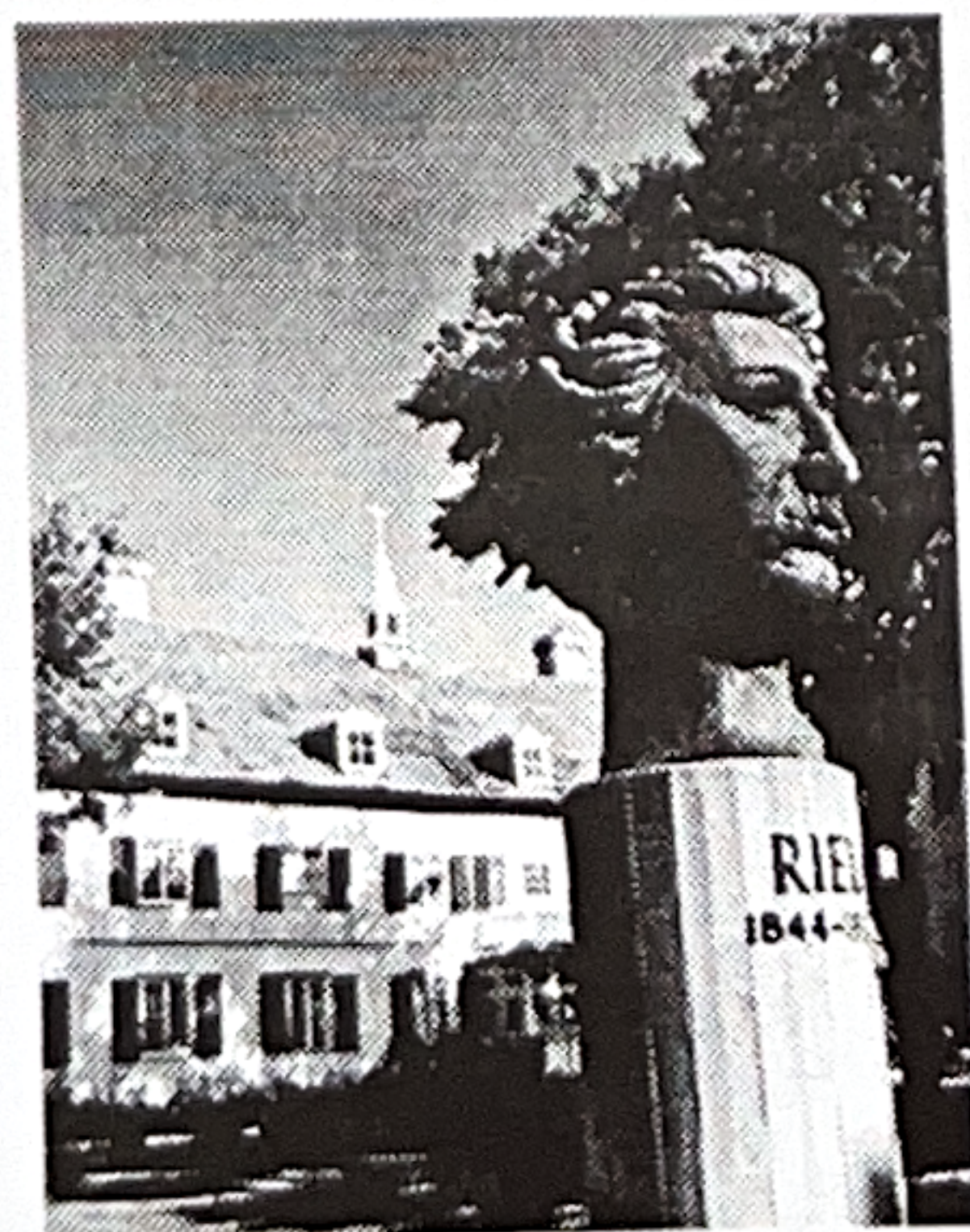
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