

PRESIDENTS' MESSAGE

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I have been sitting in front of my computer for some time wondering what one writes when so much is going on for people who are losing jobs, homes and whose plans for retirement have changed. This is a difficult time for many.

The timeliness of the federal government's commitment to a national mental health strategy is ironic. The Mental Health Commission is working on multiple levels to ensure that its mandate to help bring into being an integrated mental health system that places people living with mental illness at its centre be brought to fruition. A number of resources have been developed under the auspices of the Commission. For example, the Commission in partnership with the Institute of Health Economics and Alberta Health Services has developed a consensus statement on Depression in Adults available at www.ihe.ca

One of the directions that the Commission is committed to is that of recovery. For some this is a somewhat misunderstood concept when it comes to people living with mental illness. The CFMHN Newsletter will be starting a "Mental Health Commission News Updates" section so you'll be hearing more about this. I encourage you to log onto the CFMHN Blog to discuss recovery and what it means to your practice and to the people you work with. And of course, any other topics that might be of interest to us as nurses.

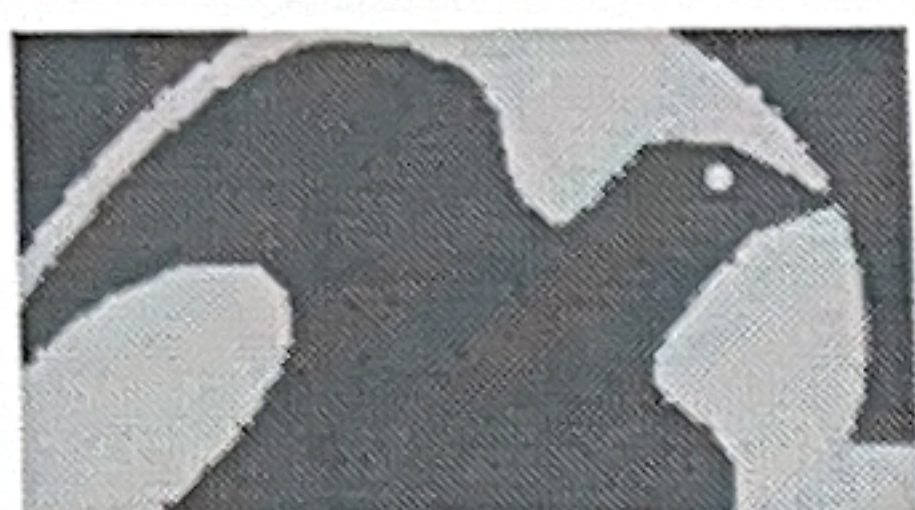
It is nine months until we meet in Halifax for the Hope, Health & Healing conference. The Board looks forward to reconnecting with old friends and meeting new ones there. With representation on the planning committees we are well aware of the enormous commitment of time, energy, skill, knowledge, and more that the Nova Scotia group is dedicating to creating this opportunity for psychiatric, mental health and addictions nurses in Canada to come together in their beautiful province.

Take good care.

Christine Davis, President

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National Conference Updates

Plan your trip to Nova Scotia October 21 – 23, 2009

**"Hope, Health and Healing: Mental Health Nursing,
Around the Corner, Around the World"**

Exciting news about the 'Call for Presentations':

We are delighted and honored that the call for presentations has attracted **133** abstracts from across the country. There are many exciting titles and subject areas which will provide a wide variety of concurrent sessions and poster presentations. **Stay tuned for the conference brochure and conference costs to be announced by mid March.**

Here's an update of the conference plan to date:

Tuesday Oct 21 2009: Opening Reception at the Marriott Harbour Front Hotel

Wednesday Oct 22, 2009 Key note address:

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

www.mentalhealthcommission.ca

Short Bio: The Honorable Michael Kirby retired from the Senate of Canada in 2006, after 22 years of service. From 1999-2006, he chaired the Standing Senate Committee on Social Affairs, Science and Technology. Under his leadership, the Committee produced 11 health care reports, including the first-ever national report on mental health, mental illness and addiction, *Out of the Shadows at Last*. Michael Kirby has many outstanding accomplishments and is truly dedicated to public service.

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Conference Overview | Call for Presentations | Exhibits & Sponsors | Brochure | Register Here | Hotel Info | Contact Us | About Halifax

Conference Updates



Day 2: Thursday Oct 23, 2009 Key Note Address:

Dr. Cheryl Forcuk RN, PhD

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

Short Bio: Cheryl Forcuk is a Professor at the School of Nursing, Faculty of Health Sciences, with a cross appointment to the Department of Psychiatry, Schulich School of Medicine & Dentistry, University of Western Ontario. Her current research includes exploring the nurse-client relationship, recovery from psychosis, the transition from psychiatric hospital to community, housing issues related to mental health, and diversity issues related to homelessness.

Day 3: Friday Oct. 23, 2009: 2 Optional Post Conference Workshops

I. Reclaiming our Practice with Tidal Model Recovery Approaches:

Phil Barker and Poppy Buchannan-Barker will facilitate a workshop showcasing the Tidal Model philosophies and practice. This format will allow participants to share and experience how recovery approaches can be embraced in all areas of practice throughout the care continuum.

Dr. Barker will also provide closing remarks on Oct 22.

Short Bio:

Poppy Buchannan-Barker is co-author of the Tidal Model of Mental Health Recovery and Reclamation. She was a social worker and social work manager for almost 30 years and presently is a therapist and counsellor, and Director of Clan Unity International, an international mental health recovery agency based in Scotland.

Phil Barker is co-author of the Tidal Model of Mental Health Recovery and Reclamation. He was the UK's first Professor of psychiatric nursing and has worked in the mental health field for almost 40 years. Presently, he is a psychotherapist and Honorary Professor at the University of Dundee, Scotland.

Read more at www.tidal-model.com



Conference Updates

continued

II. Post traumatic Stress Disorder:

Lieutenant Commander Rose Collins MN and Lieutenant Colonel Dr. Jetly (Psychiatrist) will offer a workshop to learn best practices for helping persons experiencing Post traumatic Stress Disorder (PTSD). Both presenters have distinguished careers assisting individuals and families to move forward with their lives managing PTSD.

Short Bio:

Lieutenant Commander Rose Collins MN is the Senior Practice Leader for Mental Health Nursing. She currently presently holds the position of Staff Officer with the Mental Health Implementation team. She was deployed to Kabul, Afghanistan in 2003 and to Kandahar, Afghanistan in 2007 as a Mental Health Nurse. She worked with the Operational Trauma and Stress Support Center at CFB Halifax as the Mental Health Nurse and second in charge of the unit from 2005-2008.

Dr. Rashak Jetly is a military psychiatrist, who until Oct 2008 acted as clinical lead in the Canadian Forces Mental Health clinic in Halifax. He is currently the Mental Health advisor in the new MH directorate in Ottawa. Has presented and published nationally and internationally on various topics including PTSD. Dr. Jetly has had two deployments to Role 3 Multinational Medical Unit in Kandahar, Afghanistan (2006 and 2007) and lead of MH team during the Chicoutimi incident.

Did you Know.....Interesting facts about Nova Scotia

"Nova Scotia" means "New Scotland" in Latin.

Motto: "One defends and the other conquers"

N.S. also has Canada's oldest African-Canadian community.

Flower - the Mayflower

Tree -Red Spruce

Bird - Osprey



Provincial Reports

Newfoundland and Labrador

By: Anna-Marie Kean (NL representative of CFMHN)

Those of us who work in mental health can attest to the negative effects of stigma on people who have mental health problems or a mental disorder. Since Senator's Kirby's report on state of mental illness across the nation, Canadians, in particular health care professionals, have been called to task to reflect on their own personal and professional biases around mental illness. Yet despite all of this publicity, we continue to believe that more people are suffering in silence with a mental illness and not seeking treatment than are seeking treatment. One of the primary reasons is the felt discrimination (stigma) as well as lack of understanding and education of what it means to have a mental illness. Some people describe their experience as being faced with a double-edged sword: on one side, the illness itself and its symptoms and on the other side, the discrimination that comes from having a mental illness.

Each year, the Newfoundland and Labrador Association of Registered Nurses collaborate with the Newfoundland and Labrador Association of Social Workers and the Newfoundland and Labrador Health Boards Association to provide a provincial forum on health topics that is of interest to the general population. This year the group consulted with PSIGNAL (Psychiatric-Mental Health Special Interest Group of Nurses of Newfoundland and Labrador) for a topic of significance to mental health. The topic for this year's forum is "**Mental Health: Stigma Ethics and Practice, Challenging Our Professional and Personal Selves**". The event takes place on February 24, 2009 at the main auditorium, Health Science Centre St. John's from 2:00 p.m. to 4:00 p.m. Audio and video conferencing is available at health care sites across the province. The following is a list of Panel Presenters: Mona Romaine Elliott, MSW, RSW, Director Integrated Community Health Services, Peninsulas, Eastern Health; Geoff Chaulk, MSW, RSW, Executive Director, Canadian Mental Health NL Colleen Simms, RN, BN, Regional Director, Mental Health & Addictions, Eastern Health.

On the provincial scene, we are delighted to have a new day treatment center located in St. John's for people struggling with an eating disorder. Vince Withers, who founded the Eating Disorders Foundation in 2006 after the death of his daughter Renata, was pleased to see the Newfoundland and Labrador government allot \$228,000 for a specialized clinic. New government funding will allow patients to be treated locally, instead of seeking help outside Newfoundland and Labrador. The new clinic offers a model of interdisciplinary practice made up of a psychologist, a nurse, a dietitian, social workers and therapists who understand eating disorders. Approximately 7,300 people in the province suffer from eating disorders. According to the the NL health minister, the province will spend as much as \$700,000 per year to treat eating disorders.

For more information on the Eating Disorder Foundation of Newfoundland and Labrador visit website www.edfnl.ca, e-mail info@edfnl.ca

Finally, Breakwater Books Ltd. and the Newfoundland Chapter of the Canadian Mental Health Association are issuing a call for essays on the experience of mental illness, stigma, and recovery in Newfoundland and Labrador. Essays can be sent in until the end of April. Selected essays will be published together in a book published by Breakwater Books Ltd. Please contact Anna Kate at annakate@breakwater.nf.net.

**Provincial Report- Margaret Osborne- Alberta Provincial Representative****Date:** _____ **February 2009** _____**1. Provincial activity:**

(a) **PMH Nursing:** There has not been any significant, new information related to Alberta PMH Nursing since the last provincial report of November 2008.

(b) **Health Authority:** The planning and implementation of the change in governance structure of delivery of health care in Alberta continues to be a major focus.. As previously reported, all nine of the regional and the three provincial boards were dismissed in 2008. This included the Alberta Mental Health Board and the Alberta Alcohol and Drug Abuse Commission. All regional and provincial board CEOs were also dismissed. These governance structures were replaced by one "super" provincial board of health and one provincial CEO. A recent announcement was the employment of the new CEO, a gentleman from Australia, with a strong background in governance of health services. Alberta is no longer regionalized but consists of five zones", all reporting to the super board and CEO. There has been much planning directed to once again "centralize" services and programs across the province. There are two planning processes in the mental health/ addictions sectors occurring at the same time:

(1) "transition" the provincial mental health and addictions services to Alberta Health and Wellness (this will occur over time, provincially and locally);

(2) "integration" of mental health and addictions services at both provincial and local levels.

There is concern that important provincial services be maintained and not lost during this transition planning e.g aboriginal mental health, tele-psychiatry. There has been much discussion recently of the government's goal to be more efficient and cost saving with the change in governance. One change that has been suggested is the possible "delisting" of some health services. It has also been noticed that the funding to support health care providers attendance at conferences and workshops has been severely cut-back, limited to local or provincial offerings only. This will impact Alberta attendees at our national Federation conference in the Fall.

(c) **Changes in Alberta Legislation :** Major concern has been expressed by physicians, the ethics commissioner and mental health advocacy and consumer groups about the proposed amendments to Bill 52 – Health Information Act. This amendment was introduced in November of 2008. The amendment demands that all health care providers enter all patient information into an electronic health record system (Alberta Netcare) without having to consider the patient's wishes about the inclusion of this health/illness information. It is also a concern that the trust that occurs in health care provider-patient relationships will be seriously impacted. Under the current proposed amendment, health care providers (most particularly physicians) can be compelled to enter this information or face a fine ranging from \$200,00 to \$500,00. Many groups have access to this electronic system for various reasons, so control for confidentiality is a major issue. Mental health advocacy groups e.g. CMHA, are most concerned that the amendment lacks the safeguards to protect the privacy of those living with a mental illness. They state the stigma of mental illness is unfortunately evident in the workplace, at school, with housing, with insurance, with family, friends and even health care providers. These advocacy groups are proposing appropriate safeguards be put in place so that shared information is limited to that which is absolutely required on a need to know basis, with in the best interests of the patient being the focus.

**Provincial Report— Alberta**

Continued

- (c) It is well recognized that accurate, relevant information is and can be an advantage to the person who is ill, but the patient has a right to review such disclosures. This issue is most important for nurses working in the area of mental health/psychiatric nursing, who are among the health care provider group impacted by this amendment. This is indeed a situation for social action by nurses. The Standing committee on Health is receiving submissions on this issue. I would invite comments from nurses in other provinces to comment on their experience with such legislation on Health Information.

Many groups have access to this electronic system for various reasons, so control for confidentiality is a major issue. Mental health advocacy groups e.g. CMHA, are most concerned that the amendment lacks the safeguards to protect the privacy of those living with a mental illness. They state the stigma of mental illness is unfortunately evident in the workplace, at school, with housing, with insurance, with family, friends and even health care providers. These advocacy groups are proposing appropriate safeguards be put in place so that shared information is limited to that which is absolutely required on a need to know basis, with in the best interests of the patient being the focus. It is well recognized that accurate, relevant information is and can be an advantage to the person who is ill, but the patient has a right to review such disclosures. This issue is most important for nurses working in the area of mental health/psychiatric nursing, who are among the health care provider group impacted by this amendment. This is indeed a situation for social action by nurses. The Standing committee on Health is receiving submissions on this issue. I would invite comments from nurses in other provinces to comment on their experience with such legislation on Health Information.

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News/Events/Updates

MENTAL HEALTH COMMISSION NEWS

The Mental health Commission has released its draft framework document. All Canadians, stakeholders and governments will have an opportunity to comment on the draft framework and help develop the strategy. Stakeholder meetings are being held in 11 different cities throughout February and March and a public e-consultation began the week of February 9th. It is available at <http://www.mentalhealthcommission.ca>

The Commission plans to develop a unifying vision, and to encourage the adoption of Canadian and international best practices. The first phase of strategy development will involve broad goals for what a transformed mental health system will look like. It will include a clear focus on recovery and well-being.

In the second phase, the Commission will focus on how to achieve these broad goals, across each sector and constituency.

News & Events

Louise Bradley has been named as the new Chief Operating Officer (COO) for the Commission. Louise is currently the Vice President and COO of Regional Mental Health for Capital Health in Edmonton.

SAVE the DATES - July 17th-19th, 2009 for a conference in Vancouver. 'Into the Light' sponsored by the MHCC, Vancouver Coastal Health Authority, and Fraser Health Authority, will serve as an important forum for discussing the Mental Health Commission of Canada's National Strategy Framework, and will tackle critical issues including homelessness, stigma and discrimination, while advancing recovery and knowledge exchange. The conference will feature a dedicated policy forum, as well as a general program and public events.

Winter 2008 MHCC newsletter is available at <http://www.mentalhealthcommission.ca/English/Pages/eNewsletter.aspx>

MHCC News

The Canadian Psychiatric Research Foundation (CPRF) and the MHCC have joined forces to create a new national mental health charity. It will be named the Mental Health Partnerships of Canada (MHPC).

MHPC will expand fundraising activities and develop leading research and demonstration projects in the field of mental health and mental illness.

CFMHN UPDATES

The CFMHN Education Committee published an article in the Canadian Nurse Journal of October 08 called "[Reducing the Stigma of Mental Illness](#)". We invite all the members to comment on this article or share stories that relate to this topic. Your ideas and thoughts are important to us so please send us an email at info@cfmhn.ca or try our new [BLOG](#).

<http://www.ncbi.nlm.nih.gov/pubmed/18979863>



MENTAL HEALTH RECOVERY MODEL

Written By: Paula Tognazzini RN, MSN, CFMHN BC Representative

I have been a psychiatric mental health nurse for forty years. The model of recovery is not new to me but what when I embrace the concepts of recovery; I find that it encompasses the underlying beliefs about nursing and nursing practice.

There are several definitions of recovery found in the literature. The one that I have chosen is from William Anthony which states that recovery is "a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness." (Anthony, W., 1993).

The critical elements of the recovery model are:

1. Hope and empowerment: a belief that recovery is possible. I believe that nurses carry hope for their patients until the patients can internalize hope for themselves and gain a greater sense of control over their lives that fosters empowerment.
2. Support: from peers, family, friends and health care professionals is vital to recovery. Nurses believe in the benefits of multiple sources of support and in partnership with patients and families, lease with support services that contribute positively to improving the quality of life for people with a mental illness.
3. Self-Determination: the right of the individual to make choices in their care and recovery. Nurses, wherever and whenever possible, work in partnership with patients, families and communities, we encompass this fundamental right.
4. Awareness and potentiality: people need to make sense of what has happened to them in order to change and meet their potential. When nurses collaborate and cooperate with patients and families in learning more about symptoms, medication, best treatments and available resources, we are supporting them in the process of regaining control over their lives.
5. Meaning and purpose: people have the potential to grow and recover. Nurses are witnesses to this process of physical, mental, emotional and spiritual growth that occurs when we interact with patients, families and communities. We continually promote holistic evidence-based best practices, culturally safe care and see the strength, courage and determination of patients, families and communities in their journey of recovery.

The language of collaboration, partnership and cooperation is reflected in the recovery model and is in sync with the Mental Health Commission of Canada and our Canadian Psychiatric-Mental Health Nursing Standards. How we make this language come alive in our nursing practice is essential in providing the best care possible.

For more information about recovery please go to <http://www.recovery.com>

Anthony, W. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990's. *Psychological Rehabilitation Journal*, 16(4), 11-24.

Beal, G., Chan, A., Chapman, S., Edgar, A., McInnis-Perry, G., Osborne, M. (2007). Consumer input into standards revision: Changing practice. *Journal of Psychiatric Mental Health Nursing*, 14(1), 13-20.

Canadian Mental Health Commission: available at: <http://www.mentalhealthcommission.ca/>



Reviews

Movie Review provided by Nancy Brookes

Thought you might like to know about a new Canadian film, shot in Toronto, entitled

Nurse.Fighter.Boy

that opened on Friday, February 6, at the AMC at Dundas Square (416-335-5323), and the Royal at 608 College Street (416-534-5252), I. A short trailer can be found at: <http://www.nursefighterboy.ca>

Their press release contains a brief description:

Charles Officer's Nurse.Fighter.Boy is the latest feature from the Canadian Film Centre Feature Film Project - an urban story about love, passion and faith. Since debuting at the 2008 Toronto Film Festival, the film has been reaping accolades, including Best Actress (Karen LeBlanc) at the 2008 Atlantic Film Festival and Best Actor (Clark Johnson) at the 2008 Whistler Film Festival.

The nurse (LeBlanc) is a single mother who descends from a long line of Jamaican caregivers and is now living with sickle cell anemia. The fighter (Johnson) was raised in a world bent on violence and is now a past-his-prime boxer who fights illegally to survive. The boy (Daniel J. Gordon) is a 12-year-old who knows his mother feels "bad inside" and takes matters into his own hands.

During the last week of summer, their fates will become forever entwined.

Besides being very moving and very good entertainment, the film deals with sickle cell anemia, a genetic disease that affects primarily Blacks, South Asians, and those of Mediterranean origin.

The Craft of Caring - Web link for the book ; The Tidal Model goes "e".....

Dear Colleagues

I have set up a web page for the book, which includes details of the authors of each chapter. This might help potential buyers to appreciate the 'width' as well as the 'quality' of the text.

The page also includes links to Hodder-Arnold, Amazon and Oxford University Press (USA) where people can order the book.

<http://tidal-model.com/Craft%20of%20Caring.htm>

Perhaps you could circulate this link around your network as a further aid to promotion of the book.

With every best wish

Phil Barker

Connecting Nurses from Around the World !

GLOBAL CONNECTIONS

Please visit my page as a contact for networking with PMH nurses in Saudi.
Open the link through <http://www.ksu.sa> and then go to the colleges\College of Nursing
<http://faculty.ksu.edu.sa/73408/default.aspx>



Dr. Nancy Brookes: A Nurse to Know

When one reads Nancy Brookes' CV, one cannot help but be impressed by the extent of work and study Nancy has done over the course of her nursing career. But Nancy on paper only **begins** to capture her spirit and commitment.

Nancy Brookes has been the Nurse Scholar at the Royal Ottawa Mental Health Centre (ROMHC) since 2000. She is also an adjunct professor at Queen's University and at the University Of Ottawa School Of Nursing. As well, Dr. Brookes is part of the University of Ottawa, Institute of Mental Health Research, Program Development & Evaluation Research Section.

For any of you who have heard of the Tidal Model ©, been trained in the Tidal Model © or use Tidal © in your work, you have probably spoken with or met Nancy. Nancy and her colleagues at ROMHC have been instrumental in introducing nurses across Canada and in other countries to Tidal ©.

"Our passion is psychiatric and mental health nursing. The Tidal Model has fanned the fires of our passion, or perhaps has affirmed it. Certainly, it provided us with language to speak our practice." M. Tansey & N. Brookes.

That language has been shared through site/study visits or cyber consultations in Calgary; Edmonton; Halifax NS; Halifax UK; Niagara/St. Catherine's; Toronto; Vernon; Kamloops; Terrace; Nottingham, UK; Australia; Wales; Iran; China; Scotland; Germany.

Nancy graduated from the Nightingale School of Nursing in Toronto. She went on to do her BN at McGill where she majored in P&MHN and teaching. Nancy continued at McGill and graduated with an MSc-Applied. Again, Nancy majored in P&MHN but with the addition of Gerontology. Nancy looked at the relationship between loneliness and social competence among elderly widowed women. While doing her PhD in the Faculty of Education at the University of Ottawa, Nancy did an interpretive study of reflection among practicing long-term care nurses.

Nancy's hospital work history has included the Ottawa Civic, North York General, York Finch Hospital, Queen Street Mental Health Centre, the Clarke Hospital, Royal Ottawa Hospital, to name a few.

Nancy has strong connections within the nursing community as a member of the Registered Nurses Association of Ontario and its various interest groups; Sigma Theta Tau International Nursing Honour Society, Canadian Federation of Mental Health Nurses; American Psychiatric Nurses Association; Canadian Association for Studies of Adult Education. She also has her CNA CPMHN (c) certification.

Nancy has also been mentor to nurses who are recipients of RNAO Advanced Clinical Fellowships.

Most recently, Dr. Brookes was a member of the CNA Environment Reference Group which was one of CNA's centennial projects. The group developed background papers, position papers, videos, course outlines, classes on climate change and the environment. Check out their website on CNA.

Nancy is a strong supporter of the Nurse Luminary Project. This project spotlights stories about nurses who advocate for safe hospitals, clean communities and children born without toxic chemicals in their bodies. For more information about the Luminary Project go to <http://theluminaryproject.org>.

This is a short introduction to Dr. Nancy Brookes- a P&MH nurse, a nurse scholar, a nurse advocate, a nurse pioneer, a nurse educator, a nurse extraordinaire, a nurse who inspires. **Definitely a nurse to know!**

When Nancy sent me some information about herself, she mentioned that it was rather boring. She added that...

"there is the Windhorse Principle which we love to use any time we can in presentations etc because doesn't it just "say it all?" Nb"

"Inherent in every person there is a natural healing impulse, a motivation toward health & wholeness. This motivation can be ignited & strengthened in an environment where an attitude of hope & a belief in each person's potential for growth is pervasive. At the heart of an individual's recovery from mental disorder is the restoration of personal, social, & environmental connections"

Christine Davis interviewed Nancy for this article.



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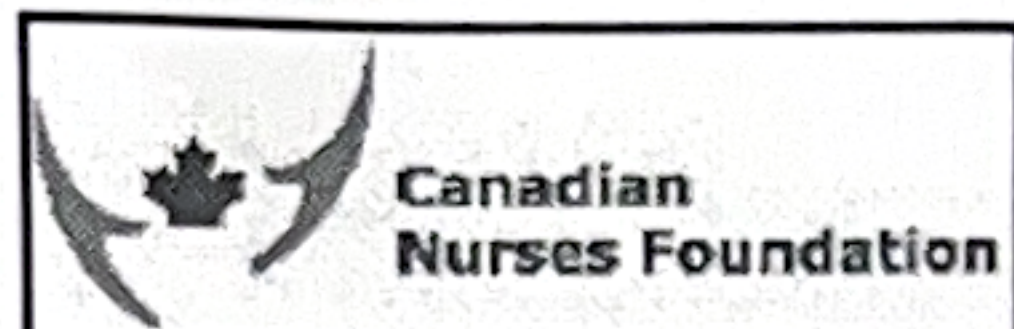


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On behalf of the CNA

2009 SCHOLARSHIP & AWARD PROGRAMS

DEADLINE FOR SUBMISSION OF APPLICATIONS: MARCH 31, 2009

Scholarship Program

CNF's Scholarship Program is open to nursing students at the baccalaureate, master and doctoral level.

The value of the award may vary from one scholarship to another.

You will be able to find the eligibility criteria and application form at

<http://cnf-fiic.ca/Scholarships/HowToApply/tabid/71/language/en-US/Default.aspx>

Aboriginal Nursing

The TD Aboriginal Nursing Fund will support First Nation Status or Non-status, Inuit or Métis nurses at the Bachelor, Master's, PhD and Nurse Practitioner levels.

<http://cnf-fiic.ca/Scholarships/AboriginalNursing/tabid/115/language/en-US/Default.aspx>

Nightingale Award

Inspired by CNF supporter, Mr. Po Ting Ip., this award is dedicated to home health care nurses.

This award has a total value of \$ 1,000.

You will be able to find the general information, eligibility criteria and application form at

<http://cnf-fiic.ca/Scholarships/NightingaleAward/tabid/77/language/en-US/Default.aspx>

Certification Award

If you are a nurse wanting to achieve certification or if you are renewing your certification, then this award is for you.

CNF will reimburse the Certification Exam fees for two nurses in each specialty area.

You will be able to find the application form at

<http://cnf-fiic.ca/Scholarships/Certification/tabid/76/language/en-US/Default.aspx>

For more information, contact Jacqueline Scott, Canadian Nurses Foundation Coordinator Tel: 613-237-2159 ext 242

Fax: 613-237-3520 info@cnf-fiic.ca www.cnf-fiic.ca

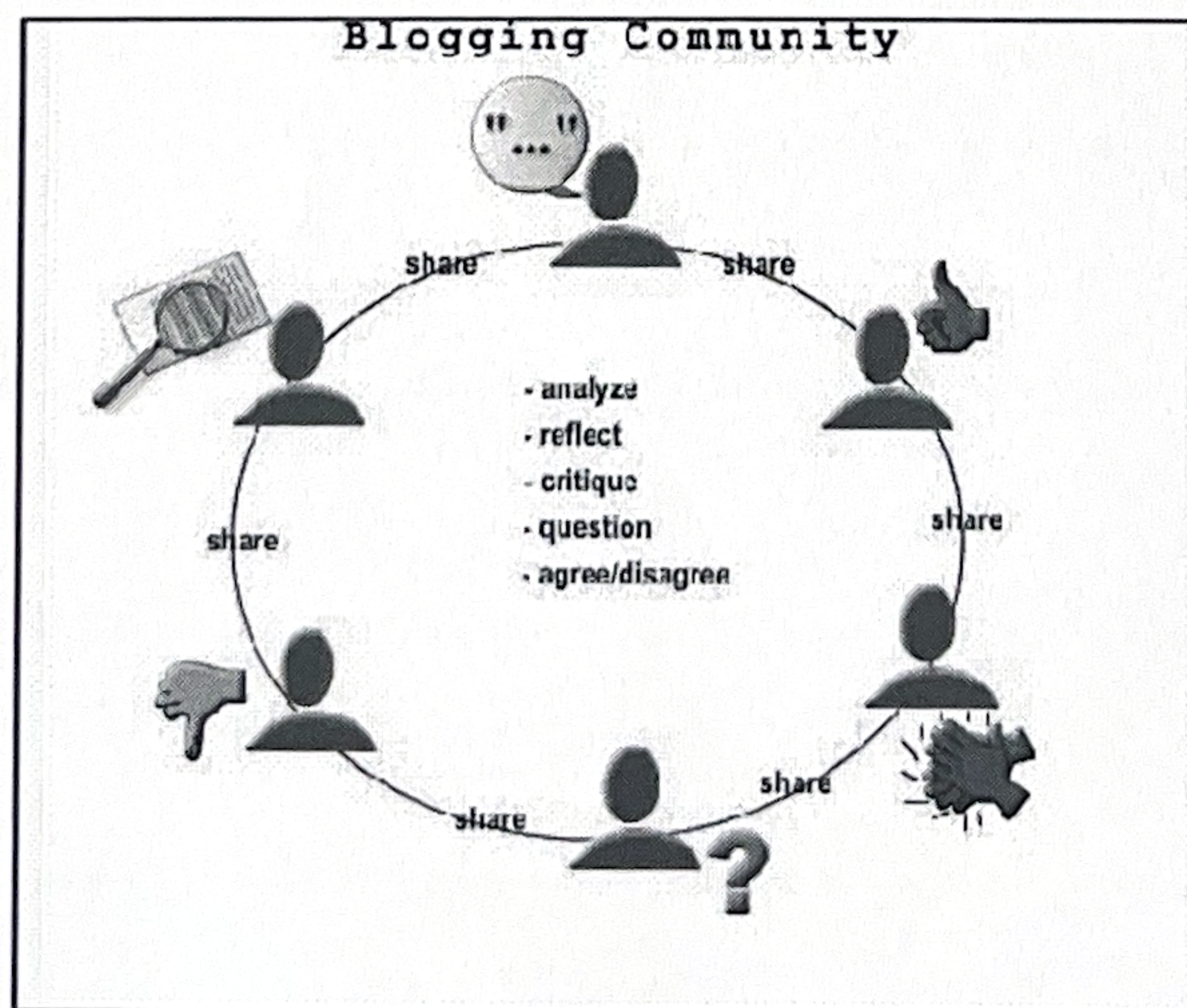
COME BLOG WITH US

Why Blog?

www.cfmhn.blogspot.com/

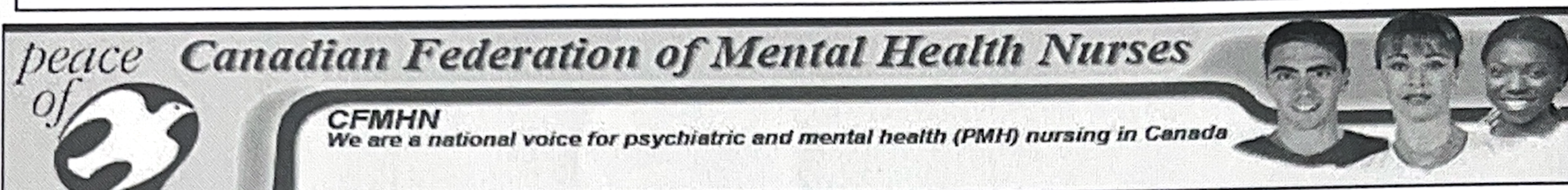
In this online world, blogging provides a new interaction opportunity and an easy means to reach out to people. Blogs are a mode of communication and collaboration where discussions are mostly focused on the issues that are of interest to other people and that you want to share with others.

The CFMHN has set up a blog because it wants to hear from its members. This is an exciting opportunity to share our thoughts, views and experiences of our work as mental health nurses. This blog will provide a professional arena where we can also reflect on our own experiences, analyze, question, critique, agree or disagree with one another. It is also a place where we can discuss issues, share and access information and resources.



**CFMHN POSITION PAPER ON CORE COMPETENCIES FOR UNDERGRADUATE NURSING CURRICULA****Members get a sneak peek!**

In 2006, the education committee of the CFMHN conducted an environmental scan of undergraduate schools of nursing across Canada to see how many of them offered theory courses and clinical experience in psychiatric mental health nursing. Thirty schools of nursing responded. Attached to this document are the results of this scan and a revision of the 1998 position paper on Core Competencies for Undergraduate Nursing Education. We want to hear from you. Send your feedback to paula.tognazzini@nursing.ubc.ca by March 31, 2009.

**CORE COMPETENCIES in
PSYCHIATRIC
MENTAL HEALTH NURSING
for****UNDERGRADUATE NURSING EDUCATION****POSITION PAPER 2009**

**THIS DOCUMENT HAS BEEN PREPARED BY THE EDUCATION COMMITTEE OF THE
CFMHN**

Authors:

P. Tognazzini, C. Davis, A.M. Kean, M. Osborne, K. Wong

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INTRODUCTION

The future of psychiatric/mental health (PMH) nursing lies in the preparation of new graduate nurses who will meet the mental health care needs of society. In Canada, one in five people suffer from a mental illness (Canadian Collaborative Mental Health Initiative, 2006). The World Health Organization (2008) predicts that by 2020 depression will be the leading cause of disability second only to heart disease. Mental illness is also a contributor to mortality rates. The Crisis Intervention and Suicide Prevention Centre of British Columbia states that suicide is the second leading cause of death among youth 15 to 24 years of age (2008). Stigma towards people with a mental illness has persisted throughout history. Student nurses are not immune to societal perceptions and discrimination towards this population. Although as a nation we have become more tolerant, negative beliefs and attitudes among health care providers towards people with a mental illness still exists (Standing Senate Committee on Social Affairs Science and Technology, 2006). This data emphasizes the need for significant enhancement of PMH nursing in undergraduate curricula.

The prevalence rates and the impact of individuals suffering from mental illness on the economic and health care sectors have increased over recent years. There is a significant percentage of the Canadian population that do not receive the treatment and care they seek for mental health prob-

for mental health problems. Access to mental health services is an ongoing concern as the mental health system continually struggles with limited resources. Nurses will encounter people with a mental illness in all areas of health care such as the patient with depression after heart surgery or families with a member exhibiting signs of a drug induced psychosis or a person suffering from a crisis with post-traumatic stress symptoms. How will these new graduate nurses be able to advocate for patients if they have not had PMH nursing exposure through their undergraduate nursing program? "In order to practice holistically, nurses need knowledge of and experience with psychiatric mental health nursing issues" (Chan, Buchanan, Forchuk, Moore, & Wessell, 1998).

The Canadian Federation of Mental Health Nurses (CFMHN), an affiliate of the Canadian Nurses Association (CNA), has as one of its major foci the quality and quantity of undergraduate PMH nursing theory and practice in Canadian schools of nursing. In 1998, the CFMHN education committee developed a position paper (Chan, Buchanan, Forchuk, Moore, & Wessell, 1998) which responded to major curriculum concerns. It reported that some generic nursing education programs do not require nursing students to have theory or clinical experience in PMH nursing.

BACKGROUND

In 2006, in preparation for a review and revision of the 1998 position statement, the current CFMHN education committee conducted a national environmental scan of undergraduate nursing programs in Canada. Thirty schools of nursing responded to our questionnaire that asked if a stand alone course in PMH nursing was in-

also required clinical experience in a PMH setting. The participating schools of nursing were also asked about the number of hours of clinical practice and the number of hours of theory in PMH nursing in their respective programs.

Results of the scan indicated that 20% of Schools of Nursing that participated did not offer a stand alone course in PMH nursing and did not offer any clinical experience in this area. Some schools of nursing stated that PMH nursing theory was "threaded" throughout the curriculum. Of the 80% of the schools of nursing that offered a stand alone course, the number of hours of theory and the number of hours of clinical practice in a PMH setting varied greatly. The hours of theory ranged from 1.5 to 7.5 hours a week for 12 weeks with the mean being three hours a week for that duration of time. The number of hours of clinical experience in a PMH setting varied from 25 to 330 hours over a 12 week period with a mean of nine hours a week. The clinical settings included inpatient psychiatric units in general hospitals and psychiatric hospitals as well as outpatient and day programs. Some schools also offered community experience at mental health and assertive case management teams.

Studies exploring student nurses attitudes and beliefs prior to clinical experiences in PMH nursing indicate that there is fear that people with a mental illness are dangerous (Happell, 1999). Clinical experience was identified as the most important determinant in changing these fears and in gaining a more a favourable view of this area of nursing (Happell, 2008; Rushworth and Happell, 2000). Nurses who graduate without any clinical experience in PMH Nursing state that they have insufficient knowledge, skills and confidence in inter-

Research conducted in urban areas has found that many nurses are unprepared to support the mental health needs of patients (Brinn, 2000). How can schools of nursing ethically graduate nursing students who have little or no knowledge of caring for 20% of the Canadian population who experience a mental illness? If there is no exposure to the lives and suffering of patients and families who experience mental illnesses are we as educators perpetuating societal stigma?

The CFMHN have anecdotally received reports from employers that new nursing graduates are unable to perform the basic skill of a mental status examination and lack fundamental PMH nursing knowledge upon graduation. This supports the literature in emphasizing that clinical experience is highly influential on the extent to which students are able to acquire the desired knowledge, skills and attitudes to care for people with a mental illness (Martin & Happell, 2001; Mullen & Murray, 2002). Exposure to formal PMH treatment settings can motivate students to seek both preceptorships and further preparation for employment in this specialized area of practice after graduation.

POSITION STATEMENT

The Canadian Federation of Mental Health Nurses [CFMHN] recommends that all undergraduate nursing programs include a required stand alone theory course in PMH nursing with a clinical experience in a psychiatric or mental health/addictions care setting.



Implications for a focused stand alone course in PMH nursing in undergraduate nursing programs consist of application of core competencies in both theory content and clinical practice. The implementation of core competencies into the undergraduate curriculum is of utmost importance in the assessment, planning, implementation and evaluation of nursing care with patients and families who experience mental health concerns or mental illness. These core competencies can also be applied to mental health promotion in the areas of primary, secondary and tertiary prevention.

The CFMHN also recommend collaboration between educators and nursing staff so that clinical experiences are provided for the students. We believe that this matter is critical to the visibility and advancement of the overall health- mental health of Canadians. We appreciate the time you spend in consideration of this matter and welcome any of your thoughts.

The need for education of nurses to gain knowledge, abilities and skill in PMH nursing is reflected in these core competencies.

CORE COMPETENCIES FOR ESSENTIAL PSYCHIATRIC MENTAL HEALTH NURSING IN UNDERGRADUATE NURSING EDUCATION

***Throughout this document, "client" refers to patient, individuals, consumer, families, groups or communities**

Core Competency I - Developing Relational Nursing Practice

Objectives: Demonstrates relational nursing practice in response to the needs of the client and vulnerable populations at risk for mental health

problems and/or mental illnesses

PMH Nursing Knowledge /Skills :

Examines the socio-political, historical, spiritual and cultural influences when caring for clients who have a mental health concern or mental illness

Examines the socio-political, historical, spiritual and cultural influences when caring for clients who have a mental health concern or mental illness.

Assesses and clarifies the influences of personal beliefs, values and life experiences and how these impact on relational practice

Recognizes the impact that imbalance of interpersonal power relations can have on relational practice

Acknowledges the client's sense of resiliency, self-esteem, power and hope in the provision of nursing care

Applies the principles of cultural safety by providing nursing care within the cultural values and norms of the client

Reflects on verbal and non verbal communication skills that include empathy, active listening, genuineness and inquiry that enhance partnerships and collaboration within the nurse-client relationship

Demonstrates beginning level group facilitation abilities in collaboration with clients experiencing mental health concerns and mental illnesses

Core Competency II - Diagnostic and Monitoring Function

Objectives: Integrates knowledge through using frameworks for analyzing client information in order to develop

client focused plans of care in collaboration with the client and members of the health care team.

PMH Nursing Knowledge/Skills

Demonstrates mental status assessment skills, with particular attention to psychological, emotional and cognitive risks

Demonstrates knowledge and skills in performing suicide risk assessments and violence/ safety risk assessments

Collaborates with clients and members of the health care team to gather holistic biopsychosocial and spiritual assessments through observation, examination, interview and consultation while being attentive to issues of confidentiality and pertinent legal statutes

Assesses client's use [and abuse] of [substances] alcohol and illicit drugs and respects and includes the client as a valued partner in setting goals towards achieving recovery

Analyzes and documents base line data to identify health status, potential for wellness, health care deficits, alterations in thought content and/or process, affective behaviour, communication and decision making abilities

Integrates the client's strengths and recognizes the importance of self care, the impact of the social determinates of general health - mental health and the client's psychosocial, spiritual and mental attributes

Understands the continuum of mental health and mental illness and the client's journey of recovery

Core Competency III - Therapeutic Interventions

Objectives: Uses critical and systematic thinking and nursing judgement in the provision of assessment, planning, implementation and evaluation of nursing care in partnership with the client and with members of the health care team

PMH Nursing Knowledge/ Skills

Determines clinical interventions by using knowledge of the client's responses and implements nursing interventions which assist, educate and empower the client to select choices which support informed decision making

Researches and evaluates evidence based nursing interventions specifically with clients experiencing alterations in thought processes, affective behaviours, suicidal and homicidal thoughts and self deficits

Facilitates client's choices, recognizing client's variability to participate in the process and has knowledge of relevant resources to maintain a seamless continuum of care and improve quality of care through various health sectors

Administers medication accurately and safely, monitoring therapeutic responses, extrapyramidal symptoms, tardive dyskinesia reactions, untoward effects, toxicity and potential incompatibilities with other medications and illicit substances

Provides medication education in partnership with clients and the health care team

Core Competency IV - Rapidly Changing Situations

Objectives: Assesses the client's need for safety and utilizes continual assessment to manage the detection, prevention, intervention and post - vention phases of the crisis situation

PMH Nursing Knowledge/Skills

Has knowledge of theory and skills in non-violent least restrictive crisis intervention

Assesses, and implements nursing interventions and reports changes in client's behaviour that impact on safety

Describes, reports and implements nursing interventions that defuse or de-escalates crisis development

Reflects and evaluates the impact of critical interventions in partnership with the client (whenever possible) and health care team

Reflects on the impact that physical and/or chemical restraints have on the biopsychosocial, political, historical and spiritual aspects of the client and health care team. In collaboration with health care team members, utilizes risk assessments and safety measures to protect the client, others and self from potentially dangerous situations

Core Competency V - The Teaching Coaching Function

Objectives: Demonstrates ability to work in partnership with the client and advocacy groups to plan and support choices that promote and maximize mental health

PMH Nursing Knowledge/Skills: Understands and respects the lived experience of the client and uses this understanding to support and promote learning related to the maintenance of mental health

Plans and implements with the client health promotion education while considering the context of the client's life experiences, readiness to learn, culture, literacy, language, preferred learning

style and available resources

Engages in teaching/learning opportunities in partnership with clients and members of the health care team

Engages in activities to educate others about the impact of stigma and discrimination towards clients with a mental illness

Determines with the client the effectiveness of the educational process and collaboratively develops ways to meet their learning needs

Core Competency VI - Quality of Health Care Practices: Objectives:

Understands that mental health care occurs under the provisions of provincial / territorial Mental Health Acts and related legislation

Understands models of care which effectively guide practice

Understands the purpose of strategies for continuous organizational improvement

PMH Nursing Knowledge/Skills

Understands current and relevant legislation and the implications to relational nursing practice

Understands the continuous improvement to the organizational and or system structures in keeping with the principles of delivering competent, culturally safe and ethical nursing care

Understands the determinants of health and mental health and the impact of these determinants for the client

Recognizes the impact of changes in the mental health care system both locally and globally

Understands the importance of the client and the health care team working collaboratively to support strategies that manage these changes

Understands the purpose of the Canadian Standards of Psychiatric Mental Health Nursing 3rd Edition

Core Competency VII - Organizational and Work-Role Structures

Objectives: Assesses, plans, implements and evaluates programs of treatment in collaboration with the client and members of the health care team

PMH Nursing Knowledge/Skills: Critically evaluates the relevance for practice of research related to PMH nursing

Uses evidence based nursing interventions that can be implemented within complex situations

Understands the importance of collaborative strategies for social action and social justice in working with the client, other health care professionals and advocacy groups

Attends and evaluates the efficacy of both self-help groups (e.g. 12 step groups) and mental health support groups that incorporate the concepts of recovery and empowerment. Advocates, promotes and values the lived experience as told by the client

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