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

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ANNOUNCEMENTS

The CFMHN would like to announce the resignation of Robert Desrochers, the Director of Membership; and the provincial rep for Manitoba, and to Marie Gagnon our provincial representative from Quebec.

On behalf of the CFMHN, we would like to extend our heartfelt thanks for all the hard work and time you have dedicated to the organization. Your contributions will be truly missed.

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FACE IT…Mental illness concerns us all!

Raising Awareness of Mental Illness, Promoting Mental Health

as published in the Canadian Nurse

October 5 to 11 is Mental Illness Awareness Week (MIAW). The aim of this annual national campaign is to help open the eyes of Canadians to the reality of mental illness. MIAW was established in 1992 by the Canadian Psychiatric Association and is now coordinated by the Canadian Alliance on Mental Illness and Mental Health (CAMIMH) in cooperation with its member organizations and many other supporters across Canada.

Campaign elements include a grassroots public education initiative; a nationally distributed poster and bookmark series; the sixth annual Champions of Mental Health awards luncheon in Ottawa and an education initiative with federal members of Parliament, in both their home ridings and on Parliament Hill.

The awards event, which takes place on Oct. 7 in the Great Hall of the National Gallery of Canada, brings together members of the CAMIMH network, politicians, business leaders, sponsors and other stakeholders to celebrate outstanding contributions to the advancement of the mental health agenda in Canada.

Visit *www.miaw.ca* to meet some of the "faces" of mental illness and learn more about the individuals and organizations saluted as champions.

The Canadian Federation of Mental Health Nurses, a CNA associate member, is one of 19 national organizations that form CAMIMH. They represent consumers and their families; health-care and social service providers; professional associations; and community and research organizations. Together, they constitute a vibrant network of national, provincial and community-based organizations dedicated to serving the mental health needs of the people of Canada. The mission of the alliance is to promote and facilitate the development, adoption and implementation of a national action plan on mental illness and mental health.

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

Campaign elements include: a grassroots public education initiative; a nationally-distributed poster and bookmark series; the 5th Annual Champions of Mental Health Awards luncheon in Ottawa and an education initiative with federal Members of Parliament, both in their home ridings and on Parliament Hill.

Message From the President

100 Years… *Submitted by Christine Davis, President*

100 years – 2008 is the centennial of the Canadian Nurses Association and to mark the occasion hundreds of nurses from across the country and around the world gathered in Ottawa June 16th-18th to celebrate.

The theme of the conference came from the words of Mahatma Gandhi "You must be the change you wish to see in the world." *Be the change.* Lucille Auffrey, the Chief Executive Officer of CNA, asked nurses "to consider how you can be the change we need in our communities, in our health system and on our planet."

This is rather timely given that an election has been called for October. According to a recent poll, health care remains the number one issue for Canadians. But currently health care is not a prominent issue in this campaign. Did you know that every nurse influences 5 votes? (CNA) That is a million votes! Think of the change.

Back to the biennium in June. On June 14th, CNA hosted a networking session for the Associate/Affiliate/Emerging Groups. There are currently 34 Associate, 2 Affiliate & 4 Emerging groups. There are 18 certification exams with medical/surgical nursing planned for 2010. Two representatives of the AAE group sit on the Board of CNA and provide the Board with the perspective of a group of nurses who share an interest in a specific aspect of the profession (Board Resource Manual, section 2, p.6)
During the networking session, the group discussed our future. Interim goals for the AAE group for the next 2 years include:

- **Undertaking visioning & strategic planning to clarify the next two years**
- **Improving communication between CNA, the CNA Board , AAE Board reps, and AAE's**
- **Increasing collaboration between AAE's**
- **Increasing capacity of AAE's with regard to leadership of nursing specialty groups**
- **Increasing awareness of nursing specialty groups**

AAE groups want to be the change. You are AAE. If you would like to have your voice heard in regards to change in Psychiatric/Mental Health nursing, contact your CFMHN provincial rep.

And don't forget to VOTE! Be the change.

From the Lens of a Community Mental Health Nurse/ Case Manager Working in Rural NL

Written by Kimberly Pomeroy
Community Mental Health Nurse/ Case Manager

The Community Mental Health Nurse/ Case Manager is a relatively new role in rural parts of Newfoundland and Labrador. It is a largely independent role initiated to increase service to the severe and persistent mentally ill population- one that has been traditionally under-serviced in rural regions. Psychiatric/ mental health nurses who have higher education, clinical experience, and competent skills to provide quality mental health care are the most appropriate nurses to integrate comprehensive mental health nursing into communities. (ARNNL, 1994.) Nurses in NL identify that their generalist knowledge is inadequate preparation for the full scope of practice of the PMH nursing specialty. (ARRNL, 1994.) As such, there is a limited supply of nurses with expertise in this area.

Nurses across the country are seeing changes in PMH nursing content with a reduction in both curriculum and clinical hours. With one in five Canadians likely to suffer some form of mental illness in their lifetime (Health Canada, 2002), how will their resultant care be impacted by this reduction in curriculum content and clinical hours? Will gaps exist in the service we are prepared to provide to this population?

The following is a vignette of a community mental health nurse/ case manager's experience working in a rural NL setting: (Some details and the client's name have been changed to protect the client's identity)

Bonnie, a 44-year-old woman, was admitted to the case management program following admission to a psychiatric unit. She has a long history of psychosis. She has a significant history with the RCMP due to her paranoid delusions and subsequent erratic and often violent behaviour towards her family.

Prior to case management, this client had refused intervention from traditional mental health services and always became non-compliant with her treatment regime within a few weeks of every discharge. Bonnie's family frequently initiated contact with the RCMP for police intervention when Bonnie became too volatile to be managed at home.

The "outreach and client identification," function of case management gave the nurse a place in this woman's life. Knowing she had been admitted to the psychiatric unit, the case manager arranged to meet with her there, despite her protestations that she did not wish to avail of the service. The nurse explained the program and conversed with Bonnie about her life and her experiences in hospital. Bonnie identified her goal to stay out of hospital and the nurse suggested that case management could assist her in achieving this goal. She was agreeable! The case manager visited her at home two weeks later and maintained contact and relationship with her thereafter.

For one year, Bonnie was compliant with a depot neuroleptic, albeit grudgingly. She had limited insight into her illness, however she recognized her life had improved since her last discharge from hospital one year ago. Through the case manager's acceptance, encouragement and strong advocacy initiatives, she was successful in obtaining her driver's license, slowly started to improve her financial affairs, secured employment at the local department store, and was awarded visitation rights with her young grandchildren. Bonnie's husband informed the case manager that in the fall, two children came to their door on Halloween night. A monumental moment… "Nobody ever comes to our door except the police… unless she's in hospital." Bonnie's husband felt strongly that people seeing the presence of the case manager's car in the driveway was de-stigmatizing.

Unfortunately, many months after the case management service was initiated, the case manager was relocated and no replacement was immediately available. Telephone contact was maintained periodically while awaiting a new case manager. In the interim, Bonnie became noncompliant with the depot neuroleptic. She subsequently deteriorated, becoming paranoid with grandiose delusions. She again became threatening towards her family, exhibited erratic and volatile behaviour, spent the family's limited savings, and went missing for weeks. Through the coordinated efforts of her original case manager, the local authorities, and her family, Bonnie was eventually located and brought to a facility for psychiatric assessment, care and treatment.

From the Lens of a Community Mental Health Nurse/ Case Manager Working in Rural NL, continued…

It is evident that in the absence of the nurse case manager, i.e. infrequent albeit courtesy telephone contact and no home visits, the client's relapse was inevitable. The expertise of the PMH nurse includes using relational skills to create rapport and foster a trusting relationship. In this medium the nurse can perform a mental status exam (which provides the nurse with a comparative "snapshot" of the client's well-being), assess medication adherence and signs and symptoms of illness, and provide early intervention, all of which could have proven vital in assisting to maintain Bonnie's level of functioning. In the absence of the service, a lengthy hospitalization ensued.

Nurses in NL are seeing increased numbers of clients with complex mental health and social issues in community practice. With the onset of NL's new Mental Health Care and Treatment Act (which allows the implementation of Community Treatment Orders), the PMH nurse MUST have an extensive knowledge base. Practice in the rural community setting is largely independent and by virtue of the geography lacks any formal safety network. Astute assessment skills, ability to provide crisis intervention, and an awareness of the subtleties and nuances displayed by a person who has distorted thought processes or paranoid delusions are just a sampling of the skills the PMH nurse must possess to function independently and effectively in this role.

Does the basic nursing curriculum provide sufficient education for the new graduate to practice safely and effectively? Should national standards exist to ensure basic nursing curriculum offer sufficient mental health /psychiatric nursing content? Can interested nurses avail of post- basic opportunities to advance their knowledge base in PMH nursing?

To conclude, the reduction of basic mental health content in nursing programs has left nurses in an ethical dilemma. An unprepared nurse, in any discipline, is professionally at risk if she provides care for which she is not competent. The nurse, practicing without the necessary expertise, may be unable to adequately address the unique needs of the client. Employers, forced to hire nurses without adequate basic preparation in lieu of leaving a position vacant, may be jeopardizing the safety of their employees who aren't skilled in the assessment of the severely mentally ill. Is this population receiving the same standard of care that is offered to an obstetric or a cardiac patient? Is accessibility to basic health care (mental and physical) not one of the basic tenets of the Canada Health Act?

References:

Association of Registered Nurses of Newfoundland and Labrador. (1994).
Position statement: The role of the psychiatric and mental health nurses in the community.
St.John's,NL:Author.

Health Canada.(2002). A report on mental illnesses in Canada. Author:
Ottawa, ON. Retrieved March 12, 2008, from
http://phac-aspc.gc.ca/publicat/miic-mmac/pdf/men_ill_e.pdf

your life's work...
...in our piece of paradise
Mental Health Nursing on Vancouver Island
The Vancouver Island Health Authority (VIHA) invites you to come join us as we continue to develop and expand. As the primary health provider to the over 700,000 residents of Vancouver Island, VIHA is pleased to offer our employees:
• an excellent benefits package • relocation assistance
• the ability to move between clinical settings • training/ educational opportunities.
We are quickly establishing ourselves as one of Canada's most innovative providers of comprehensive Mental Health & Addictions services.
Our Teams
Our team-spirited work environments offer diversity, challenge and opportunities to lead. The Mental Health & Addictions Services teams take particular pride in services that consider both mental health and addiction issues. This approach, which takes into account concurrent disorders, represents current and leading-edge care models.
Programs and Services
Our services are as diverse as Vancouver Island itself, with its urban, rural and remote communities. VIHA's Mental Health & Addiction Program includes:
• Outreach and crisis response • Inpatient care • Detox/withdrawal management
• Supportive recovery for addictions • Day hospital and short-term treatment/ counselling • Ongoing community treatment • Residential care and housing
• Rehabilitation • Respite • Psycho-geriatric services • Psychiatric intensive care
• Psychiatric emergency services.
With our broad spectrum of programs and services ranging from acute care to community programs, VIHA is sure to have the ideal role to match your career and lifestyle goals.
For more information and to apply online, please visit our website.
Vancouver Island Health Authority,
Employment Services
Email: jobs@viha.ca
VANCOUVER ISLAND health authority
BC Healthcare workers are among the best paid in Canada!
www.viha.ca/careers

FILM REVIEWS, BOOK REVIEWS & INTERVIEWS

Canvas: A required viewing

Submitted by Julia Noel RN

As a nurse educator I am always exploring new ways to help students gain an understanding of the lived experience of mental illness, both for the individual and the family. In the past, I have tended to stay away from the use of popular culture in my classes, finding that the depictions of mental illness reinforce stigma, misunderstanding and fear. This year I decided to embrace popular culture and assigned "Canvas" as required viewing in my Mental Health Challenges class. 'Canvas' is a poignant film which depicts schizophrenia in the family in a realistic manner. This is Joseph Greco's film debut and, also, his story. Greco grew up watching his mother battle schizophrenia. Perhaps this accounts for the fact that the film does not have the quasi- horror qualities of past films on mental illness like 'One flew over the cuckoo's nest.' The film is a remarkably honest and heartfelt account of a father and a 10 year old son's first hand experiences with a mother attempting to cope with schizophrenia. It is a portrait of a family's enduring loyalty and love despite the agony they are all experiencing. 'Canvas' is a serious but sentimental film about mental illness that moves the viewer to a new level of understanding. The film will not replace family members or mental health consumers speaking in my classes, but hopefully will influence the students' way of listening.

A Widow's Awakening

by Maryanne Pope

What would you do...if the death of your soul mate meant the birth of your dream?
Eight years in the making, this extraordinary - and true - story of soul mates, saints, saviours, suicide and safety in the workplace charts a young woman's emotional, psychological, physical and spiritual journey through the first year of grief after the on-duty death of her husband, a police officer.
Told with brave candor and intelligent wit, A Widow's Awakening takes you on an enlightening journey into the worlds of policing, hospital trauma units, Orthodox religion, unsafe workplaces, and the unexpected areas our minds can wander into when life becomes almost too painful to bear. An inspiring story of coming to terms with the unimaginable in order to live a life with purpose and meaning, this book is a testament to the capacity of the human spirit.

-Shannon Lyons, Communications Consultant

20% of the proceeds of the sale of this book go to the John Petropoulos Memorial Fund, a non-profit organization set up in memory of the author's husband. The Fund's safety initiatives educate the public that workplace safety for emergency services personnel is a shared responsibility.
For further information or to order on-line, please visit pinkgazelle.com or jpmf.ca

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INTERVIEW WITH M

By Paula Tognazzini

Madeleine Dion Stout is an
an inaugural board member
was born and raised on the
Edmonton General Hospital
Lethbridge, Alberta. Ms. Di
Paterson School of Internat
and the founding Director
University. In 2004 she wa
Columbia.
For twenty years, Madelei
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president of the Aborigin
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Madeleine Dion Sto
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FILM REVIEWS, BOOK REVIEWS & INTERVIEWS continued...

INTERVIEW WITH MADELAINE DION STOUT

By Paula Tognazzini

Madeleine Dion Stout is an outstanding nurse, researcher and scholar who recently has been appointed as an inaugural board member of the Mental Health Commission of Canada. Madeleine is a Cree speaker who was born and raised on the Kehewin First Nation in North Eastern Alberta. She received her RN from the Edmonton General Hospital and her Bachelor's Degree in Nursing with distinction from the University of Lethbridge, Alberta. Ms. Dion Stout also holds a Masters Degree in International Affairs from the Norman Paterson School of International Affairs at Carleton University. She is past Professor in Canadian Studies and the founding Director of the Centre for Aboriginal Education, Research and Culture at Carleton University. In 2004 she was awarded an Honorary Doctorate of Law by the University of British Columbia.

For twenty years, Madeleine worked for the Medical Services Branch of Health Canada focusing on First Nations and Inuit health. Cumulatively, her work supports the development of healthy public policy and a strong public health system, and she was a member of the National Forum on Health, which continues to shape health reform. Ms. Dion Stout also represents the voice of aboriginal nurses as she has been past president of the Aboriginal Nurses Association of Canada. She often addresses aboriginal issues as she serves on several Aboriginal and non Aboriginal boards and committees such as the Federal/Provincial/Territorial Advisory Committee on Population Health and Health Security (ACPHHS). Equity and the just and fair treatment of all Canadians has been a life passion for Madeleine and as a board member of the newly formed Mental Health Commission she is in an excellent position not only to influence the integration of the mental health system and bring people with a mental illness into the mainstream of society but influence mental health policies and improve service delivery for individuals suffering from a mental illness. She is a fervent advocate who will continue to work towards diminishing the stigma and discrimination towards people with a mental illness. As a board member, she will also work with others to help disseminate evidence based information on all aspects of mental health and mental illness to governments, stakeholders and the public.

The Mental Health Commission not only has a mandate to be a catalyst for mental health policies and reform in order to improve the delivery of service to people living with a mental illness but also to act as a facilitator to support a national approach to mental health issues.

Madeleine Dion Stout strongly encourages nurses to become active from the ground up and become involved at all levels with the mandate of the Mental Health Commission. Nurses in practice, education and

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research can contribute to breakdown barriers that perpetuate the stigma towards people with a mental illness. Nurses can also be leaders in improving service delivery and assist in disseminating information on all aspects of mental health and illness. Nurses can lead and participate in research that projects that will contribute to the goals of this Commission.

Get on board and find out more about this by going to: http://www.mentalhealthcommission.ca

UPDATES:

THE 2008 NATIONAL CONFERENCE ON COLLABORATIVE MENTAL HEALTH CARE

By Paula Tognazzini and Ann Green

This conference was held in Victoria British Columbia on May 15-17, 2008 with the theme being "THE FULL MEAL DEAL" Education, Incentives, Implementation and Evaluation. The conference included plenary sessions, workshops, and paper and poster presentations. The key note speaker was to be Senator Michael Kirby but unfortunately he was not able to attend. Although each day was filled with these activities, there was some time in the evenings for participants to meet informally, exchange ideas and discuss projects and initiatives.

Paula Tognazzini (CFMHN BC Rep) and Ann Greene (past president of CFMHN) presented a workshop titled "Do Standards of Practice Give Direction for Collaborative Care? Walk the Talk. We started by introducing the goals of the CFMHN and began by giving a brief history of how and why the Canadian Standards for Psychiatric Mental Health Nursing were developed. A brief clip of the 1924 Barbara Stanwicks Movie; "the Night Nurse" was used as an icebreaker and was well received.

Background

The Canadian Collaborative Mental Health Initiative (CCMHI):

"aims to improve the mental health and well-being of Canadians by enhancing the relationship and improving collaboration among health care providers, consumers, families, caregivers: and improving consumer access to prevention, health promotion, treatment/intervention and rehabilitation services in a primary health care setting" (Retrieved September 10 from www.ccmhi.ca)

This Initiative also provides evidence based literature on mental health/mental illness issues in order to promote better practices in collaborative mental health care.

The Canadian Standards for Psychiatric Mental Health Nursing not only provide direction to all nurses and to the public but also compliment the CCMHI Principles which include, promotion and prevention, holistic care, access to collaboration, partnership, respect and information about the risks, benefits and treatment options. Everyday, nurses across the country work in partnership and collaborate with other health care providers consumers, families,

Continued from page 8

communities and other relevant stakeholders. When we apply our standards we in fact articulate to others what is expected from our nursing care and that we are accountable for our actions.
The "domains of practice", used as the conceptual framework for the Standards (Austin, Gallop, Harris, & Spencer, 1996), are classified under the following domains:
"therapeutic relationship, systematic assessment and decision making, the administration and monitoring of rapidly changing situations, the teaching /coaching functions, monitoring and ensuring the quality of health care practices and organizational and work role competencies".
Our standards reflect the collaborative care approach and we are leaders in psychiatric mental health nursing.

Paula Tognazzini (left) and Ann Greene (right) at the 2008 National Conference on Collaborative Mental Health Nursing in Victoria BC.

UPDATES: continued

This is an article that was published last week in the RPNAO newsletter featuring the fellowship work that was awarded to our CFMHN Editor, Susanne Sferrazza-Swayze.(Pictured 2nd from left)

Promoting a Healthy Workplace – *Fellowship Abstract*

by Susanne Sferrazza-Swayze

Purpose

The overall goal is to develop a plan to implement the Best Practice Guideline (BPG): Collaborative Practice Among Nursing Teams, with nurses working on a forensic unit at St. Joseph's Healthcare Hamilton.

The purpose is to develop the fellow's knowledge, skills and expertise in leadership and in promoting a healthy workplace environment through implementing Recommendation 1.0: Nursing Collaborative Practice Individual/Team Recommendations from the BPG. This is so the fellow can assist in building a collaborative practice amongst a forensic nursing team.

Background

Over the last two years, since the opening of the medium-secure forensic unit, many staff members have experienced the working environment as challenging. Absenteeism, gossip, negativity and low staff morale have been observed. A lack of teamwork, a loss of trust and negative feelings have also been evident. A gap was identified through the feedback from staff questionnaires.

The key priorities identified through the survey were problem solving and building collaborative teams. It is the fellow's goal to develop a plan that will address these issues and promote collaborative practice, an essential component of a healthy workplace (which, in turn, is essential to quality patient care).

Planning

In order to achieve this goal, the fellow's learning experiences will include: literature reviews, reflective journaling, consultations with multiple stakeholders, attendance at educational events, site visits to other facilities, a plan for implementation of a BPG, creation of a resource binder for nurses, practice of team-building skills and development of a presentation for dissemination about healthy work environments and collaborative practice.

Anticipated Results

Through this fellowship, knowledge and expertise will be acquired that will lead to an action plan for enhancing collaborative practice amongst the nursing team. This plan will be introduced and offer opportunities for the team to improve their capacity for problem solving and conflict resolution.

This learning experience will provide an opportunity for the fellow to take a leadership role within the team and be a resource to peers. This learning experience will also positively impact on the quality of the care that nurses deliver to their clients.

Implications

The learning experience will be under the mentorship of an experienced nurse leader with expertise in adult learning principles, team building, conflict management, forensic nursing and healthy work environments. The mentor is available to continue the relationship upon fellowship completion.

Conclusions

Evaluation strategies will include feedback from nurses and patients. Anticipated outcomes from this fellowship are: increased capacity of nurses to collaborate with each other and their patients; improved nurse and patient satisfaction; and improved satisfaction with the workplace environment.

Nursing Public Awareness Campaign

Ontario nurses will be hard pressed to meet the public's health care needs unless efforts are made to retain nurses at work and draw more people into the profession.

As National Nursing Week drew near, the RPNAO, in collaboration with the RNAO and the Ministry of Health and Long-Term Care, launched a public awareness campaign to convince more people that nursing is the best career choice.

Given the average age of Ontario's nursing workforce is 44.9 for RPNs and 45.9 for RNs, the need to recruit future generations of nurses has never been more important. With thousands of nurses eligible to retire in the next decade, Ontario could face a significant shortage unless the province can retain its nurses longer and attract more people to the profession.

RPNAO and RNAO both said those numbers mean the nursing profession is at a critical stage. There is a shortage in the province and the health care needs of people are ongoing said RPNAO's executive director, Dianne Martin. Martin said the campaign will appeal to nurses already in the profession: "We want all nurses to know that the public values the work that you do. We need you now more than ever, to help keep people healthy, and to care for them when they're sick."

Said Doris Grinspun, RNAO executive director: "We have to stop and ask ourselves: 'What would we do without nurses?' Communities across Ontario are going to great lengths to woo doctors, but the reality is we need nurses — and many of them — if we are going to ensure the kind of care that people across this province need, expect and deserve."

Please visit **RPNAO.org** to learn more.

NEWS UPDATES

As a member of the Canadian Alliance for Mental Illness and Mental Health, the CFMHN received this letter along with the "news release" that follows. In response to this, Christine Davis acknowledged the Minister of Health with a letter of congratulations (see below).

Dear CAMIMH member,

On August 18th the Honourable Tony Clement, Minister of Health, announced that the government of Canada is making the mental health of Canadians a key priority by increasing both the term and budget of the Mental Health Commission of Canada.

Please find attached the news release issued by the Commission on the same day, applauding the federal government's dedication to mental wellness.

If your organization would like to send a letter to the Minister or Prime Minister acknowledging this increased support, please contact:

The Honourable Tony Clement, P.C., M.P.
Health Canada
Brooke Claxton Building, Tunney's Pasture
Postal Locator: 0906C
Ottawa, Ontario K1A 0K9

Office of the Prime Minister
80 Wellington Street
Ottawa
K1A 0A2
Fax: 613-941-6900

Regards,
Diana

Diana M. Devlin
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CFMHN Responds to Increased Funds

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

August 26, 2008

The Honourable Tony Clement, P.C., M.P.
Health Canada
Brooke Claxton Building, Tunney's Pasture
Postal Locator: 0906C
Ottawa, Ontario K1A 0K9

Minister Clement

The Canadian Federation of Mental Health Nurses enthusiastically applauds the federal government's announcement of increased support for the Mental Health Commission of Canada. This commitment speaks loudly of the recognition that mental health and mental illness of Canadians is a national issue.

The Canadian Federation of Mental Health Nurses represents the national voice of nurses in this specialized area of health and is responsible for the development and maintenance of national standards of psychiatric mental health nursing practice. With members in every province and territory in Canada, we look forward to working with the Mental Health Commission, providing input to achieve its mandate and identified objectives.

Yours truly,

Christine A. Davis
President
CFMHN

PROVINCIAL REPORTS

PROVINCIAL REPORT
MENTAL HEALTH NURSES OF PRINCE EDWARD ISLAND
September 2008

The Mental Health Nurses of Prince Edward Island (MHNPEI) established a core-working group of mental health nurses to work with the ongoing challenge of a small membership. The working group developed a "Planning Survey" to help the executive committee determine what the mental health nurses of PEI need from the interest group in order to be more active at the provincial and or national level. The interest group also sought ways to better represent the mental health nurses of Prince Edward Island, and to support the promotion of mental health nursing practice in the provincially. The survey was circulated to all practicing RN's who work in the mental health area. Results are pending.

The fifteenth annual Atlantic Psychiatric Conference "LINK 2008" was held in Summerside, Prince Edward Island on May 29th and 30th. The conference organizing committee consisted of four mental health nurses, two psychiatrists and one general practitioner. There were seven keynote speakers who covered a broad spectrum of mental health issues. The conference had a successful attendance from participants practicing in the fields of mental health, home care, addictions, acute care, Veterans Affairs, education and justice. Topics covered included: (a) Prejudiced, who me? Are the attitudes of health care professionals contributing to the stigma of schizophrenia and other psychotic disorders? (b) Too safe for their own good: How risk and responsibility enhance resilience among children and youth, (c) Development of mental health courts across Canada, (d) The prevalence of late-life mental health disorders within the nursing home environment, (e) Mood disorders with sub-optimal outcomes may offer the first clue to adult ADHD, (f) If PTSD were only a disease and (g) Never married, happily divorced: A unique approach to eating disorder recovery. The next LINK conference is scheduled for May 28th and 29th 2009 in Summerside, PEI. For information contact Maria Ward RN., CPMHN(C) mjward@ ihis.org .

The University of Prince Edward Island, School of Nursing will begin its Accelerated Nursing Program in January, 2009. This will allow students who have already existing degree and who meet the prerequisites, to move through the Bachelors of Nursing in a timely manner The School of Nursing will be reviewing the PMHN component of its program with an interest in moving PMHN into a discrete course. Students and faculty expressed a desire for the PMHN component to have its own section with more clinical time. In response to this request the School has allocated 15 additional hours to the clinical component of the psychiatric-mental health practicum.

On October 29th 2007, Canadian Mental Health Association, Prince Edward Island (CMHA/PEI) division held its first annual fall fundraising event. A luncheon at the Delta Prince Edward featuring Margaret Trudeau as the keynote speaker was held. This event turned out to be a huge success on several fronts. Four hundred and seventy six tickets were sold which was more than CMHA/PEI ever imagined. But more importantly, Ms. Trudeau's presentation was inspirational- it was very open and honest and focused on her many years of struggling with bipolar illness, her recovery and how she successfully copes today.

Bev Thomson RN, teaches the CMHA. "Changing Minds: Providing effective communication tools to better understand mental Illness." Changing Minds is an innovative, multi-use, mental illness education program. It was created to address a community need for mental health education, stigma reduction and to promote a better understanding of mental health and mental illness. The program is of particular interest to front-line responders such as police officers, income support workers, crisis response workers, paramedics, correctional workers and health care professionals. Changing Minds is about lived experience. The program grew out of research and interviews with a diverse group of people living with mental illness. It is based on the premise that we can learn to understand mental illness better when we get to know the individual affected and learn how the illness affects him or her. We are able to see that mental illness is part of the broad range of human experience-something that can happen to any of us.

Continued on page 14

Continued from page 13...

Congratulations to Myrtle MacPhee, RN who was awarded the Emily Bryant award on May 14th, 2008. The award is given annually to a psychiatric mental health registered nurse who exemplifies clinical expertise, compassion and care in the field of mental health nursing. Myrtle has been a psychiatric-mental health nurse for approximately twenty-two years working on Unit 9 at the Queen Elizabeth Hospital, in Charlottetown, Prince Edward Island.

Special thanks to Maria Ward, R.N, CPMHN and Bev Thompson, R.N for their newsletter additions.

Respectfully Submitted,

Dr. Gloria McInnis-Perry, R.N., APN, CPMHN
Provincial Representative.

ALBERTA REPORT – Marg Osborne (provincial rep)

The challenge of a major change in the delivery of health care faces us all in Alberta! In the late spring, after the provincial election, the new minister of Health announced a major change in the governance of the nine health authorities and the three provincial boards (Alberta Mental Health Board, Alberta Alcohol and Drug Abuse Commission, Cancer Board). He dismissed the nine appointed regional health boards and the three provincial boards. Later in the month, he dismissed all the nine health authorities CEOs and also the CEOs of the provincial boards. He instituted one "**super**" provincial health board, with one provincial CEO. This was a **complete surprise** to many. This change in governance appears to centralize some functions of health care delivery again after so much work done to regionalize. It appears the goal of this change was to have a more efficient and standardized system across all regions.

At the present time, this change seem to be limited to governance and the regions continue to exist as usual but instead report to the super board vs. a regional board.
It is not clear at the present time what this change really means for the delivery of mental health services in Alberta. Front line care is said "not to be effected"!
It has been reported that there is discussion and planning for the integration of addiction services and mental health services in the various regions. Addiction services presently are a provincial program and separate from regional and provincial Mental Health services. However, now AADAC (addictions services) now reports to the "super" board.
There a several provincial mental health programs presently part of the provincial mental health services, they too now report to the "super" board. What this means is not clear as yet. As things evolve and change, I will be able to report on these changes.
Another political event occurred in Calgary regarding the new South Calgary hospital now under construction. It was announced that the original plans (several years in the making) for mental health services were going to be "cut-back". The programs and psychiatric beds are to be reduced due to cost factors. A strong lobby occurred instituted by Calgary professional care providers (largely psychiatrists) as a response to these cut-backs in the planning. This occurred over the summer. Hopefully, the lobby will have some impact on the delivery of mental health services in Calgary.

There are two educational events happening in Alberta in the near future. One is a conference on Depression in Adults occurring October 15 – 17 in Calgary. Information can be obtained at www.buksa.com. Senator Kirby from the Mental Health Commission will be at this event. The second event is the Mental Health Research Showcase, held November 19 to 21 at the Rimrock Resort Hotel in Banff, Alberta. This is the fourth showcase, done annually for those involved with and interested in the current mental health research being done in Canada. Information can be obtained at http://buksa.com/showcase/
Finally, I would like to congratulate each of the nurses from Alberta who successfully acquired CNA certification in Psychiatric/Mental Health Nursing in 2008. There were seven….you are to be commended, in this endeavour to provide quality care.

Provincial Report

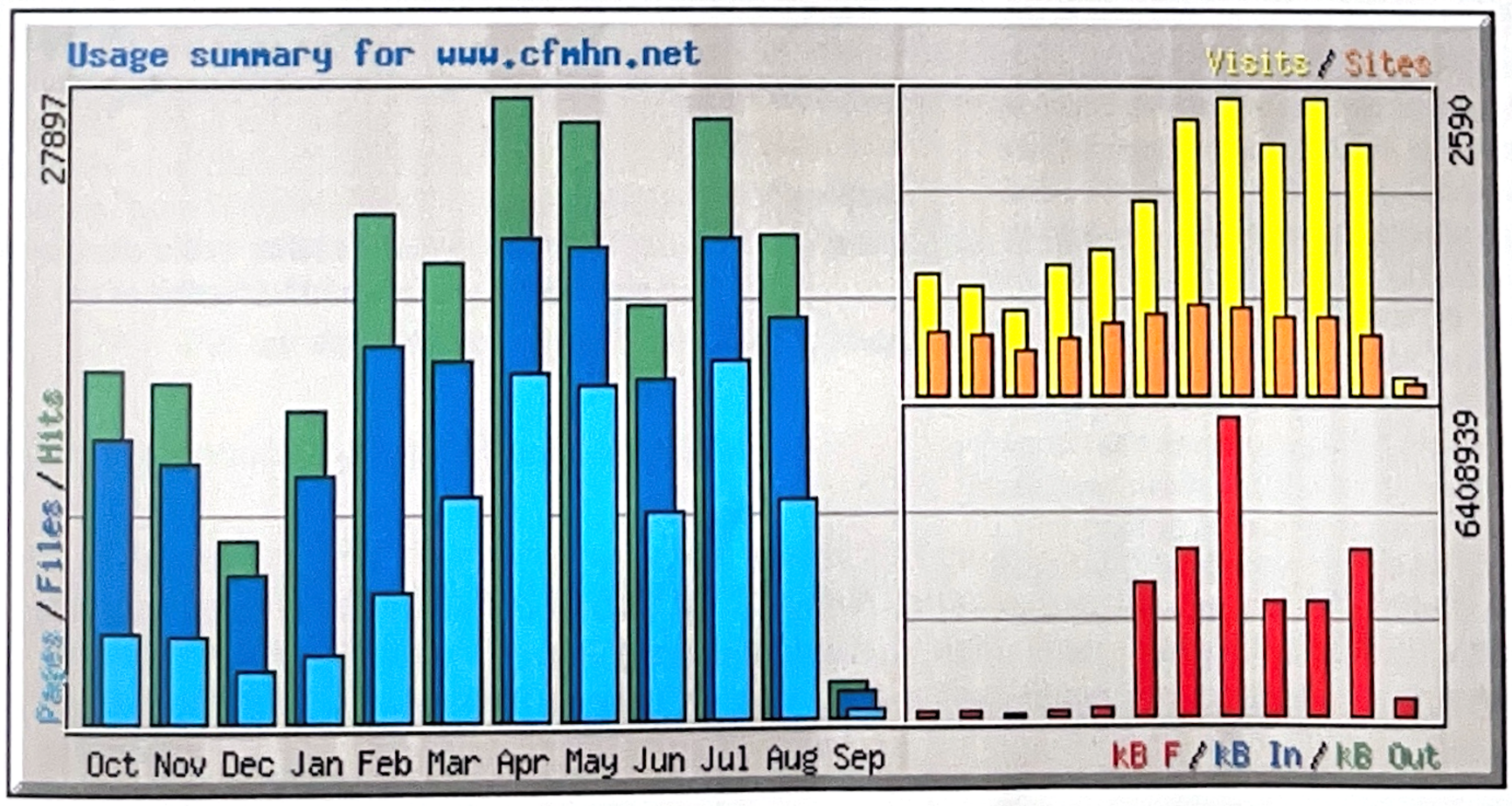
BC CENTRE FOR MENTAL HEALTH AND ADDICTIONS- *By Paula Tognazzini CFMHN BC Rep*

The BC Centre for Mental Health and Addictions – has opened this summer in Burnaby BC. The first of its kind in British Columbia –this facility will provide services for people suffering from addictions and mental illnesses. This centre consists of approximately 100 beds with the initial 30 beds that were opened this summer and the rest of the beds that will open by the end of 2008.The people that will be served by this centre will stay anywhere from one month to nine months depending on the severity of the illness. The Minister responsible for housing, Rich Coleman , states that "the centre will benefit people who may otherwise be at risk for being homeless". He claims that this is another step that the BC government is taking in order to address homelessness for high risk population groups.

Since 2001, the BC government claims to have spent more than $1.1 billion to support mental health and addiction services in British Columbia, an increase of 30 per cent. In that same time period, housing supports including community mental health beds for people with serious mental and substance use disorders have increased by 44 per cent. For more information please go to: www.govbc.ca .

How are we doing?

The number of hits to the CFMHN website is increasing. Pass it on!



Connecting the Dots: A report on the condition of youth-at –risk and youth with complex needs in NB

In 2006, Bernard Richard, New Brunswick's Ombudsman & Child and Youth Advocate initiated an investigation into youth-at risk and youths with complex needs; however, access to records integral to the investigation was not given until early 2007. 'Connecting the Dots' is the result of this work and it includes a review of seven individual complaint files relating to youths with very complex needs and makes 48 recommendations to government. The report and recommendations are divided into seven broad areas and themes. All are intended to improve services to children and youth in the Province of New Brunswick.

The first set of recommendations aims at creating conditions for greater political direction and accountability in child welfare. It calls for the appointment of a minister of Child & Youth Services with a legislative mandate to coordinate and integrate services for children and youths across all government departments. The report also recommends increased vigilance by civil society in relation to child welfare matters.

The second set of recommendations aims at improving service integration. The report recommends that the Minister of Child & Youth Services have the legislated authority to broker disputes between departments and agencies and to facilitate information sharing among public authorities in relation to at -risk children & youth receiving services. The report also recommends increased improved public education systems to guide families of at-risk children & youth.

The third set of recommendations relates to the provision of community-based residential care. The report calls for the establishment of two centres of excellence in the province. One would be dedicated to research and the provision of services to children with very complex needs, including the establishment of community- based residential facilities for these youths; the second centre of excellence, located in another New Brunswick community, would focus on the broader category of youth-at –risk to develop and pilot community-based interventions for them. The report also recommends stable core funding to youth transitions homes and program support to recruit and retain specialized staff in these homes, and to improve wages, training and clinical support to group home and youth transition home staff, with a view toward making the mental health system first-responders in times of crisis rather than the public safety system.

The fourth set of recommendations is central to the entire report and calls for the decriminalization of youth with mental disorders. It recommends child & adolescent psychiatry services be further developed, including the recruitment and retention of specialized psychiatrists and psychologists and other health-care professionals. The report recommends more research into the use and benefits of psychotropic drug therapy for children and the implementation of measures to ensure that children in care and youths in custody remain on medications prescribed by their treating physicians. It also recommends that the New Brunswick Youth Centre increase its efforts to inform youths of their rights and recourses while in custody and that it immediately suspend its practice of their practice of shackling and strip- searching youths, with mental health disorders, when placed in isolation pending further review of all its practices in relation to the use of isolation and transfer protocols for this population.

The fifth set of recommendations is in the area of educational services and calls for the Minister of Child & Youth Services to coordinate cross-training efforts for teachers, other classroom employees, mental health workers and child welfare workers as a means of further integrating and coordinating service delivery. The final set of recommendations calls for the establishing of crisis mobile teams to intervene on an emergency basis in the family home; the development of guidelines to favour and exhaust family based interventions over residential placement options; improved post-diagnosis support to families in partnership with community-based stakeholders; an improved attention to continuity of care and life-long care for children with very complex needs; and improved mechanisms to promote family relationships following placement outside the home. The report closes with a chapter recommending the elimination of discrimination in youth services through amendments to the Family Services Act that would eliminate the gap in services for youth aged 16-19 years of age.

Submitted by- Julia Noel, RN.

Canadian Coalition for Senior's Mental Health Connects with CFMHN

The CFMHN Board had the opportunity to meet with Deborah Burne a CFMHN member who has career experience working with older adults, their families, other caregivers and professionals. Deborah is a member of the Canadian Coalition for Seniors Mental Health and is a contributor to the development and utilization of Best Practice Guidelines (see below) and facilitated a lively discussion. Based on the current and future demographics and the incidence and complexity of mental health problems with older adults she supports the need for basic skill development regarding observational mental status assessment to better equip nurses to work in geriatrics and mental health. A recent report from the CNA indicated that nurses scored lower on the geriatrics and mental health sections of the national nursing registration examination than other areas. To meet these challenges in health care of older adults, curriculum education focused on aging and mental health best practice is fundamental for all levels of health care workers. Deborah supported that the CFMH focus on the mental health needs of older adults.

To facilitate access to the best practice guidelines and other relevant information pertaining to seniors and mental health a link with the CCSMH has been created on the CFMHN webpage. (see last page of article)

The Canadian Coalition for Senior's Mental Health National Guidelines Initiative

The mission of The Canadian Coalition for seniors' Mental Health is to promote the mental health of seniors by connecting people, ideas and resources. The main goals for the coalition are

- to ensure that senior's mental health is pivotal to Canadian health
- to facilitate initiatives that promote and enhance senior's mental health resources
- to ensure growth and sustainability of the CCSMH

The CCSMH has participated in strategic activities in the areas of advocacy, research, education, human resources, and best practice promotion in assessment and treatment and for family caregivers.

In 2005 the CCSMH was awarded funding by the Public Health Agency of Canada, Population Health Fund to facilitate the development of interdisciplinary best practice guidelines to address four significant areas of seniors' mental health with respect to

- the assessment and treatment of delirium,
- the assessment and treatment of depression,
- the assessment and treatment of mental health issues in long term care (mood and behaviour)
- the assessment of suicide risk and prevention of suicide

Rationale for Guideline Development

A review of Canada's current population trends and projections indicate that the over 65 segment of the population is expected to rise to 13 % by 2011with the largest segment in the 75 to 84 yr group. Presently 20 % of this group is coping with mental health illness (MacCourt 2005). In addition it is estimated that 80 to 90 % of nursing home residents are subject to cognitive or mental health problems.

Continued on page 17

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Implementation

Following the publishing and dissemination of the guidelines in 2006 the challenge for all best practice is knowledge transfer and sustainability. The aging demographic poses a formidable challenge to all levels of government and health workers to provide efficacious, skilled and appropriate care strategies to support seniors' mental health. To this end the CCSMH is involved with various partners in the utilization and implementation of the national guidelines with respect to long term care, cancer care and delirium in end of life care.

The guidelines are available to download free on line at www.ccsmh.ca.
Explore the other mental health resources available and the newest on line publication Promoting Senior's Mental Health In Cancer Care: A Guide for Front-line Caregivers.

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choose to lead

Speculation on why families perceive the Mental Health Care system as largely Unsupportive, as shared by a concerned and dedicated parent.

My son has Asperger's. He has many other health issues, including chronic fatigue syndrome, chronic depression, colitis and a number of motor tics. Most of my parenting life has involved developing strong advocacy and skills to effectively challenge the status quo, and obtain services that are advertised as available, but seem to be reticent in offering. It has also required my ability to develop expertise in knowledge of my son's condition - to be able to effectively discuss my son's case.
There are many barriers for parents entering the mental health system and trying to obtain help. Terminology is one such barrier. This barrier, however, I found this one to be the easiest to overcome.

Understanding of programs is another barrier. Many mental health professionals loosely use acronyms of programs, or just simply state a program name and expect that you, as the parent or individual, have some magical way of knowing and understanding what that program offers and how it will be of benefit. The challenge of time and needs is an extreme issue. We would be deemed suitable for a certain program, after meeting with someone for 15 minutes, who we waited to see after a long referral period of 9 months, to only be referred yet again and wait another 6 months. In that period of 15 months - nothing essentially happened. Except that we struggled as best we could.

Learning to be your own advocate, learning to be your own expert seemed to be the best option for getting what you needed, getting assistance.
Comments by professionals often remarked on the fact that they "didn't have much of a budget" and "your son's needs fail to compare to my last appointment." These comments felt derogatory and belittled our personal struggles. (my son operates at age 2 intellectually at many levels, but is average in others. Combine his physical troubles and typical asperger communication problems - day-to-day functioning was very difficult at times). It was disheartening to have these comments.
Workers change often, are not knowledgeable about the programs or changes in these programs. "I only just transferred here and I don't know any of these programs." "I am only temporary help and your regular worker is on a 3 month stress leave" and, "maybe I can talk to the manager about where your file is at..." Another example of a visit involved sitting at a very large, long table with 12 'experts' who you have never met before and they have never talked with your son or you, but have read another professional's report written after talking with you for 15 minutes 6 months before, to say that they think such and such a program would be helpful, but it's too bad that that program has been cancelled due to lack of funding.

The long stream of complicated forms and questionnaires that seemed to only lead to more forms and more questionnaires. And following completion of these forms, having felt that you have completely bared your soul to strangers, you are referred to someone else, in a different office, and will wait to see for another 6 months. Because they have now read this form (completed 6 months prior) they feel that they know you and don't seem to consider or ask if there have been any changes...or what's new!? So, in the end, with assistance of a strong and very committed non-profit organization and some very dedicated and passionate workers and volunteers, these people assisted us to find the right solutions and find suitable housing, find appropriate work, so that I am so proud to say that my son in working and living independently...with our close supervision. They occasionally call to check up and see how things are going. With these folks, we feel connected and cared for…this helps so much in relieving the sense of burden and isolation.
I hope that this experience will help to highlight why some families may become jaded and feel that they are unsupported.

THE RAID® COURSE.

A relentlessly positive approach to working with extreme behavior, to minimize it at its source.

The RAID® Course (Reinforce Appropriate, Implode Difficult / disruptive) gives a relentlessly positive philosophy for working with extreme behavior. Already attended by 10,000 professionals in the UK, RAIDing provides a positive approach to be proud of, developing appropriate 'green' behavior so that it simply overwhelms the problem behaviors in question. Importantly though, RAIDing also tells you what to do when problem behavior happens.

Course participants typically see the RAID® approach as providing a repertoire of constructive, positive methods for working with even the most difficult of people. This can be markedly invigorating for people who have spent some considerable time working with 'extreme behavior'.

Course participants come from a host of backgrounds, including facilities for: personality disorder, extreme behavior resulting from severe mental illness, acquired brain injury, people with developmental disabilities, and many more. Participants include social workers, nurses, occupational therapists, psychologists, counselors, addictions specialists, psychiatrists and front-line human services support workers.

A 3-day course - $579 plus GST per person

LOCATION AND DATES

Vancouver: October 8, 9 & 10, 2008, Dr. William Davies.
Early registration discount of $539 if recieved by September 12.

Regina: November 5, 6 & 7, 2008, Dr. Joseph Calleja.
Early registration discount of $539 if recieved by October 6.

Lethbridge, AB: April 15, 16 & 17, 2009, Dr. Tania Safniuk.
Early registration discount of $539 if recieved by March 18.

Winnipeg, MB: May 13, 14 & 15, 2009, Dr. Todd Kettner.
Early registration discount of $539 if recieved by April 15.

PREVENTING FACE-TO-FACE VIOLENCE.

Powerful non-physical techniques for handling aggression and violence effectively.

First run in 1993 and constantly developed since then, this course is the 'original' of courses on the non-physical management of aggression. Attended so far by about 100,000 participants it covers how and why anger and aggression develop, how to prevent aggressive and violent incidents (both to oneself and others), key techniques for responding to an actively aggressive or violent person, and what to do after an incident has been resolved. Everything you need to know about non-physical responses to anger, aggression and violence.

Participants include social workers, nurses, occupational therapists, psychologists, counselors, addictions specialists, psychiatrists and front-line human services support workers.

A 2-day course - $389 plus GST per person

LOCATION AND DATES

Edmonton, AB: April 2 & 3, 2009, Dr. Joseph Calleja.
Early registration discount of $359 if recieved by March 5.

Brandon, MB: May 7 & 8, 2009, Dr. Todd Kettner.
Early registration discount of $359 if recieved by April 9.

To register, phone **1-877-893-7057** or email **office@aptcanada.com**

Newsletter conference update

Add the 'Mark the date card and information about the Call for abstracts: a little overview, time frames and who to get this information while website under construction.

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

October month in Nova Scotia is filled with a full range of autumn colors.
Come along to the Conference and plan to stay a while to savor the Halifax History and the beauty of the Atlantic.

Interesting Facts about Halifax:

Halifax enjoys the second warmest climate in Canada. It rarely suffers from extreme winter conditions and has pleasant summers that average temperatures in the mid to high 20s (80-90F).

Halifax Harbour is one of the largest natural harbours in the world. Depending on whether you consider volume or surface area it is either the largest natural harbour in the world or the second largest. Either way it's big.
Halifax harbour is home to Canada's Maritime Naval Defence Base.

Interesting sites to visit while in Halifax

Halifax Citadel National Historic Site-
The present Citadel, completed in 1856, is the fourth in a series of forts since 1749 to occupy the hill overlooking the harbour. It is an excellent example of a 19th-century bastion fortification complete with defensive ditch, ramparts, musketry gallery, powder magazine and signal masts.

Peggy's Cove – this picturesque original lighthouse was
built in 1868 and is the centrepiece of the historical, artisan village. The hypnotizing rhythm of the ocean and salty air make this a necessary stop on any excursion.

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