



Canadian Federation of Mental Health Nurses

Winter 2002
Edition Number 34

President's Message

Ann Greene

The morning breaks white and bright with silence that only comes with new fallen snow. For the rest of Canada this is no big deal, but I am situated in central Vancouver Island.....rain forest for pete's sake!

I am waking early in anticipation of my first national 'telemeeting' board of directors conference; a very onerous task for a naïve and new president. In my mind everything that can go wrong does:

- The timing is completely out of sync with the rest of my life!
 - I am starting a new job in less than 2 weeks!
 -In another city!
 - I have to move.....again!
 - My son the snowboarder has just called to tell me he has broken his wrist.....again! "No biggy mom, I can still board with a cast"
 - And the meeting.....did the emails arrive; will we all connect; does everyone have the dial-in number and code; did the minutes arrive in everyone's computers?

Fast forward to 8:00 a.m. and the dial-up teleconference is in full swing. There is friendly chatter on the line as board members from across the country reconnect and catch up where they left off in Toronto at the October board retreat.

My frayed nerves are soothed by the hum of conversation as the meeting gets going. Everyone has the agenda, the minutes are read, the actions addressed. We inch forward through the agenda, through time and through our objectives to meet our Federation goals. Business is getting done and we are hearing about it on this snowy Canadian Sunday.

- Our communication issues are being addressed: the mailing and membership list is being revised into a more user friendly format; the CFMHN brochure is being updated; the website is being further developed with interesting information for members (www.cfmhn.org); the newsletter is getting a newer look from the new editor and assistant editor.
- Our conference planning is progressing and we have a Regional Conference being planned in Toronto in June 2002 and an International Conference in May of 2003 (Toronto).
- Our by-laws have been revised and are posted in this newsletter edition.
- Our media watch has been active with letters to the editor.
- We are focussing some planning and strategizing on policy development, international collaboration and national standards implementation.

.....And now I know why I belong to this national group, why I have accepted the role of president and why the timing is never right, yet always right. For me it has to do with the flexibility of nurses, the ability to think on one's feet, respond in the moment and critically analyse the situation. It has to do with connecting with others in a human and caring way, to give and take to meet the need.

To be here, looking beyond the abyss of healthcare dilemmas we daily face, allows me opportunity to breathe deeply and embrace the professional world of nursing as completely as the silence of this new fallen snow.



Mainland Mountains, Island Mountains, Sunset
Artist: CB

Fédération Canadienne des Infirmières et Infirmiers en Santé Mentale



Editorial

Judy Buchanan

Ah, the winds of change. I have taken the mantle of editor upon my shoulders and I must jostle it well. Words converge and collide - responsibility for opinion, topical issues, and other etceteras. I feel like I am on a bucking bronco heading for a ravine. If I don't embrace this challenge I will be swallowed up by it. What to do - what to do.

For starters, a cup of coffee. I after all, am but an opaque screen through which the voices of psychiatric and mental health nurses from east to west pass. I am a vehicle. Brenda Ingram is the command central (puts this all together). Gwen Van Schaik is an armour of support and sharer of the load. Ann Green waits in the wings, the wise sage ever ready to straighten out this novice traveller when she strays from the path. Editing this newsletter is another part of the bends and twists, calms and storms of a life being lived - of a new personal beginning. And don't new beginnings just natter away at you and create all kinds of useless anxieties? The paradox, of course, is that the anxiety triggers a source of excitement, for it signals to me that despite myself, I have a chance to scratch away at something I've never tried before.

My sincerest wish is that you will continue to support our efforts to create something of meaning 3 times per year, and that as you pick up this issue you will find value "between the covers".

*We're living in times where we're sitting on eggs
The egg is the symbol for fertility and new birth
It represents potentiality,
And scrambled eggs for breakfast. (By Gwen Van Schaik)*

Letter from the Assistant Editor

Gwen Van Schaik

When Nancy Johnston and Ann Greene approached me to see if I'd be interested to assist with the editing of the Federation's newsletter, I felt honoured and delighted. I'm no stranger to the Federation and over the years have watched its trials, tribulations, and triumphs. I recall my introduction to the CFMHN when I was working on my degree in Nursing at Ryerson University in Toronto and Professor Judy Britnell showed us students the CFMHN peace-in-mind logo and we voted to accept it.

As editors, both Judy Buchanan and I want the newsletter to be meaningful, informative, a place for dialogue, input, and sharing. Ann Greene added interesting features with the Summer 2001 issue, and we plan to continue this process of innovation in 2002.

There are many nurses who are familiar with Therapeutic Touch, Healing Touch, Reiki and other bioenergetic type of therapies and we want to hear the voices/stories of those of you who have alternate care skills and how you apply the principles of energy associated with those skills in your professional practice and places of work. I'm inviting you to send your stories, experiences, ideas, poems, whatever, for the next issue. We would like to create a dialogue to be continued in further issues with the material received. I'm looking forward to your reactions. You can send them to: newsletter@cfmhn.org

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Manitoba

Catherine Lucas

The Manitoba Psychiatric Mental Health Nurse Interest Group continues to meet every two months. Although there has been a recent decline in our membership, the core members decided that it was important to maintain the interest group from within the province; we certainly hope to attract new members. The meetings continue to include a business/networking portion, as well as an educational component. We recently had a most interesting presentation from the Addictions Foundation of Manitoba with a specific focus on Christie House, whose primary responsibility is family service. Of interest, the Winnipeg female residential treatment program for addictions is the oldest in Canada. The next planned education session will focus on Aboriginal issues. Our 1st meeting in May before the summer break will be an informal dinner meeting, which will allow opportunity for socialization/networking and discussion of possible topics of interest for the following year's educational sessions.

The transition of mental health services from hospital to community continues. Twelve community access centres have been planned for the city of Winnipeg, which will include both adult and child and adolescent mental health services. The government has again re-instituted an educational program for community child and adolescent mental health workers. Both programs have developed strong initiatives. The Child and Adolescent Mental Health Program continues with the ongoing development of a centralized intake. There has been a strong emphasis on collaboration between mental health, education, justice and child and family services. The goal is to reduce duplication of services and improve communication between the agencies in an effort to serve children and their families more effectively. An eating disorder program is one of the new initiatives developed and several research projects are underway to evaluate treatment modalities. The adult program is focusing on the development of an integrated service that addresses the needs of those with a dual diagnosis.

The program has also identified the need to improve the coordination of all mental health services. The improvement of housing (based on the recovery model), the incorporation of consumer and family input and the development of early intervention strategies with more collaboration between child and adolescent, adult and psychology programs are also major initiatives.

Prince Edward Island

Gloria McInnis

Canada's smallest province has been quite active in the Mental Health scene. Although Nursing shortages plague the Island nursing scene, we have been able to support several exciting and innovative roles of the Psych/Mental health nurse. Dr Gloria McInnis-Perry (RN) was recruited to develop Psychogeriatric Programs in the Queen's Region. She works closely with interdisciplinary teams that work with the "frail" senior who has mental health problems. She provides consultation to both the Geriatric Restorative Pilot Program and the Dementia Care Unit in the Continuing Care sector. She is actively involved in several research and educational projects.

Since our last report PEI has been successful in recruiting two Psychiatrists specializing in Child/Adolescent Mental Health, one in Seniors' Mental Health a fourth in General Adult Health.

Registered Nurses and Licensed Nursing Assistants work with Psychiatrists, Psychologists, Social Workers, and other members of the health care team to provide the best mental health programs. Caroline Livingston RN reports that the nurses are very active in maintaining their clients in the community. They provide individual, group and family therapy to a wide range of client's health needs. Two recent roles in the Community scene are the research endeavors addressing clients who have Bipolar Disorder and Schizophrenia.

Community Mental Health nurses are presently increasing their skill and knowledge bases in the areas of Dialectical Behavioral Therapy, and Psychogeriatrics. A Crisis Intervention Pilot Project was initiated that links the Acute Care Hospital's ER, Psychiatric Unit and the Community Mental Health Centers. In addition a collaborative model of practice is being piloted in which the provision of mental health care in a primary health care centre is being delivered.

In the long-term care sector, Diane Townsend, RN, BN reports from Hillsborough Hospital that the nurses in the Psychiatric Rehabilitation arena are extremely busy with Strategic Planning and working in the development of a Psychogeriatric Rehabilitation Unit.

Brenda McFadygen RN, BN reports that the Acute Care Psychiatric Unit serves children/adolescents/adults/ and older adults, and provides mental health assessment to the ER. The Nurses are delivering individual/group/family programs,

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providing counseling to the newly piloted Cardiac Rehabilitation Day Program, and educating clients, family and staff.

Through the continuum of mental health care, our nurses are involved in continuing with their own education. Many are certified by C.N.A, while others are pursuing certification or working towards their degree.

We are very active, motivated and eager to direct Psych/Mental Health Nursing into this new century. Also, we are excited about recruiting a variety of nurses into our specialty area. CFMHN development on the Island is one of the major objectives for this year. A second objective is the professional representation of Psych/Mental health nurses on all health care initiatives. A third is an increase involvement in the Research arena. Our hope is that by working and sharing together we can make the Mental Health Care System in Canada work for us all.



Research

Sarah Hutson

Mental Health Nursing Competency

An applied research project conducted by Sarah Hutson RPN, MA Thesis
Completed April, 2001

This project examined: What competencies are needed for nurses to work effectively with clients in mental health? One of the responsibilities of the Ministry of Health in British Columbia, is to identify and validate key competencies for the workforce. These competencies then need to be integrated into existing educational curricula. The relevant professional nursing regulatory organizations (Registered Nurses Association of B.C., College of Registered Psychiatric Nurses of B.C., Canadian Nurses Association) have a mandate to ensure that nursing competencies are relevant to nursing practice, and that government funding is sufficient to ensure nursing education programs are effective, appropriate, efficient and accessible. The challenge is to ensure that nurses continue to provide quality care, according to the relevant nursing standards, and in times of mental health reforms. Malaspina University-College Health Programs, Nanaimo, B.C. was the sponsoring organization for this research. The research subjects were nurses working on the psychiatric inpatient unit at Nanaimo Regional District Hospital.

One to one interviews were conducted with the first six nurses who agreed to participate. Seven questions were initially provided in written form for the nurse-participants to consider. The questions were designed to enable the nurses interviewed to provide insights, generate ideas and give information that would help to answer the research question. The identity of the nurse-participants was confidential. The interviews were taped and then transcribed. A data analysis was then conducted to identify competencies that nurses already working in mental health considered to be necessary to work effectively in an acute psychiatric care setting. The Psychiatric and Mental Health Nursing Standards, Domains of Practice document developed by the Canadian Federation of Mental Health Nurses in 1995 was used as a framework in the data analysis. It was considered by the researcher to be reflective of the institutional psychiatric setting in which the nurses worked.

The results of the study identified three main abilities that the nurse-participants identified as being the most useful in mental health: good communication skills, adaptability in managing changes, and a non-judgemental approach. Utilizing an existing framework of competencies based on national standards for mental health nursing to organize and examine the data was found to be useful in this study. It enabled competencies emphasized by the nurse-participants to be compared with national standards. Specific competencies identified in a given practice setting can then be applied effectively and integrated with nursing education and development, and for hiring and evaluation purposes. The study makes recommendations that may help to close the gap between nursing education and mental health practice in order to provide nurses with the competencies relevant to this particular setting. The study validates competency-based learning and practice, forms a basis for further research in other mental health settings, and suggests possible directions for the participating organizations to implement recommendations arising from the research.



Humber River Regional Hospital would like to introduce you to a new point of view. As one of Canada's largest community Hospitals, we are a client-focused organization experiencing growth and are leading the way in health care services in northwest Toronto.

We are looking for qualified Registered Nurses to join our expanding Mental Health team. Opportunities exist in the following programs:

**Child and Adolescent Mental Health Program
(Full-Time, Part-Time and Casual Registered Nurses)**

The child/adolescent mental health nurse will provide direct care to children and adolescents ages 18 and under on a 6-bed inpatient unit and a transitional program at a scheduled 1 facility within the framework of a treatment plan formulated by multi-disciplinary team.

You must be available to work 8 and 12-hour day/evening/night shifts, weekends and statutory holidays as required.

**Emergency Psychiatric Services Unit
(1 Full-Time Registered Nurse)**

Collaborating with the Psychiatrist and staff of the Emergency Psychiatric Unit and the Psychiatrist on call, you will provide expert Mental Health assessment and crisis services to referred patients within the Emergency Department. Demonstrated Nursing competence in critical decision making involving patient triage, assessment, treatment and disposition is required. Recent crisis experience preferred. You must be available to work a 12-hour day/night rotation.

**Inpatient Mental Health Program
(Casual Registered Nurses)**

You must be available to work 8 and 12-hour day/evening/night shifts, weekends and statutory holidays as required in our General Psychiatric Inpatient Unit.

QUALIFICATIONS FOR ALL POSITIONS INCLUDE:

- Current Ontario registration (or eligibility to become registered) with Ontario College of Nurses.
- Current BCLS certification. BSN or master's degree an asset.
- Related Mental Health experience.

Applicants are asked to forward applications, stating position of interest to:

Email: recruitment@hrrh.on.ca or Fax: 416 747 3758 attention Laura

*We thank all applicants for their interest; however, only those to be interviewed will be contacted.
We are an equal opportunity employer.*

Dare to Tell...a glimpse into the lives of Real Nurses

An interview by Ann Greene and featuring Linda Nasato

Well let's begin.....Tell us about yourself, your nursing work, what you do and why?

My work involves three areas of community practice: individual therapy, cognitive behavioural group therapy for Anxiety Disorders; and continuing care program for clients with serious mental health problems which offers depot neuroleptic medication clinic, social drop in group and support/education for the clients and their families and/or significant others. I also mentor student nurses from Humber College nursing program.

I am a consultant to a successful Community Support Group for those with anxiety disorders. This group was formed over four years ago by three of my former clients.

As a community volunteer I am President of the Board of Directors for a non profit, Ministry of Health & Long Term Care funded, rural group residence for persons with serious mental health problems. I am actively involved with the Registered Nursing Association of Ontario since 1979, President of the Mental Health Nurses Interest Group of Ontario and a long time member of the CFMHN. I am co-chair of the Mental Health Program educational committee in workplace presenting annual conferences.

Wow! What inspires you to be so active in nursing and mental health?

Mental Health Nursing is rewarding most of the time. There is a great deal of professional pride as a result of educating, supporting and guiding my various clients to take control of their illnesses and their lives as much as possible. It's that pride that motivates and inspires me in my nursing work so my clients themselves are a driving factor in what I do and why.

Will you share an experience where your nursing intervention supported a client to take control of their situation?

I originally saw this client for anxiety disorder. She could barely leave her house, was phobic about taking medication, getting into elevators and many other activities of daily living. She worked nights in order to avoid other people. I saw her individually and in group over the last 6 years. During this time, she progressed to the point where she assisted with establishing the client self-help group I spoke about earlier. With the support of her son, she then took a job during the day in a building where she worked on the 10th floor! She then moved further in the company, to an executive position. From there she changed jobs and is now working in management and with the public for a major retailer. Her next goal is to transfer these skills to start her own business.and I had a major role in her recovery.

What are some of the influences from other aspects of your life?

I'm a daughter, wife, mother and grandmother. I have many hobbies such as gardening and I am a voracious reader! My personal life experiences give me increased understanding of the experiences of many of my clients. I think the biggest influence has come from my colleagues; nursing and other professions. As an RNA, RNs went out of their way to teach me and caring was made an exciting experience. I was encouraged by RNs and physicians to go to school and get my RN. Once an RN, then other disciplines encouraged and shared their skills with me; psychologists, social workers, psychiatrists. We all shared our base of the bio-psycho-social-spiritual approach to care.

This Christmas, a psychiatrist I have worked with for many years said to me, "you are the most caring, intelligent, skilled RN I have ever had the pleasure to work with". This brought tears to my eyes. To be respected in this way is so rewarding. I really see all of this as a 'professional ladder' that has been continually supported by my employer. I can't say enough about the William Osler Health Centre (I still think of it as the Peel Memorial). They consistently demonstrated flexibility to support me during my personal life and career changes. Talk about recruitment and retention strategies that go back 30 years! This employer has supported me to return to school by flexible working hours, part-time positions, time off, job sharing, grant funding, mentoring, financial support and most importantly, emotional assistance to meet life's challenges. They have hung in with me through thick and thin.

Tell us more about what a 'professional ladder' means to you?

Starting as an RNA, then becoming an RN with additional credentialing and eventually certification in PMH nursing; teaching in a shared governance model as a staff nurse; the opportunity to mentor nursing students. The bright light in my career was the opportunity to participate in the CNA examination development committee with other nurses from across Canada and from all areas of PMH nursing practice.

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I want to say more about mentoring nursing students. This is a time of one on one with a student. They are velcroed to me and get a total immersion experience. Our hospital implemented Family Systems Nursing based on the Calgary model and the students really see a holistic assessment like never before! I have students come back and work when they graduate because of their experience with me and I am very proud of that.

How do you maintain balance in your life?

I am always on the alert for burnout. I see life as a pie that's divided up into work, personal and creative. I have to keep an eye out and know how to get out of (imbalance) it. Humour is very important and I stress this with my clients too. I am starting to plan towards retirement as my spouse retired 2 years ago. I am looking at some volunteer areas in my community where my many years of nursing experience will be an asset. Joining the volunteer department of my employer is definitely something I look forward to doing.

And now for your words of wisdom.....

Get active, get involved! Ongoing education is extremely important along with completing the CNA specialty exam. Get involved with all the professional associations and groups that are part of the practice of PMH nursing.....and most of all: always strive to 'walk in the shoes' of a patient, client or family member. Never see yourself as superior to that person- this could easily be you or your loved one.

In closing I would like to say that this interview was an exciting thing to do. When you first asked me, I thought about the other interviews I had read and I was intimidated. I thought, "What have I got to say". And then I thought about all the times I have been acknowledged for the non-traditional approach that I bring to nursing and I thought perhaps others would like to hear this different story that I bring.

I want to thank Linda Nasato for daring to share her captivating tale of being a nurse from the ground up!

Linda Nasato

Linda Nasato began her career as an RNA (registered nursing assistant) in 1969. For the past 30 years she has worked for the William Osler Health Centre, Brampton Campus (formerly Peel Memorial Hospital). Linda graduated as an RN, from Humber College-Quo Vadis in 1979, completed Humber College Mental Health Nursing Certificate 20 years ago and a Clinical Behavioural Sciences post baccalaureate diploma at McMaster University in 1993. In 1995 she received her CNA certification in mental health nursing, CPMHN(C) and was recertified in 2000. Linda has adult children and lives near Brampton, Ontario with her husband Aldo. She currently works as a member of the multidisciplinary team on the adult Community Mental Health Team at William Osler Health Centre in Brampton.



ADVERTISING RATES FOR CFMHN NEWSLETTER

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

Full page \$250

Half page \$150

Quarter page \$100

These charges are on a cost recovery basis only so that we don't incur tax implications.

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Nurse Leader

Anne Cook, Chief Nursing Officer
Vancouver Island Health Authority

It is my great pleasure to introduce Anne Cook, Chief Nursing Officer of the Vancouver Island Health Authority, as the Canadian Nurse Leader for the Federation's Spring 2002 issue. A pleasure because Anne is a person who doles out hope. I had the good fortune to sit down with her for a "lunch-chat". She shares that chat with us all in her profile.

Her first official written words as Chief Nursing Officer in her region wide communique were: "Lance Secretan says..." Most of us hadn't a clue who Lance Secretan was. We do now. Lance, the man promoting to "reclaim higher ground and to create organizations that inspire the soul." For me, Ann Cooke represents the person who puts the principles of "organizations with soul" into practice. She shares with us why and how she does this.

Gwen Van Schaik



"Hello, it's Thursday, January And you have almost reached Anne Cooke. I'm sorry I'm not able to take your call right now, but please leave a message at the tone and I will either act on it, or return your call as soon as I can. In the meantime, if you wish to speak with my assistant, please....."

I'm Anne Cooke, Chief Nursing Officer for the Vancouver Island Health Authority, and the quote above is likely the message you'd get if you happen to phone me and get my voice mail. If I'm at my desk, I will answer my own phone, however I'm often 'out and about'. E-mail is a fairly reliable way to get my attention, and this is exactly what Gwen Van Schaik did in late December when she invited me to be the subject of this profile. I met with Gwen on January 3 over a sandwich at the mental health clinic in what turned out to be a meandering, impromptu interview in which I spoke candidly about mental health nursing and the foundations it has provided me for my leadership roles in nursing, including my current one as CNO. Let me share with you, as I did with Gwen, some of who I am as a nurse leader.

I graduated from St. Francis Xavier University (STFX) in 1985 and my first clinical job was in psychiatric/mental health nursing at the Nova Scotia Hospital in Dartmouth. I think that may have been disappointing to some of my teachers who perhaps envisioned a different nursing career path for me. I have no regrets. Mental health nursing has been that aspect of my nursing that has helped me shape who I am as a nurse and as a nurse leader. Even when I look back to being a nursing student, I can recall clearly two nursing moments in which I knew my knowledge and skill made a difference. They're both mental health nursing examples that occurred on an acute medical unit. I don't know that anybody would understand their significance to me personally, and I don't know that I did at the time either, except that I knew I had made a difference. I also knew that mental health nursing was the field for me.

I received my Master's degree from Boston University in 1988 and returned to my hometown to establish the first inpatient psychiatry unit at the local hospital. What a tremendous opportunity for a nurse in her mid-twenties! I learned a lot and I grew a lot as a clinical nurse specialist and nurse leader, eventually moving on to more diverse and responsible positions in nursing, first in New Brunswick and now in British Columbia. I can honestly say that I believe my mental health nursing background has both guided and supported me on this path and that my Master's degree in mental health nursing was a very useful and practical preparation for the CNO role.

Let me share some thoughts about being a Chief Nursing Officer. When I saw the position for CNO, Capital Health Region advertised in a national newspaper in the spring of 1999 I knew it was the job for me. I wasn't looking for a new job, the opportunity just presented itself and I was paying attention. It was one of just a few such positions in the country at the time, especially in a large integrated health region, and I believed I could make a difference. I was seeing and living the results of over a decade of deconstructing the health care system. I believed I had something to offer all nurses in the region, that all nurses could be invited to share in realizing the potentials of nursing practice. I wanted to create opportunities for nurses to bring their whole self to work, to co-create quality practice environments. So I cut the ad out of the paper (I was in Saskatoon at the time) and took it home to New Brunswick and said to my husband and four sons 'I think we need to move to BC'. And here we are! CNO work is difficult work in a turbulent health care environment. But it's also so exciting to see nurses engaging and contributing

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in genuine, creative and thoughtful ways! I believe my work is about supporting those who care for the clients (or whatever word we choose as a label). It's difficult for nurses to give of themselves within organizations that don't demonstrate value for the knowledge and skill that is so much a part of nursing. I need to do my part to transform the system. I think I am. As Gwen might tell you 'I'd never heard of Lance Secretan before Anne arrived, healthcare workers in the business for twenty five years and more had never been part of an "Open Space Workshop" to hammer out a Philosophy of Care. There's now a Professional Practice Office, Nursing Practice Councils are sprouting and this Province has an Undergraduate Nurse Employment Program because of the work Anne has done.'

My work is a calling. I can talk about that more comfortably now. I believe in both the science and art of nursing and that we need to clearly articulate our knowledge and skill so that the public can truly understand the value of nursing to society. But for me, it's more than that. For me I believe this is how I am meant to be human in this world. Nursing for me is the vehicle, the tool, to be human. It's not just a job. I have a personal mission statement that guides all I do. I want my work to serve other people, especially those who are marginalized. Nurses and mental health clients are both good examples of marginalized populations, I think.

I have very strong faith. I'm Catholic and this also guides and supports my practice as a leader. I'm presently a Director on the Board of the Catholic Health Association of Canada. What a tremendously fulfilling experience! I feel so much more confident these days about who I am as a nurse leader.

Some of my colleagues have said that I'm naïve. They think that some of the outcomes I'm seeking for nursing and patient care are not achievable, that some of my creative ideas just can't happen 'in the real world'. I've decided that I want them to continue thinking the way they do because they will be less likely to resist and more likely to humour me. I know differently. My experiences as a student, a staff nurse and a nursing leader have just about all confirmed that positive change and achieving potentials can happen 'in the real world'. So I continue to have faith, faith that what I do makes a difference to the real work of nurses. I approach the current challenges of restructuring as yet another opportunity to serve nurses in creative ways - ways that help support the achievement of safe, competent and ethical practice, and in ways that invite them to bring their whole selves, their souls, to work. All is not rosy by any means. However, if our thoughts are all negative or defeatist, that will be our experience. That's not what I choose for myself.

I have some strong thoughts around RN/RPN/LPN discussion. I think we need to bring the discussion back to the patient - the reason we all exist in the first place. We know that there is much overlap between the scopes of practice of many professional groups. With a firm grasp of our own body of knowledge as nurses, we can be better interdisciplinary team players. When we look at problems/issues from the patient's perspective, we can then ask ourselves 'which one of us on the team will do what'. It may be that the 'what' is within the scope of practice of four professional groups. It's not about us or our profession; it's about responsibly providing safe, competent and ethical care. Each care encounter is context driven so it would be a tremendous mistake, I think, to try to reduce our nursing work in disparate lists serving each of the categories of nurses. We have no need for stovepipes in nursing, nor did we need sewer pipes. If we keep the patient in the centre, we will all work much better together.

When I say 'it's not about our professions, we're not what's important, it's the client who's important', then others say, 'but how can you be such a strong supporter of practice-councils, and how can you say you truly believe in interdisciplinary care, why are you pushing for nursing councils?' My answer to that is that you can't be a strong interdisciplinary care provider unless you're grounded in a discipline. For me, that discipline is mental health nursing. To be a strong player at the senior executive table I have to be strong in my profession. By being secure in my profession I can be more open to the system and to the possibilities.

I've been nominated for a national award. Canada's Top 40 Under 40™ is a national program (not specifically health care) founded and managed by The Caldwell Partners to celebrate leaders of today and tomorrow, and to honour Canadians who have reached a significant level of success but have not yet reached the age of 40. The program is designed to promote mentorship and professional development by introducing these leaders to the established business community and by promoting them as role models for young Canadians. In choosing the recipients, the Board will consider achievements in the following areas: Vision and Leadership, Innovation and Achievement, Impact, Community Involvement and Contribution and Growth Strategy. When I think that I have been nominated for the kind of work I do I'm truly honoured and humbled.

I'm always looking for opportunities to support and promote nursing. I think I'm a quiet (My MBTI tells me I am very introverted), but effective nurse leader. I think I'm diplomatic, but I also ruffle feathers. I don't think you can be a change agent without breaking or at least challenging rules and norms. I'm not a different person when I'm with different audiences, my principles don't change depending on whom I'm talking to. I'm consistent and I think most people can see that. And I have so much fun at work! I love being a nurse and I have loved all my nursing jobs in my career to date. That's my wish for all nurses.

Promoting Safety for Inpatients with Trauma Histories: Building An Institution - Wide Response Through Enhancement of Current Practices

Paul Anderson & Kathleen Whipp

The vision of Riverview Hospital, British Columbia's primary tertiary-level psychiatric facility is: "*Transforming Mental Illness Into Mental Wellness*". Over the past several years, staff at Riverview, and across the mental health system in general, have become increasingly aware that many patients, both men and women, have histories of trauma that may contribute to, or exacerbate the nature and/or course of their disabilities. An in-house study echoed findings that people diagnosed with serious and persistent mental illness often have histories of abuse¹.

It has also been recognized that many routine protocols for care and treatment may be inadvertently retraumatizing. For example, the requirement to undergo a physical examination on admission may, for some patients, result in flashbacks to episodes of prior victimization. Hospitalization, itself, can be traumatic for some patients. Ultimately, trauma experienced in treatment may contribute to a worsening of the patient's mental state, and jeopardize the development of a therapeutic relationship with the patient.

To address these concerns, Riverview Hospital embarked on a project in the fall of 2000 to develop two new six-hour training curricula for interdisciplinary teams throughout the hospital. The first, "*Preventing Retraumatization*", raises awareness among its clinical staff about the potential to traumatize or retraumatize patients receiving care, and provides a framework to create client-centred options whenever possible. A shorter version is planned for support staff. The second, "*Safety and Containment Skills for Patients With Trauma Histories*", offers direct caregivers information to appropriately address patients who disclose trauma, and strategies for empowering all patients to maximize their current safety. Both modules illustrate the critical importance of teamwork.

The curriculum was collaboratively developed with a project steering committee of clinical executive staff, frontline caregivers, patient advocates, family members, practice leaders, nurse clinicians, education staff and interested stakeholders from the Ministry of Health and the BC Centre of Excellence for Women's Health. An outside consultant specializing in trauma and mental health was also engaged to research current best practices and to design and pilot the curricula with staff. Several experienced hospital staff were key in designing and promoting the project, and the wards selected to pilot the training were also consulted. Early in the process, hospital-wide educational events were offered to raise organizational awareness about the project and the salient issues.

To date, the 70 interdisciplinary staff on two wards have been trained, and initial feedback has been enthusiastic. In-house trainers will continue the work with other wards. A comprehensive evaluation is currently being conducted in partnership with the BC Centre of Excellence for Women's Health. Data include objective measures such as incident reports and patient satisfaction, knowledge acquisition test scores, staff feedback at 3 months, and sampling of clinical records. Preliminary results of the evaluation are expected by the spring of 2002.

¹ Fisher, P. (1996) Trauma Group (Responding to Sexual & Physical Abuse). Port Coquitlam: Riverview Hospital.

The Authors:

Paul Anderson, BA, MBA is the Director of Education Services & Organizational Development at Riverview Hospital.
Kathleen Whipp, MSW, RSW is a Consultant living in Delta, B.C.



RIVERVIEW
HOSPITAL

A community of caring



We need healthcare professionals who can work in a fast-paced environment and wear more than one hat.



RIVERVIEW HOSPITAL

Greater Vancouver, BC

Our vision: to transform mental illness into mental wellness. Our mission: to improve the life quality of adults affected by persistent or severe mental illness – by providing excellent, specialized care for individuals with unique treatment challenges and by increasing service capability within BC through clinical service, education and research partnerships.

Riverview Hospital is committed to: • change and renewal • respect and compassion for those entrusted to our care • integrity and accountability • open, accessible and responsive communication. We offer a range of permanent healthcare positions with career development potential through program management or professional practice leadership.

An accredited 800-bed teaching hospital affiliated with the University of British Columbia, Riverview is located on a 240-acre site 20 minutes from downtown Vancouver and close to many of BC's recreational sites. Our competitive salaries and benefits are coupled with a shift structure that allows you to enjoy the famous BC lifestyle!

Let's talk about your vision. Call us today at 604.524.7846 or visit us on-line at www.bcmhs.bc.ca.



M25784

we've got your career in mind

Internet Cafe

Sean Hopkins

Welcome to our own Internet Café. In each newsletter, we hope to publish a few links to internet pages of interest to mental health nurses. Do you have a favourite professional website? If so, then why not share it with your colleagues through the CFMHN newsletter. We will compile a list of web pages, so do not worry about sending in too many, as we will get as many as we can into each edition of the newsletter. You may forward your links to newsletter@cfmhn.org or to sean.hopkins@gov.yk.ca. Happy Surfing!

Free Medical Journals

As any of who are required to have current references for research know, medical journals can be difficult to come by, not to mention expensive! The Free Medical Journals site is dedicated to the promotion of free access to medical journals over the internet. We found thousands of articles, from nearly 800 journals, at this "metasite". <http://www.freemedicaljournals.com/>

Drug Checker

This site is handy for our clients. One may search for medications through the categories "begins with...", "contains..." or "sounds like..." After finding your particular medicine, the Drug Checker links to an information sheet, which gives details of desired and adverse effects, drug interactions, etc., all written in lay terms. <http://www.drugchecker.drkoop.com/>

Medscape Psychiatry and Mental Health

Through this commercial site, clinicians may subscribe to a free weekly newsletter called Medpulse. A "psychiatry resources" column at the left of the page contains many useful links to journals, government sites, and the like. If it is any consolation, the advertisements on the newsletter are fairly unobtrusive. <http://psychiatry.medscape.com>

Medline Plus

There are loads of links on this page, which is published by the U.S.A. National Library of Medicine. Here you will find out the latest news about various clinical research studies, as well as online medical dictionaries, and information about generic and trade name drugs. <http://medlineplus.gov/>

Canadian Federation of Mental Health Nurses

Naturally, the most intriguing site we have found so far is... our own! Please surf the CFMHN site often. Here, nurses may access the Canadian Standards of Psychiatric and Mental Health Nursing Practice (2nd ed.) online, read the latest news and gossip, and even join or renew memberships in the Federation. <http://www.cfmhn.org/>

Book Review

Forensic Mental Health: Issues in Practice

In *Forensic Mental Health: Issues in Practice*, C. Dale, T. Thompson, & P. Woods (2001) emphasize the clinical challenges in caring for clients at the shifting interface of the criminal justice system and the mental health care system. In the foreword of the book, Malcolm Rae states "forensic psychiatry has awakened as a sleeping giant into public and professional consciousness in recent years." Historically, the provision of mental health services for this population has been fraught with enduring contradictions, as public and political animosity has frequently prevailed.

Forensic psychiatric nursing, is slowly yet methodically, emerging as a specialty area of practice; forensic psychiatric nurses must ensure that they are extremely knowledgeable, highly skilled and theoretically grounded (Peternelj-Taylor, 1999). Yet the practice of forensic psychiatric nursing is also collaborative and multidisciplinary by its very nature. Drawing on the expertise of academics, researchers, and clinicians from a variety of disciplines, the authors (2001), have provided the reader with an important glimpse into the world of forensic psychiatry. As such it is viewed as a valuable contribution to the literature.

Forensic Mental Health: Issues in Practice is a clearly written, well-referenced "practice-based" text. Although, many of the chapters are oriented to clinicians practicing in the United Kingdom, the editors of this multi-authored book have demonstrated leadership by addressing many of the diverse clinical challenges and issues that are of universal concern. In particular several chapters are devoted to the care of special populations: mental illness, learning disability, personality disorders, women in secure care, and dual diagnosis. My favorite chapters however, relate to what I call, issues related to the establishment and maintenance of the therapeutic relationship. Readers will find the following chapters especially informative: Interpersonal relationships: Staff

Continued on page 13

Continued from page 12
development, awareness
Clinical supervision.

Ultimately, the ongoing
advancements in education
mental health needs
clinicians whose presence
valuable resource.

References:

Dale, C., Thompson, T.
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development, awareness and monitoring issues; The application of values in working with patients in forensic mental health; and, Clinical supervision.

Ultimately, the ongoing evolution of forensic psychiatric nursing is dependent upon forensic psychiatric nurses contributing to advancements in education, research, and clinical practice (Peternelj-Taylor, 2001). Forensic clients have extraordinarily complex mental health needs. Helping them reach their potential is a rewarding and challenging nursing experience. Students, and clinicians whose practice falls under the umbrella of forensic mental health will find *Forensic Mental Health: Issues in Practice* a valuable resource.

References:

Dale, C., Thompson, T., & Woods, P. (2001). *Forensic Mental Health: Issues in practice*. Edinburgh: Balliere Tindall in association with the Royal College of Nursing.

Peternelj-Taylor, C. (1999). Forensic Psychiatric Nursing: The paradox of custody and caring. *Journal of Psychosocial Nursing and Mental Health Services*, 38(9), 9-11.

Peternelj-Taylor, C. (2001). Forensic psychiatric nursing: A work in progress. *Journal of Psychosocial Nursing and Mental Health Services*, 39(9), 8-10.

Synopsis by Cindy Peternelj-Taylor

Canadian Federation of Mental Health Nurses

MEMBERSHIP APPLICATION

The Federation is an interest group of the Canadian Nurses Association (CNA) whose purpose is to further the standard of mental health nursing in Canada.

Please print the information on the application form in ink.

☐ New Membership ☐ Renewal ☐ R.N. ☐ Other (specify) ☐ Has address Changed ☐ CNA Member
_____ Expiry Date

Name: _____ Place of Employment: _____

Mailing Address: _____ Postal Code: _____

Place of employment: _____ Business Telephone: (____) _____

Fax: (____) _____ Internet Address: (if applicable) _____

Current Position - Please check one item from the list below:

☐ A: Staff Nurse	☐ D: Clinical Nurse Specialist	☐ G: Community Mental Health Nurse
☐ B: Head Nurse	☐ E: Educator	☐ H: Independent Practitioner
☐ C: Case Manager	☐ F: Manager/Administrator	☐ I: Other

Areas of Expertise - Please check up to three items from the list below:

☐ AV: Abuse/Violence	☐ GT: Group Therapy	☐ AD: Administration	☐ AL: Adolescence	☐ AU: Adults
☐ AG: Aged	☐ AC: Alcoholism	☐ CH: Children & Youth	☐ CR: Cross Cultural Issues	
☐ CS: Community	☐ DA: Drug Abuse	☐ DP: Developmentally Disabled		
☐ FT: Family Therapy	☐ FI: Forensic Issues	☐ IT: Individual Therapy	☐ ME: Medication	
☐ MC: Marriage Counselling	☐ RE: Research	☐ SC: School Health	☐ SX: Sexuality	
☐ WM: Women's Issues	☐ OT: Other _____			

☐ Check here if you DO NOT want your name included in the Canadian Federation of Mental Health Nurse's Directory.

Remember to enclose \$30 application fee! Fee ensures membership a year from the date of application.

Please print out and mail completed form including cheque or money order payable to CFMHN to:
Sharon MacLeod, The Nova Scotia Hospital, Drawer 1004, Dartmouth, Nova Scotia B2Y 3Z3

Visit our web site at <http://www.cfmhn.org>

Letters to the Editor

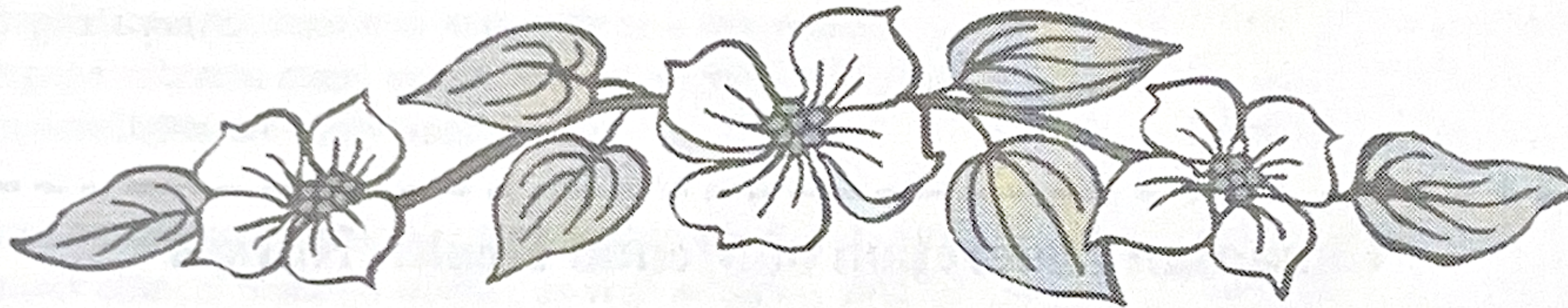
November 3, 2001

To: Letters@CanadianLiving.com

Re: Speaking Out

The Canadian Federation of Mental Health Nurses (CFMHN) wishes to commend you on reporting the realities of schizophrenia and for dispelling some of the myths surrounding the illness in the article "Another World". This glimpse into the lives of people with schizophrenia helps to bring home the point that the person with schizophrenia is not the disease; he or she is a person first. With 1 in 100 Canadians diagnosed with schizophrenia and 1 in 4 Canadians touched by this mental illness, it is well beyond time for more open discussion on this issue. The Canadian Schizophrenia Society at www.schizophrenia.ca, and the Canadian Mental Health Association at www.cmha.ca have extensive information about the illness. We encourage your readers to check out these websites for further information.

Ann Green,
President, CFMHN



November 3, 2001

Canadian Nurse
November 3, 2001
50 Driveway,
Ottawa, Ontario, K2P 1E2 Fax: 613-237-3520

Re: Cover Story Community Development October 2001

"Addressing the Needs of Women Living with Schizophrenia", October 2001 Volume 97 Number 9, is both timely and relevant. On behalf of the Canadian Federation of Mental Health Nurses (CFMHN) I wish to congratulate Diana Clarke, Wanda Chernomas and Francine Chisholm on sharing their work with Canadian nurses. Thanks also to the Canadian Nurse for a cover story that presents a look at schizophrenia, a mental illness that affects 1 in 100 Canadians directly and 1 in 4 Canadians indirectly.

Ann Greene
President, CFMHN

October 9, 2001

Dear Ann Greene,

On behalf of Rodney Carson and Cathy McClain we would like to Thank You for the wonderful article written in your newsletter entitled Psychiatric Game Therapy. We have received requests for the educational program because of this article.

The program has done well in the United States and it looks to have the same success in Canada. I cannot put into words the good this educational game brings to people taking psychotropic drugs. I am thankful that you saw this and did this article. I play the game twice a week at my mental health facility and to see the response to the patients learning their medications, side-effects, drug interactions gives you a warm feeling in your heart. We are working on a new updated version featuring the new drug Geodon and soon to be releasing an adolescent-children edition. Thank you for sharing this wonderful game with your country.

In reading your newsletter I notice conventions and workshops. Cathy and I would be honored to show our program to who ever is interested. If you have any in mind please let us know. Thank you again.

Cathy McClain & Rodney Carson
The Psychotropic Med Ed Game.

Call for Nominations

Canadian Federation of Mental Health Nurses

Call for Nominations for Provincial Representatives for; British Columbia, Saskatchewan, Quebec, New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland, Labrador, Northwest Territories & Yukon And Board of Director Positions for; President Elect & Treasurer

The term of office is for 2 years and the duties are as follows:

- To participate as a member of the Board and to report on provincial activities geared toward the accomplishment of Federation goals.
- To serve as a provincial link in the sharing of information and support for members.
- To represent the Federation to mental health nurses in their province.
- To advise the goals of the Federation at the provincial level, including the recruitment of members and the enlisting of support of other interest groups.
- To provide pertinent information for publication in the Newsletter.
- To provide advocacy by speaking on issues related to improving the mental health of Canadians.

Nomination Process:

Two nominations are required. Nominees and nominators must hold current membership in CFMHN. Nomination forms are available by calling Cathy Lucas at (204)787-3426 and leaving a request on the voice mail. Please leave an address or a fax number.

Submit:

1. The name of the nominee (phone, fax, email and address) with a signed acceptance of the nomination. Also, include a brief biographical sketch which includes education, current position, experience on professional organizations, and a statement of goals as a provincial representative.
2. Two signed statements of nomination with the name, address, phone, fax, and email of the nominations.
3. Send to: Cathy Lucas, PZ121-771 Bannatyne Avenue, Winnipeg, MB R3E 3N4 or fax (204)787-4975 by September 1, 2002.

NOMINATION FORM

Deadline for submission of nomination is September 1, 2002. Nominee and nominators must hold current membership in CFMHN. Two nominators are required.

NOMINEE: Name: _____
Address: _____
Phone: Work: _____ Fax: _____ Email: _____

I, _____ (Nominee), accept the nomination and append a biographical sketch that includes my education, current position, experience in professional organizations, and a statement of goals as provincial representative for the Canadian Federation of Mental Health Nurses.

Signature of Nominee: _____

NOMINATOR: Name: _____
Address: _____
Phone: Work: _____ Fax: _____ Email: _____

I, _____ (Nominator), nominate _____ (nominee)
for the position of _____

Signature of Nominator: _____

NOMINATOR: Name: _____
Address: _____
Phone: Work: _____ Fax: _____ Email: _____

I, _____ (Nominator), nominate _____ (nominee)
for the position of _____

Signature of Nominator: _____

Please send nomination form to: Cathy Lucas, PZ121 - 771 Bannatyne Avenue Winnipeg, MB R3E 3N4
or Fax: (204)787-4975

CFMHN Constitution & By-Laws

Proposed Amendments for AGM 2002

Current By-Laws - Approved 1997	Proposed Amendments for AGM 2002
CONSTITUTION	
ARTICLE 3 – PURPOSE The purpose of the Federation is to further the standard of mental health nursing practice in Canada through such activities as:	ARTICLE 3 – PURPOSE The purpose of the Federation is to further the standard of psychiatric and mental health nursing practice in Canada through such activities as:
3.1 initiating and participating in the development and implementation of a certification process for mental health nurses.	3.1 participating in the implementation of a certification process for psychiatric and mental health nurses.
3.2 developing, maintaining, and revising, as necessary, national standards for mental health nursing practice.	3.2 developing, maintaining, and revising, as necessary, national standards for psychiatric and mental health nursing practice, with a review every 5 years.
3.5 liaising and collaborating with national and international groups with related interests in mental health nursing, and psychiatric and mental health nursing practice.	3.5 liaising and collaborating with national and international groups with related interests in mental health.
	3.7 responding to relevant political events with policy and position statements which reflect the philosophy and standards of the Federation.
BY-LAWS	
ARTICLE 1 - INTERPRETATION	
1.1.1 “directors” mean the directors of the Federation for the time being.	1.1.1 “directors” means the directors of the Federation and includes regional representatives.
1.1.3 “member” means individuals who become and remain members in accordance with the by-laws	1.1.3 “member” means an individual who becomes and remains a member in accordance with the by-laws.
ARTICLE 2 - MEMBERSHIP	
2.2.1 Regular membership – any person who holds current Registered Nurse Licensor or Registered Psychiatric Nurse licensor in a Canadian province or territory is eligible.	2.2.1 Regular membership – any person who holds current Registered Nurse licensor Registered Psychiatric Nurse licensor in a Canadian province or territory is eligible. Regular members shall be voting members of the Federation.
2.2.2 Associate membership – for persons who are graduate nurses, nurses from other countries, student nurses, registered practical nurses or equivalent.	2.2.2 Associate membership – for any person who is not eligible for Regular Membership (e.g. graduate nurses, non-practicing nurses, nurses from other countries, student nurses, registered practical nurses or equivalent).
2.4 The annual membership dues shall be recommended by the Board of Directors and approved by resolution at the Annual General Meeting or a special meeting.	2.4 Any changes to the annual membership dues shall be recommended by the Board of Directors and approved by resolution at the Annual General Meeting or a special meeting.
2.7 Membership shall lapse if the annual membership dues are not paid within three months designated date of renewal.	2.7 Delete
3.1.1 <u>Regional Representatives:</u> There shall be one representative from each Province and Territory on the Board.	3.1.1 <u>Regional Representatives:</u> Where possible, there shall be one representative from each Province and Territory on the Board.
3.2 The election of officers shall take place at the annual meeting of the Federation.	3.2 The election of directors shall normally take place at the annual meeting of the Federation.
3.2.1 Officers shall be elected for a term of two years.	3.2.1 Directors shall be elected for a term of two years. No director may hold the same office for longer than two consecutive terms without Board approval.
3.2.2 The President and President-Elect shall be elected in even numbered years.	3.2.2 The President and President-Elect shall be elected in even numbered years unless an unusual circumstance prevails.
3.3 Each province or territory shall elect or appoint its own representative for a two year term.	3.3 Each province or territory shall elect or appoint its own representative for a two year term: BC, SK, PQ, NB, PEI and YK in even numbered years; AB, MB, ON, NS, NF/LB, NWT in odd numbered years.

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CFMHN Constitution & By-Laws

Proposed Amendments for AGM 2002

Current By-Laws - Approved 1997	Proposed Amendments for AGM 2002
ARTICLE 4 – DUTIES OF EXECUTIVE COMMITTEE	
4.1.2 to support other officers in the execution of their duties,	4.1.2 to support other directors in the execution of their duties,
4.1.5 to be a signing officer, including signing of the minutes of meetings and revisions of the Constitution and By-laws, and	4.1.5 to be a signing officer, including revisions of the Constitution and By-laws, and correspondence, and
4.3 Duties of the Secretary shall include:	
4.3.1 to ensure that all official records of the Federation are maintained, including minutes of meetings registration of members, correspondence,	4.3.1 to ensure that all official records of the Federation are maintained, including minutes of meetings,
4.4 Duties of the Treasurer shall include:	4.4 Duties of the Treasurer / Director of Membership shall include:
4.4.3 to disburse the funds of the Corporation as may be ordered by the Board,	4.4.3 to disburse the funds of the Federation as may be ordered by the Board,
4.4.4 to ensure that all necessary financial records, include books of account, are maintained,	4.4.4 to ensure that all necessary records, including financial books of account and registration of membership, are maintained,
4.5 Duties of the Immediate Past President shall include:	
4.5.1 to serve as Chair of the Nominating Committee and to serve as the Chair of the Committee on International Affairs	4.5.1 to serve in the role of advisor / mentor to the President,
4.5.2 to perform other duties as delegated by the Board of Directors.	4.5.2 to perform duties as delegated by the Board of Directors.
ARTICLE 5 - MEETINGS	
5.4 A requested meeting shall be held within ninety days prior to the meeting.	5.4 A requested meeting shall be held within ninety days of receipt of the request.
Meetings of the Directors:	
5.8.2 Notice in writing of such meetings shall be sent to each director no later than thirty days before the meeting.	5.8.2 Notice in writing of such meetings shall be sent to each director no later than two weeks prior to the meeting.
5.8.4 Every question at a meeting of directors shall decided by a majority of votes.	5.8.4 Delete
5.8.5 The Board of Directors may conduct business by mail or telephone or fax when necessary. A report of any action taken by mail shall be verified and made a part of the minutes of the next meetings of the Board of Directors.	5.8.4 The Board of Directors may conduct business by mail, email, telephone, or fax when necessary. A report of any action taken by these methods shall be verified and made a part of the minutes of the next meetings of the Board of Directors.
5.9 Questions arising at any general meeting, Board of Directors meeting or committee meeting shall be decided by a majority of votes.	5.8.5 Questions arising at any general meeting or committee meeting shall be decided by a majority of votes.
5.10 No resolution proposed at a meeting of directors or committee need be seconded and the chair of the meeting may move or proposed a resolution.	5.10 Delete
5.11 Travel or other expenses related to attending meetings must be approved by the Board prior to being to being incurred.	5.10 Number change
ARTICLE 6 - COMMITTEES	
6.3 The Board shall appoint a member as chair of any such committees. All committee chairs shall be Board members	6.3 The Board shall appoint a CFMHN member as chair of such committees. All committee chairs shall report directly to the Board.
6.6 A committee shall report every act or thing done, in the exercise of the powers delegated by the Board of Directors, to the earliest meeting of the Board to be held next after it has been done.	6.6 Delete

CFMHN Constitution & By-Laws

Proposed Amendments for AGM 2002

Current By-Laws - Approved 1997	Proposed Amendments for AGM 2002
CONSTITUTION	
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3.2 developing, maintaining, and revising, as necessary, national standards for mental health nursing practice.	3.2 developing, maintaining, and revising, as necessary, national standards for psychiatric and mental health nursing practice, with a review every 5 years.
3.5 liaising and collaborating with national and international groups with related interests in mental health nursing, and psychiatric and mental health nursing practice.	3.5 liaising and collaborating with national and international groups with related interests in mental health.
	3.7 responding to relevant political events with policy and position statements which reflect the philosophy and standards of the Federation.
BY-LAWS	
ARTICLE 1 - INTERPRETATION	
1.1.1 "directors" mean the directors of the Federation for the time being.	1.1.1 "directors" means the directors of the Federation and includes regional representatives.
1.1.3 "member" means individuals who become and remain members in accordance with the by-laws	1.1.3 "member" means an individual who becomes and remains a member in accordance with the by-laws.
ARTICLE 2 - MEMBERSHIP	
2.2.1 Regular membership - any person who holds current Registered Nurse Licensor or Registered Psychiatric Nurse licensor in a Canadian province or territory is eligible.	2.2.1 Regular membership - any person who holds current Registered Nurse licensor Registered Psychiatric Nurse licensor in a Canadian province or territory is eligible. Regular members shall be voting members of the Federation.
2.2.2 Associate membership - for persons who are graduate nurses, nurses from other countries, student nurses, registered practical nurses or equivalent.	2.2.2 Associate membership - for any person who is not eligible for Regular Membership (e.g. graduate nurses, non-practicing nurses, nurses from other countries, student nurses, registered practical nurses or equivalent).
2.4 The annual membership dues shall be recommended by the Board of Directors and approved by resolution at the Annual General Meeting or a special meeting.	2.4 Any changes to the annual membership dues shall be recommended by the Board of Directors and approved by resolution at the Annual General Meeting or a special meeting.
2.7 Membership shall lapse if the annual membership dues are not paid within three months designated date of renewal.	2.7 Delete
3.1.1 <u>Regional Representatives:</u> There shall be one representative from each Province and Territory on the Board.	3.1.1 <u>Regional Representatives:</u> Where possible, there shall be one representative from each Province and Territory on the Board.
3.2 The election of officers shall take place at the annual meeting of the Federation.	3.2 The election of directors shall normally take place at the annual meeting of the Federation.
3.2.1 Officers shall be elected for a term of two years.	3.2.1 Directors shall be elected for a term of two years. No director may hold the same office for longer than two consecutive terms without Board approval.

CFMHN Constitution

Current By-Laws - Approved 1997
ARTICLE 4 - DUTIES OF EXECUTIVE COMMITTEE
4.1.2 to support other officers in the execution of their duties.
4.1.5 to be a signing officer, attending meetings and reviewing minutes of the Executive Committee.
4.3 Duties of the Secretary shall be:
4.3.1 to ensure that all official records are maintained, including minutes of meetings, correspondence.
4.4 Duties of the Treasurer shall be:
4.4.3 to disburse the funds of the Federation as authorized by the Board.
4.4.4 to ensure that all accounts, including those of account, are maintained.
4.5 Duties of the Immediate Past President shall be:
4.5.1 to serve as Chair of the Federation for the year following the year in which he or she served as President.
4.5.2 to perform such other duties as may be assigned by the Directors.
ARTICLE 5 - MEETINGS
5.4 A requested meeting shall be held at the time and place requested by the person requesting the meeting.
Meetings of the Board of Directors
5.8.2 Notice in writing of all meetings shall be given to all directors by the Secretary at least 14 days before the meeting.
5.8.4 Every question at a meeting shall be decided by a majority of votes.
5.8.5 The Board of Directors may, by resolution, take by mail or by electronic means, minutes of the meetings.
5.9 Questions relating to any business brought before a meeting shall be decided by a majority of votes.
5.10 No resolution of a committee or sub-committee may move forward to the Board of Directors.
5.11 Travel or other expenses incurred by a director in attending a meeting shall be reimbursed by the Federation.
ARTICLE 6
6.3



Be on the lookout!

Detailed information regarding the upcoming regional conference and Annual General Meeting, in Toronto, will be included in a separate mailout and on the CFMHN website at www.cfmhn.org

The Call for Nominations and proposed by-law changes can be found on pages 15-17 of this issue.

Membership Notice Canadian Federation of Mental Health Nurses

Please check your mailing label. The month specified after your name denotes when your renewal month is. If there is no month listed, you are overdue.

Thank you for your assistance.

If you have any further questions about membership do not hesitate to contact me.

Sharon MacLeod, CFMHN, Membership Chairperson
The Nova Scotia Hospital, Drawer 1004
Dartmouth, Nova Scotia B2Y 3Z9
W(902)464-6066 F(902)464-3002
Email: Treasurer@cfmhn.org

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Tel: 250-338-2654(h) 250-338-1591(f)

Email: agreene@telus.net or president@cfmhn.org

Past President - Nancy Johnston

Tel: 905-882-6827

Email: rjohn79236@aol.com

President Elect

Vacant

Secretary - Sean Hopkins

Tel: 867-393-3755(h) 867-393-8714(2)

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Email: slray@julian.uwo.ca

Nova Scotia - Sharon MacLeod

Yukon - Sean Hopkins

Quebec - Vacant

New Brunswick - Vacant

Nova Scotia - Vacant

Newfoundland & Labrador - Vacant

Northwest Territories - Vacant