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how to reach us

CFMHN
c/o First Stage Enterprises
1185 Eglinton Avenue East,
Suite 104
Toronto, ON M3C 3C6
416-426-7029
Fax: 416-426-7280
E-Mail:
info.mental.health@firststageinc.com

www.cfmhn.ca

Greetings to all CFMHN and MHNIG members

When you receive this edition of the newsletter, many of you may be enjoying summer holidays or anticipating such. It is hot, hazy and humid here in eastern Ontario, a good time to read and find ways to stay cool.

Since returning from CNA's Biennial Convention and Annual Meeting in Saskatoon, I have found myself considering the future of nursing and in particular, psych/mental health nursing. The winds of change are blowing our way.

The theme of the convention was 'Advancing Technology and Preserving Caring in Nursing'. In her President's Message, outgoing CNA President, Deborah Tamlyn states:

"Nurses today require skills in managing technology and accessing information quickly because tremendous paradigm shifts have intertwined technology in daily practice. Embracing this trend is not an option; it is the only choice we have if we want to continue being relevant to Canadians".

Many presenters at the convention spoke to this theme, from Michael Villeneuve's thought provoking presentation *Toward 2020—Visions for Nursing* to the panel presentation *Technological Advances in the Health System: What is Nursing Doing?*, chaired by Andre Picard.

Villeneuve encourages us to "open doors to new thinking and new solutions" if we are to be relevant in meeting the health needs of Canadians. Of particular interest are the six scenarios included in the document. For example, the scenario on roles, scopes of practice and practice settings of nurses in 2020, suggests that "the role of registered nurses and registered psychiatric nurses in primary care is greatly enhanced; licensed practical nurses have increased responsibility in long-term and transitional care". Furthermore, "health professionals do not carry out any tasks that can be accomplished safely by patients themselves (medication administration), by nonhuman care partners (e.g. robots) or by other human supports (e.g. personal support workers)". There is so much more in Villeneuve's report worth considering and discussing. For those of you who are interested, copies of Villeneuve's report can be ordered in pdf format by e-mail at 2020@cna-aiic.ca. I would encourage you to have a read of this report; it has implications for our practice and for the future of mental health nursing. Michael Villeneuve has agreed to present this material to the CFMHN Board through an on-line meeting. If anyone is interested in participating in this meeting, please let me know.

The Operational Report of Lucille Auffrey, Chief Executive Officer of CNA is also an important document that bears consideration. It is available at www.cna-aiic.ca.

Lastly, as a result of differing approaches and understanding of the Board and the Ottawa Planning Committee to the planning of the CFMHN International Biennial Conference, we have come to a mutual agreement that there will be no International Conference sponsored by the CFMHN in Ottawa in 2007.

The Board wishes to thank the members of the Ottawa Planning Committee members for their dedication, time and good intention.

Have a safe relaxing summer!

Christine Davis,
President

*a message
from your
president*

The GCEF is a nursing initiative of the International Council of Nurses (ICN) and the Florence Nightingale International Foundation (FNIF) that supports the primary and secondary schooling needs of a vulnerable group of children- the orphaned daughters of nurses in Sub-Saharan Africa who have died as a result of the HIV/AIDS epidemic.

Working in partnership with National Nurses Associations in Africa (Kenya, Swaziland, Uganda and Zambia), the fund provides for the cost of fees, books and uniforms for orphaned girls under the age of 18.

Orphaning is now a significant barrier to achieving gender parity in education. Sub-Saharan Africa, the epicentre of the HIV/AIDS pandemic, is the only region where orphaned numbers are increasing. Today there are close to 16 million children orphaned as a result of HIV/AIDS, and according to UNAIDS, only about 700,000 are receiving any type of government or NGO support. Children orphaned by HIV/AIDS are often the first to be denied education when their extended families cannot afford to educate them; orphaned girls may be the first to be pulled out of school to provide child care at home.

A contribution of \$US200 guarantees the costs of uniforms, school-books and fees for primary education for a girl child for one year.

CFMHN Board has voted to sponsor the education of one orphaned girl child whose parent was a nurse. In the future, we will also include an opportunity for members to donate \$1.00 yearly when renewing membership.

Information taken from www.fnif.org/girlfund.htm

editorial

Linda Nasato

I'm disappointed to report that CFMHN will not be hosting a biennial international mental health nursing conference in Ottawa in 2007. Both Chris Davis and myself (Ontario rep) will be at the MHNIG AGM in October to answer any concerns re this change in plans. This newsletter again offers Consumers Corner as a voice for our clients and there are some small changes to the Board members page. Please note that the new website address is www.cfmhn.ca. The Canadian Collaborative Mental Health Initiative (CCMHI) concluded the cross Canada Charter consultations and shared the results with Senator Michael Kirby's Senate Committee on Social Affairs, Science and Technology. The Committee's final mental health report "Out of the Shadows At Last" can be found on the Senate website. CFMHN Board member Denise Kayto (Saskatchewan) was very active with CCMHI – thank you Denise.



consumer corner

Life Goes On – Dave's Story

David J.

For many years I was unaware I was suffering from clinical depression. I thought that the feelings of frustration and profound sadness I was experiencing were a natural part of a busy and complicated lifestyle.

My life seemed to be progressing according to plan. I began my work toward a triple doctorate in the Geosciences, a Masters degree in English, and an MBA from highly respected USA universities. In 1975 I met my future wife and we married in 1978. We began our family by adopting two children as we were unable to have our own.

By 1983 I had completed my formal education and was recruited directly from school by my future employer. For the next four years and seven months I was engaged in my dream career as a senior vice-president in the geosciences division of one of the world's largest and well known oil companies.

Then, in July of 1988, a catastrophic event took place that literally destroyed my life as I knew it. During a routine departmental meeting I suffered a mild stroke that almost completely extinguished my memory. When I woke up in the hospital several hours later I had no idea where I was or even who I was. I spent the next year trying to rebuild my life and reacquire myself with all the family and friends I had previously known so well.

It was during this period that depression began taking over my life. I was filled with anger, frustration and despair, so much so that I attempted suicide twice. I wanted nothing to do with my family and friends because they knew nothing about my illness or even how to act around me which created even more problems.

In 1989 my life took a further nose-dive, I suffered a nervous breakdown as a result of all the negative emotions raging inside of me. I was hospitalized for several weeks and was introduced to an anti-anxiety medication, Xanax, which I am still taking to this day. 1988 and 1989 represented two miserable years in a row for me and I wondered what else could go wrong. That question was answered the following year when I suffered the first of four heart attacks. The next two came on the same day leading to a quadruple by-pass the following day. The fourth attack came in March 2000. My cardiologist informed me that I was no longer a candidate for further invasive procedures and would have to quit work or be dead within six months. That news was "the straw that broke the camel's back" so to speak.

Other problems at home began to further complicate my life and worsened as time passed. I was again at the point where depression allowed me to think of nothing beyond ways of killing myself. Family members talked me into seeking professional help so I contacted the Trillium Health Centre where I began attending a series of group therapy sessions. Once I completed these I was asked the question, "what now"?

My case worker told me about a Canadian Mental Health Association (CMHA) program called PAR (Peel Aftercare & Rehabilitation) that might be a good source of support and the next step in my recovery process. Neither of us could have foreseen just how good PAR would turn out to be for me. Prior to my first visit to the PAR South clubhouse, I felt nervous, apprehensive and even a little frightened that that this would turn out to be a dead end and I might have to look elsewhere for the help I desperately needed.

I was pleasantly surprised to learn that PAR was exactly what I needed. A few months later I began attending another CMHA program called Eden Place Drop-in Centre. Both of these programs have helped me to regain much of my self confidence and self esteem as well as reduce my anxiety and depression. They have made me feel wanted, needed and productive again because of the contribution opportunities they provide. The staff and members of both programs make me feel part of a family and I feel important again. I have not felt this way for a long time.

The Invisible Horse; Recovery.

Daniel C.

Having overcome what seemed to be an insurmountable obstacle of multiple diagnoses, and medications that reached as high as 3000 mg per day of psychotropic meds, I have lived successfully free of any hospitalization since June 17, 2002 when my psychiatrist said he no longer saw a need for medication nor did he see any symptoms of a diagnosis. I hope you can see the value of my words.

There is told a story by Professor Gilbert Ryle, an Oxford philosopher, about a peasant who had never seen a locomotive. Someone explained to him how a steam engine worked. "Yes" he answered "I quite understand, but there is a horse inside isn't there?" So the peasant was asked to examine the engine and to peep into every crevice of it. When he could not find a horse he still had an answer "I know" he said "it is an invisible horse".

I find this story amusing. It made me chuckle when I read it but in this story there is also some truth. I can tell someone "I am a person". I can explain to them that I think, respond to my senses (to the sound of a bird or the smell of a flower or the feeling of the sun on my shoulders). I can say I have emotions and I have memories. I can say I have a desire to improve myself but, as the peasant said, these people may respond "Yes, I quite understand, but you have a mental illness. I know it is there even though it is invisible".

Do not think I am saying that people don't suffer from a chemical imbalance in the brain because they do. I did for 24 years – 15 years undiagnosed and 9 years diagnosed. But not once in all those years was I defined as a person. People seemed to see only an invisible horse. What is recovery? Is it a diagnosis? No, recovery is what it says; the getting back of something that is lost. Lost in the miasma of confusion, lost inside a title from a couple of books (one being the diagnostic manual for mental disorders and the other being the compendium for pharmaceutical studies), I became identified by these. All these two books are for is to give the professionals a field to work with while we struggle to gain back our personhood. The diagnosis is the invisible horse.

What is my part of recovery? I am recovering who I am as a person and my part is to empower myself, and all those who are around me as much as I am able too, reminding myself and them that I can think, I can feel, and I can act.

Here are some aspects of recovering our personhood –

1. Self-preservation – it is important that you understand, that you think and that you feel. These are what make you who you are. Understand that it is your right. To do these things you must understand that you are a person with rights and responsibilities.
2. Self gratification – nobody can stop you from thinking as a person. When you think for yourself it is gratifying. When you ask for advice and guidance this is a responsible use of yourself but you still can act in such a way as not to deny who you are a person. It is a feeling that those who have never lost their identity behind a diagnosis may never understand. It feels great to say "I am me." This is what the professional should guide me see to realize – that I am a person who can think and feel and act to empower myself.
3. Self definition – I think the best way to tell you what I mean by self definition is to define myself as a person to you. I like to inspire people so I am a talker and those who know me will most likely agree. I love to watch children grow in their thinking because the mind fascinates me. I am an intelligent person who studied extensively for so many years (an up side to O.C.D). I love to watch people and learned to do this after being on the streets as a homeless man for 25 years. I guess that makes me a people person. Oh, I still have bad days where I love to hide in a shell way inside a sheltered comfort zone lost somewhere behind some learned fear or doubt but I refuse to let myself stay there. With courage I face my fear and conquer it so I guess that makes me courageous. See how important it is to be able to define your self.
4. Self expression – I read a sign that said "mental illness is not an excuse for bad behavior" I can express my self any way I choose so long as it harms no one. Allow me to be me and I will allow you to be you. Sing, dance, shout, sit quiet or go for a walk. Just express how you think or feel and do what you do.

5. Self-reflection – if you can live with yourself and those around you and be at peace with the world then this is the essence of self reflection.

6. Self knowledge – here is the final step. If I can say "I know that I know who I am" this is recovery beyond the invisible horse. This is the recovery of personhood. What is my part? It is to empower myself to take these steps and to empower you with support in your journey where ever you may be.

Finally I will close with quotes I read in a book by Napoleon Hill "what ever the mind can conceive and believe it can achieve" and "thoughts are things and powerful things at that when they are mixed with a definite purpose and a burning desire to see their fulfillment".

I am not my diagnosis. I am a person who can think and feel and act. This is the person that I will be no matter how sick I may have been. I never became any less of a person than I am today. I am wholly lovable and wholly loving and so are you so let us walk this journey together.



Clarifying the Role of the PMHN in Community-Based Mental Health Services in Newfoundland and Labrador

Anna-Marie Kean (NL CFMHN Rep)

In October 1994, the Association of Registered Nurses of Newfoundland and Labrador (ARNNL), produced a "Position Paper: The Role of Psychiatric and Mental Health Nurses in the Community". At the time of preparation of the document, there were few resources related to community-based mental health nursing. Today, nurses report that we have yet to achieve the roles and the shift to community-based care envisioned in the position paper.

This realization is more poignant when considering the political climate regarding mental health services. For example, at the provincial level, the Department of Health and Community Services is currently operationalizing it's document, "Working together for Mental Health: A Mental Health and Addictions Policy Framework for Newfoundland and Labrador". In addition, at the national level, there is considerable emphasis on mental health generated by the report of the Standing Senate Committee on Social Affairs, Science and Technology Work, "Out of the Shadows at Last". These documents reiterate the need for a broad range of mental health services. Nurses can respond to these needs if they have the ability to operate within their full scopes of practice.

Currently, community-based mental health nurses across the province have identified structures and processes that present barriers to their ability to operate to their full scopes of practice to deliver effective quality health care services that are responsive to the mental health needs of the population.

In an effort to address nurses' concerns, the Association of Registered Nurses of Newfoundland and Labrador (ARNNL) has established an **ADVISORY GROUP ON COMMUNITY MENTAL**

HEALTH NURSING (CMHN). The advisory group is established in accordance with ARNNL's vision "Healthy People in Newfoundland and Labrador" with the purpose to advise ARNNL in accomplishing its goal to provide quality health care to the people of NL. To this end, the ARNNL supports registered nurses to function to optimal and full scope of practice.

The Advisory Group on CMHN is made up of a diversity of ARNNL's membership and expertise, including nursing domains, geographic areas, and specialist preparation. The objectives of this advisory group are: to identify the roles of RNs, clarifying their contribution to the development of collaborative community-based mental health services in the province; to identify issues related to RNs working to their full scope of practice in community-based mental health services; to recommend strategies to enhance the role of the nurse in community-based mental health services so as to better meet the mental health needs of the public; to consult ARNNL members and other appropriate stakeholders in the development of this mandate, issues and strategies.

The intent of the advisory group is to develop a policy position paper "Enhancing the Role of the RN in Community-Based Psychiatric Mental Health Nursing" by May 2007. This paper will include strategies to enhance the role of the nurse in community-based mental health roles. Recommendations will be made for ARNNL and other key stakeholders to advance the roles envisioned for CMHN by facilitating the development of structures and processes that support them in working to their full scope of practice in community-based mental health nursing services.



Compassion Begins at Home Is the cost of caring too much?

Ann Greene

Since the onset of health care cutbacks and re-engineering initiatives in the mid-eighties the face of Canada's hospitals has begun to change. Day surgery and out-patient procedures now provide services to all but the very sick. Nurses and other health care professionals within the in-patient setting, now work with only the most critically ill, long term care and dying patients. The intensity of their work has been amplified both by the care

Compassion Begins With Me

Remember self-care is not a selfish act. Your health is critical in sustaining you and allowing you to fulfill your professional responsibilities in a sustainable way. Some strategies to build into your life:

1. **Take Ten** – Find ten minutes in everyday just for you. Do nothing. Breath, reflect and STOP.
2. **Priority List** – Check what's on your list. Where are you? If you are not on your list, get your self on there. If you are at the bottom of the list, look for ways to push you higher. Do something every week just for you.
3. **Have a Purpose** – Re-visit your personal sense of purpose and your core values. Write them down. Remind yourself regularly about why you do what you do and how you make a difference in the lives of others.
4. **Tame the Your Voice** – Check in with your inner critic and what she is feeding you. Re-program her/him and remind her of the things you do well and what makes you special.
5. **Be Attractive** – See the beauty and abundance in your life. You will attract more.
6. **Grieve** – When you have experienced a significant loss, a patient or colleague, allow yourself the time and opportunity to experience the associated feelings. Write about it.
7. **Seek Support** – Turn to a support group, a coach or a counselor when you are feeling overwhelmed.
8. **Be Creative** – Find a creative outlet for yourself and give yourself the gift of time to pursue it. Get lost in painting, gardening, photography or decoupage.

requirements of this patient population as well as the significant staffing reductions that have occurred over the past decade.

The toll is becoming evident, leading to new phenomenon among health care workers called 'compassion fatigue'. Reported in the International Journal of Nursing Practice in June 2006, author Brenda Sabo of Dalhousie University reports on the rise in emotional and health related problems now being experienced by Canadian nurses.

The question we are compelled to ask is, "Is the cost of caring too much and how can we provide strategies for our nurses and allied health professionals to enable them to become more resilient?"

A care for the caregivers program, focused on assisting health-care professionals with the emotional and spiritual demands of their job, as well as putting themselves first, is one such strategy. Convincing nurses of the importance of such a program is not an easy task.

Men and women who are attracted to the health care professions often view self care as a selfish act. Their call to service revolves around other people, and they forget that to care for self is a vital part of the recipe. In his book, *Let Your Life Speak*, author Parker Palmer states that "self care is never a selfish act; it is simply good stewardship of the only gift I have, the gift that I was put on earth to offer others".

A medical metaphor, "What the Heart Knows," captured in a story told by well known American cardiologist Dr. Melmet Oz, helps to relay the importance of self care and self first:

*All of us know that our heart is the source of life, beating strongly inside of us, sending nutrients and oxygen to every part of the body. The heart also receives back the circulated blood and sends this to the lungs to be re-oxygenated and cleaned so the cycle can begin again. The cleansed blood leaves the heart through the ascending aorta, a large blood vessel that serves as the super highway of life. The first branch or exit from this highway is the cardiac artery which goes directly back to the heart, keeping the heart muscle strong and healthy so that it can continue to pump and serve the rest of the body. What the heart knows is that it **must stay strong and vibrant** if it is to serve the needs of the entire body, and that to do so it **must feed itself first**.*

The lesson of this story, that each of us must care for ourselves first so that we can stay strong and healthy for those whom we serve, is an essential and critical message for today's nursing professionals, especially when the signs suggest that our nurses are burning out from the physical, emotional and spiritual fatigue of their jobs. Compassion it seems must begin at home, with the self, if nurses are to avoid the compassion fatigue many of them are beginning to experience.

A new approach

The problem is not going unrecognized. Recently, a number of health care organizations, including the Capital Health Group in Edmonton, decided to respond to the increasing number of stress reported illnesses by nursing staff. The Capital Health Care Group saw the need to connect staff to something larger than themselves as a strategy for addressing compassion fatigue. The result was a 'spirit at work' initiative designed and implemented to encourage staff to open their hearts to others, to appreciate the importance of the difference they make everyday and to see how kindness, gratitude and humility can enhance their work life.

In these programs, participants are encouraged to explore their inner needs and to explore their sense of purpose and core values. Meditation, visualization and other techniques are introduced to enhance these connections. The Edmonton program resulted in a turnaround in attitudes on a nursing unit that had continuing problems, and cut absenteeism in half.

The road ahead

The challenge ahead is to convince today's nurses, as well as the organizations in which they work, that they are worth the investment. Typically the individuals who choose nursing as a career define themselves through their ability to be of service to others, placing themselves at the bottom of their priority list, and frequently neglecting their own needs in favour of meeting the needs of others.

We are at a critical point. The challenge for both the nursing profession and health care organizations is to create a vision of long-term health for nurses—one that emphasizes the importance of spiritual support and offers them the necessary strategies for self care.

Betty Healey is a speaker, author and former health-care professional, who specializes in providing practical self-care strategies to caregivers. Her latest book, roadSIGNS2: Travel Tips to Higher Ground (Creative Bound International Inc., 2006) is a compilation of practical thoughts on how individuals can find greater meaning and energy in their lives by paying attention to and reflecting on the SIGNS that cross their path everyday. For information, 1-800-287-8610 (toll-free) or e-mail resources@creativebound.com

Compassion in the Workplace

Burn-out and stress leave is a 'spiritual issue'. Health-care organizations can offer staff in a number of preventative strategies to avoid compassion fatigue.

1. Provide staff with a quiet/meditation room on site.
2. Offer lunch time or after work meditation/visualization programs.
3. Introduce staff education programs designed to assist staff in re-connecting with themselves and something greater than themselves.
4. Bring more focus on one's sense of purpose and core values into the workplace; how staff make a difference everyday.
5. Provide health care teams with strategies for sustaining team spirit.

Internet Café (websites of interest)

www.cfmhn.ca

Canadian Federation of Mental Health Nurses

www.cmha.ca

Canadian Mental Health Association

www.rnao.org

Registered Nurses Association of Ontario

www.mhnig.org

Mental health Nurses Interest Group

www.cwhn.ca

Canadian Women's Health Network

www.world-schizophrenia.org

World Fellowship for Schizophrenia and Allied Disorders

www.cna.ca

Canadian Nurses Association

www.cna-aiic.ca

CNA certification program

www.cnpi.ca

Canadian Nurse Practitioner Initiative

www.makinggains.ca

Making Gains 2006 Conference



provincial reports

Manitoba

Robb Desrochers

The Schizophrenia Society of Canada held its annual national conference in Winnipeg in July 2006. The inspirational and educational conference, with the theme of "Voices of Resiliency", was attended by 350+ delegates. For further information such as awards of excellence and the speech by keynote speaker Senator Michael Kirby go to www.schizophrenia.ca and click on 2006 National Conference.

One of the recent health bills passed by the Manitoba legislature allows parents to commit drug addicted children to detox centers.

Ontario

Linda Nasato

The Mental Health Nurses Interest Group (RNAO) will hold the 2006 AGM in Oakville on Saturday October 28 – go to mhnig.org or contact me for further information. All mental health nurses are welcome – it's not necessary to be a member of MHNIG or CFMHN.

Cathy Crowe, a highly respected RNAO member, has been a street nurse in Toronto for 17 years. In 2004 she received the Atkinson Economic Justice Award which has allowed her to further pursue her passion for homelessness and housing issues. Cathy's well respected nursing practice puts her in contact with many individuals with mental health problems. Her newsletter, now at 22 issues, is available on her website at www.crowenews@tdrc.net.

The Ministry of Health and Long Term Care has a website with career opportunities in the mental health field www.workinginmentalhealth.ca. Anyone can view and respond for free to current job postings and post-secondary placement opportunities. The Mental Health Unit policy analyst handling this website is Sherina Macedo (sherina.macedo@moh.gov.on.ca).

MHNIG Board member Don Johnston is an educator in the Mental Health Program at York Central Hospital who would like to share information about nursing practice and policies on inpatient mental health units. He may be contacted at www.dgjohnston@sympatico.ca.

Quebec

Linda Nasato

Patients that the Ministry of Health has designated as especially "vulnerable" will benefit from a recent physician remuneration agreement between the province and the private practice general practitioners. Primary care doctors who see more patients who are elderly, have chronic conditions or have mental health problems will have remuneration caps removed from their billing numbers and receive a \$50 annual payment for each of these "vulnerable" patients. This should be welcome news to the Quebec mental health nurses who have had difficulty finding a family physician for clients with a mental illness.

Nova Scotia

Sharyn Chapman

Summer is finally here! This summer is particularly exciting as we plan to establish a **Provincial Mental Health Nursing Interest Group**. Two preliminary meetings have been held so far and will continue on the first Thursday of each month (August 3rd, September 7th, October 5th) to plan our ANNUAL GENERAL MEETING to be held On OCTOBER 19th from 7:00-9:00 pm at the PARKER RECEPTION ROOM at the IWK Health Centre, 5850 University Avenue, Halifax, NS.

The purpose of the group is to support and promote the practice of Mental Health Nursing, provide an opportunity for nurses to network with colleagues, and foster a connection with the Canadian Federation of Mental Health Nurses. It is hoped that the group will host a future CFMHN International Mental Health Nursing conference here in Halifax. Teleconferencing of meetings will be arranged to accommodate members across the Province.

For further information or if you plan to attend, please contact me at sharyn.chapman@cdha.nshealth.ca or (902) 434-5095



Conferences/Workshops

RNAO 5th International Conference 2006
"Older People Deserve The Best" September 28th & 29th

RNAO International Conference on Evidence Based Practice Guidelines "Setting the Context for Excellence in Clinical Practice and Healthy Work Environments"

June 7th -10th 2007

See rnao.org for further information

SASKATOON HEALTH REGION
Mental Health & Addiction Services
www.saskatoonhealthregion.ca
1-306-655-4107

"Working With the Mandated & Challenging Client"
September 28th & 29th 2006

Mental Health & Addiction Services
Provincial Clinical Conference
"HEART and SOUL OF CHANGE"
March 13th & 14th 2007

PEI Rape and Sexual Assault Crisis Centre
www.peirsacc.org

2nd Annual Conference
"Sexual Violence, Justice, Healing & The Role Of Religion"
September 28th & 29th 2006

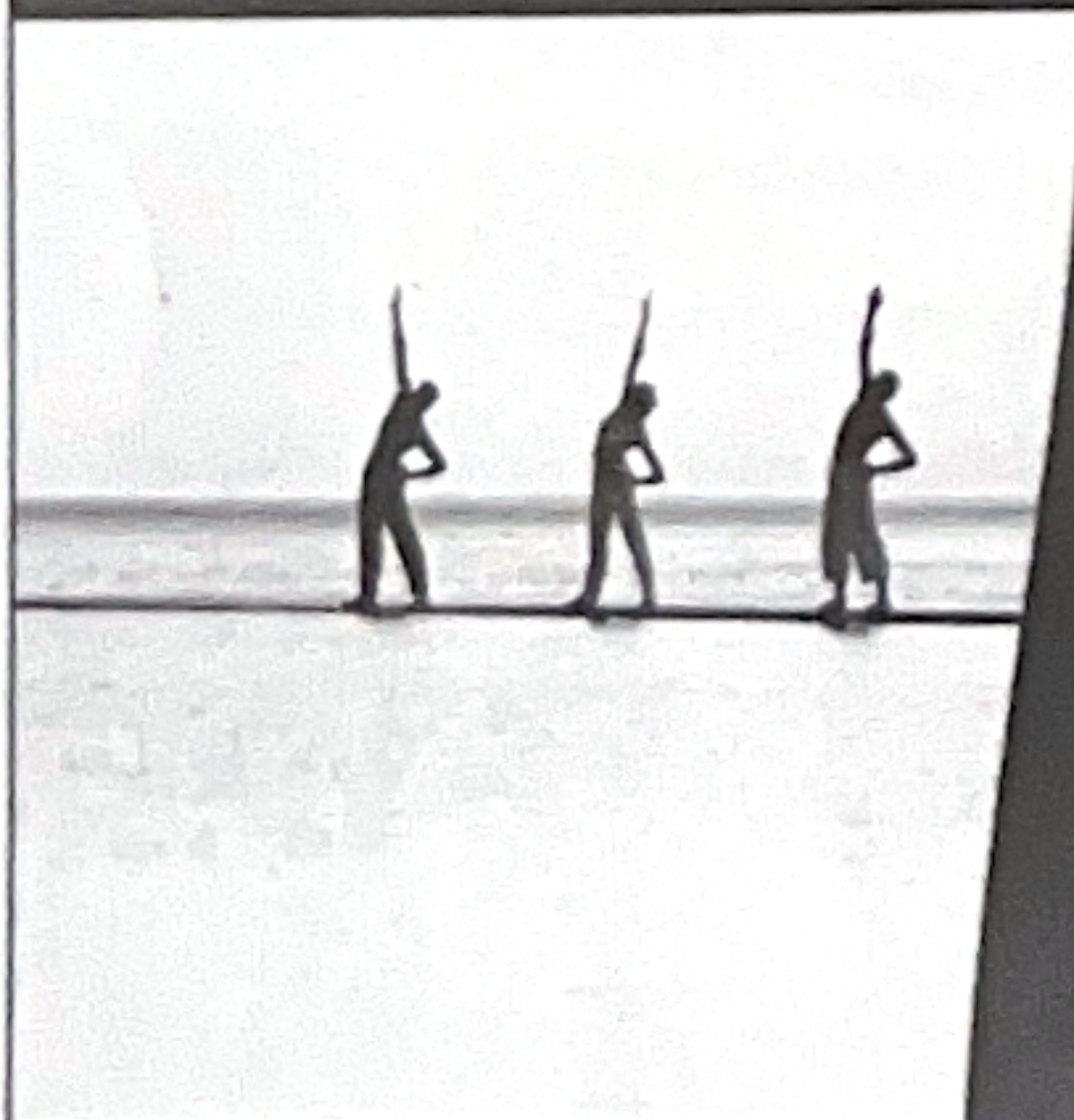
Canadian Mental Health Association- Ontario
4th Annual Making Gains In Mental Health and Addictions "Health Care Transformation in Ontario : Evolution or Revolution"
November 5 - 8 2006
www.ontario.cmha.ca

CPMHN(C)

Congratulations to all the Psychiatric/Mental Health nurses from across Canada who successfully completed the 2006 CNA exam and the many who have recertified this year. The CFMHN executive Board is proud of all of you.

Value #

**CLIENT
FOCUS
&
INTEGRATION**



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

our values speak volumes about who we are

Your future in Mental Health... on Vancouver Island

Vancouver Island Health Authority (VIHA) is quickly establishing itself as one of Canada's most innovative providers of comprehensive Mental Health & Addictions services.

Changes to the way the province delivers institutional care as well as the advancing age of our population have called for building a program from the ground up - enticing some of the most creative and committed people to join us in this challenging and rewarding area of healthcare.

Strengthening services to underserved areas, VIHA is increasing the number of residential beds and supported living options and offering clients more flexible services, training and education. New facilities are emerging to support expanded 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.

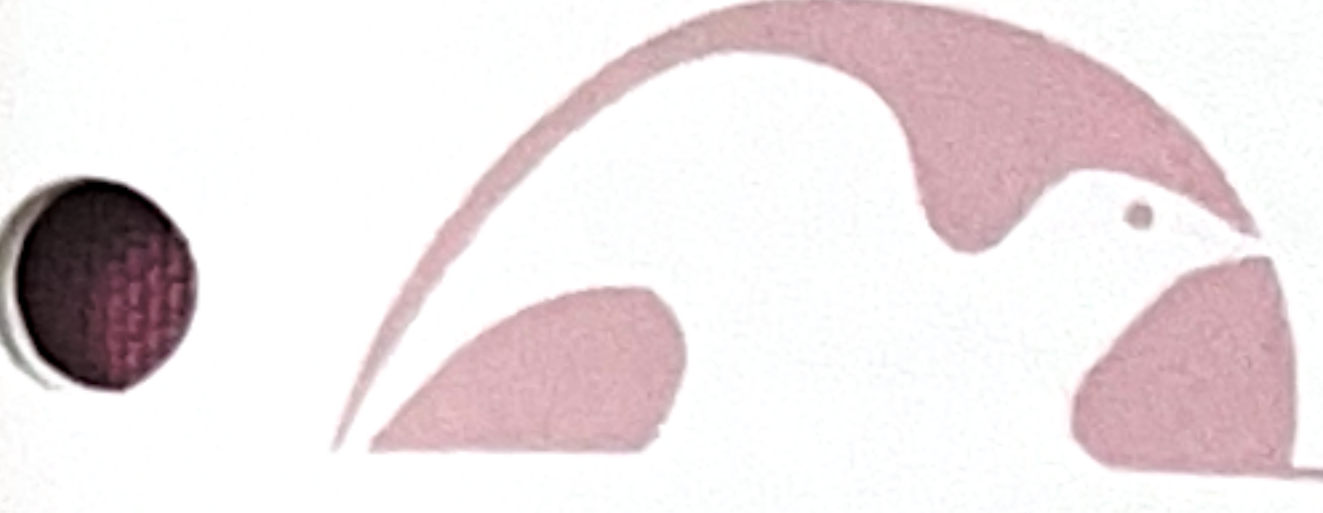
Check our website weekly for the most current opportunities.

Vancouver Island Health Authority
Employment Services
Fax: 250.370.8570
Email: jobs@viha.ca



For more information, please visit our website at www.viha.ca

M40608



Senate Committee Releases Final Report on Mental Health, Mental Illness and Addiction

Committee Recommends The Creation Of A Canadian Mental Health Commission

A Nickel A Drink Could Fund A National Approach To End The Fragmentation Of Mental Health Services

The Standing Senate Committee on Social Affairs, Science and Technology today released its final report relating to mental health, mental illness and addiction in Canada. This follows the earlier release of three interim reports (November 2004) that provided a broad review of policies and programs in this area.

The release of the final report concludes the Committee's three year study on mental health and addiction. The final report includes 118 recommendations, and a proposal to fund them.

Senator Michael Kirby, the Chair of the Committee, said that the release of the final report marked a first for a Parliamentary committee, and for the country. It is the most comprehensive study on mental health in Canada ever completed.

"The Senate Committee is committed to improving the range, quality and organization of health and support services that are required by the tens of thousands of Canadians who are living with mental illnesses and addictions," said Senator Kirby, adding that he had "been shocked by how fragmented our system of mental health care is, and saddened by the effect of that fragmentation on persons living with mental illness."

"Our recommendation to create a Canadian Mental Health Commission will focus national attention on this long-neglected area," said Senator Wilbert Keon, the Deputy Chair of the Committee. "The strong support shown by the provinces and territories will ensure its success in facilitating a national approach to end the longstanding fragmentation of services, and reducing the stigma and discrimination faced by persons living with mental illness."

Standing Senate Committee On Social Affairs, Science And Technology

"We understand that change costs money," said Senator Kirby. "Starting with our study of the acute-care system, this Senate Committee has always costed its recommendations, and suggested how government could raise the money to pay for them. The Committee's proposal to increase the federal excise tax on alcohol by a nickel a drink will help to shift consumption to lower alcohol products while also covering most of the cost of the proposed Mental Health Transition Fund."

"The Committee believes that a total of \$5.36 billion in federal funds should be made available to the provinces and territories to assist in transforming the mental health system over a ten year period," said Senator Keon, noting that "a transition fund would be an affordable, time-limited commitment on the part of the Government of Canada that would cover the cost of an enriched basket of community services, and new supportive housing units for 57,000 persons living with mental illness."

The release of the final report concludes the Senate Committee's comprehensive three year study of mental health and addiction issues. Extensive consultation with Canadians, including public hearings in every province and territory, and two on-line questionnaires, has permitted the Committee to put forward 118 specific recommendations for transforming Canada's mental health system.

Members and regular participants in the study include the Chair, Senator Michael Kirby (Lib- South Shore, Nova Scotia), Deputy Chair, Senator Wilbert Keon (C-Ottawa, Ontario), and Senators Catherine Callbeck (Lib-Prince Edward Island), Andrée Champagne (C-Granville, Québec, Ethel Cochrane (C-Newfoundland and Labrador), Joan Cook (Lib-Newfoundland and Labrador), Jane Cordy (Lib-Nova Scotia), Art Eggleton (Lib-Ontario), Joyce Fairbairn (Lib-Lethbridge, Alberta), Michael Forrestall (C-Dartmouth and the Eastern Shore, Nova Scotia), Aurélien Gill (Lib-Wellington, Quebec), Viola Léger (retired, Lib-Acadie, New Brunswick), Yves Morin (retired, Lib-Lauzon, Quebec), Lucie Pépin (Lib-Shawinigan, Quebec), Brenda Robertson (retired, PC-New Brunswick), Douglas Roche (retired, Ind-Alberta), Eileen Rossiter (retired, PC-Prince Edward Island) and Marilyn Trenholme Counsell (Lib-New Brunswick).



Canadian Alliance on Mental Illness and Mental Health Applauds Recommendations from the Senate Report on Mental Health, Mental Illness and Addiction

Canadian Alliance On Mental Illness And Mental Health

Mental Health, Mental Illness and Addictions Services in Canada.

"This report is the result of years of hard - and passionate - work by the Committee, and reflects the input of hundreds of patients and their families, researchers, providers and others," said Dr. John Service,

The Canadian Alliance on Mental Illness and Mental Health (CAMIMH) congratulates The Senate Standing Committee on Social Affairs, Science and Technology, its Chair Senator Michael Kirby, its Deputy Chair Senator Wilbert Keon and all its members for their groundbreaking work on Out of the Shadows at Last - Transforming

Chairman of CAMIMH. "We are gratified and encouraged that all of this input has come together in a series of strong recommendations for a path forward on a national strategy for mental health in Canada. The report's emphasis on the establishment of a Canadian Mental Health Commission, its strong funding recommendations and its recognition of social determinants such as housing on mental health provide a very strong foundation on which to build."

"I am confident that, with the establishment of the Canadian Mental Health Commission, we will start to see real and measurable change in the lives of the millions of Canadian families affected by mental illness," said Phil Upshall, National Executive Director of CAMIMH. "With the report now complete, we urge government to adopt the Committee's recommendations and act quickly to establish the Canadian Mental Health Commission and get money flowing to where it's needed."

Role of the Canadian Mental Health Commission

CAMIMH strongly supports the establishment of the Canadian Mental Health Commission and its recommended role, funding and structure, and urges the federal government to act quickly to establish and launch the commission to carry out activities as outlined in the Report. "The arm's length approach, the commission's role as facilitator and catalyst, and the inclusion of stakeholders across the continuum of mental health care are all important recommendations," said Dr. Service.

Mental Health Transition Fund

In addition to strong endorsement for the Commission and its proposed funding envelope, CAMIMH is also pleased that the committee

is recommending a targeted approach to transfers to the provinces that will enable a community-based approach to service delivery. "The Committee's "Basket of Community Services" approach will be key to ensuring that services are delivered where, when and how they're needed, and will place important control in the hands of those organizations working most closely with those needing services, at the same time as it ensures that money will be spent only in the target areas," according to Phil Upshall. "And the availability of funding to support peer workers is an incredible and welcome boon."

Established in 1998, CAMIMH is an alliance of 18 national organizations whose activities span the broad continuum of mental health. 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 from coast to coast to coast. CAMIMH's mission is to promote and facilitate the development, adoption, and implementation of a national action plan on mental illness and mental health.

CAMIMH members are: Autism Society Canada, Canadian Association of Occupational Therapists, Canadian Association of Social Workers, Canadian Association for Suicide Prevention, Canadian Coalition for Seniors Mental Health, Canadian Healthcare Association, Canadian Medical Association, Canadian Mental Health Association, Canadian National Committee for Police/Mental Health Liaison, Canadian Psychiatric Association, Canadian Psychiatric Research Foundation, Canadian Psychological Association, Mood Disorders Society of Canada, National Network for Mental Health, Native Mental Health Association of Canada, Psychosocial Rehabilitation Canada, Registered Psychiatric Nurses of Canada, Schizophrenia Society of Canada

They got it right! Mood Disorders Society of Canada Commends the Recommendations from the Senate Report on Mental Health, Mental Illness and Addiction

Mood Disorders Society Of Canada

The Mood Disorders Society of Canada (MDSC) welcomes *Out of the Shadows at Last - Transforming Mental Health, Mental Illness and Addictions Services in Canada* as a forward-looking document that addresses a neglected but urgent concern for many Canadians.

"This report, with its broadly-based and thoughtful recommendations, helps to shine a much needed federal light on our concerns. It translates our hopes and aspirations for a responsive, recovery-oriented system into practical recommendations which we strongly endorse," says Phil Upshall, Executive Director of the MDSC.

"I have to say they got it right! It is a delight to see recommendations for change which are reflected through the eyes of those who use the system," he adds. "We are particularly pleased to see the

value of self-help and peer-support given the acknowledgement it deserves. We know how important a role we play in providing support, sharing resources and advocating for change – because, as the largest National voice for consumers and families, we've been there."

The MDSC is encouraged by the Committee's focus on encouraging partnerships in research and knowledge exchange. "Consumer and family groups across this country have an important role to play in informing and translating research into accessible user-friendly resources and in getting this information into the hands of Canadians who can use it." The Committee is also right in identifying stigma as a barrier for seeking treatment and community engagement. "The MDSC lauds its recommendation to fund a multi-year strategy."



Membership

Your Federation

Helping meet your Professional goals

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

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

Formed in 1988, the Federation pioneered national credentialing in PMH nursing and achieved CNA certification status seven years later.

Because of our efforts, nurses across the country can qualify for the national PMH credential. Certified nurses are eligible to use the CPMHN(C) designation after their names and wear our specialty's official CNA certification pin — a sign of professional achievement.

Membership brings broad benefits

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

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

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Membership (January to December) Annually Renewable

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CFMHN
c/o First Stage Enterprises Inc.
1185 Eglinton Avenue East, Suite 104
Toronto, ON M3C 3C6
Tel: 416-426-7029 • Fax: 416-426-7280
E-Mail: info.mental.health@firststageinc.com



Provincial Representatives

British Columbia
Paula Tognazzini
tognazzini@nursing.ubc.ca

Alberta
Marg Osborne
mosborne@telus.net

Saskatchewan
Denise Kayto
kaytod@sdh.sk.ca

Manitoba
Robert Desrochers
rdesrochers@hsc.mb.ca

Ontario
Linda Nasato
Linda.nasato@sympatico.ca

Quebec
Marie-Mireille Gagnon
marie-mireille.gagnon.chum
@ssss.gouv.qc.ca

New Brunswick
Vacant

Nova Scotia
Sharyn Chapman
Sharyn@ns.sympatico.ca

Prince Edward Island
Gloria McInnis-Perry
gjmccinnis@ihis.org

Yukon
Vacant

Nunavut
Vacant

Newfoundland & Labrador
Anna-Marie Kean
amkean@nl.rogers.com

Northwest Territories
Vacant

Executive Committee

President
Christine Davis
CADavis@sl.on.ca

Past President / Director of Communications
Anne Greene
aagreen@shaw.ca

Director of Collaborative Practice
Denise Kayto
kaytod@sdh.sk.ca

Director of Membership
Robert Desrochers
rdesrochers@hsc.mb.ca

The editor of the
CFMHN Newsletter is
Linda Nasato
and she is always looking for
interesting articles for the
newsletter.

Contact her at:
Linda.nasato@sympatico.ca

Director of Finance
Sharyn Chapman
Sharyn@ns.sympatico.ca

**Director of Quality,
Practice & Research**
Gloria McInnis-Perry
gjmccinnis@ihis.org

Newsletter

Editor
Linda Nasato
Linda.nasato@sympatico.ca

Web Site
Heather Barton
khh@nbsympatico.ca

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