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Greetings to all CFMHN and MHNIG members

Welcome to the winter edition of the CFMHN Newsletter. The holiday season is over and 2007 is upon us. It is often a practice at the beginning of the year, to take stock of the year just ending and to look forward to the new one. Here are some of the highlights of the work your Board has been tirelessly engaged in over 2006.

Over the course of 2006, the Board was busy developing the strategic plan. The plan speaks to the need to build national partnerships with formal and informal associations and organizations, to continue to work as a member of the Canadian Collaborative Mental Health Initiative (CCMHI), and to identify strategies for recruitment and retention of nurses to the area of psychiatric-mental health nursing.

The Board released the third version of the Canadian Standards for Psychiatric-Mental Health Nursing. There are still copies of the Standards document for sale. Exciting news is the publication in the Journal of Psychiatric and Mental Health Nursing, 2007, 14, of an article by the Standards sub-committee. Congratulations to the sub-committee!

As part of the consortium which is the Canadian Collaborative Mental Health Initiative, we were signatories to the Charter which commits the Federation to "continue to work together to improve access to good mental health services through collaboration among consumers, families, caregivers, and primary health care and specialized mental health care provider" (CCMH Charter).

Heather Barton our web manager, worked with a new designer to update our website. There have been some glitches; these will be remedied over the next few weeks. Keep a watch on the website. Heather has left the Board having fulfilled her two year commitment to CFMHN. In December, Heather moved from the east coast to the west coast. We wish her well as she takes up residence in British Columbia. Thank-you Heather for your commitment and work on behalf of the Federation.

Looking ahead to the year that is, the aforementioned work of the Board will continue. I have included here parts of an e-mail received from Marg Osborne, the CFMHN Board member from Alberta re: the federal government's e-consultation on the establishment of the Canadian Mental Health Commission

"As you know, the current government is considering the establishment of the Canadian Mental Health Commission. The final phase of the government's public considerations is an "e-consultation phase".

This e-consultation is very important. We hope that the mental health and mental illness community (professionals, service providers, family members, consumers and others) will respond in great numbers and very positively to this e-consultation. Attached you will find a brief backgrounder setting out some of the significant events which have preceded this e-consultation.

PLEASE VISIT:

F: http://www.hc-sc.gc.ca/dc-ma/mental/consultation/index_f.html

E: http://www.hc-sc.gc.ca/dc-ma/mental/consultation/index_e.html

French

English

to complete the e-consultation.

*a message
from your
president*

how to reach us

CFMHN
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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

Continued on page 2

Also, this is the link to news release from the Minister's office.
http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/2007/2007_05_e.html

You may recall that the Senate Committee recommended the establishment of a Canadian Mental Health Commission with a mandate to, among other things,

- develop a national strategy on mental illness and mental health
- attack the stigma of mental illnesses
- develop a Knowledge Exchange Centre
- promote research in the areas of mental illness, mental health and addictions"

Please take some time to participate in this consultation and please forward the links to those consumers, families and care providers with whom you work.

All the best in 2007!

Christine Davis,
President



Editorial

Linda Nasato

Congratulations to Sandy Milakovic RN, executive director of Canadian Mental Health Association (Peel) for the past 25+ years, who was the 2006 recipient of the Marjorie Hiscott Keyes Award at the CMHA national awards dinner in Toronto in November 2006. Ms Hiscott Keyes is thought to have been the 1st psychiatric nurse in Toronto.

A Statistics Canada survey of more than 19,000 nurses from across the country, released in mid December, presents a surprising diagnosis of the chronic job strain that makes nursing one of the country's most stressful professions. About 45% of women and 51% of men cited lack of support from fellow nurses as a key cause of job dissatisfaction. The survey, done between October 2005 and January 2006, asked nurses to report on work conditions, challenges and their physical and mental health. The portion of this survey reported in the Toronto Star does not differentiate between nurses in mental health areas of practice and nurses in other areas

Documents obtained by the New York Times show that drugmaker Eli Lilly engaged in a decade long effort to downplay the health risks of Zyprexa (olanzapine), it's best selling medication for schizophrenia, which has been linked to obesity and a tendency to raise blood sugar. Documents covering the period 1995 to 2004, released to the Times by a lawyer representing clients with a mental illness, show that Eli Lilly had downplayed the fact that Zyprexa might cause unmanageable weight gain and diabetes. Critics, including the American Diabetes Association, have argued that this drug, released

in 1996, is more likely to cause diabetes than any other widely used drugs for schizophrenia.

I'm stepping down as the Ontario representative for the CFMHN Board of Directors effective April 1, 2007 – after many years working with the executive teams of MHNIG and then CFMHN it is time for one of my younger mental health nursing colleagues to have this great opportunity to interact with peers from all across Canada. Almost 88% of CFMHN members are from Ontario and it's been an honor to represent them. Please contact our CFMHN President, Christine Davis, and put your name forward to replace me on the Board of Directors – this has been one of my most professionally satisfying mental health nursing experiences.



Consumer Corner

Feelings

David J.

Feelings of guilt over a wasted life,
Endless regrets, bad memories of strife.

Darkness of mind, deranged and distorted,
Thoughts of failure, shapeless, contorted.

Future is bleak, past is tormenting,
Feelings of sorrow are unrelenting.

Hideous anger born of black despair,
No desire to go on, no hope of repair.

Mind is betrayed and destroyed by disease,
No sign of new life, no peace and no ease.

No understanding from the people around,
Behind the back, harsh talk does abound.

So much darkness, the pain is too great,
Life is surrendered into the hands of fate.

Fond thoughts of an ending drawing near,
Create feelings of freedom, so welcome, so dear.



Provincial Reports

British Columbia

Paula Tognazzini

??Are You Going Bananas??

UBC fourth year Community Health Nursing students Natalie Rai and Shandell Susin, developed the mental wellness campaign "Are You Going Bananas?" aimed at undergraduate University students. Natalie and Shandell rotated through three different campus residences over the course of three days. In collaboration with the UBC Wellness Centre, the students also set up a booth at the three day Wellness Fair on UBC campus. The booth offered educational resources, pamphlets, and bananas! (effective at increasing mental wellness).

In total, over 500 students approached the booths with an estimated 80% of students walking away with educational resources and referrals to community services. The majority of student concerns were stresses related to school work, pre-existing mental illnesses, and information on increasing coping skills.

The goal was to engage and connect with students in a non-threatening and approachable way while addressing questions about mental health concerns in a supportive environment. Overall, students were appreciative of the information made available and offered Natalie and Shandell some very positive feedback.

Newfoundland Labrador

Anne-Marie Kean

Psychiatric Nurses

Psychiatric nurses are gentle and kind.
They are wise to connections between body and mind.
They are always holistic in their patient's care;
From spiritual health to the length of their hair.

They have heard the most intimate and the most bizarre.
They've explored patient's queries about who they are.
They must be professional in their use of touch,
And maintain a boundary when they've seen too much.

They may see you in the bath and be very discreet,
Then be appropriate when you meet on the street.

Many different skills combined with heart.
That is the science and the art.
But if you have to live with one,
What are they like when the work is done?
"Mom please don't try to psychoanalyze me"
"Dad that's not marijuana, it's just loose tea"

"Honey I don't have a problem, I'm not depressed.
I'm just in the closet because I'm trying to get dressed."
"Sis I know your patient's problems are bigger than mine,
But how will I pick out my house design?"

Our families know we can't talk about work,
When we come home right on the verge of berserk!
They try to support us the best way they see fit.
Though it's not really helpful to say "Forget about it!"

We are special creatures, a little bit odd.
But we understand each other when we get a nod.
We know it means get some help or I'll handle it from here
When a trusted coworker can be relied on to care.

So for all of you nurses who are in this group
Who are circling the Mental Health / Psychiatry loop,
Wondering if you have a half empty or half full cup,
I'd like to say thank you and please keep it up.

*Written by: Karen Whitehorne
Mental Health Liaison Nurse
Health Science Complex
St. John's, NL*

Nova Scotia

Sharyn Chapman

Our region is pleased to announce the formation of a new Mental Health Nursing Interest Group. As with any group in its infancy, there are a few hiccups. Our first is trying to secure some financial assistance so that we can reach out across the province via nursing teleconferences. We are in the growing stages but have sparked much interest and excitement. Our meetings are being held on the first Thursday of every month. At our last meeting a group from the Kentville area (the Valley) showed their true colors with seven participants. We have begun the process of developing our own constitution and bylaws. This has been going smoothly because of the assistance offered by the Newfoundland PSIGNAL group. Our desire to forge through this process is fueled by our commitment to host the 2009 Canadian Federation of Mental Health Nursing conference. Our group is

keen to be inclusive and welcoming – we have opened the membership to all nurses, RN and LPN (licensed practical nurses), who define their practice as Mental Health. One of our first interesting challenges will be to create a 'name'. We have not been successful in using the letters for a meaningful acronym so we are searching for a name that will truly represent our focus and the culture of our region. As we move forward we will share our experiences.

Ontario

Linda Nasato

There have been a number of mental health related news items recently but the most significant, in my opinion, are the changes to the Ontario Disability Support Program that took effect as of November 2006. Many of the consumers of mental health care services rely on ODSP as a sole income and welcome the 2% increase in the basic needs portion as well as important changes to earnings and employment. For further information see the Ministry of Community and Social Services website at www.mcscs.gov.on.ca. In early December 2006 the Ministry of Children and Youth Services released a new policy framework for children and youth mental health, an area identified by Senator Michael Kirby's groundbreaking report "Out of the Shadows" as a dire situation. Advocates are cautiously optimistic in light of the current demand for services, shortage of child and adolescent psychiatrists, accessible services etc. 211 online resources are expanding in Ontario - access the www.211ontario.ca website for further information on resources in Ontario. On December 12, 2006 Minister of Health and Long term Care George Smitherman announced Bill 171 which proposes changes to the Regulated Health Professionals Act 1991 which would regulate the practice and licensing of psychotherapists in Ontario through a new health college – see www.health.on.ca. A study done by Women's Health, a Toronto community health centre for women of colour, reports that inadequate social programs, social stigmas and a lack of black mental health professionals may be raising barriers to mental health care. The study, which surveyed 212 women and 12 mental health workers, was funded by the Ministry of Health and Long Term Care. Another report on diversity issues for the Centre for Addictions and Mental Health cites a lack of staff from diverse racial groups, racism against staff and clients, and systemic racism in community outreach and clinical services as major diversity issues and overall barriers to mental health treatment for people of colour and aboriginal groups.

Prince Edward Island

Gloria McInnis-Perry, Chair, Mental Health Nurses of P.E.I.

Mental Health Nurses of Prince Edward Island: A Special Interest Group

The Mental Health Nurses of Prince Edward Island (MHNPEI) interest group met recently to revisit their mandate and governance model. Attendance was good and excellent suggestions to revise the governance model were introduced. These include a chair, co-chair, secretary, and treasurer. In addition, subcommittees will be established to address the issues of communications, education, events and membership. The membership feels that the special interest group has an important role in supporting and promoting the development of mental health nursing practice in PEI.

Several newsworthy items from PEI include: Joan Walsh, RN., MSc,N has recently retired as Chief Nursing Officer of Community Hospitals and Community Care. She is one of our PMHN pioneers and the mental health community will miss her. Joan has recently accepted a job with the Department of Veterans Affairs in the pension review division and we wish her well.

Dr Gloria McInnis-Perry RN and Jim Good BA have recently published an article entitled "Friends Supporting Friends: A Psychoeducational Codependency Support Group for Older Adults Who Reside in the Community. The article was published in the Journal of Gerontological Nursing, August, 2006. The authors developed a psychosocial education support group for seniors who are living in a codependent relationship in the community. The results of the pilot study are promising.

The 13th annual LINK Psychiatric conference was held in May 2006, in Summerside PEI. Nursing was represented as Dr. Gloria McInnis-Perry presented "Aging With Dignity" to a receptive audience. Presentations from Psychiatry, Psychology and Social Work were also part of the program. The next LINK Psychiatric conference will be held May 24 and 25th in Summerside, PEI. For further information contact bareid@ihis.org.

The Mental Health Nurses of PEI (MHNPEI) will continue to meet on a quarterly basis. Please contact Dr. Gloria McInnis-Perry at robertp@pei.eastlink.ca for information on the Interest group.



Conflict in the Waiting Room: Tension to Time Bomb

Gayle Oudeh

Recent studies indicate that excessive wait times in emergency rooms and in doctors' offices have a huge impact on patient satisfaction. No surprise there. None of us likes to wait. It is also no surprise that as wait times increase, patient anger and frustration are skyrocketing—sometimes to the point of serious injury to healthcare workers.

So what is happening in our hospital waiting rooms across Canada? The simplistic answer is conflict—conflict that derives from needs, wants and expectations. Patients and their loved ones arrive in the emergency department preoccupied with symptoms, injuries and illness. They need, want and are now demanding immediate attention. When they are required to wait, their expectations are not met and personal worry and concern are heightened. Consequently, the need to be attended to increases. The longer patients wait, the faster the cycle escalates and the quicker conflict intensifies.

Unique programming makes us address conflict differently.

We all experience conflict, but we don't all respond to it in the same way. Research shows that individuals adopt one of five basic approaches—or conflict management styles—when they experience conflict. So, as the waiting patient or family member continues to experience a conflict of needs, wants and expectations, the individual will revert to ingrained patterns of dealing with that conflict. They'll usually do this utilizing one of the following five behaviors. They may:

- **Act like an Ostrich:** Ostriches prefer to stick their heads in the sand and pretend that conflict doesn't exist. The waiting patient, acting like an Ostrich, would simply leave, probably without notifying anyone, and never verbalize his or her frustration.
- **Act like a Parakeet:** Parakeets are most concerned about keeping a positive face on things, even in the midst of conflict, so that no one will think badly of them. A Parakeet in the waiting room would likely deny that the wait was irritating, perhaps even to go so far as to reassure others that "it certainly can't be much longer."
- **Act like an Owl:** Owls move slowly through conflict because they want to understand the whole picture, the larger ramifications of the situation, and find a solution that will solve the problem for the long term. An Owl in the waiting room is the one who engages other patients, family

and friends, even medical staff, seeking their opinions about the wait, brainstorming about how wait times could be shortened, and perhaps even devising a plan for bringing these ideas forward to the powers that be for their consideration and implementation.

- **Act like a Hummingbird:** Hummingbirds want to work things out quickly. They willingly create options for resolution and are open to negotiation. While they may talk to others, as the Owl would, Hummingbirds will be looking for a quick fix to the immediate situation. Hummingbirds in the waiting room are not so much concerned about fixing the entire health-care system. They just want to find a way to get to the doctor more quickly.
- **Act like a Woodpecker:** Woodpeckers have a clear opinion about how to resolve a problem and will hammer away at their point until the other person agrees. Woodpeckers don't waste a lot of time on the niceties. Their concern is getting the other party to see things their way. The Woodpecker in the waiting room will not be quiet. Woodpeckers will make their frustration known and will be demanding.

It's important to remember that the patient and their loved ones in the waiting room are not the only people experiencing conflict in this situation. Every other patient in that same waiting room is experiencing some form of conflict—and reacting to it in their own conflict management style. Excessive wait times are equally stressful for the health-care professional, and every doctor, nurse, intern, specialist, receptionist and clerk has unique ingrained patterns for dealing with conflict, too.

You can start to imagine how this might play out. A Parakeet patient is reassuring everyone in the room, and on a regular basis, that it will be his turn "soon." Another patient in the waiting room, a Woodpecker, is demanding that she see the doctor "right now." The Owl nurse is explaining, at length, the cause for the wait, how the system works, and some possible options that are being considered for improving the situation, while the Hummingbird nursing colleague is juggling and negotiating in an attempt to keep things moving along. Yet another patient, an Ostrich, is getting increasingly agitated by the tension in the air, and debating silently whether he will simply have to leave if his name is not called shortly. The receptionist, who is also an Ostrich, is simply ignoring all negative rumblings from the waiting room, and is avoiding eye contact with everyone.

When conflict exists, the conflict management styles of the individuals involved have a significant impact on how, or if, the conflict can be resolved. A patient looking for a quick solution to the problem (Hummingbird) will become more irritated and frustrated by a nurse who insists on giving the long-term view (Owl). A receptionist who wants to be pleasant and helpful (Parakeet) will be annoyed by the disrespectful behavior of the patient who simply walks out (Ostrich). And, of course, the feathers will really fly when a demanding patient (Woodpecker) comes nose to nose with an insistent nurse (Woodpecker).

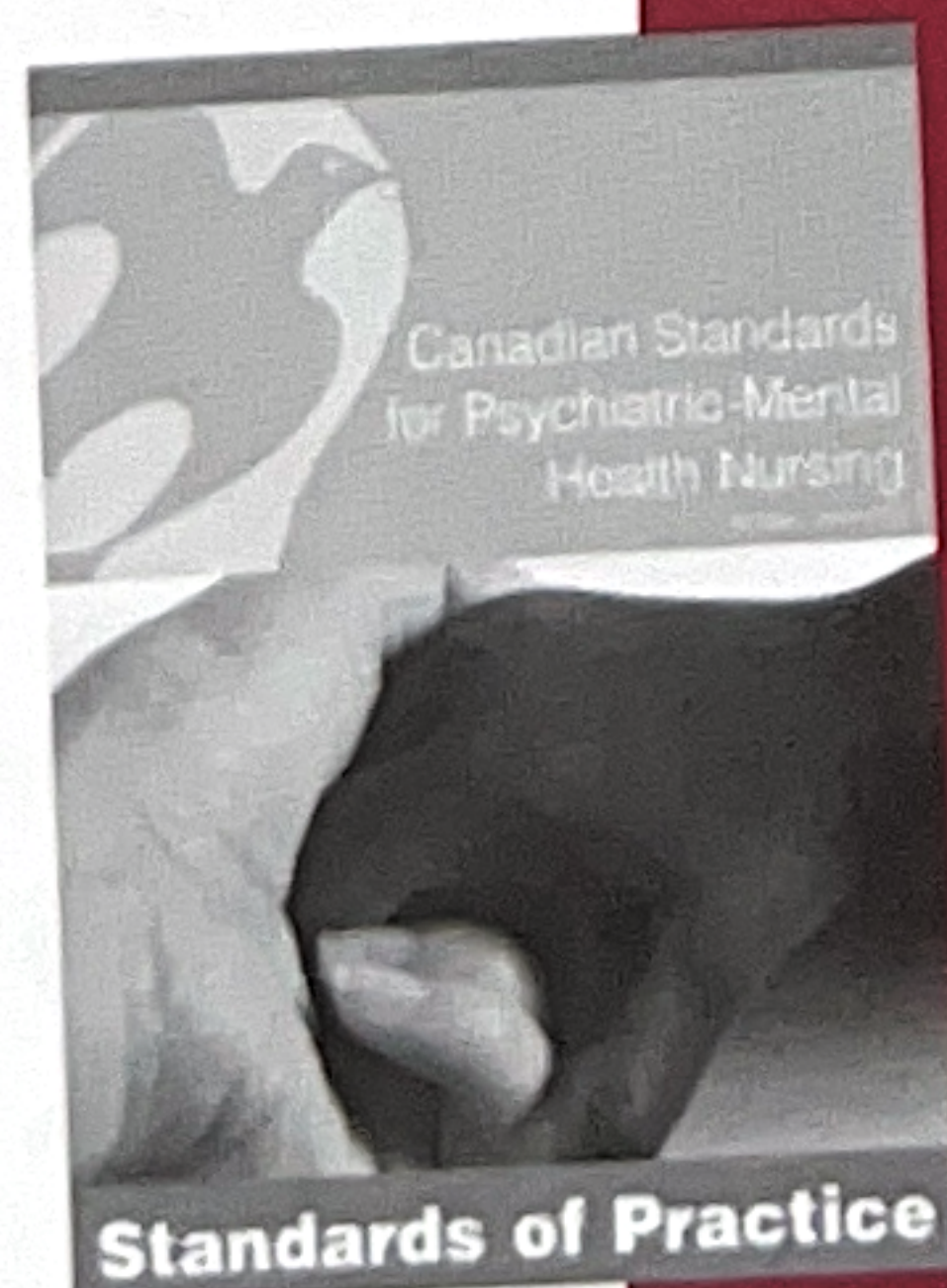
Awareness is the first step to disarming the conflict bomb.

So how do you resolve conflict in the waiting room? The issue of excessive wait times is symptomatic of many other, larger issues within the health-care system and isn't easily addressed. But individual behavior, when faced with conflict, is something we need to be aware of. We can determine how we want to manage the conflict and how we want to behave in the situation.

Having the awareness to recognize our automatic response to conflict is the first step. Do you tend to be a Woodpecker in conflict situations? Or are you more of a Parakeet or Ostrich? Is your style appropriate to the situation? Does it get the results you need or want?

The key to dealing with conflict is recognizing that we all have a choice in how we approach the situation. The Woodpecker approach may work sometimes, but some conflicts will require the Owl or Hummingbird approach. Even the Parakeet and Ostrich approaches are appropriate in some circumstances. Making deliberate and thoughtful choices in how we approach conflict won't eliminate conflict. But it will reduce stress and frustration and other negative results of conflict. In fact, managing conflict appropriately will result in greater cooperation and a more positive relationship between patient and staff.

Gayle Oudeh is co-author of *Conflict Is for the Birds!* and a principal of the Centre for Conflict Resolution (CCR) International Inc., an Ottawa-based consulting firm specializing in conflict management and training. For more information or to order a copy of *Conflict Is for the Birds!*, co-authored with Nabil Oudeh, please call 1-800-287-8610 (toll-free) or e-mail resources@creativebound.com



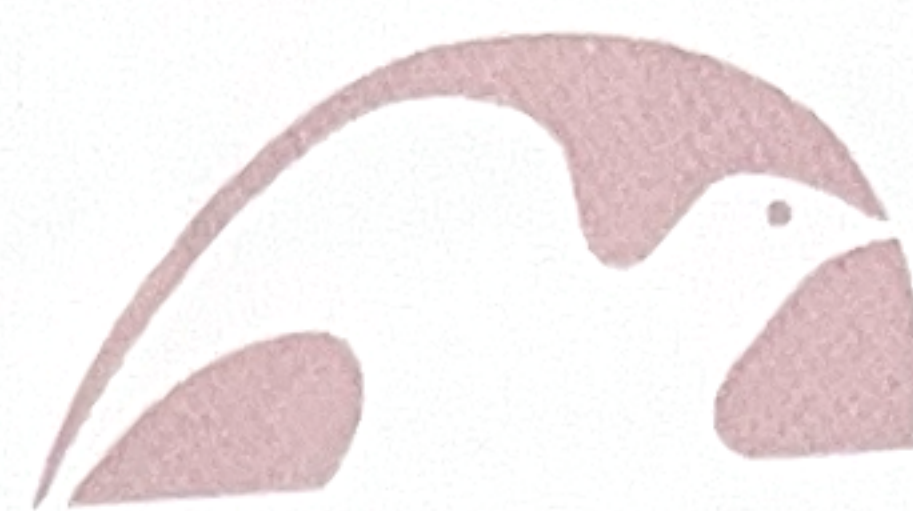
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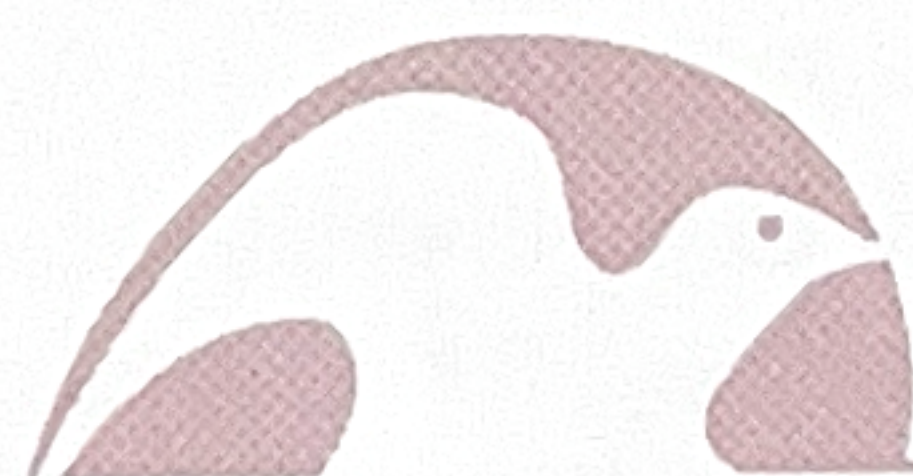
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CPMHN(C) Exam

Linda Nasato RN, CPMHN(C)

Psychiatric/Mental Health nurses from across Canada are again preparing to either write the CNA certification exam or renew their certification. There are study groups in some areas and mentoring available (see CNA website). Helpful general tips to those writing the exam are to (1) don't let years of education/experience lead you to read too much into the question (if you hear hoof beats don't first think zebras), (2) read scenario carefully as key words like 'initial' or 'first' are often clues to correct answer, (3) is the action involving family/significant other if appropriate and (4) prioritize the answer choices if they all seem correct and use something like Maslow's hierarchy of needs to guide you ie a concern with oxygen or safety or physical comfort may point to the answer that included this. These are my own thoughts on successfully writing this exam and I've passed these tips on to nurses I've mentored/supported through the process. I wrote the initial exam in 1995 and have recertified twice. The exam is not easy and that's why receiving your CPMHN(C) pin is something to be really proud of. This is proof that you practice at a national standards level and 22 universities across Canada offer credit towards a baccalaureate nursing degree for RNs who are certified in their specialty. CFMHN wishes all of you good luck.



Provincial Representatives

The role of representing your province/territory as a CFMHN Board member is a great opportunity to interact with your psychiatric/mental health peers across Canada. The biennial general meeting usually takes place in alternating provinces every 2 years and is combined with an international psychiatric/mental health conference. This is attended by all CFMHN Board members. There are 10-12 teleconferences (1-1 1/2 hours once a month) and ongoing email contacts. The newsletter is distributed 3 times annually and all Board members contribute – this may be changing to having an editorial committee rather than a single editor as per past practice.



Membership

Your Federation

Helping meet your Professional goals

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

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

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

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

Membership brings broad benefits

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

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

Application for a One-Year Membership in Canadian Federation of Mental Health Nurses

Preferred Mailing Address: ☐ Home ☐ Work

Name: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____

☐ Independent Practitioner or Place of Employment: _____

Position: _____

Work Address: _____

City: _____ Province: _____ Postal Code: _____

Work Phone: _____ Fax: _____

E-Mail: _____

Membership (January to December) Annually Renewable

☐ \$40 Single Membership

☐ \$30 Group Memberships

(Minimum Group Size – 5 from one agency)

Group Applications must be submitted together

Send this form and cheque or Money Order payable to **CFMHN** to:

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

OR JOIN ON-LINE ... VISIT OUR WEBSITE www.cfmhn.ca



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Addictions and Mental Health Program, Concurrent Disorders Committee

PRESENTS

Kenneth Minkoff, M.D.

Clinical Assistant Professor of Psychiatry at Harvard Medical School.
Board Certified Psychiatrist with Additional Qualifications in
Addiction Psychiatry. Member of the Board of Directors of the
American Association of Community Psychiatrists

**ONE OF NORTH AMERICA'S LEADING EXPERTS ON
INTEGRATED TREATMENT OF CONCURRENT DISORDERS!**

TOPIC: AN INTEGRATED MODEL
Assessment and Treatment of Concurrent Disorders

- Overview of Concurrent Disorders
- Principles of Successful Treatment
- Integrated Model for Treatment and Recovery
- Integrated Longitudinal Strength Based Assessment
- Individual Treatment and Program Matching
- Design of a Comprehensive, Continuous, Integrated System of Care

WHEN: May 14, 2007
9:00am. – 4:00pm.

Registration starts at 8:00am.

WHERE: Pearson Convention Centre
(in close proximity to Pearson International Airport)
2638 Steeles Avenue East, Brampton, Ontario

COST: \$170.00
(Includes refreshments and lunch)

MARK THIS DATE IN YOUR CALENDARS!!!

**Further information to be sent to you
early in 2007**

For further inquiries, please contact:
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donna_dunleavy@oslerhc.org