A1

Providing care for transgender persons and their families

Fiona Smith, RPN, MN, Associate Professor, Brandon University, Winnipeg, MB; Brandy Pollard, BEd, Patient and Family Advisory Council, Winnipeg Regional Health Authority, Winnipeg, MB; Ashley Smith, RPN, BScPN, Registered Psychiatric Nurse, Sexual Assault Nurse Examiner Program, Health Sciences Centre, Winnipeg, MB; Niki Field, RPN, BScPN, Registered Psychiatric Nurse, Psychiatric intensive Care Unit, Health Sciences Centre, Winnipeg, MB; Logan Oxenham, Founder of TransManitoba, Winnipeg, MB

Objectives: • What does transgender mean? How is sexual orientation different from gender identity? • What do the terms gender binary and male female dichotomy mean? • How do I treat a transgender person with respect? What name and pronoun do I use? • What should the role of mental health professionals be?

Problem: Transgender persons experience significant negative health outcomes as a result of stigma and discrimination within the healthcare system. Research has identified contact and education as important anti-stigma interventions. Transgender persons have become increasingly visible in media. Transgender health research publications have increased over the past 10 years.

Description: This presentation promises to be provocative and interactive panel discussion with members of the transgender community and registered psychiatric nurses with experience in transgender health care and research.

Findings: Carers simultaneously express willingness to care for trans persons and discomfort beginning conversations about gender.

Relevance: Providing gender inclusive care in health settings

Application: mental health, emergency, justice

A2-1

Best Practice Strategy to Prevent Hospital Discharge to Homelessness

Cheryl Forchuk, RN, PhD, Principal Investigator, Lawson Health Research Institute - Mental Health Nursing Research Alliance, London, ON

Objectives: The importance of directly asking clients about housing status; making housing and financial supports available on-site; and connecting clients to resources as early in their hospital stay as possible.

Problem: Homelessness has a detrimental effect on recovery from physical and mental illness. Local shelter data indicated an increase in discharges from medical units to homelessness as similar discharges from psychiatric units decreased. Little is known about this issue or how to intervene.

Description: The project seeks to evaluate the effectiveness of reducing homelessness by preventing hospital discharge to homelessness. This intervention redesigns and streamlines delivery of services by establishing housing and income supports, within hospital medical units. Earlier work utilizing this strategy was successful in reducing discharges to homelessness from psychiatric units.

Findings: Preliminary data has shown that people at risk of discharge to homelessness from medical units have complex co-morbidities that include both physical and mental diagnoses. The length of stay is shorter than the psychiatric units which leaves a very small window for intervention. However the majority of people referred to the program are discharged to housing rather than homelessness.

Relevance: This innovative intervention is novel in its delivery and in establishing new partnerships with medical units at hospitals. This is relevant to mental health nurses since the patients at risk of discharge to homelessness have both medical and psychiatric diagnoses.

Application: Canada lacks a coordinated and evidence-based approach to discharge for individuals who are experiencing, or are at-risk of, homelessness. This housing first initiative represents a potential best practice strategy, with implications for nursing, health care delivery and the wellbeing of individuals and communities.

A2-2

Best Practice Strategy to Prevent Hospital Discharge to Homelessness: NFAv2x

Kristin Cleverley, RN, PhD, CPMHN(C), CAMH Chair in Mental Health Nursing Research at the University of Toronto and Clinician-Scientist at the Centre for Addiction and Mental Health, Toronto, ON; Emma McCann, HBSc, Knowledge Translation Research Assistant, Faculty of Nursing, University of Toronto

Description: This presentation is relevant to mental health nurse leaders, researchers, faculty, nurses, and students who would like to understand how to utilize patient oriented research strategies to strengthen mental health nursing practice and research.

A3-1

Chronic persistent mental illness and a progressive life limiting illness: who cares?

Tanya Park, RN, PhD, Associate Professor, University of Alberta, Faculty of Nursing, Edmonton, AB; Kathy Hegadoren, RN, PhD, Professor, Faculty of Nursing, University of Alberta, Edmonton, AB; Bernadette Workun, RN, Mental Health Clinician, Alberta Health Service, Edmonto, AB: Cybele Angel, RN, Graduate Student, Faculty of Nursing, University of Alberta, Edmonton, AB

Objectives: Participants will identify the role they play in supporting people with a CPMI and their families when they are dying. Participants will develop understandings of the importance of integration of mental health care and palliative care service.

Problem: Despite the large amount written about dying there is little attention paid to the experience of people with a chronic and persistent mental illness (CPMI) and their dying experience. Palliative end-of-life care (PEOLC) is described as an approach that improves the quality of life of patients and their families facing the problems associated with life threatening illness. Canada faces severe limitations in providing PEOLC. Recent reports suggest that only 15% of Canadians have access to high qua

Description: This paper brings to light the experience of PEOLC providers who are challenged to ensure that people with a CPMI and a progressive life limiting illness are not disadvantaged. The participants were asked about their experiences of providing palliative care to people with a CPMI who were dying.

Findings: PEOLC providers shared their challenges in meeting the palliative and mental health care needs of those with a CPMI. They express concerns related to lack of resources, lack of knowledge of CPMI and lack of mental health training or expertise in their staff complement.

Relevance: The findings from this project highlight the current challenges of PEOLC providers and the opportunities for how we can work together to improve the dying experience for people with a mental illness and their families.

Application: this presentation has relevance for all health care settings where people who have a mental illness are dying.

A3-2

Bridging the gap: Advocating for palliative care best practices for end-of-life forensic mental health patients ”

Angelina Loumankis, RN, MN, CPMHN(C), Advanced Practice Clinical Leader (Nursing); Satinder Kaur, RN, MN, MEd, PhD, Advanced Practice Clinical Leader (Nursing); Rola Moghabghab, NP, PhD, GNC (C), Advanced Practice Clinical Leader (Nursing); Helen McGee, RN, MN, Advanced Practice Clinical Leader (Nursing); Edson Villareal RN, BScN, MScN, CPMHN (C), Nurse Educator; Shawn Lucas, RP, Manager of Spiritual Care Services; Kim Oseli, RN, MN, Nurse Educator; Dr. Sarah Colman, MC, FRCPC, Psychiatrist (Geriatrics); Lorraine Schubert, RN, M.Ed, Senior Manager Opertaions and Practice, After-Hours, Centre for Addiction and Mental Health, Toronto, ON

Objectives: - To identify the guiding principles developed by the working group to inform the care of the palliative patients - To articulate processes and practices for the care of palliative patients within a forensic setting

Problem: Aging or long term forensic patients are vulnerable to debilitating and eventually terminal illnesses. These individuals cannot be discharged, yet forensic mental health settings have historically not been equipped to address the palliative care needs of this population.

Description: Forensic patients diagnosed with life limiting illnesses require extensive medical care and services. Frequent transfers to acute care hospitals for medical interventions and consultations disrupt continuity of care. In order to improve care for this population, interprofessional clinical teams need appropriate training, resources and equipment to ensure quality palliative care in forensic mental health settings.

Findings: A working group was established to review best practices in palliative care to enhance end-of-life care capacity in the organization’s forensic services, standardize care processes, and build collaboration within/outside the organization with experts in the field. A summary of the working group`s recommendations for best practices, training, clinical resources and partnership opportunities will be shared.

Relevance: The project intent was to improve palliative/end-of-life patient care outcomes, that is, symptom management and quality of life. Interprofessional collaboration and palliative care planning also improved with resources and guidelines to support clinical teams.

Application: The resources developed are applicable to forensic areas as well as non-forensic mental health clinical settings.

B1

Rejuvenating Nursing Education through Arts Based Self-Care and Creative Expression

Pattie Pryma, RN, BSN, MEd, PhD, Associate Professor, Mount Royal University, Calgary, AB

Objectives: "Nursing as a profession can support the development of positive, proactive health care behaviors, and coping strategies by individual nurses by raising the importance of positive self-care to the forefront of discourse within the profession" (Kravits, McAllister-Black, Grant, & Kirk, (2010). This presentation aims to initiate current dialogue around self-care practices of mental health nurses.

Problem: The purpose of this project was to engage nurse educators in exploration of self-care and well-being through the creative arts.

Description: Through this initiative, we were able to rethink approaches to traditional professional development around self-care. It has been reported that nurses experience high levels of stress and burnout…and leave for less-stressful jobs (Medland, Howard-Ruben, & Whitaker, 2004). "Nurses whose own emotional reservoirs are low are less equipped to meet the care needs of their patients" (Laschinger & Leiter, 2006). By taking care of ourselves as educators we are better positioned to provide positive self-c

Findings: Supporting creative arts practices encouraged inquiry into lived experiences, reflections on, and memories of time/space and self/other from multi-sensory perspectives (Pink, 2009). Participants expressed that it is key to find balance and let go of perfectionism, as well as the importance of seeing and being seen. Self-care is important work and we have to have enough in our reservoir to be able to share which allows us to be competent, caring practitioners.

Relevance: The research questions that guided this project asked: What happens when nursing educators are invited to engage in creative arts practices? What do arts-based methods reveal about the self-care practices and wellbeing of nursing educators?

Application: By taking care of ourselves as educators we are better positioned to provide positive self-care role models to our students and enhance their understanding of caring for self within the profession wherever they may be practicing.

B2-1

Accessing Services for Depression- The South Asian Punjabi Community`s Experience

Maneet Chahal, RN, BScN, MSc, Care Coordinator, Toronto Central LHIN, Toronto, ON; Janet Landeen, BScN, MEd, PhD, Professor, School of Nursing, McMaster University, Hamilton, ON; Jeanette Legris, RN, BN, MHSc, PhD, Professor, School of Nursing, McMaster University, Hamilton, ON; Ruta Valaitis, BScN, BA, MHSc, PhD, Professor, School of Nursing, McMaster University, Hamilton, ON; Olive Wahoush, RN, RSCN, MSc, PhD, Professor, School of Nursing, McMaster University, Hamilton, ON

Objectives: 1. South Asian Punjabi community`s conceptualization of depression. 2. How this ethnic community`s conceptualization of depression influences access to services. 3. Five aspects of accessibility that need to be improved to better support this ethnic community. 4. The importance of culturally tailored interventions for ethnic communities.

Problem: The South Asian community is the largest growing ethnic community in Canada, yet there is limited research exploring their experience of accessing mental health services for depression.

Description: An interpretive description qualitative approach was utilized to understand the South Asian Punjabi community's perceived experience of having accessed mental health services for depression within Canada. A sub-aim of the study was to capture the participants' conceptualizations and experiences of having depression, which provided context about this ethnic community and deepened insights into their accessibility experience.

Findings: Twelve major themes detailed the challenges of PLDs and their family members regarding i) identification and understanding of depression and ii) accessing mental health support.

Relevance: Findings of this qualitative study provide details of how these participants had their own unique cultural conceptualizations of depression and continue to experience difficulty with accessibility of mental health services while receiving care. Results suggest culturally tailored improvements of mental health service accessibility are required to support this population as they navigate the mental health system for their depression.

Application: This research is important to share with healthcare providers across Canada to better understand this ethnic community`s understanding of depression and the challenges they encounter with accessing services. This important work was also completed by interviewing participants in both English and Punjabi.

B2-2

Empowering the South Asian Community- From the Ground Up

Jasmeet Chagger, RN, BScN, MSc(c), Registered Nurse, Co-Founder of Soch Mental Health, Soch Community Health Promotion Inc., Brampton, ON; Maneet Chahal, RN, BScN, MSc, Co-Founder of Soch Mental Health, Brampton, ON,

Objectives: To understand how two community nurses started a global mental health initiative to support and empower the South Asian community to recognize and accept mental health as an essential component of their well being.

Problem: The South Asian demographic is the largest visible minority group in Canada, yet there is a current lack of culturally safe health promotion strategies and treatment options available for this population. Soch Mental Health was started by Maneet Chahal and Jasmeet Chagger who collectively identified this gap and created a global mental health initiative aimed at providing the SA community with culturally and linguistically tailored support and an open space for mental health dialogue.

Description: Soch Mental Health is a grassroots mental health initiative that has completed over 30 community mental health workshops to date. The focus of these workshops have been to break the existing mental health stigma within the South Asian community, provide education on mental health management, and most importantly support individuals with navigating the mental health system.

Findings: Soch has received remarkable support from the community for their efforts in providing culturally and linguistically appropriate mental health conversations, system navigation and health promotion strategies for the South Asian population both locally and globally.

Relevance: Along with community workshops, Soch is making a global impact through their education and awareness initiatives through social media as well as starting a South Asian mental health TV show (Punjabi & English) with the Sikh Channel, which broadcasts across Canada, the US, and the UK. By offering culturally and linguistically targeted pyschoeducation, Soch is ensuring that this ethnic demographic has access to culturally safe mental health discussions

Application: Health care professionals working with the SA community or other ethnic groups can better understand unique ways to empower the community to safely and openly hold mental health discussions. Soch is learning from the community itself rather than applying strategies from a top-down approach. Empowering the community from the ground up is an integral skill that can be utilized by other professionals.

B3-1

Making a Difference in the Lives of Clients and Families: Engaging Direct Care Nurses in Strategic Organizational Initiatives to Advance Mental Health and Addictions Care

Margaret Gehrs, RN, MScN, CPMHN(C), Director of Interprofessional Practice; Kamini Kalia, RN, MScN, CPMHN(C), Manager of Interprofessional Practice and Education, Centre for Addiction and Mental Health, Toronto, ON; Sarah Branton, RN, BScN, MScN, Manager of Interprofessional Practice and Education, Centre for Addiction and Mental Health, Toronto, ON; Alison Watson, MN, RN, CPMHM(C), Manager, Centre for Addiction and Mental Health, Toronto, ON; Zohra Surani, RN, BScN, CPMHN(C), COMPASS Service, Centre for Addiction and Mental Health, Toronto, ON

Objectives: Participants will learn how to: 1) Reflect on their own organizational culture related to staff nurse engagement 2) Enhance staff nurse participation in collaborative change leadership 3) Advance quality of care initiatives through formalized nursing practice council structures

Problem: Engagement of staff nurses in clinical quality initiatives is crucial to securing their investment in successful change management. Barriers such as staff shortages, high clinical workload and 24/7 shifts make it difficult to ensure consistent and meaningful staff nurse representation at planning tables aimed at improving patient and family care. Decisions about nursing practice issues can be perceived as top-down, resulting in a nursing workforce that feels disempowered within the organization.

Description: This presentation will describe an academic health centre's approach to re-engaging its nursing workforce in advocacy, policy reviews and clinical quality improvements through intentional restructuring of its nursing practice council. Processes for reframing the vision, terms of reference, agendas and representative membership to leverage the staff nursing voice and leadership potential will be shared. The importance of mentorship resources and management support will also be highlighted.

Findings: Preliminary findings will be reported from the staff nurse, senior nursing leadership and organizational clinical care improvement perspectives. Themes related to: 1) nursing participation in key practice improvements benefiting patients and families, 2) engagement in clinical leadership development, 3) mentorship, and 4) strengthened accountabilities within communities of practice will be highlighted.

Relevance: Mental health nursing leaders will benefit by exploring strategies to engage and leverage the collective potential of its nursing workforce. These innovations can enhance clinical care and also serve as a professional development opportunity for staff nurses wishing to enhance their advocacy and clinical leadership skills.

Application: The processes and findings of this initiative can be applied to other mental health and addictions organizations wishing to leverage the knowledge and experience of its nursing workforce to advance care. Opportunities and challenges related to organizational resources/supports and mentorship infrastructure will be shared.

B3-2

Nursing School and Workplaces Re-imagined: Giving Voice to Foster Mental Well-being and Recovery

Carmen Hust, RN, MScN, PhD, Professor, Algonquin College, Ottawa, ON

Objectives: Participants will explore the lived experience of nursing students with mental health concerns.Gain knowledge of learning strategies that foster mental well being and recovery. Critically question socio-political and economic realities that threaten mental well being in academia and the workplace. Re-imagine competencies to promote psychological and cultural safety in academia and the workplace

Problem: Imagine one quarter of your nursing class or staff nurses having lived experience with cancer: would this influence your teaching or managing relationships? It likely would. However, the lived experience of one in four post-secondary students who have mental health problems and the one in three Canadians who will experience a mental health concern over their lifetime (CMHA, 2012) seldom serves to inform teaching or managing relationships in nursing or elsewhere. More alarmingly, students with

Description: This presentation will give voice to nursing students with mental health concerns in hope of rethinking our traditional approaches to nursing education and professional development and management.

Findings: Research that gives voice to nursing students with mental health concerns and what threatens their recovery will be explored. Innovative teaching strategies informed by the lived experience of nursing students with mental health concerns, some of which use technology, will be shared.

Relevance: Participants will be challenged to critically question the socio-political and economic realities that threatens mental wellbeing in academia or the workplace. This exercise of questioning will serve to assist participants to imagine Nursing School and Nursing Workplaces to include competencies that promote psychological and cultural safety for nursing students and nurses with mental health concerns and set the stage for advocating for competencies and policies that foster recovery

Application: Knowledge gained from this presentation has application in academia and the workplace

C1

Exploring the Experiences of Parent Caregivers of Adult Children With Schizophrenia

Lisa Young, RN, MScN, Manager Inpatient Mental Health Programs, Peterborough Regional Health Centre, Peterborough, ON, Lisa Murata, RN, BScN, MEd, Day Program Nurse in the Recovery/Schizophrenia Program, Clinical Nurse Educator, Royal Ottawa Mental Health Centre, Ottawa, ON,

Objectives: Explore parent caregiving experiences in schizophrenia. Discuss potential interventions to support these caregivers

Problem: Parent caregivers support the health and well-being of their adult children with schizophrenia. As a result, parent caregivers spend vast amounts of time providing care, which necessitates changes to their relationships and lives.

Description: A two-part study explored the experiences of parents caring for their adult children with schizophrenia: 1) a qualitative review of the literature, and 2) a qualitative study with local participants.

Findings: Parent caregivers struggle to navigate services and need greater support to protect their mental and physical health. Effective strategies are needed to help parent caregivers cope within their role, anticipate and process loss, and gain access to timely and appropriate care.

Relevance: The research relates to subtheme 2: engaging client, family, and community voices in quality improvement and measurement of meaningful outcomes. Parents' voices were captured through research synthesis and local families. Findings from these studies can inform family centred practices in mental health settings.

Application: This research would be beneficial to community and hospital mental health programs, as well as public health or policy approaches from government organizations.

C2-1

Partners in Care Using a Model of Self-Management: The SET for Health Project

Mary-Lou Martin, BScN, MScN, MEd, Clinincal Nurse Specialist, St. Joseph`s Healthcare Hamilton, Hamilton, ON; Susan Strong, PhD, OT Reg (Ont), Program Evaluator, St. Joseph`s Healthcare Hamilton, Hamilton, ON; Heather McNeely, PhD, Psych, Psychologist, St. Joseph`s Healthcare Hamilton, Hamilton, ON; Lori Letts, PhD, OT Reg (Ont), Professor, McMaster University, Hamilton, ON; Alycia Gillespie, MSW, RSW, Manager, Schizophrenia Out-Patient Program, St. Joseph's Healthcare Hamilton, Hamilton, ON

Objectives: To identify the characteristics of a self-management approach To describe how a self-management approach can be integrated into out-patient program for individuals who have a diagnosis of Schizophrenia To identify 2 key findings from this feasibility study

Problem: Individuals/families living with schizophrenia told us they are insufficiently involved in the treatment process. Poor insight and negative symptoms often lead to disengagement, nonadherence, relapse and rehospitalisation. Families and providers are challenged to maintain relationships and access interventions with someone who, may not believe they have an illness requiring treatment.

Description: Self-management (SM) support is an effective intervention for engagement and building capacity within individuals and their families. A model of SM support (SET for Health) is being developed and embedded into outpatient case management care. A mixed method feasibility study is examining to what extent SET for Health: adds value from clients'/families' and providers' perspectives; and influences individuals' engagement in SM, treatment, symptom distress, hope and quality of life.

Findings: Tools/procedures operationalize the interventions derived from standardized SM programs. 10 case managers are offering the intervention to 42 individuals to-date. An iterative continuous learning process informs delivery and evaluation. Initial findings revealed: expanded spaces for client participation, client voice and engagement; SM discussions of illness and health; and provider recovery orientation.

Relevance: Highlighted were provider variations in delivery and challenges providers experienced changing traditional practices, particularly regarding client directed goal-setting, problem-solving and review. Results can be understood in the context of a new complex practice being delivered by a variety of health disciplines, and for some of whom, goal-setting and coaching self-discovery were not previously an integral part of practice.

Application: The process continues to contribute to a culture of client/family/provider self-reflection, learning and the resetting of expectations. Lessons learned include: SM support can be delivered and benefit clients/families with complex challenges; supporting client participation increases engagement; partnership involves autonomy and responsibility; importance of providers believing in SM; approach can continue during crises; and tools can create spaces for SM reflection and learning.

C2-2

The Experience of a Military RN

Captain Edward James (Jim) Quinn, CD, RN, MC, BNSc ,CPMHN

Description: This presentation will focus on the the unique perspectives of mental health nursing in the Canadian military. Insights will be shared by a military nurse who is a trained Psychotherapist, providing trauma-focused treatment with Cognitive Processing Therapy (CPT) and Eye Movement Desensitization Reprocessing (EMDR) therapy

C3-1

Let's talk about Sex – ual Health!

Marlee Groening, RN, BSN, MSN, Clinical Nurse Specialist, Vancouver Coastal Health, Vancouver, BC

Objectives: •Draw awareness to the sexual health needs of tertiary mental health clients. •Draw awareness to the sexual health learning needs of nurses and other health care providers. •Draw awareness to sexual health care as a component of holistic mental health care and integral to nursing standards of practice.

Problem: Sexuality is a key component of the human condition and yet, it is largely ignored in mental health care. This is particularly true for individuals with serious and persistent mental health - a population that is vulnerable to higher rates of STI's/HIV, sexual assault and exploitation than the general population, and negatively affected by distressing sexual side effects from the psychiatric medication. In a locked Tertiary Mental Health facility where the majority of clients (average age 28)

Description: Sexual health is a key component of the human condition and yet, it is largely ignored in mental health care. This is particularly true for individuals with serious and persistent mental illness: a population that is vulnerable to higher rates of STI's/HIV, sexual assault and exploitation than the general population, and negatively impacted by sexual side effects of psychiatric medication. In a locked Tertiary Mental Health facility where the majority of young clients (average age 28) are diagn

Relevance: Sexual health is an integral part of holistic mental health care. Ignoring the topic in mental health care further compromises our client's health and wellbeing.

Application: Our project provided many lessons and tools that could be applied to other tertiary mental health settings. Equally important, this presentation will highlight the relevance for broader mental health populations as well as the need for nurse education on sexual health.

C3-2

Culturally safe nurses can improve healthcare experiences for Indigenous community members

Cynthia Russell: RN, BSN, MN, CTE., Clinical Nurse Specialist, First Nations Health Authority, Vancouver, BC; Kirsten Ellingson: RN, BSN, MN, CPMHN(C), Clinical Nurse Specialist - Substance Use, First Nations Health Authority, Vancouver, BC

Objectives: 1) Participants will be introduced to the concepts of cultural safety and humility and the application to nursing practice. 2) Participants will be able to reflect on their practice and healthcare practice environments to examine the impact of culturally safe or unsafe practices.

Problem: Historical and present day unsatisfactory healthcare experiences of Indigenous peoples and poor health outcomes are related to the continued effects of colonization experienced as a lack of culturally safe healthcare. The literature, current best practices and documents such as by the Truth and Reconciliation Commission (TRC) call nurses, nursing education and nursing leaders to embrace a cultural safety approach to improve care and advance reconciliation.

Description: The Truth and Reconciliation Commission (TRC) was part of an agreement with the Canadian government to uncover the history and impact of the residential school system. The TRC created recommendations calling all levels of government and Canadians to engage with Indigenous peoples to reconcile the past harms of the residential school system and work together to heal. Included was the recommendation of a cultural safety approach as a specific requirement for healthcare providers.

Findings: Cultural safety and humility are a way to transform nursing practice and healthcare to be healing and responsive; to acknowledge the historical context of Indigenous and non-Indigenous peoples; and to address unequal power relationships. Cultural safety and humility is also increasingly identified as an essential core competency for all nurses and particularly mental health nurses.

Relevance: Developing healthcare partnerships with Indigenous peoples by adopting a cultural safety and humility approach in healthcare, will result in benefits not only for Indigenous peoples but in improved health services for us all.

Application: A cultural safety and humility framework is a way of approaching nursing education, nursing practice, healthcare advocacy and policy development in all healthcare environments that may result in effective and improved healthcare experiences for Indigenous communities.

D1-1

A creative approach to teaching undergraduate students to care for persons with Autism

Shelley Marchinko, RN, MN, Instructor II, University of Manitoba, Winnipeg, MB; Jacqueline Robert, RN, BN,

Objectives: Discuss the use of creative learning strategies to help nursing students understand Autism Spectrum Disorder. Discuss the implementation of a novel teaching approach to help students learn about the nursing care for persons and families living with Autism Spectrum Disorder.

Problem: There has been an ever-increasing awareness as to the needs of persons with Autism Spectrum Disorder. In particular, nurses providing care to individuals and their families require an understanding as to the difficulties that persons with Autism may face in their daily lives. Essentially, helping nursing students to learn about and gain an understanding of Autism Spectrum Disorder can be a much more daunting and challenging task in a classroom environment as opposed to a clinical setting.

Description: To enhance nursing students learning, we developed a plan for a mental health nursing theory class, where the authors included a nursing instructor and a registered nurse with a family member with autism. As part of the class, we implemented various learning opportunities for students about Autism such as hearing personal accounts and inspirational stories, critical thinking questions around nursing care, as well as group discussion points to address individual and family concerns.

Findings: Based on our class experience with the students, the inclusion of varied learning strategies provided the nursing students with opportunities to understand and learn more about Autism. In particular, the sharing of both family and clinical experiences by the registered nurse provided substantial meaning to not only the difficulties that persons face, but also the strengths that individuals with Autism possess.

Relevance: Inclusion of creative teaching approaches can potentially be an interesting way to enhance student learning and understanding of knowledge needed for working with and caring for persons with Autism Spectrum Disorder.

Application: Other schools of nursing may find these teaching methods useful as a means of inspiring nursing students to learn about Autism Spectrum Disorder in a classroom setting.

D1-2

Educating Registered Psychiatric Nurses: Tackling Associative Stigma from the Beginning

Candice Waddell, RPN, BScPN, MPN, PhD(C), Assistant Professor, Brandon University, Brandon, MB; Jan Marie Graham, RN, BN, MN, Assistant Professor, Department of Nursing, Faculty of Health Studies, Brandon University, Brandon, MB; Katherine Pachkowski, RPN, BScPN, MSc, Assistant Professor, Department of Psychiatric Nursing, Faculty of Health Studies, Brandon University, Brandon, MB; Heather Friesen, BA, MBA, EdD, Director Institutional Research and Effectiveness, Abu Dhabi University, Abu Dhabi, United Arab Emirates;

Objectives: 1) Explore associative stigma in psychiatric nursing practice; 2) Identify ways in which stigma presents itself in psychiatric nursing practice; 3) Discuss strategies to overcome associative stigma within educational institutions.

Problem: The literature indicates that stigma is intertwined with the identity of psychiatric nurses.

Description: Stigma affects the clients that psychiatric nurses work alongside. It also affects the way that other health professionals view the distinct skill set of psychiatric nurses. Both of these concepts affect the way that psychiatric nurses view themselves in the psychiatric nursing field. Changing perceptions of psychiatric nursing within educational settings may reduce the associative stigma that occurs later in psychiatric nursing careers.

Findings: A secondary analysis of a mixed methods study was conducted to answer the question: how is the unique identity of psychiatric nurses influenced by stigma. Stigma was intertwined in all of the research narratives within the study. Three main themes presented, including: (1) the perception that psychiatric nurses are not real nurses, (2) the lack of recognition of specialized training, and (3) the added pressures of nursing a stigmatized population.

Relevance: Identifying stigma is the first strategy in overcoming stigma. This presentation will provide evidence based solutions to combat stigma in psychiatric nursing education. One of these strategies is the “Unique characteristics of Psychiatric Nursing Practice Model” which was developed through the original research study.

Application: The concepts that are discussed and the strategies provided can easily be applied to other settings, including non-traditional nursing settings. Expanding the understanding of what it is to be a psychiatric nurse across non-traditional nursing settings limits reduces associative stigma from other professions.

D2-1

Preventing falls in vulnerable mental health and addictions populations: unique considerations

Rola Moghabghab, NP, PhD, GNC(C), Advanced Practice Clinical Leader (Nursing), Centre for Addiction and Mental Health, Toronto, ON; Margaret Gehrs RN, MScN, CPMHN(C), Director, Interprofessional Practice, Centre for Addiction and Mental Health, Toronto, ON

Objectives: To identify risk factors for falls in clients with mental health and addictions issues To highlight how evidence-informed fall prevention strategies can be implemented in an organization.

Problem: A review of patient safety incidents in our facility revealed that client falls were prevalent in populations receiving care for geriatric mental health, substance use and psychosis issues. Client falls are an important safety concern, resulting in injury, pain and psychological distress. Fall prevention and injury reduction is a required organizational practice by Accreditation Canada, and yet the literature on fall- prevention is mostly geared to medical and long term care settings

Description: This project describes how a fall prevention program was modified for a mental health and addictions organization. After conducting a literature review, organizational data on falls incidents was used to identify high risk clinical areas. Representatives from these areas, working with clients and families, developed processes for universal precautions, risk screening, client-specific care plans, educational materials and data sources for continuous quality improvement.

Findings: Interventions and care planning targeted to client-specific risk factors are necessary. Any fall prevention program should include strategies at a client, unit and organizational level. Clinician, client and family engagement is essential for developing robust safety initiatives.

Relevance: Clients at risk for falls include: those with multiple comorbidities, the elderly and those taking psychoactive medications or using substances. Mental health nurses often care for such vulnerable clients

Application: Since fall prevention and injury reduction is included in the standards set by Accreditation Canada for inpatient, community based mental health and addictions services, this information will be relevant to nurses working in these settings.

D2-2

The Role of Mental Health Nurses in the Assessment and Management of Cognitive, Behavioural and Emotional Post-Concussion Symptoms

Julia Davies, RN, BSc, BScN, Registered Nurse, Centre for Addiction and Mental Health, Toronto, ON; Kristin Cleverley, RN, PhD, CPMHN(C), CAMH Chair in Mental Health Nursing Research, University of Toronto and Clinician-Scientist, Centre for Addiction and Mental Health, Toronto, ON

Objectives: Participants will increase their understanding of: 1)The importance of concussion assessment in mental health settings 2)Practices which promote positive psychological outcomes following concussion and gaps in knowledge of best practices 3)The role of mental health nurses in managing post-concussive symptoms that can lead to poor mental health.

Problem: The prevalence of diagnosed concussion is increasing. While most individuals recover completely from a single concussion, a portion experience lingering physical, cognitive and emotional consequences. New onset or exacerbation of psychiatric disorders is increased in individuals with a concussion history. Mental health nurses may have a role in assessment and care of patients experiencing mental health challenges after concussion, however this role has not been explored.

Description: Current clinical guidelines and literature on concussion assessment and management were reviewed to understand practices that are relevant to mental health nurses as well as the scope of their role in contributing to positive psychological outcomes following concussion.

Findings: Nurses are well-placed to fill gaps in the care of mental health patients with concussion. This presentation describes a review of evidence and best practices that mental health nurses can incorporate into the assessment and care of patients coping with cognitive, behavioural and emotional post-concussion symptoms.

Relevance: With increasing recognition of the need for integrated physical and mental health care, mental health nurses must provide care to patients with various co-occurring physical health concerns. Specifically, given the rising prevalence of concussions and their link with mental health disorders, nurses in mental health settings require the knowledge and skill to provide care to patients with post-concussion symptoms that could impact their mental health.

Application: Findings can be applied by mental health nurses in acute, outpatient, and primary care settings who wish to develop their practice in the improvement of post-concussion mental health outcomes.

D3-1

Exploring the Benefits of Nurse-led Community Meetings on an Acute Psychiatric Unit

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Objectives: Learners will: 1) Review evidence on the impact of community meetings on an acute psychiatric setting. 2) Recognize the value of engaging clinical nurses in the development of the study. 3) Develop greater understanding of group work is a viable avenue for client engagement.

Problem: Hospital stays have been considerably reduced in length, and acute inpatient programs experience greater patient acuity. This has created more intimidating and complex unit environments that affect the unit milieu, and caring relationships between nurses and clients.During consultations with mental health nurses, nurses emphasized the custodial nature of the inpatient units and the need to increase therapeutic activities and interactions among nurses and clients.

Description: Working together, a small group of clinical nurses and nurse researchers developed a study to examine the efficacy of community meetings on an acute psychiatric unit.The study began January 2019 and will conclude in September 2019. Community meetings are held five evening per week on one admission unit. A second admission unit is used as a non-equivalent control. This presentation will report the initial baseline data and describe the implementation challenges.

Findings: Although findings of the impact of the meetings are not yet ready for release, variables measured are: i] unit social cohesion, ii] client experience of care; iii] nurses' practice environment, and iv] aggressive events. Interviews with nurses on the intervention unit will be completed.

Relevance: This study aims to improve the social climate of an admission unit by a community meeting program. Research indicates that both clients and nurses benefit from a unit atmosphere that is cohesive and safe. Community meetings foster relationship development and supportive environments.

Application: Study findings will be generalizable to similar adult psychiatric units.

D3-2

The Development, Implementation and Evaluation of a Protocol called "Safe Environment for All" designed to enhance client and staff safety on a mental health inpatient unit.

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Objectives: Participants will be able to: 1) Describe an innovative approach to reducing adverse events on an inpatient unit 2) Identify how client and family voices can contribute to quality improvement

Problem: A 22 bed adult inpatient mental health recovery-oriented unit experienced an increase in adverse events such as aggression when the population of clients on the unit shifted from stable clients with schizophrenia to a heterogeneous population including those with a dual diagnosis, significant cognitive impairment, and treatment resistant schizophrenia. A strategy was needed to mitigate risks to client,visitor and staff safety and to create a positive milieu.

Description: This presentation will describe a quality improvement initiative focused on improving safety and positive experiences of clients, visitors and staff on an inpatient unit. A protocol titled, "Safe Environment for All" (SEFA)was developed and implemented to address an increase in challenging behaviours. A key aspect of the evaluation of the protocol was eliciting client and family members` perspectives.

Findings: A preliminary review of incident reports shows a decline in adverse events since implementation of the SEFA protocol. Analysis of quantitative and qualitative data is currently underway and will be presented along with next steps in the project.

Relevance: This presentation will be relevant to health care professionals engaged in quality improvement strategies that incorporate the client and family voice. In addition, this presentation is relevant to care settings in which challenging behaviours are frequent and have the potential to result in adverse events.

Application: This presentation will have applicability to mental health and addictions adult rehabilitation inpatient settings experiencing frequent adverse events related to challenging behaviours of clients. It will also have applicability to professionals engaged in quality improvement initiatives aimed at improving safety on inpatient units and involving client and family voices in the evaluation.

E1

Care of Clients with Mental Health Issues: Leveraging Strengths

Mary-Lou Martin, BScN, MScN, MEd, Clinical Nurse Specialist, St. Joseph`s Healthcare Hamilton, Hamilton, ON

Objectives: Describe a assessment and management approach that uses strengths Identify assessment guides that include a focus on strengths/protective factors. Describe the benefits of integrating strengths into nursing care.

Problem: In the field of mental health there has been a growing interest in clients' strengths and protective factors as they may be associated with positive outcomes. This represents a distinct shift from nurses being interested only in vulnerabilities and risks. Strengths need to be integrated from the very beginning into strategies and approaches for conducting assessments because the results of such evaluations usually lay the groundwork for the planning of interventions.

Description: A recovery approach demands that strengths be identified and brought fully into account. Strengths may help to reduce or manage risks. All too often strengths are underused in mental-health care. Integration of strengths into risk assessment and management helps ensure that clients receive treatment that is properly rounded and balanced. Many nurses have not been trained in assessing strengths or using strength-based approaches.

Findings: A focus on strengths also means taking into account the strengths of the clients' family and their community. Many clients are challenged to identify their own strengths. The role of the nurse includes supporting clients to identify and explore their strengths and past successes. Understanding the client's strengths can inform plans of treatment by helping with targeted intervention and supporting clients' resiliency under conditions of stress.

Relevance: When clients hear strengths identified in their meetings with nurses, it can enhance the engagement and the therapeutic relationship between clients and nurses. This can also help clients to feel empowered, motivated, and increasingly willing to be involved in collaborative relationships with their nurses. Strengths and risks are complex and multi-dimensional. Little is known about how risks and strengths operate in combination in relation to positive and negative outcomes.

Application: More research is needed to determine the extent to which strengths reduce or ameliorate risks and how risks and strengths are associated in multiple ways with eventual outcomes of various kinds.

E2-1

Including Youth Voices in Discharge Planning as They Transition from Tertiary Level Services

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Objectives: To show the importance in involving youth/family voices when developing patient materials and resources.

Problem: Youth may be unprepared when transitioning from tertiary care back into their community. This lack of knowledge may be overwhelming and potentially leading youth to make choices that do not best support recovery.

Description: In 2017, Parent and Youth Advisory Committees were formed with the goal of improving service delivery for people accessing mental health/addictions services. Youth Advisors have patient/family-related experience with the health care system including tertiary level care. These Youth Advisors shared their insights into the struggles they faced after discharge and suggested that some challenges could have been reduced if their care team had better prepared them for common post-discharge issues.

Findings: Guided by the Advisory Committees, a post-discharge handbook was developed for the acute care unit. The handbook allows youth to better prepare for discharge by reflecting on various issues throughout their stay, such as how to reconnect with friends, answer personal questions, manage academics, and access community supports.

Relevance: The Youth/Parent Advisory Committees were involved in every stage of the development of this handbook to ensure it was user-friendly and relevant to youth experiences.

Application: While designed for use on an acute care unit, this handbook is also being used on a rehabilitation unit. Similar handbooks could be created in other care settings.

E2-2

TELEPROM-Y: Improving Access and Experience of Mental Healthcare for Youth Through Virtual Models Of Care

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Objectives: Enhance knowledge of using mobile technology between HCPs and patients. Enhance knowledge of the TELEPROM-Y which is hoping to make a difference in the lives of patients and HCPs. Enhance the knowledge of mental HCPs on the use of technology for delivery of health services with patients.

Problem: About 1 in 5 youth have a mental illness, with 75 percent of all mental illnesses starting in childhood and adolescence (Kim-Cohen et al., 2003). In Ontario, 157,900 youth rate their mental health as fair or poor, a significant increase from 2007 (Boak et al., 2014). We are evaluating use of remote-care delivery for youth with depression. The care includes outpatient and two-way communication between care providers and patients in 3 outpatient mental health facilities in Ontario, Canada.

Description: Patients are connected to their healthcare team through the Collaborative Health Record (CHR), developed. The CHR has the ability to: book appointments online; messaging support (email reminders and two-way communication); track quality of health and health outcome scores using mobile devices; access tailored educational content pertaining to their mental health; and engage in both synchronous and asynchronous virtual visits with their healthcare providers (HCPs).

Findings: The findings will focus on lessons learned from implementing this intervention. In particular we will highlight youths' responses to the Perception of Technology questionnaire.

Relevance: Our hypotheses are: 1) improve healthcare outcomes and quality of life; and 2) reduce healthcare system costs by preventing hospitalization and reducing the number of outpatient visits. The ultimate goal is to provide supportive systems within an individual`s natural environment to promote community integration using mobile technology.

Application: TELEPROM-Y can be used in any setting to advance care, access, and delivery of service between HCPs and patients. The objective is to 1) improve access to care; 2) allow youth to monitor their mood/behaviour to facilitate earlier intervention; 3) enhance patient/care provider communication though digital interfaces; 4) improve the patient and care providers' healthcare experience.

E3-1

The Integrated Care Initiative: Enabling Mental Health Nurses to Provide Physical Health Care and Work to Full Potential

Kamini Kalia, RN, MScN, CPMHN (C), Manager of Interprofessional Practice and Education; Sarah Branton RN, BScN, MScN, Manager of Interprofessional Practice and Education; Dan Harren, PMP, CSM, BA Hons Psychology; Senior Project Manager; Yaakov Keilikhis, RN, MPA, CPMHN(C), CAPM Manager; Centre for Addiction and Mental Health, Toronto, ON

Objectives: Participants will: 1) Learn about the Integrated Care project structure and change management strategies used to successfully change organizational culture; 2) Learn about how upskilling priorities were identified and how it influenced the other projects within the initiative; 3) Explore innovative teaching/learning methods within the mental health/addiction setting to development medical skills.

Problem: Mental health patients have higher rates of morbidity and mortality as a result of chronic physical illnesses than compared to the general population. Due to the lack of emphasis of physical care and specialization within tertiary mental health settings, patients are often transferred out to acute medical facilities to meet physical health needs. Transfers disrupt treatment, impact the quality of care and the patients' experience.

Description: International literature suggests that improved screening and treatment of medical concerns within mental health facilities leads to better patient outcomes. Organizational inputs such as feedback from the direct care nurses, data on medical transfers and external agency usage, as well as safety reports led to the launch of the Integrated Care initiative. This initiative was intended to increase the organizational capacity to provide medical care by enabling nurses to work to full-scope.

Findings: The upskilling education provided to clinicians utilized various teaching methodologies, from case-based simulations to eLearnings, and addressed specific physical care needs identified from the organizational data. Complementary enhancements to the electronic health record that were completed during the initiative to support documentation of care provided were implemented.

Relevance: Mental health nursing leaders, clinical educators, and academic faculty can facilitate nurses working to full-scope using a multi-pronged strategy that addresses clinician competencies and organizational infrastructure. Direct care nurses can be empowered by learning how to shift the organizational culture to meet patient needs.

Application: All settings whereby mental health services are offered may benefit from this presentation since evidence suggests improved detection and treatment of medical issues leads to better patient outcomes. By developing a supportive and collaborative environment, clinical confidence and capacity to provide integrated care can increase.

E3-2

EXPLORING MENTAL HEALTH NURSES' EXPERIENCES OF ADMINISTERING CHEMICAL RESTRAINT IN ACUTE CARE HOSPITALS

Michelle Danda, RN, MPN, MN, CPMHN(C), Registered Nurse, Vancouver Coastal Health, North Vancouver, BC,

Objectives: 1) For clinicians in mental health inpatient settings to have a standardized terminology for medications used in behavioural emergencies 2) For mental health nurses to gain knowledge about what is currently known and what is not known about chemical restraint practices 3) For mental health nurses to be able to better explore the ethical dilemmas related to chemical restraint use in the inpatient mental health setting

Problem: While there is a growing body of research available on general restraint intervention in acute adult psychiatric settings, relatively little is known about nurses' experiences of administering chemical restraint. The research question explored in this study was: "What are mental health nurses' experiences of using chemical restraint interventions in times of behavioural emergency on adult inpatient acute mental health units?"

Description: The purpose of this study was to obtain rich description of mental health nurses' experiences of administering as needed psychotropic medication for the purpose of controlling behavioural emergency. The goal was to gain an understanding of the meaning nurses make of these common practices. Through this Canadian study, an understanding of direct care nurses' first-hand experiences of the use of chemical restraint interventions was sought.

Findings: Nursing use of chemical restraint was a complex process. Findings in this study provided new insight into the experiences of acute mental health nurses' practices of administering chemical restraints and highlighted gaps in consistent terminology and nursing knowledge. For example, there were many ambiguous terms used to describe nurses' reasons for using chemical restraint, and varying terminology of the practice itself.

Relevance: The themes and subthemes uncovered may be used as a starting point for conducting additional research on safe chemical restraint practices of acute inpatient mental health nurses to better inform nursing practice, and to improve safe and ethical patient care. The researcher plans to use the exploratory research findings to inform nurses, health care leaders, and policy makers about the complex ethical decision making required for the use of chemical restraint interventions.

Application: The findings of this research are applicable to the community mental health setting to help mental health clinicians, patients and their family members to gain better understanding of a common inpatient mental health nursing practice for those patients who are experiencing behavioural crisis.

F1

Canadian Standards for Psychiatric- Mental Health Nursing Practice 5th Revision: A Dynamic Opportunity to Shape Practice Policy and Advocate for Client Care in Mental Health

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Objectives: At the end of the pre-conference workshop, participants will be able to 1. demonstrate an awareness and understanding of the current 4th revision of the national standards of practice for mental health nursing 2. critically appraise findings of membership surveys, literature reviews, and national and international trends and issues that may inform the 5th revision 3. explore individual experience and knowledge that will contribute to the 5th revision 4. suggest revision for the 5th edition of

Problem: Standards of practice need revision on a regular basis, approximately every 5 to 7 Years. Engagement from critical stakeholders is essential to shape practice statements and indicators that advocate for socially just and relevant care.

Description: Small and large group discussions of CFMHN membership surveys, literature reviews, and national and international trends and issues will support exploration of revisions to the fourth edition of Canada's national standards of practice for mental health nursing. Participants will contribute and be part of the development of the 5th edition of the Canadian Standards for Psychiatric-Mental Health Nursing.

Findings: Participants will gain an understanding of the empirical and experiential knowledge that can shape the future of mental health nursing in Canada. Through active involvement in small and large groups, participants will have an opportunity to advocate for practice to support individual, family and community mental health.

Relevance: Input from key stakeholders: students, clinicians, educators, administrators and researchers is pivotal in revising standards of practice that are relevant to care.

Application: This workshop is relevant to all practice, education and research settings for mental health in Canada.

F2-1

How to better assess for suicide risk: Findings from a participatory action research project

Michele Desmarais, BScN, Master degree, Research Assistant, McGill University, Montreal, QC, Marjorie Montreuil, RN, PhD, Assistant Professor, Ingram School of Nursing, McGill University, Montreal, QC

Objectives: •Through the presentation of the literature on which the suicide assessment guide is based, synthesize some of the best practices for suicide prevention, including key assessment and intervention strategies •Provide an overview of the guide's implementation •Better understand the process of a participatory action research project for suicide prevention and its outcomes

Problem: In 2018, Montreal's West Island Integrated University Center for Health and Social Services launched the publication of a new guide on suicide prevention. The guide aims to better equip nurses and other healthcare workers in mental health settings to assess and intervene with people at risk of suicide. Developed over a period of 4 years in collaboration with clinicians and researchers in mental health, it is based on scientific literature and best practices in suicide prevention.

Description: We are conducting a longitudinal study to examine the effects of the implementation of the guide in different healthcare settings. We aim to better understand how the implementation of the guide changes the care for people at risk of suicide, from the perspectives of health workers, managers and patients, and how it could be improved. A participatory action-research approach is used, with cycles of data collection and improvements to the guide.

Findings: The study's findings will offer recommendations to improve the guide and related practices when working with people at risk of suicide.

Relevance: The guide, enhanced by this research, could contribute to the quality and safety of care by improving the assessment of people at risk of suicide and the interventions offered.

Application: This guide could be implemented in other mental healthcare settings, to better support nurses in assessing and intervening with people at risk.

F2-2

Suicide Risk Assessment & Management- An Algorithm for Inpatient Psychiatry

Jennifer Olarte Godoy ,RN, BScN, MN, CPMHN(C), Nurse Educator, St.Joseph`s Healthcare Hamilton, Hamilton, ON; Seonhee McDermott, RN, BScN, CPMHN(C), Nurse Educator, St. Joseph`s Healthcare Hamilton, ON

Objectives: 1. Provide an overview of the inpatient suicide risk assessment and management algorithm and its implementation 2. Share findings related to the initiative's impact on staff's perceived knowledge and its impact on clinical practice

Problem: Suicide is the 9th leading cause of death in Canada. It is estimated that at least half of those who die by suicide have been in contact with inpatient psychiatric services within one year of their death. The assessment and management of suicide risk in inpatient psychiatric hospitals is often conducted based on the individual clinician's skill, knowledge and judgment with limited organizational structures to guide the process. An algorithm to standardize the assessment and management of suicide

Description: The algorithm is a systematic approach to assessment & management of suicidality utilizing the Columbia Suicide Severity Rating scale, a standardized safety plan and a suicide risk care plan while keeping the individual's unique needs, risk factors and circumstances at the forefront. Education was conducted in a 3-stage process by nurse educators and clinical nurse specialists and was evaluated with attention to its impact on clinical practice and staff's perceived knowledge

Findings: The 3-staged education was effective to increase staff's perceived knowledge and skills in the assessment and management of suicide risk. Through chart audits, it was identified that there was 75% compliance to the algorithm at one point in time across all units four months post implementation

Relevance: This algorithm reflects an innovative care practice where an organizational standardized approach for suicide risk assessment and management is delineated while keeping person centered care at the forefront

Application: Learnings from this initiative are applicable to any inpatient psychiatric organization looking to standardize their approach to suicide risk assessment and management

F3-1

Good Grief: Supporting Community Mental Health Nurses When Long-Term Clients Die

Nicole Kirwan, RN, BScN, MN, CPMHN(C), Clinical Leader Manager Community Mental Health, Ambulatory and Addictions Services, Unity Health Toronto, St. Michael`s Site, Toronto, ON

Objectives: Upon completion of this presentation, participants will be able to: 1.Explain the importance of grief support for community mental health nurses 2.Provide examples of change interventions that can be used to promote good grieving by community mental health nurses 3.Reflect on change interventions that may be relevant to test and evaluate in their own work settings

Problem: Community mental health nurses routinely form close attachments with the clients they care for. When long-term clients die, they feel the loss of the therapeutic relationships they developed with the client, their family and community supports. This presentation describes a quality improvement project undertaken by a nurse leader over a three year period to improve grief support provided to community mental health nurses following the death of long-term clients.

Description: Change interventions identified by nurses were tested on a small scale, evaluated, refined and finally implemented on a broader scale. The presenter will detail interventions that were implemented to provide community mental health nurses with time to grieve and opportunities for emotional expression including a peer-led sharing circle, closure conference, grief support group, posthumous letter written to the client, remembrance tree, memory book and annual memorial service.

Findings: The change intervention bundle had a positive impact on nurse's grief, compassion fatigue, absenteeism, morale and job retention as measured using valid and reliable research instruments.

Relevance: Unresolved or unattended grief can manifest itself in community mental health nurses in physical ways including fatigue, headaches, back pain, muscle aches and general malaise. It can also manifest in emotional ways including lethargy, isolation, pessimism, sadness, anger and depression. Unattended grief can lead to emotional distancing and compassion fatigue, a form of physical, emotional and spiritual exhaustion that can affect the ability to feel and care for others.

Application: The unique grief experience of community mental health nurses routinely goes unrecognized and ignored by nurses and unacknowledged and unsupported by their employers. Participants will learn how to accelerate improvement in the provision of grief supports for community mental health nurses.

F3-2

Time for Action: Understanding ecological grief and its impact on mental health of Canadians

Carmen Hust, RN, PhD, Professor, Algonquin College, Ottawa, ON; Gordon Kubanek, Peng, TSSF, Nancy Brookes, RN, PhD

Objectives: Participants will gain an understanding of Ecological grief and its impact on mental health and nursing practice. Participants will be empowered to consider policy and competency development addressing ecological grief and to advocate for vulnerable population touched by the consequences of climate change

Problem: The Lancet Countdown 2018 Report Briefing for Canadian policy makers suggests Canadians are responding to climate change with "ecological grief", defined as grief felt in relation to experienced or anticipated ecological loses, natural or man made; and a phenomenon, which may become more common as climate impacts worsen (Cunsolo & Ellis 2018). Ecological grief contributes to the lived experience of physical comorbidities, trauma, and mental health threats such as anxiety, depression, and PTSD

Description: This presentation explores the nature of ecological grief and the circumstances around it; identifies research areas and how nurses can prepare themselves and help others in relation to the phenomenon of ecological grief. Participants will also explore how they can advocate for vulnerable communities and embrace the opportunity for mental health nurses to step up – educate themselves, other professionals and the public – and develop policy to make difference in the lives of others.

Findings: This presentation will foster an ecological consciousness in all settings and across the lifespan as well as explore the phenomenon of ecological grief and its impact on mental health nursing practice, research and teaching. Participants will leave the presentation with a better understanding of ecological grief and re-imagine - competency for today`s and tomorrow's mental health, addiction & forensic care settings.

Relevance: This presentation is relevant for nurses in the clinical setting, educational and management as climate change touches all and the consequences of ecological grief are far reaching.

Application: Knowledge gained can be applied to nursing, other health professions, public health, policy and political action/ advocacy.

G1

Relevance RAI-MH Clinical Assessment Instrument in Inpatient Mental Health and Psychiatry

Florentina Tita, RN, MN, Clinical Specialist, Canadian Institute for Health information, Ottawa, ON, Babita Gupta, Program Lead Canadian Institute for Health Information, Rhonda Martin-RPN, RAI-MH/NRS Resource Nurse, Selkirk Mental Health Centre, Brandi Walder, CHIM, Privacy Officer and Manager of health Information Services and Technology, Selkirk Mental Health Centre

Objectives: After this presentation, participants will: Increase their understanding about the RAI-MH clinical assessment tool; Consider the relationship between data collected in RAI-MH and patient outcomes; Reflect how RAI-MH users make informed decisions at the point of care, organizational level and at the system level.

Problem: Resident Assessment Instrument-Mental Health (RAI-MH) is a globally accepted clinical assessment tool designed to support standardized data collection at the point of care in adult mental health hospitals.

Description: Data from these hospitals flows into our organizations RAI-Mental Health (RAI MH) data system and is used to produce province-, facility-, peer-, and unit-level comparative reports with valuable metrics and quality indicators. Our organization will demonstrate how numerous stakeholders use RAI-MH data and our organization reports to inform patient care, program planning and performance measurement, funding decisions and health system accountability, ultimately leading to better mental health care for Canadians.

Findings: Our organization will illustrate how the power of data from the RAI-MH has the ability to positively influence patient outcomes at the point of care, at the organizational level and at the system level. As users of the RAI-MH since 2012, our organization will share how they have been able to design care plans, advocate for resources, and make informed decisions using outcome scales, Clinical Assessment Protocols and quality indicators.

Relevance: About 75 hospitals across Canada – both general and psychiatry – have adopted RAI-MH.

Application: Inpatient psychiatric mental health

G2-1

Leveraging Health Information Technology to Improve the Care of Emergency Department Clients in Opioid Withdrawal

Christine Bucago, RN, MN, CPMHN(C), Advanced Practice Clinical Leader, Centre for Addiction and Mental Health, Toronto, ON

Objectives: At the end of this presentation, participants will be able to: 1. Identify best practices for treating clients in opioid withdrawal 2. Describe how health information technology can be leveraged to improve care delivery and outcomes for clients in opioid withdrawal 3. Discuss the important role of psychiatric nurses in addressing the Canadian opioid crisis

Problem: As a result of a pilot project that embedded an addictions nurse in an urban psychiatric emergency department (PED), it became evident that clients presenting with opioid withdrawal were not receiving evidence based treatment. To address this gap, a buprenorphine induction order set and training program was created and implemented.

Description: To improve timely access to standardized, evidence based treatment, an electronic buprenorphine order set, aligned with provincial quality standards for treating opioid use disorder (OUD), was created. A new rapid access referral to addictions services was also included. PED nurses and physicians were trained on the assessment and management of OUD and withdrawal, including use of the Clinical Opiate Withdrawal Scale, buprenorphine pharmacology, Naloxone Kit provision, and order set components.

Findings: Outcomes for opioid withdrawal clients were tracked following the creation of the order set and training. Baseline data indicated that many clients seeking help for OUD received clonidine, used for symptomatic relief of opioid withdrawal. Following implementation, the rate of buprenorphine inductions increased, repeat ED visits and admissions decreased, and time to addictions follow-up care decreased. This has resulted in significant cost savings for the organization.

Relevance: Canada is facing a national opioid crisis. To improve outcomes for OUD clients, interprofessional teams must be competent in assessing and managing clients in opioid withdrawal. Psychiatric nurses and health information technology can be leveraged to ensure clients receive evidence based care. This can result in decreased opioid related deaths and complications, and cost savings for the health care system.

Application: Clients using opioids seek care across the healthcare continuum. As an access point for clients in opioid withdrawal, EDs must ensure they adopt evidence based treatment standards. Similar order sets may be leveraged to ensure safe and standardized care delivery by nurses and physicians in settings treating OUD clients.

G2-2

Against medical advice discharges among people who have substance use disorders

Sara Ling, RN, MN, CPMHN, Advanced Practice Clinical Leader, Centre for Addiction and Mental Health, Toronto, ON; Kristin Cleverley, RN, PhD, CPMHN(C), Assistant Professor, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, Toronto, ON

Objectives: 1)Describe the outcomes of a study examining predictors of AMA discharge from clients receiving care at a Canadian mental health hospital 2)Discuss the state of the literature on AMA discharge, including emerging criticisms of this practice.

Problem: Premature discharges from hospital, also known as 'against medical advice' (AMA) discharges, occur when a client leaves hospital earlier than recommended by their care team. In Canada, 1-2% of all hospital discharges are AMA. These discharges are associated with increased healthcare costs and poor clinical outcomes for clients. People who have substance use disorders (SUD) are among the clients most likely to discharge themselves AMA.

Description: This presentation will describe the state of the literature regarding AMA discharges among people who have SUDs specifically, and will describe a study recently conducted at a Canadian mental health hospital which examined the predictors of AMA discharge among this client population.

Findings: It is essential for nurses to understand the predictors of and reasons for AMA discharge among people who have SUDs, as nurses are typically the first point of contact for clients seeking to leave hospital before treatment completion. It is also known that AMA discharges most often occur overnight, when the healthcare providers available to intervene are nurses.

Relevance: This presentation will address sub-themes 2 and 3 of the 2019 CFMHN Conference by discussing interventions to improve the AMA discharge process, informed by research and the client perspective. Further, the content delivered in this presentation will challenge nurses to rethink traditional approaches to AMA discharge, and consider embracing and enacting the principles of harm reduction and client-centred care to improve the experience of patients who seek to leave hospital early.

Application: This presentation will be relevant to any nurse who encounters people with SUDs in their practice.

G3

How Qualitative Research on Recovery from Post-Traumatic Stress Disorder in Canadian Veterans has shaped a Group-based Recovery Program at the Winnipeg Operational Stress Injury Clinic

Amber Gilberto, RPN, BSc.PN, MPN., PhD (student)

Description: : A qualitative study was designed to capture the lived experience of the military PTSD recovery journey as experienced by the true recovery experts— individuals diagnosed and treated for service related mental health injuries within a specialized mental health program. Impact of this research on program expansion at the Winnipeg OSIC will be the focus of this presentation.