



Canadian Federation of Mental Health Nurses

**Fédération Canadienne des Infirmières et
Infirmiers en Santé Mentale**

2012 Annual Report



2012 Annual Report

Index

1. 2012 AGM Agenda (Thursday, October 25th)	pg 3
2. Presidents Report	pg 4
3. Treasurer's Report and Statements.....	pg 7
4. Provincial Directors Reports.....	pg 9
a. British Columbia	
b. Alberta	
c. Saskatchewan	
d. Manitoba	
e. Ontario	
f. Quebec	
g. Nova Scotia	
h. New Brunswick (vacant)	
i. Prince Edward Island	
j. Newfoundland & Labrador	
5. Other Reports.....	pg 20
a. National Office	
b. Conference	
c. Membership	
d. Standards of Practice	
6. 2012 Election/Slate of nominees.....	pg 24



CFMHN 2012 Annual Meeting
Thursday, October 25th, 2012
7:30 pm Eastern Standard Time

PLEASE JOIN US BY CONFERENCE TOLL-FREE DIAL-IN

DIAL IN INSTRUCTIONS (toll free)

- * In metro Toronto, Dial (416) 883-8981
- * Nationally Toll Free Dial 1-877-234-4610
- * At the prompt, enter conference code "3680203" #
- * You will be asked for your name

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<http://support.google.com/chrome/bin/answer.py?hl=en&answer=95472>

*** To listen-in to the meeting please use dial-in instructions, to participate use webinar**

Agenda

1. Call to Order
2. Approval of Agenda
3. Introduction of Board of Directors (online)
4. Approval of Minutes of the 2011 AGM, Toronto
5. President's Report
6. Reports from Provincial Representatives & Committee Chairs
7. Presentation of the 2011-2012 Financial Report
8. Election of the Board of Directors – Provincial Directors
 - British Columbia – Marlee Groening
 - Alberta – Marg Osborne
 - Saskatchewan – Holly Graham-Marrs
 - Manitoba – Ann Cooper
 - Ontario – Joanna Lynch (MHNIG representative)
 - Quebec – H el ene Clavet
 - Nova Scotia – Sherette Currie
 - New Brunswick – VACANT
 - Prince Edward Island – Karen MacLaren
 - Newfoundland & Labrador – Florence Budden

Note: The board will determine its Officers (President, President-Elect, and Treasurer) at their first meeting after AGM.

9. Mental Health Standards of Practice
10. Adjournment



Presidents Report 2012

Lisa Crawley Beames, RN, BScN, CPMHN(c)

The past year has been one of many exciting developments for our association. We have been recognized as an important player at the national table with CAMIMH and the Canadian Mental Health Alliance. Earlier this year we undertook an overhaul of our website and our visitor count is rising dramatically. More and more employers are using our site to advertise new mental health positions. Our membership continues to grow and our financial position is solid. I encourage you to read this Report and remain aware of the activities and actions of **YOUR** Federation.

These are exciting times for mental health nursing and your board at CFMHN. The federation was there for the launch of Canada's first national mental health strategy, entitled "Changing Directions, Changing Lives: The Mental Health Strategy for Canada", in May. The strategy developed by the Mental Health Commission of Canada (MHCC) in collaboration with partners from across Canada was launched during Mental Health Week. It seeks to improve the mental health and well-being for all Canadians and to build a mental health system that meets the needs of all individuals living with mental health conditions, and their families. We were there!

The strategy centres on six strategic directions:

- Promote mental health across the lifespan in homes, schools and workplaces, and prevent mental illness and suicide wherever possible
- Foster recovery and well-being for people of all ages living with mental health problems and illnesses, and uphold their rights
- Provide access to the right combination of services, treatments and supports, when and where people need them
- Reduce disparities in risk factors and access to mental health services, and strengthen the response to the needs of diverse communities and Northerners
- Work with First Nations, Inuit and Métis to address their mental health needs, acknowledging their distinct circumstances, rights and cultures
- Mobilize leadership, improve knowledge and foster collaboration at all levels

Action on these six directions is needed across and beyond the health system; it is acknowledged that policies and practices of a range of government departments impact on mental health, including education, justice, corrections, social services and finance. In addition to government, the strategy identifies an action role for workplaces, non-governmental organizations, media, and others.

Key recommendations include ensuring that:

- People living with mental health problems or illnesses and families are engaged in planning, organization, delivery and evaluation of mental health services, treatments and supports
- Mental health service providers work with planners, funders and service users to identify and examine the changes needed to develop a system integrated around needs and recovery
- Governments take a comprehensive approach to address mental health needs, focus spending on improving outcomes, and address the underfunding of mental health
- Senior executives in the public and private sectors build workplaces that are mentally healthy, and that



- All Canadians promote mental health in everyday settings and work together to reduce stigma.

The strategy proposes that funding inequities be addressed by:

- Increasing the proportion of health spending allocated to mental health from seven to nine per cent over 10 years
- Increase the proportion of social spending for mental health by two percentage points
- Identify whether current mental health spending needs to be reallocated to improve efficiency and outcomes, and
- Engage the private and philanthropic sectors to contribute resources to mental health.

As you may know, the National Expert Commission established by the CNA released its final report, *A Nursing Call to Action*, in June on the opening day of the CNA Annual General Meeting and Biennial Convention (*Nurses: Movers & Shapers*) in Vancouver. CFMHN was there and had the opportunity to meet with many of our members at the booth. The report identified that nurses have through their sheer numbers and collective knowledge are a mighty force for change. We know that mental health nurses are deeply engaged in system transformation because they care about human health and social/community issues. But more than caring, it is the professional and social responsibility of mental health nurses to take a strong leadership stand on behalf of all Canadians. In the report, there is an identified 9 point plan of action:

1. The Commission challenges all Canadians to ensure our country ranks in the top five nations for five key health outcomes to mark that milestone.
2. Set pan-Canadian goals that can be achieved through local solutions tailored to communities and the people who live in them.
3. Implement primary health care for all by 2017 by merging health and social-services workers in multidisciplinary teams, working in consultation with the citizens they serve.
4. Invest strategically to improve the factors that determine health, focusing particularly on poverty, inadequate housing, food insecurity and social exclusion.
5. Identify the health and care needs of vulnerable and marginalized people and communities at increased risk of health problems (e.g., aboriginal people, those with low incomes, seniors, etc.), then focus health resources where they will do the most good.
6. Governments should integrate health in all policies and create processes to support healthier lives for all Canadians.
7. Health professionals, health-care organizations and governments must be accountable for meeting common national high standards that are based on evidence with their measures tracked.
8. Prepare the service providers differently with new topics, teaching methods, science and research in order to match the system's transformation.
9. Use technology to its fullest, because when properly used it can provide rapid access to evidence and best practices for providers, to information and education for citizens, and tools for communication and collaboration among health-care providers — all of which will enhance patient safety.

Your board has been instrumental in a number of exciting initiatives and as your president, I worked hard to ensure that the national voice of psychiatric and mental health (PMH) nursing was heard. We set our objectives for the year based on the feedback of our membership and this included documenting the history of our collaboration with Registered Psychiatric Nurses (RPN's), consideration of how to move forward to include addictions/substance in our mandate and planning for the 2013 conference.



Our 2013 National Conference will take place in Kelowna from October 2 – 4th, 2013 and will be hosted by our colleagues in BC. The CFMHN is collaborating with BC members and planning is underway. The co-chairs (Lorelei Faulkner-Gibson and Marg Osborne) would love to hear from you so please feel free to contact them through our office to get involved. The location will be at the Okanagan Grand Resort Hotel in Kelowna. The theme is “**Mental Health Nursing ... A Journey of Collaboration, Culture & Change.**”

The Faces of Mental Illness Breakfast on Parliament Hill is a new initiative taking place this year as part of Mental Illness Awareness Week (MIAW) 2012. On October 2nd, CFMHN as part of CAMIMH will be at this event in Ottawa that brings together Members of Parliament, prominent decision makers and the Faces from the Faces of Mental Illness campaign. The goal is to express support for current mental health initiatives, and engage in a discussion regarding the need for increased access to mental health services for all Canadians.

As my term comes to an end, I look forward to working with the new president and board members. My commitment to the CFMHN is unchanged and I commit to represent our membership so that we continue to meet our objectives and be the national voice for the specialty of mental health nursing. I have been proud to work with the board and represent our membership. I thank you for your support and wish the new board every success.



Financial Report

Prepared By: Elly Spencer, Treasurer
Doug Rosser, National Office

Please find on the next page the **Balance Sheet** and **Income Statement** for the Federation for the fiscal year ending June 30th, 2012.

The 2011-12 fiscal year was again a solid performance for your association. In 2011-12 we posted a **surplus position of \$13,077.⁰⁰** (compared to \$11,214.⁰⁰ the year before). Much of our success in this past year was due to a net gain from the Toronto National Conference of \$9,500.⁰⁰. (In addition to our share, we were also able to provide \$6,500.⁰⁰ to our conference partners and co-hosts – the Mental Health Nurses Interest Group of Ontario.)

Key Highlights of the Year Include:

- **BALANCE SHEET**

1. Our “Reserve Fund” received a further \$2,500.⁰⁰ investment bringing the total to \$10,000.⁰⁰
2. Our cash flow position remained healthy with \$10,512.⁰⁰ on deposit while Accounts Receivable and Payable were equal.
3. As a result of the positive income of \$13,077.⁰⁰, our Association’s Net Member’s Equity has risen to **\$37,677.⁰⁰**, a healthy position equal to at least one year’s operations.

- **INCOME STATEMENT**

1. Fees earned from membership continue to rise (almost 5%) and are supported heavily by the 100% support of the Ontario Mental Health Nurses Interest Group.
2. We generated a very positive \$8,900.⁰⁰ via web employment ad sales – a trend that continues to grow.
3. We were once again fortunate to receive a grant of \$1,500.⁰⁰ from the CNA supporting 50% of our membership in the Canadian Alliance of Mental Illness and Mental Health.
4. The 2011 National conference provided us with a net share of proceeds of \$9,500.⁰⁰
5. Our Board expenses rose as a result of the national strategic planning meetings held in conjunction with the Toronto conference.
6. We committed almost \$3,000.⁰⁰ to re-invigorating our website.
7. The bottom line was a surplus of \$13,077.⁰⁰ of which \$2,500.⁰⁰ was set aside to our Reserve Fund. We have done this for the past 4 years to provide some additional financial security to our association.

Respectively Submitted on behalf of the Federation’s Finance Committee:

Elly Spencer, Chair
Marg Osborne
Sherette Currie
Holly Graham-Marrs
Doug Rosser, National Office



**CFMHN Association
Balance Sheet
As of 30 June 2012**

30 Jun
12

**CFMHN Association
Profit & Loss Pre Year Comparison
July 2011 through June 2012**

ASSETS

Current Assets	
Chequing/Savings	
1000 · Main Operating Account	10,512.70
1010 · Reserve Fund GIC	<u>10,017.51</u>
Total Chequing/Savings	20,530.21
Accounts Receivable	
1200 · Accounts Receivable	<u>3,082.00</u>
Total Accounts Receivable	3,082.00
Other Current Assets	
1275 · Funds Due from Credit Card Acct	6,556.00
1310 · Advances to 2013 Conference	2,500.00
1325 · Pins Inventory	830.83
1335 · CFMHN Pens	920.00
1375 · Display Unit	914.17
1599 · Balance Due from 2011 Conf.	2,000.00
1600 · HST	<u>4,181.50</u>
Total Other Current Assets	<u>17,902.50</u>
Total Current Assets	<u>41,514.71</u>
TOTAL ASSETS	<u><u>41,514.71</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 · Accounts Payable	<u>3,836.89</u>
Total Accounts Payable	<u>3,836.89</u>
Total Current Liabilities	<u>3,836.89</u>
Total Liabilities	3,836.89
Equity	
3900 · Retained Earnings	24,599.89
Net Income	<u>13,077.93</u>
Total Equity	<u>37,677.82</u>
TOTAL LIABILITIES & EQUITY	<u><u>41,514.71</u></u>

	<u>Jul '11 - Jun 12</u>	<u>Jul '10 - Jun 11</u>
Income		
4000 · MEMBERSHIP FEES	23,980.00	23,144.30
4100 · SALE OF STANDARDS	0.00	10.00
4200 · ADVERTISING/PROMOTIONS	8,900.00	5,200.00
4300 · MENTAL HEALTH FORUM	0.00	687.50
4400 · SPONSORSHIP & SUPPORT	1,500.00	1,500.00
4800 · OTHER ACTIVITIES	668.02	3.75
4900 · CONFERENCE INCOME	<u>9,500.00</u>	<u>0.00</u>
Total Income	44,548.02	30,545.55
Expense		
5000 · NATIONAL OFFICE	10,485.38	9,575.11
5100 · BOARD OF DIRECTORS	11,443.43	4,184.60
5200 · RELATED AFFILIATIONS	4,308.46	3,200.00
5300 · NEWSLETTER	0.00	51.00
5400 · WEB SITE	2,967.75	882.60
5500 · STANDARDS OF PRACTICE	532.13	0.00
5600 · MARKETING & PROMOTIONS	1,195.00	350.00
5900 · OTHER COSTS	125.00	1,087.50
6000 · PRE - CONFERENCE EXPENSES	<u>412.94</u>	<u>0.00</u>
Total Expense	<u>31,470.09</u>	<u>19,330.81</u>
Net Income	<u><u>13,077.93</u></u>	<u><u>11,214.74</u></u>



British Columbia Lorelei Faulkner-Gibson

Current membership: 26

In British Columbia, our small membership and the size of our vast province, makes coordinating an ongoing dialogue and exchange challenging. As I continue in this role at BC Rep I realize there is much going on in our province which is rarely reported beyond the service providers. As I transition from my role as BC Rep I hope to continue to work closely with the new BC Rep to expand our connections and communication throughout the province. I look forward to the organization and planning the CFMHN 2013 Conference in Kelowna, British Columbia October 2-4, 2013. We look forward to welcoming you to our beautiful province and the Okanagan Valley and the seasonal harvest that will be underway.

Events/Conferences/Programs

9th Pacific Forensic Psychiatry Conference

March 20 - 22, 2013

Fairmont Hotel Vancouver

Mental Health Nursing...A Journey of Collaboration, Culture and Change"

CFMHN 2013 Conference, Kelowna BC October 2-4th, 2013

BC Mental Health and Addiction Services

Riverview Hospital

Riverview Hospital closed the doors for the last time on July 13, 2012. It was the end of an era of 100 years! There is little information available as to the question, "what will become of the 250 acres of one of the most beautiful and established arboretums in all of Canada?" There are three smaller, tertiary and more modern facilities for clients on the site that are managed by the Fraser Health Authority. The remaining RVH clients were transferred to the regional health authorities providing services to the previous clients. Each Health Authority has developed beds through initiatives such as renovation of existing buildings to accommodate this specialized population. Vancouver Coastal Health Authority (VCH) has developed programs and services for this population based on the Recovery Model of care. VCH has invested significant time and resources in preparing care providers to deliver care based on this model.

Forensic Psychiatric Hospital (FPH)

The team is planning a Quality & Safety Expo for November 1st for Canadian Patient Safety Week. As well, the team is planning of the 9th Pacific Forensic Psychiatric conference 2013. The team is holding the Case Managers Forum to provide a linkage between our Regional Clinics and FPH.



Children's & Women's Mental Health (CWMH) Programs

The CWMH Programs passed our Accreditation process with Exemplary status this June 2012. The teams continue to monitor and educate staff and clients regarding a number of initiatives that were rolled out during the Accreditation process. The programs continue to grow and expand with the development of an Obsessive Compulsive Disorders Clinic, Telehealth services and the Heartwood Program for Women.

Education

Kelty Mental Health Resource Centre

<http://keltymentalhealth.ca>

The Kelty resource centre continues to grow and advocate for clients and families across the province of British Columbia. With the advent of our Parents and Youth in Residence, from the F.O.R.C.E. (Families Organized for Recognition and Care Equality) Society for Kids Mental Health.

<http://www.forcesociety.com>

Healthy Living Toolkits

<http://keltymentalhealth.ca/toolkits>

Many children and youth with mental health challenges face unique obstacles to healthy living due to such things as the symptoms of their illness, the medication they are on, or the stigma they may face.

To address these obstacles that children, youth, and their families face, two healthy living toolkits were created - one for families, and one for health professionals. These toolkits contain information, resources, and tools to help children and youth with mental health challenges develop healthy living habits.

<http://mindcheck.ca>

Research

For more information, updates and awards, please see the BC Mental Health & Addictions Research Institute at <http://www.bcmhari.ca>

Thank you to all the contributors! Look forward to more contact and more ideas on how to keep the BC group expanding membership and moving forward.

Lorelei Faulkner-Gibson (lfaulkner@cw.bc.ca)



Alberta
Marg Osborne, RN, Med, PhD

Current membership: 14

1. Provincial activity:

In this past year, there has been some small, but significant organizational changes in the health care system which has impacted the role of psychiatric/mental health nurses.

Organizationally, there has been a more significant division between acute care and health promotion and prevention.

Alberta does not have a psychiatric/mental health nursing interest group. The membership in the Federation is small, numbering approximately 14. Small groups of committed nurses do meet on occasion to discuss professional issues.

2. Healthcare system:

Governance of health care continues to lie with one “super board” and as there are no regional boards, each health care zone reports directly to the super board, and the CEO. Many functions continue to be centralized. The focus has been on efficiency and reduction of costs.

The following is a brief overview of some of the new and current programs:

A most interesting and unique program which began this year is the Lieutenant Governor’s Circle on Mental Health and Addictions. In the past it is customary for each Lieutenant Governor to choose an initiative during their tenure in office. His honor Donald Ethell has made mental health and addictions his area of focus.

His interest originates from his own personal experience with post-traumatic stress disorder during and after his military experience.

The Circle consists of experts in the field, community leaders and those with a lived experience. The goal is to promote greater understanding, knowledge and combating stigma. This will occur by sponsoring lectures, seminars, round table discussions and an annual awards component.

We feel very fortunate to have this patronage for this endeavor.

Mental health promotion and prevention programs are growing in number and focusing on children and families. The aim is “individual capacity building”. Such programs are beginning to occur in various school districts throughout the province.

The 5th Addiction and Mental Health Research Showcase 2013 is being held in the fall of 2013 in Calgary. In the past this conference was an annual event to show-case the work of Alberta researchers. Due to financial restraints, the conference has been discontinued for the past several years. We now look forward to this dissemination of research once again.

Clinical Pathways for the treatment of depression are being used in Primary Care Networks. They are being used to a greater extent throughout the province.

Community Treatment orders (CTO) have been facilitated throughout the province during this past year in increased numbers.

Marg Osborne
Alberta Provincial Representative.



Saskatchewan
Holly Graham-Marrs, RN, BA, BScN, MN, PhD, R.D. Psychologist
(Provisional)

Current membership: 15

Provincial Activity

Saskatchewan's membership continues to increase with this year having the highest membership in several years. We now have 15 members, and three have their Canadian Nurses Association specialty certification in Psychiatric and Mental health Nursing, CPMHN(C). I have started to organize a series of lunch and learn meetings with the membership, with our first potluck being scheduled for October 20th, 2012. Every two months there will be an opportunity for the members to get together and discuss issues or concerns related to their practice. In addition, these meetings will include an educational component with the topic being generated from the membership. This first session will discuss the process to attain the psychiatric and mental health nursing specialty certification from the Canadian Nurses Association.

Healthcare System

There have been changes within the province to increase efficiency and access to services while trying to reduce the associated costs. Interestingly, this is the first year that the need for inpatient admission has exceeded the capacity of the Dubé Centre for Mental Health. Two years ago there was a grand opening of the new Irene and Leslie Dubé Centre for Mental Health, on the banks of the South Saskatchewan River near Royal University Hospital. This inpatient facility was designed to accommodate 54 adult and 10 adolescent beds.

This year there was a grand opening on May 12th for OASIS (Opportunity, Acceptance, Support, Invitation and Safe) in Saskatoon, a new drop-in community program that helps clients with parenting and life skills; ways to cope with anxiety, grief and stress; relaxation techniques, nutrition, cooking classes and combating addiction. OASIS is based out of the Westside Community Clinic, where a range of diverse professionals (physicians, counsellors, psychologist, registered nurses, nurse practitioner, an elder, and nutritionist) work together to offer their clients a range of services in a safe and supportive environment. OASIS is a partnership of Kids First, Saskatoon Mental Health and Addictions and the Westside Community Clinic.

Holly Graham-Marrs
Saskatchewan Provincial Representative



Manitoba
Elly Spencer, RN

Current membership: 14 members of CFMHN
12 certified nurses

The Manitoba Mental Health Nurses Interest Group ceased to function this year. There are always many reasons when such an event happens but the most important reason is the political climate at this juncture. It is important to note that there are two professional nursing groups in the province of Manitoba (as in all four western provinces) providing nursing services to our population of mental health service users, Registered Nurses and Registered Psychiatric Nurses. The basic academic preparation of both groups is the baccalaureate level (BN and BScPN). Registered Psychiatric Nurses have extensive history in the province and make up approximately 70% of the nursing work force caring for persons with psychiatric/mental health needs. They maintain a separate College with the same responsibilities for Standards and protection of the public as the College of Registered Nurses.

This year, the College of Registered Nurses of Manitoba has been very busy conducting their own Standards Review; determining their relationship to the Canadian Nurses Association vis a vis the entry to practice examination; and most importantly, preparing for changes in legislation in the province which will lead to the declaration of a new Registered Health Care Providers Act which will replace the Registered Nursing Act. The declaration of the new Act is slated for 2013.

This has meant that Registered Nurses working in Psychiatry/Mental Health have held a low priority position in the provincial nursing picture. There simply are not enough of them to raise any significant concern within the College regarding public safety issues. The Registered Nurses themselves have perhaps become overwhelmed with all of the excellent and important information being generated by such illustrious groups as the Mental Health Commission and so decided to let go of this responsibility to network.

The second important event in Manitoba this year is the amalgamation of the 11 Regional Health Authorities to create a total of five new Authorities. The initial work of generating new senior management teams to implement the full scope of this change is being accomplished now. The work in areas of health care, like mental health, continues as was for the time being. There are likely to be some changes of course but the work being accomplished by providers on the ground will continue, as will the work of educators, researchers and managers.

Lastly, I must mention the Provincial/Territorial Mental Health Summit hosted by the provincial Premier of Manitoba, in the spring of 2012. It was a major event with approximately 400 invited delegates brought together to discuss the current issues and future plans for mental health services in the country. Housing needs, service access issues and many other problems facing the users of mental health services were the focus of three days of discussion. We await the publication of the proceedings.

Respectfully submitted,
Elly Spencer RN



Ontario
Joanne Jones RN, BScN, CPMHN (C)

Current membership: 958 via MHNIG
40 independent

In June 2011 the Ministry of Health and Long Term Care along with the Ministry of Education and the Ministry of Child and Youth Services announced Open Minds Healthy Minds – Ontario's Mental Health and Addictions Strategy. This strategy is based on the collective work and input from, families, health care providers, and those with lived experience including children and youth, Aboriginal peoples, seniors and women.

The strategy focuses on children and youth mental health and addictions in the first three years. The strategy highlighted three areas of focus:

- Fast access to high-quality services
- Early identification and support
- Helping vulnerable kids with unique needs

Ongoing support for the strategy is occurring at many levels within the hospital system, community care, and the education system. For further information please connect to: http://health.gov.on.ca/en/common/ministry/publications/reports/mental_health2011/mentalhealth.aspx

Message from Mental Health Nurses Interest Group (MHNIG)

The latest and greatest has been the development of the new website. This includes a new format and use of the banner logo on the website.

It is our intention to keep all our information in one spot to allow ease of access for members and those seeking information about this Interest Group. The most recent copy of our Members Voices will also be available on the website. A critical issue addressed by our group and brought forward to the RNAO AGM by members of the Interest Group has been the portrayal of restraint use visually pictured as handcuffs on recent front page of the Registered Nurse Journal. This presents an number of issues for clients, the public and nurses who attempt to keep clients safe when they are unable to do so for themselves. It cannot be stated more strongly that using criminal messaging for mental health clients is not the message we endorse, nor is it in keeping with best practice. We are planning a strategic planning event in November for the executive and satellite representatives to develop a path to focus our energy and resources to issues and events that will form a work plan for the group in the year to come. Our AGM this year will be held in Ottawa on Oct 26/12. This will be linked by OTN and those interested can **contact Carmen Rodrigue (CRodrique@bruyere.org).**

(Thanks Anne Finigan RN MScN, President, Mental Health Nurses Interest Group.)"

Congratulations: To all those who were successful in the Psychiatric/Mental Health CNA Certification Exam in 2012 – it is a wonderful accomplishment!

And to all of you who are planning on writing the certification exam in 2013 – all the best!



Quebec Hélène Clavet

Current membership: 5

1. Provincial activity

Since 2009 multiple change have been made in the law regarding nurses practice: obligation of Nurse Therapeutical plan (PTI).

We are 3000 psychiatric nurses but the association have only 400 of them register. Each year a colloque has been host in end of may or beginning of june. The goals are to exchange experiences in different field, research result and new ways to do things. Professional association as us to participate in the expert comity on the delivery of psychiatric/ mental health care and treatment for the different level of nurse education..

2. Healthcare system:

The interest group (AQIISM) has been ask this year to give his comments on the delivery and the problems in mental health services to the health commissaire.

Lost of nurses will takes their pension since the average age of mental health nurse is 53 years old, this is a risk of loosing expertise and knowledge for the client.

The services in mental health field are not equal for each town or region of quebec.

Hélène Clavet
Quebec Provincial Representative



Nova Scotia
Sherette Currie, RN, BA, CPMHN(c)

Current membership: 16

1. Provincial activity:

- a. **PMH Nursing:** The Nova Scotia Mental health Nurses Association continues to meet regularly and is growing in numbers. They produced their first Newsletter in February 2011 and hope to continue these news clips to keep their membership and all nurses connected and up to date. They wish to extend thanks to Cathie Thibeault and Sharyn Chapman (past NS representative for CFMHN) who created a video presentation showing nurses working in Mental Health. This was launched at a display during the CRNNS AGM in April. It provided an opportunity to personally link with nurses across the province about their new association and how to get involved. In addition to this they held a post CFMHN conference symposium following the 2011 National conference in order to share all the wonderful information with those in our province that were not able to attend. Future plans include hosting a members meeting in Oct along with a presentation about the psychosocial rehabilitation program in Antigonish called "Being, Doing, Becoming: The Road to Recovery". Congratulations to this dedicated group.
- b. **Professional:** Our professional Nurses council continues to be on hiatus due to some operational difficulties, but we hope to look at this and have it up and running again as this is a valuable asset.
- c. **Health authority:** CDHA has created a suicide risk management manual, a suicide policy and a form for Capital Health and an online training program for health professionals. The hope is that by educating health professionals they will lessen the number of suicides that occur.

As well at Capital Health it was just announced that our current Director of Mental health has decided to retire. It was felt that across the country and in almost every health district in Nova Scotia, mental health and addiction services have been integrated to better serve the public. This approach was also identified in the provincial mental health and addictions strategy. As a result it was decided that mental health and addictions would be integrated under a single director.

Mental Health has a number of exciting transformations under way, including work in collaboration and information sharing, reorganization of the recovery and integration portfolio and their work with families through Meriden.

As well our health and wellness minister Maureen Macdonald has released Nova Scotia's first ever government-wide strategy for mental health and addictions care called Together We Can: The Plan to Improve Mental Health and Addictions Care for Nova Scotians. The five-year plan outlines 33 actions to provide better care sooner for Nova Scotians living with mental illness and addictions and their families. For more information visit:

www.gov.ns.ca/health/mhs/mental-health-addiction-strategy.asp

- d. **Education:** Congratulations to all the Nurses in NS who recently received their certification on PMHN. Way to go!
As well there continues to be ongoing educational opportunities (ie Suicide risk



assessment and intervention program, Psychiatric Mental Health Nursing program,
Academic day etc...)

2. Issues or concerns identified: Due to fiscal restraints out of province activities has been stopped, which limits participation in conferences etc outside our own province.

**Newfoundland and Labrador
Florence Budden, RN, BN, CPMHN(C)**

Current Membership: 6

The special interest group for Newfoundland and Labrador PSIGNAL in 2011-2012 has revised their constitution. Their Website: www.psignal.comlu.com has been up for one year. In June 2012 the group held a successful education day with keynote speaker John Cutcliffe. In October 2012 the group had an education session on key mental health and addictions projects in Newfoundland and Labrador where the key focus is on prevention.



Prince Edward Island Karen MacLaren

Current Membership: 22

Provincial activity:

Greetings from the members of the PEI Mental Health Nursing Interest Group which has been rejuvenated over the past year with increasing interested in meeting participation and a general consensus to increase provincial awareness of what fellow psychiatric nurses are doing in our province as well as all other provinces in Canada .

Education:

Congratulations to all fellow nurses in PEI who recently received their certification or renewal in PMHN. Great work! The month of May documented another successful annual Psychiatric Mental Health Link Conference in the Province.

PEI Health System:

Over the past year psychiatric mental health nurses working within the newly reorganized structure of Health PEI have been collaborating and working hard to carry out strategic initiatives that have been outlined by provinces **Mental Health Strategy**.

The Mental Health Services Strategy has several projects in various stages of completion. They include System Accountability, Service Coordination; Strategies for Children and Youth, Seniors and Concurrent Disorders; and a Human Resource Plan.

System accountability – There is one Director and one Medical Director for Mental Health and Addiction Services for inpatient and outpatient services for the Island. The inpatient and outpatient services have been aligned under this leadership structure. The structure will support and facilitate the necessary changes for a seamless continuum of care and provide guidance and support to the management and staff of Mental Health and Addictions Services.

Service Coordination – Crises Response Protocols have been implemented for the QEH and PCH. This is a service of having a Mental Health professional (RN or Social Worker) available to the Emergency Department during the hours of 8am and 8pm, 7 days per week to assess patients presenting with Mental Health concerns and to support the staff in the emergency department who are working with these patients.

A standardized Adult intake process has been implemented as well as a Centralized children's intake which utilizes a tool for assessing and prioritizing children's referrals to Mental Health. A model for complex cases has been developed, but has not been implemented to date.

The remaining Projects (4): Strategy for Child/Youth, Seniors, and Concurrent Disorders; and Human Resources are in the planning stages.



The Mental Health Strategy has been a priority focus of the provincial government and is consistent with the vision of PEI having,

“One Island Community, One Island Future, One Island Health System”

Care will be delivered through a single, integrated system of care, one grounded in evidence-based decision making and focused on improving health, enhancing access, and refocusing the emphasis of the care delivery system on primary health care and services that can appropriately and safely be provided locally. The system will be more focused on meeting needs in the most appropriate setting, by the most appropriate provider and in the most cost effective manner.

http://www.healthpei.ca/photos/original/hpei_stratpla12.pdf

Health PEI’s mental health and addictions programs are being reorganized to improve clients’ access to these services. Acute mental health has been united with community mental health and addictions, and now fall under a single division of Health PEI namely, Primary Health Care. Primary care; Chronic disease prevention, management, and self-management; Health promotion; Public health services; Family health centers; and Addictions and mental health

A renewed model of community-based primary health care will be delivered in conjunction with a range of providers and the public, and will include care delivered in a variety of settings such as: family health centers, designed physician offices, community-based care settings, and ambulatory clinics.

Like many other provinces fiscal and resource challenges are evident and through continued implementation of Health PEI’s strategic initiatives to ensure, sustainability, specifically in Mental Health and Addictions, I for one look forward to continued collaboration, knowledge sharing and ingenuity with fellow psychiatric mental health care nurses and other providers to ensure our islands health care vision is promoted and achievable as well as our countries vision for mental health care for all.

Respectfully Submitted,

Karen MacLaren RN, BScN, CPMHN(c)
CFMHN Board Representative for PEI



National Office Report Doug Rosser, General Manager

The past year has been an increasingly busy one for the CFMHN's National Office. The National Office is essentially responsible for the following core administrative functions:

1. All financial management/accounting
2. Membership database
3. Support to the President and Board of Directors
4. Strategic Planning guidance
5. Web advertising sales
6. Publication of e-newsletter (September, 2012)
7. Conference management services & support to the biannual national conference

Our online **membership database** is directly linked to the association's website. Members (and future members) can renew their memberships and update personal information online. Membership renewal notices are sent out in December and "follow-up" reminder notices are sent at the end of January and early March.

Web advertising has become a very successful new source of income for our association. During the recently concluded fiscal year we earned \$9,000.⁰⁰ which represented 30 hospital employment ads. This more than offset our full website operational costs which is a great help to our budget. We hope this service continues to grow – please visit our site frequently to review new job postings.

E-Communications with our membership is a new priority for the office. Historically we prepared and distributed traditional "hard copy" newsletters but increasing postage and production costs was making this an expensive undertaking. Effective September of this year the Board has authorized the National Office to produce a bi-monthly e-newsletter. We hope that this increased frequency will allow us to remain in closer contact with you – our members – on key national issues impacting on the profession.

Earlier this year we circulated our first national online e-survey, focused on the "value position" of CFMHN membership. A total of 300+ members responded – an amazing 27% response rate which provided very important information to our Membership Committee. Based on this excellent response rate we plan to use this technology even more over the coming year.

Administrative support for the Federation is provided under contract to First Stage Enterprises in Toronto. We work with a large number of similar national and provincial organizations much like CFMHN to provide support to the efforts of your Board of Directors and numerous committees.

If you ever need to reach the National Office please do not hesitate to contact the individuals below who work on the CFMHN's file:

- General Manager: Doug Rosser drosser@firststageinc.com
- Membership Inquiries: Brian Craig brian@firststageinc.com
- Web Advertising: Brian Craig brian@firststageinc.com

Please visit our website www.cfmhn.ca



National Conference Report

2011

The CFMHN's most recent bi-annual National Conference was held during October 2011 at the Sheraton Centre Hotel in Toronto. Building upon the tremendous success of the previous conference (2009 – Halifax), the Toronto conference was another great success!

More than 375 attendees and 25 exhibitors came together for three days of workshops, keynote addresses, concurrent sessions, poster Receptions and great professional networking. The 2011 conference was co-hosted by the Federation and the Mental Health Nurses Interest Group of Ontario. The MHNIG President (2011) **Steven Holbert** and CFMHN National President **Lisa Crawley Beames** co-chaired the event and the post conference evaluations were uniformly high in their praise for the overall level of program quality. Our Opening Keynote Speaker **Dr. John Cutcliffe**, set the stage for an intensive two days of thought-provoking research and clinical application presentations.

The conference was also another financial success with CFMHN and MHNIG sharing a financial surplus of more than \$16,000.⁰⁰ – much needed support for each organization's ongoing work on behalf of their members.

2013

With the 2011 event behind us we immediately moved forward with plans for the next bi-annual conference in 2013. The Federation's Board had previously decided that the next event should be held in western Canada, either in Alberta or BC. A request for proposals was sent to more than 10 potential host hotels in the larger Alberta and BC cities (including Banff). We received some very interesting proposals, a short list was prepared, and site reviews undertaken.

Following this process the decision was made to host the 2013 National Conference in Kelowna, BC at the stunning Delta Okanagan Grand on waterfront of lake Okanagan in the heart of BC's wine industry. Plan now to join us in Kelowna on October 2nd to 4th, 2013.

A Planning Committee is already hard at work under the leadership of **Chair Lorelei Faulkner-Gibson** (BC) and **Co-Chair Marg Osborne** (AB). Advertising materials for booths and sponsorships are already in circulation across the country, a "Save the Date" Card has been printed, and the "Call for Abstracts" is being readied for distribution in November.

“MENTAL HEALTH NURSING ...
A JOURNEY OF COLLABORATION, CULTURE & CHANGE.”

Kelowna

Join us in spectacular Kelowna, B.C., heart of the wine industry, for our 2013 National Mental Health Nursing Conference

Okanagan Grand Resort Hotel
October 2ND to 4TH, 2013
Hosted by
The Canadian Federation of Mental Health Nurses

www.cfmhn.ca email: info.mental.health@firststageinc.com



Membership Committee Report (2011- 2012)

Current Members: Sherette Currie, Chair; Anna Boyechko, Karen MacLaren, Jill Townshend

Membership committee focus: is to participate in activities aimed at the retention of the current membership as well as the promotion of interest in the CFMHN to promote recruitment of new members and interest groups.

We have been working hard in follow up to 2011's AGM, and have been meeting regularly to look at various ways to increase and maintain our membership. We have as well initiated group meetings of all the provincial representatives so we can brainstorm ways to keep each other connected and informed. Some ideas that we are working on include provincial rep. biographies and a face book page. Thank you to all our members for your continued support, and welcome to all of our new members, we are glad to have you as part of CFMHN. We'd also like to once again congratulate the Mental Health Nurses Interest Group of Ontario for the continuing strong membership support – your members form a very important base for our national association. It has been a great summer and a great Year and I wish you all the best. Feel free to contact me with any questions or concerns.

CFMHN Membership 2012 **(2010 & 2011 Comparison)**

Province	2012	2011	2010
AB	14	12	9
BC	26	18	26
MB	10	12	13
NB	5	11	6
NL	6	20	6
NS	16	26	32
NT	1	1	0
ON (Individual)	40	37	25
PE	22	10	8
QC	5	7	3
SK	15	5	2
YT	1	0	0
Other	1 (London, UK)	1 (Cambodia)	0
MHNIG (Ontario Interest Group)	958	896	872
Total	1120	1056	1,002
Growth	(+6%)	(+5%)	

Respectfully submitted,
Sherette Currie
CFMHN Membership Chair



Standards Committee Report Gloria McInnis-Perry, Chair

1. **Current members:** Gloria McInnis-Perry, Chair; Elaine Santa Mina (Co-Chair), Ann Greene (Co-Chair) Susan Chong, Leigh Blaney, Marlee Groening, Gwen Campbell MacArthur, Brittany Schutte, Robb Desrochers, Kathy Wong, Carrie McCallum, Sylvie Buisson, Marie-Mireille Gagnon, Edna Carloss, Joanna Cox, and Robert Meadus.
2. **Purpose of the committee:** The intention of the standards' committee is to review, revise and provide a draft update of the Canadian Standards for Psychiatric Nursing Practice to the Board and membership .
 - a. **Number of meetings in reporting period:** The Committee as a whole met twice last year. However, the chairs met on four occasions to work on specific items related to the development of the survey and the initial scan of the literature/resources.
 - b. **Outcomes to date:**
 - i. **Revision of the CFMHN Standards:** In the spring (2012) we developed a survey which sought input from CFMHN members on their present use, evaluation, and recommendations of the present Standards document. Two-hundred and ninety- five psychiatric mental health nurses responded. A majority of respondents are Registered Nurses (74.24%), Registered Psychiatric Nurses (6.78%), and Registered Practical Nurses (9.49%), the remaining either documented other or no answer.
 - ii. **An extensive literature/resource review** on concepts pertinent to the present and future Standards.
 - c. **Communication of Process/ Webpage:** Ann Greene forwards all minutes and resources onto the webpage. Emails remain the main source of communication.
3. **Issues or concerns identified:**
 - a) The Committee requires a research assistant to critique the literature necessary to update the Standards. This will require financial support from the Federation.
4. **Next steps:**
 - a) To continue to hold meetings with the full committee on a regular basis (every 2 months) and the sub-committee of Chairs (monthly)
 - b) To complete data analysis (target date-November-December 2012)
 - c) To hire a research assistant (November-December 2012)
 - d) To make the necessary changes to the Standards document (January-May 2013).
 - e) To forward a draft to the Board for review and input (May 2013-June 2013)
 - f) To present at National Conference (Oct 2013)
 - g) To make final revisions after input (translate into French)
 - h) Communicate updates and concerns.

Sincerely submitted,
Gloria McInnis-Perry RN., DNSc., CPMHN



**2012-13 Board of Directors
Slate of Nominees
(Two year term)**

Nominees to be Confirmed for Two Year Terms: (Expiring October 2014)

- | | |
|----------------------|----------------|
| - Marg Osborne | Alberta |
| - Holly Graham-Marrs | Saskatchewan |
| - Ann Cooper | Manitoba (new) |
| - Joanna Lynch | Ontario (new) |
| - Sherette Currie | Nova Scotia |

Terms Continuing for One More Year: (Expire October, 2013)

- | | |
|-------------------|------------------------|
| - Marlee Groening | British Colombia (new) |
| - H  l  ne Clavet | Quebec |
| - Florence Budden | Newfoundland/ Labrador |
| - Vacant | New Brunswick* |
| - Karen MacLaren | Prince Edward Island |

The Term of Lisa Crawley Beames (President) expires October, 2012. The Board Nominations Committee is proposing **Lorelei Faulkner-Gibson (BC)** to become President effective the end of this AGM.