



Canadian Federation of Mental Health Nurses

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

2014 Annual Report



2014 Annual Report

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CFMHN 2014 Annual Meeting
Friday, November 14th, 2014
11:00 am Eastern Standard Time

Agenda

1. Call to Order
2. Approval of Agenda
3. Introduction of Board of Directors
4. Approval of Minutes of the 2013 AGM, Kelowna
5. President's Report
6. Reports from Provincial Representatives & Committee Chairs
7. Presentation of the 2013-2014 Financial Report
8. Bylaw Amendment
9. Election of the Board of Directors – Provincial Directors
 - British Columbia
 - Alberta
 - Saskatchewan
 - Manitoba
 - Ontario
 - Quebec
 - Nova Scotia
 - New Brunswick
 - Prince Edward Island
 - Newfoundland & Labrador
10. Standards of Practice
11. Adjournment

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

Note: There will be an “Open Question” Forum following the conclusion of the formal AGM.



Presidents Report 2014 Lorelei Faulkner-Gibson RN, BSN, MN, CPMHN(c)



We have had another very active year for the federation. As you can see we have updated our logo, website and general branding to keep us current and engaged with nurses and others across the country. We maintained the dove of peace as our primary logo emanating the concept of *peace of mind* in its image. We also have some revisions to the CFMHN by-laws in order to keep us in relation with the Canadian Nurses Association and the Not for Profit legislation as determine by the federal government.

The federation continues to contribute to a variety of initiatives pertaining to mental health issues across the country. We continue to participate with CAMIMH and the Canadian Mental Health Commission. I would like to thank Lisa Crawley (Ont) for her hard work with representing the Federation at the CAMIMH table, and at parliament during the lobbying sessions. As well, we are an active participant with the Canadian Network of Nursing Specialties contributing to a variety of Canadian Nurse's Association position statements. Through these organizations we have participated in position statements regarding Violence Prevention; advisory panels; board representation; how to better manage conferences etc. As well, CFMHN Board members represent you and the Federation at various events and venues within their home provinces further advocating for the voice of psychiatric-mental health nurses.

We continue to have an active website and newsletter. Thank you to Vi Ensoy for her ongoing work this year keeping the newsletter and website engaging. Unfortunately our website host company has closed therefore we are on the active search for a replacement company of equal quality and support. Our segment highlighting mental health nurses continues to be a wonderful addition to the program.

Our member survey has taught us a lot about what you want to see going forward and we are incorporating those ideas into what we offer. As you will see in the submission of changes to the by-laws we are adding an official Student category, and a Life Member category. Thank you to Sherette Currie (NS), Chair of Membership Committee, and her committee for all their hard work. We also have a number of opportunities for nurses to participate either as committee members or as board members. Please ensure to contact us to share your interest and knowledge with those across the country.

We are excited to have official representatives now from New Brunswick, Jim Quinn; Quebec, Christine Tillman (who both joined us at last year's AGM); Manitoba, Tracey Thiele; and a new representative from Northwest/Nunavut Territories, Lynda Strakowski. We are actively recruiting for positions from the Yukon, Alberta (thank you to Joan Campbell, who recently retired) and Prince Edward Island (thank you Gloria for hanging in there). I would like to thank Marg Osborne for her many diligent hours as chair of the Finance Committee, ensuring we stay a viable entity and keeping me on my toes. I would like to welcome Carmen Rodrique (Ont) as our new Finance Committee Chair. Thank you as well to Leslien Walters (Ont) for her work conducting our internal audit.



As you will see our new 2014 Standards (thank you committee and chair Gloria McInnis-Perry, PEI) are posted to the website and available free to download. A small fee is being charged to recuperate printing costs for hard copies. We are also actively pursuing a one page summary to be translated into French. The rationale for a shorten version is cost and time required to create an accurate and complete translated version.

The Education Committee is also in conversation with Canadian Association of Schools of Nursing (CASN) looking at psychiatric-mental health nursing competencies for the entry level graduate. The Committee is also reviewing the existing CFMHN Education standards with a focus to the future. Thank you to Marlee Groening (BC) for chairing this group.

I would like to take this time to make special mention of Winifred Margaret Miller aka Winn Miller who passed away this past spring 2014. Winn was a founding member of CFMHN and continued to be a strong advocate for the work we do in psychiatric-mental health nursing for clients and families across the country. We wish her family and friends peace in memories.

We continue to work hard to remain active in Canadian Mental Health issues, and to engage new members and representatives from across the country. As you can see we are a very active federation representing Psychiatric-Mental Health Nursing *ACROSS* the country; a true National organization.

It is a pleasure working with you all.

Sincerely

Lorelei

Lorelei Faulkner-Gibson
President



Treasurer's Report

Financial Report for the 2013-2014 Fiscal Year

We are pleased to provide the membership with the CFMHN's Financial position at the end of the last fiscal year (June 30th, 2014). Included with the report are the following components;

1. Summary Profit & Loss Report (with prior year comparative numbers)
2. Balance Sheet at June 30th (with prior year comparative numbers)
3. Independent Member Review Commentary

Highlights

The Federation had a solid year financially as we met almost all of our financial targets.

- Membership continued strongly again due primarily to the excellent support we received from the Ontario Interest Group (MHNIG)
- We did experience a decline in web advertising (job postings) and we are working on a new advertising strategy.
- The Board of Directors costs rise in alternate years when we host a National Conference. The cost to bring the Board together is approximately \$7,500.00.
- Marketing and "rebranding" costs rose during the past year due to the development costs related to our new logo and subsequent reprint of various brochures, publications and stationary.

Overall we posted a modest surplus of \$2,516.76 which is good in a year when we hosted the National Strategic Planning exercise.

The **Balance Sheet** reflects the overall financial health of the association and we continue to remain in a solid position.

- We had cash and investments of \$35,461.00 at year end.
- With the \$2,516.00 surplus generated our combined Retained Earnings (Membership Equity) now stands at \$44,628.00.

The CFMHN sincerely thanks **Leslien Walters** for volunteering to undertake an independent review of our financial records and procedures. Her report is found below. We sincerely appreciate her time and expertise.

Respectfully submitted,

Margaret Osborne, Treasurer & Finance Committee Chair

Arlene Kent-Wilkinson, Finance Committee

Sherette Currie, Finance Committee





Financial Review

Re: Annual Financial Review

Thank you for the opportunity to review & evaluate the CFMHN profit and loss balance sheets to see where members' money has been spent over the 2013/2014 year and to understand the investments and cash in the bank.

I had the opportunity to select a number of invoices to cross reference with the bank statements and all were accurate and in good standing. In addition the HST submissions/and rebates to Revenue Canada were reviewed and the CFMHN has received \$5,513.00 in HST refund.

The largest single amount of money spent was on the CFMHN Board expenses. Also of note is funds are being spent now to cover the 2016 national conference expenses.

There has been a decline in web advertising of just under \$4,000.00, which is a decrease of approximately 50% from the previous year earnings. However on the horizon is the Biannual Conference coming up in 2015 which is in Niagara Falls and it is anticipated that this event will bring in some revenue for the CFMHN.

The year end total equity has increased by \$2,516.00 leaving the total Federation equity at \$44,628.00.

The CFMHN, has a healthy balance sheet, to plan for new and exciting work on behalf of the CFMHN members.

Please note the Finance committee meets every 6 weeks and reviews then approves the suggested budget before it goes to the board for approval. The CFMHN's Board reviews the financial reports quarterly.

Again thank you for the opportunity to review the CFMHN finances for 2013-2014. May 2014-2015 be another successful year of activities by the CFMHN Board on behalf of the CFMHN membership.

Respectfully submitted by,

Leslien Walters, RN, BScN, MHSc, CPMHN(c)

Leslien.Walters@sjhc.london.on.ca



Income Statement

	<u>Jul '13 - Jun 14</u>	<u>Jul '12 - Jun 13</u>
Income		
4000 · MEMBERSHIP FEES	26,083.90	26,032.90
4200 · ADVERTISING/PROMOTIONS	3,900.00	6,000.00
4400 · SPONSORSHIP & SUPPORT	822.68	0.00
4700 · SPECIAL PROGRAMS/EVENTS	-60.00	0.00
4800 · OTHER ACTIVITIES	66.01	467.77
4900 · NATIONAL CONFERENCE NET INCOME	<u>2,764.92</u>	<u>0.00</u>
Total Income	33,577.51	32,500.67
Expense		
5000 · NATIONAL OFFICE	11,813.37	10,692.69
5100 · BOARD OF DIRECTORS	11,347.20	4,503.91
5200 · RELATED AFFILIATIONS	300.00	3,200.00
5300 · NEWSLETTER	225.00	350.00
5400 · WEB SITE	1,407.85	1,915.05
5500 · STANDARDS OF PRACTICE	2,112.25	3,076.00
5600 · MARKETING & PROMOTIONS	1,275.00	110.00
5700 · REBRANDING	2,095.00	0.00
5800 · Committee Expenses	0.00	0.00
5900 · OTHER COSTS	0.00	175.00
6000 · REGIONAL SYMPOSIUM EXPENSES	0.00	44.39
7000 · Future Conference Preparations	<u>485.08</u>	<u>0.00</u>
Total Expense	<u>31,060.75</u>	<u>24,067.04</u>
Net Income	<u>2,516.76</u>	<u>8,433.63</u>



Balance Sheet

	30 Jun 14	30 Jun 13
ASSETS		
Current Assets		
Chequing/Savings		
1000 - Main Operating Account	22,779.93	14,783.09
1010 - Reserve Fund GIC	10,181.40	10,115.39
1020 - Strategic Opportunities Fund	2,500.00	0.00
Total Chequing/Savings	35,461.33	24,898.48
Accounts Receivable		
1200 - Accounts Receivable	1,695.00	1,356.00
Total Accounts Receivable	1,695.00	1,356.00
Other Current Assets		
1050 - Reserve for Future Conference	5,750.00	0.00
1275 - Member Funds Due from CCard	7,229.70	5,687.00
1276 - CCard pymts for web ads	1,356.00	339.00
1310 - Advances to 2015 Conference	-2,985.08	7,704.96
1325 - Pins Inventory	830.83	830.83
1335 - CFMHN Pens	470.00	920.00
1375 - Display Unit	914.17	914.17
1600 - HST	5,513.25	4,537.11
Total Other Current Assets	19,078.87	20,933.07
Total Current Assets	56,235.20	47,187.55
TOTAL ASSETS	56,235.20	47,187.55
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
2000 - Accounts Payable	11,606.99	3,076.10
Total Accounts Payable	11,606.99	3,076.10
Total Current Liabilities	11,606.99	3,076.10
Total Liabilities	11,606.99	3,076.10
Equity		
3900 - Retained Earnings	42,111.45	35,677.82
Net Income	2,516.76	8,433.63
Total Equity	44,628.21	44,111.45
TOTAL LIABILITIES & EQUITY	56,235.20	47,187.55



British Columbia
Marlee Groening, RN, BSN,MSN

Recognizing the cost of serious mental health and addiction issues to individuals, families and society especially, the BC government has put Mental Health (MH) and Addictions as one of their key priorities. To that end, they have committed to the redesign of Health Care services with greater emphasis on inter-professional health teams at the community level in order to improve access to care for this population. They have also committed to the development of quality residential care models for individuals with dementia and younger populations with chronic severe mental illness, as well as expanding e-health and tele-health services to ensure access to MH specialist care in remote areas.

<http://www.bcbudget.gov.bc.ca/2014/sp/pdf/ministry/hlth.pdf>

There has also been an acknowledgement of the need to “update and continue to implement *Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia...*”. (Ministry of Health: Service Plan 2014/15 – 2016/17 p.11). This initiative, among others, is intended to improve inter-professional access to primary health care especially for individuals with significant health care needs, i.e. those with chronic illness such as mental illness and disabilities. This also includes a plan to increase access to addictions treatment and an additional 500 beds for individuals with addictions by 2017. <http://www.bcbudget.gov.bc.ca/2014/sp/pdf/ministry/hlth.pdf>

In keeping with the government goals, local mental health care needs and several unfortunate high profile police incidents in the past several years, St Paul's hospital has responded by establishing a nine bed Acute Behavior Stabilization Unit for individuals with more severe mental illness, substance use and behavioural issues. An additional aspect of part of this strategy has been to establish an outreach team to bridge clients to services in the community. <http://www.theglobeandmail.com/news/british-columbia/st-pauls-hospital-welcomes-mental-health-unit/article17584256/>

A number of new mental health facilities have also opened in the province. Some examples of these are: the specialized MH emergency unit at Surrey Memorial Hospital; and the “state-of-the-art” designated treatment facility at Lion's Gate Hospital (HOpe Center), for individuals struggling with mental health and substance use challenges. This facility includes 26 inpatient beds and outpatient mental health teams that will service the North Shore and Sunshine Coast populations of the province.

BC Nurse Front....

On the mental health nurse front, there have been many changes, particularly in community mental health with the amalgamation of mental health and addiction nursing. Times of transition are often challenging, particularly when combining two distinctly different cultural groups together. Shifting to more short term connections with clients and transferring long term clients to family physician care has also resulted in changes to significant workload and client needs.

CFMHN BC Membership

Our BC membership remains low, although there has been a gradual increase in membership over the past number of years.

Respectfully submitted,

Marlee Groening.



**Alberta
No Report Available**

**Saskatchewan
Arlene Kent-Wilkinson RN, CPMHN(C), BSN, MN, PhD**

I began this position in January 2014, taking over for Dr Holly Graham-Mars. I have attended most all of the monthly board meetings. When I asked how many CFMHN members there were in the province of SK in 2014, I was told only 3. Therefore, I see I have some work to do with regard to membership drives, and to determine why a CFMHN membership has not been of value to previous members as our membership been decreasing.

I will find out how many psych/mental health nurses we have in the province of SK from SRNA and how many have their CPMHN(c) Certification from CNA and target those nurses for membership and to encourage specialty certification.

To date, I am a new member on two subcommittees of CFMHN: the Finance Committee and the Education Committee. Our College of Nursing at U of S has a mental health course in the 3rd year of our new undergraduate BSN curriculum, for which I am one of the teaching professors for the 300 nursing students in our program. I believe my representation on the CFMHN board will have a reciprocal benefit in providing a provincial voice for SK and keeping up with and communicating the national mental health issues, policies, and standards to nurses and students in our province.

If the one year term is up in October 2014, I would like to serve again as I am feeling I am just getting started. I am very interested and committed to the work of CFMHN.

Arlene Kent-Wilkinson RN, CPMHN(C), BSN, MN, PhD

**Manitoba
No Report Available**



Ontario
Carmen Rodrigue, RN, MSCN, CPMHN(C)

1. **Provincial Activity:** The executive members of Mental Health Nurses Interest Group (MHNIG) of Ontario held a strategic planning meeting on April 12, 2014 in Toronto. The 2013-2015 goals listed below were reviewed:
 - a) To increase participation and engagement of membership and students in MHNIG existing and future opportunities
 - b) To promote mental health education
 - c) To strengthen articulation of mental health nursing identity
 - d) To build and strengthen relationships
2. **Membership:** MHNIG's membership has increased to 1112 (1053 RNs/NPs + 59 students) during the past year, which indicates that there is greater interest and participation in the Mental Health Nursing domain.
3. **Communication**
 - a. Two newsletters were sent to our membership from Nov 1, 2013 to Oct 31, 2014. The topic of Psychotherapy offered by RNs is of particular interest to our membership.
 - b. RNAO is in the process of receiving stakeholder feedback for the Engaging Clients with Substance Use Disorders Best Practice Guideline. Executive members have been asked to contact Sabrina Merali directly (smerali@nao.org) or to email her with the name of a colleague who would be interested in participating. The deadline for feedback is: October 29th, 2014.
4. **Annual General Meeting:** The London satellite hosted the MHNIG AGM via OTN on November 1, 2013 with participants from Toronto & Ottawa and Hamilton in attendance.
5. **Education:** Two excellent educational sessions were held in the afternoon of the 2013 MHNIG AGM. Bill McPhee presented a consumer's perspective which was related to his lived experience as a person with schizophrenia. Meaghan McKillop presented on the use of technology in helping clients post discharge.

The MHNIG partnered with the Diabetic Nurses Interest Group (DNIG) to sponsor 3 webinars in 2014:

- | | |
|----------|--|
| April 17 | Topic: What's new/changed in the 2013 Clinical Practice Guidelines (CPG) for the Prevention and Management of Diabetes in Canada
Presenter: Aileen Knip, RN BScN MN CCHN(c) CDE |
| May 15 | Topic: Diabetes and Depression. Presenter: Anne Finigan, RN, MScN |
| July 10 | Topic: The Contribution of the Social Determinants of Health on the Incidence and Management of Diabetes in Vulnerable Populations
Presenter: Beryl Pilkington RN, PhD |

On May 6, the Ottawa satellite MHNIG hosted an educational evening session for its members. Margaret Tansey, RN, ACNP, MSc(A) Nursing, CPMHC(C) presented on Strengths-based Nursing.



On October 23, 2014 Kama Kalia, Chair of the MHNIG will be participating as a panel member at the CFMHN Regional Symposium which will be held in Toronto. She will be presenting on the family involvement in the transition of persons with mental health problems to the community.

- 6. CPMHN(C) certification** – The MHNIG - Ottawa satellite offered a 2 day workshop on February 14 & 21, 2014 via OTN to prepare nurses for the Canadian Nurses Association certification exam, specifically in Psychiatric and Mental Health Nursing. The MHNIG – Ottawa satellite is planning on offering another 2 day workshop in February 2015.

Québec

Christine Marie Tillman, RN, MSc(A), CPMHN(C)

Provincial Activity

In 2012-2013, it is estimated that 6.2% of nurses in the province of Quebec worked in the field of mental health with 3.5% of nurses in specialized or ultra-specialized care areas, 2.3% in first-line care and 0.4% in the field of addictions. First-line mental health care has increased by 11% since 2008 whereas a slight reduction has been noted in specialized care. It is predicted that by 2020, 70% of mental health nurses will be involved in first-line care.

The Quebec Mental Health Nurses Interest Group (AQIISM) was created in May 1983. The current president is Lise Laberge and for the year 2014, 328 nurses paid their membership to AQIISM. The Interest Group mission is to foster networking among mental health nurses, sharing expertise, contributing to professional development and quality of care. This is achieved via the Newsletter and meetings; two of these, scheduled in March and November, promote advanced education in mental health and the development of best practices. An annual symposium is usually held in the spring. This year, the symposium took place on May 29-30 at St-Jean-Sur-Richelieu and focused on the new technologies and their relevance in the practice of mental health care. Each year, a mental health nurse receives a distinctive recognition as Membre Émérite for his/her work in the field of mental health. The provincial professional association, l'Ordre des Infirmières et Infirmiers du Québec (OIQ) works in collaboration with AQIISM. To date suicide prevention, homelessness, better access to care in all regions of Quebec, stigmatization and the recovery model remain priorities.

Education

In Quebec, the OIQ believes that all nurses should be required to have a university degree as an entry to practice in the nursing profession. However, many nurses still do not have a university education as many entered the profession with a college diploma obtained after a three-year program following graduation from high-school. In Quebec, 35% of nurses in Quebec hold a Bachelor's degree whereas in the rest of Canada 48% of nurses have a Bachelor's degree (ICIS, 2013).



As of June 21, 2012, the new Bill 21 stipulated that in order to be able to practice psychotherapy, a nurse must receive a permit issued from the Ordre des Psychologues du Québec (Quebec Order of Psychologists). Nurses had until June 21, 2014 to apply for this permit using the grand-father clause. This important change came in response to need for public protection and better supervision in the field of therapeutic relationships. Furthermore, according to the Code des Professions and as of February 2014, a new permit will be needed for nurses who would deem being qualified for assessment of mental health issues/illness. Again, the grand-father clause is effective until March 6, 2015. As per the OIIQ, this is the closest title to APN a nurse can obtain in Quebec.

At present, there are 38 nurses holding a psychotherapy permit in Quebec which is closely linked with mental healthcare.

Issues of concern

The cohort of nurses aged 50 years old or more represents 46% of nurses in mental health care. The main concern is the loss of expertise in a near future as many nurses will retire within the next five years.

Health Care System

Bill 10 amending the organization and governance of the Health and Social services network was presented on September 25th to the National Assembly. Its main goal is to save \$200,000 million annually by implementing a mega structure with two hierarchical levels in order to increase the efficiency and effectiveness of the health network.

This new Bill creates superstructures in health and social services by including all facilities of a health and social services region into a regional institution (CISSS-Integrated Centre for Health and Social Services). The CEO and board of directors will be appointed by the minister himself. The Bill gives new powers to the Minister in respect to regional and supra-regional institutions, including the power to prescribe rules relating to their organizational structure and the power to intervene with the general direction if actions inconsistent with the rules of sound management arise.

Early October, the Ministry announced that in the Greater Montreal region budget cuts will be targeting mental health care, elder care, and the care of children suffering from intellectual deficiency and pervasive development disorder. This is a challenging time for Quebec but this restructuring, hopefully, may become an opportunity to meet with new partners and redefine the mission of our health system.



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

1. Provincial activity:

PMH Nursing: The Nova Scotia Mental health Nurses Association continues to meet regularly. They continue to produce a Newsletter in order to keep their membership and all nurses connected and up to date. They held their AGM in June and the educational session was “Neuroplasticity and the Implications for Clinical Practice”, this was followed by “stand up for mental health” Comedy group, which showcased 6 comedians! Congratulations to this group for all your hard work and dedication to the profession.

Professional: Our professional Nurses council continues to be on hiatus due to some operational difficulties.

Health authority: CDHA continues to use the newly created suicide risk management manual, and suicide policy and forms. As well Capital Health has an online training program for health professionals. The hope is that by educating health professionals they will lessen the number of suicides that occur.

In December 2012, the Government of Nova Scotia launched Provincial System Level Standards for Concurrent Disorders in order to improve the treatment experience for individuals with co-occurring mental health and substance abuse. A Concurrent Disorders Core Competencies Toolkit and corresponding learning modules have been developed to increase the capacity of staff, improve quality of practice, and ensure a more positive and effective treatment experience. It is currently being launched.

Currently of great debate is the amalgamation of all 10 district health authorities into two health authorities. This is slated to take place by April 1st. It is thought that this new structure will create a health system focused on province wide solutions built on strength of local leadership.

Education: There are 121 certified nurses in Psychiatry and Mental Health in Nova Scotia! Congratulations to all the Nurses in NS who recently received their certification or recertification. Way to go! As well there continues to be ongoing educational opportunities (i.e. 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 continue to be on hold, which limits participation in conferences etc outside our own province. As well of current concern is the passage of Law 1 which is in the legislature as we speak and is ready to be passed. This rearranges the bargaining Unions from 50 contracts to 4 and moves all nurses into one union.



**New Brunswick
Capt Jim Quinn, CD, MSc, CPMHN(C)**

1. The Action Plan for Mental Health in New Brunswick 2011-2018:
<https://www.gnb.ca/0055/pdf/2011/7379%20english.pdf>
2. Progress Report: The Action Plan for Mental Health in New Brunswick 2011-2018: http://www.gnb.ca/0055/pdf/2013/Action-Plan_Progress-Report.pdf
3. Recruitment Strategy: greater recruitment strategies and initiatives will be investigated into the future, beginning with the NB CFMHN Representative reaching out to Mental Health Nurses working within different clinical settings throughout the province.

**Prince Edward Island
No Report Available**

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

PSIGNAL has been hosting monthly journal clubs through teleconference discussions and getting about 6-10 individuals participating in the discussion. One nurse will identify an article for discussion and send out to membership prior to the teleconference for review. PSIGNAL is planning an education day with the theme “what is therapy”. Date of education day to be announced. PSIGNAL is also supporting the new mental health coalition in Newfoundland and Labrador and the work of Partners for Mental Health.



Update on the Canadian Alliance of Mental Health and Mental Illness

Lisa Crawley, Past President



Now I know lots of people choose to sit on a beach or visit famous faraway places when they get a few days off however I chose something quite local, historical, and political as an opportunity to affect change on a larger scale. As the past-president of the Canadian Federation of Mental Health Nurses (CFMHN) I am very pleased to represent psychiatric nurses nationally as a board member of the Canadian Alliance on Mental Illness & Mental Health (CAMIMH). CAMIMH is a non-profit organization comprised of health care providers as well as organizations which represent individuals with lived experience of mental illness. Established in 1998, CAMIMH is a volunteer run alliance of national organizations whose activities span the broad continuum of mental health. CAMIMH represents: consumers and their families; health care and social service providers; professional associations; and community and research organizations. Together, we at CAMIMH constitute a vibrant network of national, provincial and community-based organizations dedicated to serving the mental health needs of the people of Canada from coast-to-coast-to-coast. CAMIMH's mission is to promote and

facilitate the development, adoption, and implementation of a national action plan on mental illness and mental health... A fundamental objective of CAMIMH is to engage Canadians in a national conversation about mental illness. One of CAMIMH's major annual initiatives is the Faces of Mental Illness campaign. "Faces" is a national education campaign that operates in conjunction with Mental Illness Awareness Week (MIAW). For the last three years during MIAW, CAMIMH board members along with the Faces of Mental Illness individuals gather to bring together Members of Parliament, prominent decision makers, the Faces from the Faces of Mental Illness campaign, and CAMIMH board members 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. Last week on October 7th during MIAW, with my CAMIMH board member colleagues, I was proud to participate in over 52 meetings with Ministers and MP's on Parliament Hill as part of this important campaign. Our day started very early and rainy by meeting with Ministers & MP's at 7 a.m. for breakfast in the historic Parliamentary Dining Room. The day was kicked off by my friend and our MC & chair, Florence Budden RN, Past-President of the Schizophrenia Society of Canada, CFMHN Board Member, CAMIMH Board Member and nursing school teacher. We "took" the hill in small groups meeting with various elected officials to bring a national mental health agenda forward. As we made our way through the day the excitement was palpable. It is a very exciting time to be in the House of Commons. Many of us were able to attend Question Period which if you have never seen; words will not adequately describe some of the interesting behaviors displayed. What I can tell you is that by days end, it was clear that no matter who you were or where you lived or represented the national mental health agenda was on everyone's mind.



National Office Report Doug Rosser, General Manager

The past year has continued to be a 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
7. Conference management services & support to the national conference

E-Communications with our membership is a priority for the office. The CFMHN Office, along with the Newsletter Editors, Vi Ensoy, publish quarterly E-newsletters to the membership. These newsletters introduce new Board Members to the membership, advertise upcoming events, and bring attention to different areas of the Mental Health field. We are soliciting articles from the membership for all upcoming newsletter. If you would like to write an article or would like us to include a specific article please contact the office. We are also active on Twitter. Please follow us @CFMHN for continued updates.

Web advertising has become is a successful source of income for our association, with hospitals posting employment ads on our website. We hope this service continues to grow – please visit our site frequently to review new job postings.

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.

Administrative support for the Federation is provided under contract by 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: Jessica Kerr jessica@firststageinc.com
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Please visit our website www.cfmhn.ca



Membership Committee Report (2013- 2014)

Current Members: Sherette Currie, Chair; Anna Boyechko, Miriam Cohen

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 2013's AGM, and have been meeting regularly to look at various ways to increase and maintain our membership. Some of the ideas that we have implemented include provincial rep. biographies and a face book page. We have also recently completed a work place poster that is being finalized so please keep your eyes out for this. We also are looking into the feasibility of utilizing our website for education purposes. 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. And if you are interested in joining any of our various committees feel free to contact myself for further information.

Province	2014	2013	2012	2011
AB	11	20	14	12
BC	13	34	26	18
MB	5	15	10	12
NB	3	3	5	11
NL	8	7	6	20
NS	29	21	16	26
NT	0	1	1	1
ON (Individual)	27	37	40	37
PE	1	1	22	10
QC	4	6	5	7
SK	3	8	15	5
YT	0	0	1	0
Other	2	0	1 (London, UK)	1(Cambodia)
MHNIG (Ontario Interest Group)	1091	976	958	896
Total	1197	1129	1120	1,056

Note: For the 2014 Membership year we had a 5.6% increase in membership. Growth has primarily been in Ontario and we are actively looking to develop new recruitment strategies in other provinces.



Education Committee Report

In keeping with the strategic goals set by the Federation at the last AGM, in the past year the education committee has been working on a number of initiatives.

One of the first key educational activities undertaken by the committee and sponsored by the CFMHN in conjunction with Vancouver Coastal Health Tertiary MH was a Hearing Voices Workshop. This workshop included a two day working session for 30 workers and 15 voice hearers, and a one day introductory session for 50 people. These workshops sold out quickly, highlighting the interest of nurses and other health care professionals working across the mental health continuum to learn more about how to engage with individuals who hear voices other than using a purely biological approach.

<http://spotlightonmentalhealth.com/wp-content/uploads/2014/03/Hearing-Voices-Poster-CFMHN.pdf>

The past year has also provided some exciting committee opportunities to work with the Canadian Association of Schools of Nursing (CASN) in the development of Core Competencies for nurses graduating from Baccalaureate programs. The initiation and organization of this joint task force endeavor has begun and the committee work is set to begin this October. For those of us teaching nursing this is long overdue and we are thrilled to be part of the process.

Reviewing and revising the core competencies for the CFMHN in light of the new Practice Standards has been the main focus of the Education committee over the past year. Our efforts have included a review of the core competency literature as well as an exploration of key topics in MH. Navigating the unique differences between core competencies for CASN compared to those required for the CFMHN has provided some interesting debates in our monthly meetings. We hope to have this completed by the spring of 2015.

Respectfully submitted,
Marlee Groening

Standards of Practice

The past year was an extremely busy and productive one for our “Standards of Practice” committee. Under the extremely dedicated leadership of Chair Dr. Gloria McInnis-Perry and with key input and guidance from Ann Green and Dr. Elaine Santa-Mina, we finally were able to announce that the newest edition was ready.

Over the past year we had retained two graduate students to finalize the Literature Review. Focus groups were hosted in Kelowna at the 2013 National Conference to obtain direct member feedback. Finally, a professional editor was hired to complete one last review.

The new 4th Edition of our Standards are available to download for free on our website and bound, hard copies are available for a modest cost from our National Office.

This is an important professional accomplishment for our association as it is very important that our current edition accurately reflect contemporary “best practice” for our specialty.



**2014-2015 Board of Directors
Slate of Nominees
(Two year term)**

Terms Continuing for One More Year (Expiring October 2015)

- Marlee Groening, British Columbia
- Carmen Rodrigue, Ontario
- Christine Marie Tillman, Quebec
- Florence Budden, NFLD
- Jim Quinn, New Brunswick

Nominees to be Confirmed for Two Year Terms (Expiring October 2016)

- Arlene Kent-Wilkinson, Saskatchewan Accepting Nomination
- Sherette Currie, Nova Scotia Accepting Nomination
- Tracy Thiele, Manitoba Accepting Nomination
- Alberta To Be Confirmed
- Prince Edward Island To Be Confirmed

President

- Lorelei Faulkner-Gibson Term Continues through to Oct 2015

The Officers of the Federation (President, Vice President and Secretary-Treasurer) are appointed from amongst the elected Directors at the first meeting following the AGM.

Motion: The Board of Directors move that Arlene Kent-Wilkinson (SK), Sherette Currie (NS), Tracy Thiele (MB), and Lynda Strakowski (NUN) be confirmed for two year terms effective November 1st, 2014.