



Canadian Federation of Mental Health Nurses

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

2015 Annual Report



2015 Annual Report

Index

1. 2015 AGM Agenda (Friday, October 23rd, 2015)	pg 3
2. President’s Report	pg 4
3. Financial Report and Statements	pg 6
4. Provincial Directors Reports	pg 9
a. British Columbia	
b. Manitoba	
c. New Brunswick	
d. Saskatchewan	
e. Alberta	
f. Ontario	
g. Quebec	
h. Newfoundland & Labrador	
i. Northwest Territories / Nunavut	
j. Nova Scotia	
k. Prince Edward Island	
5. Other Reports	pg 19
a. National Office.....	pg 19
b. Membership	pg 20
c. Education	pg 21
6. 2015 Election/Slate of Nominees	pg 22



CFMHN 2015 Annual Meeting
Friday, October 23rd, 2015
12:45 pm Eastern Standard Time
Main Ballroom, Marriot Gateway Hotel,
Niagara Falls, Ontario

Agenda

1. Call to Order
2. Approval of Agenda
3. Introduction of Board of Directors
4. Approval of Minutes of the 2014 AGM
5. President's Report
6. Financial Report
7. Reports from Provincial Representatives & Committee Chairs
8. Presentation of the 2014-2015 Financial Report
9. New Business
10. Election of the Board of Directors – Provincial Directors (See Page 21)
 - a. British Columbia – **Marlee Groening – nominated for 2 year term**
 - b. Alberta - Chris Watkins - term continues
 - c. Saskatchewan – Arlene Kent-Wilkinson – term continues
 - d. Manitoba – Tracy Thiele – term continues
 - e. Ontario – Carmen Rodrigue – term continues
 - f. Quebec – **Christine Marie Tillman – nominated for 2 year term**
 - g. Nova Scotia – Sherette Currie – term continues
 - h. New Brunswick - **Jim Quinn – nominated for 2 year term**
 - i. Prince Edward Island – Vacant
 - j. Newfoundland & Labrador – Florence Budden - Vacant
 - k. Nunavut – **Lynda Strakowski – nominated for 2 year term**
11. Adjournment

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



Presidents Report 2015

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



The federation has been increasingly active this past year.

The federation continues to contribute to a variety of initiatives pertaining to mental health issues across the country. We continue to participate with Canadian Alliance on Mental Illness and Mental Health (CAMIMH) and the Canadian Mental Health Commission. I would like to thank Lisa Crawley (Ont) and Florence Budden (NFLD) for their hard work representing the Federation at CAMIMH, and at parliament during the lobbying sessions. We continue to be active participants with the Canadian Network of Nursing Specialties (CNNS) contributing to a variety of Canadian Nurse's Association (CNA) initiatives. With the changes to CNA's governance the CNNS was allocated 10 votes at the CNA annual general meeting. We were pleased to have Carmen Rodrigue (Ont) be our representative as one of the CNNS voting delegates. CFMHN Board members continue to represent you and the Federation at various events and venues within their home provinces further advocating for the voice of psychiatric-mental health nurses.

This spring I travelled to Ottawa to participate in a round table discussions hosted by the Registered Psychiatric Nurse Regulators of Canada (RPNRC) aimed at improving the mobility of Registered Psychiatric Nurses (RPNs) across the country. Three sessions were held in total with the others being in Halifax Nova Scotia and Toronto Ontario. The summary report can be found at <http://www.rpnc.ca/>.

Along with this positive work we have also engaged in political dialogue with two of our provincial governing bodies. Firstly, the province of Newfoundland's Human Resource Secretariat has chosen to evaluate all public sector employees work based on a task management scale. Thus far Registered Nurses working in psychiatric mental health nursing, have been de-classified a designation resulting in a substantial drop in their pay scale. This creates an adversarial environment between nursing groups, resulting in impact for recruitment and retention of nurses in this field. It also leads to further discrimination of both the client population and the nurse working in this area as not need specialty knowledge.

As well, the College of Registered Nurses of Ontario has chosen to designate psychotherapy as a controlled act, requiring a physician order prior to psychiatric-mental health nurses initiating this activity. This demeans the work conducted by our nurses and lacks insight to the scope of practice that psychiatric-mental health nursing entails. Further it limits access to needed and required services by clients and families especially in remote and rural regions of the province. In a climate where mental health is to be seen in the forefront of health care, the continued lack of understanding and support for psychiatric-mental health nurses at the government and regulatory body levels is unacceptable.



We recently had to move our website and engage a new process for content presentation. Thank you to Frist Stage Enterprises for their ongoing hard work and activity to maintain the website on our behalf. Karen Choi (Ont) has been filling in for Vi Ensoy, as Communications Chair, this past year. We wish to thank her for taking on such a huge task and responding to your emails and requests promptly. Our segment highlighting mental health nurses continues to be a wonderful addition to the program. We are adding more components to our website, for example researchers are accessing us in order to recruit nurse participants in some very interesting studies.

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.

In addition to our board members who joined us in 2013, we are pleased to have Chris Watkins represent Alberta. Chris comes with a wealth of knowledge and experience in psychiatric-mental health nursing. Some names and faces will change this next year, however many will remain consistent. We also welcome Florence Budden, from Newfoundland, as your incoming president. We are always excited to have new faces and participants in the many activities the federation is engaged in. We continue to recruit for positions from the Yukon, and Prince Edward Island.

With the advent of the 2014 Standards, Gloria McInnis-Perry, Elaine Santa-Mina and Ann Greene have completed an article for publication soon to be posted to the website. We continue to work towards a one page summary to be translated into French. The Education Committee continues to work with Canadian Association of Schools of Nursing (CASN) looking at psychiatric-mental health nursing competencies for the entry level graduate. Our position statement should be ready for release at the October AGM. Thank you to Marlee Groening (BC) for chairing this group.

We continue our work 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 2014-2015 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, 2015). 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)

Highlights

The Federation did post a deficit for the past year, mainly the result of the Fall Symposium that we ran in October of 2014. The event attendance was not what we had projected, resulting in an event shortfall of \$10,000.00. All of our other activities were positive leaving a net deficit at year end of \$5,173.00.

- Membership continued strong, again primarily due to the excellent support of the Ontario Mental Health Nurses Interest Group.
- We believe that we can do better with our sale of job posting ads on the website and are reaching out to all past advertisers.

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

At year end we had cash on deposit of \$15,481.00 and term deposits in our Reserve Fund of \$10,262.00, for a total of \$25,744.00 in liquid assets.

With the operating shortfall of \$5,173.00 our membership equity currently stands at \$26,286.00.

The CFMHN sincerely thanks the Finance Committee chaired by **Carmen Rodrigue** and members **Arlene Kent-Wilkinson** and past chair **Marg Osborne** for their diligence in establishing our annual budget and monitoring performance on a quarterly bases.





Income Statement

	<u>Jul '14 - Jun 15</u>	<u>Jul '13 - Jun 14</u>
Income		
4000 · MEMBERSHIP FEES	23,268.00	26,083.90
4100 · SALE OF STANDARDS	153.90	0.00
4200 · ADVERTISING/PROMOTIONS	3,800.00	3,900.00
4400 · SPONSORSHIP & SUPPORT	0.00	822.68
4700 · SPECIAL PROGRAMS/EVENTS	0.00	-60.00
4800 · OTHER ACTIVITIES	81.49	66.01
4900 · NATIONAL CONFERENCE NET INCOME	611.54	2,764.92
4975 · SYMPOSIUM INCOME	<u>11,164.40</u>	<u>0.00</u>
Total Income	39,079.33	33,577.51
Expense		
5000 · NATIONAL OFFICE	9,398.99	11,813.37
5100 · BOARD OF DIRECTORS	5,678.87	11,347.20
5200 · RELATED AFFILIATIONS	400.00	300.00
5300 · NEWSLETTER	625.00	225.00
5400 · WEB SITE	4,337.04	1,407.85
5500 · STANDARDS OF PRACTICE	2,253.75	2,112.25
5600 · MARKETING & PROMOTIONS	225.00	1,275.00
5700 · REBRANDING	0.00	2,095.00
5800 · Committee Expenses	0.00	0.00
5900 · OTHER COSTS	321.60	0.00
6000 · REGIONAL SYMPOSIUM EXPENSES	21,012.31	0.00
7000 · Future Conference Preparations	<u>0.00</u>	<u>485.08</u>
Total Expense	<u>44,252.56</u>	<u>31,060.75</u>
Net Income	<u><u>-5,173.23</u></u>	<u><u>2,516.76</u></u>



Balance Sheet

	<u>Jun 30,</u> <u>15</u>	<u>Jun 30,</u> <u>14</u>
ASSETS		
Current Assets		
Chequing/Savings		
1000 - Main Operating Account	15,481.95	22,779.93
1010 - Reserve Fund GIC	10,262.89	10,181.40
1020 - Strategic Opportunities Fund	<u>0.00</u>	<u>2,500.00</u>
Total Chequing/Savings	25,744.84	35,461.33
Accounts Receivable		
1200 - Accounts Receivable	<u>1,130.00</u>	<u>1,695.00</u>
Total Accounts Receivable	1,130.00	1,695.00
Other Current Assets		
1050 - Reserve for Future Conference	2,500.00	5,750.00
1275 - Member Funds Due from CCard	1,950.63	7,229.70
1276 - CCard pymts for web ads	0.00	1,356.00
1310 - Advances to 2015 Conference	4,716.19	-2,985.08
1325 - Pins Inventory	0.00	830.83
1335 - CFMHN Pens	470.00	470.00
1375 - Display Unit	0.00	914.17
1600 - HST	<u>9,386.24</u>	<u>5,513.25</u>
Total Other Current Assets	<u>19,023.06</u>	<u>19,078.87</u>
Total Current Assets	<u>45,897.90</u>	<u>56,235.20</u>
TOTAL ASSETS	<u>45,897.90</u>	<u>56,235.20</u>
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
2000 - Accounts Payable	<u>19,611.19</u>	<u>11,606.99</u>
Total Accounts Payable	<u>19,611.19</u>	<u>11,606.99</u>
Total Current Liabilities	<u>19,611.19</u>	<u>11,606.99</u>
Total Liabilities	19,611.19	11,606.99
Equity		
3100 - Prior Period Adjustment	2,000.00	0.00
3900 - Retained Earnings	29,459.94	42,111.45
Net Income	<u>-5,173.23</u>	<u>2,516.76</u>
Total Equity	<u>26,286.71</u>	<u>44,628.21</u>
TOTAL LIABILITIES & EQUITY	<u>45,897.90</u>	<u>56,235.20</u>



British Columbia Marlee Groening, RN, BSN, MSN

The demand for care of individuals with serious mental health concern and addiction continues to challenge BC health care and policing resources especially in the urban centers. In the fall of 2014, the Vancouver Mayor, Gregory Robison, set up a Task Force on Mental Health and Addictions with Health care agencies and Police to address the complex health and housing needs of this population. In the past year they have devoted \$60 million into affordable housing, supporting two new Aboriginal Wellness Centres, and funding additional community outreach programs, such as Assertive Community Treatment (ACT) teams and Assertive Outreach Teams in collaboration with the local health region (Vancouver Coastal Health). These efforts have significantly reduced arrests under the BC Mental Health Act and emergency hospital visits, though increases in mental health related calls to Vancouver police continue to increase, and police report a continued need for long term mental health beds. To that end, the promise of an additional 500 beds for individuals with mental health and addictions by 2017 is still on the BC provincial agenda.
<http://www.bcbudget.gov.bc.ca/2015/sp/pdf/ministry/hlth.pdf>

Another significant gap identified in BC health services has been child mental health. An estimated 12.5 % of children in BC experience mental health issues and of these only 31% receive needed treatment. This gap not only contributes to distress and impairment to children and families in the short term, but has long term ramifications into adulthood and on health care costs. While the recent innovative preventative program “Friends” has been successfully integrated into some BC schools with positive results, the 2015 Children’s Health report highlighted the need for additional parenting training and CBT training for practioners to offset vulnerabilities and to promote additional support for families and children.
<http://childhealthpolicy.ca/wp-content/uploads/2015/06/15-05-29-Waddell-Report.pdf>

With the growing population of elderly, the BC government has committed to improving support and care for this population and their caregivers, particularly with respect to the development of respite care and improved patient-centered support for individuals with compromised physical and mental health and their caregivers. To that end, in 2014, the “Office of the Seniors Advocate” was established as a result of the Strategic direction set out in the “Primary and Community Care in BC” in keeping with the BC Ministry of Health Service Plan to better support care for seniors in BC.
<http://www.bcbudget.gov.bc.ca/2015/sp/pdf/ministry/hlth.pdf>

The ground breaking ceremony for the new Joseph and Rosalie Segal Family Health Center occurred in October 2014. This center will be an eight-story mental health and addictions facility located on the Vancouver General Hospital site. While this facility will not add additional provincial MH beds, it will provide state of the art mental health facilities for the 100 current dedicated MH beds. This facility is an example of a public/private initiative...\$57 million of the overall \$82 million building budget will come from the provincial government, \$12 million from the Segal Family and the remaining from the VGH and UBC Hospital Foundation.
<http://www.vch.ca/about-us/development-projects/joseph-rosalie-segal-family-health-centre>



This September, BC was the honored host to a five day Mental Health Commission of Canada (MHCC) knowledge exchange conference “Accelerating Change Toward Mental Health, Well-being and Inclusion” involving leaders from eight countries. The intention of this conference was to “share promising practices and research to support the best outcomes for people living with disabilities, mental health problems or illnesses and their families”. <http://www.mentalhealthcommission.ca/English/events/76746/international-initiative-mental-health-leadership-accelerating-change-toward-mental-hea>

BC Nurse Front....

On the mental health nurse front, there have been many changes, particularly in terms of advancing the multi-disciplinary primary and community mental health services, including health care and social service professionals such as police.

CFMHN BC Membership

We currently have 20 BC members. These members showcase mental health leaders in our province. Targeting potential student groups, new nurse graduates and front line nurses working in mental health is a goal for the coming year.

Respectfully submitted,
Marlee Groening.

Manitoba
Tracy Thiele, RPN, BScPN, MN

Within Manitoba membership to the CFMHN continues to be low and while increasing membership and membership involvement is always a key aspect of being a board member, it is also about collaboration and relationship building. Being a member of the CFMHN continues to provide me the opportunity to learn from peers from across the country and using this opportunity to share about the many complexities you may experience in your role working in mental health. Through these opportunities I hope to continue building on these learning opportunities and relationships and use this to establish the needs of nurses within Manitoba within mental health and specifically the engagement of registered psychiatric nurses.

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.



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

I began this position in January 2014 and consistently attend the monthly board meetings. I am an active member on two of the CFMHN subcommittees (Education and Finance) and attend all the bimonthly meetings whenever possible. I have provided written reviews of national documents from CNA, RNAO, and other related stakeholders that come to CFMHN for expertise feedback and/or endorsement e.g., *Engaging clients who use substances: Best Practice Guideline* (RNAO, 2015). On January 30th, 2015, I represented the CFMHN at the Canadian Nursing Student's Association (CNSA) National Conference in Regina, SK. This event involved participating in a forum highlighting the specialty of psych/mental health nursing, listing the many potential employment areas and career options for future nurses.

Membership. When I became the representative in 2014, the CFMHN membership from Saskatchewan was down to only 3 members. Therefore, my two initial goals were to promote membership through communication, and to determine why a CFMHN membership had not been of value to previous members. Throughout the year I encouraged membership by sending my educational colleagues in the mental health area any pertinent information from CFMHN of mutual interest (i.e., CFMHN standards, news articles, recent publications). To date, in June 2015 the CFMHN membership has increased to **8** members. I will continue to target clinical psych/mental health nurses we have in the province for CFMHN membership and encourage CPMHN(c) certification in the province.

Education subcommittee. As a member of the Education committee I have taken an active lead role in helping to research and write a revised position statement/paper on *Mental Health and Addictions Curriculum in Undergraduate Nursing Education in Canada* for possible publication. I am also an active member on the Task force to develop a revised version of the *2015 Entry-to-Practice Mental Health and Addictions Competencies for Undergraduate Nursing Education in Canada*. On March 4th and 5th, 2015, I attended the *CASN/RNAO Mental Health & Addictions Education Stakeholder Forum* held on March 4th and 5th, 2015, in Toronto, Ontario. Our College of Nursing at U of S has a mental health course in the 3rd year of our new undergraduate BSN curriculum, of which I am one of the teaching professors for the approximately 300 nursing students in our program. To ensure that mental health and addiction concepts are required entry-to-practice competencies in all undergraduate nursing programs in Canada may be the most essential goal of our time.

Finance Committee. I am a member on the CFMHN finance committee. This is an important committee of the association. Members on this committee are responsible to advise and monitor the CFMHN's finances.

Representation to Date. To date I have served as the SK representative for 18 months. I believe my representation on the CFMHN board has had 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. I continue to be passionate and committed to the work of CFMHN.



Alberta
Chris Watkins, RPN, Dip PN, BScPN, MN Mental Health

G'Day to everyone and thank you for this wonderful opportunity to be part of such a great organization. I am very new to the CFMHN board having been elected in June 2015 and I am slowly transitioning out of my other provincial and national responsibilities. I am in the process of handing over my College of Registered Psychiatric Nurses of Alberta (CRPNA) Presidency to my President Elect after 2 wonderful years as Provincial President. With this also comes the opportunity to hand over my role as Director for the Registered Psychiatric Nurse Regulators of Canada (RPNRC) to the President of the Registered Psychiatric Nurse Association of Saskatchewan (RPNAS).

Alberta had 11 CFMHN members for 2014 and I make an even dozen!...although I suspect there might just be a few more additions hopefully but still lots of room to steadily increase those numbers.

I come into this position with a very Western Province Lens (as well as an international perspective) and I am looking forward so much to the opportunity to work with so many experienced nurses from all over Canada. For the many of you who have no idea who I am, just briefly I am an Internally Educated Nurse (IEN) and have been in Canada now for almost 10 years. I am a Canadian citizen and love living and working in this beautiful country. I originally hail from Queensland, Australia where I have now worked as an RPN for almost 28 years! I am an Assistant Professor teaching in the Psychiatric Nursing Program at MacEwan University in Edmonton, Alberta. I teach 2nd year and 3rd year Mental Health as well as 2 online degree courses, Mental Health & the Law and Child & Adolescent Mental Health. Having an opportunity to be part of the next generation of Canadian Psychiatric Nurses is empowering and rewarding!

I have participated in all monthly board meetings to date and slowly but surely am acclimatizing to the role. I am looking forward so much to the National Conference in October and hope to meet and build partnerships during this wonderful event. I enjoy networking, collaboration as well as partnership and capacity building and am so hopeful my role with CFMHN will afford me the opportunity to further enhance initiatives and continue to lend a voice to RPNs throughout the province of Alberta as well as Nationally and Globally.

I look forward to seeing you at the National Conference.

Take care everyone.

Chris Watkins, RPN, Dip PN, BScPN, MN Mental Health



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

1. **Provincial Activity:** The Mental Health Nurses Interest Group (MHNIG) Executive members and the Satellite representatives participated in an annual retreat on March 20th-21st, 2015 in Toronto. The 2013-2015 goals listed below were reviewed:
 - a) To increase participation and engagement of membership in MHNIG existing and future opportunities
 - b) To promote mental health education
 - c) To strengthen articulation of mental health nursing
 - d) To build and strengthen relationshipsExpected outcomes: A strategy for the 2015-2016 term was devised that will result in a 2015 Membership survey, educational opportunities for members (including upcoming webinars), political action activities, and satellite (membership) engagement plans.
2. **Membership:** MHNIG's current membership is 965 since September 14, 2015.
3. **Annual General Meeting:** The Hamilton satellite hosted the MHNIG AGM via OTN on November 21, 2014 with participants from Hamilton, Toronto and Ottawa in attendance.
4. **Education:** Two excellent educational sessions were held in the afternoon of the 2014 MHNIG AGM in Hamilton. Participants were invited to explore the topic of 'Coping with Stress'.

On February 11th, 2015, the MHNIG Toronto Satellite hosted a very successful event for members living in the Greater Toronto area on the topics of mindfulness and self-care. The guest speakers included: Dr. Elizabeth McCay, Andria Aiello, Charlene Marshall and Adriana Caggiano.

On March 24th, the Ottawa satellite MHNIG hosted an educational evening session for its members. Andrew Mclellan (MScN, PC-NP) from the Centretown Community Health Centre in Ottawa was invited to provide a presentation on '*Urban Outreach - Social Determinants of Health*'.

During Nurses Week, Pearl Lall (satellite rep) ran a poster board presentation at St. Joseph's Hospital in Hamilton regarding the MHNIG. The professional development day was hosted by Psychiatric Mental Health Nurses Promotion Committee of the hospital.

MHNIG plans on hosting future webinars in collaboration with the Diabetes Nursing Interest Group (DNIG), the Nursing Research Interest Group (NRIG) and RNAO support starting in the fall of 2015.

5. **CPMHN(C) certification** – The MHNIG promoted the Canadian Nurses Association certification exam, specifically in Psychiatric and Mental Health Nursing. The Toronto area hosted a two day workshop on February 10 & 11, 2015. The MHNIG - Ottawa satellite offered a 2 day workshop on February 13 & 20, 2015 via OTN to prepare nurses. The MHNIG – Ottawa satellite will be offering another 2 day workshop on February 12th & 19th, 2016.



- 6. CASN/RNAO Stakeholder Forum** – Over the past year CASN and CFMHN have been working on *Entry-to-practice Mental Health and Addiction Competencies for Undergraduate Nursing Education*. On March 4th and 5th, Kama Kalia (President) and Kathy Wong (Membership and Education Officer) were invited to participate in this **CASN/RNAO Mental Health & Addictions Education Stakeholder Forum** in Toronto. This workshop provided an opportunity for MHNIG executive and mental health nurse leaders from across Canada to provide feedback on National Competencies for Entry to Practice and on the development of an Educator's toolkit to support mental health nursing in the undergraduate curriculum. Following this stakeholder forum, members of the MHNIG were invited to participate in August 2015 to an online survey pertaining to the feedback that was incorporated into the competencies.

Other Engagements: Civic Action Summit 2015: Kama Kalia was invited to participate in this summit to discuss about strategies related to the integration of mental health in the workplace.

Kama Kalia also took part in a discussion with RNAO with nurse leaders from Australia highlighting the work of MHNIG as well as mental health nursing undergraduate curriculum and roles in Ontario and Canada.

- 7. Emerging Issues Impacting Nursing**

Members from the correctional and mental health services have raised the need for mental health services to be integrated into the correctional facilities and to include mental health training for correctional nurses.

Increased incidence of violence in the workplace has been reported by nurses and the unions of health care providers (ONA, and OPSEU) in Ottawa, Toronto and London.

Mental Health nurses have identified burnout and self-care needs. These nurses are requesting that psychological health and safety in the workplace be implemented and continuously reviewed to support healthy work environments.

Mental Health Nurses are particularly concerned about not being able to initiate psychotherapy into their nursing practice. The MHNIG Executive has been inviting its members to write letters to the College of Nurses, the Minister of Health and Long Term Care and local MPPs to address ongoing issues as it relates to RNs not being able to initiate psychotherapy without a physician/NP order and how this will impact their nursing practice and client care.



Quebec
Christine Marie Tillmann, N., MSc(A), CPMHN(C)

Provincial Activity

In 2013-2014, it is estimated that 6.2% (N=4200) 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, 2.2% 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. An issue of concern is that the cohort of nurses aged 50 years old or more represents 46% of nurses in mental health care. As many nurses will retire within the next five years, the loss of expertise in a near future is a preoccupation.

The Quebec Mental Health Nurses Interest Group (AQIISM) re-elected Lise Laberge for another mandate as president in May 2015 during the spring annual symposium. This year, the annual symposium ***Santé physique et mentale: Deux expertises, une même profession!*** took place on May 21-22 and was held in Victoriaville. It reflected the difficult challenges that many nurses face daily when they care for persons diagnosed with concurrent and complex medical/psychiatric disorders. A focus on how to merge these two realities was elaborated and explored. Furthermore, a world convention was held by the Secrétariat International des Infirmières et Infirmiers de L'Espace Francophone (SIDIIEF) in Montreal from May 31 to June 5. (SIDIIEF)'s role is to facilitate nursing knowledge and the experience of francophone nurses globally so as to contribute to the populations quality care and services. There was a significant focus on mental health this year. The next convention will be held in Bordeaux, France, in 2018.

The provincial professional association, l'Ordre des Infirmières et Infirmiers du Québec (OIIQ) 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

A Master's program in psychiatry was introduced in several Quebec universities in 2011. To date, there are about 70 students registered across Quebec and eight new graduates from the first cohort received their diploma in 2014.

As of June 21, 2012, Bill 21 stipulated that in order to be able to practice psychotherapy in Quebec, a nurse must receive a permit issued from the Ordre des Psychologues du Québec (Quebec Order of Psychologists). This important change came in response to a need for public protection and better supervision in the field of therapeutic relationships. Bill 21 also allows a wider scope of practice for nurses in the helping relationships. There are actually 54 nurses holding a psychotherapy permit in Quebec.

Furthermore, according to the Code des Professions and as of March 6, 2014, the ***Permis d'évaluation des troubles mentaux*** is compulsory for any nurse who deems being qualified to perform a mental health assessment with the exception of mental retardation. To date, 19 nurses hold this permit and five applications for the permit are being studied under a grand-father clause. As per the OIIQ, these activities represent the closest link to the advanced practice nursing one can obtain in Quebec.



Health Care System Transitions

Bill 10 amending the organization and governance of the Health and Social services network came into effect on April 1, 2015. 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). A broad representative management team within each institution was created with the goal of improving access, enhancing quality and establishing a true continuum of care for patients. Under the new legislation, Quebec has been divided into more than thirty healthcare regions. Because of its large population, Montreal contains several regions.

New professional legislation and reorganization of mental health services have had a significant influence on mental health nursing practice. While it is believed that the role of nurses is not sufficiently known and optimally utilized in mental health services (Ricard, Page & Laflamme, 2014), new nursing roles have been developed to improve the collaboration with general practitioners groups in primary care settings and facilitate the evaluation and monitoring of patients presenting medical and psychological problems. Another innovation was set up by nurses in developing a new service to allow timely access to integrated care for patients with substance abuse and mental health problems. The implementation of advanced practice nursing role in mental health is part of best practices required to improve care and mental health services and should be taken into account in future Action Plan 2014-2020.

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

The Psychiatric Special Interest Group in Newfoundland and Labrador (PSIGNAL) continues to advocate for treatments and services in the community for example through their work with Partners for Mental Health. In Newfoundland and Labrador the government has created an all-party committee for mental health and addictions. The government has released phase II of their social marketing campaign Understanding Changes Everything anti-stigma campaign which focuses on the workplace and mental health. The NL government, also, released in March, 2015 The Concurrent Disorders Guidelines A Supplement to the Provincial Addictions Strategy. In October of 2014 a community coalition for mental health (CC4MH) was created. Florence Budden (NL

Representative on CFMHN Board) was elected to the steering committee of this coalition in June, 2015. The coalition has had many activities to create awareness and advocate for programs in the province. The coalition will celebrate the one year anniversary of their launch on October 4, 2015 titled Gaining Momentum. Finally, PSIGNAL will be holding an education day in December. The group is currently in the process of acquiring a new coordinator for the special interest group. Florence Budden NL representative will become President of CFMHN at 2015 AGM.



Northwest Territories/Nunavut Lynda Strakowski, RN, BSc.Psyc

1. Territorial activity:

It is difficult to determine how many Psychiatric Nurses are practising in the NWT/NU. Psychiatric nurses are not regulated in the Northwest Territories and Nunavut by their own board. Psychiatric Nurses, who wish to practise in the NWT/NU require enrollment into a regulatory body available in other jurisdictions. It has recently been announced that, *Effective March 1, 2016, CRPNBC will no longer provide Practicing registration to RPNs working in Nunavut and the Northwest Territories.* Further decreasing opportunities for Psychiatric Nurses to secure their license to practice in the NWT/NU.

The current structure of mental health and wellness services includes health care providers such as mental health nurses, wellness counsellors, mental health consultants, mental health and addictions workers, (Services, 2009). However, it should be noted not all communities have the same positions. For example, smaller communities may have contract mental health nurses or contracted consultants that are in the community on a short term basis. Most communities do not have child and youth outreach workers and their roles and responsibilities vary in each region. Community health nurses (CHNs) often provide mental health services in the absence of other professionals, including conducting suicide risk assessments. There are no specific child and/or youth mental health programs found in NWT/Nunavut. Children and/or youth dealing with mental health issues or illness are often moved between mental health and social service programs, or referred out of the territory.

2. Mental Health Initiatives:

- development of a Territorial Chronic Disease Management Strategy to help reduce the severity and incidence of chronic diseases like diabetes, mental health, heart disease and cancers
- DHSS is working with the Canadian Foundation for Health Improvement (CFHI) to pilot standardized referral and information-sharing processes among multi-disciplinary professionals across community, regional and territorial-levels to ensure a seamless entry and discharge for clients involved in Psychiatry Services.
- Work with regional HSSAs to facilitate annual inter-agency professional development events focused on youth addictions issues, involving health professionals, education professionals, youth workers, justice officials and others to share best practices and approaches
- Standardize position roles and responsibilities in the mental health and addictions system, including competencies and scope of practice 2014-15
Develop protocols for referring and supporting clients through traditional healing and other culturally appropriate programs
- Develop standards and guidelines with performance measures to reflect the development of healthy and supportive work environments 2014-15



- Develop and implement mental health and substance use training modules and support program staff in the application of new skills in prevention, intervention and/or aftercare 2014-15
- Work with Human Resources and Education, Culture and Employment to create attractive career choices and pathways in mental health and addictions service
- Review of the NWT/NU Mental Health Act. Third reading completed, the 'new' Mental Health Act to be actioned by Fall 2016

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

Provincial activity:

PMH Nursing: The Nova Scotia Mental health Nurses Association continues to meet regularly and as well they continue to produce a Newsletter in order to keep their membership and all nurses connected and up to date. On June the 9th They held their 5th AGM! This year's educational session was presented by Jessica Wournell BScN, RN, CPMHN, CEDRN and Tracey Bourdages BScN, RN, CPHHN, CEDRN. They are the first two certified eating disorder Registered nurses in Canada. The title of their presentation was: "An Up close Look at Caring for Patients with an Eating Disorder". Congratulations to this group for all your hard work and dedication to the Mental Health Nursing profession.

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.

Health authority: Recently the Government of Nova Scotia amalgamated all 10 district Health authorities into two Health Authorities, the Nova Scotia Health Authority and the IWK. It was felt that this new structure would create a health System focused on province wide solutions built on the strength of local Leadership.

Education: There are 134 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...)

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.

**Prince Edward Island
No Report Available**



National Office Report Doug Rosser, General Manager Jessica Kerr, Membership

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 Editor, Karen Choe, publish quarterly E-newsletters to the membership. These newsletters introduce new Board Members, advertise upcoming events, and bring attention to different areas of the Mental Health field. We are soliciting articles from the membership for all upcoming issues. 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.

In April 2015 a new CFMHN **website** was launched. This modern website allows CFMHN members to stay up to date with important information in the mental health profession. The website also allows for web advertising. **Web advertising** has become 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
- Web Advertising: Brian Craig brian@firststageinc.com

Please visit our website www.cfmhn.ca



Membership Committee Report (2014- 2015)

Current Members: Sherette Currie, Chair; Anna Boyechko

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 2014's AGM, and have been meeting regularly to look at various ways to increase and maintain our membership. We have recently completed a work place poster which will be distributed and CFMHN rebranding is complete! We are as well in the process of trying to arrange another meeting of all the current provincial representatives in order to brainstorm ways to keep each other connected and informed. Some ideas that we have implemented and continue are the 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. And if you are interested in joining any of our various committees feel free to contact myself for further information.

Province	2015	2014	2013	2012	2011
AB	19	11	20	14	12
BC	20	13	34	26	18
MB	8	5	15	10	12
NB	4	3	3	5	11
NL	8	8	7	6	20
NS	26	29	21	16	26
NT	3	0	1	1	1
ON (Individual)	45	27	37	40	37
PE	1	1	1	22	10
QC	3	4	6	5	7
SK	9	3	8	15	5
YT	1	0	0	1	0
Other	3	2	0	1 (London, UK)	1(Cambodia)
MHNIG (Ontario Interest Group)	948	1091	976	958	896
Total	1,098	1197	1129	1120	1,056



Education Committee Report

In keeping with the strategic goals set by the Federation at the last AGM, the Education committee has continued with our review and revision of the CFMHN core competencies in light of the new Practice Standards. Linked to this endeavor, we have also developed a position statement that sets the stage for the core competencies with respect to the pressing nature of this knowledge for nurses practicing in mental health in Canada. Our position statement reflects our beliefs about mental health content in nursing curricula, as well as current research in terms of best practices in education and is intended to forefront the CFMHN core competencies.

The high note of 2014-2015 for the CFMHN Education group was our joint Task Force work with the Canadian Association of Schools of Nursing (CASN) in the development of Core Competencies for entry to practice nurses graduating from Canadian Baccalaureate programs. This work has been a significant milestone for the CFMHN by enacting our goal of ensuring mental health content in baccalaureate nursing curricula across Canada for all entry to practice nurses. The financial support of CASN as well as the RNAO throughout this initiative have supported the best efforts of the team and been greatly appreciated. We look forward to showcasing the culmination of this task force work at this year's CFMHN conference in Niagara Falls.

The Education committee is made up of an amazing group of hardworking and dedicated nurses and educators and that represent diverse regions and perspectives from across Canada. Our group discussions are dynamic and invigorating and we have not shied away from discussions that grapple with the challenge of our beliefs and what can legitimately be argued for based on reliable research.

We look forward to seeing you in Niagara Falls, October, 2015.

Respectfully submitted,
Marlee Groening.



**2015-2016 Board of Directors
Slate of Nominees
(Two year term)**

Terms Continuing for One More Year (Expiring October 2016)

- Chris Watkins, Alberta
- Arlene Kent-Wilkinson, Saskatchewan
- Tracy Thiele, Manitoba
- Sherette Currie, Nova Scotia
- Linda Strakowski, Nunavut
- Carmen Rodrigue, Ontario

Nominees to be Confirmed for Two Year Terms (Expiring October 2017)

- Marlee Groening, British Columbia..... Accepting Nomination
- Christine Marie Tillman, Quebec Accepting Nomination
- Jim Quinn, New Brunswick..... To Be Confirmed
- Prince Edward Island To Be Confirmed
- Newfoundland and Labrador To Be Confirmed
-

President

- Florence Budden Accepting Nomination

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 Marlee Groening (BC), Christine Marie Tillman (QC), tbc (NB), and tbc (PEI), tbc (NFL) for two year terms effective October 23rd, 2015.