



Canadian Federation of Mental Health Nurses

Fédération Canadienne des Infirmières et
Infirmiers en Santé Mentale

2016 Annual Report

2016 Mental Health Day on Parliament Hill



(CFMHN President, Florence Budden, far right)





2016 Annual Report

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CFMHN 2016 Annual Meeting
Monday, November 7th, 2016
6:00PM Eastern Standard Time
Online

Agenda

1. Call to Order
2. Approval of Agenda
3. Introduction of Board of Directors
4. Approval of Minutes of the 2015 AGM
5. President's Report
6. Financial Report
7. Reports from Provincial Representatives & Committee Chairs
8. Presentation of the 2015-2016 Financial Report
9. New Business
10. Election of the Board of Directors – Provincial Directors
 - a. British Columbia – Marlee Groening
 - b. Alberta - Chris Watkins
 - c. Saskatchewan – Arlene Kent-Wilkinson
 - d. Manitoba – Tracy Thiele
 - e. Ontario – Carmen Rodrigue
 - f. Quebec – Christine Marie Tillman
 - g. Nova Scotia – Sherette Currie
 - h. New Brunswick – Vacant
 - i. Prince Edward Island – Vacant
 - j. Newfoundland & Labrador –vacant
 - k. Nunavut – Vacant
 - l. President – Florence Budden
11. 2017 Conference Announcement
12. Adjournment

Note: The board will determine its Officers at their first meeting after the AGM.

Presidents Report 2016 Florence Budden BN.RN.CPMHN(C)



As I complete my first year as CFMHN President I am very pleased to say that the Federation continued to be very 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. Lisa Crawley (CFMHN President 2011-2013) is now one of the two co-chairs of CAMIMH with the CEO of the Schizophrenia Society of Canada Chris Summerville. I have taken on a new role at CAMIMH as Chair of their Public Affairs Committee.

CAMIMH released its new policy document in September, 2016 titled *Mental Health Now*. This policy document was supported by the coalition of 17 national mental health organizations that comprise CAMIMH who share a common goal: improving mental health care for all Canadians.

CAMIMH's vision and priorities for a strong and sustainable mental health care system are articulated in the policy paper: *Mental Health Now!*

CAMIMH's top recommendations:

- 1) Ensure sustainable funding for access to mental health services by increasing the federal share of mental health spending to 25 per cent of the total;
- 2) Accelerate the adoption of proven and promising mental health innovations with a five-year \$100 million Mental Health Innovation Fund;
- 3) Measure, manage and monitor the mental health system's performance by establishing Pan-Canadian mental health indicators;
- 4) Establish an expert advisory panel on mental health; and
- 5) Invest in social infrastructure. The federal government to work with the provinces and territories to build on the success of the At Home/Chez Soi program.

On October 4, 2016 Lisa and I attended the Parliament Hill Day in Ottawa along with our fellow CAMIMH members and the FACES of Mental Illness. The Hill Day was a very purposeful and hopeful day where we met in teams with over 50 MPs and Senators to discuss the key messages outlined in CAMIMH's *Mental Health Now* policy document. Our message was very well received!

Also as part of CAMIMH in May, 2016 Lisa Crawley, Chris Watkins (AB), Carmen Rodrigue (ON) and Paula Walbourne (Canadian Armed Forces) attended CAMIMH's Champions Gala in Ottawa. This Gala was a great opportunity to network and meet individuals who are working diligently across Canada to improve the mental health system. I had the pleasure of sharing the evening with my guest MP Seamus O'Regan (NL) who is a dear friend and strong supporter of mental health.

As part of enhancing CFMHN's advocacy agenda, CFMHN has created a public policy and advocacy committee. The CFMHN Board in the spring, 2016 received government relations and advocacy training through a webinar presentation by Ryan Clarke, Advocacy Solutions, of Toronto.



The CFMHN Education committee in 2016 has completed:

CFMHN 3rd position paper 2016: Mental health and addiction curriculum in undergraduate nursing education in Canada

Kent-Wilkinson, A., Blamey, L., Groening, M., Santa Mina, E., Rodrigue, C., & Hust, C. (2016). *CFMHN's 3rd position paper 2016: Mental health and addiction curriculum in undergraduate nursing education in Canada*. Prepared by members of the Canadian Federation of Mental Health Nurses' Education Committee. Toronto, ON: CFMHN. This paper can be retrieved from <http://www.cfmhn.ca/positionpapers>,

I would personally like to thank Arlene Kent-Wilkinson (SASK) and Marlee Groening (BC) for their hard work and dedication on these initiatives. Marlee has completed her term as CFMHN Chair so a big “thank you” to her for her strong leadership, I would like to welcome Arlene Kent-Wilkinson and Elaine Santa Mina as the new co-chairs of the CFMHN education committee. The committee is currently reviewing its purpose and terms of reference to ensure that CFMHN is meeting the educational needs and priorities of our members. In keeping with this theme, CFMHN has created two separate working groups on webinar education and website and social media review.

Through our website and social media CFMHN provides our members with current information and CFMHN documents. Our newsletter, website and social media campaign is completed under the leadership of Karen Choe and Jessica Kerr (First Stage Inc), Thank you to both of you for your hard work on these initiatives.

Our membership committee under the leadership of Sherette Currie (NS) continues to work to improve our membership initiatives and develop new strategies to expand our membership numbers including collaboration with our board members Chris Watkins(AB) and Tracy Thiele (MB) who are assisting us to strengthen our collaboration with our RPN counterparts in Western Canada, Territories and Nunavut. CFMHN has created a working group to develop a strategy for nursing student's inclusion in our membership and our CFMHN Board.

I have had the privilege of representing CFMHN along with our past president Lorelei Faulkner-Gibson on the CNA Canadian Network of Nursing Specialities Group. Lorelei also has been representing CFMHN on the CNA Certification Working Group. CFMHN is committed to increasing the number of nurses across Canada with their certification in Psychiatric Mental Health Nursing. Also we want to encourage nurses who are certified to re-certify through CNA at their specified required time.

I have had the privilege as CFMHN President to be part of CNA's “Choosing Wisely” working group

As leading healthcare professionals, RNs, CNSs and NPs strive to practice in an evidence informed manner. This is essential to best, and most responsibly, support patients in conversations about tests, treatments and procedures. RNs, CNSs and NPs recognize the importance of educating and engaging with patients to reach informed choices about care. RNs, CNSs and NPs play a key role in care-related conversations with patients and their



families when the benefits of some requested actions may be marginal or negative. RNs, CNSs and NPs are committed to the continuous pursuit of effectiveness, safety and efficiency in health care. Choosing Wisely Canada must include members of the inter-professional team including nurses as each member plays a key role in supporting and engaging with patients. I have learned so much from this group of nursing professionals. I would like to personally thank **Karey Shuhendler**, RN, CCHN(C), MN I inf. aut., ICSC(C), M. Sc. inf. Policy Advisor/Conseillère en politiques for CNA for her leadership and vision on this worthwhile project.

As CFMHN President I have also had the privilege to provide feedback to CNA on the issue of medically assisted dying, CNA Code of Ethics and CNA Environmental Scan, I am committed to continue to partner and collaborate with CNA and our fellow nursing groups on initiatives that improve not only the mental health of Canadians but their overall health.

After a very successful 2015 CFMHN Biannual Conference in Niagara Falls, planning has begun for our 2017 conference to be held again in Niagara Falls. I had such a wonderful experience of friendship and learning in Niagara Falls in 2015 that I cannot wait to attend in 2017! We will be sending out information very soon. Thank you to our past president Lorelei Faulkner-Gibson for taking leadership again for this conference along with the great team at First Stage and Ontario's MHNIG.

I truly believe that CFMHN has been very successful in 2015-2016 on many fronts. I want to personally thank my awesome and incredible team of CFMHN Board members with special thanks to Lorelei and Lisa for your continued support, leadership, and mentorship. I am very privileged to work with such an amazing group of dedicated professionals. Thank you to Doug Rosser, Sue Munro, Jessica Kerr and Brian Craig of First Stage Enterprise who provide incredible management support to the CFMHN Board, Our Board can not complete any work without the support of our members especially those members who have participated on CFMHN Board committees and working groups.

I am excited and honoured to continue my work as CFMHN President in 2016-2017. Our board will continue with our current work along with new work on membership, website and social media, new communication strategies and inclusion of addiction. I have two favourite sayings which I would like to leave with you, Ghandi's

"be the Change you want to see in the world"

and SSC'S quote

"Recovery is possible with the support of a caring community!"

Kindest regards,
Florence (Flo) Budden BN.RN.CPMHN(C)



Treasurer's Report

Financial Report for the 2015-2016 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, 2016). Included with the report are the following components;

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

Highlights

- 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 \$9,160.00, term deposits in our Reserve Fund of \$10,342.00, and other assets of \$14,100.00 for a total of \$33,602.00 in liquid assets.

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

Respectfully Submitted,
Carmen Rodrigue
Treasurer





Income Statement

	<u>Jul '15 - Jun 16</u>	<u>Jul '14 - Jun 15</u>
Income		
4000 · MEMBERSHIP FEES	23,686.40	23,268.00
4100 · SALE OF STANDARDS	0.00	153.90
4200 · ADVERTISING/PROMOTIONS	5,750.00	3,500.00
4400 · SPONSORSHIP & SUPPORT	480.00	0.00
4800 · OTHER ACTIVITIES	949.50	81.49
4900 · NATIONAL CONFERENCE NET INCOME	8,783.66	611.54
4975 · SYMPOSIUM INCOME	<u>0.00</u>	<u>11,164.40</u>
Total Income	39,649.56	38,779.33
Expense		
5000 · NATIONAL OFFICE	10,589.05	9,398.99
5100 · BOARD OF DIRECTORS	13,737.07	5,980.89
5200 · RELATED AFFILIATIONS	1,200.00	200.00
5300 · NEWSLETTER	125.00	625.00
5400 · WEB SITE	2,741.55	4,482.04
5500 · STANDARDS OF PRACTICE	0.00	2,253.75
5600 · MARKETING & PROMOTIONS	247.50	225.00
5800 · Committee Expenses	600.00	0.00
5900 · OTHER COSTS	150.00	321.60
6000 · REGIONAL SYMPOSIUM EXPENSES	0.00	21,012.31
7000 · Future Conference Preparations	<u>0.00</u>	<u>0.00</u>
Total Expense	<u>29,390.17</u>	<u>44,499.58</u>
Net Income	<u>10,259.39</u>	<u>-5,720.25</u>



Balance Sheet

	<u>Jun 30, 16</u>
ASSETS	
Current Assets	
Chequing/Savings	
1000 · Main Operating Account	9,160.55
1001 · Conference Account	3,951.87
1010 · Reserve Fund GIC	<u>10,342.66</u>
Total Chequing/Savings	23,455.08
Accounts Receivable	
1200 · Accounts Receivable	<u>1,808.00</u>
Total Accounts Receivable	1,808.00
Other Current Assets	
1275 · Member Funds Due from CCard	6,683.13
1276 · CCard pymts for web ads	1,808.00
1335 · CFMHN Pens	470.00
1600 · HST	<u>11,482.20</u>
Total Other Current Assets	<u>20,443.33</u>
Total Current Assets	<u>45,706.41</u>
TOTAL ASSETS	<u>45,706.41</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 · Accounts Payable	<u>12,207.33</u>
Total Accounts Payable	<u>12,207.33</u>
Total Current Liabilities	<u>12,207.33</u>
Total Liabilities	12,207.33
Equity	
3900 · Retained Earnings	23,239.69
Net Income	<u>10,259.39</u>
Total Equity	<u>33,499.08</u>
TOTAL LIABILITIES & EQUITY	<u>45,706.41</u>



British Columbia Marlee Groening, RN, BSN, MSN

As I reported in last year's report, considerable effort has been enacted in working with individuals with moderate to severe mental illness and/or addiction. To that end, consolidation of wrap around services for individuals with high needs have pulled together various health authorities, including primary and community, police and emergency services. This is particularly evident in the redesign of the Downtown East Side. Specialized services for women only, portable IV injection sites and 'one stop' health care services are some of the innovations that will help to ameliorate some of the gaps in services. Some of these services, particularly for women, were highlighted this fall with the Royal visit from Prince William and Kate Middleton. <http://www.cbc.ca/news/canada/british-columbia/will-kate-royal-visit-sheway-vancouver-downtown-eastside-1.3778371>

Other initiatives in BC include addressing the dire Fentanyl (and related synthetics) crisis across BC (as well as Canada) due to the 61.2% increase in death rate (488) between January to August of 2016 compared to the same time last year (302). Rolling out of Naloxone kits across the province has been successful, however from a health care perspective, this is not without its challenges given the largely abstinence based HC services. This drug crisis has also highlighted the reality that drug use is not just for individuals with addictions but also for recreational drug users who may be more vulnerable, and hence the need for a range of strategies. <http://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/illlicit-drug.pdf>

While the mental health benefits of rural verses urban living remains a debated topic in the literature, in reality there are difficulties in providing a range of mental health services to rural populations. To bridge this gap, more integrated medical and community mental health programs have been proposed, as well as the introduction of tele psychiatry especially for child and youth. <http://www.cbc.ca/news/canada/british-columbia/psychiatrist-shortage-prompts-online-mental-health-services-for-cranbrook-youth-1.3665673>

In my last report I reported on the Joseph and Rosalie Segal Family Health Center facility under construction. This eight-story mental health and addictions facility will provide services for acute and tertiary populations, is located on the Vancouver General Hospital site, and is scheduled to open in the summer of 2016. <http://www.vch.ca/about-us/development-projects/joseph-rosalie-segal-family-health-centre>

The promise of an additional 500 beds for individuals with mental health and addictions by 2017 has been stalled, although a 105 bed facility is currently being tendered with a proposed opening in 2019. <https://news.gov.bc.ca/releases/2016HLTH0071-001884> Royal Columbian Hospital is also planning a new Mental Health facility. Construction of this is scheduled to begin in late 2016 or early 2017 with an opening date of 2019.

While considerable advances have been made toward housing for individuals with Mental health issues, as reported in last years report, housing needs continue to grow. Current housing cost increases have also eroded movement in this arena across various levels of mental health housing needs particularly in BC's Lower Mainland. Further to this is the need for different approaches to housing that some studies are also suggesting. <http://vancouver.sun.com/health/local-health/sfu-study-highlights-need-to-rethink-housing-for-homeless-people-with-schizophrenia>



The increasing need for Mental Health and Substance Use services for children has been recognized, and additional government funds were provided in the 2014-15 budget, however no additional funding was added in 2015-16. In addition, the need of indigenous children and youth also remains an ongoing gap in services.

<https://news.gov.bc.ca/releases/2016CFD0027-000879>

One of the objectives for mental health care in BC has been the coordination of services across the demographics of age, culture, region etc. To that end, a governmental committee has recommended the appointment of a Minister of Mental Health to help decrease the silo effect of mental health services across the spectrums.

<http://www.cbc.ca/news/canada/british-columbia/proposal-for-new-ministry-of-mental-health-supported-by-advocates-1.3425882>

On the legal front, a rare challenge to the BC Mental Health Act was filed in September, 2016 by the Council of Canadians with Disabilities and two BC women regarding mandatory treatment when detained under the BC MH Act as a violation of the *Canadian Charter of Rights and Freedoms*. This is a unique feature of the BC MH Act compared to other provincial MH Acts in Canada, so this challenge is attracting considerable attention and interest from all parties. <http://www.ccdonline.ca/en/humanrights/litigation/charter-challenge-forced-psychiatric-treatment-13sept2016>

BC Nurse Front....

The historical move toward a new regulatory body for RPNs, RNs and NPs to replace current organizations has begun. The CRNBC has indicated they wish to partner with government and stakeholders to develop a “common regulatory body that will allow us to better and more efficiently serve the public interest.”

https://www.crnbc.ca/crnbc/Announcements/2016/Pages/Working_towards_new_regulatory_body_for_nursing.aspx

On the mental health nurse front, with the many MH care delivery changes, there are increased job opportunities for nurses with an interest in Mental Health, especially in areas that service individuals with high and complex needs.

CFMHN BC Membership

Our membership has dropped slightly from last year. We currently have 16 members. Targeting potential student groups, new nurse graduates and front line nurses working in mental health continues to be an objective.

Respectfully submitted,

Marlee Groening.



Alberta

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

Well another year has rolled around and it's time to take a look at the goings on in Alberta.

With my continued role as a provincial board member with the CRPNA I continue to ensure council is kept up to date of initiatives, announcements and opportunities for continued capacity building and engagement from a CFMHN perspective. Currently the College of Registered Psychiatric Nurses of Alberta (CRPNA) continues to work on changes to the Registered Psychiatric Nurse Profession Regulations. This work is an important step in allowing our health system to more fully utilize the skills and experience of Alberta's RPNs. CRPNA is now consulting with Registered Psychiatric Nurses and stakeholders (through an on-line survey) on the possible changes to expanded scope of practice for RPNs in areas such as, limited prescribing and ordering of diagnostic tests, ordering x-rays and an advanced practice register for RPNs. It's important to note that this expanded scope of practice would not apply to all RPNs, but rather to individual RPNs who have successfully completed additional education and examinations as required by CRPNA. The survey is available on the CRPNA website until Oct 11th 2016. Other important information relating to Alberta RPNs includes, On May 10th, Health Minister Sarah Hoffman issued a new ministerial order that issues an extension to the Ministerial Order that expands the scope of practice for Registered Psychiatric Nurses authorizing the prescribing of Naloxone.

Bladder scanning update - Currently Registered Psychiatric Nurses (RPNs) cannot apply non-ionizing radiation in the application of ultrasound imaging (i.e. bladder scanning) under current regulations. The College of Registered Psychiatric Nurses of Alberta is working with both Alberta Health and Alberta Health Services towards making the required changes in legislation to address this issue to ensure RPNs can perform this restricted activity in the continuity of care for all Albertans. In anticipation of forth coming regulation changes the Psychiatric Nursing program at MacEwan University (at which I currently teach) continues to teach this particular restricted activity continuing to provide RPNs upon graduation with the knowledge, skills and competency to perform this procedure.

I recently was appointed to the editorial board of our new Journal of Mental Health and Addiction Nursing (JMHAN). The journal is an open access title, edited by Don Wildfong, with a highly regarded editorial board. You can check out our web site and the journal pages at www.thedougmgargroup.com.

Focus and Scope

The Journal of Mental Health and Addiction Nursing will publish research and scholarly contributions that inform the development, implementation and evaluation of practice, research, education, leadership and policy relevant to nurses engaged in mental health and addictions nursing. Emphasis is placed on nursing-led knowledge and innovation that will assist in preventing and managing conditions that predispose vulnerability of persons, communities and populations experiencing mental health problems or illnesses. Board members help guide the editorial direction of the journal, and also help with peer review. Articles are double blind reviewed by at least two reviewers.

Finally I would like to finish by telling you a little story. This past may Fort McMurray (FMM), Alberta suffered what can only be described as a horrific wildfire event. This wildfire caused the evacuation of the town of FMM and outlying rural communities within



the Regional Municipality of Wood Buffalo. I took up the call to help within my role as an employee still with Alberta Health Services and experienced what can only be described as the most humbling experience in my almost 30 years working as a psychiatric nurse. I was appointed as team lead for a provincially funded deployment program ensuring staff from throughout Alberta, if able, had the opportunity to fly or drive into FMM and work with the Fire Relief teams on the ground. I met, worked with and supported the most resilient, strong and wonderful people you can only ever imagine to meet after such a devastating event. The details are beyond what is expected within this report, suffice to say I will never forget the people I met and the impact they have had on me professionally and personally.....I am so very proud to be a Registered Psychiatric Nurse and hope you all are as well regardless of your title, the area you work in, your qualifications, your experience or the province you work in, never forget we have been given a wonderful opportunity to positively change someone's life and that is a gift we should never take lightly.

Saskatchewan

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

Mental health in Saskatchewan. Saskatchewan is home to an increasing number of refugees/immigrants and one of the highest percentages of Aboriginal populations in Canada at 15.6 percent. Like many other provinces SK is experiencing a more complex and culturally diverse mental health patient population. SK has a higher suicide rate than other provinces and equal to the NWT, but particularly troublesome are the cluster suicides in the Aboriginal youth population. Unfortunately, Saskatchewan's prevalence rate of HIV, the highest in Canada since 2010, stands at twice the national average at 11.4 per 100,000 (Government of Saskatchewan, 2016). Saskatchewan's primary risk factor for HIV transmission was through injectable drug users (IDU).

Mental health services in Saskatchewan. The Saskatchewan Legislature passed amendments to *The Mental Health Services Act* and made corresponding changes to *The Mental Health Services Regulations*, which came into force on October 30, 2015. These amendments to SK's mental health services legislation were aimed at improving the delivery of, and access to mental health services in the province. Changes in the Act had relevance to psych mental health nurses in terms of: "Temporary hold by nurses in a Mental Health Centre"; and the role of a "Prescribed Mental Health Professional" being defined as an RN, NP, or RPN.

There are four main types of mental health services provided in Saskatchewan, with a total population of 1 million people: (1) Adult Community Health Services; (2) Psychiatric Rehabilitation Community Mental Health Services; (3) Child and Youth Community Mental Health Services; and, 4) Inpatient Mental Health Services. Despite some new acute care mental health facilities in the province, access to services is the number one issue. Increased numbers on long waiting lists to access acute care services, and six month wait times for intake to community health services place patients, their families, and health care professionals trying to best serve our patients in jeopardy.

The SK government's allocation of funds to the mental health budget has been lower compared to other provinces. A 10 year action plan released in December 2014 for mental health and addictions in SK is targeted to improve this situation. A client-based, recovery-driven model focused over the next 10 years has the potential to improve our mental health and addiction system.



Mental health nursing in Saskatchewan. The issues facing mental health services impact on mental health nurses' ability to advocate for our patients. Access issues result in early discharge of patients "*before they are ready*", with outcomes of increased readmissions, and higher caseloads for nurses in the community. The responsibility of psych mental health nurses to de-stigmatize mental health is felt in a climate where burnout is high and resources of enough mental health professionals and services are limited. On a positive note, a long awaited new provincial mental hospital may attract health care professionals to Saskatchewan where nursing salaries are higher than the national average.

As the CFMHN Saskatchewan Representative since January 2014, I have consistently attended all monthly board meetings by teleconference. I am an active member on two of the CFMHN subcommittees (Education and Finance) and have attended most all of the bimonthly meetings.

Membership recruitment. To encourage CFMHN membership in SK I have initiated a listserv for psych mental health nurses in the province. Through the listserv pertinent educational information of mutual interest from CFMHN and the University are distributed as well as the latest Government and mental health association reports, standards, competencies, news articles, job postings and recent publications. For the last 18 months, membership on the mental health Information listserv has not required CFMHN membership – however, it will become a condition in November, 2017 prior to CFMHN membership renewal. At that time it will be determined if access to the mental health informational listserv results in increased membership? Encouragement of CPMHN(c) certification in the province is also promoted through the listserv.

Education subcommittee. As a member of the Education committee, I was an active member on the Task force to develop the CASN/CFMHN (2015) "*Entry-to-Practice: Mental Health and Addiction Competencies for Undergraduate Nursing Education in Canada*". In addition, a two year project of the CFMHN Education Committee came to fruition early this year with the CFMHN (2016) 3rd position statement and paper on "*Mental Health and Addiction Curriculum in Undergraduate Nursing Education in Canada*" for which I was the first author. This position discussion paper will be further worked on for a peer reviewed publication. All new CFMHN publications on mental health and addiction standards, position papers, statement and competencies are available on the CFMHN website: <http://www.cfmhn.ca/positionpapers>. Finally, throughout the year, I participated on the RNAO taskforce and attended a 2 day workshop February 1-3, 2016 in Toronto to develop the RNAO (2016) "*Educational Guide for Mental Health and Addictions*" that should be out soon. As of October 2016, I will assume along with Dr. Elaine Santa Mina the co-chair position of the CFMHN Education Committee. Finalization of the CFMHN Terms of Reference and outlining the 2017 Strategic Direction of the Education committee will be the first order of business.

Finance committee. I am an active 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 on behalf of the membership.

Representation to date. To date I have served as the SK representative for two and a half years. I believe my representation on the CFMHN board has had a reciprocal benefit in providing a provincial voice for SK in communicating the national mental health reports, policies and issues to nurses and nursing students in our province. I continue to be passionate and committed to the work of CFMHN.



Manitoba Tracy Thiele, RPN, BScPN, MN

I continue to enjoy my opportunity to represent Manitoba on the CFMHN board and the learning opportunities have been very exciting to be part of. As part of my role on the board, I have been networking with colleagues to increase their knowledge of the CFMHN and the benefits of membership. I hope to continue building awareness and interest in the CFMHN by encouraging mental health nurses in Manitoba to consider submitting an abstract for our 2017 conference and/or to attend.

I would also like to share and celebrate with members some of the various settings that mental health nurses practice in so I invite you to take a few moments and read some stories of Registered Psychiatric Nurses in Practice:

<http://www.crpm.mb.ca/psychiatric-nursing/scope-of-practice/rpn-profiles/>

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.

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

The Mental Health Nurses Interest Group (MHNIG) of Ontario was recognized by the Registered Nurses Association of Ontario (RNAO) as the **Interest Group of the Year** on May 6, 2016. The success of the MHNIG can be illustrated in these five domains: 1) commitment, 2) leadership, 3) impact and influence, 4) communication and 5) teamwork and cooperation.

First of all, the MHNIG is **committed** to increasing awareness of the mission of RNAO and has recognized the outstanding work of mental health nurses in the areas of transfer of knowledge and research by helping to sponsor the 2015 Canadian Federation Mental Health Nurses (CFMHN) biennial conference. Executive members of MHNIG continue to be engaged in the 2017 CFMHN conference planning committee. The MHNIG held its Annual General Meeting (AGM) on October 25, 2015 in Niagara Falls during the CFMHN conference and this year, the MHNIG AGM will be held at the Centre for Addiction and Mental Health (CAMH) in Toronto on November 4, 2016. On September 23, 2016, the MHNIG membership consisted of 893 registered nurses and 39 students for a total of 932 members.



In terms of **leadership**, the MHNIG continues to advocate for the destigmatization of persons living with mental illness and contributes to the education of mental health nurses, professional colleagues and caregivers. Through collaboration with its partners specifically the RNAO project Coordinator Mental Health and Addiction Service, the Diabetes Nurses Interest Group, the Parish Nurses Interest Group and the Nurses Research interest Group of RNAO, the MHNIG has been engaged in the development of diverse education activities. MHNIG has also been able to offer bursaries to financially support its members in the participation of psychiatric mental health nursing education events.

In terms of **impact and influence**, the MHNIG has collaborated with the CFMHN, the Canadian Association of Schools of Nursing (CASN) and RNAO to develop the framework for Entry to Practice Mental Health and Addictions Competencies for Undergraduate Nursing in Canada and the Toolkit for Educators in the Undergraduate Nursing Programs on mental health nursing. The MHNIG also worked with RNAO Policy Department to advocate for changes with regards to the Psychotherapy Act. The President of MHNIG participated in the Civic Action Summit 2015 to discuss mental health in the workplace and subsequently engaged with RNAO and nurse leaders from Australia to highlight the work of MHNIG in the mental health nursing undergraduate curriculum and roles in Ontario and Canada. In terms of financial assistance and promotion of clinical expertise in psychiatric/mental health nursing, the MHNIG continues to sponsor the **Dr. Hildegard E. Peplau** award via the Registered Nurses Foundation of Ontario. The **Dr. Hildegard E. Peplau Award** provides an opportunity to a Registered Nurse who wishes to pursue education at the masters or doctoral level in psychiatric/mental health nursing. Preference is given to a Registered Nurse whose focus of study includes an interpersonal perspective in nurse-client, family, peer or community relationships.

In terms of **communication**, the MHNIG has continued to inform and engage its members through its website, Facebook and LinkedIn updates. Furthermore, the MHNIG newsletter is published at least three times per year. Feedback from its members is encouraged through e-mails and through a biannual survey to ensure that MHNIG stays focused on its priorities.

With regards to **teamwork & cooperation**, the executive members of MHNIG have collaborated with and financially supported their satellite representatives to host activities that respond to the needs of their members. The following events clearly illustrate MHNIG priorities and values: hosting at various areas across the province self-care management events for mental health nurses, organizing a fund raiser activity for persons living with mental illness, engaging with other members from RNAO in political action and offering a 2 day review course for the Canadian certification of psychiatric mental health nurses. In addition, the MHNIG promotes student participation in RNAO and the MHNIG by way of financial support to reduce membership cost for students.

Cheers for all the excellent work that has been achieved by the MHNIG! Together, we can make it happen!



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

Provincial Activity

The Quebec Mental Health Nurses Interest Group (AQIISM) maintains a collaborative relationship with the provincial professional association, l'Ordre des Infirmières et Infirmiers du Québec (OIIQ). Many educational opportunities for members in the form of seminars and/or webinars are offered. Central themes, to name a few, revolve around suicide prevention, addictions, homelessness, better access to care in all regions of Quebec, stigmatization and the recovery model. Moreover, two annual meetings for nurses with an advanced practice status of “*cadre conseil*” are held, in order to provide a forum to reflect on their work.

This year, the AQIISM annual symposium was held in June and the theme “*Infirmière en santé mentale: Une place à prendre, des opportunités à saisir*” reflected how psychiatric and mental health nurses may become empowered in the face of challenges. Multiple avenues for broadening their scope of practice were explored and elaborated.

To date, AQIISM's current membership is 429. Increasing CFMHN membership as well as CPMHN(C) certification are other goals to be met. The predictions remain 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 the near future is a preoccupation. Hence, a need to attract and educate new nurses.

Education

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). Bill 21 also allows a wider scope of practice for nurses in the helping relationships. There are presently 50 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 is deemed qualified to perform a mental health assessment with the exception of intellectual disabilities. To date, 28 nurses hold this permit.

The OIIQ is moving forward in the elaboration of an advanced practice nursing title “*Infirmière Praticienne Spécialisée en Santé Mentale*”. The implementation of advanced practice nursing role in mental health is part of the best practices required to improve care and mental health services. It should be included in Action Plan 2014-2020.

Health Care System Transitions

Major transformations in the health care system have been taking place in Quebec since Bill 10, amending the organization and governance of the Health and Social services network, came into effect on April 1, 2015. The main goal is to save \$200 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 created 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. However, many invaluable mid-level management positions were abolished during this process.



Representation to Date

Given the major transitions in our health care system, it is important to monitor how services and nursing roles will evolve. Remaining an advocate to ensure best outcomes in patient's care is my utmost priority. In this time of uncertainty, I treasure my link with CFMHN and feel that it is a privilege, since it provides me with a clear and healthy vision for the future that can be shared with many colleagues and students.

<http://montrealgazette.com/opinion/columnists/opinion-lets-not-fix-health-care-in-quebec-by-breaking-it>

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 8th they held their 6th AGM! This year's educational session was presented by Holly Murphy MN, RN BScN, It was titled: "Trauma Informed Care- what's involved and how to integrate you're your practice"

Professional: Our professional Nurses Council continues to be on hiatus

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. They continue to finalize these changes.

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.



Canadian Armed Forces Health Services Maj Paula Walbourne, CD, RN, CPMHN(C)

The provision of Mental Health Services in the Canadian Armed Forces is through thirty primary care Health Services Centre's across Canada and in Europe. Mental Health Nurses make up a small proportion of Canadian Armed Forces Nursing Officers and most care is delivered by nurses in Public Servant positions or through third party contracting. As a federal health care service we provide care in all provinces and territories under one national system. This provides a unique perspective and approach to care as well as challenges especially when hiring. This year, a national human resources campaign has been undertaken to fill positions in some of the locations where hiring has proven difficult. Hiring criteria was changed to include Registered Psychiatric Nurses in the western provinces, a hiring process that before was only by exception. With this change we are hoping to have Registered Psychiatric Nurses specialized training benefit care to Canadian Armed Forces personnel, increase the number of applicants, and provide a more diverse staff mix.

Along with the changes to the hiring criteria, a revised Collective Work Description is being developed to better reflect the role and scope of practice of Mental Health Nurses working within the Department of National Defence. The work description is being developed in collaboration with all Public Services nurses working in Mental Health Services and will clearly identify the roles and responsibilities of the nurse working in the Canadian Forces environment, which include autonomous practice and assessment, and advanced practice areas such as psycho-therapeutic interventions.

Professional development has also been ongoing with the upcoming approval of a formal qualification standard for military nurses, which outlines a training program founded on the CFMHN Standards of Practice. Military Mental Health Nursing Officers are selected for specialty training through a competitive selective process and when selected sponsored to attend a civilian educational program. This is followed by a consolidation period with on job training in civilian acute care facilities and a military clinic. While challenges still remain in recruiting nurses for the specialty and in finding suitable post-grad education programs three nurses will begin training in January 2017.

**Newfoundland and Labrador
Valerie Casey**

**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.

Last 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. <http://cfmhn.ca/careers#1>

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
- Web Advertising: Brian Craig brian@firststageinc.com

Please visit our website www.cfmhn.ca



Membership Committee Report (2015- 2016)

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 to follow up to 2015's AGM, and have been looking at various ways to increase and maintain our membership. 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 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	2016	2015	2014	2013	2012
AB	10	19	11	20	14
BC	13	20	13	34	26
MB	7	8	5	15	10
NB	3	4	3	3	5
NL	5	8	8	7	6
NS	24	26	29	21	16
NT	2	3	0	1	1
ON (Individual)	61	45	27	37	40
PE	2	1	1	1	22
QC	5	3	4	6	5
SK	7	9	3	8	15
YT		1	0	0	1
Other	1	3	2	0	1 (London, UK)
MHNIG (Ontario Interest Group)	985	948	1091	976	958
Total	1125	1,098	1197	1129	1120

Sherette Currie, Membership Chair



Education Committee Report

In keeping with the strategic goals set by the Federation at the last AGM, the Education committee completed our review and revision of the CFMHN core competencies in light of the new Practice Standards. We also developed and posted our position statement (January, 2016) that sets the stage for core competencies with respect to the pressing nature of this knowledge for nurses practicing in mental health in Canada. A number of our members also collaborated with the RNAO in the development of a resource manual for nurse educators to assist in the implementation of our work with CASN's Canadian Association of Schools of Nursing (CASN) that we completed last year, in the development of Core Competencies for entry to practice nurses graduating from Canadian Baccalaureate programs.

After a very busy couple of years, the later part of 2016 has been a time of reflection and plan 'where next'. In my reflections, this committee has played an important role in the advancement of Mental Health Nursing in Canada. First, in our revision of the CFMHN Standards of Practice, then the development of the ***CFMHN 3rd position paper 2016: Mental health and addiction curriculum in undergraduate nursing education in Canada***, as well as the important advancement of our position for educational accreditation requirements of mental health and substance use content in nursing baccalaureate programs across Canada with the Canadian Association of Schools of Nursing (CASN). As part of the 'where next', more recently we developed our Terms of Reference to help guide us on the next leg of our Education journey with CFMHN. To that end, we have also set new goals for educational opportunities for our membership in terms of Webinars and increasing awareness and engagement of the CNA certificate in Mental Health Nursing. Please stay tuned for exciting Webinar learning opportunities and for the chance to have input into membership educational needs.

This is the end of my second term as Chair of the Education committee. As I reflect back on the past 4 years, the Education committee has worked hard to represent diverse regions and perspectives from across Canada. Our group has been dynamic and willing to grapple with challenges related to mental health education in Canada. I am now delighted to be passing the leadership on to Arlene Kent-Williamson and Elaine Santa Mina, who will serve as Co-chairs. Both Arlene and Elaine come from academic environments and have been active members of the Education Committee over past number of years. I look forward to working with the new leadership and new committee directions.

Respectfully submitted,

Marlee Groening.



**2016-2017 Board of Directors
Slate of Nominees
(Two year term)**

Terms Expiring – Renewing for 2 years to October 2018

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

Terms Continuing for one more year (Expiring October 2017)

- Marlee Groening, British Columbia..... Confirmed
- Christine Marie Tillman, Quebec Confirmed
- Jim Quinn, Military Liaison, Confirmed
- Paula Walbourne, Military Liaison, Confirmed
- Kimberley MacDonald, Prince Edward Island Confirmed
- Lisa Crawley, CAMIMH / MHC Liaison Confirmed

Appointed MHNIG Representative

- Carmen Rodrigue Confirmed

President

- Florence Budden Continuing 2 Year Term

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.