



# Canadian Federation of Mental Health Nurses

Fédération Canadienne des Infirmières et  
Infirmiers en Santé Mentale

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## 2017 Annual Report

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## 2017 Annual Report

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**CFMHN 2017 Annual Meeting  
Friday, November 3rd, 2017  
12:30PM 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 2016 AGM
5. President's Report
6. Presentation of the 2016-2017 Financial Report
7. Reports from Provincial Representatives & Committee Chairs
8. New Business
9. Election of the Board of Directors – Provincial Directors
  - a. British Columbia – Marlee Groening
  - b. Alberta - Vacant
  - c. Saskatchewan – Arlene Kent-Wilkinson
  - d. Manitoba – Tracy Thiele
  - e. Ontario – To be Confirmed (MHNIG)
  - f. Quebec – Christine Marie Tillmann
  - g. Nova Scotia – Sherette Currie
  - h. New Brunswick – Vacant
  - i. Prince Edward Island – Vacant
  - j. Newfoundland & Labrador – Valerie Casey
  - k. Nunavut – Vacant
  - l. President – Florence Budden
  - m. President – Elect – To be confirmed
10. Adjournment

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

**NOTE:** Arrangements will be made to enable members who are not able to physically be at the Annual meeting to join via a web/telephone link.



## President's Report 2017 Florence Budden BN.RN.CPMHN(C)



I am so excited to be writing this report as we prepare for our CFMHN Biannual Conference from November 1-3, 2017 in Niagara Falls. The title of the conference "Psychiatric Mental Health Nursing in a Dynamic Health Care Environment: Complexity and Collaboration across the Continuum of Care" can, also, describe the last year in my role of President

I, along, with CFMHN Lisa Crawley (CAMIMH co-chair) worked diligently alongside our fellow CAMIMH to advocate for the Health Accord. Through our Mental Health Now policy document we continued to let the federal government know that increased funding means better access, that there is the need for a Mental Health Parity Act, the Federal Government should establish a Mental Health Innovation Fund and that Canadians need to fix the data gaps to ensure we have standardized Pan-Canadian Measures. As mental health nurses we must also advocate in our provinces to ensure funding for mental health meets the needs of the population. In his recent mandate letter to the Federal Minister of Health Petipas Taylor, Prime Minister Justin Trudeau continued to make mental health a priority as must all Canadians.

This past year CAMIMH completed a pre-budget submission to the federal finance committee and met with the Liberal Mental Health Caucus.

Along with other board members Chris Watkins, Lisa Crawley, Carmen Rodrigue, Paula Walbourne and Christine Tillman I attended the CAMIMH Champions Gala in May, 2017. I had the privilege to present the Champions Award for Clinician to a colleague and friend Dr. Philip Tibbo. The Honourable Seamus O'Regan, now Minister of Veterans Affairs, once again attended as my guest.

Unfortunately, I was unable to attend the Parliament Hill Day with the CAMIMH FACES this past October but I know Lisa Crawley represented CFMHN and CAMIMH well. In my home province of NL I am now part of the Service Redesign Provincial Committee.

I continue to have the privilege along with past President Lorelei Faulkner-Gibson to represent CFMHN on the CNA National Network of Nursing Specialities. Lorelei is, also, part of a group working to increase the number of nurses getting their CNA Speciality Certification and recertification.

In July, 2017 I was asked to present to the CFNU board as a mental health expert on mental health innovation in Canada. The CFNU also made the theme of their Premiers Breakfast Mental Health. Ret. Senator Michael Kirby, CEO of MHCC Louise Bradley and Big Daddy Tazz spoke with the premiers about the importance of mental health.

This year I worked as faculty expert on the new module Suicide: Facing the Difficult Topic Together-Empowering Nurses: Instilling Hope in Patients which was completed by the MHCC and is accredited by CNA. Please encourage your colleagues to avail themselves of this excellent learning tool.



I feel so honored to have been one of the “150 CNA Nurses to Know” along with Arlene Kent-Wilkinson.

Finally I am looking forward to doing the first education webinar for CFMHN  
On October 23 “Creating a better and more innovative mental health system: Nurses are the change agents”.

I have so many individuals to thank for their hard work and dedication to CFMHN and our members especially our board and committee members, our dedicated team at First Stage and family and friends whose support allow all of us to do what we do.

I want to wish great future success to board members Carmen Rodrigue, Paula Walbourne and Chris Watkins as they leave CFMHN so much better for the work that they did. Their dedication to mental health is so incredible and all our great role models for the nurses of the future.

I want to welcome our new board member from the Department of Defense Sergio Grice. I also want to thank the board for their support and belief in my leadership as I continue on until 2019 as CFMHN President.

Please become a member and encourage others to join CFMHN.  
We have accomplished a lot as an organization but the future is ours if we  
“Never, never give up”



## Treasurer's Report

### Financial Report for the 2016-2017 Fiscal Year

We are pleased to provide the membership with the CFMHN's Financial position at the end of the last fiscal year (June 30<sup>th</sup>, 2017). Included with the report are the following components;

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

### Highlights

Given that our national conference only runs every other year, there was no financial impact during 2016/17. Overall it was a successful year for CFMHN with a final bottom line surplus of \$10,884.00.

- We did have a minor reduction in membership dollars (\$1,600.00)
- Advertising sales remained static
- Our Board's Strategic Planning Review is only scheduled every other year (at the conference) so that reduced costs by almost \$10,000.00
- We did increase our membership support to CAMIMH by \$2,000.00

Overall, CFMHN remains on a reasonably solid financial footing. At year-end we had \$11,952.00 in cash on hand; \$10,384.00 in our term deposit account and over \$15,000.00 in other "Cash reserves". This was offset against \$12,438.00 in Account Payable, which resulted in CFMHN having a year-end equity (net worth) position of \$39,742.00

Respectfully submitted

Chair, Finance Committee: Carmen Rodrigue

Members, Finance Committee: Arlene Kent-Wilkinson  
Sherette Currie

\$

\$

\$



**CFMHN ASSOCIATION**  
**Profit & Loss Prev. Year Comparison**  
**July 2016 through June 2017**

	<u>Jul '16 - Jun 17</u>	<u>Jul '15 - Jun 16</u>
<b>Income</b>		
4000 · MEMBERSHIP FEES	22,009.22	23,686.40
4200 · ADVERTISING/PROMOTIONS	5,300.00	5,450.00
4400 · SPONSORSHIP & SUPPORT	0.00	480.00
4800 · OTHER ACTIVITIES	104.05	949.50
4900 · NATIONAL CONFERENCE NET INCOME	0.00	8,783.66
<b>Total Income</b>	<u>27,413.27</u>	<u>39,349.56</u>
<b>Expense</b>		
5000 · NATIONAL OFFICE	10,188.81	10,589.05
5100 · BOARD OF DIRECTORS	1,696.31	14,126.66
5200 · RELATED AFFILIATIONS	3,200.00	1,200.00
5300 · NEWSLETTER	125.00	125.00
5400 · WEB SITE	954.00	2,741.55
5600 · MARKETING & PROMOTIONS	200.00	247.50
5800 · Committee Expenses	0.00	600.00
5900 · OTHER COSTS	164.53	150.00
<b>Total Expense</b>	<u>16,528.65</u>	<u>29,779.76</u>
<b>Net Income</b>	<u><b>10,884.62</b></u>	<u><b>9,569.80</b></u>



**CFMHN ASSOCIATION**  
**Balance Sheet Prev. Year Comparison**  
**As of 30 June 2017**

	<u>30 Jun 17</u>	<u>30 Jun 16</u>
<b>ASSETS</b>		
<b>Current Assets</b>		
<b>Chequing/Savings</b>		
1000 - Main Operating Account	11,952.38	9,536.55
1001 - Conference Account	0.00	3,951.87
1010 - Reserve Fund GIC	<u>10,384.21</u>	<u>10,342.66</u>
<b>Total Chequing/Savings</b>	22,336.59	23,831.08
<b>Accounts Receivable</b>		
1200 - Accounts Receivable	<u>1,130.00</u>	<u>1,469.00</u>
<b>Total Accounts Receivable</b>	1,130.00	1,469.00
<b>Other Current Assets</b>		
1275 - Member Funds Due from CCard	7,767.30	6,683.13
1276 - CCard pymts for web ads	621.50	1,471.00
1310 - Advances to 2017 Conference	7,500.00	0.00
1335 - CFMHN Pens	270.00	470.00
1600 - HST	<u>12,553.34</u>	<u>11,482.20</u>
<b>Total Other Current Assets</b>	<u>28,712.14</u>	<u>20,106.33</u>
<b>Total Current Assets</b>	<u>52,178.73</u>	<u>45,406.41</u>
<b>TOTAL ASSETS</b>	<u><b>52,178.73</b></u>	<u><b>45,406.41</b></u>
<b>LIABILITIES &amp; EQUITY</b>		
<b>Liabilities</b>		
<b>Current Liabilities</b>		
<b>Accounts Payable</b>		
2000 - Accounts Payable	<u>12,436.49</u>	<u>12,596.92</u>
<b>Total Accounts Payable</b>	<u>12,436.49</u>	<u>12,596.92</u>
<b>Total Current Liabilities</b>	<u>12,436.49</u>	<u>12,596.92</u>
<b>Total Liabilities</b>	12,436.49	12,596.92
<b>Equity</b>		
3900 - Retained Earnings	28,857.62	23,239.69
<b>Net Income</b>	<u>10,884.62</u>	<u>9,569.80</u>
<b>Total Equity</b>	<u>39,742.24</u>	<u>32,809.49</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><b>52,178.73</b></u>	<u><b>45,406.41</b></u>



## British Columbia Marlee Groening, RN, BSN,MSN

With a change from Liberal to NDP government in the summer of 2017, the newly elected government announced the creation of a Ministry of Mental Health & Addictions. The mandate of this new ministry is to provide a system wide approach to mental health policy, program and research development in BC. Their immediate role however will be to respond to the opioid public health crisis and develop a Mental Health and Addiction strategy on prevention and improved access to early intervention.

Vancouver also opened a new Mental Health Center in 2017. In late August, 100 patients moved into the new 86 million dollar “state of the art” Joseph and Rosalie Segal & Family Mental Health Center on the Vancouver General Hospital site. This eight-story mental health and addictions 100 bed facility provides services for acute and tertiary populations as well as ‘single point access’ and outpatient clinics.

Youth Mental Health has also benefited from improved services. This spring, a BC Integrated Youth Services initiative called “The Foundry” opened 5 one-stop centers across the province. The Foundry is a private/public enterprise that provides youth and young adults with access to primary care, mental health care, addictions support and social services. “One of the innovations of this project is the creation of a positive brand for the integrated services hubs that will be highly visible in the community and will clarify where youth and families can receive rapid access to care. The hope is that the brand will encourage early help-seeking by creating a welcoming and inclusive atmosphere.” It is anticipated that with the positive reception to these centers additional ones will be opened.

<http://grahamboeckhfoundation.org/bc-integrated-youth-services-initiative/>

The Kelty Resource Center is another mental health and substance use youth initiative that provides services to children and youth, their families as well as educators and health professionals. This is a provincial service that provides rich online resources as well as a face to face center at the BC Children’s Hospital. <http://keltymentalhealth.ca/>

On a less optimistic front, 2017 has seen a continuing rise of the epidemic opioid overdose crisis. Overdose deaths have increased by an alarming rate of 52% between 2016 and 2017, with an average of 4 deaths each day. The statistics also highlight the breadth of the problem as gendered, but indiscriminate in age. Between January and August (2017), 82% of these deaths were males, while 91% of these individuals were between the ages of 19-59. Emerging trends also reveal that the majority of these individuals die alone and in private residences. Further trends highlight the unfortunate and long term health consequences of anoxia for survivors of overdoses.

Mobile injection sites and medical centers have been used to provide short term response to the crisis, however finding a long term and sustainable solution remains frustratingly illusive for surviving families and friends, as well as the health care and emergency response workers struggling with the workload and emotional demands.

<https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/illicit-drug.pdf>



BC forest fires in the summer of 2017 have also had a significant impact on the mental wellbeing of rural BC. Many communities were evacuated for weeks at a time while fires devastated landscapes, ranches, communities and families, including many indigenous communities already at a disadvantage. While the rural communities demonstrated their tenacious resilience and strength, again the challenges of scarce MH services for our rural communities were highlighted.

On an exciting and innovative mental health front... therapy dogs were brought into the fire evacuee centers to comfort and calm those who had to leave their homes and communities. They were noted to be particularly comforting for stressed children. More recently, the Vancouver international airport also began a partnership program with St. John's Ambulance to employ seven of its therapy dogs in the arrival terminal to sooth stressed travelers.

#### **BC Nurse Front....**

Last year I reported on the historical 'one nurse regulator' body for RN's, RPN's and LPN's initiative. In June, of this year the three colleges signed a "Declaration of Intent" and have been working closely with the Ministry of Health on the development of new bylaws and to ensure a smooth transition in this monumental undertaking. An additional task will be the physical move of all the colleges to one site. To that end, last month the CRNBC listed it's building for sale. <https://www.crnbc.ca/crnbc/ONR/Pages/Default.aspx>

#### **CFMHN BC Membership**

Our membership has increased slightly from last year. We currently have 19 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.



## **Saskatchewan**

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

**SK Provincial Rep on CFMHN Board.** As the CFMHN Saskatchewan representative since January 2014, I have consistently attended monthly board meetings by teleconference. I am an active member on two of the CFMHN subcommittees (Education and Finance) and have provided leadership in the dissemination of CFMHN publications through presentations on the topics of de-stigmatization of mental illness, the need for mental health and addiction education in the curriculum, and the responsibility of nurses and nurse educators.

**A change in focus?** In 2015, CFMHN members from across Canada, partnered with the Canadian Association of Schools of Nursing (CASN) to develop our competencies. In our deliberations, the realization was made that the competencies should not called competencies in psych mental health nursing, but rather competencies in mental health and addiction, because all nurses need these competencies at the entry to practice level, not just those of us who work in psych mental health areas. The name of our joint publication became “*Entry-to-practice mental health and addiction competencies for undergraduate nursing education in Canada.*” As we now prepare to update our 2014 CFMHN standards, and think about the CNA certification in psychiatric mental health nursing, we also need to consider this name change! We need to move beyond the focus on ourselves as psych mental health nurses to consider the needs of all nurses; as the care for patients with mental health conditions and addiction is far broader than the silo of our own specialty area. A realization is that our educational presentations on mental health and addition needs to be offered at other nursing specialties conferences, i.e., (emergency & critical care nursing). Should certification in mental health and addiction not be offered broadly to all nurses as well?

**Certification in SK and Canada.** Although over 1,800 psychiatric and mental health RNs across Canada now have their national CPMHN (C) certification designation, only a half dozen nurses in Saskatchewan hold this important designation. As certification indicates excellence in this important field of health, certification in “mental health and addiction” is something we need to encourage in our province and nation-wide.

#### **Nurse Practitioner (NP) in Mental Health in SK**

Our province is starting to appreciate the efficiency and effectiveness of the role of the nurse practitioner (NP) in mental health. An NP in mental health is now an established position at the Saskatchewan Hospital North Battleford (SHNB), and an NP in corrections at the Saskatchewan Penitentiary in Prince Albert, opens the door for a future needed NP with a focus on mental health and addiction. The College of Nursing, at the University of Saskatchewan is currently developing an NP masters’ stream in mental health to add to our regular three streams in thesis, course-base, or NP.

#### **CFMHN Education Committee**

As of October 2016, I assumed along with Dr. Elaine Santa Mina the chair position of the CFMHN Education Committee. Finalization of the CFMHN Terms of References received board approval in January 2017. In May, 2017 I presented a Webinar on the competencies hosted by the CASN mental health Interest Group.

Throughout the 2017 year, 12 oral presentations and posters were presented at the following national and international conferences: WNRCSN in Victoria BC, Waypoint Centre in Barrie, ON; ICN in Barcelona, Spain, STTI in Dublin Ireland, C & C Conference in Saskatoon, SK, in addition to CFMHN in Niagara Falls . The topics presented were the CFMHN Standards, competencies, need for mental health and addiction education and de-stigmatization.



**SK Representation to date.** To date I have served as the SK representative for three 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.

### **Publications on Mental Health and Addiction**

See <http://cfmhn.ca/positionpapers> for the following publications

- 2014 CFMHN Standards
- 2015 CASN/CFMHN (2015) Competencies
- 2016 CFMHN Position Paper/ Statements
- 2017 RNAO Educator Resource for Mental Health and Addiction

### **Saskatchewan References on Mental Health and Addiction**

2014 SK: 10 year Mental Health and Addictions Action Plan for Saskatchewan

<https://www.scribd.com/document/248817984/Saskatchewan-government-10-year-mental-health-and-addictions-action-plan>

2015 SK: *The Mental Health Services Act*

<http://www.qp.gov.sk.ca/documents/English/Statutes/Statutes/M13-1.pdf>

2015 SK: Guide to the Mental Health Service Act

<http://publications.gov.sk.ca/documents/13/99285-GuidetoTheMentalHealthServicesAct-Nov-2015.pdf>

### **CFMHN Members Receive Awards from Provincial and National Associations in 2017**

**2017, May 3**

**SRNA Jean Browne Award for Excellence in Nursing Practice Leadership**

Saskatchewan Registered Nurses Association (SRNA)

2017 Recipient: Dr. Arlene Kent-Wilkinson

<https://nursing.usask.ca/news/2017/20170510srnaawards.php>

**2017, July 1**

**150 nurses for Canada 150**

Canada's 150th Anniversary of Confederation.

Canadian Nurses Association (CNA); SK nominations submitted by SRNA.

One of SK Recipients: Dr. Arlene Kent-Wilkinson.

<https://cna-aiic.ca/en/about-us/awards-and-recognition/150-nurses-for-canada>



## **Manitoba Tracy Thiele, RPN, BScPN, MN**

Greetings from Manitoba! It is always exciting when it is a CFMHN conference year. I look forward to meeting new colleagues and seeing familiar faces again this year in Niagara Falls. If you are traveling from Manitoba to attend the conference, let me know so we have a chance to connect while we are there.

This spring I attended a presentation from a graduate study that focused on the lived experiences of rural residents who have been diagnosed and are living with borderline personality disorder (BPD). What a great learning opportunity! If you would like to watch this presentation, follow the link provided below:

<http://www.crpnm.mb.ca/registered-psychiatric-nurses/agm-education-presentation/>

The College of Licensed Practical Nurses of Manitoba (CLPNM), the College of Registered Nurses of Manitoba (CRNM) and the College of Registered Psychiatric Nurses of Manitoba (CRPNM) released new guidelines for LPNs, RNs and RPNs for nursing care related to Medical Assistance in Dying (MAID). These guidelines are a great resources for a very timely topic in our Canadian health care system. Find the guidelines here:

<http://www.crpnm.mb.ca/news/nursing-colleges-release-new-medical-assistance-in-dying-maid-guidelines/>

Another resource that you might find helpful is a toolkit that focused on the transition of mental health practitioners into non-identified mental health care settings. Take a peek by clicking on this link:

<http://www.wrha.mb.ca/professionals/nursing/files/RPN-Toolkit.pdf>

An update from last year's report, there are new profiles on mental health nurses practice so I invite you to read some of the new stores:

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



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

The Mental Health Nurses Interest Group (MHNIG) of Ontario continues to significantly engage in the following five domains: 1) commitment, 2) leadership, 3) impact and influence, 4) communication and 5) teamwork and cooperation. During the March 24<sup>th</sup>-25<sup>th</sup>, 2017 annual MHNIG retreat in Toronto, the executive members and satellite representatives reviewed the previous year's achievements in these five domains and set the following goals as listed below:

- 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 identity; and
- d) to build and strengthen relationships.

In terms of **commitment**, the MHNIG continues to recognize the outstanding work of mental health nurses in the areas of transfer of knowledge and research by sponsoring the 2017 Canadian Federation Mental Health Nurses (CFMHN) biennial conference. Leslien Walters, Kathy Wong and myself (MHNIG Board members) actively participated in the 2017 CFMHN conference planning committee.

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 (RNFOO). 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. In 2017, the MHNIG decided to offer for the first time, two **Research in Mental Health Awards** via the RNFOO. These awards are offered to financially assist MHNIG members completing research in the field of mental health nursing. MHNIG also offers bursaries to financially support its members in the participation of psychiatric mental health nursing education events.

In terms of **leadership**, the MHNIG continues to advocate for excellence in educational opportunities that enable mental health nurses and nursing students to work to their full scope of practice. During the RAO AGM in 2008, MHNIG developed and presented an RAO resolution that identified the need for a comprehensive plan to strengthen undergraduate mental health and addiction education. Since 2015, Kamini Kalia, MHNIG past-president and Cheryl Forchuk, Professor at the Arthur Labatt Family School of Nursing, University of Western Ontario have participated as panel experts in the development of the **RAO Nurse Educator Mental Health and Addiction Resource – Integrating Mental Health and Addiction into the Undergraduate Nursing Curriculum**. Furthermore, the collaboration of key stakeholders such as the CFMHN, the Canadian Association of Schools of Nursing (CASN), the RAO Mental Health and Addiction Team and the MHNIG contributed to the development of this resource guide and successful launch of the Educator guide in February 2017 by RAO.

In terms of **impact and influence**, the MHNIG continues to advocate for the destigmatization of persons living with mental illness and to speak out on various mental health emerging issues. For example, members have expressed their ongoing support related to stopping the replacement of RNs, advocating for a public inquiry into the Wettlaufer case, funding for supervised injection sites (SIS), and further discussion related to medical assistance in dying with persons living with enduring psychological suffering.



Ingrid Drescher, Registered Psychotherapist, and Stacey Roles, Certified Trainer, Consultant and Diplomate of the Academy of Cognitive Therapy, both MHNIG executive members, have spoken out on their current practice as therapists and the emerging issue related to RN initiation of Psychotherapy. The College of Nurses of Ontario (CNO) has stipulated that it will be requiring that RNs who have been safely performing psychotherapy for years, need to obtain an order from a physician or nurse practitioner before initiating such treatment. Members of the MHNIG have signed RNAO political action alerts urging Ontario to continue with RN initiation of psychotherapy instead of implementing a restriction.

MHNIG 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 Care Nurses Interest Group and the Rainbow Nurses Interest Group of RNAO, the MHNIG has been engaged in the promotion of diverse education activities. The most recent MHNIG /RNAO webinar was presented on June 1, 2017 by Shawn Lucas, RP, on the topic of 'Differentiating Transcendent Experiences from Mental Illnesses'. MHNIG plans on organizing future webinars as requested by its members and these include the following topics: substance use in trauma, cannabis use / marijuana legislation, poverty in mental health/social determinants of health and compassion fatigue. With regards to education for persons with mental health problems and interdisciplinary approaches, Stacey Roles, Sudbury Satellite representative, organized and delivered two presentations (one for clients and one for interdisciplinary clinicians) this past spring regarding the role that Cognitive Behavioural Therapy (CBT) can have in treating a wide range of mental health and addictions concerns in the lives of clients. As well, Aaron Clark has participated on the RNAO revision of their Best Practice Guideline on Crisis Intervention. The new guideline will place special attention on Trauma informed care as a practice focus.

In terms of **communication**, the MHNIG informs and engages its members through its website, Facebook and LinkedIn updates. The MHNIG held its Annual General Meeting (AGM) on November 4, 2016 at the Centre for Addiction and Mental Health (CAMH) in Toronto. This year, the MHNIG AGM will be held November 2, 2017 in Niagara Falls during the CFMHN conference. On September 4, 2017, the MHNIG membership consisted of 837 registered nurses and 49 students for a total of 886 members. Furthermore, the MHNIG newsletter is published at least two times per year. Feedback from its members is encouraged through e-mails and through a biennial survey to ensure that MHNIG stays focused on its priorities. Also, two executive members were invited to participate as judges for the RNAO Media Awards which highlights the excellence in reporting health care issues.

With regards to **teamwork & cooperation**, the executive members of MHNIG have collaborated with and supported their satellite representatives to host activities that respond to the needs of their members. The following events that were held clearly illustrate MHNIG priorities and values: a cognitive behavioural therapy (CBT) event for multi-disciplinary clinicians, a Mental First Aid course for nursing students, an information session related to aging of lesbian, gay, bisexual, trans, and/or queer (LGBTQ) persons and accessibility of physical and mental healthcare for this population, engagement with other members from RNAO in political action and a Psychiatric & Mental Health Review Course for the Canadian certification of psychiatric mental health nurses held in Ottawa on Feb 10<sup>th</sup> & 17<sup>th</sup>, 2017. In addition, the MHNIG promotes student participation in RNAO and the MHNIG by way of financial support to reduce membership cost for students.

In conclusion, MHNIG has manifested outstanding teamwork in meeting its 2017 goals and showcasing itself in the five domains. Congratulations! Thank you. Come and join us!



**Quebec**  
**Christine Marie Tillmann, N., MSc(A), CPMHN(C), Psychotherapist,**  
**Couple and Family Therapist**

**An Overview of Quebec and Provincial Activity**

Quebec's Bill 10, which amends the organization and governance of the province's Health and Social Services network, has brought major changes to the health-care system since coming into effect on April 1, 2015. The changes have caused stress among health-care professionals and patients. It is unclear if the bill's pairing of budget cuts with structure reorganization is achieving the goal of improving the efficiency and effectiveness of health-care delivery.

The New Mental Health Action Plan for Quebec 2015-2020 is structured around 40 distinct measures related to four overall goals: 1) promoting the primacy of the person and the full exercise of citizenship; 2) providing care adapted to the needs of youth; 3) encouraging clinical and management practices that improve the care experience, and; 4) ensuring the performance and continuous improvement of mental health services. Suicide prevention remains an important mandate across all points of service in the health-care system.

<http://www.qualaxia.org/fdownload.php?fn=Quintessence-V08N01-en.pdf&ct=dpd&tp=pdf>

<http://reseau-suicide.qc.ca/265-m-additional-investment-of-the-government-of-quebec-for-the-implementation-of-the-mental-health>

Following the Quebec government's publication of its Mental Health Action Plan 2015-2020, the Graham Boeckh Foundation, the Fonds de recherche du Québec – Santé and the Ministère de la Santé et des Services Sociaux are determined to promote early intervention and the implementation of integrated mental health services in the community for youth aged 12 to 25. A strategic document is being implemented to better help meet the needs of young Quebecers including those living in remote locales.

As a preoccupying phenomenon, the Fentanyl Crisis now exists in Montreal and other cities, although not in the same proportions as in Western Canada. According to statistics from the Quebec coroner's office, the number of opioid overdose deaths has more than doubled in the past 10 years, from 62 in 2005 to 146 in 2014. In 2015, the province recorded 30 deaths related to accidental overdoses of Fentanyl, alone or combined with other drugs. There were only 11 the year before. Distribution of Naloxone kits across the province has started. As well, supervised injection sites are on the rise.

<http://www.cbc.ca/news/canada/montreal/montreal-universities-prepare-for-worst-train-staff-to-administer-fentanyl-antidote-1.4294178>

Early this summer, a wave of asylum seekers emerged from the United States. Moreover, between January 1 and June 30, nearly 6,500 individuals applied for asylum status in Quebec, representing 35 per cent of all the individuals who applied in Canada, according to Minister Weil. The last time the province recorded similarly high numbers was in 2008.

<https://beta.theglobeandmail.com/news/national/what-you-need-to-know-about-the-quebec-asylumseekers/article35898984/?ref=http://www>

<http://montrealgazette.com/news/local-news/influx-of-haitian-refugees-taxes-quebec-shelters-immigration-minister-says>



Quebec's group of interest, the AQIISM, held its annual symposium from May 31 to June 2 with its theme "*L'expertise de l'infirmière en santé mentale: Un engagement envers la personne et ses proches*" and tackled the challenges of families supporting a loved one struggling with mental illness. Nurses are well prepared and trained to recognize and celebrate the often-overlooked role of these caregivers. AQIISM's current membership was 477 as of March 31 of this year, a slight increase over the previous year's 429. CFMHN membership as well as CPMHN(C) certification should be encouraged on an ongoing basis.

## **Education**

Successful gains have been made for the nursing profession following the implementation of Bill 21 in June 2012, which 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. As of March 31, 2017, there were 51 nurses registered with a psychotherapy permit in Quebec and 31 nurses holding a permit called "Permis d'évaluation des troubles mentaux" that is required for carrying out a mental health assessment (with the exception of mental retardation).

As mentioned in last year's report, the OIIQ has successfully moved 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.

As of September 2017, Université de Montréal is offering an advanced practice curriculum in mental health. In 2018, McGill University will start with its first Master's level cohort in advanced practice in mental health. These new nurses will receive newly designed training in nursing assessment including prescription of medication. Recent developments are positive for psychiatric and mental-health nurses. Multiple avenues for broadening their scope of practice are being developed.

## **Representation to Date**

In October, I will have served as the Quebec representative for four years. This has been a privilege: the experience has provided me with an opportunity to share a clear and healthy vision for the future in mental health with many colleagues and students. I have always looked forward to our monthly conference calls that helped provide guidance in the midst of changes and transitions. In my role as an advocate to ensure best outcomes in patient's care, I have made it my utmost priority to pursue my education, to broaden my knowledge and to remain open and to welcome opportunities for change. At this time, I will be embarking on a new challenge as the Mental Health Nurse Practitioner Program Director at McGill University. This year will involve the development of the course content and material as well as clinical placement for the first cohort starting in September 2018.



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

Membership: 32

### **1. Provincial activity:**

**PMH Nursing:** The Nova Scotia Mental health Nurses Association has recently changed its name to MHANNS (Mental Health and Addictions Nurses of Nova Scotia). They currently have 61 members and they continue to produce a Newsletter in order to keep their membership and all nurses connected and up to date. As well this hard working group continue to offer a variety of education sessions to the membership and host an annual AGM. Congratulations to this hard working group!

**Professional:** Our professional Nurses Council continues to be on hiatus.

**Health authority:** 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. In The Central Zone, The Suicide Risk Assessment Education Sessions have begun and are in the process of being completed by all Mental Health Addiction staff. Plans are proceeding to roll out education across the province regarding the Information Sharing Guidelines. Education will be offered in an on-line hosted session with guest speakers. The Quality Teams continue to work on the feedback from the results obtained from the Client Experience Survey Blitz. Across the zones they are conducting Transitions of Care Client Focus Groups. Recently discharged patients have been asked to help us look at our discharge process and transition to community services. The information gathered will be collected, analyzed and shared through presentations and team specific reports  
On July 6 2017, CRNNS and CLPNNS circulated revised practice guidelines to all nurses in Nova Scotia outlining the role of the nurse in the administration of medical cannabis, otherwise known as medical marijuana.

**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.



## Newfoundland and Labrador Valerie Casey

Valerie Casey, BN RN, Mental Health Nurse Consultant, I joined the **CFMHN** Board of Director's early 2016. I have been promoting the **CFMHN** to my MH nursing colleagues in my region, hoping to increase awareness of **CFMHN**, increase membership and attendance of the Nation Conference. In the coming year I plan to increase my activity with **CFMHN** and become involved in the Communications Committee.

Future goals for NL, would be to restart a new local Mental Health Nursing group since **Psignal** (previous local group) dissolved 2015. Florence Budden and I hope to engage NL MHN's to begin dialogue on the accomplishments, challenges and professional opportunities that our MHN group has in our day to day roles and strengthen the professionalism/expertise we need to promote as MHN'S. Florence and I are also hoping to further promote increased interest in the CNA certification nursing specialty of Psychiatric Mental Health Nursing. Promote awareness of TD scholarships that provide financial aid in attaining this certification as well.

### ***Newfoundland government's commitment to Mental Health***

- I. Newfoundland and Labrador's All-Party Committee on Mental Health and Addictions has completed its mandate, releasing its report and recommendations to the Government of Newfoundland and Labrador. **Florence Budden, President CFMHN** sits on this committee.

Titled **Towards Recovery: A Vision for a Renewed Mental Health and Addictions System**, the report outlines 54 recommendations on the following areas:

Promotion, Prevention and Early Intervention;

- Access to services;
- Quality of care;
- Policy and programming;
- Community supports; and
- Accountability and performance monitoring.

[http://www.health.gov.nl.ca/health/all\\_party\\_committe\\_report.pdf](http://www.health.gov.nl.ca/health/all_party_committe_report.pdf)

- II. The Provincial Government released its Mental Health and Addictions Plan. The Mental Health and Addictions Plan sets out short, medium and long-term goals to ensure implementation of all 54 recommendations contained in **Towards Recovery: A Vision for a Renewed Mental Health and Addictions System for Newfoundland and Labrador**. The Provincial Mental Health and Addictions Advisory Council will continue to have an important role in the governance structure in partnership with a new recovery council, providing oversight to the implementation process. The advisory council comprises people with diverse backgrounds, knowledge and experience in mental health and addictions, including community service providers, advocates, social activists, health care



providers and persons with lived experience. **Florence Budden, President CFMHN** sits on this advisory council and will be part of the team to assist in implementing the recommendations.

[http://www.health.gov.nl.ca/health/mentalhealth/pdf/mentalhealth\\_addictions\\_plan.pdf](http://www.health.gov.nl.ca/health/mentalhealth/pdf/mentalhealth_addictions_plan.pdf)

*“The people of Newfoundland and Labrador now have a clearly laid out mental health and addictions plan, complete with budgets and timelines, to which they can hold the government to account. It is ambitious and recovery-oriented, with community-based supports at its core. I commend the government for its bold and decisive leadership.”*

*Louise Bradley  
President and CEO  
Mental Health Commission of Canada*



## **Canadian Armed Forces Health Services Lt(N) Sergio Grice, CD, RN**

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. We work alongside colleagues in Public Servant roles and others filling positions through third party contracting. As a federal health care service we provide care in all provinces and territories under one national system.

2017 has seen a change in the position of Mental Health Nurse Advisor. I have taken on this role from Maj Paula Walbourne. She will be completing her Master's Degree, before an anticipated return to her position in the fall of 2019.

Professional development has been ongoing. Approval of a formal qualification standard for military nurses, has been implemented, which outlines a training program founded on the CFMHN Standards of Practice. Three Military Mental Health Nursing Officers were selected for specialty training through a competitive selection process and have been sponsored to attend a civilian educational program at Dalhousie University. This didactic phase is followed by a consolidation period with on job training in civilian acute care facilities and a military clinic. Upon completion of their training there will be 14 Military Mental Health nursing positions filled out of a possible 18. Recruiting and retention remain a challenge and a priority.

Military Mental Health Nursing Officers remain busy and in demand. They are called upon to deliver care to Canadian Armed Forces members both in Garrison (regional clinics) and on deployments and tasking's around the world. It is a challenging job forcing us to adapt to different environments; at sea, in the air and in field hospitals. It truly is a one of a kind MH Nursing job.



## National Office Report Doug Rosser, General Manager

The past year has continued to be a busy one for the CFMHN's National Office. The National Office is essentially responsible for the following core administrative functions:

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

E-Communications with our membership is a priority for the office. The CFMHN Office, along with the Newsletter 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.

Two years ago (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](mailto:drosser@firststageinc.com)
- Web Advertising: Brian Craig [brian@firststageinc.com](mailto:brian@firststageinc.com)

Please visit our website [www.cfmhn.ca](http://www.cfmhn.ca)



## Membership Committee Report (2016- 2017)

**Current Members:** Sherette Currie, Chair

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 2016'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	2017	2016	2015	2014	2013
AB	18	10	19	11	20
BC	19	13	20	13	34
MB	3	7	8	5	15
NB	5	3	4	3	3
NL	7	5	8	8	7
NS	32	24	26	29	21
NT		2	3	0	1
ON (Individual)	65	61	45	27	37
PE	2	2	1	1	1
QC	5	5	3	4	6
SK	4	7	9	3	8
YT			1	0	0
Other		1	3	2	0
MHNIG (Ontario Interest Group)	796	985	948	1091	976
<b>Total</b>	<b>956</b>	<b>1125</b>	<b>1,098</b>	<b>1197</b>	<b>1129</b>

Sherette Currie, Membership Chair



**2017-2018 Board of Directors  
Slate of Nominees  
(Two year term)**

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**Terms Expiring (October 2017)**

- British Columbia - Marlee Groening .....
- Quebec - Christine Marie Tillman .....
- Prince Edward Island - Vacant .....

**Terms Continuing for one more year – Renewing for 2 years to October 2019**

- Alberta – *Now Vacant, Not returning*
- Saskatchewan - Arlene Kent-Wilkinson
- Manitoba - Tracy Thiele
- Nova Scotia - Sherette Currie
- Nunavut – *Currently Vacant*

**CAMIMH/MHC Liaison (Appointed)**

- Lisa Crawley.....

**Military Liaison (Appointed)**

- Sergio Grice, (replacing Paula Walbourne).....
- Jim Quinn, Military Representative.....

**Appointed MHNIG Representative**

- ..... To be confirmed

**President-Elect – *Currently Vacant***

**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.