



CFMHN 2019-2020 ANNUAL REPORT

Canadian Federation of Mental Health Nurses

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PRESIDENT'S MESSAGE

This year has been a challenging time for everyone and the key aspect that resonates for me through everything is how vital mental health is and how important mental health nurses are to the health and well-being of Canadians. I have had the opportunity to hear stories from many members of the CFMHN in front line practice, administration, education, and am deeply moved and proud of the work each of you are doing.

My first year as President I would call foundational work. With the approval of our new by-laws in 2019, the board has been working to update policies and procedures to reflect our new standards, including our nomination procedures, updating position descriptions for elected positions, board orientation, and succession planning. Stay tuned as we are just getting started and we have more work to do.

CFMHN has also had a strong national voice and amazing opportunities to collaborate. Recently we had the opportunity to be 1 of 7 national organizations to join the Canadian Nursing Association (CNA) on a joint letter to Prime Minister Trudeau on recommendations for Canada's long-term recovery plan. Increasing mental health funding for health-care professionals and investing in virtual care to support vulnerable groups are just two of the critical recommendation we firmly believe need to be addressed in the government's long-term recovery plan.

Our opportunities for advocacy continued when collaborating with CNA on a letter to the Minister of Health on recommendations for Canada's long-term recovery plan. These recommendations can be viewed by visiting the report on the [CNA site](#).

The CFMHN has been invited to be a member of the Mental Health and Chronic Disease Network of the Mental Health Commission of Canada (MHCC). The purpose of this network is to:

- Stimulate new conversations of the intersection of mental health and other physical chronic diseases
- Create a space to share learnings, resources, promising practices and challenges in collaborative care
- Advise the MHCC on priority areas where they are best suited to support action

The CFMHN is also a member of CNA's National Nursing Framework and e-Learnings on the Legalization of Cannabis Advisory Committee. I can't wait to share this final work and the great resources.

As members of CFMHN, it is important to complete your Member Profile. When filled out thoroughly, our collective profiles become a powerful tool. Profiles enable all members to find appropriate contact/s within our federation to source the most relevant information. Everything from, area of practice, credentials, or geographic location can be of great help to filter for the best support available. Please check your profile and make sure it is up-to-date and complete.

I have never been prouder to be a mental health nurse and I continue to encourage you to use your voice to continue advocating support for mental health for all. I would like you to consider volunteering within the CFMHN as our voices are stronger together. Feel free to contact your provincial director to learn more about opportunities within our board and committee work (education, finance, advocacy, membership, communication, and conference planning). Alternately, stay tuned for some upcoming important strategic planning work that you may get involved in. This is a great opportunity to help shape the direction of the CFMHN and its priorities for the future.

I am looking forward to another productive year of capitalizing on opportunities before us.
Take care and be safe.

Tracy Thiele, RPN, BScPN, MN, PhD(c)
President, Canadian Federation of Mental Health Nurses

FINANCIAL REPORT & STATEMENTS

The past year was spent focused on getting our finances in order. Our new Association Management provider has implemented changes, including an external financial review, to ensure transparency and accuracy of our finances going forward. We thank Alison Toscano and her team at FSEL for their diligent work to that end.

Thank you, also to Jennifer Rade for the patience and effort to prepare our finances for submission to Revenue Canada.

As seen in our financial statements, though not strong, our finances are clear and will help guide us to strengthen our position as we move ahead.

Thank you,
Florence Budden, BN, RN, CPMHN(c)
Treasurer

NOTICE TO READER

On the basis of information provided by management, I have compiled the statement of financial position of Canadian Federation of Mental Health Nurses as at June 30, 2020 and the statement of operations and changes in net assets for the year then ended.

I have not performed an audit or a review engagement in respect of these financial statements and, accordingly, I express no assurance thereon.

Readers are cautioned that these statements may not be appropriate for their purposes.

A handwritten signature in black ink that reads "J. Rade".

Markham, Ontario
November 12, 2020

Chartered Professional Accountant
Licensed Public Accountant

CANADIAN FEDERATION OF MENTAL HEALTH NURSES

STATEMENT OF FINANCIAL POSITION

AS AT JUNE 30, 2020
(Unaudited - See Notice To Reader)

	2020	2019
ASSETS		
CURRENT		
Cash	\$ 5,404	\$ 36,124
Guaranteed investment certificates	10,736	10,540
Accounts receivable	1,182	3,410
Prepaid expenses	<u>-</u>	<u>13,500</u>
	\$ 17,322	\$ 63,574
LIABILITIES AND NET ASSETS		
CURRENT		
Accounts payable and accrued charges	\$ 7,157	\$ 9,598
Deferred sponsorship revenues	<u>-</u>	<u>30,390</u>
	7,157	39,988
NET ASSETS	<u>10,165</u>	<u>23,586</u>
	\$ 17,322	\$ 63,574

CANADIAN FEDERATION OF MENTAL HEALTH NURSES

STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS

FOR THE YEAR ENDED JUNE 30, 2020

(Unaudited - See Notice To Reader)

	2020	2019
REVENUE		
Conference	\$ 74,927	\$ -
Membership	24,419	22,663
Sale of standards	250	-
Interest	196	102
Website advertising	-	2,425
Other	-	458
	99,792	25,648
EXPENSES		
Association expenses		
Management fees	9,225	8,600
Advertising and marketing	2,587	2,064
Bank charges	1,910	469
Professional fees	1,500	1,500
Memberships	1,080	6,000
Office and general	648	1,495
Travel	476	1,313
Insurance	150	3,780
Miscellaneous	-	2,793
	17,576	28,014
Conference expenses		
Event venue costs	44,865	1,000
Conference fees	22,500	-
Event audio visual	10,603	-
Event speaker fees	8,900	-
Administration and board	6,782	713
Display costs	1,100	-
Workshops	887	-
	95,637	1,713
TOTAL EXPENSES	113,213	29,727
DEFICIENCY OF REVENUE OVER EXPENSES FOR THE YEAR	(13,421)	(4,079)
NET ASSETS, beginning of the year	23,586	27,665
NET ASSETS, end of the year	\$ 10,165	\$ 23,586

BRITISH COLUMBIA (BC)

By Cynthia Russell, RN, MN



Along with everyone globally, here in BC the COVID-19 pandemic and our responses dominate our lives, nursing practice and healthcare initiatives. The BC Provincial government recently conducted a survey (Apr-May 2020) related to the impact of COVID-19 on the lives and concerns of British Columbians. One in 10 British Columbians took part in this survey and preliminary results recently released, are not surprising. Mental health concerns dominate and are concerning with 47% of respondents sharing that their mental health was worsening with increases in anxiety, worries about the COVID infection, job losses and food security and concerns about caring for vulnerable family members. Crisis lines report a significant uptake in use of their services and many in the survey reported lack of access to mental health services as a concern. Resulting province wide responses have utilized online and virtual delivery of many services with clients often able to access their chosen service without referrals. Many initiatives continue to be developed but the positive impact on mental health and wellness while hoped for is uncertain at this time.

In response to the BC Ombudspersons report (2019), which highlighted significant practice and human rights issues in the practice of using the BC Mental Health Act, the BC Ministry of Mental Health and Addictions formed an Advisory group, including mental health nurses, to develop practice standards. These practice Standards are for all providers and staff working in Mental Health and must be adhered to when working with those certified and cared for under the Mental Health Act. These standards include accountability, education requirements and mandatory reporting from the Health Authorities. Exciting new development in this work was the opportunity for MH nurses to participate in the Advisory group and to respond to poor care experienced by First Nations community members by developing a Standard that addresses Cultural safety and Humility in mental healthcare. We look forward to the changes that this will prompt in mental healthcare delivery for Indigenous peoples in BC. This advisory group has been working over the past year and half to develop these standards which are in the final draft. Ongoing work and development of the Guide to the Mental Health Act will further promote improved, culturally safe, trauma informed care for all mental health system clients and patients.

The Opioid crisis remains the other ongoing public health emergency in BC with an increase of drug toxicity, overdose events and tragic deaths. The COVID-19 pandemic and the restrictions for distancing has exacerbated this crisis in BC, with an increase in all adverse events, including deaths. The deaths due to this ongoing opioid crisis outnumbers deaths due to the Covid-19 virus, here is the [BC Coroners Service Illicit Drug Toxicity Report to September 2020](#). Mental health and substance use nurses along with other nursing colleagues continue to take leadership roles, initiating approaches to address solutions. Alongside many initiatives intended to improve these heartbreaking deaths and events, one initiative which has been in the planning for several years, but finally close to being practice, is OAT

prescribing authority for BC RNs and RPNs. This is an exciting acknowledgement of the role and value in expanded scope for RNs and RPNs who work to improve healthcare and especially in rural and remote regions where access to safe supply and other prescribers remains a barrier to equitable healthcare.

ALBERTA (AB)

By Bev Lent, RPN, BSPN



Annual Mental Health Report – Alberta 2019-20

- In the past year, the UCP Provincial Government added 121 million Mental Health & Addiction 2020 budget
- Large focus on addiction services
- Treatment, recovery, harm reduction
- Opioid response includes proposal to participate in national class action that will hold opioid manufactures and wholesalers accountable for health-care costs and damage.
- A province wide health care review was conducted by Ernest & Young outcomes included
- No hospital closures, no urban trauma centre consolidation.
- Continued review of healthcare workers including skill sets and classification as well as staff patient rations
- bed management, and reduction of length of stays

New mental health programs within the province

Edmonton opened a much needed walk in 24/7 for all ages for anyone with mental health and addiction concerns, including crisis management, navigation and intake throughout the zone.

Calgary groundbreaking November 2019 for a youth mental health mental health crisis, clinics and day programs.

COVID-19

- Major impacts on Albert's mental health, including increased use of substances, overdose deaths, domestic violence, risk to harm to children, youth, women and all marginalized populations have all increased.
- April 15th, 2020 and additional 53 million dollars was injected for increased mental health supports during COVID

- AHS response in collaboration with the Mental Health Foundation in Calgary and Edmonton have created Text 4 Hope, a free service providing 3 months of daily CBT based text messages written by mental health therapists.
- Additional virtual resources include *AHS Help in Tough Times*: providing in person, phone, on line, support groups and self-help info related to mental health concerns during COVID.
- Centre for On-Line Mental Health: Services – offer free webinars
- Addictions and Mental Health moved quickly on phone and support through Zoom visits with the onset of COVID-19, onset was slow but grew steadily over the months

Alberta's Mental Health Act, Bill 17 was passed in June 2020 Changes included-

- Updating admission criteria
- Improving access to care
- Reducing red tape
- Strengthening patient rights
- Changes to Mental Health Review Panel

Connect Care (electronic medical record)

- Connect Care continues to be implemented across the province, though there have been some delays because of COVID-19.
- Connect Care is the electronic medical record that will be implemented across all AHS sites, hospitals, community clinics.
- Access to current health records by your treatment team.
- Albertans can access their health records electronically through MYAHS. Test results, visit summaries, medication – current and past, and past and future appointments.

SASKATCHEWAN (SK)

By Cindy Peternelj-Taylor RN, BScN, MSc, PhD(c), DF-IAFN



Greetings from Saskatchewan. I am pleased to be once again representing the province of Saskatchewan on the CFMHN Board of Directors, a position I held many years ago. I would like to express my gratitude to my colleague to Dr. Arlene Kent-Wilkinson, who held this position as the provincial representative for SK, since 2014. I assumed this position in October 2019 and have been spending time familiarizing myself with the organization. I have included a few glimpses into matters of relevance to psychiatric and mental health nurses from the past year.

Custody and Caring: 16th Biennial International Conference on the Nurse's Role in the Criminal Justice System was held in Saskatoon October 23-25, 2019. For 30 years, this conference has highlighted innovations in practice, education, research, and policy development in the field of forensic mental health and correctional health care in Canada and globally. The theme for the 2019 conference was *Social Justice in Forensic Mental Health and Correctional Nursing*. While registration for this conference was down this year, when compared to previous years, we drew speakers and participants from 8 provinces, Sweden, Australia, the United Kingdom and the United States. Many of the keynote sessions featured speakers whose work aligns with psychiatric and mental health nursing specifically; including Pete Early a “Mental Wellness Warrior” and author of *CRAZY: A Father's Search Through America's Mental Health Madness*, and Francoise Mathieu's self-care session that focused on burnout, compassion fatigue, vicarious trauma and high stress workplaces. Planning for the 17th conference, which normally would be held in fall 2021, has been challenging given the restrictions and concerns around COVID-19. I know in years gone by, my participation (and others) in the CFMHN's conference has been limited given that the dates have often coincided with the dates of the Custody and Caring conference.

Saskatchewan Union of Nurses Making the Difference Campaign has been very active featuring several docuseries of issues relevant to psychiatric and mental health nursing in Saskatchewan (and beyond). Check out the documentaries at [Making the Difference](#). The most recent documentary entitled [“This Could be Small Town Anywhere”](#) looks at rural Saskatchewan's mental health and addictions crisis.

I was pleased to host the **August Webinar** that featured my colleague [Dr. Holly Graham, Indigenous Research Chair in Nursing](#). Holly's talk was entitled “Wahkohtowin” a Cree word that means we are all related. Holly provided a very informative session that highlighted concepts that impact upon the relationships between health care providers and their patients – both Indigenous and non-Indigenous -- with a focus on enhancing resilience. Holly discussed the impact of adverse childhood experiences on wellness, and the historical relationship between Indigenous and non-Indigenous peoples in Canada, and the importance of integrating a trauma informed lens into one's daily practice.

Finally, as a member of the **Membership and Communications Committee**, my goal for the year is to try and increase membership in the CFMHN, by reaching out to Saskatchewan Registered Nurses and Registered Psychiatric Nurses.

MANITOBA (MB)

By Candice Waddell RPN, MPN, PhD(c)



I joined the CFMHN Board of Directors in January 2020. I became interested in the Federation after presenting at the Conference in 2019 and I am very happy to be acting as the Manitoba Provincial Representative. I am also involved with the Federation's Education and Conference Planning Committees.

This has been an extremely challenging year and 2020 is definitely going to go down in the history books. The COVID-19 pandemic has shifted the way Canadians work, learn, and play as well as increasing levels of fear, anxiety and uncertainty that many have never experienced before. Learning to navigate all the changes, and maintain a positive mental health is a priority and a challenge for many Canadians.

Like many Canadians and psychiatric nurses in the front lines, my year has been preoccupied with all things COVID-19. I was lucky enough to participate in a Webinar with the Canadian Nurses Association President Claire Betker, the Canadian Alliance of Mental Illness and Mental Health Co-Chair Florence Budden and the President and Chief Executive Officer of the Mental Health Commission of Canada, Lois Bradley entitled "Coffee with Claire: Conversations on COVID – 19 with CNA's President- Nurses' Mental Health Needs. I also had a chance to write and present with some other colleagues, Dr. Rachel Herron and Richard Whitfield on COVID 19: Not the new normal but a chance to change our response to mental illness in a PSRRPS Canada Webinar. Throughout the summer, I have also been working with a very talented group of academics from Brandon University on a COVID 19 research project, specifically looking at how rural older Manitobans and Health Care professionals are coping through the pandemic. We are hoping to have more information on that project published soon.

Manitoba also hosted an incredible webinar called "Cruel to be Kind" on June 16, 2020 hosted by Jan Marie Graham and Nadine Smith, both from Brandon University.

I am looking forward to the next year with the Canadian Federation of Mental Health Nurses and look forward to connecting with more Manitoba Mental Health and Psychiatric Nurses in the near future. We need a stronger Manitoba voice at the CFMHN table, so I will be working over the next year to try and boost our representation and members!

waddellc@brandonu.ca

NEW BRUNSWICK (NB)

By Stephen VanSlyke, RN, BN, MN, CPMHN(C)



New Brunswick does not have a group for mental health and addiction nurses, so the CFMHNG serves as an important connection with nurses across the country facing challenges and offering opportunities.

Five nurses from the province attended the CFMHNG Conference and AGM held in Winnipeg, Manitoba in the fall. It was a great opportunity to network with others and to get to know nurses from our own province better. It was a high quality conference with great learning opportunities.

New Brunswick's Action Plan for Mental Health spanned 2011-18. Since the end of this plan, there has been no announcement of a new set of targets for the delivery of services. Mental health and addiction services continue to build on a "recovery model" and nurses are engaged in client service delivery in community and hospital programs.

In response to COVID-19, some community services converted to virtual service delivery. Community-based services for the homeless and most vulnerable are being delivered using creative approaches and in partnership with community agencies. For example, in Fredericton, an Out of the Cold Shelter opened in a high school that had been vacated by students. This provided a high level of safety and support for a vulnerable group of people. There is evidence that opioid drug use is a challenge in the province, but it has not reached the level experienced in some large urban centres. Crystal meth and other stimulant medications have been more problematic in our region.

Violence in healthcare has been an issue in New Brunswick. Some high profile cases emerged in the past year. Violence toward nurses is an issue in all areas of care and is in no way isolated to mental health areas.

New Brunswick is experiencing a nursing shortage in most parts of the province and the Province's universities have had their nurse education funding cut. In the fall, our English university (UNB) partnered with our Community College to explore the possibility of introducing the Registered Psychiatric Nurse. The meetings with stakeholders were suspended during the pandemic. It's hoped that discussions will restart. For many years, employment standards for mental health nurses have required a post-basic course in mental health nursing and/or CNA Certification, but these standards are being reconsidered. It is recognized that standards from the CFMHN and CASN provide relevant and helpful information to address matters of importance to nurses in the province and their education. Having a national voice for mental health nursing is fundamentally important.

Ontario (ON)

By Carmen Hust RN, MScN, PhD, CFMHN(C)



Current Members: Total 839, 802 nurses, 37 student nurses

Please note that this report represents a year of great disruption as our organization, and this provincial membership did our best to address the needs of our populations, nurses and student nurses as we faced a pandemic while still trying to further our goals for mental health and wellbeing in our province. Sadly, the celebrations of 2020 International Year of the Nurse were not advanced as intended due to the pandemic and need to address more pressing issues and move all events online.

This past year CFMHN/RNAO Ontario members focused on the following goals:

- To promote membership and further membership resources
- To lobby on behalf of nurses who are the frontline heroes for mental health support to address the challenges of COVID and mitigate burnout
- To lobby for more resources to address the ever-increasing addiction and overdose crisis facing our population and to support resources for parents, families and children who are also victims of the opioid crisis
- To address systemic racism in our province and its consequences on mental health and the provision of care. Important attention to Indigenous Health care Disparity
- To authenticate the role of psychotherapy in mental health nursing and advance the efforts of the Psychotherapy resolution that was passed in June 2018

Actions in 2019-2020

- CFMHN/RNAO Membership
 - I. Processes unified and streamlined- Membee registration established
 - II. Letter sent to all RNAO MHNIG members prompting them to register with CFMHN through Membee as this is a feature included in the MHNIG membership
 - III. CFMHN/RNAO Memorandum of Agreement Drafted
 - IV. Development of Members Survey
 - V. Update Psychiatric and mental Health Nursing Standards, adding in pandemic response and systemic racism
- To lobby on behalf of Front Line nurses and challenges related to COVID -19
 - I. Queen’s park presentation discussed with MPPs included Ontario’s Inadequate Staffing Ratios in Long Term Care (71% PSWs; 18% RPNs;11% RNs/NPs)
 - II. Call for action March 13th-COVID -19
 - III. COVID related Advocacy –Stigma towards nurses as vectors of COVID Spread
 - IV. Take your MPP and ministers to work was virtual this year – central concern was Pandemic concerns and nursing health and metal well being

- V. Queen's Park Presentation: Inadequate Staffing Ratios in Long Term Care (71% PSWs; 18% RPNs; 11% RNs/NPs)
 - VI. Development of working group to survey nurses about their experience during pandemic-concern re substance use and suicidality
 - VII. Newsletter to focus on Nurses experience of Pandemic (Fall 2020)
- Lobby for resources to address Opioid crisis in Ontario and other care needs
 - I. Queen's park presentation: Main issues discussed with MPPs included Ontario's Opioid Crisis
 - II. Presentation Fentanyl overdoses and lack of harm reduction approach accepted for presentation (Oct 2020)
 - III. Region 7-homeless shelter –backlash from community and media. Need to advocate for safe –injection site.
 - Development of working group to address “systemic racism”
 - I. Working group developed
 - II. Position statement and call to action being written
 - III. Advancement of Jordan's Principle
 - IV. Discussion of unique concerns of COVID in Indigenous communities-requirement for negative Pressure tents and role of the nurse
 - V. Webinar under construction: Indigenous Health Disparity from the indigenous perspective- audience non native nurses
 - Development of working group for *psychotherapy* scope of practice in nursing
 - I. working group developed
 - II. Meetings occurred
 - III. Areas of attention include:
 - i. education requirements
 - ii. definition of “psychotherapy”
 - iii. the possible development of Best Practice Guidelines
 - iv. lobby for increased education in BScN
 - v. Exploration of establishing a Nurse registry for the Mentorship/Supervision of Nurses that use Psychotherapy as a modality in their practice
-

QUEBEC (QC)

By Christine Genest, RN PhD



I became the Quebec representative in late fall 2019. As a member of the board of Quebec's group of interest (Association Québécoise des infirmières et infirmiers en santé mentale (AQISM)), I am trying to develop connection between AQISM and CFMHN. In line with this, there was a webinar in May to present the Suicide prevention program developed by mental health nurses and supervised by AQISM. This program is used in different hospital settings in the province to guide nurses in their role toward suicide prevention. I believe we could eventually work to translate some of the document in English so it could be used in other provinces. My goal is also to get more Quebec nurses in the CFMHN so we can learn from each other.

This year, as everyone knows, was quite challenging for nurses because of the pandemic. In Quebec, we were greatly impacted by COVID with more than 60k confirmed cases and 5,687 deaths (beginning of August). More precisely it was the Montreal region that was more impacted. A number of mental health nurses were relocated to help in seniors' housing where the pandemic was more present. There was even a psychiatric unit that became designated for COVID patients in Montreal. This was challenging but nurses helped make this possible. A lot of research projects started during the past few months to look at the impact of COVID on the mental health of the general population and health care professionals. I am looking forward to those results since it would be important to take care of those with mental health issues due to the COVID.

On a more positive note, the first mental health nurse practitioner graduated in fall of 2019. They are now working in different settings and are leaders in the field. Their role varies greatly depending on their work setting but they help improve waiting times and care of mental health patients.

This past year will be one we will all remember. As nurses, and particularly, as mental health nurses, it's important that we take time to take care of each other so we can continue to take care of our patients.

À l'an prochain!

NOVA SCOTIA (NS)

By Adeola Emmanuel Adebayo, RN, BScN



No report was provided.

NEWFOUNDLAND & LABRADOR (NL)



By Jeannie McFarlane BA, BNRN

Greetings from Newfoundland!

I am still currently working in the Psychiatric Assessment Unit and Short Stay Unit at the Waterford Hospital in St. John's, as well as working on a Master's of Nursing Degree (Practicum) at Memorial University of Newfoundland. I have also written the Canadian Nurse's Association (CNA) Psychiatric and Mental Health Nursing certification exam in November 2019 and am now a Certified Psychiatric Mental Health Nurse (CPMHN).

I became the provincial representative of Canadian Federation of Mental Health Nurses (CFMHN) in January 2019 and since then I have promoted and attended the CFMHN National conference in Winnipeg within my professional network and outside of them as an attempt to increase attendance at the conference. I am also a member of the advocacy committee and I have recently taken on the role of acting Webinar Coordinator.

Here are some of the initiatives that have happened in the past year to improve Mental Health and Addictions programs within Newfoundland and Labrador:

- On February 14th/20, Eastern Health, launched an [Innovation Strategy](#) and Living Lab with help of partners, the NL Workforce Innovation Centre (NLWIC) at the College of the North Atlantic (CNA) and IBM as part of the "Improving Psychological Health and Safety in Health Care Workers through Technology-Based Support", this is a 3 year strategy to help encourage a culture of innovation throughout the organization. On April 24th/20, "EVA" was launched by Eastern Health which is the new [Employee Virtual Assistant](#) and was put forth by Eastern Health and partners. It is a way for employees, as well as their family members to have 24 hour, feeless, confidential access to mental health resources. Within this initiative, Eastern Health also has trained Peer support workers that are available to all Eastern Health employees who wish to avail of this service.
- On August 4th/20 Eastern Health partnered with the Canadian Mental Health Association of Newfoundland and Labrador, the Mental Health Commission of Canada, Richard's Legacy Foundation, the Jacob Puddister Memorial Foundation and Consumers Health Awareness Network of Newfoundland and Labrador (CHANNAL) to create the "[Hope and Recovery Initiative](#)"; in order to raise awareness of suicide prevention efforts and resources within the community. The mandate of this initiative is to create conversations about suicide and identify resources for people having thoughts of suicide.

- On August 12th/20, the new [Adult Mental Health and Addictions Facility](#) that will be built in St. John's, the capital city of Newfoundland started construction which will include: A 240,000 square foot, six-storey, 102-bed hospital; A parking garage with space for 1,000 vehicles; and, a new 60-bed hostel to replace the Agnes Cowan Hostel.

Prince Edward Island (PEI)

By Brandi S. Martin, NP, MN, RN, BScN, CPMHN(C)



Photo credit to Tracy Adams Photography

As I continue into my second term as PEI representative for CFMHN, I reflect on the last year and previous months in dealing with Mental Health and Addictions on PEI.

As a practitioner on the island, I have maintained and continued training and employment within this field. I have completed CBIS (Cognitive Behavioural Interpersonal Skills) training, along with education sessions on ADHD and Mental health Coping strategies. Other educational opportunities on a variety of other physical health issues have been attained for continued holistic care. I was also in attendance at the International Custody and Caring conference in Saskatoon, SK – spending time and learning from other nurses working within the Correctional/Forensic fields on an international platform. I have joined the CFMHN subcommittees for Nursing Advocacy and Policy Development. My certificate in Psychiatric Mental Health nursing through CNA has been renewed until 2024 through continued educational hours. I also took part in a national survey focusing on treatment of Hepatitis C within the correctional system and am co-author on the article pending publication. (*Disparities in hepatitis C virus (HCV) care across Canadian provincial prisons: Implications for HCV micro-elimination*)

For myself as a nurse practitioner – I have continued to work within the correctional setting and have seen both the successes and continued struggles for mental health services on PEI. The 2020 year, however, has been one that has come with unique and unfortunate struggles with the COVID-19 pandemic affecting all individuals, worldwide. Although PEI has thankfully maintained low COVID numbers of infections it has still had significant impacts on the health and supports for islanders during

this time. Many plans for services within health care systems or for health care systems have been postponed or changed due to the pandemic, like we have seen in almost all Canadian provinces.

To capture some of the changes (but certainly not limited to the following), upcoming plans, and obstacles over the past year on PEI:

PEI Investment of \$685 million into [Primary Care and other Health Services across the province](#); \$4 million for patient centered health care services including e-mental health and addictions.

Similarly, to many other Canadian provinces, wait times and missed appointments continue to be an issue with many services within health, no different in mental health. Other platforms to help solve these issues are being looked at, [such as electronic and online services](#).

Islander brings to light, her struggle navigating the island addiction services system and lends her voice to [advocate for better access on the island](#). Her advocacy has continued throughout the year and has engaged others living life in sobriety to [come forward and support](#) the island addiction population.

In March 2020, [Addiction Walk in Clinics](#) were offered to islanders for the first time, where you could call in from home to speak with an addiction counsellor for a 45-60 minute session, free of charge, to discuss the struggles being faced as well as discuss potential services to mitigate issues at hand.

[Mental Health Walk in Clinics](#) were suspended temporarily during COVID in the spring 2020, but are now fully functioning to serve and provide mental health support to islanders. These clinics are available in five different locations across the island.

Mental Health services expanded during COVID to help alleviate the gap felt due to closures and offered [online services to islanders](#).

[Lennon House](#) opened in April 2020. Lennon House *'provides a temporary home for those recovering from addictions and co-occurring mental health disorders.'* Dianne Young, an island mother who lost her son, Lennon, to addiction and mental health issues, saw the gap within the island's services and spearheaded the [opening of this non-for-profit home](#).

Mental Health and Addiction services were significantly impacted during COVID. Many islanders struggled as tough financial situations increased and health care services closed due to the pandemic. Many alternatives were made available with the hopes of ensuring at least some supports were available if full appointments were not. [Psychiatric Urgent Care Clinics](#) were created to help decrease the traffic through the ER system and allow islanders access to mental health services when necessary. Other services offered online were made available to increase access.

Services needed to [get creative in order to continue offering support](#) to islanders throughout COVID. Although the province saw many closures to services, a day program in the place of overnight programs were created.

[E-Mental Health and Telehealth supports](#) became more available throughout the COVID pandemic for islanders facing mental health struggles or access to services. A variety of areas where services were made available and the public aware were updated regularly as services rolled out. Online programs that could be completed from home such as the ICAN Adult Anxiety program, for example, were utilized by islanders where in-person sessions were unavailable for the time being.

[PEI invests \\$147 million into MH and Addictions](#) according to the 2020-2021 capital budget. Much needed facility upgrades as well as islander services to be addressed with this funding.

As of May 2020, [Zoom Psychiatry services](#) were made available to islanders serving all populations. (Adults, Children, Adolescents and Seniors) from own home. Referrals through a centralized psychiatry office now manage the province's psychiatric referrals offering wider ranges for access and faster appointment times.

In June 2020, the plans for new build of the island's only psychiatric hospital, Hillsborough Hospital, has been released for public consultation. This facility is planned to accommodate Mental Health, Addictions, a Recovery centre as well as residential and commercial uses within facility. Once complete, this will be a wonderful addition to the island's Mental Health and Addiction services. [Plans to 'break ground' in fall 2020 are still on track.](#)

On June 18, Shawn Greenan, MD presented a webinar through CFMHN titled: *Hepatitis C Elimination Through Collaborative Mental Health*. He is currently the PEI provincial HCV coordinator and spoke about not only the virus and pathophysiology, but the goals of eradicating the virus from the population on the island within the upcoming years with new antiviral treatment, funded through the government. This would be a significant impact on islander health, as a province.

PEI continues to work on improvements as outlined in the [Mental Health and Addiction Strategy 2016-2026: Moving Forward Together](#). This is a provincial strategy created in 2016, spanning 10 years, outlining goals and plans for the island within Mental Health and Addictions.

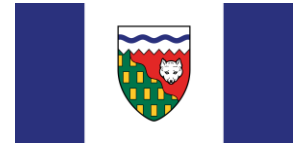
Previously planned expansion of the island's largest correctional facility is also due to break ground in Fall 2020. The addition will house new medical offices to better support and care for island offenders, but also a women's unit to better help the female population during their incarceration and in their transition back to community.

We saw struggle across the island – the country and across the world in 2020. With struggle, also comes newly identified strengths. The unavoidable journey through tough times often helps us gain new insights and strength into our situations. It is important to always keep pushing forward and to not

allow obstacles or struggles stop us from succeeding or from reaching greatness. *“When you learn to see your struggles as opportunities to become stronger, better, wiser, then your thinking shifts from ‘I can’t do this’ to ‘I must do this’ - Toni Sorenson “.*

Northwest Territories (NT)

By Lea Barbosa-Leclerc, RN, BN



2019-2020 Territorial Report for CFMHN

My role as the Northwest Territories (NT) representative for the CFMHN Board started in November 2019. As a registered nurse for 20 years and a nurse educator for 15 years, I came to know of CFMHN when I took a position as a mental health clinical instructor 9 years ago. Based on the 2019 membership report, I am the only member & representative from NT. I would say, I am still learning of what my role in CFMHN is and I am learning a great deal.

The availability of mental health services in the NT has been sparingly limited for many years, in compared to our southern territories and provinces, which lead to increased number of mental health related hospitalizations, number of reported suicides, addictions, and violence as a whole. However, available mental health services in the NT are implemented at a variety of levels - federal, territorial, regional and within communities. Community counselling programs are available in the Beaufort-Delta, Deh Cho, Fort Smith, Hay River, Sahtu, Tlicho & Yellowknife regions. Mental health online resources continue to be easy and affordable services for NT residents. This report highlights some key MH initiatives that are currently occurring or have occurred in the NT in the past year, that I am aware of.

- The NT was guided by an outdated Mental Health Act that was created in 1988 and revised multiple times with the aim to meet the mental health needs of the people in NT. With a great deal of push from the communities and its people, the new [NT Mental Health Act](#) came into force on September 1, 2018. This act included the arrangement of two NT health centres and two hospitals as chosen services to support the care and treatment of people living with mental health disorders; a strong emphasis on individual rights and safety; the formation of a Mental Health Act Review Board that will establish review panels to hear appeals for involuntary hospitalization from individuals; and, a new function – Assisted Community Treatment – that permits families and communities to work with health and social services professionals to upkeep a community member with a mental health disorder to live outside of a designated facility when supports are available. This new Act was received positively by the health care professionals, the individuals affected by the Act, and the communities for the concepts of inclusion, community involvement, and informed decision making are highlighted as important considerations.

- The one-year-old “state of the art’ Stanton Territorial Hospital that opened in May 2019, expanded its psychiatry/mental health unit from 10 bed unit to 23 beds. The unit now includes a secure outdoor space for mental health patients. Unfortunately, this unit only provides services to the adult population.
- In June 2019, the *Mental Wellness and Addictions Recovery Action Plan* for NT was created. It summarizes the immediate actions to be taken to safeguard individuals and families in the NWT are offered services and support that foster hope, promote self-determination, and build partnerships that support mental wellness and addictions recovery, while respecting the uniqueness of each person’s journey. To attain this objective, the [Action Plan](#) targets to decrease stigma and upturn awareness and prevention, increase supports and transform the culture of practice within the Mental Wellness and Addictions Recovery System to more fully reflect a seamless care pathway model in the NT, improve quality, coordination, and integration of services, and finally, to strengthen peer support, aftercare, and community-Based Options for People Living with Addictions.
- Building from the above Action Plan, the NT continue to work in meeting the needs for more mental health assistance specific to children and youth (*Child & Youth Mental Wellness Action Plan for 2017-2022*). This action plan is the product of partnership among various divisions and specialists within the GNWT, Health and Social Services system (HSS); Department of Education, Culture and Employment (ECE); Department of Justice (DOJ); and Department of Municipal and Community Affairs (MACA). This action plan echoes what was heard from approximately 130 youth from every region of the Northwest Territories (NWT) about their mental wellness needs, and this insight was supported by leading practices and research in promoting mental wellness in children and youth. Survey results that came from these youth lead to the [creation of 49 mental health counsellor jobs](#) to be created in territory. For the most part, children and youth that have mental health crisis are directly sent to a territorial hospital in Yellowknife. Many of these children and youth are from small communities with no or minimal mental health services/personnel.
- August 2020, the GNWT’s Department of HSS collaborated with the NT Association of Communities and Western Arctic Moving Pictures and offered the [Dope Experience](#) free workshops in Inuvik and Hay River, NT where it involves youth in exploring topics such as substance use, mental wellness, self-care, and community connectedness through art. Workshop facilitators are trained in media production, health and wellness and expressive arts. The goal of The Dope Experience is to place the youth of each community at the forefront of change towards a healthier and more mindful NWT.

- August 2020, the Government of the Northwest Territories has collaborated with MHCC on a two-year mental health project to reduce wait times and improve services by providing care to residents when and where they need it. The project includes the use of both existing traditional supports and Internet and digital technologies like phone apps to offer residents a menu of options they can choose from – as and where needed – regardless of where they live. The project uses the Stepped Care 2.0 model developed by Dr. Peter Cornish.
- In response to COVID-19 and physical distancing’s effects on individuals’ mental health and, the NT HSS provided numerous online resources available for people across the lifespan to access on their own.

Moving forward:

A Yellowknife organization, *Dene Wellness Warriors* is spearheading the development of a new program that will train 25 Indigenous people from the NT to be mental health counsellors. The program is expected to start in September of 2020.

To date, there is no territorial interest group for mental health and addictions nurses in NT, however, it is from my observation and experience that there has been an increased interest of new graduates and nurses outside of NT to work in the area of mental health. As a nurse educator, I firmly believe that our local college and its nursing program have prepared graduates and beginning nurses to work and care for clients with mental health challenges. One thing that I want to improve on as a territorial representative, is in the area of recruitment to CFMHN. As I come to know more information of what is happening across Canada in relation to mental health, I have worked very hard in recruiting more registered nurses to join CFMHN. However, I do find myself disappointed when met with some hesitancy to become members especially from nurses with mental health nursing background.

Thank you.

Lea Barbosa-Leclerc

A handwritten signature in black ink that reads 'Lea Barbosa-Leclerc'.

EDUCATION COMMITTEE

By: Carmen Hust RN, CFMHN(C), PhD (Co-Chair)

Annual Report for CFMHN Education committee for three subcommittees:

1. Standards Review Committee (Elaine Santa Mina, Chair)
2. Education Activities Committee (Carmen Hust, Co-Chair, Tanya Parks, Co-Chair)
3. Webinar Committee (Jeanine MacFarlane, Chair)

Standards Review Committee Members (12)

Santa Mina, Elaine, Boudreau, Dominique; Gehrs Margaret; Genest, Christine; Groening, Marlee; Holm, Mary Lou; Hust, Carmen; Kent-Wilkinson, Arlene; Ling, Sara; McInnis, Gloria; Park, Tanya; Watson, Alison; Wong, Kathy,

Group Email of Members:

esantami@ryerson.ca; Arlene Kent-Wilkinson arlene.kent@usask.ca; Marlee.Groening@vch.ca; christine.genest@umontreal.ca; Tanya.Park@ualberta.ca; Alison.Watson@camh.ca; gjmcinnis@g.ucei.ca; kwong092017@gmail.com; Sara.Ling@camh.ca; margaret.gehrs@camh.ca; dominique.boudreau.ccomtl@ssss.gouv.qc.ca; holm_m@cotainspires.ca; hustc@algonquincollege.com

CFMHN Standards Committee Meetings

June 18th, 2020

July 22, 2020

Aug 24th, 2020

Sept 1st, 2020

Sept 13th, 2020

October 14th, 2020

Education Activities Committee MEMBERS (14)

Kent-Wilkinson, Arlene; Santa Mina, Elaine; Groening, Marlee; Park, Tanya; Quinn, Jim; Genest, Christine; Tillman, Christine; Currie, Sherette; Thiele, Tracy; Waddell, Candice; Jones, Kristen; Budden, Florence; Collins, Erin; and Hust, Carmen

Group Email of Membership (14)

arlene.kent@usask.ca; esantami@ryerson.ca; Marlee.Groening@vch.ca; hustc@algonquincollege.com; Tanya.Park@ualberta.ca; Jim.Quinn@forces.gc.ca; christine.genest@umontreal.ca; christine.tillmann@mail.mcgill.ca; Sherette.Currie@nshealth.ca; TThiele@hsc.mb.ca; KristenJones@lakeheadu.ca; WaddellC@BrandonU.CA; forence.budden@mum.ca

CFMHN Education Meetings 2019 – 2020

1. Nov 5th, 2020 (Education activities Post Conference-Human Rights Work Shop to modules)
2. Jan 7th, 2020 (Education activities Post Conference-Human Rights Work Shop to modules)
3. Mar 26th, 2020 (COVID strategy Meeting)
4. June 17th, 2020 (COVID and Terms of reference –finalized for Board approval)
5. Oct 29th, 2020 * COVID Challenges in all Post-Secondary Institutions difficult to meet in September as intended.

CFMHN Webinar Committee Jeannie McFarlane - BA, BN, RN CPMHN(c) (Chair)

Date	Speaker	Title
January 30	Maureen Brennan, RN	Eastern Health’s Virtual Assistant – The 1st Anonymous Employee Resource Program
February 20	Leah Weisberg, RN, BScN, BC-NC	Integrative Treatments for Mental Health
May 21	Christine Genest, RN, PhD	Nursing Practice in Suicide Prevention: the Quebec Model
June 18	Shawn Greenan, MD	Hepatitis C Elimination Through Collaborative Care with Mental Health Clinicians
July 16	Jan Marie Graham, RN, BScN, MN & Nadine Smith, RN, BN, MN	Cruel to be Kind: When the Nurse is the “Tough Guy”
August 20	Dr. Holly Graham, RN, BA, BScN, MN, R.D.	Wahkohtowin (We are All Related)
September 17	Stephanie McConnell, RN	Promoting Positive Mental Health in Children & Youth through Caregiver Education
October 15	Aline LaFlamme	Use of Land Acknowledgement
October 22	Dr. Charlotte Ross, RN, RPN	Substance Use Among Nurses

*All past webinars can be accessed online in the CFMHN Members only portal.

2019-2020 Priorities CFMHN Education Committee

Issue	Priority	Person(s) Responsible	Action
Terms of Reference	High	All members	Submitted to Board for pending approval
Recruitment of new members	High	All	Increased membership
Education Activities to serve members <ul style="list-style-type: none"> • Develop Human Rights modules for CFMHN website • Publication on Human Rights workshop and modules 	High	All	In process <ul style="list-style-type: none"> • Draft article written • Negotiations with FSEL re how to host Human Rights Modules for member and non-member use • Continued refinement by all members
CFMHN Standards revisions	High	Elaine Santa Mina Chair and all members of Standard Sub Committee	In Process <ul style="list-style-type: none"> • Survey • Sent to members • Data collected, analysis complete • Lit review in process • Projected completion Spring 2021
CFMHN Educational Webinars	High	Jeanine MacFarlane	<ul style="list-style-type: none"> • Complete for 2019-2020 • Preparing for 2021-2022

POLICY & NOMINATIONS COMMITTEE

The Policy and Nomination Committee is the newest subcommittee of the CFMHN. A few projects were completed to date. The Committee's first project was the development of an exit survey for Directors who ended their terms of office. The exit evaluation was to ensure that past Board members had an opportunity to provide feedback on their experiences and to receive input about CFMHN strengths and weaknesses. We are always looking to improve!

The nomination process was reviewed and included the development of new application forms and processes. This new process has been utilized to recruit to vacant board positions including President Elect, Secretary, and Treasurer. Each of these position descriptions were reviewed and updated roles and responsibilities were included.

Future work will include:

- Development of the terms of reference for the Committee in accordance with our 2019 by-laws
- Review and strengthen Board education
- Review and update the CFMHN Policies and Procedure Manual

The Policy and Nominations Committee is looking for new members, so if you would like to have a part in shaping the direction of the CFMHN, please connect with our President, or one of the Directors to learn more.

Thank you,

Major Paula Walbourne, CD, MN, RN, CPMHN(C)

Stephen Van Slyke, RN, BN, MN, CPMHN(C)

Brandi Martin, NP, MN-NP, RN, BScN, CPMHN(C)

COMMUNICATIONS & MEMBERSHIP COMMITTEE

The CFMHN Communications and Membership Committee (CMC) merged this past year 2019-2020. New board representatives were identified, and several members have volunteered to participate in the Committee. Work has begun the summer, of 2020, to determine the strategic plan for membership recruitment and development. A marketing and strategy planning for communication, website update, Facebook, twitter and Instagram sites as well as and other related work has been initiated. The CMC will have a draft plan ready for the 2020 Annual General Meeting.

A point of note: It was discovered that the website identified as *CFMHN.org* was an old domain name that was allowed to lapse. Unbeknownst to the CFMHN BOD this website was taken over by an entity in the United States and has been advertising itself as the Federation. Attempts have been made to identify the hijacker to no resolve, at this point. The **current website, www.CFMHN.ca** is active. The Committee plans to spend time communicating to members and potential members of this inaccuracy. CFMHN will pursue domain ownership and copyright of CFMHN/Canadian Federation of Mental Health Nurses title to protect the assets of the organization.

Thank you,

Sherette Currie, RN, BA, CPMHN(C)

Lorelei Gibson, RN, BSN, MN, CPMHN(C)

Cindy Peternelj-Taylor, RN, BScN, MSc, PhD(c), DF-LAFN

Cynthia Russell, RN, MN

NATIONAL OFFICE REPORT

By Alison Toscano, General Manager

First Stage Enterprises Ltd. has been working as your national office for almost 2 years now under our current ownership and staff. It has been our pleasure to work with you and the Board of Directors.

Our focus this year has been on stabilizing processes, bringing government filings up to date and ensuring outside financial reviews have been undertaken.

Not-For-Profit Status

CFMHN was registered as a not-for-profit corporation effective February 7, 2019 under the Federal jurisdiction. We have Letters Patent and business and tax numbers. The year-end tax filing has been completed along with an outside accountant's review of the books. As a result, CFMHN is now a registered not-for-profit organization in good standing.

HST

All HST filings have been brought up to date.

Membership Management

First Stage implemented a new membership management system which has allowed us to set the framework for better membership services.

We worked with RNAO to establish a process for MHNIG members to register with CFMHN and sign in as a member to secure member information and pricing on our site.

A member directory was launched to facilitate members connecting with each other. If you have not updated your profile or used the directory, you are missing out! The goal is to create and expand a robust tool for easy sharing of information and expertise.

Webinar Series:

The monthly webinar series has been very successful, featuring a variety of topics and speakers.

We are looking forward to an active year of bringing even more value to CFMHN members.

If you need to reach us, please do not hesitate:

Alison Toscano, General Manager
Ian Sinclair, Association Manager
Erika Kahr, Association Coordinator
CFMHN@fsel.ca



2020 BOARD OF DIRECTORS SLATE

Executives

President – Tracy Thiele
President – Elect – Open
Past President – Florence Budden
Treasurer – Florence Budden

Provincial Directors

British Columbia – Cynthia Russell
Alberta – Beverly Lent
Saskatchewan – Cindy Peternelj-Taylor
Manitoba – Candice Waddell
Ontario – Carmen Hust (MHNIG)
Quebec – Christine Genest
Nova Scotia – Adeola Adebayo
New Brunswick – Stephen VanSlyke
Prince Edward Island – Brandi Martin
Newfoundland & Labrador – Jeannie McFarlane
North West Territories / Nunavut – Lea Barbosa-Leclerc
Department of Defense representative Major Paula Walbourne

Directors at Large

Sarah Flogen
Andrea Thomson
Chris Watkins

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