



CFMHN 2020-2021 ANNUAL REPORT

Canadian Federation of Mental Health Nurses

CFMHN National Office

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PRESIDENT'S MESSAGE

As I write my final in the role of CFMHN President, I am amazed at how quickly time has passed. I am proud of the incredible work accomplished by the CFMHN Board and committee members. I would like to especially thank our 2021 conference co-chairs Sarah Flogen and Florence Budden, along with all our planning volunteers that helped make our first virtual conference such a success. As a Federation, we recognized the structural and equity issues which COVID-19 has exposed for our clients and communities, and the toll on nurses including internal equity issues and the exclusion of mental health nursing curriculum in parts of the country. That is why this theme of this year's conferences was Human Rights and Mental Health Nursing: Equity and Inclusion. Even with the success of our virtual conference, we miss the ability to gather and be together. We hope that it will be safe enough soon for us to return to an in-person conference for 2023 – stay tuned!

The past few years have 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 never been prouder to be a mental health nurse and I continue to encourage you to use your voice to continue advocating and supporting for mental health for all. I would like you to consider volunteering within the CFMHN as our voices are stronger together.

CFMHN has also had a strong national voice and amazing opportunities to collaborate including with the University of Ottawa as an advisory member on their study focused on Mental Health and Substance Use Workforce Capacity in Response to COVID-19. The CFMHN is also a member of CNA's National Nursing Framework and e-Learnings on the Legalization of Cannabis Advisory Committee.

The CFMHN continues to be a member of the Mental Health and Chronic Disease Network of the Mental Health Commission of Canada (MHCC). This past year the CFMHN also was able to join the MHCC on a national forum on the standardization of mental health apps within Canada.

Finally, I would like to thank each member of the CFMHN board and sub committees for your ongoing work, leadership, and commitment. We continue to grow as an organization, and I look forward to seeing what the future holds.

Take care and be safe.

Tracy Thiele, RPN, BScPN, MN
President, Canadian Federation of Mental Health Nurses

FINANCIAL REPORT & STATEMENTS

During the past year CFMHN was focused on continuing to increase revenue through various initiatives and improving CFMHN Financial position. We thank Alison Toscano and her team at FSEL, CFMHN Board of Directors and CFMHN Membership for their diligent work and assistance with CFMHN and financial development.

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, CFMHN Finances have improved and CFMHN will continue to strengthen our financial position in the next year.

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, 2021 and the statement of income 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 10, 2021

Chartered Professional Accountant
Licensed Public Accountant

CANADIAN FEDERATION OF MENTAL HEALTH NURSES

STATEMENT OF FINANCIAL POSITION

AS AT JUNE 30, 2021

(Unaudited - See Notice To Reader)

	2021	2020
ASSETS		
CURRENT		
Cash	\$ 29,789	\$ 5,404
Guaranteed investment certificates	-	10,736
Accounts receivable	882	1,182
HST receivable	644	-
Prepaid expenses	<u>644</u>	<u>-</u>
	\$ 31,959	\$ 17,322
LIABILITIES AND NET ASSETS		
CURRENT		
Accounts payable and accrued charges	\$ 2,165	\$ 7,156
Deferred sponsorship revenues	<u>775</u>	<u>-</u>
	2,940	7,156
NET ASSETS	<u>29,019</u>	<u>10,166</u>
	\$ 31,959	\$ 17,322

CANADIAN FEDERATION OF MENTAL HEALTH NURSES

STATEMENT OF INCOME AND CHANGES IN NET ASSETS

FOR THE YEAR ENDED JUNE 30, 2021

(Unaudited - See Notice To Reader)

	2021	2020
REVENUE		
Membership	\$ 25,446	\$ 24,419
Sponsorship & support	4,800	-
Advertising revenues	1,501	-
Event revenues	461	74,927
Miscellaneous	46	-
Sale of standards	-	250
Interest	-	196
	<u>32,254</u>	<u>99,792</u>
EXPENSES		
Association expenses		
Management fees	6,633	9,225
Advertising and marketing	2,026	2,587
Professional fees	1,500	1,500
Memberships	1,256	1,080
Bank charges	1,126	1,910
Insurance	680	150
Office and general	102	648
Travel	-	476
	<u>13,323</u>	<u>17,576</u>
Conference expenses		
Marketing and promotion	78	-
Event venue costs	-	44,865
Conference fees	-	22,500
Event audio visual	-	10,603
Event speaker fees	-	8,900
Administration and board	-	6,782
Display costs	-	1,100
Workshops	-	887
	<u>78</u>	<u>95,637</u>
TOTAL EXPENSES	<u>13,401</u>	<u>113,213</u>
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES FOR THE YEAR	18,853	(13,421)
NET ASSETS, beginning of the year	<u>10,166</u>	<u>23,586</u>
NET ASSETS, end of the year	\$ 29,019	\$ 10,166

BRITISH COLUMBIA (BC)

By Cynthia Russell, RN, MN, CPMHN (C)



This past year saw BC, along with the rest of the country and the world, continue to struggle with the COVID pandemic. Profound changes in our daily lives have led to continued awareness and discussions of mental health challenges impacting all of us. Additionally, events such as the BC government mandated investigation into racism ([In Plain Sight report](#)) and discoveries of the unmarked graves of children who died at residential schools were shocking and heartbreaking yet unsurprising to many. These events and reports remind us of our role, as nurses and as Canadians, towards reconciliation and the need to confront and address Indigenous-specific racism, colonization, and discrimination in society, healthcare and in our own practices. BC nurses saw a promising step to addressing the opioid and drug poisoning crisis with an expansion of their scope of practice, acknowledging the capacity, potential, and care that nurses provide across the province. And 2021 saw the opening of an innovative complex mental health and substance use treatment and care facility, [The Red Fish Healing Centre](#), meeting significant mental healthcare needs for the province.

The heartbreaking discovery of the unmarked graves of 215 First Nations children on the grounds at the former Kamloops residential school on Tk'emlups te Secwepemc territory, this year, confirmed the stories of Elders and families who had always known: that so many of their children and relatives had never returned from these “schools” run by religious groups on behalf of the Canadian government. Since then, many more unmarked graves of other lost children, have been discovered across BC and Canada with many nations expecting more discoveries. These terrible discoveries and the examination of the ongoing racism and discrimination that Indigenous, Inuit and Metis folks continue to experience in health systems and in healthcare is described in the recent In Plain Sight report. This report implicates nursing and nurses as sources of racism and discrimination and affirms the antiracism work and reconciliation efforts that nurses are ethically called to raise awareness about and engage in to eliminate discrimination.

The scope and impact of nursing practice to address inequities, support people without access to healthcare for many reasons has been forwarded this year with new public health orders and regulatory changes. Many RNs and registered psychiatric nurses (RPNs) from across the province complete training to [prescribe buprenorphine/naloxone](#) (Brand Name: Suboxone), which is a first-line opioid agonist treatment (OAT) medication. This is the first step in a phased approach to expand RN and RPN scope of practice to prescribe addiction treatment medication.

While the opioid/drug poisoning crisis isn't unique to BC, BC is leading with this response. *“Since this public health order and legislation was made, the province and its partners have been working to meet the conditions in the order. This includes creating regulatory changes and developing the protocols,*

systems and comprehensive training plans needed from the ground up. As B.C. is the first province in Canada to authorize RNs and RPNs to prescribe controlled drugs and substances, this work has been complex, as it involves many aspects of the health-care system and nursing practice.” (Excerpts from [Province of BC News release Feb 2021](#)). This practice innovation and response to the drug poisoning crisis and nursing experience was described in excellent presentations during the recent CFMHN conference, by Amanda Lavigne, RPN and Melissa Roe, RN (Nursing Prescribing of Opioid Agonist treatment within Interior Health Region, BC) and Tina Revai, RN and Paula Tait, Indigenous Wellness Educator (Addressing Equity for Opioid use care for British Columbia First Nations Communities).

Replacing the former Burnaby Centre for mental health and addictions, the recent opening of The Red Fish healing centre demonstrated reconciliation partnerships between healthcare systems and First Nations. BC Mental Health and Substance Use Services and [kʷikʷəłəm](#), the Kwikwetlem First Nation, partnered to create culturally safe spaces and healing care delivery. This leading edge approach in treatment and care demonstrates a new vision in the continuum of care and reconciliation. Read more about the name and collaborative process [here](#)

ALBERTA (AB)

By Bev Lent, RPN, BSPN



In response to COVID-19 - 53 million dollars added to the health care budget specifically focusing on mental health needs including:

- increased availability to addiction and mental health recovery supports.
- helpline and online Addiction and Mental Health Resources; Kids HelpPhone, Alberta 211 and Togetherall
- Focus remains on a recovery-oriented addiction and mental health system recognizing acute interventions are not enough. Alberta has made a commitment to invest heavily over the next four years to provide a full continuum of care with a focus on recovery from addictions and mental health programs and supports
- Increased access to treatment and recovery including reducing the daily user fees for publicly funded residential addiction and treatment facilities.
- Virtual opioid dependence program: DORS (Digital Overdose Response System) a mobile app to help protect people using opioids and reduce the risk of fatal overdoses by logging onto the app and registering when you take a substance, a timer keeps track of the time that lapses, and calls are made at the appropriate time and actions occur if you do not answer the call.

Canadian Mental Health Alberta

- CMHA completed a survey of 1740 Albertans 51.8% urban, 48% rural. the following concerns were identified 1) isolation 2) lack of access to mental health supports and services. 3) challenges with their own mental health 4) Anxiety. 5) economic concerns. 6) uncertainty of the future. 7) family and relationships. 8) education. The first 3 were the most prevalent responses.

The following initiatives were completed through CMHA this year:

- Caregiver Connections with trained peer support.
- Workplace Training- Four Certified Psychological Health and Safety Advisors training certification sessions were offered bringing the number of advisors in Alberta to 264.
- Healthy Campus Alberta-with a focus on creating supportive post-secondary communities through webinars and in person visits to campuses.
- The Rural Mental Health Project- In the past year the project engaged with 24 communities bringing the total to 150 rural communities receiving mental health supports.
- Occupational Stress injury Canada -worked with 8 community-based peer support groups, supporting Emergency Responders suffering with OSI.
- Major Depressive Disorder Project-provided funding for research with people suffering with depression without improvement after 2 or more antidepressants.

Alberta Ombudsman

Principal findings with people certified under the Mental Health Act are:

- Although Alberta law requires the individual the right to know the content of the certificate's patients were not always fully informed.
- Individuals not always given the legally required notice of the review panel hearing dates.
- In situations when the hearing was not held within the required time limit- a reason as not always given.
- Decisions not issued in a timely manner to allow the individual time for appeal.
- Individuals not informed consistently of their right to have legal representation.

Thank you

Bev

SASKATCHEWAN (SK)

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



Greetings from Saskatchewan. I assumed my role as Saskatchewan's representative to the CFMHN Board of Directors in October 2019. At that time, I was eager to once again engage in the ongoings of the CFMHN, a national organization that I have long been a member. In hindsight, the COVID-19 pandemic has dominated my time in office, and the months that passed since my appointment are a blur to me in many respects. I regret that my original plans to reach out to registered nurses and registered psychiatric nurses within the province of Saskatchewan during this time, did not materialize as I had hoped. I have highlighted a few events of relevance to psychiatric and mental health nurses from the past year.

Webinar Series – CFMHN member Dr. Don Leidl, an Assistant Professor with the College of Nursing, University of Saskatchewan, assumed the role of the Webinar Coordinator this past year, and has moderated a number of topics of interest to mental health nurses across the country. In August, he presented *Virtual Reality for Mental Health Education – Student, Clinician, and Patient Applications*. Members are reminded that they can access archived webinars through the members only portal at their personal convenience if they missed the live broadcast.

18th Biennial Violence & Aggression Symposium: Looking Back, Looking Forward was held virtually June 14 & 15, 2021, hosted by The Centre for Forensic Behavioural Science and Justice Studies, University of Saskatchewan. One of the themes of this interdisciplinary conference was trauma and trauma informed care, topic of particular interest to nurses in Canada. Dr. Annie Lewis-O'Connor, a nurse practitioner from the US, gave an excellent concurrent session presentation entitled Trauma and Resilience: Shifting the Paradigm. Other topics of interest included Moral Injury: Risk factors and resilience across special populations; Mental health and wellbeing: Unpacking interpretations of trauma and the impact of trauma on staff; and Trauma-informed approaches to assisting police officers struggling with mental health, to name just a few. Planning is underway for the 19th Biennial conference that will be held virtually May 30 and 31, 2022.

Canadian Federation of Mental Health Nurses – 2021 Virtual Conference was held October 18-22 and October 25-29, 2021. Saskatchewan nurses were well represented at this virtual event. Dr. Holly Graham, gave the opening keynote address – *Acknowledging and addressing Indigenous-specific racism: Now what?*; Dr. Hua Li presentation was entitled *The impact of COVID-19 on patients with pre-existing mental health and addiction disorders*; and Dr. Mary Ellen Labrecque and Ms. Michelle Pavloff presented *The impact of COVID-19 on rural and remote Saskatchewan nurses' mental health*. The College of Nursing, University of Saskatchewan was a proud educational gold sponsor of the conference. As such, the college was able to sponsor 50 students and new graduates to attend this

conference as part of the sponsorship package, as a way of assisting them in meeting the mental health needs of clients, families, and communities early in their careers.

Custody and Caring: 17th Biennial International Conference on the Nurse's Role in the Criminal Justice System was held in Saskatoon November 4-5, 2021. For more than 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. Like other conference organizers, this was our first virtual conference. The theme for the 2021 conference was *Correctional and Forensic Mental Health Nursing Care in a Post-Pandemic World*, and as you likely have concluded, we were a bit optimistic with our conference theme. As a planning committee, we weren't sure if we would be able to host the biennial conference in 2021 given the pandemic, but we persevered and held a virtual conference. We had registrants from across SK, and the rest of Canada, as well as from across the United States, Mexico, the United Kingdom, Scotland, and Sweden. Many of the keynote and concurrent sessions aligned with psychiatric and mental health nursing. In particular, Senator Kim Pate's presentation entitled *Nursing Nightmare: Criminalizing and Imprisoning those with Mental Health Issues*. I know in years gone by the dates of the CFMHN's conference, and the Custody and Caring Conference have often coincided, thereby limiting participation in both. Planning will soon be underway for the 18th Biennial Custody and Caring Conference that will be held in the fall of 2023. My term of office is coming to an end. I have decided not to renew my position as the Saskatchewan representative for another term, given competing responsibilities for my time. Moreover, I believe it is important to engage "fresh blood" by recruiting members with a renewed perspective to represent the province of Saskatchewan. It has been rewarding to see the federation continually grow and develop over the years, and I will continue to support this organization, through membership and ongoing collaborations.

Sincerely

A handwritten signature in black ink that reads 'Cindy Peternelj-Taylor'.

Cindy Peternelj-Taylor
Professor,
College of Nursing, University of Saskatchewan
Editor-in-Chief, *Journal of Forensic Nursing*

MANITOBA (MB)

By Candice Waddell-Henowitch RPN/BScPN/MPN/PhD(c)



Manitoba, like all other provinces in Canada, has had an unprecedented year. COVID-19 continues to influence the working conditions of all nurses across the province. With mandatory overtime and redeployment, nurses across the province are struggling with their own mental health and wellness. Furthermore, the current contract for Manitoba Nurses expired in 2017 and the Manitoba Nurses Union continues to bargain with the provincial government in the hopes of determining a successful contract for all nurses. It is not all bad news; however, the Province of Manitoba announced in June of 2021 that they will begin work on a 5-year action plan focused on improving the mental health and substance use systems within the province. Emphasis on mental health and substance use is a positive step forward for the province. The Centre for Critical Studies in Rural Mental Health is also in the process of conducting a two- part study on Rural Community Mental Health and Well-being during COVID-19. Results from this study will be featured on the [Centre for Critical Studies of Rural Mental Health](#) website as they are analyzed.

The Canadian Federation of Mental Health Nurses continues to be the national voice for Psychiatric and Mental Health Nurses. During the webinar series, Manitoba was lucky to host Professor Andrea Thomson from Brandon University on July 12, 2021. Professor Thomson spoke about her research “Caring for the entire unit: environments that promote recovery in acute care mental health settings”. There are also numerous Brandon University students, Master of Psychiatric Nursing graduates and professors that presented at the CFMHN Annual conference.

As I move out of the role of Provincial Representative for the CFMHN and welcome a new representative to the table, I reflect back on the work that has been done over the past few years and feel proud. There is always more to do and the CFMHN continues to be a voice for Registered Psychiatric Nurses as well as psychiatric and mental health nurses.

NEW BRUNSWICK (NB)

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



New Brunswick does not have a specialist group for nurses working in substance use and mental health populations. Even with low membership numbers, the connection with the CFMHN offers an important link with other nurses across the country.

In February 2021, the Department of Health released a new action plan for mental health that replaced the one that ended in 2018. The new plan considers the role of Departments outside Health to support people with mental illness and mental health challenges. It's titled, Inter-Departmental Addiction and Mental Health Action Plan Priority areas for 2021–2025. It provides general priorities for service delivery enhancements.

Shortcomings in the delivery of mental health services have attracted national media attention related to the highly publicized cases of three people who died while seeking help in the past year. 26 year old Chantel Moore, was an Indigenous mother who was shot by an Edmundston police officer responding to a request for a wellness check on June 4, 2020. Days later, Rodney Levi, an Indigenous man, was shot and killed by the RCMP responding to a 911 call. A third situation involved a 16 year-old, Lexi Dakin, who sought help in a hospital ER for suicidal ideas on February 19. In the media, it was reported that she did not receive adequate care, and she died by suicide on February 24. These tragic deaths have mobilized several reviews and specific actions to address a range of substantial concerns.

New Brunswick faces a shortage of mental health specialists including nurses. In early December, UNB and the NB Community College engaged Dean Care from Brandon University along with key stakeholders in NB for a mental health summit. One of the possibilities was to establish a college for Registered Psychiatric Nurses in NB. Creating a college for RPNs was not one of the recommendations from the summit, although several other strategies were considered to address the needs for nurses working in mental health.

The growing challenges and public pressure to better address substance use and housing for the has received steady discussion in the media over the past year. The province has yet to embrace harm reduction approached in any consolidated manner. Not-for-profit groups have successfully obtained funding through Health Canada through SUAP agreements to offer (temporary) pilot programs to address needs in some areas. The issues related to substance use and the vulnerably housed are identified as targets for improved funding and services in the new action plan.

The challenges delivering mental health services in NB are consistent with other jurisdictions. Limited funding and shortages of nurses and other professionals have been exacerbated by the ongoing pandemic. It is recognized that standards from the CFMHN, CNA, 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 787, 742 nurses, 45 student nurses

Please note that this report represents another year of great disruption as our organization, membership did our best to address the needs of our populations, nurses and students as we all faced a pandemic while still trying to further our goals for mental health and wellbeing. This past year CFMHN/RNAO Ontario members continued to focus on the following goals:

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

Actions in 2020-2021

- **CFMHN/MHNIG Membership and Mental Health Education resources**
 - I. CFMHN/RNAO Memorandum of Agreement pending approval
 - II. Members Survey Developed and sent to members (April 2021) results analyzed in following months. Members shared that COVID -19 affected them personally and professionally. Data to be used for 2021-2022 membership offerings. Three top priority issues and education topics are:

Issues:

- Advocating for the RN role in Mental Health as well as Clinical Nurse Specialist and Nurse Practitioner
- Mental Health Supports for Nurses
- Mental Health in the undergraduate nursing curriculum

Education:

- The impact of COVID -19 on those with mental health illness/ vulnerable populations
- The impact of COVID -19 on care providers
- Trauma-informed care
- Work/life balance

- III. MHNIG promotes Mental Health Nursing education and advancement through varying Research scholarships, free membership opportunities, and Mental Health related conference registration grants. This year MHNIG has provided the following financial opportunities
- Dr. Hildegard E. Peplau Award – Mental Health Nursing Interest Group (MHNIG) (1 x \$1,000) –
 - MHNIG provided a \$1500 Research Grant to Fanshawe College to support nursing student research focusing on 'Vaping Practices Among College Students' lead.
 - To ensure more mental health nurses have the opportunity to attend the CFMHN Biannual conference, MHNIG made available a \$200 grant for five members on a first-come, first-served basis.
- **Continued to lobby on behalf of Front Line nurses and challenges related to COVID -19**
- I. COVID -19 Webinar Series (RNAO) all MHNIG members could participate
- COVID Vaccine Distribution: Progress to date (Jan 2021)
 - COVID -19 Vaccine: A game change (Feb 2021)
 - Nurse wellness survey results: RNAO's pulse on Ontario's RN's, NPs, and nursing students (March 2021)
 - Wave three: Update, advocacy and what's next (April 2021)
 - National Nurses week: Nurses COVID -19 Stories (May 2021)
 - Update on COVID-19: Directions from the province and policy implications (June 2021)
 - The world after COVID (July 2021)
 - COVID-19 amidst back to school and a federal election (Sept 2021)
 - Your most valuable lessons from the COVID-19 pandemic (Oct 2021)
- II. Participated in Queens Park Day – Lobby to Ontario Political leaders. Release of the Nurse Practitioner Task Force- Panel discussion about the NP Role (Feb 2021)
- **Mental Health and Addiction resources for nurses in Ontario**
- I. Bounce Back: A free adapted Mental Health program to help our clients manage COVID concerns (Feb 2021)
- II. Mental Health Nurses Interest Group Geriatric Webinar Series-
- Alcohol Use in Older Adults (April 2021)
 - Cannabis Use in Older Adults (May 2021)
 - Benzodiazepine Use in Older Adults (June 2021)
 - Opioid Use in Older Adults (Sept 2021)
- III. Pharmacology: Clinical Pearls Member's Voice Education Series (June 2021)
- IV. Nursing Week- Origami as a Mindfulness Activity for all members (May 2021)

- **Addressing systemic racism**

- I. RNAO Statement-Standing together with our Black sisters and brothers
- II. MHNIG-Policy and Political Action-Position Statement on racism in BIPOC Anti racism position statement (May 2021)
 - i. End Islamophobia (June 2021)
 - ii. Every child Matters (June 2021)
 - iii. October 10th World Mental health Day
- III. 96th Annual general meeting of RNAO –
 - i. Resolution 13- Inclusion of the voice of knowledge keepers and elders of First Nation, Inuit and Metis peoples when teaching nurses and providing nursing care
- IV. Continuing Education Initiative on Human trafficking, and integrating trauma informed culturally competent nursing care. Nursing case study-reflection and - Assessment skills for Nurses- Published in Mental Health Nursing Interest group –Fall 2021 Newsletter.
- V. Presentation-An indigenous Perspective in Community Nursing (MHNIG Member meeting at RNAO AGM)
- VI. RNAO’s Black Nurses Task Force-Webinar Series
 - i. Recruiting, retaining, and advancing Black nurses (April 2021)
 - ii. An intergenerational conversation: Addressing Anti-Black racism (June 2021)
 - iii. Let’s talk about Racism (June 2020)
 - iv. The Lived Experience of Black nurses Using Mental Health Services in Ontario (October 2020)
- VII. Developed and published action letters regarding the 215 unmarked Indigenous children graves.

- **Advancing psychotherapy scope of practice in nursing**

- I. 96th Annual general meeting of RNAO –
 - i. Resolution-16- Evolution of Independent Practice for Support and Acknowledge registered Nurses and Nurse Practitioners: the need to be recognized and remunerated directly
- II. Presentation at CFMHN Biannual Conference: Continuing the Conversation on the Provision of Psychotherapy by Nurses
- III. Areas of continued 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 Nurses that use Psychotherapy as a modality in their practice

QUEBEC (QC)

By Christine Genest, RN PhD



As a member of the board of Quebec's group of interest (Association Québécoise des infirmières et infirmiers en santé mentale (AQIISM)), connection between AQIISM and CFMHN are being developed. Every month at the board meeting of the provincial association, feedback from CFMHN is presented. AQIISM also shared on their social media invitation from CFMHN for their webinar and conference. We hope that by doing so more Quebec nurses will joined CFMHN and that we can learn from each other.

This year, in Quebec as in other provinces, the pandemic was quite prevalent. However, what seems to be emerging now is also the impact of this pandemic and the health measures surrounding it on the mental health of all. Governments are therefore emphasizing the importance of preventing mental health problems by, among other things, implementing a psychological scouting and first aid program. As for mental health care in general, the Ministry of Health is working on the development of the Quebec Program for Mental Disorders: From Self-Care to Psychotherapy. This program, which should be available in the next few months, aims to promote access to care. It will be interesting to see how nurses will be able to contribute to the implementation and deployment of this mode of intervention.

After a year's break, the AQIISM has resumed its annual conference for nurses working in mental health, but this time in virtual mode. This year's theme was: Juggling transitions: A REAL CHALLENGE! and it took place on June 3 and 4. Half-day continuing education sessions were also held on the themes of cultural safety, intervention with people with complex personality disorders, concurrent disorders and the principles of rights that are fundamental in mental health. These activities, which are held in French, are open to both members and non-members of the AQIISM. We invite you to join us if you feel like it.

À très bientôt !

NOVA SCOTIA (NS)

By Jane Hughes, BN CPMHN(c)



Hello from Beautiful Nova Scotia,

I wish to thank Florence, Tracey, Sarah and all the board members for their kind welcome and for the privilege to have served as Nova Scotia representative this past year. I am honoured to have worked with an amazing group of expert and passionate nurses who share their time to fulfill the mandate of

the CFMHN. I was recruited by Florence (nursing colleagues from St. John's – my home town), in February to provide an interim role while seeking a longer-term NS representative, as I am unable to fully commit due to living out of the country for extended periods, since my retirement 5 years ago, from a long, wonderful career, I now have the privilege to support Dalhousie Nursing students' education through lectures and clinical practice support.

I am delighted to announce that Josephine Muxlow has accepted the role of Nova Scotia representative. Josephine has a long lustrous career and has passion and commitment to improving the health and well being for all citizens, health systems, and supporting nursing practice. Josephine will be an asset to the board's endeavors and brings experienced personal perspectives and expertise.

Josephine has been an employee of Indigenous Services Canada, First Nations and Inuit Health Branch, Atlantic Region since May 2004 in the role of a Clinical Nurse Specialist. She holds an adjunct professor at Dalhousie School of Nursing. Her areas of practice include maternal and child health, public health, correctional nursing and mental health and addiction. She has co-authored a number of publications and research projects.

I want to acknowledge Nova Scotia citizens, who have been courageous and resilient throughout the pandemic lock downs and many impacts it has had on all facets of life, wellness and living. Additionally, Nova Scotians were dealing with the impact of a mass murder of 22 dear lives, in addition to the many lost lives due to Covid and it's impacts.

However, Nova Scotia already had high rates of Anxiety and Depression prior to the pandemic. Since the COVID-19 crisis began, levels of Anxiety have risen to 27 per cent. and Depression increased by 16 per cent. The pandemic has exposed areas for our attention, and it appears that Governments and agencies are putting it on their radar and are open to finding innovative solutions.

A new government was elected Aug on a commitment to 'Fix 'our healthcare system! A huge and necessary endeavor. Here are a few examples of the initiatives and funding programs initiated over this year:

- New 'Office for Mental Health and Addictions' was formed.
- Nova Scotia Mental Health Foundation provided increased grants and project initiative
- Expanding virtual care outreach and Opioid Treatment spaces in more rural areas.
- Increased research and funding for e-health resources
- Expansion of the Nurse Practitioner Education program
- A Brand-New Shiny building to house Dartmouth area Community Mental health and Addictions services and 'Connections' recovery-focused program.
- The provincial Mental Health and Addictions Central Intake services was formalized in 2019. Over the last year it has seen an 8% increase (26,667 contacts)
- June 2021 launch of new Website: MHAhelpNS.ca.
- 2 New Transcranial Magnetic Stimulation (TMSr) treatment services. This was supported by generous donation from the Mental Health Foundation

- A number of collaborations with community partners to create a variety of safe affordable housing options and create a better database.
- October 2021 - an Innovative Urgent Treatment Centre opened in Cape Breton.
- Ongoing education with the Provincial Center for Training, Education and Learning.
- Opioid Education and Mental Health screening and tx for Primary clinicians and Nurse Practitioners – offering group virtual learning.

My focus over the last 8 months was expanding connections to Mental Health and Addiction nurses around the province to learn about CFMHN, highlighting the benefits of FREE education webinars, providing their voice and input into the Standards revision and other projects/surveys and the National Conference. Hoping the great price and virtual accessibility will entice interest and membership, I expanded our outreach to MH&A leaders and managers across the province and asked that they share with their Nursing colleagues /staff. We currently have 31 members, and I am hopeful these connections will grow membership in 2022.

I am delighted to share that as of January 2020, Nova Scotia has 137 nurses certified in Psychiatric Mental Health Nursing. We have the 2nd largest number of nurses who have completed their Psychiatric Mental Health Nursing Certification in Canada - second only to Ontario.

I am thankful for this opportunity to engage with CFMHN board and members to support and advance the mandate. I was thrilled to be a part of the National Conference and to help connect with Mental Health and Addictions nurses across our province. I leave this role with progressive forward thinking leaders, Josephine, and incoming president Sarah Flogen. I will continue to be in touch and an active member.

Kind regards,

Jane Hughes BN CPHMN(c)

Live life with passion and grace

NEWFOUNDLAND & LABRADOR (NL)



By Chantille Isler, RN, PhD(c), CPMHN(C)

The representative for Newfoundland & Labrador, Chantille Isler, came into her role in May 2021. It is her understanding that initiating a local CFMHN special interest group has been challenging for those who have filled the role in the past. Chantille and Florence Budden plan to work together in hopes of generating interest in a local special interest group in the new year. In an effort to build relationships with local mental health and addictions nurses, in fall 2020 Chantille initiated, and now facilitates, a monthly online journal club. There are approximately 30 journal club members from across the

province who sign on monthly to critically appraise a mental health nursing research article. Participation engages nurses in research, provides an additional means for nurses to inform their practice, and provides a platform for Chantille to build relationships with nurses who may be interested in becoming involved in a local CFMHN social interest group.

Chantille Isler



Prince Edward Island (PEI)

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



No report was provided.

Northwest Territories (NT)

By Lea Barbosa-Leclerc, RN BN CCNE



I am pleased to be once again representing Northwest Territories on the CFMHN Board of Directors. The geographical location and the sociohistorical contexts of Northwest Territories continue to weigh in its people's mental health and wellness. Like other locations in Canada, the peoples in NT are in higher risk for anxiety, loneliness, addiction, and suicidality due to compounded consequences of COVID-19 and its restrictions and processes. Comparable to previous years, it had become more apparent in 2020 and 2021 that the mental health services across the NT are easily identifiable, more spoken about, and available to those who require them or those who support the individuals with mental health challenges.

Mental Health Resources & Supports across the NT

Mental Health, addictions, and wellness supports are available in Yellowknife, Sahtu Region, Fort Smith, Dehcho Region, and Beaufort-Delta Community. Each of these regions has listings of local and national telephone numbers that their residents can reach out to, and mental health services delivered through the internet, including applications for smartphones. While the latter may result in higher financial costs and connectivity concerns in more remote communities, they remain useful and convenient approaches and services for many, especially the younger population.

MH Timeline in NT (this list is not comprehensive and is based on my knowledge and those I have spoken to)

The crisis created by COVID-19 produced tremendous strain for many individuals, families, and communities across the country and evidently in NT. In December 2020, the COVID-19 confirmed cases in NT was less than 25. This number can be attributed to the closure of schools, non-essential business and offices, highway or airport borders, NT's financial endowment to cover the fee for isolation centre stays and stricter enforcements of self-isolation plans. At the end of August 2021, the active cases doubled in the NT, and by October 2021, the NT had the highest rate of COVID-19 cases per capita in Canada. For a territory with an estimated population of 44, 000 and about 1600 confirmed COVID-19 cases, this is very disconcerting. These increased rates are potentially from reopening workplaces, businesses, schools, and borders, easing off on mask restrictions, and increasing the number of people in indoor and outdoor gatherings.

Fall 2020

- The Mental Health Commission of Canada (MHCC) recorded the wait times in NT for 2019-2020 to be about two to 26 weeks, “for non-urgent counseling services” and “547 calls were made to the NWT Help Line”, while the “Community Counseling Program was accessed 16, 832 times” (2021, shorturl.at/juzCE). To address this, the GNWT and the Mental Health Commission of Canada (MHCC) created 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 consists of using both present traditional supports and internet and digital technologies like phone apps to offer residents a menu of mental health services that they can access. The project allows the individuals to access an appropriate level of care rather than waiting for a counselor whose services may be more appropriate for those with more complex needs.

Spring 2021

- The GNWT allocated \$225,000 toward a community suicide prevention fund – an effort to reduce high rates of suicide – to which government and non-government organizations can apply.
- To support women and their mental health struggles and support from Bell Let's Talk Community Fund, the *NWT Feeding our Spirit: Trauma Recovery & Support Program for Northern Women* came to inception by YWCA NWT in March 2021. The initiative provides cultural programming such as beading and talking circles and facilitates community mental health resources.
- NWT launches new e-mental health program, *Breathing Room* for youth that is self-directed, confidential, and flexible mental health services for the youth's access.

Fall 2021

- The Department of Health and Social Services, in conjunction with the Department of Education, Culture and Employment, is introducing a new [COVID-19 At-home Student Screening Program](#) to help protect the unvaccinated NWT student population (ages 5-11). This home monitoring program's goal is to maintain ongoing testing among asymptomatic children to detect early infection and prevent transmission of the virus in schools.
- As of November 30th, 2021, all [GNWT employees will need to be fully vaccinated against COVID-19](#). Previously, the policy only applied to GNWT employees working with vulnerable populations.

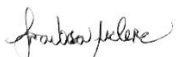
Ongoing:

The *Mental Wellness and Addictions Recovery Action Plan for NT* that was released in 2019 aim to reduce stigma, foster hope, and improve coordination and integration of services for individuals and families in the NT.

A Yellowknife organization, Dene Wellness Warriors that started in September 2020 intending to offer mental health and wellness services by Indigenous counselors to Indigenous people, continues to show success.

To conclude, 2020-2021 have been challenging time periods in recruiting more nurses from NT. While membership has increased from 1 to closer to 5 members, I believe that there remains a need for a stronger northern voice. Moving forward, I hope to recruit more nurses to this important organization.

Thank you.

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

Lea Barbosa-Leclerc

lleclerc@auroracollege.nt.ca

EDUCATION COMMITTEE

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

Annual Report for CFMHN Education committee for three subcommittees:

- Standards Review Committee (Elaine Santa Mina, Chair)
- Education Activities Committee (Carmen Hust, Co-Chair, Tanya Parks, Co-Chair)
- Webinar Committee (Donald Leidl, Chair)

Standards Review Committee Members (12)

Santa Mina, Elaina, 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.upei.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

Jan 2nd Work with Lit review and organizing Mederley

Feb 11th

March 4th

April 19th

May to August -Small groups met during summer to complete lit reviews of key concerns of new SOPs - For ex. COVID, Indigenous health, Recovery, Violence, Social Determinants of Health, Addiction

Sept 22

Oct 14th

Oct 18th Preparation for SOP workshop- at Biannual Conference

Oct 21st Biannual Conference Presentation of SOP 5th Edition – welcoming Members feedback.

Oct 28th

Nov 4th finishing edits of SOP to present to Board

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 2020-2021

1. Jan 21st, 2021 SOP working lit review criteria, Webinars, Human Right –Board approval for modules, explore certification with CNA- cost 2K. New Grad EVENT planning – Speak Judy Boychuk-Duchscher Thompson River suggested
2. Feb 25th, 2021, SOP Update, Grad Initiative planning
3. April 8th, 2021 SOP, Grad initiative Planning, Webinar planning for summer, New Business Mental health Concerns of students during COVID-need for accommodations. Questions how Education committee can address? Member will reach out to CASN
4. May 13th, 2021 SOP Update, Webinar – planning for next webinar Suicide and School Children at Risk, Letter to CNO –re: document Stigmatizing Language, New grad Initiative – free webinar for grads across country – May 28th- 55 new grads registered. Biannual Conference –Call for abstracts- SOP to be presented
5. **May 28th NEW GRAD CELEBRATION** First Annual.
6. June 17th, 2021 SOP update, Webinars for summer confirmed. Members working to support Indigenous focus workshops at Biannual conference, Nursing Landscape and undergraduate and graduate students accepted presentations and posters for biannual conference. Debrief grad celebration- recommend that this be an annual event- well received. Excellent presentation- dynamic –encouraged graduates’ involvement.
7. Oct 7th SOP Update, Webinars planning, Conference planning

CFMHN Webinar Committee. Don Leidl RN, BSN, MN, EdD (Chair)

Date	Speaker	Title
January	None scheduled	
February	None scheduled	
March	Identifying and Responding to Workplace Bullying and the Related Consequences	Sue O’Donnell RN, MN, PhD
April	Transition of mental health and addiction service delivery to telepsychiatry in response to COVID-19	Hua Li RN, BSN, MPH, PhD
May	Understanding the distress of children under 12 at risk of suicide to ensure their security	Nathalie Maltais RN, PhD
June	Digital Storytelling - A Methodology to Give Voice to People with Schizophrenia	Liquaa Wazni RN, PhD(c)

July	Caring for the Entire Unit: Environments that Promote Recovery in Acute Care Mental Health Settings	Andrea Thomson RPN, BScPN, MPN
August	Virtual Reality for Mental Health Education – Student, Clinician, and Patient Applications	Don M Leidl RN BSN MN EdD PhD
September	CFMHN Connect – no webinar	
October	2021 Conference – no webinar	
November	Domestic Violence in Rural and Remote Communities: Challenges, Barriers, & Resilience in NT’s Mental Health Wellbeing	Pertice Moffitt PhD RN Lea Barbosa-Leclerc BN RN CCNE
December	Crossing the Chasm: A Review of Mental Health Care Services for Transitional-Aged Youth	Brianna Jackson MScN, RN

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

2020-2021 Priorities CFMHN Education Committee

Issue	Priority	Person(s) Responsible	Action
Terms of Reference	High	All members	Approved
Recruitment of new members	High	All members	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 members	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
Update position statement: Mental Health education	High	All members	Pending board direction
CFMHN Standards revisions	High	Elaine Santa Mina Chair and all members of Standard Sub Committee	In Process <ul style="list-style-type: none"> • Draft SOP presented at Biannual Conference - final edits in process • To be submitted to Board for Approval by January 2022
CFMHN Educational Webinars	High	Donald Leidl	<ul style="list-style-type: none"> • Complete for 2021-2022 • Preparing for 2022-2023

POLICY & NOMINATIONS COMMITTEE

The Policy and Nomination Committee is a subcommittee of the CFMHN. As a new committee, there is still much work to be done to develop processes for nomination and policy. A Term of Reference has been developed and the process for nominating new Board members has been applied with success. Forms have been created for use by the committee to assist in the evaluation of new nominations and work continues on recruiting.

Future committee work will include:

- Review and strengthen Board education through an orientation package
- Review and update the CFMHN Policies and Procedure Manual

The Policy and Nominations Committee is looking for 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)

Chantille Isler, BScN, MN, PhD(c), RN

CANADIAN ARMED FORCES HEALTH SERVICES

By: Maj Paula Walbourne, CD, MN, RN, CPMHN(C)

Who we are

The provision of Mental Health Services in the Canadian Armed Forces (CAF) is through the Health Services Division with strategic direction provided to Health Services Groups by the Directorate of Mental Health. The CAF has thirty primary care Health Services Centres across Canada and in Europe. Multidisciplinary care teams provide primary care mental health services focused on the delivery of short term psychosocial care as well as secondary mental health care. Secondary Mental Health includes the diagnoses and treatment of mental illness including Addiction Services and Operational Trauma Stress Support Centres. Mental Health Nurses make up a small proportion of Canadian Armed Forces Nursing Officers and most care is delivered by nurses in Public Servant positions or through third party contracting. As a federal health care service, we provide care in all provinces and territories under one national system to serving members of the CAF.

Virtual Care in a pandemic

As with many health services providers, COVID-19 has presented challenges with continuity of care while maintaining a work from home posture as well as limited face to face appointments. The Canadian Armed Forces faced the challenge of managing virtual care across the country linking clinicians and patients to maintain therapeutic alliances and continue mental health care. As a federal health jurisdiction, the CAF Health Services has the advantage of being able to provide care to our personnel across provincial boundaries and has a national electronic health record. Processes and information technology have been and are continually being utilized and further developed to enhance virtual care capabilities as we catch up to our civilian counterparts.

Support to Canadians

During the pandemic the CAF has responded to request for assistance from the provinces which resulted in the rapid deployment of many CAF nurses including mental health nurses. While small in number, the assistance was utilized to augment CAF teams assisting in long term care facilities in Ontario and Quebec during the summer of 2020 and Multipurpose Medical Assistance Teams deployed to northern Manitoba and Alberta in fall and winter of 2020/21. CAF nurses have been able to support the mental health of deployed members as well as people in the community.

Initiatives and ongoing work

As a continuance of the work being implemented from the [Canadian Armed Forces and Veterans Affairs Canada Joint Suicide Prevention Strategy](#), the Directorate of Mental Health has hired an expert in suicidology to advise on best practice and policy development and to serve as a consultant to CAF clinicians across the country. Ongoing initiatives also include the introduction of enhanced screening tools for suicide risk assessment implemented in mental health and primary care, as well as enhanced training in cognitive behavioral therapy for suicide for mental health clinicians.



The Subsidized Mental Health Specialty Nursing Program accepted six nurses to commence training for the 2020 and 2021 Fall intake at Trent University. The Mental Health & Addictions Nursing Graduate Diploma will prepare nursing officers to work in the CAF Health Services Mental Health clinics by providing an educational foundation while they complete 1705 hours of clinical supervision as part of the Specialty Nursing On Job Training program.

ADVOCACY

Both as a member of CAMIMH and on its own, CFMHN pursued opportunities to advocate for improved funding for and access to treatment and services by working with various federal departments, groups, and organizations throughout the year. (Mental Health Commission of Canada, CNA and other CAMIMH organizations).

The Canadian Alliance on Mental Illness and Mental Health (CAMIMH) is the national voice for mental health in Canada. Established in 1988, CAMIMH is a member-driven alliance of 13 mental health groups comprised of health care providers and not-for-profit organizations that represent people with lived or living experience, their families, and caregivers.

As one of the Co-Chairs of CAMIMH AND Champions Chair I worked with the CAMIMH Public Affairs Committee, CAMIMH Management Committee and Raising CAMIMH Profile Committee to ensure CFMHN had a voice in the discussion and work. As a longstanding member of CAMIMH, CFMHN gave leadership to the Champions of Mental Health initiative during Mental Health week in May of 2020 and with the FACES of Mental Illness Campaign in October of 2020. Through the use of virtual technology CAMIMH members shared with Parliamentarians and the Government of Canada the Mental Health and Substance Use Parity document and key recommendations aimed at transforming the way in which we care, and support people affected by poor mental health, substance use disorders and mental illness. As members of CAMIMH we participated in the pre-budget submission to the Standing Committee on Finance and the CAMIMH Mental Health and Substance Use Parity documents.

Please see link to CAMIMH website to review events and documents.

<https://www.camimh.ca/briefs-to-government-reports>

www.camimh.ca

CFMHN Advocacy Committee met only once this year to determine members' interests and concerns. Following the 2021 CFMHN Biannual Conference CFMHN will be reaching out to members to determine CFMHN advocacy initiatives for 2021-22.

Respectfully submitted

Florence Budden BN RN CPMHN(C) CCCI

COMMUNICATIONS & MEMBERSHIP COMMITTEE

We meet monthly and have a growing membership for the committee which is exciting and very welcome. We welcome additional members to join our committee, especially those who have an interest in marketing, communications, and social media. We also welcome bilingual colleagues to join us in pursuing our goal of making the materials, communication, and presence more accessible in English and French.

This past year we spent:

- Evaluating and recommending updates to the website to reflect who we are as the CFMHN, our purpose, and our current work (updates are still in progress)
- Visioning a new mission statement for presentation to the board of directors (newest draft still in progress)
- Developing submission criteria for website and social media posting
- Evaluating and presenting to the Board of Directors, ideas for branded merchandise as requested by members in the annual survey. While these were not available during the conference this year, we hope that we can make merchandise available for members throughout the year or at the next in person conference (forecasted for 2023)
- Developing plan for priority mental health and wellness and nursing dates throughout the year and specific messages for social media
- Developing and improving the annual membership survey and evaluating the feedback. Please refer to the Membership Survey results. Thank you to Deb Chernichko and Lorelei Gibson who spearheaded the development of the membership survey and completed the executive summary of the membership survey.

A special thank you to Lorelei Gibson who has been instrumental in ensuring that we have been meeting on a regular basis, and who has tirelessly guided our activities and commitments this past year.

Thank you also to members of the Communication & Membership Committee: Lorelei Gibson, Sherette Currie, Bev Lent, Deb Chernichko, Chantell Dunlop, Daryn Collis, Michelle Danda, Matthieu Payette, Ester Stamm, Lisa Jesso, Satinder Kaur, Gabriella Golea, and Sherri Dyck

Sincerely,

Cindy Peternelj-Taylor, RN, BScN, MSc, PhD(c), DF-IAFN and Cynthia Russell, RN, MN, CPMHN (C)
Co-Chairs, Communication & Membership Committee

Communications and Membership Committee

Results of Membership Survey 2021

Executive Summary

(Written by D. Chernichko and L. Gibson)

May 2021

The Communications and Membership Committee successfully completed the 2021 membership survey in April-May 2021. First Stage Enterprise Limited (FSEL) distributed the survey via Survey Monkey, to members, between the dates of April 27-May 1, 2021. It is unclear as to the total number of recipients who received the survey, however we did receive 84 responses. The focus of the survey is to elicit membership profiles, learn about membership rationale for participation and function of the Federation, and guidance regarding increasing membership engagement. Approximately 27 people provided email/phone number and name, to be contacted by the Federation.

Demographics:

- Majority of responses were received from Ontario (60%), with British Columbia and Alberta coming next (7%).
- Majority had greater than 10 years psychiatric-mental health experience (63%) and those with 0-5 years were 19%.
- Most were working in direct care (37%) or education (26%) and almost 10% identified as students. One identified as being “retired physically, but not mentally”.
- 86% identified as registered nurses (RN) and 6% identified as registered psychiatric nurses (RPN).
- Approximately 50% were CNA Certified, CFMHN(C)
- Almost 80% were renewing their membership (65), with just over 20% were new members (19).

Awareness of Federation

- Members learned about the Federation through their special interest group, a friend/colleague or through either their association or had been a member for years and could not remember how they heard about CFMHN.
- 65% were aware they had a provincial representative (rep) on the Board (BOD), 35% were not aware of their rep. As a result of this, members did not know how to access their rep with concerns or suggestions.

Suggestions from Members on how to feel connected through their Provincial Reps:

- 1. receive an email with information from their rep in their province*
- 2. people wanted regular a “local” provincial newsletter*
- 3. via social media platforms*
- 4. monthly meetings*
- 5. link (email etc.) to provincial rep*

Benefits of the Federation:

- Certification benefits: 20% of renewal of initial exam – 61% were unaware
Continuous Learning (CL) Hours for recertification:
(20 CL over 5 years for membership) – 80% unaware
(25 CL over 5 years for volunteering with CFMHN) – 80% unaware
- Benefits members accessed (provide more than one response):
Education/webinars 63%
Quarterly online newsletter 44%
Reduced conference fees and access to members only website content 34.5%
Contribution to the standards 27%

Suggestions from Members on other benefits they would like to see:

Welcome/benefits package

Advanced practice lectures or access to specific training

Promotion of psychiatric/mental nursing as an option for incoming students

More promotion of everything

Research and evidence based practice: links to resources, papers, online journal club, Canadian focused research

Mentorship program

Frequency of E-Blast newsletters:

Almost 67% prefer to receive the blasts monthly, with approximately 23% would like it bi-monthly.

Facilitation of Psychiatric Mental Health Nursing Research in Canada:

Suggestions from members:

Provide a grant, scholarship, or bursary

Collaborate with schools of nursing, governments, or other organizations such a Mental Health

Commissions of Canada

Create a research committee

Research mentorship

Section on website that promotes research opportunities

Clear direction from the board/federation to create a research profile

Create a peer reviewed journal

Encourage students to post projects on website

Interest in promotional products:

33% are interested in clothing e.g., t-shirt or zippered hoodie

30% mugs

30% pens

15% tote bags

12% lanyards

And various other options: notebooks, keychains, USB sticks, etc.

NATIONAL OFFICE REPORT

By Ian Sinclair Association Manager

Serving as National Office for the Canadian Federation of Mental Health Nurses, it has been First Stage's pleasure to work with and support the Board of Directors and all administrative functions of the CFMHN.

Webinar Series:

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

HST / Fiscal update:

All HST filings have been brought up to date. The CFMHN is in a positive financial state with no arrears.

Event Management:

A Spring Graduation Event was planned and conducted to recognize and congratulate nurse graduates across the country. The event provided education on resiliency and opportunities to connect with employers through job postings. The event was a success and will be considered for future development as an ongoing event.

We are looking forward to an active year of bringing even more value to CFMHN members through events and other activities developed in conjunction with your Board of Directors.

Membership Management:

First Stage continues to manage member communications and works with the Membership and Communications Committee to implement website and communication channel improvements.

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



2021 BOARD OF DIRECTORS SLATE

Executives

President – Tracy Thiele
President-Elect – Sarah Flogen
Past President – Florence Budden
Treasurer – Florence Budden & Stephen VanSlyke
Secretary – Andrea Thomson

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 – Jane Hughes
New Brunswick – Stephen VanSlyke
Prince Edward Island – Brandi Martin
Newfoundland & Labrador – Chantille Isler
Northwest Territories / Nunavut – Lea Barbosa-Leclerc
Department of Defense representative – Major Paula Walbourne

Directors at Large

Chris Watkins

Canadian Federation of Mental Health Nurses

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