

5<sup>TH</sup> NATIONAL MENTAL HEALTH NURSES CONFERENCE

# MENTAL HEALTH NURSING IN THE 21<sup>ST</sup> CENTURY: SOCIAL AND PROFESSIONAL RESPONSIBILITY

comes to

# Toronto

October 26, 27 & 28, 2011  
Sheraton Centre Hotel,  
Toronto, Ontario



HOSTED BY:



Canadian Federation of  
Mental Health Nurses

Fédération Canadienne des  
Infirmières et Infirmiers en  
Santé Mentale

MHNIG

Mental Health Nurses  
Interest Group

*A Member Interest Group of*



**RNAO**

Registered Nurses' Association of Ontario  
L'Association des infirmières et infirmiers  
autorisés de l'Ontario

Visit: [www.cfmhn.ca](http://www.cfmhn.ca)

## HOTEL ACCOMMODATION

For our 2011 Conference, CFMHN will be at the outstanding

**Sheraton Centre Hotel**  
1213 Queen St. West  
Toronto, Ontario



### In the centre of it all

Located in the financial and entertainment districts, the CAA/AAA Four Diamond Sheraton Centre Toronto is connected to PATH, a 16-mile underground network of shops and services. Shopping, theatre, world-class dining and Toronto.

CFMHN Conference attendees will receive a special Conference rate of \$195.00 single/double occupancy.

To make a reservation, book before September 25th to obtain this rate. **Call (416) 947-4955 Ext. 4440 or 1-888-627-7175 and ask for the National Mental Health Nursing Conference. To book online go to: [www.starwoodmeeting.com/Book/CFMHN2011](http://www.starwoodmeeting.com/Book/CFMHN2011)**

### Conference objectives:

- To explore social and professional responsibilities in psychiatric mental health nursing care.
- To showcase innovations in delivery of mental health care at local, provincial and national levels.
- To enhance understanding of best practices and standards of excellence, as they relate to mental health nursing roles and quality of care for Canadian mental health consumers.
- To advance knowledge transfer related to new research in mental health nursing in Canada and beyond.
- To network with national participants who share interest in particular practice challenges.
- To celebrate the accomplishments of colleagues across the country, as they share successes and challenges in their careers.

Conference Consultants



[www.firststageinc.com](http://www.firststageinc.com)



**Sheraton Centre  
Toronto**  
HOTEL



Canadian Federation of  
Mental Health Nurses

Fédération Canadienne des  
Infirmières et Infirmiers en  
Santé Mentale

**MHNIG**

Mental Health Nurses  
Interest Group

THE NATIONAL VOICE  
OF MENTAL HEALTH NURSING

Register on our website  
It's easy and convenient!

**[www.cfmhn.ca](http://www.cfmhn.ca)**

For Additional Information  
**CFMHN 2011**

c/o First Stage Enterprises  
1 Concorde Gate, Suite 109  
Toronto, ON M3C 3N6

Tel: 416-426-7229

Fax: 416-426-7280

Toll free: 1-866-433-9695

Email: [info.mental.health@firststageinc.com](mailto:info.mental.health@firststageinc.com)

9:00 12:00

## **Preconference Workshop #1:**

### **Fostering Cultural Competency in Mental Health and Addiction**

**Rani Srivastava, RN, MScN, PhD(c), Chief, Nursing Practice & Professional Services, Centre for Addiction and Mental Health, Toronto, ON**

Changing demographics and evidence of health inequities have made embracing diversity an urgent issue for quality care. The purpose of this interactive workshop is to discuss strategies for fostering cultural competency in mental health practice. Participants will have opportunity to identify and discuss issues of interest and relevance to themselves.

## **Preconference Workshop #2**

### **Two Organizational Experiences in Inter-professional Collaboration to Prevent and Reduce Restraint and Seclusion**

**Athina Perivolaris RN, MN, APN, Professional Practice Office, Centre for Addiction and Mental Health, Toronto, ON**

**Joanne Jones, RN, BScN, Clinical Education Leader, Sanaz Riahi, RN, BScN, MSN, Clinical Education Leader,**

**Julie Paradis, RN, BHScN, Clinical Manager, Ontario Shores Centre for Mental Health Science, Whitby, ON**

The use of seclusion and restraint has political, social and economic impact on clients, families, staff and health care organizations. This workshop will describe two organizations' successful journeys in reducing restraint and seclusion. Core components of change management, including challenges, lessons learned and sustainability strategies, will be discussed.

## **Preconference Workshop #3**

### **Staying Steady in the Thick of It**

**Shayna Hornstein, BSc. (Reg. P.T.), Registered Physical Therapist & Consultant Workplace Health, Vancouver, BC**

When a person surprises, shouts at or insults you, it's perfectly natural to be thrown off. Or even to feel threatened. Telling ourselves to stay calm or not to take it personally often doesn't ease the uncomfortable sensations we feel inside. What we do first, for ourselves, helps us to handle situations safely & more effectively.

This training teaches new strategies to steady yourself in the moment of confrontation. You will learn:

- to recognize your specific natural reactions to surprise and anger &
- simple, physical techniques to steady these reactions so you can think more clearly, stay safe and handle difficult situations with less difficulty.

12:00 – 13:00

**Lunch (on your own)**

13:00 – 16:00

## **Preconference Workshop #4**

### **Increasing Mental Health Nurses' Addictions Treatment Competencies: Innovative Training to Bridge the Concurrent Disorders Divide**

**Rosanra Yoon, NP, MN, CPMHN(C), Advanced Practice Nurse - Addiction Program, Centre for Addiction and Mental Health, Toronto, ON**

Mental health nurses are aware of the importance of integrated best practice for concurrent disorders, yet opportunities for training are limited. This engaging workshop will feature one organization's innovative response to promoting concurrent disorders capacity, a two day foundations of addiction nursing workshop the first of its kind in the province.

## **Preconference Workshop #5**

### **The Pan-Canadian Advisory Group on Suicide Risk**

**Lisa Crawley Beams, RN, BSN, CPMHN(C) President Canadian Federation of Mental Health Nurses and Clinical Leader/Manager, Inner City Health Department of Family & Community Medicine, St. Michael's Hospital, Toronto, ON**

**Mary Goy RN, ( need to add title etc) Homewood Research Institute, Guelph, ON**

**Chris Perlman, PhD, Associate Director, Homewood Research Institute, Guelph, ON**

This group was convened to support the development of a framework and inventory of tools related to suicide risk assessment for use in Canadian health care organizations.

The goal of the guide is to provide information useful for completing a high quality suicide risk assessment by considering the key principles and processes for completing a high quality risk assessment, for reviewing tools that might help inform the risk assessment, and a framework for completing risk assessment. Thus, this workshop will introduce the Resource Guide and discuss the following:

- Overview of Suicide Risk Assessment Principles, Processes and Considerations.
- A critical review and summary of Suicide Risk Assessment Tools
- A Framework for Suicide Risk Assessment and Recommendations for Quality Monitoring

## **Preconference Workshop #6**

### **Ethical Dilemmas, Distress or Courage: How do Ethical Responsibilities and Quality Work Environments Impact Mental Health Nursing Practice?**

**Margot McNamee, RN, BA, MHA, Senior Nurse Advisor, Canadian Nurses Association, Ottawa, ON**

This interactive session will explore the concepts of ethical dilemmas, ethical distress, and ethical courage through examples relevant to mental health nursing. Through a series of case studies and the application of available tools our facilitator from the Canadian Nurses Association will explore this topic in relation to quality practice environments.

8:00 Continental Breakfast

8:30 Opening Remarks

8:45



**OPENING KEYNOTE** - Professor John R. Cutcliffe RMN, RGN, RPN, RN, BSc(Hon) Nrsng, PhD, Acadia Professor of Psychiatric and Mental Health Nursing, University of Maine, USA. Adjunct Professor of Nursing, University of Ulster, UK; University of Malta, Malta and Coimbra Nursing School, Portugal. Associate Editor (Americas): International Journal of Mental Health

**Social and Professional Responsibility: Key Debates in Psychiatric Mental Health Nursing**

John is an accomplished lecturer, researcher and author who has received many awards and citations for his leadership and ground breaking work in the field of mental health and addictions. He is a passionate advocate on a wide variety of topics including suicide, hope, seclusion and restraint as well as clinical practice, policy, educational curriculum design, service delivery and clinical supervision.

Who better to kick off our national conference ?

10:00 – 10:15 Refreshment Break

**Concurrent Sessions A**

10:15 – 11:15

**A1 Testing the Inter-Rater Reliability and Accuracy of Urgency Ratings Determined by Triage Nurses using Mental Health Patient Scenarios**

Anne-Marie Brown, RN, MN, Clinical Nurse Specialist, Adult Mental Health, Health Sciences Centre, Winnipeg, MB

Determining the validity of the CTAS, in assigning levels of urgency to mental health scenarios by: i) testing the inter-rater reliability among triage nurses assigning urgency levels to mental health patient scenarios and ii) determining the accuracy of the urgency ratings.

**Treating PTSD in the Canadian Forces and the Mental Health Nursing Role**

Stacey Lessard, RN, BN, MN student, Mental Health Nurse, Department of National Defence, Oromocto, NB

This presentation will offer information about the treatment of PTSD within the Canadian Forces as well as how civilian mental health providers can play a valuable role in coordinating care for active-duty CF members. A CF funded prospective study exploring treatment outcomes for PTSD will be highlighted.

**A2 Decreasing Mental Health Stigma with an Innovative Tool**

Brittany Devoe, second year of BScN, Nursing Student, University of Western / Fanshawe College Collaborative BScN, London, ON

We will discuss the development of my game from conception to content and creation. As a result of this game, I would like to see a decrease in stigma and more nursing students interested in working with people who live with mental illnesses.

**Mental Health Nursing Without Borders: Canadian Nurses Building Mental Health Capacity Among Registered Nurses in Guyana**

Sandra Hennigar, MN, Project Leader, Capital District Mental Health Program, Dartmouth, NS

A team of four nurses have been working collaboratively to develop and deliver a psychiatric mental health nursing curriculum for registered nurses in Guyana. This presentation will provide an overview of the psychiatric-mental health nursing program highlighting lessons learned about system supports and barriers in lower and middle income countries.

**A3 Perspective Transformation Through Education: Taking Mental Health Skills Outside the Hospital Walls**

Patricia Robinson, RN, BScN, MEd, CBS(dip), Mental Health Consultant, George Brown College, Toronto, ON

Mental health nurses have a social responsibility to share their expertise with community workers who struggle to address complex needs of people living with mental illnesses. This presentation discusses how two hospital-based mental health nurses applied Mezirow's perspective transformation theory in an education program to respond to this issue.

**A Needs Assessment and Environmental Scan of Forensic Mental Health Services and Programs for Offenders in a Canadian Province**

Arlene Kent-Wilkinson, RN, BSN, MN, PhD, Associate Professor, University of Saskatchewan, College of Nursing, Saskatoon, SK

This presentation will highlight the results of a Needs Assessment and Environmental Scan that will contribute to the general knowledge of forensic mental health and societal issues relevant to the Prairies and its unique set of social, geo-political, and cultural circumstances that constitute the region.

**A4 Creating Space to Talk About Psychiatric and Mental Health Nursing Practise**

Jodi Lusk, RN, BScN, CPMHN, Registered Nurse, Royal Ottawa Mental Health Centre, Ottawa, ON

Nurses from three different community mental health services representing three different patient populations have come together to create an innovative 'Nurses Group'. We will share how the nurses have enhanced their professional development and met professional responsibilities in psychiatric and mental health nursing.

**The Relationship of Childhood Adversity to Postpartum Depression**

Gerri Lasiuk, RPN, RN, MN, PhD, CMHPN(C), Assistant Professor, Faculty of Nursing, Edmonton, AB

This paper reviews the literature on childhood adversity and adult health and reports on a study of the relationship between childhood adversity and postpartum depression. Psychiatric/mental health nurses have a role in identifying women with histories of adversity and in initiatives for women at risk for perinatal anxiety and depression.

**"How to" Session**

**A5 Tips and Tricks to Improve your Metabolic Health**

Mary Lenio, RN, Metabolic Clinic Coordinator, Waypoint Centre For Mental Health Care, Outpatient Services Program, Midland, ON

Serious mental illness affects 1 in 4 individuals and the inherent problems associated with treating it have been significantly increased by the introduction of novel antipsychotics and many antidepressants. We have developed an innovative approach to guide our professional responsibilities in the care of our vulnerable clients experiencing Metabolic Syndrome.

11:15 Break

## Concurrent Sessions B

11:30 - 12:30

### B1 Pediatric Code White: A Patient Safety Story

**Karin Doan, RN, MScN, CPMHN(C), Manager, Mental Health, Toronto East General Hospital, Toronto, ON**

This presentation will discuss the use of restraints in a pediatric population and make recommendations for staff education, policy development and debriefing. The presenters will use a case review to demonstrate how debriefing can lead to practice changes, and the development and implementation of a pediatric code white policy.

#### Balancing Risk & Safety When Reducing Restraint & Seclusion

**Fran Szypula, RN, BScN, CPMHN(C), Nurse Educator, St. Joseph's Healthcare Hamilton, Hamilton, ON**

Mental health nurses must work collaboratively with patients in reducing and eliminating restraint and seclusion, and finding safe alternative interventions while simultaneously balancing risk and safety. This presentation will describe the current evidence and identify strategies to promote the balance of risk and safety to reduce the use of restraint and seclusion even in complex cases.

### B2 Facilitating Soldiers Access to Mental Health Care: A Collaborative Intervention

**Rose Collins, Lieutenant Commander, Department of National Defence, Ottawa, ON**

There is limited understanding of what soldiers find helpful in connecting to mental health services. Research exists on barriers and stigma however there are gaps on what works for soldiers accessing mental health care. The author will describe an innovative intervention to facilitate soldiers' access to mental health care.

#### The Experience of Homelessness Among Canadian Forces and Allied Forces Veterans

**Susan Ray, RN, BScN, MScN, Post Masters NP, PhD, Associate Professor, University of Western Ontario, London, ON**

The purpose of this first national study was to understand the experience of homelessness among Veterans of the Canadian and Allied Forces, to discover the underlying causes of homelessness and to provide recommendations to improve services to Veterans. Fifty four homeless veterans in three provinces and five cities were interviewed.

### B3 Evaluation of Clients Progress Pre, Post and Follow-up of Treatment in a Social Skills Training Program for Adults with Complex Mental Health Disorders

**Renee Lavoie, BSc, Nurse Clinician, Jewish General Hospital ICFP, Montreal, QC**

A structured Social Skills Group that focuses on a cognitive behavioral approach was administered to a heterogeneous client group of adults with severe mental health disorders. The tools that were used were 1) Self-rated questionnaires; 2) Observer rated questionnaire and 3) Clinician rated behavior measures.

#### Calling the S.W.O.T Team, The Evaluating on Clinical Quality Initiatives on an Inpatient Mental Health and Addictions Unit.

**Tina Colarossi, RN, BScN, Clinical Instructor, Humber River Regional Hospital, Toronto, ON**

Investigators sought to identify, Strengths, Weaknesses, Opportunities and Threats (SWOT) associated with three new clinical quality initiatives on the Adult Inpatient Mental Health and Addictions Unit. Medication Reconciliation on Admissions, Using ISBAR for communication between clinicians and a New Medication Delivery System, were evaluated for their impact on patient care.

### B4 The Challenge of Moving Beyond Behavioural Approaches in a Child Psychiatric Inpatient Unit

**Bev Lent, RPN, Unit Manager, Alberta Health Services, Edmonton, AB**

This paper describes the journey of a child psychiatric inpatient unit as it shifts its model of care from a behaviour management to a strength based collaborative model. Insights into challenges, triumphs and next steps will be shared.

#### Engaging Adolescents in Group Development on an Acute Inpatient Psychiatric Unit: Meeting the Developmental Needs of this Population through a Participatory Action Research Framework

**Michelle Foulkes, RN, MSc, PhD(C), CPMHN(c), Advanced Practice Nurse, Children's Hospital of Eastern Ontario, Ottawa, ON**

Adolescents present unique challenges when trying to design group interventions that integrate their cognitive and psychosocial developmental needs. Using a Participatory Action Research framework that supports working collaboratively 'with' youth to create therapeutic group content was done to generate shared knowledge for new group modules on an inpatient psychiatric unit.

Networking  
Café

### B5 Improving Mental Health Nursing through Electronic Health Records

**Amardeep Joshi, BSc, BHSc, Clinical Analyst, Ontario Shores Centre for Mental Health Sciences, Whitby, ON**

Join us for a day in the life of a mental health nurse using the latest Meditech release, 6.0. Highlights will include medication administration, care planning, conferencing tools and daily documentation. Improved decision support through clinical and summary panels will also be showcased.

12:30 - 13:30

Lunch (provided)

## Concurrent Sessions C

13:30 - 14:30

### C1 Identifying and Implementing Best Practices to Reduce Complication of Diabetes in the Mental Health Population

**Elizabeth Budd, RN, MA, Research Nurse Schizophrenia Program, Centre for Addiction and Mental Health, Toronto, ON**

Clients with severe mental illness are at greater risk of developing type 2 diabetes and developing more acute complications. Screening, early detection and developing interventions through health teaching allows the mental health nurse to actively reduce the possibility of complications, while assisting the client to manage their condition

#### Best Practices and a Smoke-Free/Tobacco Initiative

**Mary-Lou Martin, RN, MScN, MEd, Clinical Nurse Specialist, St. Joseph's Healthcare Hamilton, Hamilton, ON**

This study explores and describes the experiences of individuals with mental illness and their healthcare providers, in an in-patient mental health setting, during the period of pre- and post-implementation of the Smoke-Free/Tobacco Initiative (SFTI) with Best Practice Guidelines. Themes for patient and staff data will be identified. Recommendations for practice, education and research will be discussed.

## **C2 The Use of Material Objects in Understanding the Process of Recovery from a First Episode of Schizophrenia**

**Donna Romano, RN, PhD, Nursing Unit Administrator, Department of Psychiatry, Mount Sinai Hospital, Toronto, ON**

The main objective for this presentation will be to describe how the innovative use of material objects which symbolized recovery from a first episode of schizophrenia can inform therapeutic interventions for a young adult patient population.

## **Travelogue, Dialogue: An Arts Exploration of Psychiatric Nursing Identity Formation**

**Debra Dusome, RN, ExAT, MA, Instructional Associate, Brandon University -Psychiatric Nursing Program, Winnipeg, MB**

Using and arts-based research approach involving the creation of collages and narratives, psychiatric nursing students, recent graduates and leaders identified significant socializing and influential factors in the development of their personal psychiatric nursing identity.

## **C3 Recovery Group: Revisiting Group Facilitation by In-Patient Nurses**

**Lydia Ritchie, RN, BScN, MScN, Clinical Nurse Consultant, Royal Ottawa Mental Health Centre, Ottawa, ON**

This presentation will focus on the reawakening within nurses of a mental health intervention that is facilitating groups exploring recovery with in-patients experiencing mood symptoms. This innovative intervention involved the creation and development of a nurse-led recovery group on an in-patient mood program.

## **Group Therapy for Clients with Schizophrenia and Substance Use**

**Lisa Murata, RN, BScN, MEd, CPMHN(C), CSFT, Clinical Nurse Educator, Royal Ottawa Mental Health Centre, Ottawa, ON**

Group Therapy for Clients with Schizophrenia and Substance Use. This paper will describe and present outcomes of a concurrent disorders group for in and outpatients with schizophrenia. Examination of the data shows a correlation between attendance and decrease use or abstinence.

Round  
Table  
Sessions

## **C4 Recognizing and Understanding Ambiguous Loss: An Avenue for Family Healing and Implications for Family Mental Health Nursing Practice**

**Jane Karpa, RPN, MMFT, Assistant Professor, Brandon University, Winnipeg, MB**

This abstract is a result of my research to date on the topic of ambiguous loss. Utilizing the tools of concept analysis, personal experience, and clinical experience, the intent is to inform psychiatric mental health nurses and ignite discussion regarding the concepts of 'caring' and 'being there' in therapeutic relationships.

## **Envisioning the Model of Care for a Geriatric Psychiatry Day Treatment Program**

**Tony O'Regan, RN, MSc, BSc(Hons), DPSN, Cert Ed, Clinical Nurse Specialist, Regional Mental Health Care London, London, ON**

This round table provides an opportunity for participants to explore the role of mental health day treatment programs in the 21st century, and to reflect on and generate models of care related to current demographic and socio-political imperatives.

## **Partnering for Expertise: Patients and Clients Orientate Nurses to Therapeutic Relationships**

**Maureen Thornton, RN, GNC(C), Nurse Educator /Practice Leader, Waypoint Centre For Mental Health Care, Penetanguishene, ON**

Based on the Tidal Model and Ten Essential Shared Capabilities literature and patient participation in their own recovery learn how a Therapeutic Relationships orientation for new staff was revamped to include the patient journey. The session outlines: implementation framework, ethics review, a template for implementation, lessons learned and outcome measures.

## **The "Five Rights" of a Psychogeriatric Outreach Team**

**Doris Galas, RN, BHS(c), CPMHN(c), Clinical Manager, Humber River Regional Hospital, Toronto, ON**

The goal of the Psychogeriatric Outreach teams is to maximize the quality of life for the elderly with complex mental health, behavioural and cognitive needs at their place of residence. Following the "5 Rights" will ensure the effectiveness of these teams in meeting the unique needs of this growing population.

"How to"  
Workshop

## **C5 S.O.A.R. (Survivors of Abuse Recovering) A Community Development Success Story**

**Rita vanVulpen, RN, BN, MHSc., Coordinator, Crisis Response Services, Annapolis Valley District Health Authority, Kentville, NS**

Established in 1993, S.O.A.R. peer counselors have provided individual counseling and supportive groups to more than 300 women and men. Evaluations show that this innovative program is highly valued, providing benefits that strengthen the community through the contribution of individuals. Nurses have a social responsibility to enhance the capacity of Communities.

14:30

Break

### **Concurrent Sessions D**

14:45 - 15:45

## **D1 Service Preferences of Homeless Youth with Mental Illness: Housing First, Treatment First, or Both Together**

**Cheryl Forchuk, RN, PhD, Professor, University of Western Ontario, London, ON**

This study examined three approaches to service for homeless youth, 1) housing first 2) treatment first (mental health/addiction), and 3) simultaneous attention to housing and treatment. Youth were given the opportunity to choose which service method they preferred. Results indicate that all options were common choices among homeless youth.

## **Enhancement of Transitional Housing Programs for Street-involved Youth through the Application of Dialectical Behaviour Therapy to Strengthen Resilience**

**Elizabeth McCay, RN, PhD, Associate Professor, Research Chair in Urban Health, Ryerson University, Toronto, ON**

Compelled by the need to adopt an evidence-based intervention that can address the emotional distress of street youth, our team is implementing and evaluating Dialectical Behaviour Therapy (DBT). If effective, this intervention can be taught to staff working at service agencies across Canada thereby building resources for positive youth outcomes.

## **D2 Engaging Mental Health Clinicians to Improve the Quality of Suicide Risk Assessment and Monitoring on an Inpatient Mental Health Service**

**Nicole Kirwan, RN, BScN, MN, CPMHN(C), Clinical Nurse Specialist, St. Michael's, Toronto, ON**

Timely and accurate suicide risk assessment and monitoring is necessary to prevent harm and ensure the delivery of quality, safe patient care. This presentation will describe the efforts undertaken by mental health administrators to engage mental health clinicians to improve suicide risk assessment and monitoring in an inpatient program.

## To Include or Not to Include Suicidal Participants in Research?

Rahel Eynan, BA, MA, Research Coordinator, St. Michael's Hospital, Toronto, ON

The presentation will examine patterns of self-reported suicidality during research assessments in a sample of participants with recurrent suicidal behaviour. Workshop participants will be invited to discuss the clinical implications and challenges of including participants who are suicidal in a research study.

## D3 Using Data and Information from a Standardized Clinical Assessment Instrument in a Reporting System for Inpatient Mental Health Services

Karen Luyendyk, RN, MSN, Clinical Specialist Mental Health and Addictions, Canadian Institute for Health Information, Ottawa, ON

The presentation describes the use of system-level comparative reporting derived from standardized clinical assessment information to guide patient care and to support decision making for quality improvement, program and policy planning, and health reform implementation.

## Mental Health Nursing and the Interprofessional Context in Canada

Margaret Tansey, RN, BSN, MSc(A), CPMHN(C), Vice President Professional Practice and Chief Nursing Executive, Royal Ottawa Health Care Group, Ottawa, ON

Mental health nursing in the 21st century is situated in the context of interprofessional education, care and practice. We discuss a Health Canada funded unique Interprofessional Care (IPC) Centre of Excellence Project. This innovative project is transforming care through the implementation of a common model of interprofessional care.

### Round Table Sessions

## D4 What the Spirit Needs For Health?

Marguerite Riggs, RN, BScN, CP/MHN(C), Mental Health Case Manager, Central Regional Health Authority NL, Badger's Quay, NL

This is a roundtable discussion which invites colleagues to explore the spiritual needs for a person's health. Also, to share their current nursing practice within the context of the interdependence of the body, mind and spirit towards creating a Mental Illness Recovery and contributing to a high level of Mental Wellness.

## Mental Health Focused Nursing: Utilizing Unique Case Management Models

Mary Dwyer, BN, RN, MEd, Health Care Manager, Ministry Of Community Safety and Correctional Services, Toronto, ON

Mental health based programs in the correctional setting with emphasis on the need for community partnerships. To discuss achievements and challenges in providing care for clients This interactive roundtable will highlight: a) the benefits of an effective Special Needs Program b) clients with a mental illness and c) the importance of the nursing role in providing comprehensive care to clients with mental illness.

## Harm Reduction in Nursing

Laura Hanson, RN, BN, MN, Registered Nurse, Regent Park Community Health Centre, Toronto, ON

Harm reduction is an evidenced-based approach to working with people who use drugs and alcohol grounded in pragmatism, equity and access to health as a human right. Participants will learn about the principles of harm reduction as well as the application of this approach to their practice.

## Rising to the Challenge: Transformation of Nursing Care to Meet the Needs of 21st Century Adolescent Mental Health clients.

Sandra Chen, RN, BScN, MN, Clinical Education Leader, Ontario Shores Centre for Mental Health Sciences, Whitby, ON

In this era of health care where accountability and responding to the acuity of patient needs are the priorities, tertiary care hospitals have needed to become highly specialized in order to establish themselves apart from other services along the continuum of care and to meet the expectations of their stakeholders. In this roundtable, we will share the experience of a tertiary mental health centre in using a multi-pronged approach to transform nursing practice within an adolescent mental health setting.

## Incivility from Classrooms to the Workplace

Noreen Ek, RPN, BA(Spec), MA, PhD (Psychology), EMDR (Certified), Professor, Brandon University, Brandon, MB

Incivility in the workplace is a frequent complaint of clients utilizing EAP services. Using case examples from the classroom as well as from clinical practice the author will facilitate discussion of this topic. The issue of professional responsibility will be raised in conjunction with respectful workplace environment policy directions.

### Networking Café

## D5 Healthy Minds and Bodies: Providing Accessible Health Promotion Programs as Part of the Recovery Process

Annette Bradfield, MScN, RN(EC), Nurse Practitioner, Manager, Canadian Mental Health Association, Ottawa Branch, Ottawa, ON

This presentation will argue that the lack of tailored interventions for this population is an issue of social inequity, and will describe the addition of a health promotion program within a mental health agency. Practical information will be provided regarding recommendations, systems advocacy, and implementing healthy activities that promote recovery.

15:45 – 17:00

## Poster Reception

An outstanding opportunity for you to visit the posters and network with colleagues while learning about research that will increase your knowledge base in mental health nursing.

18:00 – 21:00

## Banquet (included in your Registration fee)

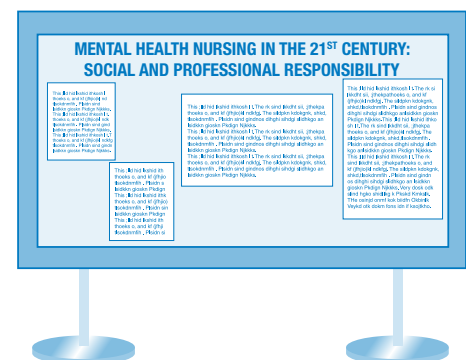
Complete your Thursday by joining us for an exciting Banquet featuring a special guest speaker.

Great fun with your fellow conference attendees.

Please watch the website as we confirm our speaker and details for this special evening.



1. **The Meaning of Respect in the Workplace: A Qualitative Descriptive Study**  
Krysia Theriault, RN, BComm, BScN, MN, Advanced Practice Nurse Educator, University Health Network, Toronto, ON
2. **Evaluation of PRN Effectiveness**  
Nancy Pilon, MHA, HBScN, RegN, BA, Director, Bayview Dual Diagnosis Program, Waypoint Centre For Mental Health Care, Penetanguishene, ON
3. **Youth to Youth Violence: Working Together to Care for Youth and Families**  
Lorelei Faulkner-Gibson, RN, BScN, CPMHN(c), MSN (Cand.), Clinical Nursing Educator, B.C. Children's Hospital, Vancouver, BC
4. **The Lived Experience of ICU for Patients Who Have Experienced Delirium: A Phenomenological Study**  
Karen Whitehorne, BN, RN, CPMHN(C), Mental Health Nurse Consultant, General Hospital, St. John's, NF
5. **De-stigmatization: Social Integration of the Youth-Mental Patient Community Rehabilitation Program**  
Ka Fai Wong, MNurs, MSSC, RN(Psy), RTN, Lecturer, Open University of Hong Kong, Hong Kong, China
6. **Structured Learning in an Undergraduate Mental Health Nursing Course: Building Confidence**  
Pamela Khan, BN, MSc(A), Senior Lecturer, Lawrence Bloomberg Faculty of Nursing University of Toronto, Toronto, ON
7. **Starting the Conversation: A Collaborative Approach to Develop Client-Centered Goals**  
Hillary Chan, RN, BScN, MN, Nurse Educator, Center for Addiction and Mental Health, Toronto, ON
8. **Employing RAI Data to Predict Risk of Seclusion and Restraint in a Psychiatric Intensive Care (PIC) Unit**  
Stacey Roles, RN, BScN, Nurse Clinician, Sudbury Regional Hospital, Sudbury, ON
9. **Weaving Stronger Nets: The Professional Responsibility of Mental Health Nurses Within Secure Youth Facilities**  
Angelique Benois, RN, BA, MScN, APN, Mental Health Nurse, Advanced Practice Nurse, Roy McMurtry Youth Centre, Brampton, ON
10. **Evaluation of the Recovery Workbook Group as an Intervention for Facilitating Recovery in Persons with Schizophrenia**  
Karen Vanscoy, RN, BScN, Registered Nurse, St. Joseph's Healthcare Hamilton, Hamilton, ON
11. **Clinical Instruction Strategies to Support Positive Experiences for Nursing Students in Mental Health Clinical Placements**  
Marlene Slepko, RN, DPHN, BScN, CPMHN(C), Clinical Instructor, Brock University Department of Nursing, St. Catharines, ON
12. **A Dedicated Withdrawal Management Nurse on an Adult Inpatient Mental Health Unit**  
Dionne Sinclair, RN, BScN, MScN, CPMHN(C), MCHM, Manager Inpatient Mental Health and Addictions, Humber River Regional Hospital, Toronto, ON
13. **Nursing Presence in Electroconvulsive Therapy**  
Patricia Abcede, RN, BScN, CPMHN(C), Registered Nurse, Mount Sinai Hospital, Toronto, ON
14. **Using Guided Reflection to Promote the RAO BPG on Establishing Therapeutic Relationships**  
Tony O'Regan, RN, MSc, BSc(Hons), DPSN, Cert Ed, Clinical Nurse Specialist, Regional Mental Healthcare London, London, ON
15. **In Support of the Consultation Role of Mental Health Nurses in Immigrant Health: A Literature Review of the Intersections of Tuberculosis, Mental Disorder, and Social Determinants of Health.**  
Amy Bender, RN, PhD, Assistant Professor, University of Toronto, Toronto, ON
16. **Education for Psychiatric Nursing Practice in Canada**  
J. Renee Robinson, RPN, BScMH, MSc, PhD, Assoc. Prof., Coordinator Master of Psychiatric Nursing Program, Brandon University, Brandon, MB
17. **End of Life Care Issues and Advanced Care Planning for Individuals with Dementia**  
Regina Sawh, RN, BScN, MN, Registered Nurse (Masters Student), Centre for Addiction and Mental Health, Toronto, ON
18. **Utilizing Groups: Empower Patients, Decrease Burnout and Improve Outcomes: It's True!**  
Jacqueline Kinley, MD, Psychiatrist, Program Director Assist. Professor, Dalhousie University, Mental Health Day Treatment Program, Halifax, NS
19. **Practice Scenarios: Reflections on Practice**  
Sandra Beumer, RN, BScN, CPMHN(C), Clinical Nurse Educator, Capital District Mental Health Program, Dartmouth, NS
20. **Finding Evidence for the Reduction of Restraint and Seclusion Use in Two Forensic Units**  
Gail Thorpe, RN, BScN, MSc, Manager, Nursing Education, Royal Ottawa Health Care Group, Ottawa, ON
21. **Improving Quality, Safety and the Patient Experience using the Coordinated Care Team Model**  
Kristine Leggett, RN, BScN, Nursing Practice Leader, Toronto East General Hospital, Toronto, ON
22. **Integrated Knowledge Domains Model for Inner City Health Care Providers**  
Kaye Simard, RN, MN, Clinical Coordinator, Vancouver Jail Health Services, Vancouver Coastal Health, Vancouver, BC
23. **Establishing a Recovery-Oriented Milieu in a Tertiary Mental Health Inpatient Unit**  
Kamini Kalia, RN, BScN, MScN, Clinical Nurse Specialist, St. Joseph's Health Care London, London, ON
24. **Nurses' Perspectives on the Care of Adults with Psychiatric Illnesses and Histories of Childhood Sexual Abuse**  
Elaine Mordoch, RN, PhD, Assistant Professor, University of Manitoba, Winnipeg, MB
25. **Creating Change through Appreciative Inquiry**  
Susanne Swayze, RPN, Forensic Nurse, St. Joseph's Healthcare Hamilton, Hamilton, ON



8:00 **Breakfast and CFMHN National Annual Meeting (open)**

9:00 **Cross Country Panel: Social and Professional Responsibility in Integrating Mental Health and Addictions Care. Are Nurses Making Progress?**

According to Health Canada (2002), "alcohol dependence is 21 times more likely to occur among people with antisocial personality disorders and 4 times more likely among people diagnosed with schizophrenia." Despite estimates that 50% of people with mental health issues struggle with substance use or addiction, integration of these fields remains elusive and concurrent disorders best practices have been difficult to replicate on a national level. This panel, representing the views of administrators, direct care providers and consumers, will describe some of the barriers and successes of integrating concurrent disorders education, treatment modalities, assessment tools, and resources in nursing practice. Lessons shared will be relevant for nurses and healthcare professionals wishing to provide socially- and professionally-responsible integrated care in mental health and addiction services.

Speakers to be confirmed

10:00 **Refreshment Break**

## Concurrent Sessions E

10:20-11:20 **E1 Mental Health in the Primary Care Setting**

**Dianne McIntyre, RN, BScN, CPMHN(C), Mental Health Coordinator, Upper Canada Family Health Team, Brockville, ON**

Family physicians are frequently the first contact for a person who is experiencing a mental health issue. In order to better meet the needs of these clients, the Upper Canada Family Health Team has both a mental health team and a gerontology team. These teams provide supportive counselling and help clients access other community resources. The RNs also act a liaison between the community and the family physicians.

### Integrating Inpatient Medical and Mental Health Care

**Cheryl Williams, RN, PhD, CHE, Vice-President, Acute Care Services, Rouge Valley Health System, Toronto, ON**

Patients that present to acute care hospitals with both acute medical and acute psychiatric issues continue to pose problems for inpatient nursing units, as nursing staff usually have one defined skill set or another. This presentation will highlight one hospital's experience with implementing a combined medical psychiatry inpatient unit.

**E2 How Do Mental Health Professionals Perceive and Describe the Process of Mindfulness in their Professional Practice?**

**Margaret Myers, RN, BA, BScN, MA Ed, MDiv, MTh (PC), EdD, CCC, Counsellor/Therapist/Registered Nurse, Counselcarecanada, Wallaceburg, ON**

The concept of Mindfulness has been investigated by numerous disciplines and is being heralded for its positive contribution to health and wellness. In a two-part study, the researchers examined Mindfulness with healthcare professionals working with mentally ill clients, through a focus group, and using the Baer 5-Facet Mindfulness Survey in an online survey with 558 participants.

### Navigating Practitioner-Discomfort: A Qualitative Inquiry with Mental Health Nurses and other Clinicians

**Shayna Hornstein, BSc. (Reg. P.T.), Registered Physical Therapist & Consultant Workplace Health, Vancouver, BC**

Practitioner discomfort due to the intensity and nature of the work as well as the power dynamics of patient-practitioner relationships were explored during interviews with seven health professionals, including three mental health nurses. Emerging themes and coping strategies are explored in this presentation using the practitioners' own words.

**E3 A Study of Family Nursing Practice in Acute Care Psychiatry**

**Peggy Simpson, RN, BN, MN, PhD, Clinical Nurse Specialist, St.Pauls Hospital, Vancouver, BC**

Presenters will describe a knowledge to action framework for family nursing clinical practice in acute care psychiatry. This will include an analysis of process and outcome information derived from ongoing discussions with staff, family surveys and staff responses on the Family Nursing Practice Scale in the first year of implementation.

### An Egalitarian Model of Psychiatric Care

**Alice Chan, RN, MSN, Clinical Nurse Specialist, St. Paul's Hospital, Providence Health Care, Vancouver, BC**

An egalitarian model of mental health care is developed and implemented on a new acute care psychiatric unit.

**E4 Suicide and Suicide Prevention in Youth: Using the Evidence**

**Tyler Black, B.Sc. (hon), MD, FRCPC, Child and Adolescent Psychiatrist, BC Children`s Hospital, Vancouver, BC**

Suicide is the second-leading cause of death in youth aged 10-24, accounting for more deaths each year than any medical illness. Yet, suicide risk assessment remains perhaps the most intimidating psychological intervention that care providers perform. This presentation provides an important framework for debunking long-held beliefs about suicide, understanding why youth experience suicidal thinking, and will assist in starting a dialogue at all levels about how we approach youth regarding suicide.

**"How to" Workshop**

**E5 Innovation, Collaboration, and Partnership: Addictions Capacity Building in Northern First Nations Community of Sioux Lookout**

**Rosanra Yoon, NP, MN, CPMHN(C), Advanced Practice Nurse - Addiction Program, Centre for Addiction and Mental Health, Toronto, ON**

This presentation will describe an innovative partnership that was established between a medical withdrawal service of an addiction program in Toronto and a medical facility in Sioux Lookout. Participants will learn how this externship program was used as an effective approach for capacity building of clinicians from northern aboriginal communities.

11:20 **Break**

11:30-12:30 **Concurrent F**

**F1 Evaluation of an Innovative Educational Tool to Illustrate Links between Therapeutic Relationships and Patient Safety**

**Kathleen MacMillan, RN, PhD, Dean, School of Health Sciences, Humber Institute of Technology & Advanced Learning, Toronto, ON**

This presentation will report on evaluation of an innovative educational approach, designed to raise awareness of the link between therapeutic relationships and patient safety in mental health settings.

## Learning from Patient Safety Incidents, Near Misses and Adverse Events in Mental Health Settings

Nicole Kirwan, RN, MN, BScN, CPMHN(C), Clinical Nurse Specialist, St. Michael's, Toronto, ON

Adverse event reporting and learning systems aim to enhance patient safety by learning from failures, yet clinicians often fail to report events voluntarily, completely and objectively. This presentation will describe a patient safety learning initiative undertaken to improve learning from incidents, near misses and adverse events in mental health practice.

## F2 Achieving Certification: The Psychiatric and Mental Health Review Course

Gail Thorpe, RN, BScN, MSc, CPMHN(C), Manager of Nursing Education and Staff Development, Royal Ottawa Health Care Group/Mental Health Nurses' Interest Group, Ottawa, ON

Can it be 16 years since the first CNA certification exam for psychiatric and mental health nursing in January 1995? How have things evolved in our region over 15 years and across a century in preparing nurses to write the exam, where are we now and where are we going?

## From Nursing to Mental Health Nursing: A Transformation with Lessons Learned

Joanne Mencionis, RN, BScN, CPMHN, CPRP, Professor, Mohawk College Institute of Applied Health Studies, Hamilton, ON

The need for more preparation to practice nursing in mental health has been identified and there is a gap in Ontario programming both the basic education and post graduate certificates. This presentation describes an innovative new Mental Health Nursing Graduate Certificate Program that reinforces best practice standards.

## F3 e-Vitalizing & Transforming Mental Health Care

Debra Churchill, RN, BScN, MHSN, Interim CNE, Leader Professional Practice, Ontario Shores Centre for Mental Health Sciences, Whitby, ON

Transforming the culture of care and improved patient outcomes can be achieved through the implementation of a fully integrated electronic health record. This oral presentation will describe how the implementation of the EHR promoted evidence-based practices, improvements in process, practice and access, provision of point of care information to clinicians, while enhancing patient safety.

## Clinical Informatics and Mental Health: Problems and Prospects

Michael Haswell, RN, BA, RMN, MEd, Manager, Canadian Mental Health Consultants, Toronto, ON

Despite the eager acceptance of clinical informatics applications by health care organizations, there are significant negative consequences for both clients and the professions, including nursing, in mental health settings. The innovation of Personal Health Record technology for clients is examined, and the prospects for professional practice.

Round  
Table  
Sessions

## F4 Personal and Professional Use of Social Media within Mental Health Nursing

Kamini Kalia, RN, BScN, MScN, Clinical Nurse Specialist, St. Joseph's Health Care London, London, ON

Over the past six years, there has been an increased prevalence of social media in healthcare. Unfortunately, there is limited literature and research regarding the uptake of nurses and social media. This presentation will encourage mental health nurses to discuss the practical use of participatory tools in healthcare and provide suggestions regarding personal and professional usage of social media.

## Let's Talk about Intramuscular Injections: An Interactive Roundtable

Nancy Brookes, RN, MSc(A), PhD, CPMHN(C), Nurse Scholar, Royal Ottawa Health Care Group, Ottawa, ON

This is a wonderful opportunity for psychiatric and mental health nurses from across the country to engage in conversation about intramuscular injections. We will share stories, concerns, challenges and solutions. We will create a network of nurses interested in the issues and share our learning with the wider P&MHN community.

## Staff-Mix and Skills-Mix, Mental Health Workforce Management that Works on an Adult Inpatient Mental Health and Addictions Unit

Dionne Sinclair, RN, BScN, MScN, CPMHN(C), MCHM, Manager Inpatient Mental Health and Addictions, Humber River Regional Hospital, Toronto, ON

In order to manage human resources in Mental Health Care, the program used workers with different professional background, in order to achieve optimal patient care. The purpose of this review was to elicit the perceptions of nurses; (RPN's, Diploma RN's and BScN's) of what staff-mix and skills-mix meant to them.

## Electronic Incident Management System (eIMS): Is Changing our Practice Helping Tracking Patients' Unauthorized Leaves

Raluca Groholschi, RN, CPMHN(C), Manager Patient Care Services Schizophrenia Program, Royal Ottawa Mental Health Centre, Ottawa, ON

Participants will learn about the innovative electronic incident management system (eIMS) used specifically in psychiatry and mental health. Participants will explore as well the issue of unauthorized leave in mental health. The eIMS will be presented as well as how eIMS is changing our practice will be discussed.

## Dysphagia Screening and Management in a Mental Health Setting

Jacqueline Anderson, RN, MN, CPMHN(C), Advanced Practice Nurse, Centre for Addiction and Mental Health, Toronto, ON

In light of the aging demographic psychiatric nurses are faced with the professional responsibility to continuously develop their skills, and further integrate and assess all components of the biopsychosocial spheres of clients supported. This project explores a dysphagia screening and management program implemented in a geriatric mental health setting.

"How to"  
Workshop

## F5 What's Trauma Got to Do With It...and What Does a Trauma History Have to Do With My Nursing Practice?

Petrea Taylor, RN, MN, CPMHN(c), Student, University of New Brunswick Faculty of Nursing, Fredericton, NB

While over half of the people admitted to psychiatric units report a history of intimate partner violence, mental health nurses need to be able to provide trauma informed care. The focus of this workshop is to highlight ways incorporate trauma informed care into their generalist nursing practice.

12:30 – 13:45

Lunch (provided)

12:45 – 13:45

MNHIG Annual General Meeting

13:45 – 14:45

## Concurrent Session G

### **G1 Children Living with Parents with a Mental Illness: Recognizing the Potential for Health Promotion of Children and their Families**

**Elaine Mordoch, RN, PhD, Assistant Professor, University of Manitoba, Winnipeg, MB**

One in five Canadians will experience mental illness in their lifetime with estimates suggesting that 15 - 50% are parents. Recent estimates suggest that 15% of Canadian children are living with a parent with a mental illness. This session will examine the complex phenomena of children living with a parent with a mental illness from three perspectives. A compilation of three qualitative research studies will inform this discussion and recommendations for health promotion services.

### **G2 Poverty and Mental Health: Issues, Challenges and Solutions**

**Cheryl Forchuk, RN, PhD, Professor, University of Western Ontario, London, ON**

The purpose of this study was to examine the relationship between poverty and mental illness/health. This study examined the individual, social, and policy contexts that shape the lives of psychiatric survivors living amid poverty; the experience of the downward "drift" into poverty and social factors associated with individual outcomes.

### **Addressing Severe Mental Health Issues and Severe Substance Use Disorders: The Concurrent Disorders Enhanced Service (CDES) Demonstration Project, 2009 -2010.**

**Jennifer Bishop, Program Manager, Adult Inpatient Program, Centennial Centre for Mental Health and Brain Injury, AB, Ponoka, AB**

The Concurrent Disorders Enhanced Service (CDES) focuses on a "one stop" voluntary, intensive integrated care to simultaneously engage clients in recovery, stabilize their mental illness and addictions symptomatology as well as provide community linkage and follow-up.

### **G3 Wishful Thinking... Advance Care Planning & the Mental Health Patient**

**Mary-Lou Martin, RN MScN MEd, Clinical Nurse Specialist, St. Joseph's Healthcare Hamilton, CMHS, Hamilton, ON**

Advance care planning is rarely done with mental health patients unless the patient is dying. Do mental health patients have the right to participate in advance care planning? The author will advocate that mental health patients have the right to participate in advance care planning long before they require palliative or critical care.

### **Ethical Dilemmas, Distress or Courage: How do Ethical Responsibilities and Quality Work Environments Impact your Nursing Practice?**

**Margot McNamee, RN, BA, MHA, Senior Nurse Advisor, Canadian Nurses Association, Ottawa, ON**

This session will explore the concepts of ethical dilemmas, ethical distress, and ethical courage through examples relevant to mental health nursing. It will also highlight how relationships with others are vital in making nurses' experience in the workplace more positive and the impact of relationships on quality practice environments.

**"How to"  
Workshop**

### **G4 A Look Inside the Toolbox Supporting the Mental Health Needs of Adults with Intellectual Disabilities**

**Shirley McMillan, RN, BScN, MN, Mental Health Nurse Specialist, Surrey Place Centre, Toronto, ON**

A "how to" workshop to present a selection of mental health tools developed to support individuals with intellectual disabilities. The tools allow a forum for discussion of challenges faced by nurses supporting individuals with intellectual disabilities.

### **Therapeutic Innovative Strategies for Adults with Asperger Syndrome Resulting in Successful Psychosocial Outcomes.**

**Fern Quint, RN, BA, Registered Nurse, Toronto, ON**

Adults who have Asperger Syndrome face multiple challenges and problem areas. Psychosocial impairments and restricted interests frequently result in complicated family dynamics, fractured relationships, loneliness, and employment difficulties. Innovative practical, creative and therapeutic approaches, based on clinical practice will be presented and discussed.

**"How to"  
Workshop**

### **G5 Innovative Solutions in Dealing with High-Risk Mental Health Crisis**

**Mary Compton, MA, Director, Crisis Services, Saint Elizabeth Health Care, Toronto, ON**

Innovative solutions are required to serve individuals in mental health crises that come in contact with the justice system and with protective first responders such as the police. This session will be of interest to those agencies, nurses and law enforcement officers interested in learning how to develop a partnership between local police, crisis and mental health services.

14:45

## Closing Keynote

15:45

## Wrap-up



# “Thank You” to our sponsors



CFMHN works with others to influence policy and decision making and provides expertise on community health nursing issues.

La CFMHN s'associe à d'autres organismes pour influencer les politiques et les décisions, et elle fournit des conseils sur les questions relatives aux soins infirmiers communautaire en santé mentale.



Canadian Federation of  
Mental Health Nurses

Fédération Canadienne des  
Infirmières et Infirmiers en  
Santé Mentale



Mental Health Nurses  
Interest Group

CFMHN National Office:  
1 Concorde Gate, Suite 109, Toronto, ON M3C 3N6  
[www.cfmhn.ca](http://www.cfmhn.ca)