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| **Mental Health Nursing Interest Group** | **Spring 2017** |
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| **Nursing at the Moss Park Overdose Prevention Site** By Erin Telegdi RN, BScN, BAIn August of 2017, I watched in amazement as the news flooded with reports that the Toronto Harm Reduction Alliance, a collaboration of health care workers, harm reduction workers, community members, and people who use drugs (PWUD), had erected tents in Moss Park and opened an Overdose Prevention Site (OPS). This group of people was taking action to save lives as deaths mounted from the opioid overdose crisis. They did not wait for anyone’s permission - government at all levels was simply taking too long to act - they just did what had to be done. The site needed RNs and other Regulated Health Profession (RHP) volunteers for the City of Toronto and Toronto Police Services to allow it to stay open. I wanted to help; I knew how important this work was. And, as a RN at Casey House, a specialty hospital for people living with HIV where many of our clients are people who use drugs, I thought I might have some relevant experience to offer. And so I volunteered. At the time, I had no idea how much this experience would change how I see myself as a nurse, or how dramatically it would alter my practice. At the Moss Park OPS, RHPs work in collaboration with harm reduction workers and PWUD to provide a safe space for substance use and support people at risk for overdose. When someone experiences an overdose, we intervene with oxygen and/or naloxone. To date, we have reversed over 200 overdoses. While our focus is on overdose prevention, a big part of our work is also to build community. PWUD face considerable discrimination in the health care system and, too often, subjective bias and stigma result in care that lacks compassion. At the Moss Park OPS, I learned to be a nurse who truly values the lives of people who use drugs. The Moss Park community does not tolerate nonsense from RHPs! Folks are quick to let us know when we are taking up too much space, when our health teaching falls short of being relevant to their lived reality, and when our medical education has been just, straight up, plain wrong. Folks have also been extraordinarily patient and open in teaching me how to be a good nurse – how to meet people where they are at, in a real patient-centred way. In addition to my work at Casey House, I am now also employed as a RN at keepSix, South Riverdale Community Health Centre, the second Health Canada sanctioned Supervised Consumption Service (SCS) to open in Toronto. Many of the people who work at keepSix are also involved with the Moss Park OPS. All of them have worked extensively in harm reduction. I love keepSix’s commitment to prioritizing the knowledge and wisdom of people who use drugs, and its work to make the larger system within which it functions adapt to the needs of PWUD, not the other way around. As a result of the extraordinary work being done by PWUD across the country, to which the Moss Park OPS has made a considerable contribution, change is coming. While there are many mountains yet to climb (most importantly, a legal and regulated safe drug supply), SCSs and OPSs are opening across the country. PWUD have fought for, and won, spaces for themselves within the healthcare system, and they continue to chip away at the policies and bureaucracies that deny them their basic human rights. I remain overwhelmed, inspired, and grateful for the work that is done and the work we are doing together.With over 4,000 overdose deaths predicted across Canada for 2017, the opioid crisis has reached new levels of urgency. My fellow RNs, I invite you to join me in working with PWUD to fight the considerable inequities that many continue to face in healthcare and political systems. Embrace their lives and their experiences. Be brave and challenge your own biases. Be critical of biases in your workplace that perpetuate stigma and marginalize PWUD. Be an ally in this fight for social justice. My fellow RNs, our work is inherently political. Let’s be on the right side of history.**The fading value of the RN and CNS in patient care**By Elsabeth Jensen , RN, BA, PhDThe nursing profession is under siege as never before. Sadly this is with the support of nurses who have lost sight of our core and root, our defining feature –patient care. This and this alone, is unique to the profession of nursing. I sat through a major funding announcement that will create clinical research fellowships at a major teaching hospital. The disciplines mentioned as filling those fellowships did not include mention of nursing. We have become invisible even where we see ourselves as numerous. Even worse, nurses are not seen as relevant to the patient care research enterprise. Prior to Florence Nightingale’s work to bring nursing in the United Kingdom into the modern age it was not a career option in that part of the world. Her study of the death rates in Scutari established the importance of the contribution trained nurses could make to patient outcomes. Mary Agnes Snively (Jensen, 1992) was the first Nightingale nurse in Canada and set the bar for professionalism in nursing by leading in nursing education and administration at Toronto General Hospital. She was also the leader in the establishment of the Graduate Nurses Association of Ontario (now the Registered Nurses Association of Ontario) and the Canadian Nurses Association. She was also a founder of the International Council of Nurses. Her influence also extended to the move to establish registration for nurses across all of Canada. Leadership of her calibre is desperately needed today. The value of RN’s to patient care and outcomes was clear in years past and these professionals were sought after. In the 1950’s the Clinical Nurse Specialist came on the scene to offer expert nursing skills and knowledge to patients and their families. The worth of an RN is clearest at the point of care. In recent years nurses have increasingly sought to influence health care and health outcomes by moving away from the point of care. A career in nursing always seems to pull the best nurses away from the patient and family and those nurses who resist that pull often suffer in terms of working conditions, pay, pensions, longevity, health and safety. The case of Alex Wubbels dealing with police bullying shone a light on what Petuly Dvorak of the Washington Post calls the most dangerous profession, nursing. At one time a new graduate could count on easily finding a position but that is no longer the case. With changes in the health care system and changing priorities on staffing it seems RN’s are no longer seen as being as important as we were at one time. In this political world those who are at the table and have a voice are being heard. RN’s are often conspicuous by their silence. Withdrawing from the point of care has not served us well. Supporting notions such as bed baths can be done by PSW’s and are too expensive for a nurse to do, has led to a loss of not only RN presence, but access to RN skill for the patient. Assessments don’t get done and care needs are missed. We have increased cases of failure to rescue as a result. We have over 30 years of research supporting the notion that the best educated nurse at the point of care results in the best patient outcomes yet this is often ignored even by nurses. Today’s CNS spends so much time nursing the system that there is neither time, nor perceived value in practicing at the point of care/service. It is the patient/public who loses the most. We are at a place in history where we can either value our services at the point of care or not. The latter will lead to the extinction of the RN, and with it the CNS. Other disciplines are quick to advocate for themselves when it comes to arguing their relevance to patient care. They are quick to point out they can make a contribution to outcomes. We will only survive if we learn to advocate for ourselves and compete effectively with others working in the system. Trying to be ‘nice’ and a ‘team player’ has too often meant losing ground and getting lost. Trusting others to speak for us or assuming our worth is as clear to others as it is to ourselves is an error in thinking. Education and skill do make a difference. Suggesting the ‘nursing family’ is made up of different levels of nursing who are all the same is confused thinking. This confusion is most evident in the documents being produced at the College of Nurses of Ontario at the moment. This kind of thinking denies the fact that knowledge and skill do make the difference to practitioners and to those we provide services for. The central importance of knowledge and skill acquired through formal study must not be disrespected or denied. When we do, we lose, but the biggest losers are the public. In order to just survive RNs’ need to actively promote themselves, and our services to the public and employers. CNSs’ need to establish and actively promote their clinical expertise, compete for research fellowships and clinical scientist positions. Clinical research done by CNSs is sorely needed. Being seen as serious researchers in the areas of patient care, healing, recovery and health by non-nurses is needed. We can’t keep studying nurses. No one cares unless we are seen as relevant and necessary in the system.We must fight to remain where we are most relevant, at the point of care/service. Academe needs to work to develop research skills and clinical expertise in graduate programs so graduates can compete in a system that no longer assumes nurses are needed. Too few graduate programs offer a thesis option and/or a clinical focus. As a profession we simply can’t afford to continue to devalue clinical skills and clinical research skills if we are to survive. Yes I know that is work for academics, but the other disciplines often require a thesis in their undergraduate programs. Nursing has drifted behind and is drifting further behind by the minute. There is no one who can save us from this dismal road we are on other than ourselves. Each of us needs to decide if we are part of the problem or part of finding solutions to surviving. There is no fence. Only when survival is more certain we can move to consider what thriving looks like for RNs and CNSs. Dvorak, P. (2017) , “What’s one of America’s most dangerous jobs? It’s not what you think.” Washington Post September 11, 2017, <https://www.washingtonpost.com/local/whats-one-of-americas-most-dangerous-jobs-its-not-what-you-think/2017/09/11/71eae4d8-9715-11e7-87fc-c3f7ee4035c9_story.html?utm_term=.6d8b705d72db>Jensen, E. (1992). Founder of modern Canadian nursing - Mary Agnes Snively. *Registered Nurse, 4*(5), 16-18.**2017 Canadian Federation of Mental Health Nurses Conference: Recipient Reflection**“Psychiatric Mental Health Nursing in a Dynamic Health Care Environment: Complexity and Collaboration across the Continuum of Care”.Niagara Falls, ON: November 1-3, 2017.By: Grace van den Berg, RN, BScN, MN, CPMHN(C)Let me begin by expressing my deepest gratitude to the Mental Health Nursing Interest Group (MHNIG) for awarding me the opportunity to attend the CFMHN conference.I had the privilege of attending one of the pre-conference workshops facilitated by the Centre for Addiction and Mental Health (CAMH) on their implementation of the electronic health record. Following this very informative session, I left feeling inspired and excited for the possible changes and advancement in the field of informatics. I was most appreciative of CAMH’s sharing their teaching, optimization, change management strategies, roadmap for success, and even the challenges they encountered. The presentation provided a clear link to how the implementation has enhanced patient safety through best practice care pathways, risk assessments, and improved care planning.The conference’s opening keynote speakers were Louise Bradley (President & CEO Mental Health Commission of Canada) and Barb Shellian (President Canadian Nurses Association), and I found myself inspired by the passion of both speakers and admired them as key leaders of the advancement of mental health care and in nursing. I was most inspired by Ms. Bradley’s call for us all to gather the courage to speak of our own experiences with stigma and even to more fully explore concepts of self-stigma. Ms. Shellian echoed those sentiments commenting that change starts with you, and it is all of our responsibility to mentor and support each other, to build connections with our professional groups, to speak up, and to act as role models in the profession.The biggest challenge I faced during the conference was making the decision on which of the concurrent sessions to attend. I was struck by the variety of innovative presentations, the vast opportunity for knowledge expansion, and the wonderful opportunities to network with some remarkable leaders in psychiatric mental health nursing across Canada! Due to the word limitations of this article, I can only briefly highlight a couple of the presentations attended. Nonetheless, following each presentation, I left feeling inspired, rejuvenated, and even challenged to reflect on my own practice and the current state of MH Nursing practice, and to explore opportunities for improvement.One of the first concurrent sessions I attended was on nurse leadership and it was interesting to hear how the empowerment of nurse leaders ultimately improves patient care and outcomes. I do want to give special highlight on the session facilitated by Mary-Lou Martin from St. Jospeh’s Healthcare Hamilton: It is time for change: Prevention and Alternatives to Restraint & Seclusion. Restraint prevention and reduction is an area of which I am highly passionate. This presentation was thorough, provided the best evidence for prevention and reduction, and was equally thought provoking. The presentation left participants to ponder several questions, two of which were why we do not have national standards for education and training about seclusion and restraint and why have we not seen the same success as our American counterparts? Both questions truly worth exploring! Thank you Mary-Lou for a wonderful presentation!Through this experience, I was grateful for the opportunity to witness the passion of colleagues and leaders of change and felt admiration for their accomplishments, determination, and advocacy for psychiatric mental health nursing. One of the best opportunities during the conference was the ability to network with fellow colleagues, and for that I will be forever grateful as I have left the conference excited for the possible future of psychiatric mental health nursing.**RNFOO MHNIG Awards**Research in Mental Health Nursing - MHNIG**Maneet Chahal** is a mental health nurse who has both in-hospital and community experience, where she worked on an ACT Team for 5 years.  She is currently pursuing her Master of Nursing at McMaster University, where she is focusing her thesis on South Asian Mental Health. In addition to this, she has co-founded a global South Asian mental health initiative called SOCH. This initiative has led her to be one of the first to conduct a mental health workshop within a Sikh Temple as well as start an international mental health TV show called 'Apni SOCH'. SOCH in Hindi, Urdu, and Punjabi (3 prominent South Asian languages) means 'to think' or 'a thought'.  When Maneet isn't on the front lines, she enjoys spending time in nature, practicing kundalini yoga, and playing with her dog Diesel.Research in Mental Health Nursing - MHNIG**Pamela Durepos** is in her 2nd year of the PhD Nursing Program at McMaster. Pamela is completing a mixed methods research study around preparing family caregivers for end-of-life in dementia. She is also involved in graduate and undergraduate nursing curriculum development and is passionate about teaching. Pamela has worked at Hamilton General Hospital Neurotrauma ICU for the past 13 years.MHNIG Dr. Hildegard E. Peplau Award**Zohra Surani** is a Certified Psychiatric Mental Health Nurse with more than three years experience in acute inpatient mental health. She is currently a professional practice fellow at CAMH and pursuing her Master of Nursing, Clinical stream at the University of Toronto. | **In this issue:****Nursing at the Moss Park Overdose Prevention Site****The fading value of the RN and CNS in Patient Care****Reflections from CFMHN Conference****RNFOO Mental Health Research Awards**  |
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