Planning the CNS conference
Thursday June 6, Friday June 7, 2019
St. Joseph's Healthcare Hamilton (West 5th Campus)
100 West 5th Street, Hamilton, Ontario.

Poster Presentations.

Draft -- to be modified-

Friday, June 7, 2019

Assessment of strengths in mental health care.

Mary-Lou Martin RN MScN MEd

Abstract

In mental health, there has been a growing interest in clients' strengths and protective factors. This is a distinct shift from nurses being interested only in vulnerabilities and risks. Strengths need to be integrated into assessments and plans of care because the results of such evaluations lay the groundwork for interventions. CNSs can play a valuable role in supporting nurses to integrate strengths in the plan of care.

A recovery approach demands that strengths of clients be identified. Strengths may help to reduce or manage risks. All too often strengths are underused in mental-health care. Integration of strengths into risk assessment/management helps ensure that clients receive comprehensive treatment. Many nurses have not been trained in using strength-based approaches.

A focus on strengths also means taking into account the strengths of the clients' family and their community. Many clients are challenged to identify their own strengths. The role of the nurse includes supporting clients to identify and explore their strengths and past successes. Understanding the client's strengths can inform plans of care by helping with targeted intervention and supporting clients' resiliency under conditions of stress.

When clients hear strengths identified, it can enhance the engagement and the therapeutic relationship between clients and nurses. It can also help clients to feel empowered, motivated, and willing to be involved in collaborative relationships with their nurses. Strengths and risks are complex and multi-dimensional. Little is known about how risks and strengths operate in combination related to outcomes. Research is needed to determine the extent to which strengths reduce or ameliorate risks and how risks and strengths are associated with outcomes of various kinds.

TELEPROM-Y: Improving access and experience of mental healthcare for youth through virtual models of care.

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Abraham Rudnick, MD MPsych PhD
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Sandra Fisman, PhD
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Abstract

Approximately 1 in 5 youth experience mental illness, with 75% of mental illnesses starting in childhood/adolescence (Kim-Cohen et al., 2003). Additionally, the number of Ontario youth rating their mental health as only fair or poor has increased significantly since 2007 (Boak et al., 2014). The magnitude of youth mental health needs justifies evaluation of remote-care delivery services for youth with anxiety/depression.

This study will assess the feasibility of implementing remote mental health services for youth (age 16-25) within outpatient mental health facilities in Ontario. Youth are connected to their healthcare team through the Collaborative Health Record (CHR). The CHR has the ability to: book appointments online; track quality of health and health outcome scores; and engage in both synchronous (video-conferencing) and asynchronous (secure messaging) virtual visits with their healthcare providers. The healthcare providers have site-specific CHR accounts, and are able to add respective patients onto the platform who wish to participate in this method of care.

The goals are to: 1) improve youth access to healthcare and service delivery; 2) facilitate proactive interventions by allowing youth to monitor their mood/behavior; 3) enhance healthcare provider-patient communication; 4) improve youth and healthcare provider experiences. The ultimate goal is to provide supportive systems within an individual's natural environment to promote community integration using mobile technology.

Generating supportive settings within the individual's natural environment through mobile technology will increase community integration. This is expected to improve healthcare outcomes and quality of life for youth and decrease healthcare expenses through reducing hospitalizations and outpatient visits.

Community homes for opportunity: Evaluation of a new model of supportive housing for people with severe mental illness.

Cheryl Forchuk, RN, PhD
Beryl & Richard Ivey Research Chair,
Lawson Health Research Institute, Parkwood Institute, London, ON, Canada.
Distinguished Professor & Associate Director of Nursing,
Western University, London, ON, Canada.

Abstract

Statement of the problem: The Homes for Special Care Program was established in 1964 by the Ministry of Health and Long-Term Care (Ontario, Canada). The program provides long-term, permanent residential care for people with severe mental illness requiring assistance with daily living. The program has been criticized as being too custodial and not promoting autonomy.

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Objectives: The purpose of this project is to evaluate the "Phase One Implementation Plan" of the modernized program "Community Homes for Opportunity" (CHO) in a specific catchment area overseen by St. Joseph's Healthcare London - Parkwood Institute Mental Health.

Methods: Interviews were conducted with 116 CHO residents to evaluate quality of life, community integration, housing stability, and health and social service use. Focus groups were conducted with residents as well staff from homes, community agencies, and the Ministry. These focus groups identified issues, solutions, and recommendations for improvement.

Results/Conclusion: Preliminary analysis showed significant improvement in Phase II compared to baseline regarding general life satisfaction, satisfaction with living situation, satisfaction with daily activities, and the amount of money participants spent on themselves per month. Although no other quality of life or community integration domains differed significantly, most outcome measures showed some improvement. Focus groups findings showed that stakeholders believed the change was necessary. Tenants' responses revealed their satisfaction about increased financial support. Homeowners' feedback indicated a need for greater collaboration with the Ministry and the community agencies. Concrete recommendations for change for the next phase will be discussed.

Inpatient mental health: What helps/ hinders the transition into communities?

Jennifer Anderson, RN, B. Sc. N, M.Sc. N (student)

Abstract

Objectives/Goals

1. Improved understanding of what is helpful during transition from the mental health system to communities.
2. The importance of collaboration with patients to support successful re-integration into communities.

Problem The purpose of this study is to explore the transition experience of people between the ages of 18-65 who transitioned into the community from an inpatient mental health unit.

Methods The sample will consist of participants who have experienced transition from inpatient mental health care at Can-Voice in London, Ontario, Canada to communities and are able to express what helped, didn't help and suggest what would be helpful to aid in the successful transition of future patients. Participants will be recruited by a convenience sample, utilizing the snowball sampling technique. Unstructured interviews will be utilized stemming from the objectives of the study.

Inclusion criteria: 18-65 years, admitted as an inpatient to a hospital for at least 14 days, can read and speak in English, able to give informed consent.

Exclusion criteria: individuals who are actively psychotic, imminently verbalizing suicidal ideation or unable to give informed consent.

Results Pending completion of the project.

Conclusion The researcher hopes the study will reveal effective strategies to support individuals within inpatient mental health care to successfully re-integrate into communities. The researcher will empower individuals to share their experience, by disseminating the strategies that the individuals transitioning identify as important to the successful re-integration into communities.

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An integrative literature review on family focused cognitive behavioural therapy (FFCBT) for young children with obsessive compulsive disorder (OCD): Implications for Clinical Nurse Specialists.

Carrie Bullard, RN PhD (student) CPMHN (c)
Denise A. Bryant-Lukosius, PhD
Susan Jack, PhD
Ellen Lipman, MD
Noam Soreni, MD

Abstract

The Clinical nurse specialist (CNS) is well positioned to deliver specialized mental health treatment because of their specialty-specific expert knowledge and skills and ability to integrate competencies as a clinician.

Pediatric obsessive-compulsive disorder (OCD) is one condition requiring specialized treatment. Family-focused cognitive behavioural therapy (FFCBT) approaches with exposure and response prevention (E/RP) are effective treatments of pediatric OCD (Anderson, Freeman, Franklin, & Sapyta, 2015; Freeman et al., 2014). Formal inclusion of parents and parent-specific tools is particularly important when treating young children (< 10 years) with OCD as symptoms directly affect the family's functioning across many levels (Choate-Summers et al., 2008).

Although FFCBT approaches for young children with OCD have been studied, no reviews describing and synthesizing intervention components across the approaches were found in the literature. Additionally, no papers examine the role of the CNS related to the current Canadian psychiatric mental health nursing (PMHN) competencies and the delivery of psychotherapy such as FFCBT.

This poster will present findings from an integrative literature review that investigated the use of FFCBT for young children with OCD and discussed the role of the nurse in the delivery of this specialized treatment (Whittemore & Knafl, 2005). Implications for education, role autonomy, and scope of practice will be presented related to the role of the CNS delivering specialize mental health treatment for children.

Anderson, L. M., Freeman, J. B., Franklin, M. E., & Sapyta, J. J. (2015). Family-based treatment of pediatric obsessive-compulsive disorder: Clinical considerations and application. *Child and Adolescent Psychiatric Clinics of North America, 24*(3), 535–555.

Choate-Summers, M., Freeman, J. B., Garcia, A. M., Coyne, L., Przeworski, A., & Leonard, H. (2008). Clinical observations when tailoring cognitive behavioral treatment for young children with obsessive compulsive disorder. *Education and Treatment of Children, 31*(3), 395-416.

Freeman, J.B., Sapyta, J., Garcia, A., Compton, S., Khanna, M., Flessner, C., . . . Franklin, M. (2014). Family-based treatment of early childhood obsessive-compulsive disorder: The pediatric obsessive-compulsive disorder treatment study for young children (POTS Jr) - A randomized control trial. *JAMA Psychiatry, 71*(6), 689–698.

Whittemore, R., & Knafl, K. (2005). The integrative review: Update methodology. *Journal of Advanced Nursing*, *52*(5), 546–553.

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