

Mental Health Nursing Interest Group

newsletter)))

Summer 2019

2019 MHNIG Elections

The Following Positions are up for Election This Year

- Chair Elect (followed by a two year term as Chair);
- 11 Satellite Representative

The Chair Elect Shall:

Perform such duties as may be assigned by the Executive Committee or the Chair

In the absence of the President, perform the duties of the Chair, including attending and voting at the RNAO AGM

Attend and report at teleconferences and the AGM.

Provide leadership in communication activities regarding the newsletter.

Inform the Chair and the Membership of issues relevant to Mental Health Nursing using the MHNIG newsletter, at least biannually and compose communications for submissions to the RN Journal and the web site in conjunction with the IT Officer.

Solicit material for, edit, and prepare a newsletter at least two times a year.

Encourage satellite submissions to the Registered Nurse Journal

Arrange to send a copy of the Newsletter to RNAO Home Office and to all of the Chairs of the Interest Groups of RNAO

Regions 1, 3, 5, 9, 11 Satellite Representatives Shall:

Attend and report at teleconferences and the AGM.

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2nd Annual META:PHI
Conference

Collaborate with Education & Membership Officer to plan and coordinate workshops
Engage with local members

Region 11: Algoma, Porcupine, Kirkland Lake Temiskaming, Nipissing, Sudbury & District

The Electronic polls are now open. Please take a minute to review the nominations and vote for the above positions!

Psychotherapy Update

In September 2018, the College of Nurses of Ontario (CNO) Council gave direction for regulation to be drafted to allow Registered Nurses (RN) to independently perform the controlled act of psychotherapy – that is without an order from a physician or a nurse practitioner. This action is supported by the Mental Health Nursing Interest Group (MHNIG) and the Registered Nurses Association of Ontario (RNAO).

CNO then drafted and circulated for feedback proposed changes to the controlled act regulation related to psychotherapy in December. In March, CNO Council reviewed the feedback and agreed to send the proposed changes to government. More details on these proposed regulation changes can be found in the [CNO Council's March meeting package](#) (see pg. 46-52). Currently, the government has the proposed regulation changes under review.

For more information please see the CNO statement here: [Psychotherapy: Initiation regulation moves onto next phase](#)

If approved by government, nurses in the community will be able to continue to perform psychotherapy as they have always done after the exemption period ends in January 2020. However, nurses in a hospital setting will need an order. This is due to the *Public Hospitals Act* (PHA) which mandates that nurses must receive an order to perform any treatment in a hospital setting. RNAO has continued to advocate for changes to this and any other legislation that impedes RN's from practicing to the full scope of their abilities. This advocacy around psychotherapy is often paired with RN prescribing as the PHA presents similar challenges for RN's on both these issues. RNAO and MHNIG will continue to advocate for RNs to be able to independently initiate and deliver psychotherapy in all practice settings.

Recently, RNAO has sent a letter to Hon. Minister Christine Elliot outlining our concerns around these issues. Please see RNAO's letter to Minister Elliot here: [Expanded scope of nursing](#)

MHNIG will continue to advocate for RN's to be able to continue to practice to their full scope of practice and initiate psychotherapy. Please stay tuned for future advocacy in this area.

Knowing the Right Thing to Say

By: Ibukun Obidi

In our schooling, we are taught to have the awareness of concepts related to mental health. We learn that mental illness is and should be treated like any other disease process but even still, there seems to be an element of uncertainty around caring for patients with mental illness. I have always had an interest in psychiatric nursing but did not know exactly what it entailed. I have had mostly surgical clinical placements and had no previous exposure to caring for clients with mental illnesses which is why I was both very excited and nervous to finally have a psychiatric placement. I was placed at my first choice for placement options, St. Joseph's Schizophrenia Outpatient Clinic. This program provides care to people in the community living with schizophrenia or related psychotic disorders. While my previous clinical placements had specific task- based skills to master, I was ready to develop skills in self-reflection, communication, and emotional intelligence.

My first impression of this mental health placement was that it was much different than I expected. My knowledge of mental health nursing consisted of mental status examinations, monitoring clients' response to medications, and talk therapy. I was very surprised to learn about some of the interventions and nursing responsibilities that existed in the psychiatric setting. Clients' physical health was attended to just as importantly as their mental health. This was an eye- opening fact that mental health and physical health are so interconnected that at times, they cannot be treated separately. During my first week shadowing my preceptor, what stood out to me the most was the therapeutic communication skills of the nurses at the clinic. They were calm, very well- spoken, and always knew the right thing to say at the right time.

My biggest fear with having a psychiatric placement was not knowing how to respond to a person who was struggling. It was a great amount

of pressure and responsibility knowing that for some clients, I as the nurse would be their only source of social support. What would I do if a client became angry and started escalating? What would I say to a client who shares with me that they're having suicidal thoughts? During my surgical clinical placements, I felt rushed to enter my patient's room, complete my task, and then leave to check on my next patient. Now being in a psychiatric setting and having plenty of time to spend one-on-one with clients, I did not feel competent in my ability to counsel clients through their mental health struggles. As the weeks progressed and I began personally connecting with my clients, I learned that understanding my client's lived experience gave me with the information I needed to provide care. Empathy involves understanding the client's perspective, communicating to the client that I understand their perspective and acting on that understanding with the patient in a therapeutic manner. When I understood my client's vision of recovery and worked with them to set goals towards their treatment, compassion and empathetic care became easy for me. Knowing the right thing to say became less important and making my clients feel heard and supported was what I was aiming to accomplish. In this, I learned that it's okay and often therapeutic to allow for a silent moment. Being thanked by a client for just listening was something that made me feel like I was being helpful in terms of their care. When I reflect back and think about the subtle changes in behaviour of some clients over the weeks, I feel that I've made at least somewhat of an impact on their well-being. I feel very privileged to have gained the trust of clients that were struggling with mental illness and by the end of the semester, the pressure of being someone's sole source of social support is a responsibility that I've come to be most proud of.

SAVE THE DATE!

META:PHI
MENTORING, EDUCATION, AND
CLINICAL TOOLS FOR ADDICTION:
PRIMARY CARE – HOSPITAL INTEGRATION

2nd Annual META:PHI Conference
Friday, September 20, 2019

Women's College Hospital
Toronto, ON



Join us for a day of learning and connecting with
addiction health care providers and administrators
from across the province!

Register online at
<https://metaphiconference.eventbrite.ca>

If you are interested in writing an article for the MHNIG newsletter, please let us know!

We are always looking for interesting nursing perspectives on Mental Health and Addiction and issues facing nurses in our field.