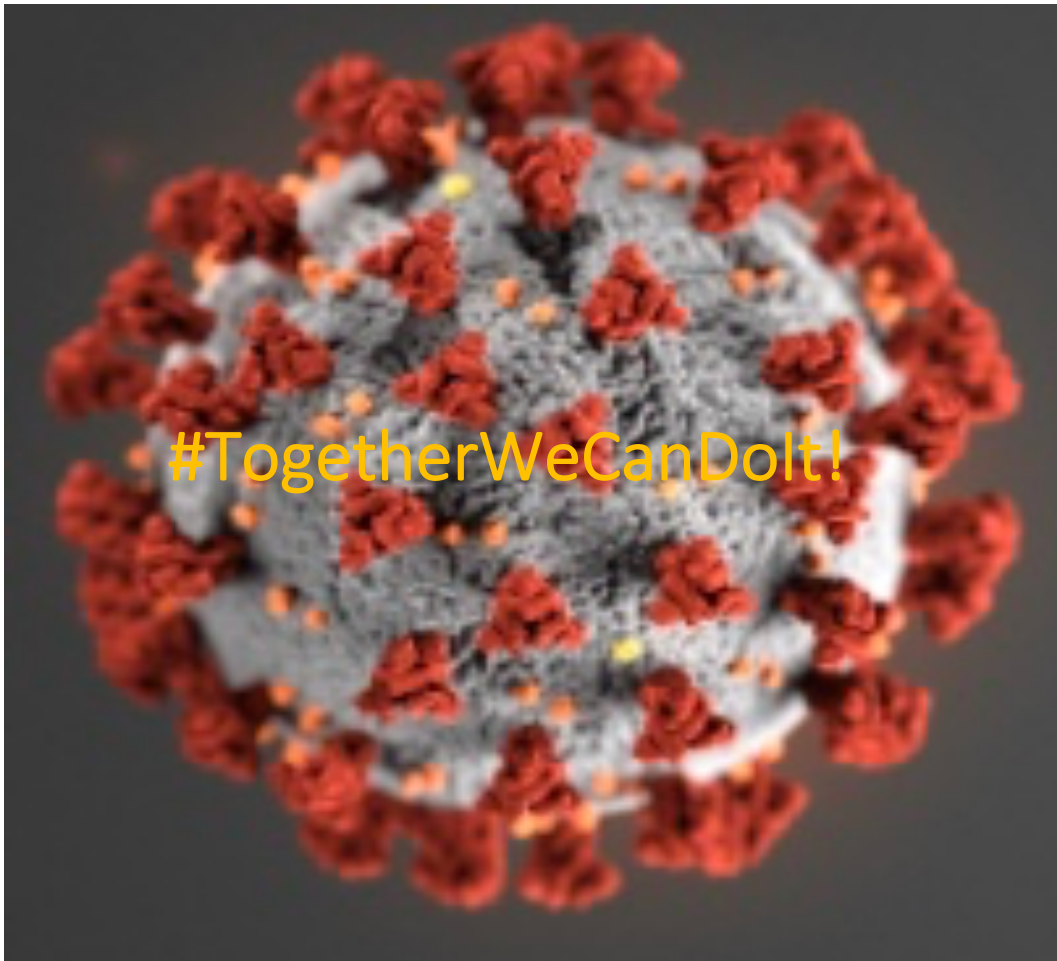




Spring 2020

Newsletter

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PRESIDENT'S MESSAGE [HOODO IBRAHIM](#)

Dear MHNIG members

I hope this newsletter finds you all well. Under normal circumstances, the chapter presidents highlight the progress that the interest group have made since the last newsletter. However, we find ourselves in an unprecedented time, where our strengths, patience, resilience, gratitude, and kindness are being challenged by the COVID-19 pandemic. Many nurses and other healthcare providers are being placed in a difficult position, where they must make tough decisions on how to keep themselves, their families, and their patients safe. It is not easy to return home from a long shift and deny hugs and kisses to your loved ones, at least up until you have cleansed yourself. Some of you may return home and isolate, while others will put children in childcare settings as you go back to fighting this pandemic. This can challenge one's moral compass, as you question whether you are putting your children and family in harm's way. In our care settings we may be informed that we will be deployed in other places to fight the crisis, which can create further stress and anxiety as fear of the unknown sets in. These are some of the many challenges that nurses and other healthcare providers are facing during today. Nonetheless, there is one thing for certain: we will be there for our patients when they need us the most. Thus, #TogetherWeCanDolt!

The H1N1, SARS, and now COVID-19 pandemic showcase our heroic leadership and unwavering commitment to fighting for the life of our patients. For this reason, I would like to thank every nurse out there who have continued to be defined by a strong moral character, fearlessness, and the ability to display excellent nursing practice at the worst of times. To many, nursing is not just a profession, but a calling and way of life in which one shares their time, energy, love, passion, safety, security, and compassion.

Again, thank you all for being who you are. Please be safe, #TogetherWeCanDolt!

Sincerely,

Hoodo Ibrahim, PHC-NP, FNP-BC, MScN, CPMHN(C)
MHNIG Chapter President / NPIG Communications ENO

#TogetherWeCanDolt!



OPINION BY MATTHEW MUTAMIRI

In crisis: Instilling hope

As the COVID-19 pandemic unfolds, let us remember to recognize the experiences of our partners, the mental health service users (MHS). It is clear the pandemic has disrupted our normal life, as we know it. There is heightened fear, stress and anxiety levels palpable in our communities. The steady hand of a mental health nurse (MHN) lending a helping hand, is much needed. Any help has a cumulative effect when we are all locked in with purpose and strength.

As MHS consumers find themselves in greater vulnerability, owing to COVID-19 pandemic, they are counting on mental health and social service professionals to be trusted partners. Awareness of the unique experiences of MHS consumers in this pandemic can help us to develop interventions that mitigate the damage. The world has inspired us to bring support to our families and communities through show of appreciation and gratitude. From these multitudes of people across the globe, we are empowered to unite, inspire, and build hope, love, and togetherness.

How are we inspiring our care partners?

During this fight, we are taking a purposeful initiative to listen, support, and build trust.

Listening

There is no doubt that the COVID-19 pandemic has threatened our way of life, such that it is possible to forget the plight of MHS users. Let's reflect on our experiences and debrief, with the aim to strengthen each other in this fight.

It is critical to listen to our partners during this trying time. By listening, we can observe for information gaps and deficiencies, respect our clients' worldview, humanize care and promote understanding and respect for each another. When we stand in support of each other and

listen to our clients, we help calm the storms. As mental health nursing professionals, we need to recognize the multifaceted factors influencing service user's thinking patterns and experiences. We also need to exercise patience in learning about how the COVID-19 pandemic is affecting ourselves and clients and work in partnership to arrest any negative effects.

"IN STANDING TOGETHER, WE CAN FIGHT THIS PANDEMIC"

Let us also stay current with the changing information and follow closely trusted sources such as the RNAO's COVID-19 daily updates, our healthcare settings, and from the local, provincial, and federal government. This way, we promote accuracy of information consumption for ourselves and service users.

Providing Support

In this crisis, we are here to help each other manage various types of crisis situations we may find ourselves. The COVID-19 pandemic has shown its potential to bring about drastic changes and increase stress, anxiety, and suffering to MHS users and professionals. Thus, we stand guard to spotlight our collective experiences and support each other.

Some of our clients find themselves in **homelessness** and precarious living situations. We may need to step up and advocate for quality housing that shelter and protect our care partners from the effects of COVID-19 pandemic, as well as into the future. Thus, ascertaining the housing needs of MHS consumers must be an urgent exercise in MHS settings.

As anxiety levels heighten in our MH settings, preparing and responding to the COVID-19 pandemic as a team is crucial for our wellbeing.

We can create goal-oriented pandemic response teams, which promote clarity, responsibility, and accountability of information management and exchange. This can help solidify team work, communication, and networking as we stay current with the ever changing policies and procedures necessary to supporting MHS consumers.

Cultivating Trust

A major concern and thorn in the global fight of the COVID-19 pandemic is the misinformation, disinformation, and conspiracy theories being purposefully flooded on the internet, to which we are all vulnerable. However, MHS consumers can be at a greater risk. We are here to promote safe consumption and use of health information and build trust in the healthcare system. Once our partners lose trust in our care, it is difficult to regain it and there is risk for care discontinuation.

Let us forge a trustworthy relationship with MHS consumers, which is a critical ingredient to positive experiences. We can build trust by understanding and appreciating our clients' journey, challenges, and their lived realities. Cultivating trust begins with valuing consumer's voice, thus listening, and providing a true presence and support, through this crisis.

Thank you all for the great work you are doing in fighting the COVID-19 pandemic and keeping clients, families, and communities safe.

#TogetherWeCanDoIt!

Matthew Mutamiri, RN
President (elect), MHNIG

Student Column



MY VIEW BY SHELINA

Why I chose to be a nurse

There are countless different strands of nursing and each one is important in their own unique way. Each type of nurse is essential and vital to the care of their patients and I find that I am most impactful when working in a mental health/psychiatric setting. The reason I became a nurse was to be able to help people when they are at the lowest and most vulnerable point in their lives and I believe that there can be no lower point than when facing the stigma surrounding mental health and having nowhere to turn in order to seek care.

Mental health is still strongly stigmatized, whilst people suffering from mental illnesses do not have strong support systems and may not even know where to seek aid. Being able to provide these people with care and a sense of well-being is extremely important to me. To be able to do this means that I am fulfilling my passion to provide care to the ones that need it most. In addition to being a nurse, I am also a mother of two fantastic boys, a wife and a student who has just finished obtaining a BScN degree. It suffices to say that my life can be pretty hectic as I juggle the different hats that I have to wear. Finding time for leisure activities can, at the best of times, be difficult.

If I had a message for mental health nursing professionals, I would tell my fellow healthcare providers to keep in mind that mental illness has no regard for race, gender, sexual orientation, and/or social status. It simply happens and even the strongest of people can be brought to their knees. It is our job to pick them back up and face the illness alongside them.

Interested in sharing an article, an opinion, letter to the editor, and/or being profiled? Want to recommend an exemplary mental health nurse to be featured in our Fall newsletter?

Please let us know

Stigma: my reflection

Mental illness has been and continues to be a prevalent issue amongst members of society. As with anything not understood by the general public, people with such diagnosis may face ill-treatment due to ignorance. Severe mental health conditions such as schizophrenia are highly stigmatized due to lack of knowledge in regards to the illness. The lack of education surrounding mental illnesses lead to negative stereotypes from the public, in turn causing setbacks in the rehabilitation of the patient.

Many who struggle from schizophrenia lack strong support systems and tend to struggle through their day to day lives, as compared to those who suffer from physical illnesses. Individuals who are dealing with physical illnesses such as stroke, heart attack, and diabetes, for example, experience multiple support systems to help rehabilitate them. This is a consequence of the stigma that surrounds mental health, a problem that can cause tremendous pain to those who endure it.

During my clinical placement at the Schizophrenia Outpatient Clinic at St. Joseph's hospital I was able to see firsthand how stigma can affect and hinder the progress

of a patient. One of the most important lessons is that stigma is one of, if not the, most detrimental factors to a patient's rehabilitation and recovery.

Stigma can be described as the ignorance or pre-conceived notions in regard to an issue, combined with negative responses such as social exclusion, leading to the victim feeling alone and ashamed. It can lead to a myriad of problems such as feelings of shame, self-doubt, social isolation, and loss of hope. One such illness that has been consistently surrounded by stigma is Schizophrenia.

During my time at the Schizophrenia Outpatient Clinic, I was able to experience up close how patients suffer from stigma. An individual suffering from Schizophrenia can experience significant setbacks in their treatment and recovery due to stigma. They may start to doubt themselves and believe that they may never overcome their illness. It is also possible that due to the stigma surrounding their illness, they may not receive the necessary support from their employment, friends, and/or even their family.

I also found that while certain

illnesses such as depression and anxiety have become less stigmatized over the years, schizophrenia continues to be pushed aside and ignored, even feared. For example, depression and anxiety are significantly more recognized by employers today than they may have been 10 years ago. However, patients suffering from more extreme illnesses such as schizophrenia are consistently at a disadvantage. They may suffer from a lack of access to necessary medical care, housing, and employment, which patients suffering from more well-known illnesses may have a much easier access.

Perhaps the most hurtful aspect of the stigma surrounding mental illness is that the impacted persons have not chosen this way of life. Mental illness has no regard for race, gender, sexual orientation, religion, or socioeconomic status. It simply happens, and in many cases causes irreparable damage to a person's life. Stigma does not only affect the person suffering from mental illness, it affects their families, friends, and social circles. The patient's family and friends may become isolated from society or even from within their own families, as people may not understand the illness, have

negative views about the illness, and thus engage in ignorant behaviors.

In conclusion, during my time at the Schizophrenia Outpatient Clinic at St. Joseph's hospital I acquired many life lessons. I learnt that suffering from a mental illness is not a matter of choice, but that it can happen to anyone at any stage of life. I also learnt that mental health service clients face a lack of housing, employment, and even access to medical care as a result of being stigmatized.

Most importantly, I learnt that stigma surrounding mental illnesses, particularly schizophrenia, continues to be one of the most significant setbacks in a patient's treatment and recovery. Everyone should be playing their part in putting an end to stigma, whether that means reflecting on your own views and behaviors or making someone else reflect on theirs. Perhaps one day, rather than seeing the mental illness and ignoring it, society will be able to see the person underneath struggling to cope with their "new normal". I believe that seeing the person, not the disease, is the first step to stomp out stigma.

Shelina Mitha

Post-RPN to BScN Student at
McMaster University



Congratulations to award-winning student: Pamela Durepos

Letter to MHNIG

Pamela Durepos received the Research in Mental Health Nursing – MHNIG award in 2018. Pamela is drawing closer to completing her research and is grateful of the support she has received.

My name is Pam Durepos, and I am a PhD Nursing student at McMaster University. In 2018, I was privileged to receive the RNAO Mental Health Nursing Interest Group award at the RNFOO gala. I'm now in year four of my program, and am hoping to finish the final phase 3 of my research study by spring 2020! Since being awarded the MHNIG award, I have completed 2 phases of my PhD research study Caring Ahead: Development and Evaluation of a Questionnaire to Measure Death Preparedness in Family Caregivers in Dementia.

The RNAO MHNIG award allowed me to focus on progressing in my academic studies and on teaching the next generation of nurses in undergraduate programs. I have been more successful in publishing, providing presentations and disseminating knowledge because of the financial support of MHNIG. This award also allowed me to promote nursing scholarship and the discipline of nursing by attending conferences and acknowledging RNAO MHNIG as a generous funder.

Most recently I attended the Canadian Gerontological Nurses Association in Calgary, AB where I presented the current findings of the Caring Ahead study. I had the opportunity to network with nurses working with family caregivers, persons with dementia and in palliative care across Canada.

New contacts I made are assisting me with recruitment for my study and support the diversity of this project by allowing me to recruit participants from multiple provinces. Overall, I am extremely grateful to MHNIG for this great privilege.

Pamela Durepos
PhD Student



Caring Ahead: Preparing for End-of-Life in Dementia Study

What is this study for?

- **'Caring Ahead'** is a new questionnaire designed by *Family Caregivers for Family Caregivers (CG)* with researchers at McMaster University being used to:
 1. Understand support and information needs of CGs to help prepare for end-of-life
 2. Provide a new tool to identify CGs in need, design and evaluate programs like advance care planning in the future

Why is helping family caregivers prepare for end-of-life important?

- More than 50% of CGs feel unprepared
- 2x less likely to experience intense debilitating grief, depression and anxiety
- Higher satisfaction with care, improved quality of dying, care aligned with values
- Part of a holistic, palliative approach to care

What does the study involve?

- Family/friend CGs of a person currently living with dementia in long-term care are needed to complete the questionnaire, even if end-of-life is far away
- CGs complete the questionnaire by postal mail
- More than one person in a family can participate (e.g., spouse and child)
- Questionnaire takes about 15 minutes
- Study will be running until April 2020 or until 200 persons are reached

How can I help?

- ⇒ Please spread the word about the study (e.g., allow us to post a flyer, add to newsletter)
- ⇒ Consider having a staff person contact families to see if they are interested in participating Research funding available to reimburse staff wages

For more information please contact:

Pam Durepos, RN, PhD Candidate www.caringahead.com

caringahead@gmail.com 905-484-3546

Supervised by Dr. Kaasalainen, McMaster University, School of Nursing kaasal@mcmaster.ca

This study has been reviewed by the Hamilton Integrated Research Ethics Board (HIREB), project #4503. If you have any questions about your rights as a research participant, please call the Office of the Chair, Hamilton Integrated Research Ethics Board at 905.521.2100 x 42013.

Version 1: May 3, 2019

Knowledge Translation: Since receiving funding from RNAO MHNIG I have published 3 papers (plus 1 submitted, and 2 more in preparation) and 5 conference abstracts. I have also provided 20 presentations on my research project, palliative care and mental health of CGs to a variety of stakeholders (i.e., healthcare professionals, policy-makers, nursing students, family caregivers / public, researchers). None of this would have been possible without the support of MHNIG

MHNIG EXECUTIVE TEAM

2020 -2021



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MATTHEW MUTAMIRI, PRESIDENT ELECT

AARON CLARK, PAST PRESIDENT

ALEXANDRA KRAUS, FINANCE OFFICER

JENNIFER GRAY, EDUCATION & MEMBERSHIP OFFICER

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ARCHNA PATEL, SOCIAL-POLITICAL OFFICER

KAITLIN BRULOTTE, COMMUNICATIONS OFFICER

AMBER MAHONEY, IT OFFICER.

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JANE McFADDEN, REGION 1 REPRESENTATIVE

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KELLY, REGION 3 REPRESENTATIVE.

VACANT, REGION 4 REPRESENTATIVE

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LESLIE CODSI, REGION 6,7 REPRESENTATIVE

VACANT, REGION 8 REPRESENTATIVE

VACANT, REGION 9 REPRESENTATIVE

CARMEN RODRIGUE, REGION 10 REPRESENTATIVE

JODI SUTHERLAND, REGION 11 REPRESENTATIVE

VACANT, REGION 12 REPRESENTATIVE

FEATURED

JANE McFADDEN, REGION 1 REPRESENTATIVE

My name is Jane McFadden BN, RN, CPMHN ©. RAO Mental Health Nursing Interest Group Satellite Representative for Chapter 1. Seasoned nurse with 20 plus years experience in diverse areas. Recently Certificated in Psychiatric and Mental Health Nursing through the CNA. Some highlights of nursing experience include - Visiting Nursing, Primary Care Nursing, Opioid Dependence Treatment Nursing (Methadone Clinic), Assertive Community Treatment (ACT) Teams and First Nation Community Nursing. Currently, employed as Nurse Navigator on Walpole Island First Nation with a program called Jordan's Principle. This is a child-first and needs-based principle used in Canada to ensure that First Nations children living on and off reserve have equitable access to all government funded public services.

Mental health and addictions concerns are at an all time high, opioid crisis increasing and most recent the Covid 19 Pandemic. Mental Health Nurses will play a critical part in supporting our communities. I joined the RAO Mental Health Nursing Interest group to network with nurses in other communities, exchange ideas and learn from my fellow colleagues. I want to learn how we as nurses can be change agents through political influence, speaking out as a mental health nurse and advocating for positive change in our communities and profession.



JANE McFADDEN

KAITLIN BRULOTTE, COMMUNICATIONS OFFICER

Kaitlin Marriner Brulotte began working as a health care aide in Long Term Care as a junior in high school. Graduating with a Bachelor of Science in Nursing from Laurentian University in 2012, she continued to specialize working with people over 65, experiencing multiple chronic physical, psychological and social challenges. She graduated from Yorkville University with a Masters of Arts in Counselling Psychology in 2018, and started a private psychotherapy practice: *KMB Counselling & Psychotherapy* which provides online therapy to people. She holds professional practice licenses with the College of Nurses of Ontario, and the College of Registered Psychotherapists of Ontario. She is currently pursuing a PhD in Integral Transpersonal Psychology.

Kaitlin is a published author; *Stepmom Survival Guide: Simple Secrets to Belonging in a Blended Family* (2015) uses family systems theories to help stepparents find belonging in their blended family. Kaitlin volunteers for various organizations including: Ottawa Girls Hockey Association, Registered Nurses Association of Ontario, Canadian Counselling and Psychotherapy Association, the Women's Mental Health Foundation (Royal Ottawa Hospital), and the Canadian Nurses Foundation. She lives in Chelsea, QC with her husband, two stepdaughters and 3 dogs.



KAITLIN BRULOTTE

JOIN OUR TEAM

Want to contribute to mental health nursing in Ontario? We are looking for representatives for regions 4, 8, 9, and 12 to join our executive team. Together we can do more for our profession and clients.

COVID-19 Resources

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