



## FALL 2021 NEWSLETTER

Welcome to our Fall 2021 Newsletter. We are excited to share the work of the MHNIG, member articles, a case study, executive updates, opportunities to get involved with MHNIG, and more. Fall can be a great time of reflection as we wind down from the summer months. We observed the first National Day for Truth and Reconciliation on September 30, and recognized Mental Health Awareness Week Oct- 3-9. Your commitment to mental health nursing and ongoing advocacy for your patients does not go unnoticed.

As an interest group of The Registered Nurses Association of Ontario (RNAO) our purpose is to actively promote partnerships that work towards improving the mental health and well-being of individuals, their families, and our communities.

Check out our [new website](#) and click the links below to stay connected with us on social media!

-The MHNIG Executive Team



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## MHNIG at the RNAO 96th Annual General Meeting

The RNAO Annual General Meeting took place virtually on June 24-26, 2021. The MHNIG participated in the following ways:

The Political Action Committee submitted Resolution 13: Inclusion of the voice of knowledge keepers and elders of First Nation, Inuit, and Metis people when teaching nurses and providing nursing care. This will have an impact on patients, families and communities and the future generation of skilled mental health care nurses. Thank you to all who contributed to moving this resolution forward.

THE MHNIG Group also hosted an interest group meeting featuring two education and discussion sessions:

Psychopharmacology: Clinical Pearls

With: Mareena Mathew, MN NP.

She discussed commonly used psychotropics with its indications, side effects, special considerations, and key nursing care points while working with clients who take psychotropics.

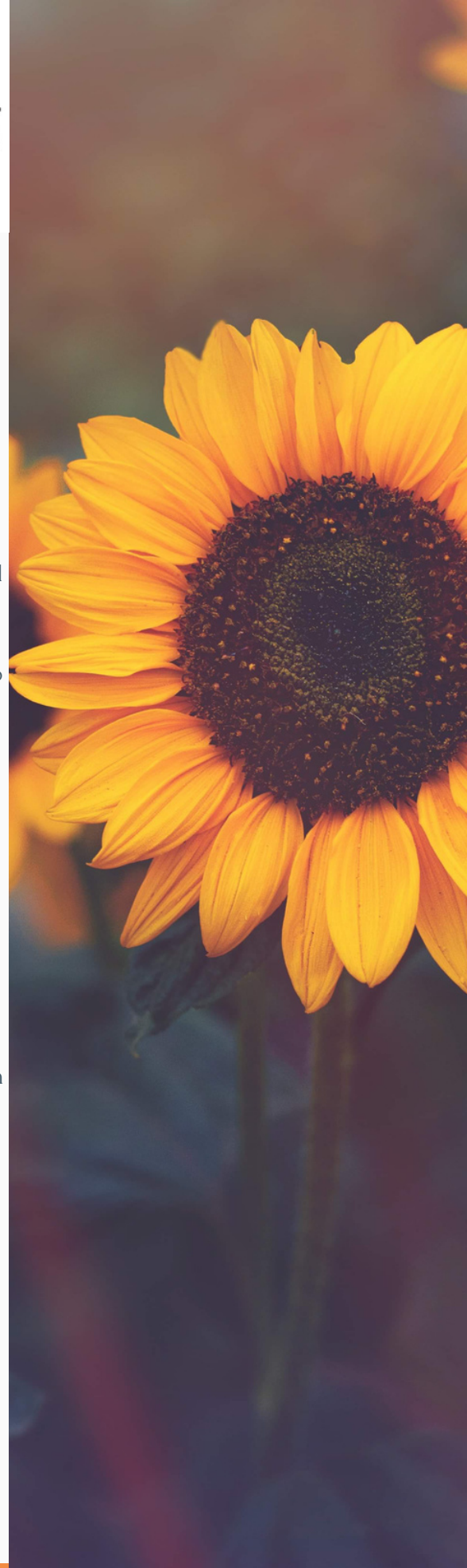
An Indigenous Perspective on Community Nursing

With: Faith Hale ECE, Rachel Radyk, and Jane McFadden RN

This presentation focused on creating respectful healing relationships with Indigenous peoples through cultural humility appropriate for each unique community. Discussion included the distinction between an Indigenous led vs. settler led community of practice, and Urban Indigenous vs First Nation person centered culture-based care, as well as identifying how the Truth and Reconciliation calls to Action can be embodied in wholistic nursing education and practice, which includes addressing spiritual, emotional, mental, and physical needs.



Check out the RNAO [Watch it Again Link](#) to find out more.



## Case Study Introduction

We invite you to read the introduction to this case study on a scenario taking place at an emergency department. Please read the objective data and utilize the reflective questions provided. The conclusion is available on page 12.

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What is happening in the ER at the moment:

Today the ER is Short-staffed, there are 7 people on hold in ER waiting for beds, and only a couple of beds for urgent care are available. One nurse had to go for transfer, police are bringing in a patient with suicidal ideation, a patient presenting with an overdose resulted in violence towards staff, and staff recently experienced trauma related to intubating younger patients with COVID-19.

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What the ER nurse sees:

In the assessment room is an expecting young Indigenous woman, with track marks, who is unkempt, under the influence of opioids, verbally abusive and defensive with staff. The woman reports she has been sexually assaulted and wants to see Sexual Assault and Domestic Violence nurse. She has no health card, does not want to wait in the ER, and has no address.

The woman is visibly pregnant, has poor oral hygiene, bruises, makes no eye contact, she looks at ground nervously, she expresses irritation about the wait time, yet declines to answer assessment questions

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How the team responds:

The woman is put into restraints, and the priority is concern for baby, The staff ask probing intrusive questions (ie. about her pregnancy and substance use). They explain the need for medical clearance and inform her she will have to wait for the ER doctor. They move the patient to a small room in the hall, and due to COVID restrictions, no one is allowed in with her, and she cannot stay in the waiting room. She is not given methadone- as it was determined by the team she wasn't in "enough" withdrawal.

What are your first thoughts on this situation? What's making the situation difficult? What could foster a therapeutic relationship and help to provide the care this woman needs?







## Reflections from Suicide Prevention Day 2021

BY SHAUNA GRAF, RN, BSN, CPMHN (C), MHNIG CHAIR-ELECT

On September 10, we recognized World Suicide Prevention Day; an opportunity to foster awareness of suicide prevention and those impacted by suicide loss. In Canada, approximately 11 people die by suicide each day, between 25 and 30 people will make a suicide attempt, and seven to 10 people are greatly affected by the loss (Public Health Agency of Canada, 2016).

The theme this year was Creating Hope Through Action. As nurses, we have all had the opportunity to provide hope in many realms of healthcare - it is our actions that can truly demonstrate the hopefulness in suicide prevention.

The day presents an opportunity to reflect on our patients, their families and our loved ones who have experienced thoughts of suicide and those who died by suicide. As nurses, we too may be experiencing thoughts of suicide. Our collective experience over the past year can stimulate thoughts of hopelessness and highlights our need for connections with others to stay well. Suicide prevention can be at the heart of any community. We can be the voices to advocate for appropriate training, the need to identify those at risk for suicide, and promote community connections to keep our communities safer from suicide.

### Resources:

- RNAO Best Practice Guideline- Assessment and Care of Adults at Risk for Suicidal Ideation and Behaviour
- The Canadian Patient Safety Institute and Mental Health Commission of Canada - Suicide Risk Assessment Toolkit
- You can learn more about World Suicide Prevention Day through the Canadian Association for Suicide Prevention (CASP) at <https://suicideprevention.ca>

### Suggested Reading List:

- Cracked, Not Broken: Surviving and Thriving After a Suicide Attempt – Kevin Hines
- Why People Die by Suicide - Thomas Ellis Joiner Jr PhD
- How I Stayed Alive While My Brain Was Trying to Kill Me - Susan Rose Blauner
- The Suicidal Thoughts Workbook: CBT Skills to Reduce Emotional Pain, Increase Hope, and Prevent Suicide - Kathryn Hope Gordon PhD and Thomas Ellis Joiner Jr PhD



If you are thinking of suicide or know someone who is, there is help.

Crisis Services Canada at 1-833-456-4566 (24/7) or text 45645 (4 p.m. - 12 a.m. ET) or visit the Crisis Services Canada website.

Kids Help Phone at 1-800-668-6868 (toll-free) or text CONNECT to 686868 or visit the Kids Help Phone website.

Hope for Wellness Help Line at 1-855-242-3310 (toll-free) or connect to the online Hope for Wellness Chat.



## Utilizing Origami as a Mindfulness Activity

BY LESLIEN WALTERS, RN, BA, BSCN, MHSC, CPMHN (C)

Why Should We Practice Mindfulness and Try out Mindfulness Activities?

I am so happy to share my love of origami with other nurses. There have been many prominent teachers like Deepak Chopra or Eckhart Tolle and others who teach us about the power of mindfulness and why it's so important to incorporate it into our daily practice. It has many proven benefits from reducing anxiety, depression and chronic pain to improving sleep and reducing stress. Mindfulness can help us stay centered. All in all, mindfulness is an important practice for us to cultivate. There are many mindfulness activities that you can practice daily.

Practising mindfulness involves breathing methods, guided imagery, and other practices to relax the body and mind and help reduce stress.

In general, seek to develop three key characteristics of mindfulness:

- Intention to cultivate awareness (and return to it again and again)
- Attention to what is occurring in the present moment (simply observing thoughts, feelings, sensations as they arise)
- Attitude that is non-judgmental, curious, and kind.

No matter what you believe, the one thing that is guaranteed is that there is a great deal of peace to be found to repeating the same simple motions to produce something of beauty.

Origami is a way to step back from whatever stresses and distractions occupy your thoughts and bring you to a place of serenity. Whatever models or forms that you ultimately create will serve as beautiful reminders of the importance of taking a little mental time away from your day to day worries and finding some peace of mind (Maria Sinayaskaya, 2016)

The goal:

Transform a flat square sheet of paper into a finished sculpture through folding and sculpting technique



## What is Origami?

ORIGAMI IS THE JAPANESE WORD FOR PAPER FOLDING.

‘ORI’ MEANS TO FOLD  
‘KAMI’ MEANS PAPER.  
TOGETHER, THEY FORM THE WORD,  
"ORIGAMI "

IT HAS BEEN USED IN EVERYTHING FROM EDUCATION AND BY CLINICIANS IN HEALTHCARE TO GIFT GIVING AND MEDITATION.

ONE OF THE MOST FAMILIAR ORIGAMI FORM IS THAT OF A CRANE. THE STORY GOES THAT IF YOU FOLD 1,000 CRANES, COLLECTIVELY KNOWN AS A ‘SENBAZURU’, CRANE SPIRIT WILL GRANT YOU A WISH OR BESTOW YOU WITH ETERNAL GOOD LUCK.





## Utilizing Origami as a Mindfulness Activity

### Origami Tools:

- Your hands to fold , fingernails or other object (card creaser or plastic knife) to make your folds nice and crisp
- 6 x 6 inch or 8.5 x 8.5 inch square paper or smaller if you wish- it is just harder to fold. If you have origami paper, Great!

I have provided to you the instructions to fold an origami heart. However before you start, let's practice some mindfulness deep breathing and REMEMBER to breathe consciously while folding the heart and other origami models once you are on your way to folding more origami in the future.

Before you fold your origami heart...consider writing some positive affirmations or what you are grateful for. You will write on the side of the paper that is facing up before you begin folding. Don't press too hard and consider giving your heart with your message to a family member, friend colleague, neighbour, or anyone really...or keep it for yourself.

Affirmations (write down a couple that resonates with you):

I am enough    I give enough    I do enough  
I am loved    I am beautiful    I am kind    I can do anything

Gratitude statements:

Write down 5 things you are grateful/thankful for on your paper

Now you are ready to try your hand at folding your square paper into a beautiful heart. Remember your paper has to be a complete square. You can use printer paper cut to a square. Let's get started! Watch this great step by step video on youtube as well!



## Lets practice breathing using the 4-7-8 technique

- BREATHE IN THROUGH THE NOSE FOR 4 SECONDS
- HOLD THE BREATH FOR 7 SECONDS
- EXHALE THROUGH THE MOUTH FOR 8 SECONDS

THE TOTAL NUMBER OF SECONDS THAT THE BREATHING PATTERN LASTS FOR IS LESS IMPORTANT THAN KEEPING THE RATIO.

AS LONG AS A PERSON MAINTAINS THE CORRECT RATIO, THEY MAY NOTICE BENEFITS AFTER SEVERAL DAYS OR WEEKS OF DOING 4-7-8 BREATHING CONSISTENTLY ONE TO TWO TIMES A DAY.

ACCORDING TO SOME ADVOCATES OF 4-7-8 BREATHING, THE LONGER AND MORE FREQUENTLY A PERSON USES THE TECHNIQUE, THE MORE EFFECTIVE IT BECOMES

A PERSON WHO CANNOT HOLD THEIR BREATH FOR LONG ENOUGH MAY TRY A SHORTER PATTERN INSTEAD, SUCH AS:

- BREATHE IN THROUGH THE NOSE FOR 2 SECONDS
- HOLD THE BREATH FOR A COUNT OF 3.5 SECONDS
- EXHALE THROUGH THE MOUTH FOR 4 SECONDS


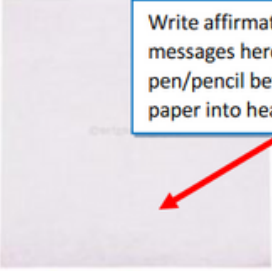












# Mental Health Nursing

## INTEREST GROUP

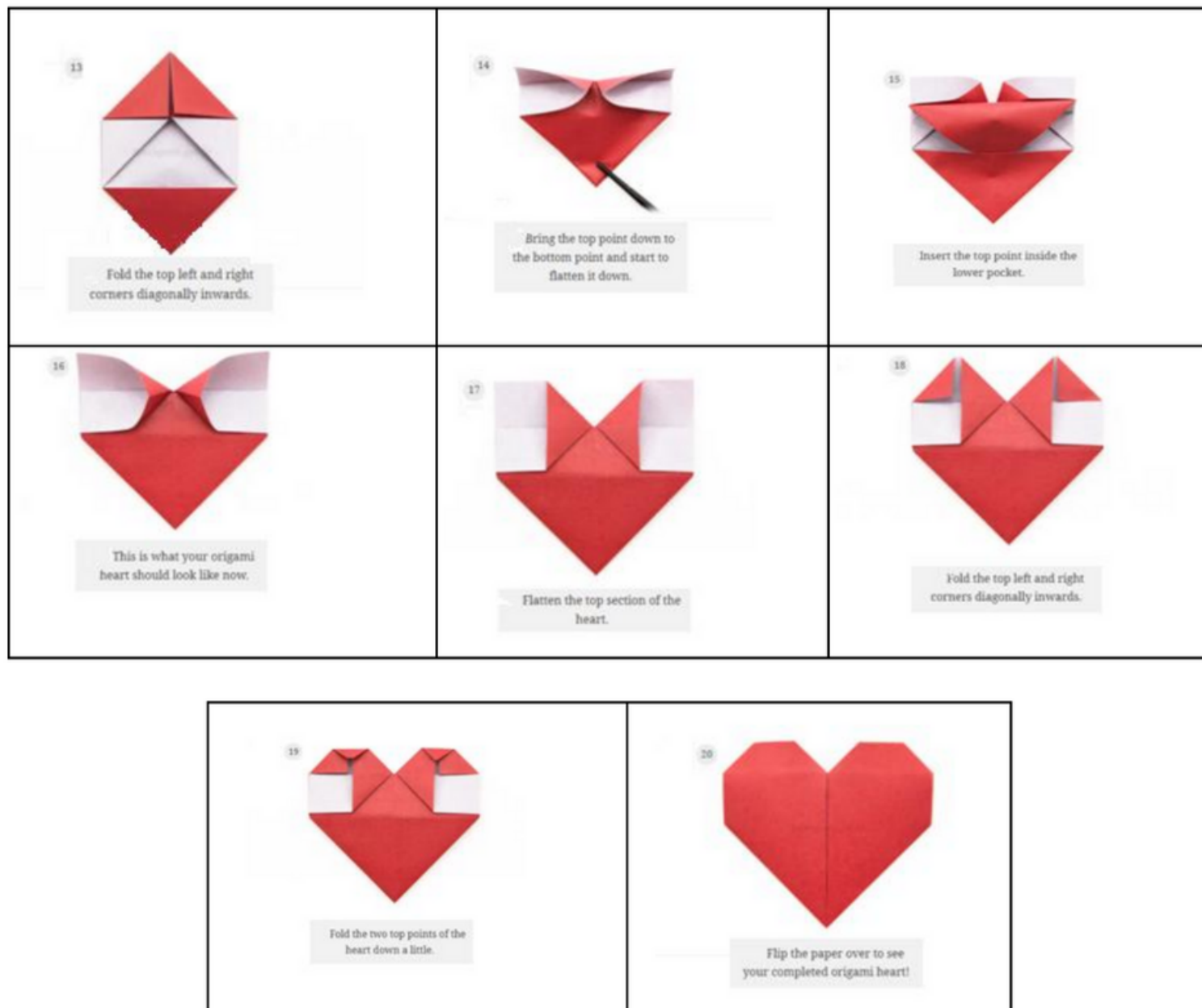
# Member Articles

## Utilizing Origami as a Mindfulness Activity

|  |  |   |
|--|--|---|
| <p>1</p>  <p>This is the front of the paper, our heart will be this colour.</p>                                   | <p>2</p>  <p>Write affirmation or gratitude messages here, lightly with a pen/pencil before folding paper into heart.</p> <p>This is the back of our paper.</p> | <p>3</p>  <p>Fold the right edge of the paper over to the left.</p>  |
| <p>4</p>  <p>Unfold the previous step.</p>   | <p>5</p>  <p>Fold the bottom edge of the paper up to the top edge.</p>  | <p>6</p>  <p>Unfold the previous step.</p>  |
| <p>7</p>  <p>Fold the bottom edge of the paper up to the central crease.</p>                                    | <p>8</p>  <p>Flip the paper over to the other side, from left to right.</p>   | <p>9</p>  <p>Fold the bottom right corner diagonally up to the left, aligning it with the vertical crease.</p> |
| <p>10</p>  <p>Fold the bottom left corner diagonally up to the right, aligning it with the vertical crease.</p> | <p>11</p>  <p>Flip the paper over to the other side, from left to right.</p>  | <p>12</p>  <p>Fold the left and right edges to meet in the middle.</p>   |



## Utilizing Origami as a Mindfulness Activity



### Resources:

- Sinayskaya, M. (2016). Zen Origami: 20 modular forms for meditation and calm. Race Point Publishing.
- <http://en.origami-club.com/> (easy instructions)
- <https://www.origami-fun.com/>
- <http://www.origami-make.org/index.php> (great instructional videos and instructions)
- <https://www.medicalnewstoday.com/articles/324417#how-to-do-it> (4-7-8 breathing)



## Meet Our Team!

### MHNIG EXECUTIVE MEMBERS

#### ABIOLA AKINREMI, RN, REGION 4 REPRESENTATIVE

Abiola Akinremi is a Registered Nurse graduate of York University. She has been a nurse for over 10 yrs. Abiola currently works in the community, her philosophy is that healthcare really starts with prevention and providing care to patients at home because by the time they need to go to the hospital, the injury is already done. Abiola worked in management, supervision and has been with the Summit Assertive Community Treatment Team (ACTT) in Oakville for over 3 years and currently.

In addition, Abiola is the founder & CEO of A&M Healthcare Staffing Agency. Outside of work, Abiola's passion is to give back and provide medical healthcare help in countries where access to healthcare is limited to the majority of the population. In 2017, Abiola started her own non-profit foundation, A&A Medical Healthcare Supplies Aid. To date the foundation has raised funds and completed two trips to Nigeria (West Africa) to provide free healthcare to those in need.




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#### JIM QUINN, CD RN MC BNSc CPMHN(C) , REGION 5 REPRESENTATIVE

Jim Quinn is an RN Psychotherapist who graduated from the Queen's School of Nursing in 2000 and joined the Canadian Armed Forces (CAF) that same year as a Nursing Officer. In 2005, he graduated from the Advanced Studies in Mental Health program from Mount Royal College in Calgary, Alberta. He became a Mental Health Nursing Officer with the Canadian Armed Forces in 2006 and in 2019 he graduated with a Masters in Counselling degree from the University of Calgary. Jim has deployed to Afghanistan with the CAF and has completed a number of taskings in Cyprus in support of Canada's mission to Afghanistan in Cyprus. He has been posted to Cold Lake Alberta, Petawawa Ontario, Halifax Nova Scotia, Gagetown New Brunswick and presently Borden Ontario.

Jim has completed training in Cognitive Behavioural Therapy (CBT), Cognitive Processing Therapy (CPT), Dialectical Behavioural Therapy (DBT), Eye Movement Desensitization and Reprocessing Therapy (EMDR) and Motivational Interviewing (MI) and is listed as a trained provider of CBT-I (CBT for Insomnia) and as a Quality-Rated Provider of CPT in the treatment of Post Traumatic Stress Disorder (PTSD). Jim's professional e-portfolio is available online at: <https://ejquinn.weebly.com/>

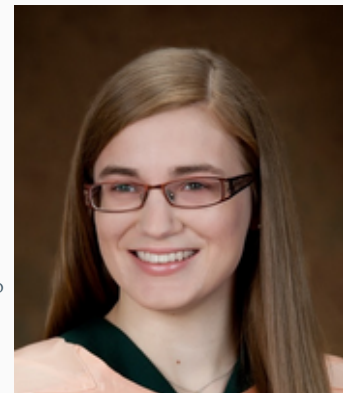



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#### KATHERINE HARVEY, REGION 11 REPRESENTATIVE

My name is Katherine Harvey and I am your Region 11 Representative for the Mental Health Nurses Interest Group! I have worked in-patient mental health for over 5 years, and I am passionate about the mental health field. I have a strong interest in advancing the interests of our profession and advocating for education opportunities for mental health nurses.

I have completed a master's degree in Counselling Psychology and a practicum placement at a counselling agency. My goal is to help provide more holistic, evidence-based, and trauma-informed mental health care to our patients and their families. I have been a member of the RNAO for several years and have attended the two previous AGMs in Toronto. I had the privilege of being a consultation representative for Region 11 in 2018 and being a bursary recipient to attend the National Federation of Mental Health Nurses in Winnipeg in 2019. Looking forward to working with all of you!



## Executive Updates

### WHAT HAVE WE BEEN WORKING ON?

#### FINANCES

Healthy financial status continues and MHNIG executives' activity related costs are covered as per RAO guidelines. Of your \$35 MHNIG membership fee, \$20 per RN member includes your Canadian Federation of Mental Health Nurses (CFMHN) membership. Student membership fee is \$17.50. Due to the COVID-19 pandemic we have held fewer events than usual, we encourage each satellite group to host events as they are able. RNFOO- MHNIG contributed two nursing awards- check [this link](#) for more info. Note, these awards are given yearly so apply if you think you meet the criteria!

#### MEMBERSHIP/EDUCATION

We currently have 705 members including 677 RNs and 28 Students. MHNIG Membership and Education is currently working on a 4 part webinar series addressing addiction issues in older adults. We are also working on a webinar discussion focusing on human trafficking. The MHNIG board has also added a second MHNIG Education and Membership Officer position; similar to our Socio-political Officer positions. This way, we will be able to bring you more education opportunities and also allow for mentorship in future years.

If you are interested in helping develop a webinar on a topic you are passionate about please contact us at [mentalhealthnursingRAO@gmail.com](mailto:mentalhealthnursingRAO@gmail.com)

#### SOCIO-POLITICAL ACTION

Resolution 13: Inclusion of the voice of knowledge keepers and elders of First Nation, Inuit, and Metis people when teaching nurses and providing nursing care was approved at the RAO AGM this past June. An abstract was accepted on advocating for the RN psychotherapist role for the [CFMHN Fall Conference](#), and will be presented by our members on Oct. 20, 2021 at 2 pm.

#### IT

The [MHNIG website](#) has been live since June and is being continuously updated. If you have any feedback or resources you think your fellow members would benefit from, don't hesitate to reach out. Group updates are being posted regularly on our social media so please follow our Facebook page, IG and Twitter.

#### CFMHN REP

The [CFMHN Fall Conference](#) is taking place virtually Oct. 18-22, 25-29, 2021. This year's theme is Human Rights and Mental Health Nursing: Equity and Inclusion. Make sure to register today. MHNIG sponsored 5 members (\$200.00 each) to attend the conference.

#### REGION UPDATES:

##### REGION 1

Region 1 representative Jane McFadden was interviewed for an article on Indigenous Nurses and Allies Interest Group for the RAO Journal.

##### REGION 5

As Region 5 representative, I have been advocating with insurance systems who provide funding for counselling and psychotherapy services, such as Medavie-Blue Cross and Veterans Affairs Canada, asking that they include RN Psychotherapists as part of the health-care providers who receive financial reimbursement for their professional services. Additionally, I have been working with fellow RAO members in preparing the Best Practice Standards for RN Psychotherapists.



## MHNIG 2021 Membership Survey Results

### SHARING YOUR VOICES

RNAO Mental Health Nursing Interest Group Members had an opportunity to share their voices with the 2021 Membership Survey. The executive team utilizes the results to plan for the upcoming year- we hear you and want to meet your needs!

This year, our members shared how the COVID-19 pandemic affected them both personally and professionally. The impact of COVID-19 on those with mental illness/vulnerable populations, as well as the impact on care providers was noted as an educational area for the MHNIG to focus on.

Other important educational topics included:

- Addiction
- The intersection of physical and mental health
- Trauma-informed care
- Work/life balance

The top three political action goals identified were:

1. Advocating for the RN role in Mental Health, as well as Clinical Nurse Specialist (CNS) and Nurse Practitioner (NP) role
2. Mental Health Support for Nurses
3. Mental Health in the Undergraduate Nursing Curriculum





## Case Study Conclusion

Continued from page 03.

What an ER nurse learns with further assessment:

Her trafficker keeps her health card as a means of control over her. She is impregnated from being sold for sex. She became dependent on opioids by her trafficker. The trafficker provided opioids before she visited the ER. The woman is being charged with possession of stolen items her trafficker left in her apartment. As a result she is now being evicted from her apartment. The woman admits to abandonment issues from childhood of physical sexual abuse and trauma. She shares that her parents are residential school survivors.

What could have made this situation more difficult?

- Feeling overwhelmed
- No beds available
- Our time and attention elsewhere
- COVID-19 visitor restrictions; no supports allowed to be with her could be retraumatizing
- Ongoing emotional impact of COVID-19 on patients and health care staff
- Lack of debriefing and support for staff
- Could easily miss the impact of trafficking- a missed opportunity to build a trusting relationship

What fostered a therapeutic relationship and helped to provide the care this woman needed?

- Connecting on a humanistic level and a reciprocal therapeutic relationship.
- Tend to her basic needs- physical, mental, emotional, spiritual- connect to the mind and heart
- Tell them your name, meet at eye level (even if she doesn't look you in the eye), "if you need me I'll be..."
- Reinforce they are not at fault, validate the violation, "I'm so sorry that this happened to you." Use silence.
- Empower the Indigenous woman, by demonstrating that she matters, that she has agency- ask in a genuine manner "What can I do to help you?"
- Kindly explain wait times, acknowledge and validate the woman's frustration.
- Offer water, juice and cookie- connection and care, all as part of harm reduction

As busy and chaotic as things can be, it is paramount for nursing care that you take a step back and reflect on what you are hearing, seeing and all that is missing in the story being presented.

Recognize that you are looking at the tip of the iceberg- getting an understanding of what is under the water- what are you not seeing? What's the story below? In this case study, it is essential for the care of this mom and baby.



What you can do in the workplace:

- Acknowledge your own stories and learning
- Reaching out to leadership; advocate for mandatory training and paid education
- Create a staff debriefing processes/tools
- Advocate for access to trauma services and work accommodations for PTSD

THANK YOU TO ALL WHO CONTRIBUTED TO THIS CASE STUDY.



## Featured Resources:

[Building Trust Before Truth: How Non-Indigenous Canadians Become Allies](#)

[White Privilege: Unpacking the Invisible Backpack by Peggy McIntosh](#)

[Youtube Video: What Is Privilege?](#)

Suicide Prevention:

Youtube Video: Kevin Hines- [I Jumped Off The Golden Gate Bridge](#)

[Safety Planning- A Quick Guide for Clinicians](#)

Free virtual training: [Counselling on Access to Lethal Means](#)

Do you have a resource to share? Let us know!  
mentalhealthnursingRNAO@gmail.com

## Get Involved!

ADD YOUR VOICE TO MHNIG!

Do you have ideas for a future webinar or educational session?

Any suggestions for our new website?

Would you like to submit an entry for our next newsletter?

Do you have any questions or suggestions for the MHNIG Executive Team?

Do you want to get more involved with MHNIG?

contact:

[mentalhealthnursingRNAO@gmail.com](mailto:mentalhealthnursingRNAO@gmail.com)!

Given the challenges of the past year, what is something about your practice that you would like to share with your fellow nurses?

Send us your answer on social media or email us!





MHNIG Geriatric Addiction Series: Opioid Use in Older Adults  
With Zena Samaan

Please join us for the final in a four-part series discussing opioid use and older adults. This area of research is notoriously under evaluated, unaddressed and will become much more common as Canada's population ages. Dr. Samaan, is a physician researcher, her clinical and research emphasis is on mood disorders and addiction comorbidities.

Objectives:

1. Provide an overview of the opioid crisis
2. Summary of the management of opioid use disorder in older adults



Dr. Zena Samaan is a Professor of Psychiatry and Director of the Clinician Investigator Program, Faculty of Health Sciences, McMaster University.

**When:** October 13<sup>th</sup>, 2021, at 6 PM Eastern Time

By Zoom Webinar

Please register here:

<https://myrnao.ca/civicrm/event/info?reset=1&id=1144>

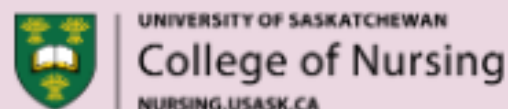
\*\*\*\*Space is limited so register early\*\*\*\*



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Registered Practical Nurses  
Association of Ontario



# Canadian Federation of Mental Health Nurses

# 2021 VIRTUAL CONFERENCE

October 18-22  
&  
October 25-29, 2021

## 2021 Conference Co-Chairs:

Sarah Flogen, RN, PhD  
Florence Budden, BN, RN, CPMHN(C)



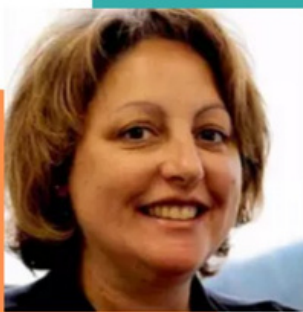
# JOINT MENTAL HEALTH RESEARCH AND INNOVATION DAY 2021

*The Shifting Landscape of Mental Health Across the Lifespan*

**Thursday, October 28th, 2021**

**9:00am - 4:00pm**

## KEYNOTE SPEAKERS



***Changing Childhood: The  
Impact of the COVID-19  
Pandemic on Children's  
Mental Health***

Dr. Daphne Korczak  
SickKids Hospital

***Older Adults and the Mental  
Health Effects of COVID-19  
and Past Pandemics***

Dr. Linda Mah  
University of Toronto



Please join us to learn about the cutting-edge mental health research being carried out by our researchers, trainees and students. This full day event will include oral presentations and symposia sessions in the morning and afternoon as well as a lunch-time poster session.

Register for this fully virtual event on Whova [here!](#)