

NOVEMBER, 2022

FALL NEWSLETTER

Mental Health Nursing Interest Group of RNAO



Mental Health Nursing
INTEREST GROUP

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President's Message

SHAUNA GRAF

Dear MHNIG Members,

I hope this fall message finds you well. Thank you to all our members for your ongoing and commitment to MHNIG, and promoting our mission to improve the mental health and well-being for culturally diverse individuals, their families and our communities.

It is a pleasure to share with you our activities since the last newsletter- the MHNIG Member's Voice for Fall 2022.

This past spring MHNIG held the following collaborative virtual events, all available for viewing on the [member's only section](#) of our website:

1. Beating Burnout- A panel discussion on lived experiences of nursing school over the last two years
2. Caring for Yourself When You Care for Others by Michelle O'Rourke RN MA
3. Breaking The Silence: Let's Talk About Violence In Health Care- in partnership with the Middlesex Elgin Chapter, a virtual conversation with James Brophy & Margaret Keith, the authors of Code White: Sounding the Alarm on Violence against Health Care Workers

This past March, Marjan Kasirlou, RN, member of RNAO, former communication ENO for region 7, RNAO's provincial resolution committee member, and the MPP Candidate for Aurora-Oak Ridges-Richmond Hill, held a virtual town hall in her region, prioritizing mental health as the first topic to be discussed. As chair, I represented MHNIG as a panel member and shared a resource sheet developed by MHNIG, available at the end of this newsletter.

For RNAO's 97th AGM in June, MHNIG Collaborated on submission of Resolution: Removal of Sharps Boxes from Patient Rooms, submitted by: Cheryl Forchuk and Mathew McGuigan on behalf of Brant-Haldimand-Norfolk Chapter, Community Health Nurses' Initiative Group, and Mental Health Nurses Interest Group.

On September 21, 2022, MHNIG, in collaboration with the Brant- Haldimand Norfolk Chapter, Chatham Kent Chapter, and Community Health Nurses' Initiatives Group participated in the RNAO 2022 Fall Tour with Immediate Past-President Morgan Hoffarth.

MHNIG held the Annual General Meeting on October 21, 2022 featuring opening Remarks from Dr. Claudette Holloway, RNAO President and two highly engaging educational sessions. The virtual event provided an opportunity for connecting with membership, meeting new executive committee members, member's voice updates, and previews of the upcoming year's activities.

"Nursing is a progressive art such that to stand still is to go backwards."

FLORENCE NIGHTINGALE





President's Message- Continued

SHAUNA GRAF

Please check out the recordings in the member's only area of our website:

1. "Nurse Psychotherapy in Ontario: Challenges and Opportunities" - Psychotherapy Presentation, and Panel Discussion
2. Virtual Care and Therapeutic Relationships - Mary Lou Martin

MHNIG promotes Mental Health Nursing education and advancement through varying Research scholarships, free membership opportunities, and Mental Health related conference registration grants. This year MHNIG has provided the following financial opportunities through RNFOO :

- Dr. Hildegard E. Peplau Award - Mental Health Nursing Interest Group (MHNIG) (1 x \$1,000) - acclaimed by Samantha Boumeester

Research in Mental Health Nursing Awards - Mental Health Nursing Interest Group (MHNIG) (2 x \$1,500), 1 was acclaimed by Kirthiga Ravindran, and 1 was unclaimed. We encourage you to apply, please follow [this link](#) for more details on how to apply now!

We continue to make every possible effort to reach out to our 800 members, including 757 RNs and 43 students. I encourage you to keep an eye on your emails- we offer discounts to educational events and conferences. Thank you for completing our annual membership survey- participants were entered into a free MHNIG membership as a small token of thank you. It was your opportunity to share your goals and needs over the next year as members, and we look forward to.

MHNIG has had a special focus on nursing psychotherapy and we must acknowledge all the trailblazers in this work, and all of those who are contributing to this advocacy today- please join us on facebook for the latest information on this topic.

Our Facebook, Twitter, and Instagram accounts continue to be a great resource, and stay updated through our website. As a member-focused website, we are always looking for your feedback on what you would like to see more of.

Through educational events, panel discussions, resolution submissions, and more, the MHNIG Executive Committee has been striving for collaboration over the past year. It is common for us to use the word collaboration in a lot of things that we do, however I have begun to use the word connection. Connecting with each other- relying on each other's strengths and voices, and having open conversations are ways we can do this. In this way we hope to continue to meet your needs and represent you well as the MHNIG Executive.

Shauna Graf, RN, BScN, CPMHN (C)
MHNIG Chair

“BE KIND for everyone you meet is fighting a BATTLE”.

PLATO





Virtual Care: Therapeutic Relationships

BY MARY-LOU MARTIN RN MSCN MED

Virtual care “is the use of telecommunication and virtual technology to deliver healthcare outside of traditional healthcare facilities” (The World Health Organization, 2016). It is an approach to care that is convenient, cost-efficient and can lead to improved work-life balance. Health equity must be improved by: building infrastructure; address determinants of health; eliminate racism and oppression; partner with the community; and health equity as a strategic plan (Lyles et al., 2022). Many of these things reflect the barriers to virtual care such as: poverty; people of colour; seniors; language barriers; individuals living in under-serviced areas; and disrespected people (Lyles et al. 2022).

Many nurses are tired, exhausted, burnt-out and leaving nursing. Effective virtual therapy supports patients who are: living in remote and rural areas; unable or have difficulty attending in-person sessions; unable to access experts in a secure environment; living with infection precautions or other comorbidity; and patient/family care (Lyles et al. 2022).

We need to provide information resources that offer low-cost or free laptops/computers and we need to assess patient/family education including: digital literacy; health literacy; language; learning needs and cultural values and beliefs (Viste, 2021).

Guidelines for offering virtual care include: security; privacy, set time; reporting; emergency plan; sending text/email messages; box of tissues and glass of H₂O; all devices turned off;

and 15 minutes before and after the session (Merchant, 2021). Another author suggests: say something about a home item; smile; if another person is present, ask to be introduced; talk slow; maintain appropriate eye contact; invite patients to say no; and use a headset (Ordonez, 2022). Others suggest the mnemonic SAVE: S for support; A for acknowledge; V for validations; and E for emotional naming (IHI, 2021).

Therapeutic encounters also invite the person to ask what matters most to meet your needs; to ask open-ended questions/statements; and provide pauses/silences.

New and innovative models of nursing care are needed to provide safe, equitable, effective and accessible person-centered care. Virtual care models can be provided in many settings such as: acute and long-term care settings; home; community-based settings, schools, forensic/correctional facilities; and mobile units. Virtual Integrated Care Team Model (Cloyd, 2020) can help with retention and delay of retirement of experienced nurses. This is accomplished through a virtual care nurse who supports the less experienced bedside nurse. The virtual care nurse is able to offer their strong clinical expertise, evidence-based care, education, and collaboration so that the bedside nurse can build trust, confidence and the therapeutic alliance. This is done through mentoring, precepting, and coaching. Virtual care nurses and bedside nurses may be able to enhance the patient’s experience by providing increased patient interactions. The virtual nurse can help with therapeutic relationship, critical thinking, use of self, issues of transference and counter-transference, boundary issues, non-verbal language, self-



Virtual Care: Therapeutic Relationships (cont'd)....

awareness, and self-reflection. The virtual nurse can be involved in physician rounding, admission and discharge activities, and care planning. This allows the presence of the virtual nurse and their clinical experience without the physical demands of the bedside. It also means the virtual nurse can work shorter hours and this can mean more satisfied virtual nurses who want to remain in the workforce.

Virtual care is part of care. Nurses need to take a leadership role in shifting the paradigm. As active participants in their recovery, patients will be empowered and self-managed. This will mean changes in curriculum for the education and training of nurses. There will also be system wide changes in nursing care, organizations, policy and health care systems. Research will need to support virtual teams; quality and satisfaction of the patient and nurse experience.

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About the Author

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Clinical Nurse Specialist, St. Josephs' Healthcare Hamilton

Clinical Associate Professor, McMaster University





Mental Health Nursing

INTEREST GROUP

MHNIG Annual General Meeting 2022

The Mental Health Nursing Interest Group (MHNIG) held our Annual General Meeting (AGM) on October 21st, 2022. This allowed the group executive officers a chance to directly connect with the interest group membership and present the work that has been going on with you and on your behalf over the last year. We also were able to highlight upcoming plans for the next year. In addition, we hosted two presentations specific to the areas of mental health care delivery.

The AGM opened with our Land Acknowledgement, which is a recognition of the enduring presence, contributions, stewardship, and historic importance of Indigenous peoples who have existed on this land from the beginning. It is also a recognition of the intergenerational trauma which stems from the ongoing legacy of colonization, including the systemic suppression of traditional Indigenous health knowledge and healing practices. It is an ongoing commitment to the Truth and Reconciliation Commission of Canada's Calls to Action, and encourages us to develop and deliver professional practice which is culturally competent and culturally safe.

Opening remarks were given by Dr. Claudette Holloway, RAO President. She welcomed the membership to the meeting, and highlighted the ongoing work by home office, and the importance of continued nurse advocacy, with RNs leading the way.

The first presentation was a panel discussion called "Nurse Psychotherapy in Ontario: Challenges and Opportunities". The focus was on the state of nurse psychotherapy in the province, and how it is developing and evolving over time. As presented, psychotherapy is a controlled act and legally restricted. The panel provided a brief overview of the history of RN psychotherapy in the province, how RN psychotherapy can provide a unique approach to delivering this type of care.

They also highlighted the current challenges that are faced by practitioners and potential barriers encountered by those wanting to begin their journey into this field. Thank you to Siobhan Bell, Shannon Clausen, Sheena Howard, Kaitlin Brulotte, Danica Kaplan, and Archana Patel for sharing your experiences, insights, and passion for this field with the membership!

The second presentation was provided by Mary Lou Martin, and was called "Virtual Care and Therapeutic Relationships". This was an in depth look into the ways that virtual care has changed the way that we are connecting with patients, and proposes potential best practice strategies to overcome potential barriers to developing strong therapeutic relationships. A summary of this presentation appears in this edition of the Newsletter.

Thank you, Mary Lou, for sharing your experiences and perspective!

Elsabeth Jensen RN, BA, PhD (Nursing) to Everyone



Nurses work toward health, while others work to reduce or eliminate symptoms



Mental Health Nursing INTEREST GROUP

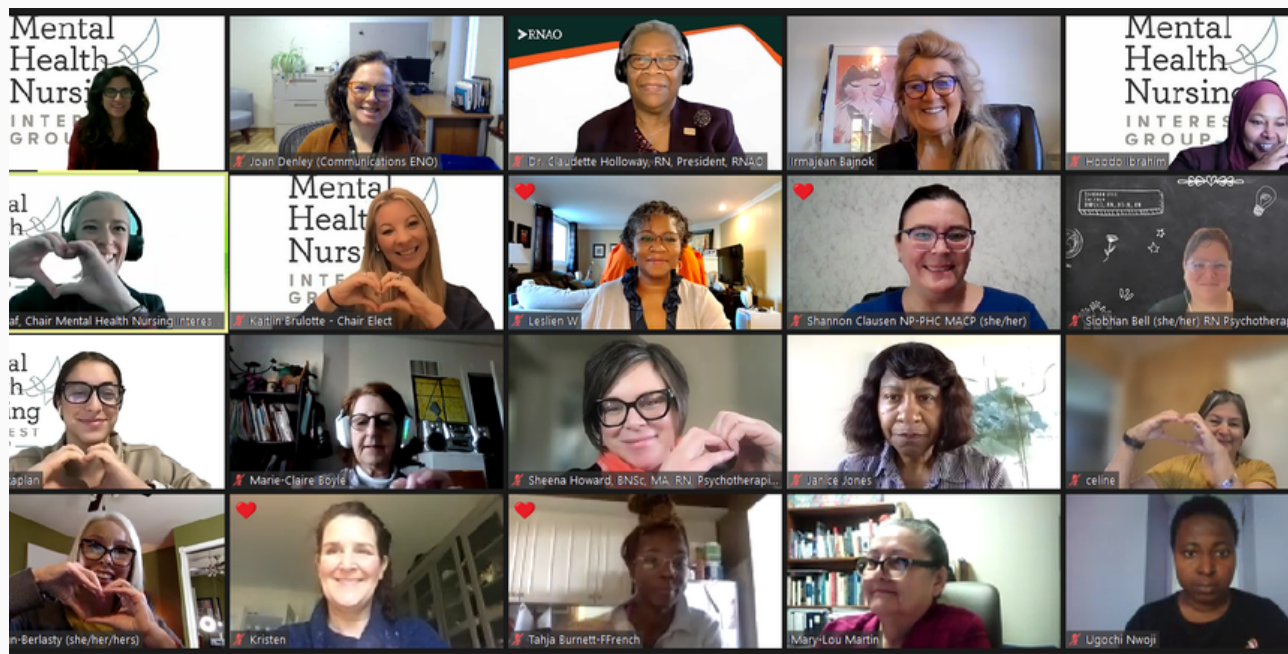
MHNIG Annual General Meeting 2022

In addition to the presentations, the executive members delivered their annual reports of activities from this past year. For the specifics of the reports, please see the recording ([link recording](#)).

Finally, our very own Kaitlin Brulotte led the group in a moment of reflection, which encouraged continued commitment to caring for self, so you can better care for others.

We closed the meeting with our take home messages, which were:

- Consider a position with MHNIG!
- Follow us on social media
- Sign Action Alerts
- Attend RNAO events
- Plan events and connect with your peers
- Highlight the role of the mental health nurse at the bedside
- Submit articles for newsletter, social media
- Connect with your region rep!
- Share education events, webinars
- Share resources and information



Full recording available for members on our [website](#)



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INTEREST GROUP

Meet Our Newest Team Members!



Mahnoor Javed Policy and Political Action ENO

I am a registered Nurse working in an acute psychiatric mental health unit at Windsor Regional Hospital. I graduated from the University of Windsor where my passion for psychiatry grew during my clinical placement at Windsor Regional Hospital's Mental health unit. I am fascinated by all topics related to mental health. I hope to continue my education further and work towards a masters in Nursing. I am hopeful to make some changes and implement some good where I can. My interest spans the Opioid crisis which is currently growing in Greater Essex County. I am also passionate about Public health and decreasing the stigma that continues to cling to Mental Health.

Lisa Crawley CFMHN Representative

Lisa Crawley has been a nurse for thirty years. Initially drawn to work in HIV/AIDS and predominantly hospice, she developed a passion for mental health and addictions. She holds a Masters Nursing from the University of Victoria and has been a certified Psychiatric and Mental Health Nurse through the CNA for twenty years. Lisa has worked as a nurse manager in a variety of settings including forensics, family practice and most recently on an acute general psychiatric inpatient service. While holding the position of manager, Lisa has concurrently worked in the direct care role in sexual/domestic violence and psychiatric emergency. Her previous board experience includes being the Past-President of the Canadian Federation of Mental Health Nurses (CFMHN), Past-President of the Canadian Alliance on Mental Illness and Mental Health (CAMIMH) as well as past board member of the Chronic Disease Prevention Alliance of Canada in addition to two terms on the MHNIG board 2007-2011. She is currently serving her second term as Secretary, Executive Board for Fife House. Lisa is excited to return to MHNIG as the Ontario Representative to CFMHN and to support the work of the board and members.





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The Zero Suicide Community Implementation Toolkit

In 2017, St. Joseph's Healthcare in London, Ontario, embarked on implementing the Zero Suicide Framework of best practices in suicide prevention, designed to support healthcare organizations. The framework is based on the realization that many of those who die by suicide have had some interaction with the health care system in the year prior to their death. We, as nurses, have a responsibility to address suicide in health care settings.

What is true of suicide prevention, is that is a community-based approach can reduce the impact of suicide. It is a shared responsibility and this can foster hope- hope that there is **something** we can do to address this public health crisis.

As part of community extension, our project implementation team reached out to local community social services organizations, asking if they would like support improving their prevention practices. We had close to 100 community partners asking for support. What this told us is that although we would have loved to meet individually, train staff, support ongoing 1:1 consultation, we knew this was not feasible.

We reached out to our close partners at Niagara Region Public Health, and over the course of 2.5 years, the Zero Suicide Community Implementation Toolkit was designed, piloted, and released to the public.

Using a project management lens, the toolkit guides organizations through planning stages, implementation, and evaluation. Where can this toolkit be used? Workplaces. Volunteer Organizations, Organizations that work with marginalized populations. Schools, youth programs, programs supporting university students. *Anywhere where a group of people want to address and reduce the impact suicide.*

I had the privilege of introducing the toolkit at the National Suicide Prevention Conference this past May- we heard that organizations are using it in Quebec, has been referenced in the US, and we continue to hear from local and regional organizations that the toolkit has been an asset to their suicide prevention efforts.

To access the full toolkit, please [follow this link](#). To learn more about our journey with creating the toolkit and one of our pilot partners, please [follow this link](#).

For more information on suicide in Canada, resources or support, please access <https://suicideprevention.ca>



If you or anyone you know is experiencing a mental health crisis:
Call Talk Suicide Canada 1-833-456-4566. Kids Help Phone 1-800-668-6868.
If you're in imminent danger call 911 or go to Emergency.



Self-Care Section

Provided by:
Kaitlin Brulotte
RN RP MA

Self-Directed Journal Prompts:

1. *What do I want to see in my life 5 years from now? (list 20 things)*
2. *How about in one year from now? (list 5 things)*
3. *What are 3 things I could implement regularly to get there? (list 3 SMART goals)*
4. *Who can I enlist to support me and hold me accountable? (list 3 people)*
5. **SLEEP** - Getting enough sleep is associated with higher quality of life overall. Nurses can have many sleep challenges from shift-work to stress. *What are 3 small ways I might be able to improve my sleep hygiene?*
6. *Despite hardships in my world right now, what are five things I'm grateful for?*
7. **"What we don't need in the midst of struggle is shame for being human"** (Brene Brown). *What are five ways I can show myself more self-compassion and less self-criticism?*
8. *Would I benefit from a social media break?*

Please feel free to share your thoughts and experience with us!



Self-care is not an expense. it's an investment.





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Executive Updates

What have we been working on?

FINANCES

Healthy financial status continues and MHNIG executives' activity related costs are covered as per RNAO 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.

MEMBERSHIP/EDUCATION

We currently have 705 members including 677 RNs and 28 Students. MHNIG Membership and Education is currently working on various education sessions, and those dates will be released ASAP. Stay tuned for upcoming CFMHN opportunities also! If you are interested in helping develop a webinar on a topic you are passionate about please contact us at mentalhealthnursingRNAO@gmail.com.

SOCIO-POLITICAL ACTION

Archna and Sophia continue to advocate for RN psychotherapy, and are keeping up to date on issues affecting mental health nurses and the populations they serve.

IT

The website is being updated on an ongoing basis. There is a plan in place this year for a more active social media presence. If members have posts or topics that they are passionate about, we are open to sharing so please contact us.

Group updates are being posted regularly on our social media so please follow our Facebook page, IG and Twitter.

REGION 5

Emma Quinn continues to work in advocacy work for RN Psychotherapists.

REGION 11

Katherine Harvey continues to advocate for the improvement of mental health care in the hospital in which I work. I am a member of several committees where I can influence positive changes to our mental health system. We are seeing positive improvements such as the introduction of peer support meetings, and more in-patient and out-patient group programming. We continue to be short on RNAO membership in our region, and are hoping that membership will expand. If you are in Region 11, please reach out. It would be great to connect!

Join Our Team!

Important Notes about Psychotherapy and Counselling:

It is best for you to consult your health care team to best benefit your health, so that you can receive the feedback, directions and recommendations of your health care team to assist you as needed. In Ontario, if a person does not have a primary care provider, you can request such through Health Care Connect:
<https://www.health.gov.on.ca/en/ms/healthcareconnect/pro/>

Importantly, for any immediate or emergency health care needs, call 911, report to your local emergency room or call your local mental health crisis service. Crisis Services Canada <https://www.crisisservicescanada.ca/en/>

1. Counselling and psychotherapy are important clinical resources that help people address both personal and mental health concerns.
2. In Ontario, mental health services can be found as illustrated by the Ministry of Health: <https://www.ontario.ca/page/find-mental-health-support>
3. *For currently serving members of the Canadian Armed Forces (CAF) and the Royal Canadian Mounted Police (RCMP), and Veterans of these services, and their families, there are counselling services available as provided by Health Canada: <https://www.veterans.gc.ca/eng/contact/talk-to-a-professional> and <https://www.canada.ca/en/department-national-defence/programs/member-assistance.html>*
Federal Public Servants have counselling services available for them and their family members as well: <https://www.canada.ca/en/health-canada/services/environmental-workplace-health/occupational-health-safety/employee-assistance-services/employee-assistance-program.html#covid>
4. Your employer may have specific sources of counselling services you can access.
5. Your primary care service has mental health services you can access through them. In Ontario, if a person does not have a primary care provider, they can request such through Health Care Connect: <https://www.health.gov.on.ca/en/ms/healthcareconnect/pro/>
6. If you try one health care service or health care service provider and the experience does not work for you, please ask to be referred to a different health care service or health care service provider.
7. Your health is important. We all pay taxes in Ontario, taxes which pay for the health services available for us; make sure you receive the services you pay for to benefit your health!

List of Mental Health Apps/Online Resources (which are ideally used together with your consults and primary health care team):

Provided by: Emma Quinn

Overall Coping:

Covid Coach: https://www.ptsd.va.gov/appvid/mobile/COVID_coach_app.asp

Reflection Upon Meaning and Purpose:

Virtual Hope Box: <https://usmc-mccs.org/articles/the-virtual-hope-box-an-app-every-marine-needs/>

To Assist with Trauma-Related Symptoms:

PTSD Coach Canada: <https://www.veterans.gc.ca/eng/resources/stay-connected/mobile-app/ptsd-coach-canada>

Self-Directed Cognitive-Behavioural Toolkit, both with an app and online:

Mindshift CBT: <https://www.anxietycanada.com/resources/mindshift-cbt/>

Web Resources:

Anxiety Canada website is a great resource and is found online at www.anxietycanada.com

Wellness Together Canada Online Mental Health and Substance Use Support

Bounceback- Free, guided self-help program <https://bouncebackontario.ca/>

To Help with Sleep Problems:

CBT-I Coach: https://www.ptsd.va.gov/appvid/mobile/cbticoach_app_public.asp

Insomnia Coach: <https://mobile.va.gov/app/insomnia-coach>

COVID-19 Resources:

Canadian Mental Health Association. COVID-19: Mental health and well-being.

Centre for Addiction and Mental Health. Mental Health and the COVID-19 Pandemic.



Apply today for the 2023 RNFOO MHNIG Awards!

REGISTERED NURSES' FOUNDATION OF ONTARIO

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Dr. Hildegarde E. Peplau Award (MHNIG)

1 award of \$1,000 (*Graduate Level*)
Qualifying programs: Graduate Degree Masters, Graduate Degree PhD

Award Description

The Dr. Hildegarde E. Peplau Award provides an opportunity to a Registered Nurse who wishes to pursue education at the master's or doctoral level in psychiatric/mental health nursing. Preference will be given to those whose focus of study includes an interpersonal perspective in nurse-client, family, peer or community relationships. Preference will be given to members of the MHNIG.

Research in Mental Health Nursing Award (MHNIG)

2 awards of \$1,500 (*Research Awards*)
Qualifying programs: Graduate Degree Masters, Graduate Degree PhD, Research, Certification/Certificate Program/Special Project

Award Description

To support a Registered Nurse (RN) completing research in the field of mental health nursing. Preference will be given to RNs who possess current CNA Certification in Psychiatric/Mental Health Nursing, whose research is focused on the advancement of mental health nursing practice and who are members of the MHNIG.



Get Involved with MHNIG!

MHNIG Open Positions!

You're probably wondering how you can make an impact within your nursing community.

The answer is simple – **get involved with MHNIG's Executive Team!**

Now you're probably asking what the benefits are. Here are just a few:

- Increase awareness about the nursing profession in your area
- Network with local nurses & other healthcare practitioners.
- Help inform policy and direction of MHNIG.
- Connect with local politicians.
- Increase your professional capacity as a leader in RNAO's important work.

The MHNIG Executive has the following open positions- email us today if you are interested!

- Membership and Education Executive Network Officer
- Region 3: Brant, Hamilton, Haldimand-Norfolk, Niagara
- Region 6/7: Toronto
- Region 8: Durham, Kawartha, Northumberland, Quinte, Victoria
- Region 9: Grenville, Kingston, Lanark, Seaway
- Region 12: Sioux Lookout, Lakehead, Kenora-Rainy River

Also Coming Soon! Please share your voice with the 2022 MHNIG Membership Survey.

Your participation is one of the many ways you can direct the work of the executive team.

For completing the survey you have a chance to win membership for the year 2023!

Congratulations to Julia Steels, Kristy Mikolich, and Maria Tandoc,
our MHNIG Membership Winners for the year 2022 (\$35.00).

Please keep your eye on your email for more information!



If you would like to
submit an entry for
our next newsletter
contact:

mentalhealthnursingRNAO@gmail.com

Follow us on social media!

