

April 2026

## President's Message

Reflections on the announced increase in funding for the correctional system and how mental health care for those incarcerated should be prioritized.

## Men's Mental Health: Noticing the Signs Earlier

Why mental health nurses play a huge role in the mental health and well-being of men and boys.

## Supporting Survivors

A mental health nursing perspective on ways to support survivors of sexual violence.

Join us at  
our  
MHNIG  
AGM!  
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Dear MHNIG colleagues,

**Ontario has recently announced plans to invest over \$4 billion to expand and modernize our correctional system**, adding to increases already made in the 2026 budget. **These investments are occurring in the context of a system already under intense strain that mirrors what many of us already see in our practice.** Ontario correctional facilities, like hospitals, have been operating well above designed capacity, with some facilities reaching roughly 130% occupancy, and more than 2,000 inmates beyond available beds province-wide, even after large reductions in sentencing and increases in early release. **Prison overcrowding has been an issue for as long as I've been following public policy in Ontario, but has gotten worse as our population has grown faster than capacity.** And as someone with family working in the corrections system, I have heard first hand the human impact of our lack of funding.

**A substantial number of individuals in custody live with mental health concerns, with some estimates suggesting the majority of those incarcerated have mental health or substance use challenges.** It's for this reason that our prison system relies so much on mental health nurses. But in overcrowded environments it's much harder to provide therapeutic interventions, crisis stabilization, and ongoing care.



# Newsletter

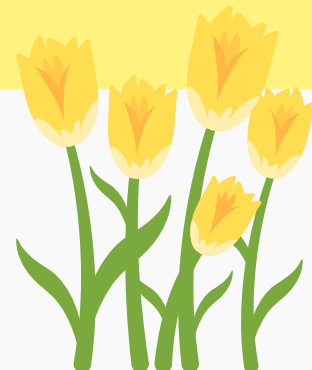
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But correctional capacity also has broader implications for public safety. When facilities lack space, courts are limited in how they can respond. **Even high-risk individuals are now released or managed in ways that do not fully reflect their risk to the public.** While a large share of those incarcerated may have mental illness, it's also worth remembering that those with a mental illness are much more likely to be the victims of violence. **Our patients are the vulnerable population bearing the brunt of the lack of capacity in our system, and the violence that impacts them almost always goes unreported.**

So in one sense I welcome this funding, because it truly is desperately needed. Better late than never. Expanding capacity helps ensure that individuals who pose a threat to the community can be held safely, while also creating conditions that allow correctional staff- including nurses- to deliver care more effectively and safely. **But at the same time, the corrections system is not the only part of our public sector that has crumbled under lack of funding. Our mental health system desperately needs the same types of investment to increase capacity and services.**

On a more positive note, I'd like to take this opportunity to let our MHNIG members know that we have officially booked our next **Annual General Meeting, conveniently happening alongside the RAO AGM.** It will take place on **May 28th from 2-4pm, in a meeting room at the Crowne Plaza hotel (exact room will be announced soon).** We will have a **hybrid option** for anyone only able to join virtually, but hopefully many people will be able to make it in person!

Wishing you May flowers from all these April showers,  
Andrew Marlowe, RN, MN, MBA  
Chair, MHNIG



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## Men's Mental Health: Noticing the Signs Earlier

Written by Fardous Hosseiny  
President and CEO,  
Atlas Institute for Veterans and Families



**Canada is at an important moment when it comes to the health and well being of men and boys.** The federal government is developing its first Men and Boys' Health Strategy, with a focus on reducing stigma, challenging harmful stereotypes, and encouraging men of all ages to seek help when they need it. **That matters because, for too long, men's mental health has too often been addressed only after a crisis, rather than recognized earlier and responded to in ways that are practical, relational, and grounded in how distress actually shows up.**

One of the ongoing concerns is that men continue to experience significant challenges related to mental health and well being, including a higher risk of suicide. This concern is particularly important in some populations, including Veterans, where the risk can be even more pronounced. **These realities remind us that men's mental health deserves serious and sustained attention, not only in moments of crisis, but much earlier...**



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**Part of the challenge is that men and boys do not always present distress in the ways our systems have been trained to expect. Depression or psychological strain may not first appear as sadness or disclosure. It may show up through anger, irritability, substance use, risk taking, emotional withdrawal, or changes in behaviour that can be easy to misread as resistance, defiance, or poor coping. In military and veteran populations, stigma can also remain a major barrier to help seeking, particularly when strength, self reliance, and performance are closely tied to identity.**

**This is where mental health nurses matter enormously. Nurses are often the ones who notice the pattern before anyone else does.**

They see the sleep disruption, the agitation, the flatness, the disconnection, the short fuse, the missed follow through, or the partner who quietly says, “something is different.” That kind of recognition can shape how conversations begin, how trust is built, and how support is offered. It can also broaden our understanding of what men’s mental health looks like, beyond narrow or traditional expectations of how distress should appear.



**As attention grows around men’s and boy’s health in Canada, there is value in continuing to build systems and approaches that are responsive, practical, and grounded in real life experience. For mental health nurses, that work is already familiar. It begins with noticing, listening, and understanding that what is left unsaid can still tell us a great deal.**

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## Supporting Survivors: A Mental Health Nursing Perspective

Written by Ashley Mohamed, BAsC, RN, BScN  
MHNIG Policy and Political Action Executive Network Officer

**April is Sexual assault awareness month. A time where we can raise public awareness about the issue, educate individuals about the lasting impacts, and use our voices to advocate and support survivors.** Sexual violence includes any sexual contact without the consent of the individual. This can happen to anyone regardless of their background, age, gender, etc. **As mental health nurses, we have a unique responsibility to create a safe and trauma-informed environment for clients on top of symptom management and medical intervention.**

Here are three tips that you can use in your own practices to foster a safe and therapeutic relationship between us and client's.

### 1. Practice Active Listening and Validation



Being heard and listened to is one of the most important things when it comes to navigating these conversations. As nurses, it is important we act in a way that's non-judgemental while still acknowledging their feelings. The goal here is to build trust and reduce the shame or guilt they may feel from what happened to them.

## 2. Promote Empowerment and Autonomy



As nurses, we have to respect that clients may have their own course of action for how they want things to be handled. Even if we may not agree with it, we have to do our best to inform clients of all the options available to them and respect what they choose. By doing this, we are giving clients the ability to be involved in their decision-making and also helping them regain a sense of control.

## 3. Provide all available resources and supports



It is important that we are aware of all the programs, resources, and supports that are available to clients in the community. It is our responsibility to connect clients to where they can seek supports for things like counselling, crisis centres, and more. The more knowledge we have on programming, the more informed clients will be, and the less anxiety they may have about seeking supports. Having the knowledge to inform clients about what they can expect when accessing community resources is essential to our care.

SAVE THE  
*date*

*MHNIG Annual General Meeting*

*In-person and virtual*

*May 28 from 2-4pm*

*Hosted at the RNAO AGM*

*Crowne Plaza Hotel  
Meeting Room*

*More details to come!*

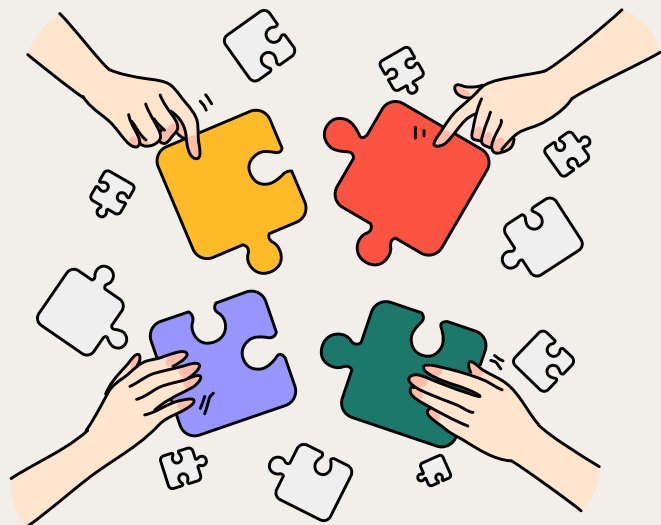
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We look forward to connecting with you!

