

MHNIG NEWSLETTER

Fall 2009



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Updates*Education*Links

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UPFRONT Report from the Past President

Another year has passed since that fateful MHNIG AGM at Homewood Health Centre in 2002 when I presented my experience of promoting the role of the psychiatric-mental health nurse practitioner role within the Ministry of Health & Long-Term Care as a graduate student. I left the 2002 MHNIG AGM as the newly “voluntold” Socio-Political Action Officer. And so much has changed in our world, our country, our province, our communities, and MHNIG since spring 2002. The Canadian Collaborative Mental Health Initiative was initiated in 2004 and continues to reach out to mental health consumers and service providers to fulfill its mandate. Our provincial health care system has transformed into 14 Local Health Integration Networks (LHIN) and mental health and addictions is a strategic priority for the majority of LHINs and the provincial government. RNAO demonstrates unprecedented national leadership in the crusade to sustain publicly-funded, not for profit Medicare and advocate for healthy public policy. The MHNIG has evolved from a “paper-based” medium-sized Interest Group to a “technology-friendly” large-sized Interest Group representing greater than 850 members with a bi-annual newsletter, an annual AGM at different locations throughout the province, and a MHNIG website launched in 2006 (See side bar to log in).

After the 2002 MHNIG AGM, I briefly filled the socio-political position and then transitioned into President Elect/Newsletter Coordinator (2003-2005), followed by President (2005-2007) and finally over these less active 2 years; Past President. As I step down from the Executive, I want to thank all MHNIG Executive (past and present), Satellite Representatives, and MHNIG members for your volunteerism, contributions, collegiality, and sense of humour. But most importantly, I want to recognize each and every MHNIG member for your tireless commitment to clients, patients, and their families as they navigate through the complex system of mental health and addiction services in Ontario. Although a very *tiny* team, your MHNIG Executive and Satellite Representatives continue to meet monthly to fulfill the MHNIG Vision and Objectives. Over the past year, there have been several changes in Executive membership due to competing demands or unexpected life circumstances but as we enter a new RNAO membership year, your 2009-10 Executive and Satellite representatives are striving for more engagement opportunities with the MHNIG members. We want to hear from you regarding how you want to be involved and whether the website, e-mail messages (inquiries@mhnig.org), and newsletter are meeting your expectations.

This newsletter has several wonderful submissions and importantly, it includes the minutes from the 2008 MHNIG AGM, registration process for the **2009 MHNIG AGM on November 20, 2009 at St. Michael's Hospital** in Toronto, and the 2009 Nominations form for the **seven** Executive or Satellite vacancies. As the outgoing Past President, I encourage you (yes you) to consider the opportunity to assume a position on the MHNIG Executive with a fabulous group of nursing colleagues. Please fill out a Nominations Form or contact us to find out more details. We are all over-committed and multi-tasking like no other generation — but with 850+ members strong, I believe we can fill these 7 positions with dedicated MHNIG members. Please contact us!

Finally, I want to acknowledge 2 Executive members who committed countless hours to MHNIG and are moving onto new life challenges; **Katie Ungar** who gracefully fulfilled the duties of the Financial Officer for greater than 10 years (yes a decade) and **Archna Patel** who joined in 2005 as a Student Representative and contributed extensively to many facets of MHNIG activities. Also, thank you to **Kathy Wong** for leading all planning for the 2009 MHNIG AGM. Now my final message goes out to **Steven Holbert**, our Communications Officer and appointed President Elect/Newsletter Coordinator—Steven is integral to the smooth functioning of the MHNIG and he is your e-mail respondent. The Executive team is delighted that he has accepted the President Elect position. Good luck to the 2009-10 MHNIG Executive & Members! **Yours in nursing, Valerie**

A Circle and A Line: The Impact of Policy Decisions on Your Mind

May 25, 2009

Dear Ms Katie Ungar,

Please find enclosed a cheque given to me by the Mental Health Nursing Interest Group some months ago. The grant was for me to attend a conference in Montreal, as an employee with mindyourmind.ca to present at the International Conference on the Internet and use by mental health professionals. It is with much regret that I return the cheque as [mindyourmind](http://mindyourmind.ca) was unable to present or attend the conference. Since May 1, 2009 all employees of [mindyourmind](http://mindyourmind.ca) have been laid off. We have been unsuccessful in obtaining funding from the Ministry of Children and Youth or the Ministry of Health. Please see www.mindyourmind.ca for details about our campaign to save and bring back this valued program.

I'm not sure if you are familiar with mindyourmind.ca; I'll provide you a bit of detail. It's award-winning innovative service, with a proven track record for engaging youth – 600,000 visits to the website in 2008. In addition to the interactive website, we've delivered mental health information in a fun and informative way in high school settings, alternative education sites, group homes and adolescent units in local hospitals. In 2008, over 4000 youth in the London, Ontario area participated in mindyourmind.ca outreach during presentations and local health fairs. [mindyourmind](http://mindyourmind.ca) engages youth in developing content that speaks to youth through face-to-face and on-line focus groups and working sessions – we accumulated 5,000 youth volunteer hours since inception! We use pillars of youth culture like music, celebrity profiles, storytelling, gaming and video, via the web, to deliver those helpful mental health messages.

[mindyourmind](http://mindyourmind.ca) is also a public utility. It's used in sessions, in classrooms, in hospital inpatient and outpatient services by professionals who service vulnerable youth. They rely on the interactive tools to engage youth and sustain help seeking behaviours.

Perhaps you'll hear some great news soon, that we have secured funding that allows us to push forward. As a nurse I am determined that the work we are doing at [mindyourmind](http://mindyourmind.ca) is important in addressing the mental health and wellness of the young people in our province and our country. I am learning that innovative programs meet the needs of those who most need them but are often the hardest to fund.

Thank you to the Mental Health Nurses Interest Group for supporting [mindyourmind](http://mindyourmind.ca) with this grant. I hope to apply again in the future!

Kind Regards,

Christine Garinger, RN

The [mindyourmind](http://mindyourmind.ca) logo is a circle and a line—Visit the website: www.mindyourmind.ca to understand why

Mental Health Nursing – Social media weblogs!

By: Kamini Kalia, RN, BScN

A few weeks ago, I was bothered when I learned that the Ontario Ministry of Children and Youth Services had discontinued funding for the internationally acclaimed mental health website for youth otherwise known as mindyourmind.ca. Last year, I realized the potential impact of such an innovative resource for the public and health professionals when I had the privilege of working with mindyourmind.ca to educate future nurses on stigma and youth mental health.

For decades, mental health and mental health nursing has been attacked by the public and by our own colleagues. The outcome of these criticisms is a stigma that may influence the decision of an individual to seek out mental health services when needed. Social media, whether in the form of weblogs, Twitter, Facebook, Wikis, RSS Readers, or Youtube.com, is becoming more popular as each day goes by. It is my belief that social media has the potential to change negative social attitudes regarding mental health and ultimately, eliminate barriers to health care.

We are moving towards supporting health informatics and our society is actively engaged in social networking now more than ever. Tapscott (1998) describes our youth as the net generation, a cohort that is actively engaged with technology. It comes as no surprise then that our youth are more receptive to resources such as mindyourmind.ca that are available via the Internet. Other health organizations, such as Mayo Clinic and Cochrane Database, have realized this advancement and have started using social media to communicate research findings using blogs and podcasts. Social media is not a trend that will lose its interest in 5-10 years. Its here to stay and over time social media will evolve with the rest of the world into greater means of communication.

At this time, I ask you to consider how YOU and fellow mental health nursing colleagues could be utilizing social media to eliminate the stigma of mental illness, promote mental health, and educate or share resources in this great field. Here are a few recent examples to paint a picture of the possibilities. In my current practice on a child and adolescent mental health unit I have provided mindyourmind.ca as a resource to youth before discharging them back into our community. Using Twitter, I've learned about upcoming conferences and other mental health nursing news from across Canada.

Feeling outdated with technology? No need to feel defeated or overwhelmed because there are resources such as online videos developed by CommonCraft.com to help. These videos are specifically designed and geared at educating the general public on new online resources including RSS Readers, Twitter and social bookmarking. Believe me, they work - even my Dad, aged 60, uses these videos!

So the next time you're feeling the weight of mental health stigma riding on your shoulders, open up your Internet browser and discover the plethora of resources out there! Oh and don't forget to add me to your Twitter, @nursekama. Happy social networking!

Tapscott, D. (1998). Growing Up Digital. The Rise of the Net Generation. New York: McGraw Hill.

A 4th Year Nursing Consolidation Placement: Clinical Experience in the Inpatient Mental Health Unit By Preceptor: Heather Rawnsley R.N., B.Sc.N

This semester, I was the preceptor for a fourth year, consolidation student from one of the University nursing programs. I had worked with students before but never a senior student completing the final year in a clinical area of their choice. It was a great pleasure to work with a student who was keen on learning and really interested in mental health nursing.

As a preceptor, it was my role to guide her through the development of her theory and knowledge; to assist in the growth of her skills; to assign clients to her that were appropriate for her learning goals; and to supervise her care of these clients. It was also my role to assist her with questions, clinical problems, and guide her expansion of decision making.

Through out the semester, I watched her grow more knowledgeable, skilled, and confident to the point where she was taking a full client assignment and was able to work independently with minimal assistance.

It was enjoyable for me to teach someone who wanted to learn about mental health nursing and to show someone how great my job is and have discussions with someone who was just as excited about mental health nursing as I am. Mental health nursing is a specialty that is not for everyone and as such, it is important to provide a positive learning experience for students who show interest to ensure that there are enough future nurses in this specialty.

A 4th Year Nursing Consolidation Placement: Clinical Experience in the Inpatient Mental Health Unit By Preceptee: Joram Muzones, at the time of writing 4th Year Nursing Student

Before my clinical placement in the Inpatient Mental Health unit I had no prior clinical experience in a mental health setting and the only exposure I had to mental health is through the various psychology and nursing courses I took in school. In the beginning of 4th year when it was time for me to put in my placement requests, I had to really reflect on where I see my nursing career going. Throughout my career as a student nurse I was placed in settings such as medical/surgical units where I acquired many skills and knowledge but I was still undecided which career path I should take. It was then that I decided to request for a mental health placement because I have always enjoyed the psychology courses I took in school and at the same time I lacked the practical experience where I would be able to apply the knowledge I learned in school. Now that I have reached the end of my clinical placement, I am able to confidently say that I have found my place in nursing and it is in mental health.

My clinical experience in the Inpatient Mental Health unit has been a wonderful learning experience that have not only provided me the knowledge and skills I would need to be successful in my nursing career but also helped me find the interest and passion to work as a mental health nurse. If it weren't for my placement in the Inpatient Mental Health unit I would have never discovered how much I love mental health nursing. I have enjoyed working within the multidisciplinary healthcare team that stressed the importance of communication. Most importantly I have enjoyed working with the patients from whom I have learned so much. I have learned that for many patients it is only when you establish the relationships that you can truly care for and advocate for the patients.

One major component of my clinical experience is my preceptor. She provided me with the knowledge I needed to succeed in my clinical placement, but also made it a wonderful learning environment by exposing me to first hand experience. She allowed me to take on patient assignments that had various needs and acuity, and through her supervision supported my independence and at the same time was readily available when I had questions and needed guidance. Also, with her help, I was able to create learning objectives that allowed me to optimize my learning for the period I was in the unit. I credit much of the knowledge and practical experience I gained from my clinical experience to having her as my preceptor.

My clinical experience in the Inpatient Mental Health unit was not only a wonderful learning experience but also an experience that helped me discover the kind of Nurse I want to be. For the 4 months I was in the unit, I have learned so much not only about mental health but also about myself, and I will always be grateful for the people who made this experience possible. I greatly recommend to other students to have clinical placements in a mental health setting to see another side of nursing.



2009 MHNIG nomination form

WE NEED YOU!!! Please consider joining the MHNIG Executive or Satellite Positions. Please contact the respective Executive or Satellite member if you have any questions regarding position responsibilities (see page 8).

2009 Open Executive or Satellite Chair/Representatives: (Check one only)

- President-Elect/Newsletter Coordinator**
- Financial Officer**
- Communications Officer**
- Student Officer(s)**
- Representative for Satellite I** (Elgin, Essex, Kent, Lambton)
- Representative for Satellite 9** (Grenville, Kingston,, Lanark, Seaway)
- Representative for Satellite II** (Algoma, Kirkland Lake, Nipissing, Northland, Porcupine, Sudbury)

Candidate* Information: (Please Print)

Name: _____ **RNAO Membership #:** _____

Street: _____ **City:** _____

Postal Code: _____ **Home Phone:** _____

Email: _____

(*Please note that self-nominations are accepted and a nominator will be confirmed at the MHNIG AGM on November 20, 2009)

Nominator(s): I nominate to above person for the position of:

The individual has agreed to allow his/her name to stand for the position indicated.

Name: _____ **Signature:** _____

Home Phone: _____ **Email:** _____

Please submit this form by **November 19, 2009** to Valerie Grdisa, Past President, by e-mail at inquiries@mhnic.org (include required info in text format) OR mail form to Valerie Grdisa, Past President, 167 Glenview Drive, Mississauga, ON L5G 2N5

DRAFT MHNIG - AGM Minutes: October 24, 2008

By Communications Officer—Steven Holbert

(Minutes to be accepted at 2009 MHNIG AGM on November 20, 2009, see page 7)

Welcome and Introductions:

Joan Gates welcomed the MHNIG to Whitby Mental Health Centre on behalf of Janet Dusek and the Nursing Council.

Report of the President:

Pat Nashef opened the meeting by inviting everyone to introduce themselves. She then thanked the host for having the Annual General Meeting at Whitby, Dawn for volunteering and Janet for facilitating the meeting. Whitby is a state of the art property with practice to match.

Since the SARS outbreak, the AGM has travelled to different areas of Ontario. Pat invited members to think about who and where for next year's AGM.

Pat extended thanks to the Executive members for long and “historic” service. Next year will see a call for President and other officers.

Since last year, the MHNIG took on a practical challenge. Pat Patterson and a team crafted a resolution about mental health curriculum in nursing education and took it to the RNAO AGM in April. This resolution passed. We did listen and followed through. We offered expertise to the Board of RNAO regarding the resolution. We have awaited a response from them.

There were three meetings in Toronto:

- ◆ Leslien Walters, Brenda Fuhrman and I attended the Day at Queen's Park. I encourage any one to attend; they were powerful days.
- ◆ In April, there was the AGM and the resolution was passed. It is a great opportunity to see the parliamentary process in action.
- ◆ The Recruitment and Membership officers, Kathy Wong and Archana Patel, attended a meeting [*please elaborate*]

We have seen the residency program take off. There are four positions here at WMHC. Pat served as an expert content reviewer for the program. It is a pilot project as part of the “new grad initiative” to have new nurses gain experience in the work place.

The Best Practice Guidelines are being developed on violence and the safe workplace. This is in the news and addresses safety for all of us.

We have contributed \$1000 to sponsor student memberships and another \$1000 to a member for a trip to Beijing as part of the ? conference this fall.

Report of the Financial Officer:

Katie reported that we had revenues of \$30,000 this year from memberships and Leading Edge inserts in the newsletter. We provide significant support to the Canadian Federation of Mental Health Nurses, sending them \$20 out of the \$35 membership fee. Expenses came to \$9800 (as of year end October 31st). No satellites requested money.

Other expenses are meetings; the newsletter (distributed on the website; whereas it cost \$5500 a year, it now is about \$2000); and teleconferences, which cost about \$3000 a year. Donations include the Peplau award, which Kamini Kalia received this year. That gives us a balance of \$12,200 at this time.

Report of the Communications Officer:

The Executive Committee held seven teleconferences in 2008, on January 14, February 11, March 10, April 14, June 2, August 11, and September 9. A brief teleconference was held on October 6 for AGM planning.

Members attending each teleconference range from five to twelve.

These meetings address initiatives like the film event; communications; e.g., the Members' Voices, and planning for MHNIG activities. We had many discussions leading up to the April AGM where the Resolution was successfully presented. Membership and political action remain ongoing efforts.

Continued from Page 5

The MHNIG website remains active. Peak activity occurred in January with 10,867 hits and most months varying between 7000 and 9000. Sources of these hits are primarily Canadian and U.S. and contacts have come from other countries such as China, Ireland, the Russian Federation, Australia and France. Spam remains a nuisance, receiving about ten a month which I readily delete.

The Contact Us email account promotes professional exchanges, for example, discussions about education in mental health, student issues, and networking in mental health services across Canada.

As a member-managed site, several executive officers work at keeping the site up-to-date. Resources now posted on the site include minutes of the teleconferences, newsletters, reference materials, and links to other mental health sites and professional groups.

Every year, the April Annual General Meeting of the RNAO provides a great opportunity for Communications Officers to network and to share experiences. The MHNIG display highlights our activities, the website, and our collaboration with the Canadian Federation of Mental Health Nurses.

Steven then provided a brief demonstration of the MHNIG website features.

Report of the President-Elect:

Mary noted that Pat gave a lot of support as she took on the role. The next newsletter will be the Winter-Spring issue; submission of items is welcome any time.

Report of the Political Action Officer:

Leslien described this as "learning year". RNAO has covered many issues—poverty, social impacts on health, etc. It was an amazing experience at Queen's Park. Her intent is to be more active.

Report of the Membership and Education Officers:

Kathy and Archna are not able to be here today.

They report that the membership of the MHNIG is 801—we have broken the 800 mark!

Report of the Student Representatives:

Kamini reported a "bit of a success" with a Facebook group. She demonstrated the mindyourmind website and its resources. Plans are underway for a film festival and panel discussion at one of the schools.

Report of Satellite Representatives:

Joan reported on the violence issue taking on more relevance, especially at election time. There should be more action at the ministry level on violence in the workplace.

Angela reported that she, and Brenda and Cathy at Sunnybrook, have connected and plan to have a meeting in 2009. She noted that suicide assessment is required by the new accreditation procedures.

Dawn spoke to "taking care of yourself" and invited members to enjoy the day at WMHC.

Planning for 2009 AGM:

The floor was opened to volunteers for next year's AGM. Niagara region is a possibility. As no decision was made, the location remains up for discussion.

The business part of the Annual General Meeting adjourned at 1148 hours.

Youth Activism: E-mail being circulated throughout Canada for Youth to Influence Policy

Youth under 25 are not being heard. We need you to step up and **make a difference! Answer questions and have input into Canada's plan for mental health services.**

Adults across Canada are writing a new framework (Evergreen) for youth mental health. This framework will help to make sure each youth who needs help for their mental health problem gets it.

- ◆ As young people, **we have the right to have a say**. So far, this plan is being built without our voices. We should **NOT** let parents, teachers, social workers, doctors and others build a framework about us without us.
- ◆ Time is running out to have a voice in this monumental project. Fill out this survey by **November 15th 2009** and let your voice be heard. Your name will also be entered in a draw to **win an iPod and iTunes** vouchers.

Canadian youth need you, so take 10 minutes and **make a difference!! Send this to other youth and make sure they have a voice too.** Go to Evergreen Link: <http://www.mentalhealthcommission.ca/English/Pages/evergreen.aspx>

**Mental Health Nursing Interest Group of Ontario
2009 Annual General Meeting and Conference**

**FRIDAY NOVEMBER 20, 2009 – ST. MICHAEL'S HOSPITAL
30 Bond St. Rm 6-002 Cardinal Carter Wing Toronto, ON**

All are Welcome!!

Don't miss this exciting opportunity to meet with Psychiatric/Mental Health Nurses from across Ontario to share experiences and network, while contributing to the ideas that will shape the directions of the Mental Health Nursing Interest Group of Ontario.

Who should attend: Registered Nurses working in the area of Psychiatry/Mental Health, Registered Nurses working in other areas who are interested in Mental Health, nurse educators and nursing students.

Fee: No charge

Morning Session:

0830 - 0900 Registration
0900 - 0930 Opening Remarks
0930 - 1200 Business Meeting
1200 - 1300 Lunch

Afternoon Session:

1300 - 1430 Inner City Mental Health Nursing: An Emerging Subspecialty

Many persons in inner cities experience an urban health penalty because of the concentration of economic decline, job loss, and major health problems. Because the problems originate in a complex interaction of socioeconomic factors, behavior, environment, and disease that relates to race and ethnicity, multifaceted approaches that extend beyond the medical model are needed to improve health status. Psychiatric/mental health nurses in Toronto's inner city address all aspects of the urban penalty - social, economic and health related - when working with seriously mentally ill populations. This specialty work requires nurses to carefully attend to the social determinants of health and health inequities, issues of marginalization, social justice and community involvement. This presentation will highlight the attitudes, knowledge and skills required by nurses to address all aspects of the urban penalty in clinical practice. Clinical examples will be provided from psychiatric mental health nurses working in St. Michael's Hospital's Psychiatric Emergency Services, Inpatient Mental Health Program and Community Mental Health Services.

1430 - 1445 Break

1445 - 1545 "The Interventionists: Chronicles of a Mental Health Crisis Team" by the National Film Board

The Mobile Crisis Intervention Team (MCIT) is a partnership between St. Michael's Hospital and two downtown police divisions. Their mandate is not only to de-escalate crisis but to avoid unnecessary arrests and emergency department visits by providing referrals, services and resources in a person's own community. This presentation will provide a unique perspective of the scope of psychiatric/mental health nursing in managing rapidly changing crisis situations especially in Toronto's vibrant inner city.

1545 - 1600 Closing Remarks

Registration: Deadline EXTENDED to Friday, November 13, 2009

You can also participate in this event by videoconference. Contact your local OTN Telehealth Coordinator to register your site at the following link: <https://schedule.otn.ca/tsm/portal/nonclinical/details.do?request.requestId=8997891> or they can send their site and system information to Mark Kinach: kinachm@smh.toronto.on.ca. This event will also be webcast at: <http://webcast.otn.ca>

Seating is limited - pre-registration is required to ensure adequate catering. Registrations are accepted by:

-MHNIG website: www.mhnig.org - E-mail: inquiries@mhnig.org with subject line: AGM Registration
 -Mail completed registration form to: Steven Holbert 318 Briarhill Avenue, London, ON N5Y 1N8
 -Fax completed registration form to: Kathy Wong (416) 864-5480

Name:

Title:

Organization:

Address:

City:

Province:

Postal Code:

E-mail:

Phone:

Fax:

MHNIG Member: Yes No

Vision & Objectives

MNHIG is an interest group of RNAO and an affiliate of the Canadian Federation of Mental Health Nurses (CFMHN).

1. To provide a forum for communication and the exchange of ideas.
2. a) To promote the health and well-being of people who are at risk of experiencing mental illness and/or emotional distress.
b) To promote the development of mental health services that are responsive to the needs and wishes of consumers and the community.
3. a) To collaborate with consumers/survivors and family groups.
b) To collaborate and clarify our roles with mental health professionals.
4. To lobby on behalf of mental health nursing for the recognition of, and positive image of mental health nursing.
5. a) To promote the awareness of the practice of mental health nursing.
b) To serve as liaison with the RNAO and CNA and certification of mental health nurses.
6. To promote professional growth and best practices in changing mental health care trends.
7. To support participation of mental health nurses in education and research

Satellite Chairs/Reps

#1 Elgin, Essex, Kent, Lambton	OPEN
#2 Huron, Middlesex, N&S Oxford, Perth	Michael Moretti (W) 1-800-268-4446 ext. 9166 moretti_michael@lilly.com
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#6,7 Toronto	Angela McNabb (H) 416-686-6282 angela1mcnabb@hotmail.com
#8 Durham, Certhia, Northumberland, Quints, Victoria	Joan Gates (C) 905-435-3003 joan.a.gates@sympatico.ca
#9. Grenville, Kingston, Lanark, Seaway	OPEN
#10 Ottawa, Champlain	Andrew Sharpe (W) 613-945-6600 ext.3722 acsharpe@sympatico.ca
#11 Algoma, Kirkland Lake, Nipissing, Northland, Porcupine, Sudbury	OPEN
#12 Dryden, Kenora, Lakehead, Rainy River, Sioux Lookout	Shelly Archibald (W) 807-737-5843 shelly_archibald@hc-sc.gc.ca

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SUBMISSIONS TO THE NEWSLETTER ARE WELCOME & APPRECIATED!

This newsletter can be your voice. Please share your stories, ideas and thoughts. Due date for articles for the next newsletter is **February 15, 2010**. Submit items to Newsletter Coordinator via e-mail inquiries@mhnig.org or mail to:



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