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## Report from the President

# upfront upfront

Hello and greetings to all my mental health nursing colleagues. This is the first issue of our newsletter published by First Stage Enterprises Inc. Fannie Amy our previous publisher is now travelling in a RV throughout the US with her husband as part of their retirement. Fannie will be greatly missed for her attention to detail, her strong work ethic, and her unflappable nature. This is also the first newsletter of 2005.

Our AGM was held in Ottawa on Saturday, September 18, 2004. It was a wonderful AGM thanks to our hosts of Satellite 10. It was a time to come together in mental health and share our passion for psych/mental health nursing. We had an education session in the afternoon about the Tidal Model. Dr. Nancy Brookes and Marg Tansey from the Royal Ottawa Hospital did a super job at presenting this model of psychiatric nursing. Look for Dr. Brookes submission in this edition, *Transforming Nursing Practice: The Royal Ottawa Hospital Goes Tidal*.

Within this feature, Helen Henry, Socio-Political Action Officer provides a wonderful summary of her international and national political action activities. Also, Kathy Wong, Education Officer provides a brief summary of the status of the Postpartum Depression Workshops, a collaborative education project developed by the Community Health Nurses Interest Group, Childbirth Interest Group and MHNIG. Alicia Higgs, a 1st year baccalaureate student in the second-entry Faculty of Nursing, University of Toronto shares her insights into Postpartum Depression in an informative, action-oriented article.

Unfortunately, our student representative, Michelle Doherty, recently informed me that she decided not to return to school this coming semester. As such has resigned her position as student rep to MHNIG. We have been successful in recruiting one student rep, Naomi Mudachi, Ryerson University, School of Nursing (4th year) and we continue to actively recruit more students to become involved with the Executive. Please review Naomi's letter of introduction. We will also be recruiting for Executive positions and satellite reps later this year. Think about tossing your name into the ring. Please let anyone of the current executive know if you are interested. Our contact information is on the back page and the 2005 Nomination Form is enclosed.

Congratulations to all nurses who undertook the recertification process this past fall to maintain their certification in psychiatric and mental health nursing. Congratulations also are extended to all those nurses who made the decision to write this exam for the first time this coming April. Obtaining and maintaining this credential is a worthy feat!

Please do not hesitate to contact me with any issues or concerns you may have regarding our interest group or our specialty. I look forward to connecting with many of you throughout the year.

*Tricia Stiles, MHNIG President*

MHNIG IS AN INTEREST GROUP OF



AND AN AFFILIATE OF THE CFMHN

## Provincial MHNIG Annual General Meeting September 18, 2004

The Provincial Mental Health Nurses Interest Group (MHNIG) Annual General Meeting was held in Ottawa at the Royal Ottawa Hospital (ROH) on September 18, 2004. The day was hosted by Satellite #10 in collaboration with nursing at the ROH who provided the setting for this exciting event. This AGM was the most successful one yet with close to 50 members in attendance! The morning portion was reserved for business issues with a focus on the need for continuing efforts towards improving membership as well as looking at strategies to re-ignite satellite groups throughout the province to take on a more active role in this RNAO interest group.

The afternoon was spent engrossed in two evidenced-based presentations. The first presentation was by Amelie Perron (PhD student, University of Ottawa) who presented research by Dr. David Holmes regarding the use of seclusion rooms in the psychiatric population. This was highly informative and generated a great deal of dialogue among the participants to reflect upon their own practice. The second presentation was by Margaret Tansey (Chief of Nursing Practice, ROH) regarding 'The Tidal Model'; a research-based, person-centred nursing model currently being used at the ROH. Margaret's dynamic presentation was engaging and inspirational leaving the participants hungry to learn more about this nursing model that captures the essence of mental health and psychiatric nursing. Dr. Nancy Brookes provides a more detailed summary of this project in our feature article.

The day ended with preliminary plans being developed towards our next AGM and both new and old friendships developing and growing between members of the MHNIG across the province of Ontario. ■

## Please join us in welcoming Naomi to the MHNIG Executive!

*Dear MHNIG Colleagues:*

I am a fourth year Ryerson University, School of Nursing student. My interests are primarily in the area of community mental health and addictions. The placement that I had reflecting my area of interest was at Spectrum, a satellite outpatient clinic at the Centre for Addiction and Mental Health for individuals with chronic Schizophrenia. I have had other placements in complex continuing care, general surgery, oncology, haematology, positive care and community geriatric health. I have examined the mental health issues that arise in each of these placements and their target populations and pursued learning goals that reflect my area of interest.

I have taken on volunteer and work positions that incorporate my interests in community and mental health. For the past school two years I have been active in Ryerson health promotion around alcohol awareness and sexual health. Last summer I worked as a health-coordinator at a children's day camp. I have previously worked and volunteered at a variety of homeless shelters, transitional housing complexes and meal programs across Scarborough and Downtown Toronto.

Through my experiences in the community and facilities that have specialized in mental health I have become interested in pursuing mental health and addictions in my nursing career. By working in the community I have taken a special interest in the manner in which the social determinants of health protect against and exacerbate mental illness. I have particular interest in applying the recovery, rehabilitation, harm reduction and empowerment models into nursing practice. I hope that in the future I will be able work in sub-fields such as emergency psychiatric services, forensic services and urban mental health.

I am excited about being able to take part in the Mental Health Nursing Interest Group Executive of the RNAO as a student representative. It is a wonderful opportunity to become more active in the professional body and meet with other nurses interested in mental health. Thank you for your consideration of me in this position. ■

Naomi Mudachi

H: 416-726-2115 • nmudachi@canada.com

### ***Sixth Annual Options for Diabetes Conference***

**When:** Friday, April 15 to Saturday, April 16, 2005

**Where:** Holiday Inn, Kingston, Ontario

**Who should attend:** Healthcare professionals interested in increasing their knowledge about diabetes.

#### KEYNOTE SPEAKERS

- **Dr. William Polonsky, University of California at San Diego**  
"Diabetes and Functional Health Literacy"
- **Dr. Heather Dean, University of Manitoba**  
"Screening for Diabetes in Children"
- **Dr. Thomas Wolever, University of Toronto**  
"Glycemic Index and Diabetes: The Science"

Other presentations and workshops to include: Ontario Aboriginal Diabetes Strategy, diabetes prevention, women's issues, renal disease, education strategies, nutrition, research, footcare

*For more information, contact:*

**Margaret Little at 613-547-3438 or hartwork@kingston.net or Joan Ferguson at 416-239-0551**

# Transforming Nursing Practice: The Royal Ottawa Hospital Goes Tidal



In the fall of 2001, nurses at the Royal Ottawa Hospital were clearly in the doldrums. As was the case in many other facilities, we were experiencing turbulent times. We struggled with restructuring, marginalization of nurses' roles, staff shortages, excessive overtime, many grievances and much distrust. Under the visionary leadership of our newly appointed Chief of Nursing Practice, Margaret Tansey we began a journey that included four steps to address these challenges while embracing a model of person-centred care.

The four steps included:

1. The creation of a shared vision;
2. Reacquainting nurses with their fundamental values;
3. Enhancing the workplace environment and
4. Creating space to champion nursing knowledge.

It was within this context that we reviewed a newly published article by Phil Barker (2001), the creator of the Tidal Model. His description of the "state of nursing" in the UK resonated with us. The research based description of 'the proper focus of nursing' and the tenets of the Tidal Model reacquainted us with our values. The Tidal Model was a beacon of hope both for person-centred care and for a healthy, healing environment.

With her passion renewed, Margaret visited the Newcastle Tidal group as well as one of the very first "Tidal" wards and spoke with point of care staff about their experience with the Tidal Model. This reassured us that we were on the right track.

Since then, nurses at the Royal Ottawa Hospital have "gone Tidal." We are the first North American site to implement the international, research-based, person-centred, collaborative, empowering, strength-based Tidal Model of Mental Health Recovery and Reclamation, developed by Phil Barker. The essence of how the Tidal Model is practiced is distilled into Ten Commitments. In November 2003 we hosted the North American Launch of the *Tidal Model* and we went with the tidal flow with a return visit from Phil in October 2004.

The first wave of the Tidal Model at the Royal Ottawa Hospital was in September 2002, when we implemented the Tidal Model in three programs within our facility, Forensic, Mood and the Substance Use and Concurrent Disorders (SUCD) program. Interestingly, the SUCD program was identified as the first program of its kind in the world to implement Tidal. In February 2004 the second wave flowed through the remaining six in-patient units. Nurses designated as Tidal Champions, most of whom are also RNAO Best Practice Champions, are leading the second Tidal wave. These nurses are creating unique strategies for implementing this change

throughout the hospital. For example, on the Geriatric unit, nurses created a 'Tidal Room.' Other units have 'Tidal Pools' or 'Tidal Time.' Our third wave will flow when we introduce the Tidal Model to the remaining outpatient, outreach and ACT Teams. Plans are underway to implement Tidal at our new long-term care facility, the Royal Ottawa Place and at our Brockville site.

The Royal Ottawa Hospital Nursing statement illuminates the context for our Tidal work.

## **ROYAL OTTAWA HOSPITAL - NURSING**

### **VISION**

To become an internationally recognized Centre of Excellence for Psychiatric and Mental Health Nursing which has at its core committed, person-centred, professional practice and scholarship

### **POSITION STATEMENT**

The unique role of the psychiatric and mental health nurse is to explore and develop the lived experience of the person-in-care focused specifically on the meanings and values that the person associates with his or her experiences. The person's story is a critical source of information about etiology, diagnosis, treatment, prognosis and possibilities from the person's point of view.

- **Primary nursing** is the nursing care delivery system
- **Best practice guidelines** support and enhance our nursing practice
- We are committed to building a practice setting that is as good as it can be, to that end we participate in the **College of Nurses Practice Setting Consultation Program™**
- We support nurses to certify with the CNA — many nurses have the **CPMHN(C)** designation

The *Standards of Psychiatric and Mental Health Nursing* frame our practice.

1. Provides Competent Professional Care Through the **Helping Role**
2. Performs/Refines Client Assessments Through the **Diagnostic & Monitoring Function**
3. Administers & Monitors **Therapeutic Interventions**
4. Effectively Manages **Rapidly Changing Situations**
5. Intervenes Through the **Teaching & Coaching Functions**
6. Monitors & **Ensures the Quality** of Health Care Practices
7. Practices Within **Organizational & Work-Role Structures** ([www.cfmhn.org](http://www.cfmhn.org)).

*continued page 4*

As leaders in Psychiatric and Mental Health Nursing and the first North American site of the Tidal Model® we:

1. Value the voice of the person
2. Respect the *language*
3. Become the *apprentice*
4. Use the *available toolkit*
5. Craft the step *beyond*
6. Give the gift of *time*
7. Develop genuine *curiosity*
8. Know *change* is constant
9. Reveal personal *wisdom*
10. Be/are *transparent*

ROH nurses are sharing — disseminating our experiences — at national and international conferences, in nursing classes locally and nationally by distance, with colleagues visiting from near and far, with RNAO Clinical Practice Fellows — every chance we get! Guided by the Ten Commitments ROH nurses are transforming Psychiatric and Mental Health Nursing practice.

We invite you to explore the Tidal website at:  
**[www.tidal-model.co.uk](http://www.tidal-model.co.uk)**

Barker, P.J. (2001). The Tidal Model: Developing a person-centered approach to psychiatric and mental health nursing. *Perspectives in Psychiatric Care*, 37(3), 79-87.

Submitted on behalf of Royal Ottawa Hospital Nursing by  
Dr. Nancy Brookes, RN; CPMHN(C)  
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**The Royal Ottawa Hospital** has opportunities for **full-time Nursing Managers and full/part-time Registered Nurses** who share our commitment to excellence. If you have a BScN, psychiatric experience and want to connect with an organization focused on becoming a Centre of Excellence send your resume to:

**Royal Ottawa Health Care Group,  
Human Resources**

1145 Carling Ave., Ottawa, ON, K1Z 5W4.  
Fax: 613-798-2910. Email: [recruit@rohcg.on.ca](mailto:recruit@rohcg.on.ca)  
or visit our website at [www.rohcg.on.ca](http://www.rohcg.on.ca)  
for further information on these positions.

## Socio-Political Action Corner



BY HELEN HENRY

I'm sure that many of you followed the exciting events in Ukraine during the three rounds of elections there recently. Well, I had the good fortune of being able to participate in this historic moment! I was an official observer at all three elections — in Odessa for the first and in the capital, Kyiv, for the second, both times with the Canadian Ukrainian Congress. For the third election, I was part of the official Canadian mission, under the leadership of John Turner, and was assigned to Chernihiv, north of Kyiv and very close to the Chernobyl area. I'm convinced that my being a nurse was one of the deciding factors in my being chosen, as a CV had to be sent to the selection committee, which reviewed over 4000 applications from across Canada. I intend to write more about this elections experience for the RNAO journal and hope that you will take the time to read it.

Another project, on behalf of MHNIG, has been participation in the *Continuous Enhancement of Quality Measurement in Primary Mental Health Care: Closing the Implementation Loop* (what a mouthful that is!). The project is funded by Health Canada and seeks to develop a standard system for measuring quality that can be implemented nationally. The system will consist of a set of primary care mental health quality measures which will be developed based on consensus from various key interest groups. The project is ongoing and to date has included my completing a survey and participating in a focus group which included clinicians, decision makers and people who use mental health services.

RNAO head office has asked, on several occasions in the past few months, that nurses write to politicians, particularly the Minister of Health and the Premier, about various issues of concern to nursing such as proposed layoffs and other broken promises. I have responded and each time have indicated that I am the Socio-Political Action Officer for MHNIG.

I encourage each of you to write to politicians and to editors of newspapers to voice your concerns or to lend support to the others who have already done so. If you're not sure where to start, RNAO can help by supplying the template which you can modify to personalize your letter. If you're not feeling particularly creative, you can send the letter just as it was drafted by staff at RNAO, under your signature. None of this takes more than a few minutes and yet can make such a difference in whether or not Nursing's voice is heard where political decisions are being made.

These are historic times not only in Ukraine but right here in Ontario and each of us can make a contribution to the shaping of our health care system and the future of our careers. ■



## Four Years Later: Collaboration and Innovation by Three Interest Groups in Response to Postpartum Depression

BY KATHY WONG

During our September 2004 AGM, the MHNIG membership approved a resolution to discontinue “for now” any further planning of Postpartum Depression Workshops following consultation with our RNAO partners, the Community Health Nurses Initiative Interest Group [CHNIG], the Childbirth Nurses Interest Group [CNIG] and the RNAO Centre for Professional Nursing Excellence. It was a resolution that I agreed to with reluctance as it was hard to let go of a good thing.

In 2001, the three RNAO interest groups Chairs (CHNIG, CNIG, MHNIG) met to discuss a strategic response to recent tragic situations due to postpartum depression (PPD). They identified gaps in knowledge regarding PPD and limited awareness of resources and services available to support the individual, families and nurses across all sectors. They launched a collaborative and innovative initiative, an education project to respond to these issues. Each interest group provided \$500.00 as seed money to launch the project. The education program planning involved representatives from each interest group and RNAO Home Office assisted with registration. The first pilot workshop took place in Kitchener with 60 participants and was a success based on the positive feedback!

It was decided that the Postpartum Depression Workshops (PPDW) would be held at different locations as requested from nurses in a particular community or RNAO Chapter. During the next three years, seven more PPDW were offered across southern Ontario. In 2002 there were workshops in Toronto for 60 participants, Ottawa for 80 participants, Chatham for 50 participants and Peterborough for 40 participants. Also, during 2003 and 2004 there were smaller workshops in Toronto. In 2004, St.Catherine’s and Niagara hosted a workshop for 25 participants. Nurses who participated in the PPDW came from urban and rural settings, from hospital, acute care and community service agencies and from the generalist to advanced practitioner groups. Student nurses also attended the workshops.

The facilitation of the workshops was lead by two nursing professors, Dr. Carolyn Byrne and Dr. Wendy Sword. Carolyn Byrne, RN, PhD is currently the Dean of Health Sciences, The University of Ontario Institute of Technology in Oshawa. Dr. Byrne’s background is in mental health nursing and she has conducted extensive research on the effects of depression on children and families. Dr. Wendy Sword is an assistant professor in the School of Nursing, McMaster University and a Public

Health Consultant for the City of Hamilton, Social and Public Health Services Division. She is also a Ministry of Health and Long-Term Care Career Scientist. Dr. Sword’s background is in the areas of parent-child and community nursing.

The overall objectives established for the PPDW were: a) to increase knowledge of the illness, b) distinguish between “baby blues”, postpartum depression and postpartum psychosis, c) know the risk factors, d) utilize an assessment framework, and e) be aware of current clinical treatments and alternative approaches. One of the guiding principles was to highlight local treatment and support resources within the host community the PPDW to provide a forum for further community development. The panel presenters have included registered nurses from the three interest groups, psychiatrists, pharmacists, mid-wives, doulas, and mothers who have experienced PPD. Local experts and resources were invited to be exhibitors at the workshop and provided network and information exchange opportunities for the participants.

Since 2003, there has been a notable decline in registrations and in 2004, two workshops were cancelled due to limited registration. The PPDW planning group analyzed this trend and discovered that other community or government-supported education programs/resources regarding postpartum depression are now available. In comparison to when the project began, there is more literature available for the public and clinicians, more acknowledgement of the illness and increased awareness of needed treatment and support resources. The ‘for now’ in the resolution, keeps alive potential opportunities if there is a perceived need, for this very innovative project to be revived. Please join me in reviewing an article by Alicia Higgs, 1st year nursing student, Faculty of Nursing, University of Toronto who provides a wonderful synthesis of the role of nursing in response to this “life-threatening” mental health condition.

I would like to acknowledge and express a sincere ‘Thank you’ to the panel presenters, facilitators and participants for sharing their stories to make the PPDW a meaningful experience.

I would like to acknowledge the efforts, commitment and support to the PPDW by members of the CHNIG, CNIG and MHNIG and Vanessa Mooney of the RNAO Centre for Professional Nursing Excellence.

Please note that this article is based upon information shared by the RNAO Centre for Professional Nursing Excellence. ■



**Full-time Counselor  
for clients with longstanding  
serious mental health problems**

The counselor at East End Community Health Centre is an active member of a multidisciplinary primary health team that includes physicians, nurse practitioners, counselors, dietitians, chiropodists, client support workers, and community health workers. The overall focus of the job is to enable people with longstanding serious mental health problems to gain more control over their lives, by helping them access the internal and external supports necessary for their own empowerment and improved quality of life. The areas of work include: intake and assessment, counseling, case management, consultation, advocacy, program planning, implementation and evaluation, and education.

*The successful candidate will have:*

- Excellent skills in clinical and functional assessments with the ability to develop care plans for adults with longstanding serious mental health problems
- A minimum of five years experience in providing crisis intervention and counseling to persons with schizophrenia, borderline personality disorder, bipolar disorder, PTSD, major depression etc.
- Care coordination and case management experience is essential
- Familiarity with psychotropic medications and experience in assisting clients in managing their medical regimen
- Familiarity with community resources available to support clients
- Ability to assist clients to navigate through health and social systems
- Experience in monitoring responses to therapeutic interventions
- Ability to plan, implement and evaluate group programs
- Collaborative care planning experience within a multidisciplinary team
- Strong communication and interpersonal skills
- Experience working in a multicultural community

*Qualifications:*

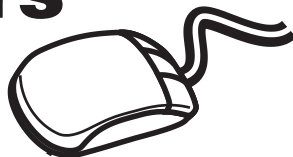
- Masters in Social Work, Registered Nurse with a mental health background, or relevant graduate degree from a recognized university
- Proficiency in the use of computers and various software applications
- A second language is an asset

Please submit resume by noon, Feb. 18th, 2005 to:

Joyce Kalsen  
Executive Director  
1619 Queen St. East, Toronto, Ontario M4L 1G4  
Fax: 416-778-5810

Thank-you for your interest. Only those selected for an interview will be contacted. We are an equal opportunity employer.

## RN Careers



The RNAO has partnered with Brainhunter.com Ltd. to provide a comprehensive job-networking source specifically designed for Registered Nurses. You can search and apply for hundreds of jobs, as well as manage your resume and job applications online at:  
<http://www.rnao.org/rncareers/index.asp>

### SEE SPECIAL INSERTS IN THIS ISSUE FOR:

- CFMHN Winnipeg Conference
- Awards Nomination Forms
- Psychopharmacology for Nurses
- McMaster-St. Joseph's Specialty Education
- Upcoming CITE Workshops

# 2005 MHNIG nomination form

Please consider joining the MHNIG Executive or Satellite Positions!

**2005 MHNIG Open Executive or Satellite Chair/Representatives:** *(Check one only)*

- President-Elect/Newsletter Coordinator**
- Socio-Political Action Officer**
- Student Representative (1)**
- Chair/Rep for Satellite 5** .....(Bruce, Grey, Huronia, Muskoka, Parry Sound, South Simcoe)
- Chair/Rep for Satellite 6,7** ....(Toronto)
- Chair/Rep for Satellite 8** .....(Durham, Certhia, Northumberland, Quints, Victoria)
- Chair/Rep for Satellite 9** .....(Champlain, Grenville, Kingston, Lanark, Seaway)
- Chair/Rep for Satellite 12** ....(Dryden, Kenora, Lakehead, Rainy River, Sioux Lookout)

**Candidate Information:** *(please print)*

Name: \_\_\_\_\_ RNAO Membership # \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Nominator(s): I nominate the 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 address: \_\_\_\_\_

Please submit this form by June 30, 2005 to Tricia Stiles, President by fax at 519-823-8682 **OR** e-mail: [tricia.stiles@wd.ccac-ont.ca](mailto:tricia.stiles@wd.ccac-ont.ca)  
**OR** Please mail to Valerie Grdisa, President Elect at 167 Glenview Drive, Mississauga, ON, L5G 2N5



## A Nursing Student's Understanding of Postpartum Depression

BY ALICIA HIGGS  
1st year student  
Faculty of Nursing,  
University of Toronto  
(2nd -entry program)

As part of my community experience, I attended a workshop that focused on mood disorders women often experience in the postpartum period. The main topic discussed was that of postpartum depression and the potential effects that the illness can have on women and their families in the period following the birth of a child. According to Sobey (2002), postpartum depression is defined as a serious mood disorder with symptoms that may include "a depressed mood for most of the day, nearly every day, for at least two weeks, and losing interest or pleasure in activities one used to enjoy. Other symptoms may include, but are not limited to, fatigue, feeling restless, a sense of guilt, difficulty concentrating, insomnia, and recurring thoughts of death or suicide" (p.2). During the workshop, a video was shown which recounted the stories of women who all suffered from postpartum depression. The women reflected on their experiences at the time of illness that included suicidal thoughts, feelings of isolation, helplessness, and a lack of support. Attending the workshop, listening to the speaker, and watching the video allowed me to become more aware of the seriousness of postpartum depression. It also made me realize that there are ways in which nurses can help women who may be at risk of developing this illness in the postpartum period.

There was a story in the Toronto Star on December 4, 2004 where a woman reportedly stabbed her husband and young child to death before killing herself. It was said that the woman's fatal actions were likely associated with major depression in the postpartum period and were thought to have developed at some time following the birth of her baby last spring. When I first heard this story, I was alarmed and I questioned why her condition was not identified or treated and how it could have reached such severity to allow her to commit such acts of violence. It made me question why her family did not intervene or seek to provide her with professional help and support. This story illustrates the potential severity of postpartum depression, and the concern that many other women may be suffering in silence without support from immediate friends and family or intervention from health care professionals. It also shows that some women may develop depression months after the delivery of their baby, at which time follow-up visits for the mother by a health professional are often discontinued. According to Sobey (2002), women are not always screened for postpartum

depression and health care practitioners use inadequate screening tools. It was also reported that women may not always present with symptoms at the time of delivery or at their 4-6 week postpartum checkup (p.3).

My concern is that without routine screening of women in the postpartum period continuing throughout the first year, possible signs and symptoms of depression will go undetected and therefore will be left untreated. There is then the risk of women developing such severe cases of depression that may ultimately result in such fatal acts of violence and suicide. I believe that this is a serious issue that requires the implementation of changes in the way that women are cared for in the period following delivery. I believe that there is a need for ongoing screening and surveillance as well as continued support and education throughout the first year following delivery. This will aid in the early identification and treatment of women suffering from postpartum depression.

According to Beck (1999), postpartum depression affects as many as 1 in 10 mothers and can occur anytime during the first twelve months after delivery. Once postpartum depression begins, many women will experience episodes that last six months or longer. The most significant risk factor in the duration of postpartum depression is the length of delay in obtaining adequate treatment. Therefore, early identification, preventative measures and treatment can alleviate months of suffering for a mother with postpartum depression and decrease its potentially harmful effects on both the woman and her infant (p.3).

If I was a nurse working in the community, I would advocate that all women should be screened for postpartum depression at regular intervals for the first year post-delivery. I would recommend that nurses provide home visits to women in the first three weeks following delivery, and then schedule a visit at three months, six months, nine months, and twelve months. During these visits I believe that the emphasis should be on support of the mother in adapting to the changes of having a new baby, and the impact that it may be having on both the mother and her family. I feel that it is important to encourage the mother to express her feelings and concerns about motherhood. According to Beck (1999), mothers who experience postpartum depression often find it difficult to disclose their feelings to health care providers because of the fact



that society views motherhood as a time of happiness and other positive feelings. It is important for nurses to “give mothers permission to share any negative emotions they may be experiencing” (p.2). With regularly scheduled visits, nurses will have the opportunity to establish a relationship with the mothers that will in turn help to develop trust and the ability of these women to express their feelings more openly. These regular visits would also allow for early intervention and treatment of those women who develop postpartum depression.

I also believe that education regarding postpartum depression should be incorporated into the initial home visit with the mother, as it is often not a topic discussed in great depth in the prenatal period or in the hospital stay before or after delivery. There should be adequate information provided, even if it is in the form of written materials that the mother can review at her leisure. Providing the mother with this information will allow her to better identify and understand her feelings, and recognize that she is not alone and can receive support if depressive episodes do occur in the postpartum period. It would also be important to provide the mother with resources that are available in the community, such as support groups, that she can access if the need arises.

I would also advocate that the community organization or agency that I work for adopt the use of an evidence-based screening tool that could be used regularly by the visiting nurses to assist in identifying potential signs and symptoms of depression in the postpartum period. According to Bronwen, Howells, and Jenkins (2004), there is sound evidence supporting the use of the Edinburgh Postnatal Depression Scale (EPDS). The tool was developed specifically for health visitors for use in detecting postnatal depression (p.2). I believe that the regular use of a standard screening tool would be beneficial in helping nurses to predict those women who may be at risk for, or are likely suffering from, postpartum depression. If there are indications from the results of the screening tool, those women should be referred for further evaluation by a mental health specialist. Goodman (2004) agrees that self-report questionnaires such as the EPDS are useful in identifying women who are at risk, but states that clinical evaluation by a specialist, such as a psychiatrist, clinical nurse specialist or nurse practitioners in psychiatry is required to establish a correct diagnosis of postpartum depression (p.9).

In an ideal health care system, all women would be visited regularly by a mental health nurse over the course of the year following delivery. I realize however, that it may not be feasible due to the cutbacks in healthcare funding and the resultant shortage in the number of nurses available to provide such continuing care. Nevertheless, I feel that it is important in preventing the devastating effects of postpartum depression that so many women experience throughout the course of the first postnatal year. If regularly scheduled visits cannot be provided for all women, than it should at least be provided for those women who are identified, at the time of their initial and three-month visit, as being at a higher risk of developing postpartum

depression. For those women determined to be at a lower risk, regularly scheduled telephone follow-ups could be provided by a nurse to allow for continued monitoring, surveillance and support.

If I was a nurse providing care in the community for women during their postpartum period, I would ensure that I had sufficient knowledge and training regarding postpartum depression to adequately recognize the possible signs and symptoms of this illness. I would respect the women by getting to know their values, preferences and way of life, and do so in a non-judgmental manner. I would make every possible effort to build a therapeutic relationship with my clients by expressing a sincere and genuine interest in their situation and engaging in active listening. In addition, I would demonstrate a caring attitude and behaviour that I feel are required to build trust and allow for open, honest communication. I would provide adequate education about the associated signs and symptoms of postpartum depression which would in turn assist the women to have a better understanding of their illness, what support systems are available to them and where they can obtain treatment if required.

As a practicing nurse visiting a mother who has been identified as having signs and symptoms of postpartum depression, I would ensure she is seen by a mental health specialist. Referral to such a specialist would ensure the appropriate treatment regimen is implemented. I would also seek her permission to speak with her partner/spouse and/or other family members to ensure that adequate education and information is provided regarding postpartum depression and coping strategies are explored with family as postpartum depression is a potentially serious illness, and my ultimate goal is to ensure the safety of both baby and mother. ■

## References

- Beck, C. (1999). Postpartum Depression: Stopping the Thief hat Steals Motherhood. *Association of Women's Health, Obstetric, and Neonatal Nurses*, 3(4), 1-9. Retrieved December 3, 2004, from <http://gateway.ut.ovid.com.myaccess.library.utoronto.ca/gwl/ovidweb.cgi>
- Bronwen, R., Howells, S., Jenkins, M. (2003). Early detection and treatment of postnatal depression in primary care. *Journal of Advanced Nursing*, 44 (3), 1-8. Retrieved December 3, 2004, from <http://blackwell-synergy.com.my.access.library.utoronto.ca/links/doi>
- Goodman, J. (2004). Postpartum Depression Beyond the Early Postpartum Period. *Association of Women's Health, Obstetric and Neonatal Nurses*, 33, 1-14. Retrieved December 15, 2004, from <http://jognn.awhonn.org.myaccess.library.utoronto.ca/cgi/content/full/33/4/410>
- Sobey, W. (2002). Barriers to postpartum depression prevention and treatment: a policy analysis. *Journal of Midwifery & Women's Health*, 47(5), 1-12. Retrieved December 6, 2004, from [http://www.sciencedirect.com.myaccess.library.utoronto.ca/science?\\_ob=ArticleURL&\\_ud](http://www.sciencedirect.com.myaccess.library.utoronto.ca/science?_ob=ArticleURL&_ud)



## Psychiatric Mental Health Nursing Scholarship Award

### PURPOSE:

*The purpose of this award is to financially assist MHNIG members who are enrolled in the Psychiatric Mental Health Nursing Programme presented by McMaster University and St. Joseph's Healthcare Hamilton. This is a time limited award.*

### AWARD:

There will be 2 (two) awards of awards of \$1,000.00 each for 2003-2004 and 2004-2005 (\$4,000.00 in total).

### ELIGIBILITY CRITERIA:

- Have a current MHNIG membership and have been a MHNIG member for a minimum of 3 (three) consecutive years immediately prior to the year of application
- Have a minimum of 3 (three) years professional experience in mental health nursing
- Be accepted into the Psychiatric Mental Health Nursing Programme (McMaster/St. Joseph's Healthcare, Hamilton)

### APPLICATION REQUIREMENTS:

Applicants will submit 3 (three) stapled copies of the entire application comprised of:

- Completed Application Form
- Current resume/curriculum vitae, including educational background, professional nursing experience and professional/volunteer activities
- Essay outlining professional beliefs about of the programme (500 words)
- Notification of acceptance into the programme
- List any funding sources accessed the past 12 months

### SUBMIT THE APPLICATION TO:

Kathy Wong, RN, Program Educator  
Mental Health Service,  
St. Michael's Hospital,  
30 Bond Street,  
17th Floor Cardinal Carter Wing,  
Toronto,  
M5B 1W8

### DEADLINE FOR APPLICATION:

Postmarked no later than April 15th, 2005 (for 2004/2005)

*Please use application forms included with this newsletter.*

## MHNIG Education Award

### PURPOSE:

*The purpose of the Education Fund is to enhance the scholarship and clinical capabilities of MHNIG members.*

### AWARD:

There will be 2 (two) yearly awards for financial assistance so those MHNIG members can pursue studies and conferences that are directly related to mental health nursing practice. The MHNIG Executive based on the annual budget will determine the amount of the award.

### ELIGIBILITY CRITERIA:

To qualify to apply for the award, the applicant will:

- Have a current MHNIG membership and have been a MHNIG member for a minimum of 3 (three) consecutive years immediately prior to the year of application
- Have a minimum of 3 (three) years professional experience in mental health nursing
- Be participating in an educational activity relevant to knowledge and practice in the field of psychiatric and mental health nursing

Educational activities occurring at some point between November 1st to October 31st. will be considered for funding such as:

- Courses, seminars, certificate programs, attendance at conferences
- Course work at a recognized college or university where the topic is related to psychiatric and mental health nursing practice
- CNA Psychiatric and Mental Health Nursing Certificate Exam

### APPLICATION REQUIREMENTS:

Applicants will submit three (3)-stapled copies of the entire application comprised of:

- Completed Education Fund Application Form
- Current resume/curriculum vitae, including educational background, professional nursing experience and professional/volunteer activities
- Essay outlining professional beliefs of the educational endeavour (500 words)
- Copy of the course outline from an academic calendar or copy of the course, seminar, workshop, and conference brochure.
- List any funding sources accessed the past 12 months

### SUBMIT THE APPLICATION TO:

Kathy Wong, RN, Program Educator  
Mental Health Service,  
St. Michael's Hospital,  
30 Bond Street,  
17th Floor Cardinal Carter Wing,  
Toronto, ON M5B 1W8

### DEADLINE FOR APPLICATION:

Postmarked no later than April 15th and September 15th.



## PSYCHIATRIC MENTAL HEALTH NURSING SCHOLARSHIP AWARD

### REVIEW PROCESS:

The MHNIG Education/Membership officer will assemble a team of two additional reviewers from the MHNIG membership to assess the applications. A BLIND REVIEW will be coordinated. The Awards Committee will score each application based on the following review criteria. The Awards Committee will make recommendations to the MHNIG Executive on the 2 (two) applicants who should receive the award.

### REVIEW CRITERIA:

Is the relevance of the programme to applicant's professional practice clearly stated? Is the relevance of the educational initiative to applicant's individual professional development clearly stated? Weighting will also be given to each applicant's years of MHNIG membership, community organization membership positions, employment committee membership positions etc.

### ADMINISTRATION OF FUNDS:

Once the 2 (two) applicants have been determined, the Awards Committee will notify the Financial Officer who will arrange for cheques to be sent to the recipients.

### FINAL REPORT:

A brief final report outlining how the financial assistance assisted the recipients' education will be submitted, no later than three (3) months after the end of the program, to the Education/Membership Officer of MHNIG. It is a requirement that a copy of the report be submitted on a disk suitable for publishing in an issue of the MHNIG newsletter.

## EDUCATION AWARD

### REVIEW PROCESS:

The MHNIG Education/Membership officer will annually assemble a team of two additional reviewers from the MHNIG membership to assess the applications. A BLIND REVIEW will be coordinated. The Awards Committee will score each application based on the following review criteria. The Awards Committee will make recommendations to the MHNIG Executive on the applicant who should be the recipient of the award.

### REVIEW CRITERIA:

Is the relevance of the educational initiative to applicant's professional practice clearly stated? Is the relevance of the educational initiative to applicant's individual professional development clearly stated? Is the educational initiative itself clearly described (course/workshop/conference objectives)? Is there opportunity for evaluation of the educational initiative to demonstrate successful completion? Weighting will also be given to each applicant's years of MHNIG membership, community organization membership positions, employment committee membership positions etc.

### ADMINISTRATION OF FUNDS:

Once an applicant has been determined, the Awards Committee will notify the Executive. The Executive will determine the amount of the award and then a cheque will be sent.

### FINAL REPORT:

A brief final report, summarizing the activities made possible by the fund and the results of those activities will be submitted, no later than three (3) months after the end of the program, to the Education/Membership Officer of MHNIG. It is a requirement that a copy of the report be submitted on a disk suitable for publishing in an issue of the MHNIG newsletter.

## Consumer Support Funding

### PURPOSE:

*The purpose of the Consumer Support Funding is to assist consumer groups in their educational endeavours.*

### AWARD:

There will be 2 (two) yearly awards for financial assistance. The MHNIG Executive based on the annual budget will determine the amount of the award.

### ELIGIBILITY CRITERIA:

To qualify to apply for the funding, the consumer group will:

- Formally request the funding outlining their need.
- Outline their planned educational activity.
- Funding will be limited to once every 5 years for an individual group

Educational activities occurring at some point between November 1 to October 31st. will be considered for funding support.

### APPLICATION REQUIREMENTS:

Applicants will submit a request in writing comprised of:

- Completed Application Form
- A letter outlining their educational activity that warrants funding
- Other funding sources sought and obtained

### SUBMIT THE APPLICATION TO THE PAST PRESIDENT:

Linda Nasato,  
12386 Credit View Road,  
Brampton, ON. L6V 1A1.

### DEADLINE FOR APPLICATION:

Postmarked no later than April 15th and September 15th

### REVIEW PROCESS:

The Past President of MHNIG will assemble a team of two additional reviewers from the MHNIG membership to assess the applicants based on the criteria and application requirements.

### REVIEW CRITERIA

Is the relevance of the educational initiative to applicant's group clearly stated? Is the educational activity relevant to consumers?

### ADMINISTRATION OF FUNDS

When approved by the Executive, written confirmation will be provided and cheque will be sent.

### FINAL REPORT

A brief final report outlining the educational activity made possible by the funding will be submitted as soon as possible. This report may be published in an upcoming MHNIG newsletter.

## VISION & OBJECTIVES

MHNIG 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 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                                      | <b>Steven Holbert</b><br>519-631-8510 ext. 49361                                     |
| #2 Huron, Middlesex, N & S Oxford, Perth                            | <b>Lois Jackson</b><br>(W) 519-455-5110 ext. 47298<br>lois.jackson@sjhc.london.on.ca |
| #3 Brant, Haldiman-Norfolk, Hamilton, Niagara                       | <b>Joanne Bosnjak</b><br>(H) 519-449-5999<br>it.bosniak@sympatico.ca                 |
| #4 Halton, Peel, Waterloo, Wellington                               | <b>Cheryl Gustafson</b><br>(H) 905-639-3128<br>cherylqustafson@coqeco.ca             |
| #5 Bruce, Grey, Huronia, Muskoka, Parry Sound, South Simcoe         | <b>OPEN</b>                                                                          |
| #6,7 Toronto                                                        | <b>OPEN</b>                                                                          |
| #8 Durham, Certhia, Northumberland, Quints, Victoria                | <b>OPEN</b>                                                                          |
| #9 Champlain, Grenville, Kingston, Lanark, Seaway                   | <b>OPEN</b>                                                                          |
| #10 Ottawa                                                          | <b>Andrew Sharpe</b><br>(W) 613-945-6877<br>sharpe.acv@forces.gc.ca                  |
| #11 Algoma, Kirkland Lake, Nipissing, Northland, Porcupine, Sudbury | <b>Selinah Sogbein</b><br>(W) 705-474-1205<br>selinah.sogbein@nbph.moh.gov.on.ca     |
| #12 Dryden, Kenora, Lakehead, Rainy River, Sioux Lookout            | <b>OPEN</b>                                                                          |

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### SUBMISSIONS TO THE NEWSLETTER ARE WELCOME!

This newsletter can be your voice. Please share your stories, ideas and thoughts. Due date for articles for the next newsletter is **July 1, 2005.**

Submit items to:  
 Newsletter Coordinator: Valerie Grdisa  
 167 Glenview Drive, Mississauga, ON L5G 2N5  
 valerie.grdisa@utoronto.ca  
 (W) 416-978-1327