

MHNIG NEWSLETTER

Summer 2011



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Updates*Education*Links

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UPFRONT **Report from the President**

Greetings!

This will be my last newsletter as President of the MHNIG. I step down at this year's Annual General Meeting in October. In keeping with our tradition of a traveling AGM, it will come to Toronto during the National Conference, offering members the opportunity to attend in a central location this year.

Ontario will go to the polls this October to see which party's vision will guide provincial fortunes in the coming four years. The Progressive Conservatives and the New Democratic Party are contesting the election on many issues while the Liberals hope to retain Parliament for another term. What will your choice be?

We have seen many challenges over the last year with more to come. Job losses are occurring in some locations and services are being divested in others.

Pressure on the health care system is sufficient to prompt the Rally to Safeguard Public Health Care on September 13, 2011 at Queen's Park in Toronto. For more information on the efforts of the Ontario Health Coalition, go to <http://www.web.net/~ohc/>

The National Conference will be taking place on October 26 – 28, 2011. We are looking forward to seeing many members at the Conference in Toronto. If you have not seen the brochure, check the MHNIG Home page at www.mhnig.org or the CFMHN site at www.cfmhn.ca for the brochure and registration information.

Our 2011 Annual General Meeting will be held on Friday, October 28, at noon hour. Several items in this newsletter are provided to prepare members for the AGM: The minutes from last year's AGM in North Bay, the roster of Officers standing for the new Executive, and a proposal for a change in web host. Please read these before the AGM as we have a limited time for the meeting this year. You can register when you arrive for the Conference.

Thanks to all members of the MHNIG.

Thank you.
Steven Holbert

MHNIG AGM - Minutes

North Bay General Hospital/Northeast Mental Health Centre

October 15, 2010

Present: Kim Helmer*, Darren Pace*, Allan Strong, Sarah Reynolds*, Steven Holbert*, Robert Peherin, Judy Jih, Diane Windsor*, Crystal Norman, Josie Vell Pinto, Natalie Bellehumeur, Angela McNabb*, Don Johnston*, Cheryl Zufelt

For half day: Jennifer Bowman, Sara Koval, Valerie Simmens, Joey McCharles, dorothy Mauere, Lelsey Manany, Dawn Biougie, Debra Johnson, Jeanette Davis, Sharon Chin*, Jane Haun, C. Denyman, Nancy Pilon, Pat D'Agostino*, Garry Fay, Jeff Elston

By video- or teleconference link: Kamini Kalia (RMHC-ST), Leslien Walters (RMHC-L), Kathy Wong (SMH)

*Members

Welcome:

In keeping with our tradition of travelling to different areas of Ontario for our autumn Annual General Meeting, the MHNIG comes to North Bay this year. We thank Kim Helmer and her colleagues for taking the challenge of organizing this AGM and bringing us to the Near North at a lovely time of year. Our appreciation also for the support given Kim by the North Bay General to hold this meeting.

We have had a change of venue given the requirements of the AGM. We are here at the old North Bay Psychiatric Hospital, the recent North Eastern Mental Health Centre, which will close in the next year.

Videoconferencing will link us to members of the Executive Committee who cannot be here today. October turned out to be heavily scheduled for colleagues, with demands such as RAI reports and projects for employers. Last year we first used a televideo link for members to join us at St. Michael's Hospital. I expect we will be exploring other media for linkages in the future.

Review of Agenda:

Agenda accepted as submitted.

Review of Business Meeting:

Minutes reviewed for corrections; no corrections or additions noted.

Don Johnston moved to have the minutes accepted; Kim Helmer seconded the motion.

Members passed the motion and the minutes are accepted.

President's Report:

I have been President for one year now. This came with a steep learning curve.

I attended my first Day at Queen's Park in January. We were presented with the RAO challenge to political parties, "Creating Vibrant Communities", which sets out priorities for the next election in October 2011. The document covers the six "pillars" that will uphold the principle of public supported health care for the people of Ontario. This document can be found on RAO's website at

http://www.rnao.org/Page.asp?PageID=122&ContentID=3176&SiteNodeID=472&BL_ExpandID=

We then met with our MPPs at Queen's Park to present our issues and get their response. Next year's Day at Queen's Park will be in early February 2011.

One outcome of this activity was a collaboration between the Middlesex – Elgin Chapter of Region 2 and the MHNIG to invite Minister of Health Deb Matthews to London for a meeting on March 26, 2010.

Each RAO Assembly meeting that I attend updates members on activities in the Chapters and Interest Groups. RAO is growing each year, with the target of 30,000 members this year. As an IG, our membership has grown to 870+; our target for 2010 is 888, and we are closing in fast.

One hold-over has been the direction of the resolution passed at the 2008 RAO AGM. That resolution requested that the RAO support basic psychiatric/mental health nursing in the curriculum across Ontario. As you may be aware, education related to mental health issues varies from program to program; some schools still have mental health rotations for students, others "blend" it into the curriculum. We have approached the RAO several times about furthering this resolution, with little progress. This remains "Open" on the agenda for the MHNIG's tasks to accomplish.

On other fronts:

The RAO is active with its public advocacy. Members receive Action Alerts through out the year as issues arise, notably: Federal leadership on climate change (April 2010), provincial strategy on long-term affordable housing (May 2010), reversing the decision to cancel the long form census (July 2010), and advocacy for a nutritional supplement program (August 2010).

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Note that concerns like the portrayal of nurses in advertising receive significant support (Action Alert October 2010). Currently, there is a campaign to protest a beer ad that shows nurses as sexy window-dressing while a "Doctor Bubbles" resuscitates a can of beer. Nursing still has a long fight ahead.

Another issue has been the effort by Quebecor Sun TV News to get a license for what is known as "Fox North" (Action Alert September 2010). To get this license, the company was pressuring the CRTC to "jump the queue" and get a "must carry" designation on every cable TV dial. The CRTC has remained firm, and public reaction has been strong. Recent news indicates that this push has been dropped by Sun News.

This summer, it was brought to our attention that a private member's bill to end funding for ECT had passed first reading in Ontario Parliament. Members researched this and we found that responses have largely been supportive of funding. People who benefit from ECT are often the poorer members of society, and they would suffer more if this funding were cut. MHNIG is in the process of formulating a response with appropriate research to support our position. More on Bill 67 will be posted on the website.

The Canadian Nursing Student Association is holding its national conference in January 2011 in Hamilton. Our Student Representative, Matt Smith, is planning to include presentations on mental health nursing for those attending.

On another note, MHNIG and CFMHN have sent our "hold the date" notices for the upcoming national conference in October 2011. We are finalizing plans and preparing to send out further information. Please check the websites and emails for announcements.

This past year, the MHNIG recruited members to stand for office. We have a full slate of Officers at present. By way of introductions:

- The Past President is Pat Nashef. She has served in several roles with her Chapter and as the President of the MHNIG.
- Anne Finigan is the President-Elect; she will step in to the President's role next October when my term is completed. We will require a new President-Elect at that time. Anne is a community health nurse with the London Intercommunity Health Centre.
- Kathy Wong is our Membership and Education Officer. She has served diligently in this role for several years. She is the Program Educator for Mental Health Services at St. Michael's in Toronto.
- Kamini Kalia is our Political and Social Action Officer. She is also our guide on using social media. Currently, Kama is a CNS in the Psychosis Program at Regional Mental Health Care in London.
- Leslien Walters became our Financial Officer at last year's AGM. She is a CNS in the Moods and Anxiety Program at RMHC.
- Jenn Doherty is our Communications Officer. She succeeded me in this role after I became President. She is a CNS with the Geriatric Program at RMHC.
- Matthew Smith is our Student Representative. He attends McMaster University in Hamilton, in his last year of nursing studies. (We have one Student Representative position open.)

We welcome Joanne Jones as the CFMHN representative. Lisa Crawley Beames had served in that role until taking on the President's position with the CFMHN. Joanne is the Clinical Education Leader at Ontario Shores Centre for Mental Health Services in Whitby.

The activity and viability of the MHNIG depends on members participating in any way that they can. Becoming an officer may seem daunting but it is a learning experience, and the contributions you make to the profession through the IG are significant.

The newsletter has been one form of communications with members. Given the few articles received last year, only the one issue was released in August. We are planning another issue for this autumn. However, publishing a newsletter depends on member submissions. Articles can be about regional perspectives, Satellite activities, presentations or conferences, and issues in mental health services. Therefore, if anyone has something for the newsletter, please send it to me.

Note: Members receive an email about the newsletter with log-on reminders. MHNIG members without an email address will have a copy of the newsletter sent to them.

Note, that as CFMHN members, you also receive their newsletter. It is an informative document and provides you with a national perspective. I encourage you to check the CFMHN website and log in to read the newsletter.

MHNIG is now on Facebook and on Twitter. Again, using social media may not be easy for some of us but it is another way to connect and to post messages. Kudos to Kama who got us started, and who recently facilitated a webinar at RAO on social media. (Check www.nursekama.com)

Steven Holbert

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*(Continued from Pg. 3)*Financial Officer's Report:Mental Health Nursing Interest Group: Financial Report
Year End October 31, 2009 to October 13, 2010

<u>Revenue:</u>	<u>Amount</u>	<u>Totals</u>
Membership	\$28,172.08	
Account Balance Rebate	\$44.55	
Canadian Federation of Mental Health Nurses-membership payment	-\$16,100.00	<u>\$12,027.53</u>
<u>Expenses:</u>		
Satellites	\$505.00	
Meetings	\$1492.29	
Office/Miscellaneous	\$0	
Newsletter	\$537.60	
Telephone	\$2090.21	
Donations	\$1600.00	
Website	\$899.11	
Other- (CFNHN- national conference expense/payments)	\$2000.00	
	T= -\$9,114.21	<u>\$2,913.32</u>
Term Deposit: \$10,000.00		
Interest: \$ 3,901.65		
Redeemed Cash \$5,560.76		
(in anticipation of national conference fees and payments)		
Total: +\$8,340.89		<u>\$11,254.21</u>
Bank Balance October 12, 2010		<u>\$18,814.82</u>

(Total cash with GIC= \$30,069.03)Communications Officer's Report:

I have held the office of Communications Officer since January 2010. MHNIG currently has a regular teleconference number with Bell Conferencing Solutions, for facilitating regular contact among the Executive members, and other meetings as required. However, we are currently looking into changing service providers for teleconferencing to TELUS. TELUS offers 35 different teleconference lines. As well, with TELUS we would only be billed for monthly calls.

To date the Executive Committee has held eight teleconferences in 2010, on February 2nd, March 9th, April 27th, May 18th, June 23rd, July 21st, September 13th, and October 5th. On average five members attended each teleconference.

The meetings address many concerns that have arisen over the year: local initiatives, communications initiatives (such as Members' Voices and Twitter), and planning for MHNIG activities such as this AGM. Maintaining membership and political action remain ongoing efforts of our work.

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The MHNIG website is quite active, with a high of 10645 hits in July. The usual number of hits is around 7000-8000. The source of the majority of the hits is unknown (46%), with others coming from the U.S (21%) and Canada (17%).

Many of the contacts have been requests for information, i.e. how to become a member, or requests to share information with the MHNIG as a whole. Currently there are 71 followers on Twitter.

The website continues to receive spam, approximately 150 messages this year.

As a member-managed site, mainly two executive offices work at keeping the site up-to date. Resources available on the site include minutes of previous teleconferences, newsletters, reference materials, links to other mental health sites and professional groups, and educational opportunities related to practice in mental health.

Jenn Doherty

Socio-Political Officer's Report:

In January, the President, Past President, and Socio-Political Officer of MHNIG attended the Queen's Park Day with other RNAO members and were armed with the report titled *Creating Vibrant Communities: RNAO's Challenge to Ontario's Political Parties*. This report was a comprehensive synthesis of research findings accompanied with recommendations focusing on 6 pillars:

- Strengthening Social Determinants, Equity and Healthy Communities
- Building Sustainable, Green Communities
- Enhancing Medicare
- Improving Access to Nursing Services
- Building a Nursing Career in Ontario
- Embracing our Democracy and Strengthening Public Services

In collaboration with the Middlesex-Elgin Chapter of Region 2, the MHNIG hosted an evening get together with the Hon. Deb Matthews on March 26th, 2010. Members from the Region were invited to this evening event and were given an opportunity to ask our Minister questions related to their practice area. The event was a success! We look forward to continuing our relationship with Hon. Matthews and the Middlesex-Elgin Chapter as well.

Lastly, as an Interest Group we recently created a Twitter account (in addition to our Facebook account) recognizing that social media is a vehicle for us to reach our members across Ontario and a means by which we can continue to promote our mission and values.

Kamini Kalia

Membership and Education:

Education

Education activities are interwoven throughout MHNIG activities as described in their respective Reports. There have been several requests for location of study groups to help prepare for the specialty PMHN certification exam. Please submit information to be posted on the MHNIG website. Mental health course and conference information have been made available on the MHNIG website. The MHNIG has undertaken a partnership with the CFMHN to plan the next bi-annual CFMHN Conference in Toronto for October 26-28, 2011.

Membership

Throughout the past year the MHNIG membership has had a steady increase. By the end of September MHNIG had nearly 880 members. This year there was a concerted effort to have a regular venue to connect with MHNIG members who are new or renewing their membership. Each month, RNAO provides the MHNIG membership #'s for the teleconference meetings. At that time, RNAO home-office receives a request to send the "Welcome to MHNIG" memo to new or renewing MHNIG members for the past month.

The Welcome memo includes the objective of MHNIG, information on the dual membership of MHNIG and the CFMHN and login information for the various MHNIG eCommunications. This is an important time to remind nurses to renew their membership as Nov 1 is the new year for the RNAO.

MHNIG Awards

MHNIG provides the various following awards to recognize and support our members and nurses in the mental health profession in excelling your practice and in reaching your professional goals:

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MHNIG Education Award (\$ to be determined yearly)

Deadlines: February 15 & August 15

Purpose: To enhance the scholarship and clinical capabilities of the MHNIG members. There will be two yearly awards for financial assistance so those MHNIG members can pursue studies and conferences that are directly related to mental health nursing practice.

Last award recipient @ February 2009: Christine Garinger MHNIG member from London received \$400.00 to present at the International Conference on the Use of the Internet in the Mental Health Field from May 14 to 16, 2009.

Dr. E Hildegard Peplau Award MHNIG (\$1000)

Awarded through RNFOO

Purpose: To provide 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.

Last award recipient @ 2009: Sarah Benbow, PhD student in the School of Nursing at the U of Western Ontario. Her clinical and research focus are mental health, homelessness and community health promotion with emphasis on social justice and health equity.

Julie Hall Scholarship for Neuroscience Nursing (\$1000)

Awarded through RNFOO

Purpose: To provide an opportunity to a Registered Nurse who wishes to pursue education at the baccalaureate, masters or doctoral level with an interest in any aspect of the broad specialty of neuroscience nursing. Applicants may be involved in any area of neuroscience across the lifespan and the continuum of care. Applicants must demonstrate excellence in neuroscience nursing and indicate how they contribute to the advancement of clinical practice, education, or research within this specialty

The Jasmine Williams Award

Given through Ryerson - awarded to a Ryerson University nursing student from the Collaborative or Post RN program, demonstrating a genuine interest in the well-being of the mentally ill client, academic proficiency and nursing practice excellence.

According to Richard Perras Student Affairs Co-ordinator Ryerson University Daphne Cockwell School of Nursing June 2010, the account is without funds.

In discussion afterwards, members determined that support of an award for one program is restrictive. It was decided to look at how to provide ongoing funding for an award to go to a student interested in mental health nursing, perhaps in Year 4. Details will have to be worked out.

Kathy Wong

CFMHN representative:

Joanne Jones, from the Ontario Shores Mental Health Centre in Whitby, is our new representative with the Canadian Federation of Mental Health Nurses. She is unable to be here today because of the introduction of an electronic record at the facility.

MHNIG Student Report:

First off I would like to apologize for my inability to attend the AGM this year. During the year of my term as the student representative of MHNIG I found it very challenging to broadcast the interest group on a large enough scale that made the work 'worthwhile'. At the beginning of my term it was planned that events (i.e. lectures) would be held at Ryerson University and McMaster University, however these did not come to fruition.

In the future, the student(s) that do partake in MHNIG should use the student resources available on the provincial and national level to broadcast the goal and objectives of MHNIG. This would not only provide the ability to combine resources that are provided by MHNIG but also those provided by schools, student representation (i.e. NSO, CNSA) and the resources that said organizations hold. It came to my knowledge that NSO and CNSA hold events throughout the year that could be the perfect platform for promotion of MHNIG and its goals and objectives. In addition to this it would be critical for students to communicate with the student organizations in order to inquire about information pertaining to events and opportunities for MHNIG to be involved.

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Hypothetically if MHNIG attends said events and help aid (both intellectually and financially through sponsorship) the students in learning more about mental health nursing, MHNIG would be investing in the future and thus increase numbers as these students become RNs in Ontario.

The experiences of the year past only provide the incoming students with the opportunity to advance and move forward in promoting MHNIG on their stage. Students are eager to learn, eager to advance this profession and excited to get involved. The unending field we play on is one of growth and promise; it is just a matter of finding a tool to amplify the ideas they have.

Matthew Smith

CNO Advisory Group:

Angela McNabb provided an update on the Sector Advisory Group for Mental Health and Corrections.

The second group wrapped up in June. It was an eighteen month project on the sustainability of information. There were four initial presentations to nurses; two groups received only the information, two had ongoing involvement. The outcome demonstrated that the follow up had more impact.

A new Advisory Group started in September, only for ten months. This effort is focussed on corrections as there are not as many supports and the field is newly recognized.

Satellite Representatives:

Kim Helmer, representing Satellite 11, spoke about their meeting with Monique Smith, MPP in April about the bill to eliminate funding for ECT.

Cheri Dinovo, the MPP for the Parkdale-High Park riding in Toronto, submitted a private member's bill to eliminate the funding for ECT. That bill received first reading and MHNIG has worked on developing an response, whether an "open letter" or a direct message to the MPP.

(Kim has provided much background information and contributed to a first draft of a response.)

Don Johnston moved to accept the reports as submitted; Diane Windsor seconded the motion. Members accepted the motion.

Members' Voices:

Kama reported on a recent presentation for RNAO, a webinar on social media. This includes Twitter, Facebook, podcasts and presentations. She plans to have a slide show with voice-over uploaded for those interested in learning more about this topic. She encouraged members to use social media to forward the mission of MHNIG, and to network.

She spoke about an "unconventional conference" also known as an "unconference", called Mental Health Camp 2010 that brought together consumers, nurses, various representatives of organizations/agencies, and eHealth Ontario Initiative executive officer. With society embracing social media, we are learning how to use it in clinical settings, to connect with teams, and to address professional issues. She cautioned members to be aware of workplace policies about social media (privacy, boundaries).

Another example cited is the use of Twitter at the SW LHIN; it offers a way to address myths and rumors about the changes in services at the local hospitals.

Natalie raised the possibility of maintaining professional connections for a "Community of Practice". The CFMHN website has been revamped and could offer an online forum, for example, on standardization of mental health nursing. Another site is caretoknow.org, which supports inter-professional dialogue.

Kama also noted her role as Socio-Political Officer with the MHNIG and that she sits on the Board of Directors of the PSR/RPS Ontario.

Another project is the development of a Best Practice Guideline on "Mental Health Rehabilitation". It is not consistently embedded in the curricula across Ontario. "Therapeutic Relationships" exists already, and this is an extension of that BPG. Contact Kama if you have any thoughts about this.

Steven raised the challenge by the RNAO to select and support a BPG. How would this be done? A survey has been suggested. Mental health is a broad field and many specialities have been identified. Also, interest groups interlock; one participant noted that she switched from the MHNIG to the Gerontology Interest Group as her professional practice changed. Angela suggested that specialty areas may be considered Satellites, instead of geographic regions.

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Don noted that safety is a big area of concern. Ontario has seventy inpatient units but no consistency with operations, and cut-backs have required staff to do “more with less”. Stigma is taking hold, with ERs not wanting to hold mental health patients but move them to inpatient units. Also, patients are discharged earlier.

Inconsistency of staffing affects the therapeutic relationship on units; there is no continuity of care, more of an “assembly line process”. Waiting lists for ACT teams lengthen and bridging efforts with aftercare services are affected.

Documentation demands—RAI and paperwork—take more time from time spent with patients and families. Noted that the RAI is poorly deployed; revisions occur because data is skewed; and MHAPs are not useful. Added to this is the Ontario Common Assessment of Needs. Some areas don't benefit from the assessments, but they are required to use them.

Concern that all the units are “reinventing the wheel”, and guidelines are promoted vs. set of rules. This leads to a more custodial care.

Don returned to the comment about changing satellite from geographic to area-focussed groups, and what would those be.

Allan commented on the discussion: Community and hospital are often seen as “two solitudes”; we can look at what we have in common. We support, care, nurture and get on with life. We want to provide quality support to our clients.

Don commented on the U.K. establishing procedures for all settings. The LHINs are fragmentary in the replication of the models for umbrella structures in healthcare. He noted that assaults in nursing have been an ongoing issue.

Darren called it risk reduction as opposed to risk elimination. There is a lack of connection to standards of care. How do we push forward with safety issues. Bill 168, Occupational Health and Safety Amendment Act (Violence and Harassment in the Workplace), is in place but there may be little money to actually support the legislation in the workplace.

Comments raised about pending transfers of beds and the impact on morale in those settings. Patients may be dropped into communities where there are few services.

Also, recruiting younger members is seen as an investment for mental health nursing.

Closing of business meeting:

Steven adjourned the business meeting at 1200 after a motion to adjourn was accepted by members.

<http://grandchallengesgmh.nimh.nih.gov/>

GRAND CHALLENGES

IN GLOBAL MENTAL HEALTH

GO

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STIGMA INNOVATIVE RESEARCH
PROMOTION FUNDING PUBLIC
AWARENESS EDUCATION GENETICS
CAREGIVER BURDEN TASK SHIFTING
RESILIENCE GLOBAL ADVOCACY HUMAN
RESOURCES DALYS

WHAT ARE THE GRAND CHALLENGES
IN GLOBAL MENTAL HEALTH?

HUMAN RIGHTS TREATMENT DATA
SHARING TRAINING PRIMARY CARE
INTEGRATION GENOMICS ADAPTATION
POLICY CHANGE COMORBIDITY
BIOINFORMATICS PREVENTION
DISPARITIES

LATEST NEWS

Results in Nature The results of the Grand Challenges in Global Mental Health initiative appear in the [July 7 issue of Nature](#)

Supplementary Information in Nature Information that supplements the July 7 Nature paper is available as a [.pdf](#)

Press Coverage Please visit the [Results & Press](#) section of the website to view up-to-date media coverage of the initiative.

Questions? Please contact us at grandchallengesGMH@mail.nih.gov

Slate of Officers for the Mental Health Nursing Interest Group 2011-2012

Per bylaws, this announcement shows the standing slate of Officers for the MHNIG Executive for the Annual General Meeting on October 28, 2011.

President:	Anne Finigan
Past-President:	Steven Holbert
President-Elect:	Kamini Kalia
Financial Officer:	Leslien Walters
Communications:	Jenn Doherty
Membership & Education:	Kathy Wong
Socio-Political:	OPEN
CFMHN:	Joanne Jones

Nominations for the vacancy can be sent to Steven Holbert at Contact Us on this website.

Nominations can be submitted from the floor at the AGM. If there is no candidate for the vacant position, a volunteer can be appointed to the position.

Proposal for Change to Web Hosting of MHNIG Website

The MHNIG has managed its own website since it was first set up in the 90s by members with technological experience. In 2005, we needed to update the website and sought another developer. The webhosting site iB4e was selected in 2006 and Peter Sass-Kortsak was our web master. Over the years members of the MHNIG have tended to the site, adding content and monitoring web activity.

After six years, the site is in need of updating. The RNAO has taken on the hosting of several Interest Group websites, for example, the Nursing Students of Ontario, the Men in Nursing Interest Group, and the Nursing Research Interest Group. I propose that MHNIG moves to the RNAO for its webhost.

The move will cost a one-time fee of \$250 to set up the site, and \$250 a year for hosting by the RNAO. This compares to \$658.41 this past year to stay with iB4e.

The website will continue to be member-managed. Certain Officers of the Executive Committee, for example, the Communications Officer, will require access to the site as "managers" to upload information, monitor web traffic, and to address contacts through the email links. It is important that enough members volunteer to assist so that the site stays current. Training and support will be provided by the IT staff at RNAO.

Recovery and Mental Health Nursing

The recovery model is gaining momentum in mental health services. Nurses are contributing their efforts in many ways. Reports on developments in recovery will be featured in the newsletter as items come our way.

The first is a short review of a recently published article:

Chiovitti, R.F. (2011). Theory of protective empowering for balancing patient safety and choices. *Nursing Ethics*, 18(1), 88-101.

The premise of the article is to describe how Registered Nurses on acute psychiatric units balance patient safety with patient choices to facilitate patient recovery using the theory of protective empowering. The theory of protective empowering was developed based on research interviews with Registered Nurses in three hospitals. An example of a patient situation is provided in the article to demonstrate how nurses navigate their simultaneous responsibilities of keeping patients safe and empowering them to participate, resume and/or sustain their activities of daily life contributing to their 1. convalescence; 2. health; and/or 3. quality of life. Guided by a protective empowering lens, recovery is facilitated through a consistent interplay between protective actions and empowering actions. These protective and empowering actions are used by nurses to assist patients in their process of empowerment, in a person-centred manner; and, are shown to correspond with international, national, and local nursing codes of ethics and standards.

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 moretti45@rogers.com
#3 Brant, Haldiman-Norfolk, Hamilton, Niagara	Joanne Bosnjak (W) 519-449-5999 jt_bosnjak@sympatico.ca
#4 Halton, Peel, Waterloo, Wellington	Cheryl Gustafson (H) 905-639-3128 cherylgustafson@cogeco.ca
#5 Bruce, Grey, Huronia, Muskoka, Parry Sound, South Simcoe	Susan Groody (H) 705-687-1786 groodysl@csc-scc.gc.ca
#6,7 Toronto	Angela McNabb (H) 416-607-7165 AMcNabb@cnomail.com
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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 the next newsletter is **January 30, 2012**. Submit items to Newsletter Coordinator Kamini Kalia via Contact Us on the MHNIG website:



www.mhnig.org

