

MHNIG NEWSLETTER

Winter 2006



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UPFRONT Report from the President

Welcome to the Winter 2006 MHNIG Newsletter! Although winter 2006 has not delivered the regular wind chills and/or snowstorms that we would expect throughout the entire province, I trust that our northern MHNIG colleagues have enjoyed a traditional Ontario winter. Amazing how quickly time has passed since the MHNIG Annual General Meeting (AGM) in the beautiful autumn north on October 1st, 2005. 2006 brings a new minority federal Conservative Party and our 22nd Prime Minister, Stephan Harper. Indisputably, we will continue to monitor and influence mental health policy decisions at the local, provincial and federal levels.

As I enter the fifth month as MHNIG President, I want to thank the MHNIG Executive, Satellite Chairs/Representatives and membership for your contributions to the mental health of Ontarians and the advancement of mental health nursing practice. Currently, we stand at 773 MHNIG members and we are one of the largest RNAO Interest Groups. As many of you know, I forwarded an e-mail message on January 12, 2006 which included the Members' Voices report for September 1 - December 31, 2005. I am hoping that each Satellite will contribute to Members' Voices for the three annual reporting periods. For all MHNIG members, please ensure that you provide an e-mail address to RNAO Home Office for regular communications from MHNIG. For members without e-mail access, please send suggestions directly to your Satellite Representative or MHNIG Executive.

The 2005 MHNIG-AGM and Conference was graciously hosted by Selinah Sogbein, Satellite #11 Chair and Chief Nursing Officer, North East Mental Health Centre (NEMHC), North Bay Campus in North Bay, Ontario. On behalf of MHNIG membership, I want to sincerely thank Selinah and Aline Lauzon, NEMHC Administrative Assistant for coordinating the AGM and conference. Table 1 (on page 5) provides a summary of the fabulous afternoon presentations and we hope to post these presentations on the revised MHNIG website (to be re-launched in March 2006). Stay tuned for the notice on the RNAO website re: website launch!

On the Back Page, please welcome the new slate of officers which includes the return of several executive and satellite members and six new members: Chris Davis, Joan Gates, Susan Groody, Pat Nashef, Naomi Mudachi and Marianne Rigatti. Pat and Marianne formally introduce themselves on page 2 and Naomi Mudachi transitions from Student Representative to Sociopolitical Action Officer. Chris Davis, President, Canadian Federation of Mental Health Nurses (CFMHN) fills the CFMHN Representative position as she has recently returned to Ontario. On behalf of MHNIG membership, thank you to Linda Nasato, past President and MHNIG Executive for her tireless commitment to MHNIG. Linda will continue to support MHNIG as the CFMHN Representative alternate. Thank you to Susan and Joan for volunteering to represent your respective satellites. Satellites # 9 and #12 require satellite representation and if you are interested, please contact me directly.

Since the MHNIG-AGM, there have been two MHNIG teleconferences and several informal communications related to MHNIG activities. Archana Patel highlights her experience with the media on page 3 and Marianne Rigatti shares a compelling story of homeless youth. The MHNIG submission to the Health Professions Regulatory Advisory Council (HPRAC) regarding possible regulation of psychotherapy and/or psychotherapists can be found on page 6. The Tidal Model champions share their experience at the *Making Waves International Tidal Model Conference* in New Zealand on page 8. And don't forget the funding opportunities through the MHNIG Education Award, Consumer Support Funding (page 11) or Dr. Hildegarde E. Peplau Award with February 28, 2006 deadline at www.rnfoo.org.

Naomi Mudachi, Socio-Political Action Officer & I attended the January 27th RNAO Day at Queen's Park, Interest Group Chair meeting and January 28th, RNAO Assembly meeting. Both days provided exciting opportunities for political action with representation and speeches from all provincial parties. Also, there was a surprise visit by NDP Party Leader, Mr. Jack Layton at the Saturday Assembly and he provided a warm and inspirational speech regarding health care. Furthermore, there were two other notable speakers: Mike McBane, Canadian Health Coalition who examined the Chaoulli Decision in the post election environment and Tom Walkom, Toronto Star Columnist who reviewed the implications of the new federal parliament for health care.

(continued on page 2)



Please Join Us In Welcoming to the Executive



Happy New Year to all...a year to greater success and happiness!

It is exciting to be part of the Mental Health Nursing Interest Group as a student representative at this part in my life as my final days as a student nurse are slowly becoming reality. I am in my 4th-year at Ryerson University in the BScN- program where it was not long ago when I vividly recall standing in front of the 1st-year bulletin board, and looking down to the 4th-year board, and thinking to myself that in four years I will be there. Here I am today, just like then, looking forward to beginning anew once again. This time it is with a focus to becoming a registered nurse practicing in the field of mental health.

Currently, my research, work, and volunteer responsibilities keep me active. I am a research assistant working on a project assessing the mental health needs of street-involved youth. My passion for mental health nursing was sparked while placed on an Assertive Community Treatment team that was very supportive of my learning goals. That spark was ignited and since then I have tried to guide my professional development towards the direction of mental health. This has led me to meeting colleagues that share my interest in the area, including several who are currently MHNIG executives. In addition to a keenness for research, I enjoy co-facilitating a weekly arts program with clients who are experiencing significant and/or long standing mental health problems. In the future, I wish to continue at the graduate level by obtaining my master's degree in nursing to eventually influence the research, practice, and policy of mental health care for children and adolescents.

My enthusiasm for mental health stretches beyond to an overwhelming thirst for learning, which was captured recently in an article by David Chilton from the Toronto Star on mental health nursing. Both I and Archana Patel—fellow MHNIG student representative—were delighted to later be mentioned by President Sheldon Levy of Ryerson University in his Installation speech. It was an inspiring moment in a student's life and it has made me look forward to the wide open future of possibilities by embracing a path not usually taken. I embark with strong colleagues by my side onto this path paved by exemplary nurses who have led the way for others like me as demonstrated by their dedication to advocacy, education, and leadership. I look forward to challenging the status quo and bringing mental health nursing to the forefront. It is time.

Marianne Rigatti
Student Representative

(continued from front page)

As the final weeks of winter come to pass, your two student representatives, Archana and Marianne have planned a *Mental Health Nursing Event* on March 13, 2006 at the University of Toronto (U of T), Faculty of Nursing (a collaborative event lead by MHNIG Student Representatives and U of T Nursing Undergraduate Society). Furthermore, Andrew Sharpe, Satellite #10 Chair and satellite members are diligently planning the spring 2007 (May 30 - June 1, 2007) CFMHN Conference in Ottawa with tentative title, "Capitalizing on Strengths." Also, Steven Holbert is organizing the MHNIG booth at the RAO-AGM on April 28th and Naomi Mudachi will represent MHNIG as our Voting Delegate. Finally, good luck to all MHNIG members who are writing the CNA certification exam on April 1, 2006 and come visit us at the MHNIG booth at the RAO-AGM!

Yours in nursing, Valerie Grdisa

Greetings to all Psychiatric Mental Health Nursing colleagues.

I feel very privileged to be the President-Elect / Newsletter Coordinator for the Mental Health Nursing Interest Group of the Registered Nurses' Association of Ontario. I have been passionate about Mental Health Consumers, and Mental Health Nursing since my first Year of Nursing education. At that time, I read an Abnormal Psychology text cover to cover in preparation for a Psychiatric clinical experience and fell in love with this Specialty for life! I have clinical experience in hospital and community Mental Health Nursing, in Curriculum Development and in delivering Nursing Education.

My current base of employment over the past 5 years is at Halton Healthcare Services as Patient Care Manager for Adult Acute Inpatient Psychiatric Unit, the regional Child and Adolescent Psychiatric Unit and the Crisis team. I feel so excited to get up and go to work each day and so satisfied at the end of each day! I hold an Associate Clinical Faculty Position with McMaster University School of Nursing where I have been a member of the McMaster University / St. Joseph's Centre for Mental Health Specialty Program Steering Committee in Psychiatric Mental Health Nursing. I earned the Certification in Psychiatric Mental Health Nursing from the Canadian Nurses' Association in 1998, and have developed and continue to co-facilitate a regional study group to assist colleagues to prepare for this examination. I am also a Steering Committee member to the Halton Suicide Prevention Coalition, where I am learning a great deal.

My current professional interests include Acute Mental Health Nursing knowledge and skill, best practice care for our mental health consumers and advancement of this specialty. An area for growth for me will certainly be the political empowerment and related activities that this leadership role will present to me. I love to connect and network with Mental Health Nursing Colleagues at every possible opportunity.

Finally I live in Guelph with my husband, Ahmad, who is a Clinical Psychologist, while our three sons are studying at various universities. Looking forward.....

Pat Nashef
President Elect & Newsletter Coordinator

Mental Health Nursing Exposure in the Media

By Archana Patel

On September 27th, 2005 I received an email from Tricia Stiles, then President of the MHNIG, informing me of a Toronto Sun newspaper reporter (David Chilton) who wanted to hear from students interested in going into mental health nursing. Tricia suggested that the MHNIG student representatives talk to David. In the past, I have been asked to be interviewed regarding my volunteer work but I did not always take the opportunity. I had a fear of being interviewed. At times, the world of journalism was intimidating to me. However, this time was different



After spending the day working up my courage, I scheduled an interview with David for the very next morning. During the half hour interview, we discussed topics such as the need for mental health nurses in Toronto, the challenges to accessing mental health services, the important roles that organizations like the Mental Health Nursing Interest Group and the Canadian Federation of Mental Health Nurses play in policy development and advocacy, women's mental health, and my experiences in the mental health sector. When I thought back to the interview, I realized how easily the thoughts came to me! After five minutes into the interview, I was no longer nervous and the half hour went by very quickly. When the interview was completed, I felt great! It was nice to have someone interested in hearing the students' perspectives.

A week later on October 5, 2005 the article was featured in the Toronto Sun Newspaper. It is truly remarkable how the media can help spread the work about mental health nursing – within a few days, the article was being talked about at different mental health settings. A recently graduated nurse working on a mental health unit at St. Michael's Hospital noticed that the article was posted up on the unit's bulletin board. A few weeks after the article was printed, I received a call from the Ryerson University's President's Office. President Sheldon Levy wanted to mention Marianne and myself in his installation speech on November 2nd, 2005 and wanted to invite us to the installation ceremony. In his speech President Levy mentioned us as an example of students making a difference and we both felt very honoured and appreciative of this mention.

In retrospect, all of the events cascading from Tricia's suggestion on September 27th, 2005 were truly astounding to me. I would have never thought that a newspaper article would create such an impact in different facets of our community.

Three factors inspired me and gave me the courage to contact David Chilton and go through with the interview. I would like to thank Tricia Stiles for encouraging us to do the interview and creating that connection for us; my Nursing Professor, Mary McAllister who was teaching the course "Professional Issues and Trends" at the time – her encouragement and anecdotes during our lectures inspired me to take on new challenges when given the opportunity; and the current book I was reading, "From Silence to Voice: What Nurses Must Know to Communicate to the Public" which guides nurses on how to communicate and how to work with the media as a powerful strategy for creating positive changes.



Street-Involved Youth Transitioning to Adulthood: Are They Falling Through the Cracks? By Marianne Rigatti



Background

A conversation with a young woman who has had experience of being without stable shelter elicits anxiety when she speaks about turning 25-years-old and being unable to access certain services for the 24-and-younger population. Her worry stems from being forced to go to adult programs for a hot meal or to receive counseling. This brief conversation is a snapshot of my involvement with street-youth as a research assistant, which has been the impetus for this article on the issues related to the transition to adulthood for homeless youth. Currently, nursing Professor Dr. Elizabeth McCay from Ryerson University and psychiatrist Dr. John Langley from St. Michael's Hospital are the principal investigators of the study "Mental Health Needs of Transitional Street-Involved Youth." My role in the project has afforded me the opportunity to engage in rich, meaningful conversations with a diverse population of adolescents. The study is based on a community-action approach that reflects the philosophy of the Wellesley Central—a major funding source for the project. Within the urban street culture, a community exists where this particular young person along with others are facing the inevitable transition to adulthood. The hardships that the young homeless encounter throughout their lives cause them to experience varying degrees of mental and emotional health difficulties, which require that they receive the appropriate help in order to successfully manage the transitional period. This article will look at the current trend with street youth and highlight some of the dangers involved in the transition process. Furthermore, the impact on the nursing community will be discussed in relation to homeless youth from a mental health perspective. Lastly, present policy issues and recommendations on how to address the situation will assist health care workers to understand the fragmented process of maturity for this vulnerable population.

Transitional issues

The homeless youth population faces an extremely different set of challenges than typical adolescents. Not only must street-involved youth survive the perilous nature of calling the streets home, they concurrently pass through certain milestones in which young people normally would encounter already prepared with certain skills, familial support, and psychological resources (Hagan & McCarthy, 2005).

(continued on page 4)



Caring Today,
Growing for Tomorrow

Currently Halton Healthcare Services Mental Health Program (Oakville Trafalgar Memorial Hospital site) has some very exciting opportunities for Registered Nurses and new graduates who qualify for temporary registration. Please visit our web site @ www.haltonhealthcare.on.ca for details and applications on line!

RNAO AGM

RNAO Annual General Meeting

Date: April 27- 29, 2006

Location: Sheraton Parkway, Richmond Hill, ON



Seventh Annual Options for Diabetes Conference

When: Friday, April 7 to Saturday, April 8, 2006

Where: Holiday Inn, Kingston, Ontario, Canada

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

Speakers to include:

Anne Sclater, MD, FRCPC, CACP & Michael Vallis, PhD

Presentations and workshops to include: *assessment and management of diabetes in the elderly, diabetes and depression, recent nutrition guidelines, obesity, gastroparesis, pump therapy, wound care, foot management*

For more information, contact:

Margaret Little
613-547-3438

Joan Ferguson
416-239-0551

hartwork@kingston.net

Provincial Nurse Educators Interest Group

May 26/27, 2006

Spring Symposium:

We Are the Light...Esprit, Excellence and Evolution

Kingsbridge Centre
12750 Jane Street, King City

Feature Workshop:

**Restoring the Spirit of Nursing
Through Healing the Learning Environment**

Walk the talk of mental health.

**Together we may become catalysts to make our
profession as caring within as it is without.**

Contact: Patricia Patterson
ppatterson@fanshawec.ca

However, ironically, many street-involved youth have abandoned a life that offered little in the form of support in order to actually live a safer existence in hostels, youth shelters, and the streets. Their lives are often fragmented with shards of child victimization, poverty, school failure, and illegal work. Furthermore, homeless youth must adjust to their environment and in doing so they submerge themselves in the street culture where they encounter street violence and many engage in substance use to cope with their adverse living situations (Ayerst, 1999). According to a study by Ayerst (1999), the street-involved youth had a significantly higher mean level of depression in comparison to the nonhomeless youth participants. Additionally, to mask the pain of having less resources and supportive relationships, the homeless youth were found to have more negative ways of coping as a form of adapting to the streets, such as using inhalants to stay awake during the night or self-harm behaviour. These factors point to mental and emotional health issues, which may hinder successful transitioning to adulthood. The aging street kid population poses many implications for the nursing community, in which theory and practice must converge to better serve the needs of this group at risk for falling through the service cracks.

Nursing implications

Homeless youth generally come from a culture of "exclusive shaming" commonly seen in abusive families where children are punished beyond what their behaviour justifies (Hagan & McCarthy, 2005, p. 189). The stigmatizing shame in which they develop continues throughout their lives whereby they are then socially excluded. For example, homeless youth find it difficult to secure well-paying employment or are frequently in contact with law enforcement. Together, family shaming and social shaming result in a greater impact of alienation for the youth, which can manifest into feelings of humiliation and interpersonal trust issues. The downward spiral that homeless youth become accustomed to is theorized by Thoits who offers a "vulnerability model of interaction" (Hagan & McCarthy, 2005, p. 192) where early child victimization leaves these young people vulnerable to stressful life events, which include developing mental and emotional health problems. According to Rew and Horner (2003), nurses can identify the resilient qualities that the traumatized youth possess in order to assist them on their journey towards a successful transition to adulthood. This perspective is actually contrary to the deficit research approach taken with homeless adolescents (Rew & Horner). Previously Rew theorized that developing healthy ways of coping when challenged by a sense of loneliness can avoid more negative health behaviours and counteract their vulnerability. Rew and Horner offer nurses the suggestion of capitalizing on enabling skills to build upon the foundation of these strengths that the youth possess, such as knowledge of the environment, internal motivators for self-improvement, gaining emotional maturity, and acquiring skills for the future. In doing so, the culture of shame endorsed by society that stigmatizes street kids will be put to rest. In addition to assisting people on an individual basis, nurses play a key role in advocacy and policy change. Hagan and McCarthy go on to ask a very significant question, "What policies would level the playing field and enable groups who are otherwise left out to participate fully as adult citizens?" (2005, p. 190). This powerful question illustrates a vivid image in which people who have experienced personal trauma through out their life continue to be oppressed due to circumstances not within their control.

Policy Issues and Recommendations

According to Hagan and McCarthy, the challenge lies in trying to uncover why is it that some youth are able to resist falling into the traps of the streets and some youth eventually succumb to these risks (2005). By gaining a better understanding of the relationship between these occurrences will allow policy makers to focus on the factors that seemingly improve successful transition to adulthood for the more vulnerable youth. These findings can be integrated into services tailored to meet

the needs of transitional homeless adolescents. Therefore research initiatives are a significant factor in the process of establishing better service delivery. Furthermore, greater attention is needed to assess services currently in-place to help the youth transition to adult programs and to continue in their self-improvement process. For instance, in a Calgary study of homeless adolescents, they disclosed more negative views of their environment (Miller, Donahue, Este, & Hofer, 2004). Despite being thankful for receiving food and shelter, some participants felt that crowding was an issue, as well as unsupportive and unhelpful staff members (Mill et al.). Support in various forms is outlined by Fitzpatrick (2000), and along with assistance with material resources, young people mentioned wanting emotional support to overcome distinct feelings of loneliness. Fitzpatrick recommends that practical help, together with social support be combined to offer a holistic approach that touches on a broad range of needs, in a flexible and tolerant manner.

In sum, services that narrow in on the youths strengths in a setting that encourages education and employment opportunities will provide them will resources to help them in the transition process to adulthood (Miller, et al., 2004). Lastly, though many homeless youth come from a background of abuse and neglect from various adults in their circle of trust as youngsters, they were courageous to leave behind the negativity in search of safety and protection, even though this means facing a new breed of violence on the streets. Nevertheless, homeless youth ought to be depicted more so as empowered individuals seeking a better life. Service providers play a vital role in this new conceptualization of homeless youth by not viewing them solely as victims of tragic ends. Instead, their stories are full of resiliency that deserves to be acknowledged by service providers and heard by policy makers in order to begin filling the service gaps involved in the transition process to adulthood (Hyde, 2005).

References

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- Hyde, J. (2005). From home to street: understanding young people's transitions into homelessness. *Journal of Adolescence*, 28, 171-183.
- Miller, P., Donahue, P., Este, D., & Hofer, M. (2004). Experiences of being homeless or at risk of being homeless among Canadian youths. *Adolescence*, 39(156), 735-755
- Rew, L. & Horner, S. D. (2003). Personal strengths of homeless adolescents living in a high-risk environment. *Advances in Nursing Science*, 26(2), 90-101.

2005 AGM & Conference: Highlighting Presentations

The 2005 MHNIG-AGM and Conference, including lunch, was graciously hosted by Satellite #11 and the NEMHC, North Bay Campus in North Bay, Ontario. MHNIG Executive and members traveled from south, east and west to join our northern MHNIG and mental health inter-professional colleagues. The day began with the AGM and farewell comments from Tricia Stiles. On behalf of MHNIG, thank you to Tricia for your contributions and leadership during the past four years and we look forward to continued collaboration.

Table 1 provides a summary of the fabulous afternoon presentations and we hope to post these projects and programs on the revised MHNIG website (to be re-launched in March 2006).

Presenter	Presentation Topic
Selinah Sogbein , Assistant Administrator, Clinical Services/Chief Nursing Officer (Region # 11 Rep)	Introduction and history of North Bay Psychiatric Hospital.
Mary Anne Lamothe , Clinical Coordinator	Rural Nursing and Mental Health in Northern Ontario
Natalie Bellehumeur , Community & Outreach Manager, Seniors' Mental Health Program	Seniors' Mental Health Program
Sheila Mitchell , Program Manager, Seniors' Mental Health Program	Psychogeriatric Resource Consultants & Regional Children's Psychiatric Centre
John Demeester , Program Manager, Forensic Program	Forensic & Court Outreach
Garry Fay , Manager, Developmental Disability Service	Developmental Disability
Diane Brown -Demarco , Nurse Manager, CREU	Community Access Partners & Clinical Rehabilitation and Evaluation Unit
Lundi Costante , Manager, Regional Early Episode Services	Regional Early Episode Service

Table 1: MHNIG Conference Presentations – NEMHC, North Bay Campus

MHNIG Submission to HPRAC re: Psychotherapy

Attn: Karen Lane
Health Professions Regulatory Advisory Council
55 St. Clair Avenue West, Suite 806 Box 18
Toronto, ON M4V 2YZ

To Health Professions Regulatory Advisory Council:

As President of the Mental Health Nursing Interest Group (MHNIG) of the Registered Nurses Association of Ontario (www.rnao.org), joint association of the Canadian Federation of Mental Health Nurses (www.cfmhn.org), I am providing a succinct position statement related to the Health Professions Regulatory Advisory Council (HPRAC) request for consultations related to the Ministerial Referral on Psychotherapy and Psychotherapists.

In 2004, 4,568 registered nurses reported their primary area of practice as mental health/psychiatric/addiction as defined by the College of Nurses of Ontario and currently, there are 744 (2005 data) members of the MHNIG.

Over the past decade, there have been many reports recommending a range of strategies to improve mental health services in Ontario. These and the Health Services Restructuring Commission's reports led to creation of a number of Mental Health Implementation Task Forces by the Ontario Ministry of Health and Long-Term Care and a coordinated and standardized systems approach to mental health care throughout the province. Furthermore, the *Making it Happen: Implementation Plan for Mental Health Reform* (<http://www.health.gov.on.ca/english/public/pub/mental/pdf/MOH-imp.pdf>) clearly articulates a vision of an interprofessional, collaborative care model to meet the mental health needs of Ontarians. Therefore, the inclusion of Registered Nurses (RN) within an inter-professional framework to provide psychotherapy as regulated by the College of Nurses of Ontario (CNO) is supported by the MHNIG. Our responses to the questions listed in the *HPRAC Consultation Discussion Guide* will be provided to further support the MHNIG position.

Response to the definition of psychotherapy:

- ◆ Psychotherapy requires a common definition to provide the HPRAC a framework with which to provide recommendations to the regulatory bodies regarding education, qualifications and standards of practice
- ◆ Critique of working definition: We caution the HPRAC against the use of a disease or dysfunction focused treatment framework. Psychotherapy is defined throughout the literature as an interpersonal process which involves different treatment approaches (e.g. techniques or interventions such as cognitive behavioural therapy or supportive psychotherapy)¹.
- ◆ Psychotherapy may be a health promotion and/or disease prevention strategy which promotes wellness and functioning. *In other words, not all clients or patients in psychotherapy have reported dysfunction.*
- ◆ Please note: Counselling and spiritual counselling must be provided a distinct definition and not included within the continuum of psychotherapeutic interventions or strategies.

Response to regulation, safety of the public and recommendations:

- ◆ The CNO Professional and Practice Standards provide clear regulatory standards related to the nurse-patient relationship as demonstrated below:

Nurses need to understand the dynamics of the therapeutic relationship, how to establish the relationship and how to maintain the relationship within therapeutic boundaries. As a part of any patient-provider relationship, there is potential power imbalance and as such patients are at risk for the misuse of this power (Practice Standards: Therapeutic Nurse-Client Relationship, pp.3-4).
- ◆ Undoubtedly, the practice of psychotherapy poses a risk to the public, as does any health care intervention but we rely on the CNO to regulate the required Professional and Practice Standards for RNs under the RHPA framework. Although we applaud the recognition of psychotherapy with significant benefits and risks, RNs are already required under the RHPA to have the knowledge, skill and judgment to perform this mental health intervention.
- ◆ Furthermore, psychiatric-mental health nurses adhere to the Canadian Standards of Psychiatric Mental Health Nursing Practice (www.cfmhn.org) and the international standards of the International Society of Psychiatric Nurses (<http://www.ispn-psych.org/>).
- ◆ Please Note: The Registered Nurses Association of Ontario developed *Nursing Best Practice Guidelines for Establishing Therapeutic Relationships* in 2002.
- ◆ We believe that regulation of psychotherapy falls under the current RHPA legislation and the *Nursing Act (1991)*.
- ◆ Recommendation: The CNO should expand on the Practice Standard: *Therapeutic Nurse-Client Relationship* to develop a revised practice standard that clearly establishes the standards specific to psychotherapy (or develop a new standard).
- ◆ Please note: The revised Practice Standards for RNs or other professionals may reduce the harms associated with psychotherapy, but will not eliminate this risk.
- ◆ We anticipate that the regulation of psychotherapy for all professions under the RHPA will promote accountability to and safety of the public. Furthermore, we have full confidence in the HPRAC to recommend regulation of unregulated professions (e.g. child & youth counselors) to ensure the safety of the public.

(continued on next page)

Response to questions related to title protection or controlled act:

- ◆ The role of psychotherapist should not be title protected nor should psychotherapy be categorized as a controlled act. Title protection or limiting psychotherapy as a controlled act would undoubtedly serve to decrease access to mental health practitioners and ultimately, mental health services for Ontarians. As stated within your consultation discussion guide, there are many professions (regulated or unregulated) that provide a wide range of psychotherapeutic approaches, making it difficult to control psychotherapy or regulate psychotherapists.
- ◆ For RNs and other regulated professionals, regulation will occur under the RHPA through their respective regulatory body, where practice standards to practice psychotherapy would be established or incorporated into current standards (see strategy above).

Education or qualifications recommendations:

- ◆ Professionals acquire knowledge throughout the trajectory of their career development and through different educational experiences. The CNO determines the education, qualifications, standards and administers quality assurance to protect the public. For RNs, educational experiences may include but are not limited to: clinical experience or clinical supervision, formal undergraduate or graduate education and continuing education.
- ◆ Please note: RNs in Canada can be certified as psychiatric mental health nurses by the Canadian Nurses Association (www.cna-nurses.ca/) and Canadian Federation of Mental Health Nurses (www.cfmhn.org). This certification recognizes the specialized body of knowledge within psychiatric-mental health nursing practice. The national certification process could be explored as the CNO determines the required qualifications to practice psychotherapy.

Thank you for the opportunity to respond to the questions posed in the *HPRAC Consultation Discussion Guide*. We look forward to any further consultations and the final recommendations to protect public safety and maintain standards of practice. Finally, I would like to recognize, Naomi Mudachi, MHNIG Socio-Political Action Officer for your commitment and support in completion of this submission.

Sincerely,

Valerie Grdisa, RN, MS, ACNP, President, MHNIG

References:

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- Shea, C.A., Pelletier, L.R., Poster, E.C., Stuart, G.W. & Verhey, M.P. (1999) *Advanced Practice Nursing in Psychiatric and Mental Health Care*. Missouri: Mosby.

Websites:

- Registered Nurses' Association of Ontario: www.rnao.org
- Mental Health Nurses Interest Group of the RNAO: <http://www.mhnig.org/>
- Canadian Federation of Mental Health Nurses: www.cfmhn.org
- International Society of Psychiatric Nurses <http://www.ispn-psych.org/>



Canadian Mental Health Commission:

November 24, 2005 Health Minister Ujal Dosanjh announced that the government of Canada will establish a Canadian Mental Health Commission, in consultation with the provinces and territories and stakeholders. The purpose is “to enable greater collaboration among governments and stakeholders in order to better address mental health and mental illness in Canada. The Commission will be contribute to information and knowledge exchange, help to increase public awareness to address the stigma attached with mental illness and addictions, and would be an important source of information for Canadians” (Nov. 24, 2005, press release).

The Standing Senate Committee on Social Affairs, Science and Technology completed a review of mental health, mental illness and addictions across Canada in 2005. Senator Michael Kirby, a key leader in this review commented, “When researching mental health in Canada, the Committee members and I have noted the level of fragmentation in the system, the need for improved information sharing, and the impact of stigma and discrimination on people living with mental illness.”

The community of mental health care consumers, families, professionals and every Canadian will benefit when this very important Commission is formed and contributes to improving the mental health system across this great country of Canada. It is a strong need that this Canadian Mental Health Commission live beyond partisan lines of the federal election and move forward to benefit all Canadians.

References:

- http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/2005/2005_130_e.html
- Ontario Hospital Association “Achieve” Conference, Toronto, October 31, 2005. Presentation, [How to Improve](#) [Mental Health and Addiction Services in Canada](#), Senator Wilbert J. Keon.

Making Waves in New Zealand By Margaret Tansey, Nancy Brookes, Lisa Murata MHNIG Members, Ottawa, Ontario

Kia Ora te Whanau

On June 22 we set off for the *Making Waves International Tidal Model Conference* deep in the North Island of New Zealand. We, Nancy Brookes, Lisa Murata and Margaret Tansey were enthusiastic about our experience with the Model and heartened by the results of our Tidal research that demonstrated significant improvements in care with persons having “problems in living.” The theme was *Connecting, Talking and Sharing*. We anticipated an exchange with professional colleagues, sharing experiences and learning from each other. We were not prepared for what was ahead.



We landed in Auckland, the country’s largest city and stayed a couple of days to literally “get our feet on the ground,” recover from the two day flight and adjust to the season. We left in the midst of a Canadian summer and arrived in a winter wonderland that actually was a lot like our fall. Maybe the first hint that this would be unlike any other conference experience was the drive to Totara Springs, the conference site, near Matamata, or Hobbit Town, as it is also known, the site of some of filming of the Lord of the Rings Trilogy.

Hone (or John) Ahu, our driver, introduced himself as a Maori and rather formally welcomed us to his Maori nation, *Aotearoa*, land of the long white cloud. Then we picked up our Tidal colleague Jennifer Doersam from Hamilton, Ontario at the Auckland airport. Heading out of the city, John asked if we wanted to go the direct route to Matamata or whether we would be interested in some history and a more scenic route. Of course, we chose the latter and with that, a door into a different world opened for us.

John told us that he is in fact a Maori Chief, that his Granddad fought the British and our first stop was a battle site. He talked proudly of this people’s ingenuity and resistance in their fight for sovereignty. We crossed a river, following a secondary road to John’s *marae*, a traditional Maori community worship/celebration/recreation centre. At the next *marae* he pointed to nearby bungalows where relatives and others cared for older Maori, asserting, “we absolutely do not believe in institutionalizing our elders.” As the green fields whizzed by, John spoke of his own life as a social worker, an advocate for underprivileged and disabled children, his life as both an international golf and tennis pro. He explained the Maori tradition of sharing and community and his own experience as a Maori father that included the belief that one’s children are not considered adults until they reach the age of 40!!

We pulled into the main building of a large family holiday complex - the conference site. Climbing out of the van, we were enthusiastically greeted by a thin man dressed totally in purple. Smiling broadly, he said, “I’ve been physically, socially, emotionally and spiritually shipwrecked. My name is Steve.” We recognized the Tidal imagery and knew we had arrived at the Tidal conference.

More surprises waited. During the introductions and stories or *whanaungatanga* we learned that although many were nurses about half of the 130 attendees were “consumers” or persons who have lived with mental health problems. The New Zealand and Australia governments had sponsored the attendance of these participants. Consumers and their stories were a definite part of the program. One nurse, also a consumer as well as a musician, was spellbinding as he narrated his poignant story through words, poetry and music. Over the years he had played with many musicians and as his story unfolded, five friends joined him with voice and instruments to augment the experience.

Our John Ahu took on a leadership role throughout the three days, as he facilitated the conference. He framed the conference in the strong humanistic Maori tradition that includes an opening sung prayer. As each keynote speaker concluded, another song/prayer was offered to complete the sharing. What we heard among the New Zealand participants was that although they were familiar with this tradition, they were deeply honoured to have the once-in-a-lifetime experience of being “led” by a Maori chief.

We were also privileged to meet the Japanese Tidal Team and learn about a very different mental health system, one in which consumers traditionally have no voice. The Japanese team of two nurses and a psychiatrist told of their groundbreaking work introducing the Tidal Model on a 50-bed acute care unit in Tokyo. The psychiatrist had come across the Tidal literature, met the principals in England, and translated the education materials into Japanese!

So, we went with Tidal stories to share, which we did. (We spontaneously began our keynote address or conversation on July 1 with a rousing rendition of “Oh Canada!” – a measure of the uniqueness of this gathering.) However, we came away with a deeper appreciation of social inclusion and exclusion, and truly person-centred care - much richer for the experience.

Nau te rourou, naku te rourou ka ora te manuwhiri

(Literal translation: “With your food basket and my food basket, the guest will have enough”. When we all bring the gifts of our selves to share, there will be plenty for all)

MHNIG Submission to Psychiatric Drug Panel



January 6, 2006

To Dr. Bonnie Burstow, Chair of Psychiatric Drug Panel:

As the President of the Mental Health Nursing Interest Group (MHNIG) of the Registered Nurses of Ontario, joint association of the Canadian Federation of Mental Health Nurses I am writing in response to the *Report on Psychiatric Drugs from the Inquiry into Psychiatry, 2005*. The MHNIG commends the Coalition Against Psychiatric Assault (CAPA) for the purposes of the psychiatric drugs hearings as outlined within the report.

The MHNIG recognizes the strength and courageousness displayed by those individuals testifying before the panel. Through the report and excerpts of testimony it was evident that these survivors had undergone situations where their choices, opinions and experiences were many times ignored, suppressed or invalidated. Their testimony of oppression or coercion they experienced as a part of the psychiatric system makes their appearance before the panel even more remarkable. Thus, an overarching and disturbing theme throughout the report was that survivors of the psychiatric system felt that their experiences and choices were not heard. The survivors' experience of oppression stresses the importance of creating spaces in which the voices of consumer survivors are heard as well as privileged and respected. The MHNIG appreciates CAPA's role in creating these spaces to facilitate action and advocacy with survivors to challenge current practices within the Canadian psychiatric system.

The MHNIG supports the recommendations of the Psychiatric Drug Panel. These recommendations illustrate the importance of accountability of professionals for their practice and agencies for their policies and procedures to protect the rights of individuals accessing the mental health system from undue coercion or oppression. Legislation should privilege the rights of consumers to make decisions and express their preferences for care in a safe environment. Ultimately, law and current practices do not always meet the needs of consumers due to misuse or misinformation. Therefore, the need for continuing education for professionals, consumers and the general public based on credible and accurate information generated by non-interested parties is required.

The MHNIG recognizes the need for the provision of accurate information around the harmful effects of medications prior to consumer decision-making and administration. Further, this is particularly important for the protection of vulnerable populations such as the elderly and children. The harmful effects of psychiatric medications necessitates ongoing monitoring and review with an emphasis on harm reduction, utilizing the most appropriate drug, least harmful drug and lower doses in order to reduce the negative effects on the individual. Lastly, complementary and alternative choices should be provided to consumers within and outside of the psychiatric system. The MHNIG will disseminate these recommendations to its members.

Once again, the MHNIG would like to commend the survivors who testified before the panel. Their courage to disclose their alarming and negative experiences within the psychiatric system related to psychiatric medications in a public forum is admirable. The MHNIG recognizes the importance of survivors' experiences and testimony towards the improvement of the psychiatric system in general as well as specifically around the use of psychiatric medications and advocate for the use of these experiences and the report of the Psychiatric Drug Panel to affect change.

The MHNIG mission includes: (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; (c) to collaborate with consumers/survivors and family groups; (d) to collaborate and clarify our roles with mental health professionals; and (e) to promote professional growth and best practices in changing mental health care trends. Thus, the MHNIG commends the efforts of CAPA and the panel to advocate for the health and well-being of consumers/survivors and would welcome opportunities to collaborate with CAPA in order to achieve this mandate. Finally, I would like to recognize, Naomi Mudachi, MHNIG Socio-Political Action Officer for her commitment and support in completion of this submission.

Sincerely,

Valerie Grdisa, RN, MS, ACNP, President, MHNIG

Websites:

Registered Nurses' Association of Ontario: www.rnao.org
 Mental Health Nurses Interest Group of the RNAO: <http://www.mhnig.org/>
 Canadian Federation of Mental Health Nurses: www.cfmhn.org
 International Society of Psychiatric Nurses <http://www.ispn-psych.org/>



Education Corner: *By Kathy Wong*

Good luck to all the nurses who will be writing the Psychiatric/Mental Health Nursing [PMHN] Certification exam on April 1, 2006.

Kudos to you in making a commitment in your nursing specialty expertise to psychiatric/mental health nursing. The exam is the first step in the Canadian Nurses Association's specialty certification program.

In your area, study sessions may be offered at hospital or college settings to help candidates to prepare for the exam. The MHNIG representative in your Satellite area may have information regarding local activities. Ask colleagues who are certified in the specialty to share recommendations on study preparations. You and a group of PMHN colleagues may want to form a study group to review the various practice topics/themes and to support and encourage each other. One example of a reference source is the Canadian Nurses Association's Prep Guide which was sent to you with your eligibility letter and is also available on their website.

Take the time to create a 'schedule' for yourself. With many life priorities, it is important to set aside the time for your studies and for your multiple-choice practices. Also remember to schedule an event for yourself after April 1, 2006 to acknowledge your hard work and the patience and support of your family and friends during these weeks.

Through it all, keep the goal in sight – your certification in Psychiatric/Mental Health Nursing.

Good luck and my thoughts are with you...especially on April 1 !!!

Contact information for the Canadian Nurses Association Certification Program

Toll-free: 1-800-361-8404; E-mail: certification@cna-aic.ca

Website : www.cna-aic.ca. Also check here for current study groups.



The Psychiatric/Mental Health Nursing Program
<http://www.stjosham.on.ca/mentalhealthnursing/>
Taking applications for the fourth class, for 2006-2007



The Fall/Winter 2003 MHNIG Newsletter contained information about a new program for nurses who wanted to get specialized education in psychiatric mental health nursing and maybe begin working on their BScN. The Psychiatric Mental Health Nursing Program (PMHNP) was offered for the first time in 2003-2004. A collaborative effort of the School of Nursing at McMaster University and St. Joseph's Healthcare Hamilton, the PMHNP is designed to develop specialized skills in psychiatric –mental health nursing within the broader context of the Post-Diploma Stream of the BScN Program. This program has been the dream for many Advanced Practice Nurses in this region for many years. It is both a recognition of the skills that practicing nurses bring to the classroom and a stepping stone for psychiatric/mental health nurses who wish to complete their BScN.

Two nurses who read the notice in the MHNIG Newsletter responded and became part of the first class. In the fall of 2004, 9 students from the first class successfully completed their clinical practicum, the final course, and thus received their Certificate of Completion. Their graduation at the McMaster University Club was a wonderful experience for all of us, and most of the 9 students are working on completion of their BScN. This fall, 10 students from the second class successfully completed their experience and will graduate in the New Year, 2006. Most plan to continue with their BScN. The third class is well on the way.

We are now accepting applications for the 2006-2007 class, the 4th class. Deadline for applications is March 30/05. For this next class, the courses are being offered over 3 terms rather than 4 terms, so students will complete their program within 12 months, and be able to move on in their BScN studies more quickly. My address is below if you would like to discuss the program with me or if you would like me to come to your worksite to present about the program.

A flyer insert in the newsletter provides more information about the PHMNP.

Deadline for applications is March 30/05.

Helen Kirkpatrick
hkirkpat@mcmaster.ca



May 11-13, 2006 Calgary Alberta

2006 World Congress Themes: *It's about the People – Unleash the Potential*

- System – Mental Health and Health Convergence and Integration along Life's Continuum
- Practice – Value and Diversity of Psychiatric Nursing Throughout the World
- People – Making Life Work – Moving Forward

Contact Info:

College of Registered Psychiatric Nurses of Alberta (CRPNA)

201, 9711 - 45 Avenue

Edmonton, Alberta Canada T6E 5V8

Tel: (780) 434-7666 Fax: (780) 436-4165

Toll Free :877-234-7666 Email: rpnna@rpnna.ab.ca

CAST Canada Presents

Addiction Issues Learning Event - With Consumer Panel

**** The afternoon has 3 hours CCACF Accreditation ****

This full day of workshops, exercises and discussion will give you very practical knowledge of addiction and trauma/loss that will help you be more comfortable and effective with these issues immediately.

February 17th. 9:00 - 4:00Emanuel Howard Park Church
214 Wright Ave. Toronto, ONThere is onsite handicap parking & full access.**Fee: \$125-** to register simply email Tom at regehr@stn.netFor more details, please visit the website - <http://cast.stn.net>www.canadianharmreduction.com**Canadian Association for Suicide Prevention****St. Michael's Hospital****And the Arthur Sommer Rotenberg Chair in Suicide Studies,
Department of Psychiatry, University of Toronto****Present:****Complexity of Suicide:
Prevention, Intervention & Aftermath**October 25-27th, 2006University of Toronto Conference Centre
89 Chestnut Street, Torontowww.suicideconference2006.ca**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 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 and October 31st will be considered for funding such as:

- Course, 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 3 (three) stapled copies of the entire application comprised of the following:

- 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 in the past 12 months

Submit the Application to:Kathy Wong, RN, Program Editor
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**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 1st to October 31st will be considered for funding support.**Application Requirements:** Applicants will submit a request in writing comprised of the following:

- 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:Tricia Stiles
41 Bedford Road, RR #5
Guelph, ON N1H 6J2**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

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 CAN 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

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#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
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#8 Durham, Certhia, Northumberland, Quints, Victoria	Joan Gates (H) 905-435-3003 joan.a.gates@sympatico.ca
#9. Grenville, Kingston, Lanark, Seaway	OPEN
#10 Ottawa, Champlain	Andrew Sharpe (W) 613-945-6877
#11 Algoma, Kirkland Lake, Nipissing, Northland, Porcupine, Sudbury	Selina Sogbein (W) 705-474-1205
#12 Dryden, Kenora, Lakehead, Rainy River, Sioux Lookout	OPEN

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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 6, 2006**. Submit items to:

Newsletter Coordinator:

Pat Nashef

15 Latenda Place
Guelph, ON N1G 3B8

