



Mental Health Nursing

INTEREST GROUP

FALL 2020

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FALL NEWSLETTER

OCTOBER 4th – 10th is

MENTAL HEALTH AWARENESS WEEK

CHAIR'S MESSAGE



MEET OUR CHAIR

Hoodo Ibrahim, NP-PHC, MSN, CPMHN (C), is a Nurse Practitioner at the Schizophrenia Outpatient clinic & Transitional Outpatient Program of Schizophrenia Service, Good Shepherd Homes/ Shelter Health Network in a Rapid Access Addiction Medicine (RAAM) Clinic collaborating with multiple hospitals and community agencies. In her present role, she facilitates low barrier mobile addiction medicine services for individuals with substance use and concurrent disorders.

Previously, Hoodo briefly worked with the Peel-Dufferin CMHA RAAC team serving clients with concurrent disorders. Hoodo also held multiple nursing positions such as a mental health and addiction staff nurse, Team Leader in a medium Forensic unit, and an interim nurse educator at St. Joseph's Healthcare Hamilton and Hamilton Health Sciences. Hoodo has been a Partial Load Clinical Faculty in the Department of Nursing at Mohawk College of Applied Art and Technology from 2010 - 2019. In this position, she encouraged nursing knowledge translation and evidence-informed nursing practice at the bedside.

She received a Nursing Diploma from the Mohawk College; a Bachelor of Science in Nursing from McMaster University; and a Master of Science in Nursing – Family Nurse Practitioner from D'Youville College. Hoodo is dedicating much of her nursing career supporting and advocating for individuals with mental health and addiction. She is passionate about promoting social justice, individual capacity building and stigma free healthcare services for all.

When is it okay to give yourself permission to be a care receiver?

Greetings to you all! First, I commend your resilience to push through this rather unusual time. Given Mental Health Awareness Week is upon us and we are in the middle of another COVID-19 wave, I would like to share a brief human story with you.

Providing emotional support for the individuals that we serve is our duty and a role that we are proud to protect, but what about when we need emotional support? I recently sustained some physical injuries and my family, friends, and co-workers were very empathetic and accommodating in whichever way that they can. Few months into my injury, I noticed that emotional fluctuation depending on whether I was having a good day or not so good day in regard to my physical symptoms. Not a big deal, right? After all, I have been a mental health and addiction nurse for over a decade, so I should be able to practice what I preach.

Unfortunately, this wasn't the case. One might ask what was stopping me from seeking help? Was it my pride or stigma that got in the way? After careful reflection, I realized that it was mainly my pride and ego. I always considered myself to be a woman of strength and resilience. Being there for others in time of need has been one of my greatest contributions to humankind. So why was asking for emotional support so difficult? For me, asking for help came with a loss of identity as a helper or caregiver, and accepting the care-receiver role was not an easy task.

In theory, whenever our style of living and functioning is interrupted, we experience normalcy dysregulation which requires readjusting. However, the time needed to readjust to my new norm became more challenging with my injury. I had difficulty accepting this uncertainty and loss of control over how things were progressing. Although, I still experience varying emotions, I have learned to hold myself accountable to practice what I preach in clinical practice. I permitted myself to acknowledge both the good days and not so good days. It is okay to be both a caregiver and care receiver when the time calls for it.

So why do I need to share this story with you? Today more than ever, we need to set aside our pride and ego for our mental health wellbeing. We need to utilize all the tools in our toolbox to manage the challenges that we may face. As we know, difficult times come with difficult decisions, and it can be mentally draining. Therefore, as my fellow nurses, I encourage you all to be in tune with your mental health wellbeing and give yourself permission to seek and accept emotional support as needed. As human beings with both physical and emotional health needs, we must practice what we preach!

Regards,

Hoodo A. Ibrahim NP-PHC, MSN, CPMHN (C),
Chair, MHING



OPINION BY [KAITLIN BRULOTTE](#)

“If You Want Something Done, Give it to a Nurse”

Dearest MHNIG Members,

Do you ever stop to think about your thinking? I doubt it... we don't naturally think about our thinking; it happens automatically. Perhaps we analyze our thoughts as they filter through, but the actual thinking part just happens. The purpose of thinking is to form concepts about processes we observe. This means that first we observe, and then we think. We aren't concerned with the thinking itself, but rather the observed object within our attention. As nurses, we have been educated to think about our practice critically. This skill is very valuable to maintain rigor and safety in our profession.

If you are anything like me, critical thinking has become a significant part of who you are: it has contributed to how your brain has been wired to observe and assess things in a strategic way. Do you ever find yourself taking charge in various situations in your life because you are so skilled at critical thinking and executing a sound plan of action? Do people in your life rely on you to be the fixer or problem solver? Have you heard of this before: “If you want something done, give it to a nurse?” Although this statement sparks some true feelings of pride, is it helpful to us overall?

The thinking skills and level of competency nurses possess is so important because we want our clients to feel safe sharing their healthy journey with us. But can hyperactive critical thinking overburden our brains in everyday life inside and outside of work? Can it negatively affect our ability to be in the present moment, to enjoy every-day experiences without being worried about completing a task list?

What if I told you there are other ways of thinking in existence that are equally as important to us as nurses and people? It has been (and continues to be) my greatest challenge as I try to balance my thinking as a professional helper. Listed below in point-form are four common types of thinking for you to consider.

Critical Thinking asks: how can my thinking make things better?

Creative Thinking asks: how can I restructure thought patterns (my understanding of something) and provoke new patterns (creativity)?

Wishful Thinking asks: how is what I want to be true influencing what I believe to be true?

Intuitive Thinking asks: how can I access connection to higher states of consciousness to develop my perception of something?

Reflective Thinking asks: am I consistently using all types of thinking to support my being, actions and judgements about the world?

Kaitlin Brulotte

Communications Officer, MHNIG

Remembering World Suicide Prevention Day

September 10th was World Suicide Prevention Day. We honor all those who lost their lives and those who have lost someone they love by suicide. We know that suicide does not discriminate and everyone is vulnerable. Please don't hesitate to reach out if you are experiencing suicidal thoughts. Let us take a moment to read through this suicide awareness article by Archana Patel, one of our social and political action officers.



RAISING SUICIDE AWARENESS BY ARCHANA

Why do we have a suicide awareness day?

To raise awareness around the world on suicide and suicide prevention

Why is this important? Suicide remains a worldwide challenge. According to the WHO, suicide is among the top 20 leading causes of death globally for people of all ages. It is taken 800,000 lives to date, which equates to one death by suicide every 40 seconds! Every death signifies the loss of a partner, child, parent, friend, colleague. Furthermore, for every death by suicide, we know that there are 25 people that make a suicide attempt and countless others have serious thoughts of taking their own lives.

How to observe World Suicide Prevention Day. What can I do?

1. **Connect:** Look around you; take a moment to check in with people in your lives. Do not be afraid to reach out to someone who may need help and even those who may not seem like they need help, you do not know unless you explore, care and ask. Educate yourself: We can all learn the warning signs and risk factors of death by suicide. If we spot them early enough, we can take action.
2. **Discuss:** Create the space around you so that we can feel safe and open to talk about suicide the way we talk about heart disease or other health issues. Talking about this problem is a major step towards removing the idea that suicide and mental health issues should remain hidden.

Sometimes we think if we avoid talking about it, it will prevent triggering others to have thoughts of taking one's life; countless evidence shows the contrary that those at risk feel a sense of relief to share suicidal feelings for the first time.

Experts in suicidology concur that talking about suicidal thoughts can be a relief to a person who is at risk of suicide. It enables and empowers them by giving them the chance to talk about their problems and feel that somebody cares to listen and help.

3. **Search for resources:** World Suicide Prevention Day provides countless resources for people to learn more about the reasons for suicide and how to prevent them. Take a moment on Google today! Learn more about suicide prevalence and prevention. "Knowledge is not only power — knowledge can save someone's life".

Archana Patel, RN, MN, BScN, BSc, CPMHN(C), RYT,
Policy and Political Action Executive Network Officer, MHING

How can I raise awareness?

1. Ask the person directly about suicidal thoughts and intentions: Do you think about ending your life?" "Are you having thoughts of suicide?" or "Are you thinking about killing yourself?" By asking the person empathically you create the safe space to allow them the chance to talk about their problems and show them that you truly care.
2. Think about how you ask them. Avoid doing so in a leading or judgemental way, such as, "You're not thinking of doing anything stupid, are you?" Our natural response to these types of questions is to respond with a No.
3. Listen more and talk less. Allow them to talk freely about why they want to die. Stay open-minded and non-judgemental when listening to the person's response. This can be a great support and relief to the person that they can finally share with someone who shows they care.



A CALL TO END HOMELESSNESS BY MATTHEW MUTAMIRI

Envisioning housing as part of the mental health recovery plan

This week is mental health awareness week and we reiterate RNAO's call to end homelessness and embrace the Canadian Alliance to End Homelessness's "**Recovery for All**" campaign. As MHNIG we are aware that our partner in care, the mental health consumer and/or survivor, is disproportionately experiencing homelessness. Thus, we believe that adequate housing is key to the mental health treatment and recovery plan. As MHNIG we are in a unique position to advocate for the creation of a built environment which empowers and values mental health users who find themselves in homelessness situations.

In this light, we uphold the call to end homelessness and view housing as a human right and path to mental health recovery and wellbeing. We also acknowledge the pursuit of emancipation and self-determination for mental health users search for a place to call home. As we have all noticed, COVID-19 has exposed the many weaknesses and cracks within our built environment. People in homelessness situations could not be well protected. While we all sheltered in place, enjoyed, and experienced the immediate defense that a home provides in a time of global crisis, some of our community members in homelessness situations are defenseless and defeated.

MHNIG is well positioned to amplify the voices calling for an end to homelessness. The executive team is listening to member voices that have recognized homelessness as a major political action issue. We want to acknowledge your input in the recent completed survey and appreciate the key role you play in directing us towards a better and inclusive future. MHNIG executive underscores a commitment to working as a unit in support of adequate housing for all. We stand with people without a place to call home in these difficult times. As we progress with a strategy to embrace the results of the survey in the areas of education and political action, it is important to stay engaged and dedicated to improve the quality of life of our partners in care.

Please visit www.recoveryforall.ca for more information and show your support.

Matthew Mutamiri, RN, MScN, PhD(C)
Chair Elect, MHNIG

FEATURED



ARCHNA PATEL, RN, MN, BScN, BSc, CPMHN(C), RYT,
Policy and Political Action Executive Network Officer

Archna's career pathway began with her interest in the field of Neurosciences. She completed her BSc in Neurosciences at the University of Western Ontario and worked as a child therapist and research assistant after her graduation. Archna felt drawn to nursing and so she pursued her second degree at Ryerson University. She has been a practicing nurse for the past fifteen years with experience in pediatric nursing and mental health and addictions. Her affiliation with nursing associations, ONA central and local community groups instilled a desire to address human rights, diversity and equity issues within the nursing profession and the health care delivery system.

Archna joined the MHNIG executive in 2005 until 2011. She took a brief leave of absence to live in the Himalayan mountains for several months to study and practice the ancient eastern philosophies of yoga and meditation. She was fortunate to study the philosophies attached to yoga with a world renown Guru in the Himalayan mountains.

She rejoined the MHNIG executive in 2015 to present serving in various roles and is currently one of our Policy and Political Action Executive Network Officer.

As a nurse, she incorporates her training and studies in trauma informed care, psychotherapy, meditation, mindfulness and yoga to those who struggle with movement disorders, pain, anxiety, depression, and PTSD.

Archna completed her Masters in Nursing at the University of Toronto in 2016 and is currently employed as a Clinical Practice Leader at Humber River Hospital.

Archna is motivated by her nursing goals of integrating holistic practices in building, helping, and healing the communities she serves. Her passions exist in helping empower others in reaching their full potential, discovering their true nature and finding their joy in everyday life.



ASHLEY DAVIS,
Policy and Political Action Executive Network Officer

Ashley Davis' passion for nursing developed through a co-operative education placement in Tanzania, Africa, where she experienced first-hand the rewarding feeling of helping others in a hospital setting. Upon completion of her Bachelor of Science in Health Studies, Honours, Co-operative Program with a Minor in Gerontology (BSc) in 2014 from the University of Waterloo, Ashley went on to obtain her Bachelor of Science in Nursing (BScN) in 2016 from York University.

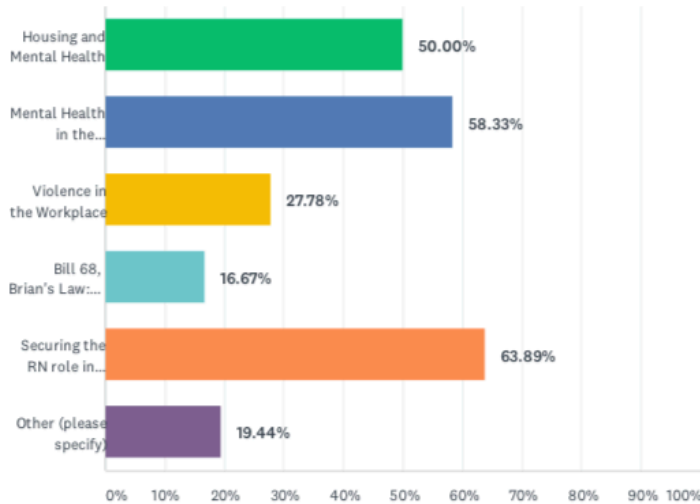
Ashley began her nursing career in a resource team (floating between various medical and surgical units) and within her first year of practice she transitioned into inpatient psychiatry, where she has remained to date. Ashley's motivation to work with the Mental Health Nursing Interest Group as a Policy and Political Action Executive Network Officer (since 2018) stemmed from the desire to combine her experience in mental health with an upstream lens. Ashley strives to challenge herself to continue to advocate for the wellbeing of others, and to remain involved in conversations that contribute to the improvement and/or development of policies in our ever-changing world.

POLITICAL ACTION GOALS

A COLLECTIVE VOICE

What do you think should be political action goals for MHNIG?

Answered: 36 Skipped: 0



ANSWER CHOICES	RESPONSES
Housing and Mental Health	50.00% 18
Mental Health in the Undergraduate Nursing Curriculum	58.33% 21
Violence in the Workplace	27.78% 10
Bill 68, Brian's Law: revising	16.67% 6
Securing the RN role in Mental Health, Clinical Nurse Specialist (CNS) and Nurse Practitioner (NP) roles as well	63.89% 23
Other (please specify)	19.44% 7
Total Respondents: 36	

#	OTHER (PLEASE SPECIFY)
1	poverty, racism, social determinants, providing MH service alongside police, all the social determinants of health issues, environment biodiversity and ecological health/anxiety/grief climate change police
2	Systemic racism
3	integrating non pharm into traditional psych (med based) as the focus is overwhelmingly medication when research proves talk therapy etc is needed
4	Enhanced Community Supports and LTC homes for those living with SMIs which is funded and timely and readily available regardless of housing
5	training mental health nurses in psychotherapy and adding it to the list of controlled acts for nurses
6	supportive housing for those individuals who are too unwell to live in the community and who's behaviours are beyond the capacity of a LTC to manage - mental health special homes
7	Mental Health legislation changes (enable Form 1 for NPs)

Your Voice on Political Action Goals

Participating in the survey is one of many examples of you direct the work of the executive team. To the left is one statistical example pulled out from the recent survey. As noted, 3 top issues will guide our next year's work at the political front:

1. securing the RN, NP, and CNS roles in mental health;
2. attuning the undergraduate nursing curriculum to the realities of mental health service delivery; and
3. addressing the housing issue for mental health service users

Members also highlighted other political action issues they want to see MHNIG focus on in the upcoming year.

These include:

- addressing poverty,
- racism,
- social determinants of health,
- enhancing community supports and long-term care homes, and
- incorporating psychotherapy in our mental health practice among others

Please stay tuned for information sessions, webinars, seminars, and political activism that will be communicated to you via email, facebook page, and website.

20th Annual Queen's Park Day February 2020



Archna Patel (left) and Ashley Davis (right) at the 20th Annual Queen's Park Day February 2020

IN ACTION

Day 1: Wednesday, February 19, 2020

Queen's Park Day is launched with a preparation dinner. This is where participants are provided with an overview of the event, as well as the topics of focus to discuss with the members of provincial parliament (MPPs). In addition to obtaining all necessary information for the event to run smoothly, members are able to network with one another.

Day 2: Thursday, February 20, 2020

The morning began with a breakfast series where nurses were accompanied by various MPPs. Whenever possible, the RNAO tried to match nurses to their own MPP based on place of residence in an attempt to establish a relationship for future discussions. Unfortunately, not all MPPs attended, and as a consequence nurses were encouraged to approach another MPP to press for urgent action on current issues highlighted by RNAO. This year, these topics included the opioid crisis and a better approach to long-term care in Ontario. During this breakfast Ashley engaged with MPP Paul Miller (Hamilton East- Stoney Creek), and Archna with the Legislative Assistant of Bhutula Karpoche (Parkdale- High Park), Lisa Druchok.

Following breakfast, RNAO members proceeded to the galleries to observe the question period in the Legislative Assembly of Ontario. This was an exciting spectacle where MPPs passionately discussed current topics of debate in Ontario. On this particular day, hot topics included: education (classroom size, mandatory e-learning, etc.), subway expansion plans, rent (control, availability, etc.), among others.

The afternoon concluded with a meeting and remarks from a variety of influential individuals. This year, RNAO heard from the Honourable Christine Elliott (Deputy Premier of Ontario and Ontario Minister of Health), France G elinas (MPP- Nickel Belt, Critic- Health Care), John Fraser (Liberal Party of Ontario Leader), and Mike Schreiner (Green Party of Ontario Leader).

In the evening Ashley and Archna attended an Interest Group Chairs Meeting facilitated by Carrie Edwards.

Day 3: Friday, February 21, 2020

Members regrouped, and participated in the Assembly Meeting. Topics of discussion included:

- Proposed Chapter Boundary Realignment
- Member's Voice
- Ontario Health Teams
- Modernizing Policy & Political Action on RNAO.ca

Congratulations to 2020/21 MHNIG Executive Board Nomination Winners

#	First Name	Last Name	Term = 2 year Position
1.	Carmen	Hust	CFMHN Ontario Representative
2.	Sophia	Coulter English	Policy and Political Action Executive Network Officer
3.	Archna	Patel	Policy and Political Action Executive Network Officer
4.	Natalie	Pearson	Social Media Executive Network Officer
5.	Reilly	Carey	Student Liaison (position #1)
6.	Heather	Finn	Student Liaison (position #2)
7.	Danica	Kaplan	Region 10 Representative
8.	Kirthiga	Ravindran	Membership and Education ENO
9.	Heidi	Letham	Region 4 Satellite Representative
10.	Rodea Jane	Casem	Region 6 – 7 Satellite Representative
11.	Brendan	Bailey	Region 8 Satellite Representative

Open Positions

Open (1 year term)	#3	Satellite - Brant-Haldimand-Norfolk, Hamilton, Niagara RNAO Nursing Practice Committee MHNIG Rep?
Open	#9	Satellite – Grenville, Kingston, Lanark, Seaway
Open	#11	Satellite - Algoma, Kirkland Lake, Nipissing, Porcupine, Sudbury, (Northland)
Open	#12	Satellite - Dryden, Kenora, Lakehead, Rainy River, Sioux Lookout

Have a passion to make a difference?

JOIN OUR TEAM

MHNIG.RNAO.ca